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I Had an Abortion: Midwestern Women, Stigma and Disclosure

By Katie Stack

A thesis submitted in partial fulfillment of the requirements for the degree
Master of Arts in Gender and Women's Studies

Minnesota State University, Mankato
Mankato, Minnesota

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Date _____

This thesis paper has been examined and approved

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ABSTRACT

Since the legalization of abortion in 1973, both pro-choice and pro-life sides of the debate have struggled for political and cultural influence. Meanwhile, the voices of women who have utilized abortion services remain unheard, their stories invisible. Largely, this silence surrounding women's abortion experiences has been attributed to the stigma that is associated with the abortion procedure. Others have argued that women are not silent about their abortion experiences, but that they navigate the complex political and social contexts of their lives by managing the stigmatized identity of having had an abortion. By utilizing in-depth, semi-structured interviews, and encouraging a feminist participatory model, my research brings the standpoints of women who have had abortions to the center of the discussion about the relationship between stigma and disclosure practices. Ultimately, I argue that abortion stigma is created by the context of women's lives, and that disclosure practices vary based on women's perception of that stigma. Because of the diversity of women's lives, generalization about the value of certain types of disclosure cannot be made.

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I would also like to recognize the activists and organizations that assisted in this project. Big thanks to Steph Herold, whose online activism inspired much of my own interest in the topic of abortion stigma. I'm also forever grateful to Aspen Baker and her work at Exhale and to Nikki Madsen and the folks at Pro-Choice Resources – the work you all do is seriously inspiring.

I need to thank those at Minnesota State University, Mankato who made me write this thesis in the first place. To the Gender and Women's Studies department, thanks for providing me with the education necessary to turn my feminist philosophies into feminist actions. Special gratitude goes to Dr. Shannon Miller, whose insight, guidance and blunt honesty has made me a better student, a better teacher and a better person. I must also thank my other committee members, Dr. Bevacqua and Dr. Medrano, your enthusiasm for this project has meant so much.

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CHAPTER ONE: INTRODUCTION

The 2010 election cycle sparked an emergence of Republican politicians in federal and state legislatures. Ushered in under a mandate to create jobs and restore the economy, these newly elected representatives quickly set to work rolling out a shocking socially conservative agenda. It quickly became apparent that a prime target would be abortion rights, and for the last year and a half countless and unprecedented pieces of legislation have been introduced at all levels of government with the sole intention of reducing access to abortion.

In response, Steph Herold, a reproductive justice activist and direct service abortion care worker, took it upon herself to employ Twitter¹ in online consciousness-raising. She tweeted “Time for us to come out. Who's had an abortion? Show antis we're not intimidated by scare tactics. Use: #ihadanabortion².” The hashtag³ quickly grew in popularity, as women began sharing their experiences, providing support to others, and engaging in dialogue. Unfortunately, it was not long before the hashtag gained broader attention, and pro-life supporters flooded the feed with criticism, hatred, and degradation. Herold’s online campaign had certainly accomplished the task of getting noticed, but it was unclear if it had been successful in de-stigmatizing abortion, or at what cost.

¹ Twitter is an internet-based social networking and microblogging service that allows users to send and read text-based posts of up to 140 characters.

² #ihadanabortion is as it appears on Twitter hashtag that is used to organize twitter messages (or tweets) under one viewable and self-updating list or feed.

³ A hashtag is the # symbol. It used to mark keyword or topic in a Tweet (140 character Twitter message).

#ihadanabortion was not the first attempt to use disclosure in order to de-stigmatize the abortion issue and the call for women to “come out” about their abortions is not new. *Ms. Magazine* created the first “we had abortions” campaign in 1972, which was attempted again after being revamped in 2006. Similarly, author Jennifer Baumgardner created an “I had an abortion” t-shirt campaign for the 2004 March for Women’s Lives. She also created a film and a book by the same name, which profiled women’s experience with abortion. Most recently, Advocates for Youth and Choice USA partnered to launch the “1 in 3” campaign aimed at encouraging women to share their abortion stories online. Yet for all the attempts to de-stigmatize through disclosure, women who have had abortions remain largely silent, or at the very least, they remain invisible.

In response to the online media frenzy following the #ihadanabortion twitter campaign, on November 10, 2010 *The Nation* orchestrated a dialogue between Herold and Aspen Baker, the founder and Executive Director of the post-abortion counseling hotline Exhale. Like Herold, Baker was interested in giving authentic voice to women’s abortion experiences, but in a very different way. In response to requests from clients, Aspen and Exhale had created a private online community where women could communicate and connect safely and, if desired, anonymously.

The exchange between the two effectively illustrated the two most popular modes of thought within the pro-choice movement regarding abortion stigma and disclosure. While Herold seeks out consciousness-raising reminiscent of the gay rights movements

of the 1970s⁴, Baker cautions that such a framework cannot be so easily applied to women's abortion experiences. Baker also points out that the belief that women do not tell their abortion story is a misconception, and that they often do so privately. Still, Herold insisted that,

What is not OK, to me, is to stand by as your sisters, friends, nieces, aunts, mothers need abortions and politicians make it more and more difficult to get them, the antichoice movement makes women feel more and more ashamed. If there really are 45 million women who have had abortions in this country, how powerful would the prochoice movement be if even half of those women spoke out in some form? There has to be a way for all these women who have had abortions to support the people who made it possible for them to access these services. They owe that much to providers, at least.⁵

Though Baker empathized with Herold's comment, she insisted that private disclosures were more effective in meeting the needs of the women doing the story sharing, and that it granted women more agency in how their story would be used, without risking having it exploited to make a political point. The dialogue between Herold and Baker illustrate two popular modes of thought regarding abortion, stigma and disclosure within the pro-choice and feminist movements.

In December of 2010, one month following *The Nation's* discussion of #ihadanabortion, I found myself saying those very words on national television as part of

⁴ While Herold cites consciousness-raising in relation to gay rights, the term and strategy of consciousness-raising was actually an invention of second wave feminists, who began such campaigns well before Stonewall and the gay rights activism of the 1970s.

⁵ Full text of the dialogue can be found at: <http://www.thenation.com/article/156420/i-had-abortion-140-characters-or-less-exchange-steph-herold-and-aspen-baker>

MTV's hit show *16 and Pregnant's* finale special "No Easy Decision." While my decision to participate in the show was politically motivated, I found that I was entirely unprepared for the response that the show, and my story, received. In the months following I scrambled to address the private disclosures that still needed to take place, and I fluctuated between anger at the silence of other women and frustration over the fact that I had made myself so visible. To this day I am unsure of where I fall in the debate about how best to address and overcome abortion stigma.

My goal with this project was to collect and analyze other women's stories, perceptions and insights in order to better understand how abortion stigma operates and how it impacts women's disclosure decisions. I am confident that by bringing the lived experiences of women to the forefront of the discussion we can achieve new insight into how to combat abortion stigma, and how and why women chose to disclose or not disclose their abortion history. My hypothesis is that neither Herold nor Baker's position is entirely accurate, and that there is something more to be learned about stigma and its effect on abortion disclosure that can only be ascertained by talking directly to the women who have experienced it.

This thesis is organized into four remaining chapters. Chapter Two: Literature Review provides an overview of literature pertaining to the theory of reproductive justice, which is the framework necessary in order to soundly interrogate topics pertaining to the abortion debate. Additionally, the chapter provides a discussion of the somewhat limited research on abortion-related stigma and the disclosure practices of those with stigmatized identities.

Chapter Three: Methods provides an outline of the processes through which I conducted the research. In summary, I chose to utilize qualitative research methods, and specifically in-depth, semi-structured interviews, in order to understand how women perceived abortion stigma and how they navigated disclosure. I then coded the interviews for themes pertaining to both sources of abortion-related stigma and motivations for disclosure of abortion history.

In Chapter Four: Results I discuss my findings as related to the themes that were identified. My findings mirror the findings of other studies, but because they are based on the lived experiences of women, they provide new insight. I found that the greatest source of abortion-related stigma is attributed to the stereotypes that exist about abortion and the women who have them. Women are confronted with these stereotypes independently and through religion, politics and the pro-life movement. The silence of other women and the silence surrounding the abortion issue generally were also cited by participants as a source of stigma. Finally, my findings suggest that women disclose for a number of reasons, but that they most commonly do so for private, and not political, purposes.

Finally, in Chapter Five: Discussion and Conclusion I discuss my project's findings in relation to similar research and argue for new understanding about abortion stigma and its relationship to women's disclosure practices. Additionally, I provide suggestions for those who wish to combat abortion-related stigma and encourage healthy abortion disclosure.

Throughout I will refer to the two sides of the abortion debate by their self-identified names. Pro-choice refers to the idea that individual women should choose for themselves the outcome of a pregnancy, planned or unplanned. Parenting, adoption and

abortion are equally appropriate options. Additionally, pro-choice refers to groups or individuals who advocate for access to family planning information and methods, including comprehensive sex education and contraceptives. Pro-life⁶ refers to the idea that abortion is murder, and therefore should not be a legal option. Additionally, pro-life refers to groups or individuals who advocate against comprehensive sex education and contraceptives. Instead, they promote an abstinence-only-until-marriage position.

CHAPTER TWO: LITERATURE REVIEW

In order to understand the discussion surrounding abortion and disclosure, it is necessary to understand current literature on these topics. I propose that first we must operate from a social justice framework that is centered on the realities of the experiences of women of color. For this reason, I propose that understanding the idea of reproductive justice is fundamental to being able to have a feminist discussion about women's experience with abortion. Similarly, research on stigma will allow us to better grasp what it means to have had an abortion in today's society and how people have historically managed stigmatized identities. Finally, by understanding how the debate surrounding disclosure plays out in gay and lesbian communities, we can draw parallels to the discussion within the reproductive rights movement.

The Theory of Reproductive Justice

Reproductive justice provides a social justice framework for understanding, analyzing and articulating reproductive politics and the abortion debate. Reproductive

⁶ It is my personal belief that 'anti-choice' most appropriately represents the position of those who are radically opposed to abortion and family planning. However, I use 'pro-life' because it is the most popularly used term, and the term that was used most often by the participants of this study when referencing those opposed to abortion.

justice makes the lived experiences and knowledge of marginalized women central to the understanding of this issue; whereas rights-based framework tends to focus on the experiences and knowledge of privileged white women. This body of knowledge also provides a lens for a critical examination of both the pro-choice and pro-life sides of the debate and makes visible the nuanced realities of women who make difficult reproductive choices every day, including the decision to terminate a pregnancy.

Following the Supreme Court ruling on *Roe v. Wade* in 1973, the abortion debate was divided into the two oppositional camps that are known today as the pro-choice and pro-life movements. While one advocates for women's right to bodily autonomy and the other for the protection of the fetus as an individual human entity, they have always been more similar than different. Both operate within a liberal, rights-based framework and both struggle for superiority in legal and cultural battles. These have historically bled into the social conscience in the form of protests, demonstrations and even acts of terrorism aimed at clinics and doctors. The debate continued in this way throughout the 1980s and 1990s (O'Connor, 1996; Solinger, 1998). While this dichotomized organizational structure has been the public face of the abortion debate, communities of color had been challenging this framework for understanding reproductive rights since before *Roe*. This work had taken place primarily in black feminist and women of color collectives.

Within the reproductive rights movement, reproductive justice is the practice of bringing marginalized standpoints to the center of the movement. This took place in large part within black feminist groups, and to greater extent, black families. Women of color collectives had been at odds with white feminist views of reproductive rights during much of the civil rights movements of the 1960s and 1970s. While white feminists fought

for freedom, independence and personal liberation, many women of color had been simultaneously fighting for their personal liberation and for the rights of their racial community. For black communities, having children was as much a symbol of liberation as abstaining from motherhood was for white women. In sensing that the pro-choice reproductive rights movement was not going to effectively protect their rights or advocate for their needs, women of color came together to form their own organizations and collectives (Fried et al., 2004).

One of these activists is an African American woman named Loretta Ross. Ross was born in Atlanta, Georgia in 1953. At age 23 she was sterilized by the Dalkon Shield, a dangerous form of contraception that was promoted within communities of color by government programs. This experience, among others, sparked her personal interest in human rights and social justice. Specifically, Ross and others hoped to create a place for black communities and other communities of color within the pro-choice versus pro-life framework. These women felt that the pro-choice framework, which was founded on the concept of privacy as outlined in *Roe v. Wade*, was insufficient in addressing the needs of women in these marginalized communities. African American communities, she argued, had no concept of privacy, as they were being constantly monitored and policed by the government. The promise of reproductive rights within the privacy framework then, was not applicable to their lived realities. In her quest to create a space for women of color in the reproductive rights debate, Ross coined the term “reproductive justice” in 1994. She explained that her collective added intersectional theory to reproductive rights work and came up with the idea of reproductive justice. She founded the collective Sister Song that same year (Speak Out!).

Ross (2006) has explained reproductive justice as “the complete physical, mental, spiritual, political, social and economic well-being of women and girls, based on the full achievement and protection of women’s human rights” (p.14). She argues that it is important to fight equally for the right to have a child, the right to not have a child, and the right to parent and care for the children that women already have. She has also urged activists to advocate for giving women full access to birthing and contraceptive options.

As activists worked to promote reproductive justice within their communities, academics also began to write about the shortcomings of the pro-choice versus pro-life dichotomy. A direct interrogation of both the pro-life and pro-choice positions in relation to communities of color was not readily available in academic circles until Andrea Smith published her work in 2005⁷. Influenced by both theory and her own experiences as a woman of color activist, Smith used her work to demonstrate the necessity of fusion between the work of women of color activists and feminist scholars. Smith’s scholarship on this topic proved to be fundamentally important, both in legitimizing reproductive justice activism and in propelling future scholarship away from the urge to view reproductive issues as isolated and inapplicable to an intersectional analysis.

In 2005, Smith published both a book and journal article addressing reproductive justice in communities of color. While a number of texts had been published regarding reproductive justice, Smith’s work served as an explicit critique of the current reproductive rights paradigm and outlined the need to move towards a reproductive justice framework. Her work is informed in a large part by her own involvement in the

⁷ Others had applied an intersectional analysis to reproductive issues well before this. For example, a collection of essays published in 1990 titled *From Abortion to Reproductive Freedom: Transforming a Movement* (Ed. Marlene Gerber Fried) argued for a broader agenda within the reproductive rights movement.

reproductive rights movement. While serving on the board of NARAL Illinois, Smith witnessed the state affiliate breaking off from the national NARAL in opposing the Freedom of Choice Act (FOCA). Her own interpretation of the proceedings leading up to the split suggested that it was due, in part, to the fact that NARAL's president refused to consider the perspectives of women of color. She also heard from women of color who complained that Planned Parenthood, a national reproductive health care provider, had not effectively provided them with information about the risks of Depo-Provera (Smith, 2005B, p.136). While her writing is influenced by the work of numerous activists like Loretta Ross, she produces a theory of reproductive justice by drawing on works by other writers. Specifically, Angela Davis, Betsy Hartmann and Rickie Solinger significantly impacted the way that she theorized about the ineffectiveness of the pro-life versus pro-choice paradigm and influenced how she constructed the new reproductive justice framework.

In *Are Prisons Obsolete?* (2003) Angela Davis outlined her understanding of the prison industrial complex. She described how it is used to simultaneously reinforce racism and classism and how it has failed to address social issues. Davis writes that “the prison functions ideologically as an abstract site into which undesirables are deposited, relieving us of the responsibility of thinking about the real issues afflicting undesirables, those communities from which prisoners are drawn in such disproportionate numbers” (p.16). She claimed that people of color are disproportionately incarcerated and that this is because they most often draw attention to the society's short-comings. Smith built on a similar idea and pointed out that, should abortion become illegal, poor women and

women of color will be disproportionately jailed for attempting to obtain an abortion than white and wealthy women (Smith, 2005B).

Smith (2005B) noted that making abortion illegal would not only trivialize the circumstances that cause women to feel that abortion is their best option, but that it would also serve to criminalize the reproductive decisions of minority populations. Though the crime of abortion would be the same throughout the country, women who are more heavily policed would be more likely to face criminal punishment. Davis (2003) further argued that “this is the ideological work that the prison performs—it relieves us of the responsibility of seriously engaging with the problems of our society, especially those produced by racism and increasingly, global capitalism”(p.16). Smith applied this concept to the abortion debate and concluded that communities of color are more prone to having their reproductive choices criminalized.

While Davis (2003) drew parallels between the slavery system and the prison system as a sort of modern convict-leasing system that still provides the United States with cheap labor, Smith noted that criminalizing abortion would affect racial minority and poor populations more directly because their communities are already involved in the convict leasing system. She noted that “increasingly, poor women and women of color are finding their pregnancies criminalized” (Smith, 2005B , p.125). She continued to explain that pregnant women of color are more likely to be charged with drug use because the poverty in their communities often means that they are more likely to be in contact with agencies that will detect and prosecute such drug use. Smith took care to note that “white pregnant women are slightly more likely to engage in substance abuse than black women” (Smith, 2005B, p. 126) yet they are convicted at a substantially lower

rate. Additionally, this constant surveillance and threat of incarceration often causes women to avoid seeking prenatal care for fear of being prosecuted for a crime. This is compounded by the fact that many drug rehabilitation programs refuse to treat pregnant women. By understanding the implications of the prison industrial complex in women's reproductive lives, Smith concluded that under the pro-choice versus pro-life framework, "certain women become marked as women who make 'bad choices' and hence deserve imprisonment" (Smith, 2005B, p.126). In this sense, then, the pro-life position fails to protect life and instead forces women into America's deadly prison industrial complex. The racialized and classed aspects of the pro-life argument are important to a discussion about abortion stigma because it exposes the hypocrisy inherent to the very claims that they use to impose judgment on women who chose abortion.

Others have drawn similar connections between Davis' prison industrial complex theory and the abortion debate in the United States. Lynn Paltrow (2002) supported Smith's (2005) connection to the prison industrial complex and noted distinct similarities between the war on drugs and the war on abortion. In particular, she noted that the same populations are harmed (the poor, people of color, and other underserved communities) and that both wars come from places of bigotry and prejudice. Additionally, she argued that they are especially harmful to African American women. This is because anti-drug and anti-choice policies often tend to intersect in the lives of African American women, as these women are both denied access to pregnancy prevention methods, abortion, and are then criminalized when they are found to be using drugs while pregnant. Paltrow concluded that anti-choice and anti-drug efforts are inherently flawed because they fail to

address the real issues, which Paltrow recognized as poverty, racism and failed health care policy (Paltrow 2002).

While Davis and Paltrow both critiqued the anti-abortion and anti-family planning sides of the issue, Smith noted (2005) that the pro-choice side of the dichotomy similarly victimizes communities of color. Much of this portion of her argument is a critique of pro-choice organizations' failure to support the needs of minority women and their abuse of population control practices.

In *Reproductive Rights and Wrongs: The Global Politics of Population Control* Betsy Hartmann explained that “while contraceptives are often articulated as an issue of choice for white women in the first world, they are articulated as an instrument of population control for women of color and women in the third world” (Hartmann, 1995, p.4). Smith drew parallels between Hartmann’s work and her own knowledge about how contraceptives are used in minority communities within the United States to control and eliminate undesirable populations under the auspices of “choice.” She elaborated even more extensively on how this form of population control has been used in native communities in *Conquest* (2005) and based much of her analysis on Hartmann’s assertion that hegemonic powers use the overpopulation myth to control communities of color.

In *A Glass Half Empty: Latina Reproduction and Public Discourse* (2004) Leo Chavez noted that reproduction and fertility have become an important aspect of the attacks against Latinas in the United States, primarily because they are viewed as contributing to the perceived population control problem. He observed that Latina reproduction and fertility have been constructed as dangerous, and that this has translated into significant political and economic consequences for the Latina population in the

United States, especially for Mexican immigrant women. In many ways stereotypes are emerging about Latina women in the same way that the “black welfare mother” has been used to oppress black women and vilify their capacity for reproduction. His research has provided further evidence that these myths are false, and that American discourse and policy operate out of the misguided assumption that Latina women’s rampant fertility is a threat to the nation (Chavez 2002).

Both Hartmann (1995) and Smith (2005A) explained that sterilization abuse is rampant in marginalized communities in the United States and globally. In *Reproductive Rights and Wrongs*, Hartmann pointed out that for much of the world, contraception and sterilization practices are driven by “the myth of overpopulation” (p. 4) which is, in summary, the idea that the world cannot sustain population growth, and that poor and minority populations are contributing to this overpopulation at a substantially higher rate than other groups. Hartmann illustrated how these assumptions ignore the different needs that families have based on their economic class. For example, while wealthy people may view having large families as irresponsible, for many poor families a large number of children translates into more net income for the family and a greater assurance that parents will be cared for in old age. These are considerations that are inherently classed within the United States, as wealthier Americans are able to earn livable incomes on their own and can rely on retirement funds to care for them as they age. Smith and Hartmann further asserted that the pro-choice focus on contraception is inherently influenced by this population control ideology. When applied to marginalized populations it “breeds racism and turns women’s bodies into a political battlefield” (Hartmann, 1995, p.4).

While Smith (2005B) spent much of her theorizing about the need for reproductive justice explaining why both the pro-life and pro-choice modes of understanding are ineffective and harmful towards women of color, she concluded by interrogating why the entire framework is inherently ineffective when taking into account women's whole identities. Her articulation for this idea is supported by the work of Rickie Solinger, a historian who has argued that the entire pro-choice versus pro-life framework is built on capitalistic assumptions about choice, and that it is ineffective in demonstrating women's real lived experiences.

Solinger (2001) argued that the choice paradigm is ineffective because it is entirely dependent on an individualist, consumerist concept of free choice that does not consider that social, economic, and political conditions that influence women's decisions. Solinger wrote that "choice is a remarkably unstable foundation for guaranteeing women's control over their own bodies, their reproductive lives, their motherhood, and ultimately their status as full citizens" (Solinger, 2001, p. 7). She believes that the concept of "women's rights" is better articulated as "women's resources." Women with more resources will inherently have access to more rights. She described the climate surrounding abortion before *Roe v. Wade* to illustrate her point. While poor women were often condemned to either carry unwanted pregnancies to term or to resort to dangerous forms of terminations, wealthy women could travel across the country or even overseas to obtain a safe abortion procedure. In terms of theoretical rights, the women are equal, yet their access to resources has caused them to have significantly different experiences.

Additionally, Solinger (2001) stated that both pro-choice and pro-life rhetoric suggests that motherhood is a privilege that should only be obtained by women who are

already economically and socially privileged. She used an analysis of policy regarding maternal custody, adoption and the prevalence of sterilization abuse to demonstrate her point. Smith built on this in both *Conquest* (2005) and “Beyond Pro-Choice versus Pro-Life” (2005B) and reminds her readers that for many women, choice is not available. For while white, well-off women may have the resources to choose if, when and under what circumstances they become mothers, for marginalized women there is often as much of a struggle to control reproduction as there is to have and raise children. In light of this, Smith claimed, it is necessary to address the pervasive and institutional problems of classism and racism in the United States. If we fail to do so, true choice may never be available to these women. Smith concluded that Solinger’s analysis suggests that “while the pro-choice camp contends that the pro-life position diminishes the rights of women in favor of ‘fetal’ rights, the pro-choice position actually does not ascribe inherent rights to women either” (Smith, 2005B, p.128). Smith’s work promoted the idea that the solution lies within the reproductive justice framework as proposed by women of color collectives. By keeping their experiences at the center of analysis, all women will achieve greater reproductive autonomy.

Reproductive Justice, Race and Class

The fight for reproductive justice is one that has been waged by and for communities of color. This has included reclaiming the agency that women of color have always had in their own reproduction and making visible the ways that race has shaped notions of womanhood and reproduction. A significant amount of research has been done in order to effectively do that.

Today it is popularly argued by pro-life groups that family planning and abortion rights advocates are fulfilling a eugenics plan aimed at communities of color. However, historians contend that it has been the anti-abortion rhetoric aimed at criminalizing abortion that has been both nativist and racist in nature. Traditionally, nineteenth-century abortion politics have been interpreted as state exploiting its' control of women's bodies and the meaning of motherhood in order to define women's social place (Beisel & Kay, 2004, p. 498). However, this analysis has missed the racial politics that were also at play. Applying as intersectional analysis to the abortion politics of the nineteenth- century has provided us with a different framework from which to analyze the debate that emerged surrounding the legalization of abortion. Further, it provides us with a historical perspective from which to illuminate the racist basis of the claim by the pro-life movement that abortion is black genocide.

The American Medical Association successfully launched a campaign to criminalize abortion in the United States in 1858, which granted physicians the sole power to determine if and when abortions were medically necessary. This was in addition to already existing laws that made abortion illegal or inaccessible in most states. As proven by the arguments made by these physicians against abortion, there was more at stake than the proper role of women as mothers, as is generally articulated in abortion rights discourses. Instead, these anti-abortion physicians relied heavily on the argument that abortion was a threat to the Anglo-Saxon race, and by extension white dominance, to convince lawmakers and society at large to support criminalizing the procedure (Omi & Winant, 1994). In short, although the laws would affect all women, regulations were put in place in an attempt to discourage white women from obtaining abortions.

Because of the high numbers of immigrants coming to the United States during this period Anglo-Saxon political power and social hegemony appeared to be threatened. In many cities, particularly those in the northern portion of the United States, “non-white” immigrants began to outnumber Americans of Anglo-Saxon descent. This resulted in a political concern that directly related to the reproductive lives on Anglo-Saxon women. If traditionally “white” Americans were to retain their political power amid the influx of “non-white” races, they would need to retain a majority at the polls. In this case, reproductive politics became intimately entwined with race politics (Beisel & Kay, 2004, p. 499).

Physicians who argued against legalized abortion certainly had economic reasons behind their position. In many ways the criminalization of abortion gave greater significance to their work, and delegitimized the work of midwives and other healers. But the crux of their public argument was that abortion was the cause of all social disorder. Abortion and similarly contraception, they claimed, was unnatural and therefore violated the purpose of sex and the perceived inevitability of motherhood. Similarly, they argued that abortion was dangerous to women; if not physically, then emotionally and morally, despite sound evidence to the contrary (Beisel & Kay, 2004, p. 506). By establishing and professionalizing this line of thinking, physicians made the claim that women’s sexuality and position in the world was the direct result of their capacity for reproduction. This heteronormative, class and racial blind assertion meant that women who did choose to avoid motherhood were simply denied any agency at all and assumed to be ignorant about the decision they were making.

However, anthropologists and historians alike assert that controlling reproduction, either through abortion, contraception, or in some cases even infanticide, has been a reality in nearly all societies. Because these acts took place in the private sphere and under the guidance of midwives and other healers, many men and political leaders remained in the dark about such practices. For example, In *Eve's Herbs* (1997), author John M. Riddle, a distinguished historian and botanist, provided evidence that even women in ancient Egypt utilized plants and other methods to limit family size and terminate unwanted pregnancies.

These strategies for managing reproduction were utilized in other areas of Africa as well, although specific information about methods remains vague. In her study of slave women in the Caribbean, Barbara Bush (1989) referenced G.W. Harley's 1941 text, *Native African Medicine*, which states that women throughout Africa used the root of the cotton tree as an abortifacient during the first trimester of pregnancy. Bush argued that although it has been generally thought that African societies did not encourage birth limitation, women may have done so anyway. Others have also found evidence that various forms of contraception were known to African women, and that knowledge about how to manage reproduction was well distributed within African societies (Fox-Genovese, 1988; Harley, 1941; Perrin, 2001; Riddle, 1997).

Liese Perrin's (2001) analysis of Works Progress Administration (WPA) narratives made it clear that slave women effectively utilized various natural means by which to control reproduction. Perrin's findings suggest that slave women had a sophisticated understanding of the fact that their fertility translated into capital for plantation owners, that they were opposed to this practice and that they actively sought

out means by which to control if and when they reproduced. Other historians (Fox-Genovese, 1989) have agreed that abortion and infanticide were forms of gender specific resistance, but rarely have they included an analysis of how these women may have sought to avoid pregnancies in the first place.

Despite the lack of knowledge on reproductive health, there is wide evidence that abortion and contraception were widely used. Although contraception was never advocated by white masters to black slaves, Deborah Gray White (1985) pointed to several cases of women whose masters believed them to be infertile who went on to have several healthy children after escaping slavery. Though she admits that it is virtually impossible to know for sure, it seems likely that abortion or contraception, or a mixture of both, was utilized by slave women in order for them to become mothers on their own terms.

The importance of controlling reproduction did not end with abolition. Just as the abolition of slavery had made it necessary for slave women to find ways to control if, when and under what conditions they reproduced, so did post-slavery economic and social oppression. Jim Crow laws and institutionalized terrorism against the black population meant that reproduction had deep implications for black women and families. In many cases larger families were needed in order to appropriately work the land, and the high mortality rate of children and infants meant that women often had larger families.

Reproductive Justice and Marginalized Motherhood

As a theory and praxis, reproductive justice is as concerned about the right of a woman to have and raise children as it is about the rights of women to terminate

pregnancies. As Hanigsberg noted in “Homologizing Pregnancy and Motherhood: A Consideration of Abortion” (1995) “choice” suggests that legal abortion will provide women with access to real choices, regardless of the structural inequalities that make autonomy difficult. Similarly, the pro-life movement has done little to advance the conditions of children once they are born or to help women after they find themselves responsible for taking care of children that they may not be able to afford. She further argued that including motherhood in the debate, as a reproductive justice framework does, is important because motherhood is still a place of subordination for women in the United States. She noted that this is especially the case for African American women (Hanigsberg 1995).

The stereotypes that exist about black families today are many, and the majority of them depend on negative and disempowering images of those who are generally the strongest representation of black families, black women. In many ways images of a black woman selfishly sacrificing her community for her own desires by having an abortion is an updated version of the welfare mother stereotype that has plagued black women for generations. This originated in the “breeder woman” stereotype of the slave era, the belief that black women were more suitable for bearing children than white women. The modern take of this same notion is the idea of the welfare mother and the myth that that black women are lazy, bad mothers, and that they are the cause of their own poverty. Those who have perpetuated the welfare mother stereotype focus their critique of black poverty on the mothers, and make invisible the structures and institutions that have disadvantaged her to begin with (Collins, 2000).

Anti-abortion and anti-family planning groups that focus on black women's seemingly high rates of abortion and single motherhood similarly blame black women while ignoring the racist institutions that often cause black women to face unplanned pregnancies, or an inability to care for the children they do have, in the first place. Similarly, their claims that promiscuity and single mother households threaten the black community promote the belief that black families are only legitimate if they fall within the currently held norm. This makes invisible the history of black families. As Shirley A. Hill (2005) discussed in *Black Intimacies* applying a gender analysis to the formation of black families allows us to recognize the active roles that black women play in family formation. Further, it advances a perspective that acknowledges that centuries of slavery fostered functional alternative family forms for African Americans.

Applying a gender analysis to the black family allows for the possibility that these nontraditional family structures are not the result of delinquency, nor the cause of economic poverty. A gender analysis encourages us to consider a perspective on the black family which acknowledges the agency that black women have exercised in their own lives. It is also important to recognize that slavery in the United States operated in multiple different ways. The traditional narrative of slave men and women on large southeastern plantations, where families were kept from forming and social hierarchy was established solely by race, ignores the diversity of slavery throughout the nation.

Numerous accounts suggest that slavery was much more multidimensional than is popularly thought. For example while researching *Cane River*, author Lalita Tademy (2001) found herself being challenged in regards to her previous opinions of slavery and how race and class intersected within it. Specifically, she found that in Louisiana blacks

were as likely as whites to own slaves and that black families were diverse. Similarly, in *Ensuring Inequality* Donna Franklin (1997) argued that black family structure was diverse and that structures were dependent on economic factors, region and plantation size. In general, smaller plantations had higher interaction between blacks and whites, fewer options for marriage and slaves were more susceptible to being sold during difficult financial times. Historians agree that slaves were not allowed legal marriage, and unions were not protected from the threat of sale during slavery. Yet today there is little agreement over what impact access to a marriage contract had on black families after slavery. While some argue that emancipation led to increased efforts to legalize black families through marriage, these critiques have failed to analyze the relevance of a state-supported marriage contract and they have failed to acknowledge the diversity of black women's responses to freedom based on their own sense of agency.

When thinking about marriage, it is important to remember that it is deeply connected to patriarchy as both are institutions that have been "naturalized" and assumed to be the basis for family life. As historian Nancy Cott (2000) noted, assumptions about the necessity of marriage have been intertwined in United States law, public policy and rhetoric. Although greatly romanticized in American culture, marriage is a heavily gendered institution that is traditionally dependent on male dominance and female submission, an arrangement that is not a part of the cultural traditions of many African Americans (Banks, 2011). We know that marriage-centered family arrangements are not an essential part of all cultures and that the necessity of marriage in raising healthy families has more to do with other, larger social institutions that privilege a male-headed nuclear family arrangement than anything specific to the arrangement itself.

Under slavery, women were able to usurp for themselves a certain amount of autonomy due to their equal participation with black men in work. In many ways their labor was just as valuable as the work done by men. Other sources of power were derived from black slave women's sexuality, reproductive work, community-based family systems, and close proximity to white families (Arneil, 2001, p. 31-32). Through their work as domestic servants, and their often beloved status within white families as mammy-figures, black women were often able to gain access to food, shelter, and other resources that black men were never in the position to access (Hill, 2005, p. 72). This provided black slave women with unique power. Many also had children with white men, giving them access to another source of privilege that was not available to enslaved black men. In some cases, their biracial children were able to pass as white or were otherwise granted special freedoms, including education, and in some cases economic resources. These privileges would most often be lost were their mothers to marry black men, and black women would lose the ability to inherit wealth from the white fathers of their children.

Because of this history, efforts to push a marriage campaign on newly freed blacks after emancipation had particularly negative effects on black women. Marriage was a mechanism for removing blacks from state programs, and was used as a tool to control female sexuality and reorganizing black families in a way that made them more compatible with sharecropping. Both black men and the state had a vested interest in encouraging black women to marry into traditional family structures. According to Shirley A. Hill, in many cases "the efforts of the state coincided with the patriarchal yearnings of black men, who sought to solidify their power and authority, at least in their

own homes” (2005, p. 75). Patriarchy within the black family was supported by the state to such an extent that by 1876 black men could theoretically vote, hold office, serve on juries, and participate in politics, whereas black women could not.

Women were further disadvantaged by being pushed to adhere to gender scripts that assigned black women to the home and to engage in traditional, class and raced notions of womanhood. However, economic realities meant that the male-breadwinner, female-homemaker framework was generally impractical for black families, and respectability was not gained as had been promised. Further, many black women rejected notions of patriarchy (including marriage) by choosing to work and live alone, have male companionship on their own terms, or to live with other women as “emotional and sexual companions” (Omolade, 1995). Even black women who did follow with the traditional of patriarchal family worked against it through involvement in the black women’s club movement and through other forms of community activism.

A reproductive justice framework acknowledges the diversity and complexity of black women’s relationships to reproduction, sexuality, and family. Therefore it does not attempt to force on them, or on any woman, a universal expectation of how a mother or woman should feel or behave in relation to pregnancy or parenting. Similarly, the reproductive justice movement acknowledges and affirms diversity in regards to women’s feelings towards their pregnancies, children and towards abortion.

Robin West (2009) argued that because *Roe v. Wade* was secured as a negative right it legitimized a minimalist state response. The result is that the state feels less inclined to interfere to help, and poor women and families suffer. West proposed that reproductive justice could end the legal tension between women seeking to terminate

pregnancies and women who need assistance in raising children that they very much want. Our current framework for understanding reproductive rights positions these two interests in contrast to each other, but West argued that they are in fact seeking the same thing and could achieve it through political means without the aid of the Supreme Court.

Jeannie Ludlow (2008) has also supported the idea that women who choose motherhood and those who choose abortion have more in common than is publicly acknowledged. She noted that the dichotomy between pro-life and pro-choice was created by the legal world's failure to acknowledge the complexities of women's abortion experiences, or the ways that these two ideas overlap in actual praxis. Specifically, women who are fully supportive of their decision to have an abortion may grieve the "baby" that they lost, and may feel isolated by the pro-choice movement's insistence that it was simply a fetus⁸ or the pro-life movement's assertion that grief, sadness, or loss indicates wrongdoing. Ludlow explained that society has erased the distinction between a fetus and a human person, and that for many women emotional connection to a pregnancy begins as soon as the pregnancy is known. Because the dichotomy between pro-life and pro-choice positions has created the politicized rhetoric that society uses to discuss abortion, the nuance of women's lived experiences is lost.

Connecting Abortion and Stigma

While abortion is not uncommon in the United States (one in three women will have an abortion before they are 45 years old) women who have the procedure done rarely talk about it publicly. This silence is generally attributed to the stigmatized nature

⁸ While this may not be the actual belief of pro-choice individuals, insistence that a pregnancy is not a baby can cause disconnect for women who have an emotional connection to their pregnancy.

of abortion, but what exactly causes that stigma has been a topic of debate since abortion became legal in 1973. Those who are opposed to abortion typically argue that the procedure is silencing and stigmatized because it is an immoral act that goes against nature, while supporters of legal abortion promote the idea that social context and the abortion debate itself causes the silence and creates the stigmatizing effect.

Stigma itself is difficult to define, and its relationship to women's experiences with abortion is even less clear. In *Stigma: Notes on the Management of Spoiled Identity* (1986) sociologist Erving Goffman utilized case studies and autobiographies in an attempt to grasp what stigma actually is, how people experience it, and how they adapt to living with a stigmatized identity. Goffman defined stigma as "an attribute that is deeply discrediting" and a stigmatized individual as "disqualified from full social acceptance." Unlike many other stigmas abortion stigma is something that women can generally hide from the outside world. Still, they cannot escape their own knowledge of their stigmatized identities, and because abortion stigmatizes not only the women who choose it, but all those who are connected to it, we are able to get a sense of just how stigmatizing abortion is even without talking to women themselves.

In *Dispatches from the Abortion Wars: The Costs of Fanaticism to Doctors, Patients and the Rest of Us*, Carole Joffe (2009) provided a number of examples of how abortion stigma is felt in our society even when it is not related to specific individual women's abortion choices. Movies like *Knocked Up* and *Juno* featured young women who experienced unplanned pregnancies.

In *Knocked Up* the woman's mother coldly suggests abortion as a way of "getting rid" of the problem until her daughter is ready for a "real baby." The heroine of the film

is shocked, outraged and immediately rejects the suggestion. In *Juno* the heroine considers the option but decides against it after an interaction with a cold and unprofessional clinic worker (p.2). In fact, abortion is hardly ever portrayed in film or television, unless accompanied with a storyline about regret and shame. Ellison (2003) provided a possible reason for this. Her study of single women's unintentional pregnancies found that women and their reproductive experiences are stigmatized primarily in regards to how they fit into the societal norm about female sexuality and maternity. Women are categorized and stigmatized based on marital status in relation to unplanned pregnancies, and women who chose abortion are labeled selfish, even if their decision was made with consideration to an ethic of care (Gilligan & Belenky 1980; Ruddick 1993). This sense that abortion is selfish is created because of a prevailing, authoritative belief in selfless maternity.

It makes sense then that women in the media are praised as responsible when they do not choose abortion, with little regard as to whether it would have been a good decision for them personally or not. Joffe (1999) cited Jamie Lynn Spears, younger sister of pop star Britney Spears, and Bristol Palin, daughter of 2008 vice presidential nominee Sarah Palin, as examples of this. She notes that while both women were unmarried, and having premarital sex, both were commended by conservative leaders and fans for making the "responsible" decision to carry the pregnancy to term instead of having an abortion. In fact, Bristol Palin later went on to become a paid spokesperson for abstinence until marriage. Joffe concluded that examples like these show us two things. First, that the abortion wars are diverse, and that they occur in politics, law, pop culture, in doctor's offices and in day to day life. Second, that abortion brings along with it a powerful

stigma. But understanding why this stigma exists and how it affects women is not as clear. In one sense, Joffe suggested that the perpetuation of inaccurate information about the procedure and women's reactions to it play a role.

In *Peace After Abortion* (1997) psychotherapist Ava Torre-Bueno argued that stigma is a common shame experience for women who have had an abortion and that this shame has actually increased since abortion has been legal due to continued attacks from the religious right. Pro-life activists have spent a lot of time and money creating and promoting myths and medical misinformation about abortion at all levels of society. For instance, under the George W. Bush administration, government websites were changed to state that there was a link between abortion and breast cancer and that condoms are ineffective, even though peer-reviewed medical journals disagree with those statements. More recently, a study published in the *British Journal of Psychiatry* by Coleman (2011) made the claim that abortion has significant detrimental impacts of women's mental health. The study concluded that "abortion is a statistically validated risk factor for the development of various psychological disorders." Pro-life activists actively pushed this article as proof that the countless other studies that had opposite finds were inaccurate. But Coyne (2011) a writer for *Psychology Today*, found that the study was likely politically influence and had significant flaws. Either way, the surplus of contradictory information leaves many women, and Americans in general, confused as to how to feel about abortion. This debate suggests that there is something wrong with abortion, even though it is one of the safest medical procedures performed today.

Contrary to pro-life claims, a review of methodologically sound studies by Alder, David, Major et al. (1990) of the responses of United States women before and after

obtaining a legal abortion found that women experienced the most distress prior to having the procedure done and that the likelihood of having a negative response after the abortion was performed is low. Similarly, the Major, Corzarelli, Cooper et al. (2000) study of the psychological responses to first trimester abortions determined that most women don't have problems or regret after the procedure and that the women who do tend to regret their abortions or have negative responses are generally women who had a history of depression prior to becoming pregnant.

Alter's (1984) study of sex role perceptions and abortion decisions provided another aspect to consider. Her research found that there is a strong connection between a woman's perception of gender and perceived competence and her decision about whether to continue or terminate a pregnancy. The study shows a strong correlation between women who chose abortion and those who had confidence in their own competence. The connection to gender roles here is particularly interesting: women who were less beholden to traditional ideas about gender roles had greater perceived competence and were more comfortable choosing to have an abortion.

Hessini, Kumar, and Mitchell (2009) had similar findings in their study of conceptualizing abortion stigma. Like Joffe (2009), they support the idea that abortion stigma is not a universal fact, but that it is socially produced by local influences. Their research also supports the idea that abortion stigma is dependent of power disparities and inequalities, largely due to gender. They claim that abortion is stigmatized in part because it is unique to women, and because it transgresses three "feminine" ideals that our society holds, specifically perpetual fecundity, the inevitability of motherhood, and the idea of instinctive nurturing. Also like Joffe, they found that abortion stigma was perpetuated

through both popular and medical discourses, government and political structures and personal interactions.

Similarly, research done by Becker, Bessett, De Zordo et al. (2011) attempted to re-conceptualize the constituents, causes and consequences of abortion stigma. Their findings collaborated with others because they found that stigmatization is a contextual social, process. They argued that stigma discredits individuals because of their association with abortion; be it because they had one, support it, or provide it. Additionally, they determined five reasons that abortion is stigmatized in the United States. Specifically, that it is viewed as a violation of female ideals in regards to sexuality and motherhood, that personhood is attributed to the fetus, the legal restrictions that are placed around the procedure, the concept that abortion is dirty or unhealthy, and the fact that stigma is used as a tool for anti-abortion efforts. They found that this sort of stigma affected those involved in the abortion debate universally, although it may be more profound for those who are directly involved with abortion care, either as a patient or as a provider.

Debbink, Martin, Harris, and Hassinger's (2011) research of the dynamics of abortion stigma and its' relationship to providers expanded on the Norris research: by directly addressing how those who work in abortion care manage the inevitable stigma that comes with their occupation. This was done through a series of workshops, called Providers Share workshops, in which abortion providers were able to talk about their work and the stigma attached to it. Harris et. al found a divide in terms of how providers dealt with abortion stigma. Some chose silence for fear of judgment and violence, while other spoke out in order to be psychologically consistent and so that they could be a

resource to others. All who took part found the opportunity to share and create community with other individuals dealing with similar stigma beneficial.

Similar findings were discovered when researchers talked to women about their abortion experiences. In their study on lessons from abortion narratives, Kimport, Foster and Weitz (2011) found two social aspects were often the cause of negative emotional experiences with abortion. Either women did not feel that the abortion was their decision, because of outside influences like economics or personal pressures like an unsupportive partner, or they felt that they did not have clear emotional support following the abortion. Additionally, these narratives uncovered a profound gendered division of labor in relation to pregnancy prevention, abortion and childrearing and that abortion related emotional burdens fall almost entirely on the women.

Littman, Zarcadoolas and Jacobs' (2009) study attempted to provide the type of after-abortion support that Foster and Weitz (2011) identified as needed by many women. By providing abortion patients with the opportunity to enter a culture of support immediately following their procedure, researchers attempted to counter-act some of the stigma by supporting the women and creating a sense of community. In what researchers termed "interventions," women who had abortions were exposed to validating messages, given information about resources that supported women and their reproductive choices, and were helped to understand and ignore negativity and misinformation. These interventions also addressed the issue of stigma. Of the 22 women who were involved in the research, all of them believed that the intervention helped them resist the stigma and judgment that accompanies abortion and felt that the intervention had been personally beneficial to them.

It should not be assumed, however, that abortion stigma is something that women can merely hope to cope with. Margaret Shih's (2004) research on positive stigma suggested that individuals with stigmatized identities may even be empowered by such identities. The empowerment model, as proposed by Shih, viewed stigmatized individuals as proactive actors who were able to resist the effects of prejudice by seeking to better understand the social world that creates stigma and by seeking out positive outcomes. Interestingly, Shih did not investigate whether disclosure of a stigmatized identity is required in order to operate within the empowerment model. Traditional thought would suggest that it is, and that silence would be more representative of a coping model, but this was not addressed in her research. Still, it is clear that disclosure could have an important impact on how individuals experience stigma.

Abortion and Disclosure

Disclosure or "coming out" is a concept that has not often been applied to women who have had abortions. Instead, it is usually discussed in relation to lesbian, gay, and bisexual identities. While there are undoubtedly significant differences between living with the stigma of a gay identity and the stigma of having had an abortion, I believe that understanding the discussion surrounding disclosure in the gay community can provide us with a valuable framework through which to think about disclosure in relation to women who have had abortions.

Generally, an argument exists over whether disclosure or "coming out" is necessary for a functional and healthy gay identity. Cass' (1979, 1984) stage model for homosexual identity development is a classic example of this belief. It contended that individuals who have lower levels of disclosure about their sexual identity have not truly

actualized that identity. It suggested that it is necessary for one to come out, and to do so often. On the other hand, Sophie (1986) disagreed and offered a critique, arguing that because coming out is a continuous process, context must be taken into account and therefore not disclosing sexual identity may have little to do with one's relationship to that identity. Similarly, Whitman et al. (2000) argued that when thinking about the disclosure of sexual identities, we must recognize a difference between the development and management of a sexual identity. This distinction is important to make, particularly in applying it to the women who have had abortions. Although they may not develop this identity in the same way, because it is dependent on a single act in their life, women may develop a relationship with the experience as they come to terms with it, handle emotions relating to it, and react to the social stigma about abortion. Management then, or the act of telling people about their abortion experience, should be understood as separate from their feelings about the issue. Both women who are happy with their abortion decision and those who regret it may talk or not talk about the experience publically or with family and friends.

In her research Miller (2011) investigated how identity management is addressed for African American lesbian women. Through analyzing the narratives of two African American lesbian women as they discussed their process of coming out to their mothers, Miller determined that these women were encouraged to not disclose their identities to other family member. "Passing" was encouraged as a strategy and the fact that there is general silence in the African American community about sexuality made this a realistic process. Both women interviewed also cited the importance of managing their African

American and woman identities in their discussions to limit the disclosure of their lesbian identity.

However, activist and journalist, Michelangelo Signorile (2003) argued that the fact that gays and lesbians must manage their identities is evidence of a deeper oppression that can only be challenged by coming out. Signorile favors outing public figures as a way to equalize the invisibility of LGBT individuals in our heteronormative society. He also advocates for private individuals to disclose their sexuality to others. His text *Outing Yourself: How to Come Out as Lesbian or Gay to Your Family, Friends, and Coworkers* (1995) serves as a how-to to those who wish to be more public about their sexual identity. Signorile argued that being public about sexuality not only challenges “the closet of power,” but that it is positive on an personal level because the stress of coming out will never be as hard on you as the stress of staying in the closet was.

In many ways, choosing to not disclose an abortion experience is related to the decision to not disclose an lesbian, gay or bisexual sexual identity, as both are deeply connected to sexuality and sex. While this is certainly the case in the United States, it is even more profound in Ireland, where abortion is greatly stigmatized by the fact that it is illegal. Women seeking an abortion must literally flee the country in order to do so, increasing the sense that they are doing something wrong or shameful. In *Silences: Irish Women and Abortion* (1995) Ruth Fletcher interviewed Irish women who have had abortions in order to discuss their decisions regarding disclosure.

Fletcher’s goal was to understand the relationship between the silence of the personal experiences of abortion and the public debate. She wanted to explore the connections between the perceived silence of most women and the disclosure of others

and how these events both influenced and were influenced by the public, political debate about abortion. She found four themes that seemed to run throughout the women's stories: protection, ambivalence, concern and frustration.

Fletcher found self-protection to be a significant aspect of why Irish women remained silent after their abortion experiences. Much like the providers in Harris's study, Fletcher's respondents were highly selective and cautious about disclosing their connection to abortion for fear of negative responses and even violence. Fletcher found that women were selective in regards to who they told, and what they revealed. Fletcher further noted that while many anti-abortion advocates claim that they dislike the act of abortion but not the women who have them, women did not make that distinction and often remained silent for fear that anti-abortion sentiments would cause them to be disliked (Fletcher, 2000, p. 48). For the sake of preserving relationships, they remained silent. They also wanted to protect themselves from being viewed as irresponsible; regardless of if they felt that their abortion had been a responsible decision. Although Fletcher's interviews with women suggested that women chose abortion after considering what would be best for her, her fetus and her loved ones, they understood that they were perceived by society to hold the burden of responsibility for both the unplanned pregnancy and the outcome of their abortion decision.

Ambivalence was also found to play a significant role in the silence surrounding abortion experiences. While all of the women interviewed felt that they had made the right decision in choosing abortion, many of them needed time and space to figure out their feelings. They felt that speaking about ambivalence or not being sure of their feelings would justify the argument used by anti-abortion advocates that abortion is bad

for women. For these women, ambivalence did not equal remorse, but they felt that it would be crafted into that by public opinion.

Women also often chose to be silent about abortion in an attempt to protect others. They did not want to cast stigma on others or involve their loved ones in the contentious debate around abortion. However, Fletcher also found that concern for other women who have had abortion could be the catalyst for women to break their silence about their abortion experience. The social stigma of abortion distorts the process of a woman attempting to balance her concern for her own wellbeing and her concern for the other people in her life (Blum, Homiak, Housman, and Schemann 1976). Because of the social stigma of abortion in Ireland, women may discard what is best for them in order to do what they think will be the best for others.

Finally, Fletcher found that frustration over the polarized nature of the abortion debate caused women to remain silent. The rhetoric of the pro-choice and pro-life positions of the debate both failed to allow for the nuance of women's lived experiences with abortion to be understood. Women's real experiences simply did not fit the mold that the movements attempted to force them into, and women feared that their stories would be co-opted and reinterpreted by these movements should they tell them. The two areas where this happened, or was feared to happen, were in regards to the women's feelings about fetal life and the emotion involved in the abortion decision. Ultimately, because both sides of the debate paint their position in black and white, and because women's experiences with abortion operate in changing shades of gray, women did not feel that their stories would be authentically received and they feared having them used for political purposes.

Kim Kluger-Bell (1998) also found that many women feel frustrated over the process of disclosure because what is presented as an ideological battle is often a deeply emotional decision. In the current political battle “to speak the truth about one’s own experience – both the positive and the negative sides of the abortion debate – is to risk being condemned as a traitor by either side, or sometimes both” (Kluger-Bell 1998). This can complicate and delay women’s emotional recovery from their abortion, and could forever hinder their disclosure process.

Fletcher’s (1995) study concluded that the cycle of a political discourse that is not influenced by the realities of women’s and experiences has both created and reinforces the silence of Irish women who have had abortions. Additionally, Fletcher (2000) agreed with Pateman (1988) that the public/private divide must be challenged if we are to challenge the gender stereotyping that in many ways causes a lot of the stigma surrounding women’s abortion experiences. Fletcher suggested that part of this must be advancing laws and public discourse that is reflective of the realities and nuances of women’s lived experiences.

Quinn’s (2010) research on revealing concealable stigmatized identities furthered an argument on the importance on how disclosure is received. Just as many of the women that Fletcher interviewed articulated fear that their story would not be authentically heard, Quinn argues that a good first disclosure experience is fundamental in minimizing the fear of future disclosure and in increasing stigmatized individual’s self-esteem.

Kate Cockrill (2011), an abortion stigma researcher for Advancing New Standards for Reproductive Health, disagreed with the notion that disclosure of abortion experiences is necessary for women to be happy or confident about their decision.

Further, she challenges the notion that a “coming out” framework is appropriate for this stigmatized identity. Cockrill acknowledged a push by pro-choice leaders to have women come out about their abortions as a way to personalize the issue. She argued that the pro-choice movement is attempting to adopt a strategy similar to that used by gay rights advocates. Indeed, research has shown that knowing someone who is gay greatly increases the likelihood of supporting gay rights (Herek, 1996) but Cockrill believed that this is far too simplified of a model to apply to abortion experiences.

Instead, she noted that even gay men choose to disclose their sexual identity for varying reasons, and only rarely is it publically and to advance a political agenda. In 1991 Roy Cain identified six reasons that gay men disclosed their sexual identity. Therapeutic disclosure occurs for the sake of the emotional needs of the person who is disclosing. Relationship-building disclosure takes place when individuals disclose in order to be more honest or develop a more intimate relationship. Problem-solving disclosure are those that occur in to solve a problem, like having to lie about yourself, your history, or an experience. Preventative disclosures occur when someone discloses something in an attempt to preempt being “outed.” Spontaneous disclosures are unplanned and happen as the result of an interaction or series of interactions. Finally, political disclosures are made to raise the status for people with a stigmatized identity, in this case gay men. Cockrill noted that women do tell people about their abortions, but that this disclosure happens within the multiple scenarios set forth by Cain (1991). And, according to ANSRH’s unpublished research, women fared better emotionally when they selectively told people who they knew would be supportive than when they just told anyone for the sake of “coming out.”

CHAPTER THREE: METHODS

Participants

The sample for this study consisted of women between the ages of 18 and 25 who had abortions in the Midwest region of the United States in the past 10 years.

Participants were recruited through flyers that were sent out through social media, women's health organizations, university women's centers, after abortion counseling groups and by word of mouth.

Requirements for participants included the following: that they were between 18 and 25 years of age at the time of the interview. They also must currently live in and have had their abortion procedure performed in any of the following states: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Ohio or Wisconsin. Additionally, their procedure must have been elective, and that it was not performed to save the life of the mother, and it must have been done legally.

Participants may have had medical⁹ or surgical¹⁰ abortions.

The sample that was finally obtained for this study consisted of seven women from the states of Minnesota, Iowa, Illinois, Wisconsin, Michigan and Ohio. Two of the women had had multiple abortions at the time of the interview. Overall, the length of time since the abortion experience ranged from seven years to one month. Five of the participants identified as White, one as White but of Latina descent and one as Asian. Four of the participants identified their sexuality as straight, two participants identified as

⁹ A medical abortion is a non-surgical abortion procedure in which pharmaceutical drugs are used to induce abortion. This procedure is used up to 9 weeks gestation in the United States.

¹⁰ A surgical abortion procedure can be done at any stage of pregnancy, although methods may vary. In this case pregnancy tissue is physically removed from the woman's uterus by a physician.

bisexual and one identified as straight but queer. Participants will be referred to by their chosen pseudonyms. Natalie had one first trimester surgical abortion performed at 17 and currently lives in Wisconsin. Emily had two abortion procedures. She was 20 and 21 at the time of the procedures, both were first trimester surgical procedures, and both took place in Iowa. Marcia had a first trimester medical abortion performed in Minnesota when she was a junior in college. Octavia had two abortions during college. Both were first trimester procedures. One was surgical and one was medical, both took place in Illinois. Amanda had a first trimester surgical procedure performed in Minnesota. Maura had a second trimester surgical abortion in Michigan at 19 years old. Because Natalie and Amanda were both minors when they had abortions, they were both legally required to notify their parents of their decision. Amanda did tell her parents, while Natalie sought out and received a judicial bypass¹¹.

Procedures

This study explored two research questions. First, how does social and political context impact the feelings of stigmatization that women feel after electing to undergo an abortion procedure? Second, how does stigma or perceived stigma impact why women do or do not disclose their abortion history to others? To answer these questions I chose to utilize the qualitative research method of in-depth interviewing because my goal was to uncover “the subjugated knowledge of the diversity of women’s realities that often lie hidden and unarticulated” (Hesse-Biber, 2007). Additionally, I sought to “explore a particular topic and gain focused information of the issue from the respondents” (Hesse-

¹¹ A judicial bypass is an order from a judge that allows a minor to obtain an abortion while circumventing state enforced parental notification or parental consent laws. The process differs in each state.

Biber, 2007). Although this study investigates stigma, I chose to not include the term “stigma” in any recruitment materials or in the interview script. This was intentional so that participants would discuss experiences or feelings of stigma in their own words, and without the concept being introduced to them through the interview process.

Interviews were semi-structured and designed to fulfill five objectives within the interview: to learn more about the social and political context in which women have abortions; to obtain detailed accounts about how women navigated their abortion experiences, in their own words; to uncover who women disclose their abortion experiences to, how and why they disclosed; to illuminate how stigma influences the day to day life of women who have had abortions and to discover if disclosure is desired and what would be needed for women to be more comfortable disclosing their abortion history. The questions were open-ended and encouraged participants to tell stories illustrating their experiences.

Participants completed an Informed Consent form (Appendix A) and were asked to respond to questions outlined in the interview protocol (Appendix B). A digital recorder captured the interview, which lasted from 1 to 1.5 hours, in audio format. Upon beginning the interview participants were asked to identify their race, gender and sexuality. They were then asked why they chose to respond to the recruitment flyer. They were asked about their understanding of the abortion debate prior to finding themselves facing an unplanned pregnancy and about the context in which abortion was discussed in their lives before choosing abortion for themselves. Participants were asked to tell the story of their abortion experience and moments when they have told others that they had an abortion. They were asked to reflect on an instance when they have wanted to disclose

their abortion history, but have felt that they should or could not. Finally, they were asked about their desire to disclose and were encouraged to explain what would need to exist for them to be more comfortable doing so. After their portion of interview participants were invited to ask me questions about my own abortion experience.

Positionality

As the interviewer and researcher, I came to this study having had an abortion myself and therefore in some ways shared a unique standpoint with the women I interviewed. While my identity differed from study participants (be it because of race, class, sexual orientation or some other identity) the fact that I shared this stigmatized and gendered experience provided me with what Patricia Hill Collins calls outsider within status with the population being studied, although community between women who have had abortions should not be assumed.

Women were recruited for this study with the full knowledge that the interviewer had also had an abortion. This was done intentionally and with the hope that it would make participants feel more comfortable and able to feel safe talking freely. In order to keep the discussion true to participant's perceptions and experiences and uninfluenced by mine, they were instructed to not inquire about my experience until after their interview portion was complete. However, once our discussion of their experience was completed, participants were able to ask me questions as well. In order to minimize any sense of hierarchy and to encourage a more participatory research model (Hesse-Biber, 2007, p.128) my experience was shared, but I avoided mentioning my work as an activist until after the interview was finished. I did not want participants to know of my activism prior to their interview because I did not want it to influence their telling of their experience.

Additionally, as it was possible that some of the study participants may have identified as pro-life, or that they otherwise regretted their abortion or were opposed to the legalization or practice of the procedure, it was important that my work as a pro-choice activist not make them uncomfortable or hesitant about sharing that with me.

When wrapping up the interview I asked participants to briefly reflect on our discussion and to offer their own analysis of abortion stigma, if they have felt it and why it exists. Those who had comments were given the opportunity to discuss what suggestions they may have for either eliminating stigma or for helping women manage disclosure. In this sense, the interview process was inspired by a feminist participatory research model (Hesse-Biber, 2007).

Data Analysis Technique

Interviews were audio recorded and transcribed. Additionally, I have kept record of my own emotional responses to these interviews through journaling and audio recording my own reaction to each interview immediately after it took place. This allowed me to practice personal reflexivity in my analysis and interview process. I also allowed participants the opportunity to reflect on the interview and contact me with any clarifications or new insights that they may have after the experience of talking about their abortion with me. By encouraging participants to practice reflexivity in this way, the study takes into account the fact that for some participants this may be the first time discussing their abortion with someone else. Participants were also provided with copies of the transcription of their interview upon request.

Following the interviews, data analysis took place in two phases. In the first phase, I adopted a within-case approach to analyzing the data to obtain detailed

understandings of the participants' experiences (Huberman & Miles, 1994). Women were profiled to gain a detailed account of their experiences on a case-by-case basis. In the second phase, a cross-case analysis approach outlined by Huberman and Miles (1994), both myself and the Principle Investigator of this study, Dr. Shannon Miller, reviewed the women's profiles to search for patterns and identify clusters of cases with similar characteristics. The goal was to uncover and highlight themes that repeatedly appeared in the data (LeCompte et. al, 1999). Specifically, we looked for identifiers of causes for stigma and for possible influence of disclosure practices. Additionally, this process took into account any communication that I had with participants following the interview as they reflected on their experience, which in all cases was minimal.

Coding Definitions

Due to the originality of this research the themes that emerged from our analysis could not be directly compared to other similar studies. However, as addressed in Chapter Two: Literature Review, other scholars have studied abortion stigma and disclosure in other populations and within different methodologies. Included in this section is a comparison of the themes that were proposed in those other studies. While there are strong similarities, our coding definitions are specific to the language, rationale, and explanation given by the study participants. Still, these previous studies, as illustrated in Table 1, provided guidance as to themes that commonly appear in discussions about disclosure. Again, though similar concepts appeared as themes in our analysis, our coding themes and definitions differed because of our commitment to remaining true to the language, rationale, and descriptions provided by the participants.

Table 1.

Previously identified disclosure themes

Author	Theme(s)				
Fletcher (1995)	Protection: women were selective about who and what they disclosed in order to protect themselves from the criticism of others.	Ambivalence: women needed time and space to work out their own feelings about there experiences, and so did not disclose.	Concern: women chose not to disclose because they did not want to hurt or burden their loved ones.	Frustration: women did not disclose because they did not feel that there was room for their experiences within the current, highly polarized public debate.	
Debbink, Martin, Harris, Hassinger (2011)	Disclosure: Abortion providers chose disclosure to be a resource to others	Disclosure: Abortion providers chose disclose to challenge to notion that abortion is immoral	Disclosure: Abortion providers disclose due to anger at the pro-life movement	Non-Disclosure: Abortion providers chose silence for fear of pro-life retaliation or violence.	Non-Disclosure: Abortion providers chose silence for fear of stigma.
Cain (1999)	Therapeutic: disclosure that occurs for the sake of the emotional needs of the person disclosing	Relationship-building: disclosure that takes place when individuals disclose to develop intimacy in a relationship	Problem-solving: disclosure that occurs to solve a problem, like having to lie	Preventative: disclosure that occurs in an attempt to avoid being "outed"	Political: disclosure that occurs to raise the status of people with a stigmatized identity

Following are definitions for the themes the emerged as reasons that influenced women within this study to disclose or to not disclose their abortion history.

- 1.) Therapeutic Disclosure: Some participants commented that disclosure was healing or therapeutic in nature. In this case women either chose to disclose or not to disclose in order to see after their own personal emotional well-being. Their disclosure preferences served as a form of self-care.
- 2.) Politically Motivated Disclosure: Some participants chose to disclose because of knowledge of the political abortion debate and a desire to influence and change it.

In some cases, however, women chose to disclose their connection to, or knowledge of, abortion with specifically referencing their own abortion experience.

- 3.) Disclosure or Non-Disclosure for Protection: Participants all held the belief that being associated with abortion could cause them harm emotionally, physically or in terms of their reputations. Many also believed that this could impact those who they associate with. Participants often made disclosure decisions based on their need to protect themselves and others.
- 4.) Relationship Building Disclosure: Participants often cited a desire to be their true selves and to engage in honest relationships with loved ones as a motivation for disclosure. Some participants cited a desire to not complicate existing relationships as a motivation for non-disclosure.
- 5.) Necessity: Because of a lack of resources or because of laws, some participants had to disclose regardless of their own personal wishes.
- 6.) Care for Others: Participants often disclosed in order to help others with their own abortion of pregnancy related situations. Often they spoke out because they believed that talking about it would normalize it and help ease the stigma felt by other women who had also chosen abortion.

Coding definitions was less influenced by previous research, in part because little abortion-related stigma research exists. Still, findings by Hessini, Kumar and Mitchell (2009) and Ellison (2003) were used to guide the organization of themes for this study. Table 2 illustrates how those stigma themes have been organized in past research.

Table 2.

Previously identified stigma themes

Authors	Theme(s)		
Hessini, Kumar, Mitchell (2009)	Female sexuality solely for procreation	The inevitability of motherhood	Instinctual nurturance of the vulnerable
Ellison (2003)	Abortion as “selfish”	Cult of maternity	Cultural censorship

Additionally, Hessini et al. adapted a geography of health stigma as originally outlined by Heijinders and Van der Meij (2006) to explore places that abortion stigma manifests. They identify abortion stigma in (1) framing discourses and mass culture, (2) governmental/structural, (3) organizational/institutional, (4) community and (5) individual levels. Because my study was of women’s lived experiences and their sense of the existence of abortion stigma, our categories of spaces where abortion stigma is articulated differ. Still, there are significant similarities that should be noted.

The following are definitions for themes that emerged as places from which women sense abortion related stigma. The language is true to the language used by participants.

- 1.) Stereotypes: Participants cited stereotypes and assumptions about women who have abortions as a cause of some of the stigma that they experienced. Often these stereotypes are related to sexuality and motherhood.
- 2.) Pro-life rhetoric and activists: Participants cited that language and presence of pro-life activists as a cause of stigma. Often these were encountered online.
- 3.) Politics: Participants cited the political discussions surrounding abortion as a cause of abortion related stigma. This is often related to the fact that both pro-life and pro-choice sides of the debate fail to affirm their decisions to have an abortion, and their feelings about the choice.

- 4.) Religion: Participants cited messages that they received from religion as a source of stigma. Often, this is associated with the Catholic Church, even for participants who were not raised Catholic.
- 5.) Silence: The silence of other women was cited as a source of stigma. Many participants said that they wished other women would talk about their abortions, or that there would be positive portrayals of abortion in the media, so that they could feel less stigmatized about their abortion decision.

CHAPTER FOUR: RESULTS

In this chapter, I discuss the themes that emerged from the interviews. These are themes that directly relate to each participant's understanding and experience of abortion-related stigma and their reasoning for disclosing or not disclosing their abortion history to others. While the contexts surrounding each of the participant's abortion experience(s) varied, a number of commonalities could be found regarding their sense of stigma and their decisions regarding disclosure.

First, the women I interviewed perceived having had an abortion as a stigmatizing identity. Many of the participants directly used the word "stigma" when referring to their disclosure processes, while others identified feeling "judged" or "bad." Participants received messages about abortion that caused them to feel stigmatized from a variety of sources. The most commonly referenced feeling of stigma came from the stereotypes that exist in our culture about abortion and women who have abortions. Often these stereotypes were described in ways that made it apparent that they were classed, racialized, and often related to sexuality and motherhood.

Participants received these stereotypes and other stigmatizing messages about abortion from a variety of sources including religion, politics and pro-life rhetoric. They indicated knowledge of these sentiments regardless of their personal relationships to religious institutions, politics, or the pro-life movement. Religion was referenced, and in particular the Catholic Church. Politics was also heavily cited as a source of stigma, though it was often related to national debates and presidential politics more so than local political contexts. Every participant in this study had at least some interaction with pro-life activists, and they all cited the rhetoric and violence of the pro-life movement as a source of stigma. In many cases these interactions took place online, and in some instances women had even identified themselves as pro-life before their own abortion. Finally, the silence surrounding abortion, and the fact that other women do not speak out, seemed to cause participants to feel that abortion carried a stigma.

Second, the sense of abortion stigma that participants interpreted was often directly responsible for their actions of disclosure or non-disclosure. Because of the stigma that they perceived, they were incredibly deliberate about where, how and to whom they chose to share their stories. These acts of disclosure fell under six different themes. Participants navigated acts of disclosure for the following purposes: for therapeutic reasons, in response to political debates or discourse, for protection, for relationship building, out of necessity and in order to care for others. In general, women who spoke up often did so for political purposes or to help others, while women who disclosed less often typically did so either out of necessity, or to build honest relationships with people close to them. The desire to protect themselves from violence or

cruelty was regularly cited as a reason for non-disclosure, and disclosure was nearly always referred to as therapeutic in nature and something that was and is desired.

Stigma Themes

As mentioned in Chapter 3: Methods, I chose to exclude the word “stigma” from any recruitment information or from the interview questions because I did not want to introduce the concept to participants. In order to effectively gauge if and how they felt abortion related stigma, I felt it was important that they discuss the concept in their own words, if at all. Every participant cited feelings of stigmatization in relationship to their abortion history, and the majority used the word intentionally in their discussion about their disclosure practices. When the word “stigma” was not used, participants used language or explained concerns that indicate stigma. They explained concern that perceptions of them would change or that people would judge them if they knew that they had had an abortion. They identified concern about being attacked and discredited if they were found out. This was the case in all instances, even with women who consider themselves to be open about their experiences.

Stereotypes.

The most common cause of the stigma these women felt regarding their abortion experiences are the stereotypes that exist in our society about abortion and the women that have them. In this section, I will discuss the stereotypes that women cited and how they impacted their experience of abortion-related stigma. Overall, women were hesitant to disclose that they had aborted for fear of being associated with a group of women that are viewed as undesirable, or discredited. Women also appear to have felt stigmatized

because they perceived that their decision of abortion was outside of sex-within-marriage-for-pro-creation views of female sexuality and motherhood.

Abortion exposes sexuality.

Natalie, who sought a judicial bypass to have an abortion in at 17, feels that part of the stigma is related to stereotypes about women who have sex. She notes that admitting that you have had an abortion is also admitting that you had sex, and that there's a "dirty, dirty guilt that you had sex." She notes that the stigma of abortion is related to the stigmas that people who participate in any kind of sexual experience face.

I think it kind of has parallels with coming out in the gay community. There's something about having to tell people about something that had to do with your sexuality. That's so personal and it's so like, you know, most kids don't want to talk to their parents about sex, that they're having sex. It's easier to talk to your peers or people who, you know, you're not as close with, you know, or people you have a more casual relationship with just because it's an issue that involves your personal sexuality. So if you talk about, you're coming out of the closet if you're gay, or if you're coming out of the closet of your abortion and saying – Hey, I had an abortion, you're also saying in the subtext of that – Hey, I got naked and fucked somebody. And that's not always something you want to say to like, you know, your old girlfriend who you knew since you were four years old who is like your sister, or you don't want to say that to your mom...Part of saying that you had an abortion is an admission of dirty, dirty guilt, that you had sex. And there's a whole stigma just on that alone.

Rachel, who had an abortion within a legal marriage, picked up on a similar stigma surrounding the stereotypes of women who have abortions. She explains that, typically there's this image that people who have abortions are people who are just – have sex with everyone all the time and then they just have abortions like, you know, whenever they can, every month they try and go get another abortion or something. And so when you say that you've had an abortion people want to make the assumption that you're one of those bad people and in that group. She notes that even if you are “in that group” that does not mean you're less of a person or that you shouldn't have the right to an abortion, but she recognizes that society assigns value to people based on that. When talking about society generally she says that, they put everyone who's had an abortion in this same group – that they're these bad people. They're all like, on drugs, they're all minorities. They're all these lowly people that no one wants to talk to and so it's just this stigma that gets put on everyone.

It is telling that the stereotypes about women who have abortions are so often classed and raced. Multiple participants noted that they were the only white women in the clinic on the day of their abortion, and that the black women who were there seemed to have had multiple abortions.

Maura, who had an abortion only one month prior to the interview, was one of the women who commented about this, and she explains that she remains silent because of the stereotypes and the fear of rumors. In fact, she says that she would probably never tell her mother about her abortion because she would make other assumptions about her life. She worries about being attacked and called names if she were to tell people about

her abortion. She comments that she felt attacked even while she was searching the internet for information about the abortion procedure. She explains, “When you try to google it, like, it’s just – well, you shouldn’t have been having sex you stupid slut. So you try to look it up, just so, you know, you know what’s going on and then like, you can’t.” Even before having the abortion, Maura was receiving messages that told her that women who have abortions or face unplanned pregnancy are “sluts.”

Abortion contradicts norms of motherhood.

Rachel felt that some of the stigma that she experienced was related to normative ideas about pregnancy and motherhood. She acknowledges that part of this may have been related to the fact that she was married at the time of her unplanned pregnancy and abortion, and she it was assumed that she would become a mother. She felt stigma because she did not follow the stereotypes about how she was “supposed to act, supposed to feel.” She also feels that there is a stereotype that women who have abortions are sluts and that women who have abortions are “bad people, poor, on drugs, and minorities.” Because of her relationship status she felt forced into feeling maternal. Upon finding out she was pregnant she describes, “a weird mix of emotions. I didn’t feel like it was my emotions – it was like expected – how I should feel, how I should react and how I should feel.” She says that friends contributed to this confusion and they made her feel like she was supposed to continue the pregnancy. One in particular, “was under the assumption that I would have a baby. And she’s all, getting all excited and doing all these things and stuff.” In reflecting on her experience Rachel notes that there is, “always a clash between the norm - oh, you’ll regret it for the rest of your life – so that’s like an expectation, almost. And people like, I don’t know, expect that and you almost like, want to feel that

but at the same time like, I didn't." At the end of the interview Rachel says that if she could write a letter to herself while she was making the decision, she would remind herself that,

it's so easy to go on all the baby websites and do the due date stuff and then you've got all these stupid feelings and all this stuff that you're supposed to be maternal and you're supposed to do all these things and I just, I would tell myself like, and people did tell me, like TJ and stuff like, this is all like, propaganda. You don't have to do this. You don't have to be maternal. You don't have to be a mom. You don't have to, and you shouldn't feel pressured.

While she was ultimately able to resist the pressure, she still feels that the experience of choosing abortion when it was expected that she would be a mother is stigmatizing.

Marcia, who had a medical abortion while in college, also felt stigma because of stereotypes about motherhood. When she went to get her pregnancy confirmed, the doctor gave her a prescription for prenatal vitamins and the book *What To Expect When You're Expecting*.

She took my blood and was like, you're most definitely pregnant. I just started crying, I was like, oh shit, what the fuck am I gonna do? What am I gonna do? And so I just started crying and I remember she gave me this book – What To Expect When You're Expecting. And a prescription for prenatal vitamins... Obviously, she had assumed I would make one decision as opposed to any other decisions or choices that I had.

She also felt stigma when she told her new doctor that she had previously had an abortion. She felt the doctor was snarky in response.

Even at the doctor they'll ask, any prior medical histories that I should know of? Up until a month ago I had never told my doctor that I had an abortion because I went in for my yearly physical and then it was the first time actually that I've been asked if I had any prior pregnancies. And she asked me how it ended – aborted. She's a nurse midwife. She's very nice. She seemed understanding but, at the same time, she delivers babies and so I kind of caught a little – I don't know, I feel like I'm really good at perceiving people's emotions and undertones – and I kind of caught a little snarkiness.

While she does not describe these experiences as traumatizing, she does later note fear of pro-life doctors, and cited these instances when asked about times when she felt silenced.

Abortion as lazy or irresponsible.

Emily, who had two abortions in her early twenties, notes that stereotypes about abortion have caused her to feel odd because both friends and people she hardly knows seem to hold these stereotypes as truths. She often worries that telling someone that she has had an abortion will cause them to view her differently.

Although she is outspoken, Emily does not want to tell a co-worker who she knows to be pro-life because she worries that it would change her perception of her. She explains, "I know her knowing that would totally change her perspective of who I am, which is ridiculous. So, then sometimes I'm like – well, is that worth it? Because she's never going to feel any differently about abortion." She mentions that she feels this way about other scenarios as well, but that she usually just hopes people will still think she is a good person and continues to talk about her abortion experience. She feels differently

about telling a co-worker because she is not important to her and because they only interact in a work situation.

Emily says that even though her friends have been supportive of her abortion decision, some of them have managed to put her down by making comments that suggest she is irresponsible, another stereotype about women who have abortions.

I say that all my friends are really supportive, but [one of my friends] kind of actually makes weird comments, which I think is just due to her uncomfortableness with the situation. Nobody liked my boyfriend and she, no she was supportive. She wanted me to do whatever I wanted to do. But she just kind of made some rude comments like that maybe I shouldn't have gotten pregnant in the first place. So, while she was supportive of my decision, she also somehow managed to put me down a little bit.

Emily states multiple times that she is comfortable talking about her experience, yet she also demonstrates that part of that disclosure is a process of grappling with the stereotypes that exist about women who've had abortions, and the fact that being associated with the stereotypes has consequences.

Octavia, who also had two abortions while in college, had heard similar messages that said that "abortion is wrong, it's lazy" as a teenager. After having her first abortion she expected her feminist friends to be supportive, but even they seem to have succumbed to some of the stereotypes, at least momentarily.

Told my friend Steph in New York who is an adamant feminist and who had had an abortion. When I told her that, she said to me – maybe now you'll learn to keep your legs closed. She had had an abortion with somebody that she had been in a

serious relationship with. And she, at that point, was probably the only other person I knew who'd had an abortion. She has apologized for it since and realized probably immediately how fucked up it was that she said that to me, but like, I felt a lot of judgment from a lot of people at the time for getting pregnant accidentally by someone who I wasn't in a relationship with.

In this instance stereotypes and normative views about female sexuality and abortion seem to come together.

It is clear that participants identified numerous stereotypes that were attributed to them due to their unplanned pregnancies and choice of abortion. It is also clear that they interpreted those stereotypes to have significant consequences on others' perceptions of, and actions towards, them as people. Because abortion is an action that both exposes sex and contradicts normative thoughts on femininity and motherhood, many of these stereotypes manifest themselves in personal attacks.

Pro-life activists and rhetoric.

As discussed in multiple interviews, pro-life activists appear have made significant efforts to have a presence on college campuses and on social media. The rhetoric that they use and their presence does not go unnoticed by women who have abortions. In this section, I discuss the pro-life messages that create a sense of stigma in women who have had abortions.

Natalie, Rachel, Amanda and Maura all had experiences with pro-life protestors, either in front the abortion clinic or in public places. A pro-life presence means that their rhetoric is more visible, more heard. Because the pro-life position is that abortion is murder and therefore wrong, it is difficult for women to not feel stigmatized by this.

Participants who have experiences with pro-life activists or rhetoric, either online or in person, all noted feeling helpless or shocked by it. In many cases they used pro-life rhetoric when discussing why they feared talking to certain people about their abortion history.

Maura, Marcia and Emily all noted a pro-life presence on social media. Maura often sees pro-life messages on Facebook¹². When searching for information about abortion on the internet, she constantly ran into pro-life rhetoric. Yahoo Answers, for example, was unable to answer her questions because threads were taken over by people condemning abortion, which made it difficult for her to find information. She explains, “I was reading online and when it gets in the topic of like, 2nd trimester abortions, it’s even worse. So like, I’m really bad. But I don’t feel like a murderer or anything, like everyone else says.” When asked what would make her more comfortable talking about abortion she suggests, “more support websites where people could open up with being yelled at, because like, if you ask a question on yahoo answers or something like, just a simple question, it’s like, it’s just all being attacked. Like, all being attacked.” Because she saw these instances of pro-life sabotage online, Maura often worries about being attacked for talking about abortion publicly. She often stays silent in order to avoid it.

Marcia has also noticed the heavy pro-life presence on the internet, and that it has impacted her feelings. She explains,

If there wasn’t this whole mess over everything then I wouldn’t feel guilty. You

know, I come across, just randomly on the internet, on Pinterest¹³ the other day – I

¹² Facebook is the world’s largest, privately owned social networking website.

¹³ Pinterest is a pinboard-styled social media photo sharing website. According to Amanda Marcotte in a March 2, 2012 article in *The American Prospect*, Pinterest “is

love Pinterest. So I was on Pinterest and I came across this video and it was super cute and then like, all of a sudden it changed into this other video where they're asking, you know – was Hitler a good person? And then all of a sudden it's a genocide and it's like, that makes no sense! That's like a red herring. It should be super offensive to everybody. It's ridiculous.

She notes that she often feels compelled to respond to such propaganda, but that she does so without making reference to her own abortion history.

Rachel too feels that pro-life created stigma is more palpable online. While she does not see such groups much on her college campus, she notes that, “it's more online. I see a lot more things online like, even like the online on Facebook and Tumblr¹⁴ and stuff.”

She combats this by seeking out affirming spaces on the web as well, but notes that they are often co-opted by pro-life groups.

Participants also suggested that some of their feelings of stigma might be related to knowledge and fear of pro-life violence. Maura, Emily, and Marcia all referenced this as a reason as to why they were hesitant to talk to people they don't know well about their abortion experience. All of them noted that pro-life activists are “crazy” and that it wouldn't be unlike them to act out.

None of the participants suggested that they regretted their abortion, and in fact the majority of them explicitly said that they would seek out an abortion even if it were no longer legal.

quickly becoming the safest place for women to socialize on the internet.” Around 70 percent of users are female.

¹⁴ Tumblr is a microblogging platform and social networking website.

Politics.

In this section, I discuss how the political debate surrounding abortion creates the stigma that women feel about their abortion experiences. Many of the participants first came to hear about abortion as a political debate, primarily during presidential elections. While all of the participants in this study are from the Midwest region of the United States, regional politics seemed to have little impact of their sense of stigma. Instead, the messages that they heard were from the most recent presidential debates.

Additionally, a few of the participants seemed uniquely aware of the political spin that pro-choice leaning politicians put on the abortion issue. This seemed to create a sense of stigma, a sense that abortion could not be defended out right. Both pro-life and pro-choice rhetoric seem to suggest that abortion is a bad thing, and this leaves the women who chose it to defend their position on their own.

Natalie grew up hearing about abortion as a volatile political issue. When she came to face her own abortion decision, she encountered laws that made her feel alone and as if she was awaiting judgment by the state. She points out that in political rhetoric both pro-choice and pro-life positions paint women as “victims” of abortion. She explains,

I think one thing that’s interesting that the pro-choice and pro-life movements have in common is that they really like to focus on the narrative of like, oh the poor girl – the poor victim – who had to have an abortion. Oh, I feel so sorry for her – and that’s just not the case. For me that was absolutely not that case at all. And I know people who are very close to me who have talked about their abortion experiences and it was also, for the most part, really not the case for them. In the

general narrative that our culture has about abortion, whether you're for it or against it, I don't know, people just have a way of like, condescending to women who've had abortions. Kind of, taking away their agency. Saying, I'm so sorry this happened to you. Phrasing things like that, that really, really gets to me. It's like an apology. Well, before I talk about why I, this is inherently a woman's right and is a medical decision that she needs to make for herself, I first have to throw in this fabricated statement about how – oh, it totally sucks to have an abortion and nobody wants to have an abortion. Like, it's just – yeah, it's true that nobody wants to have an abortion, I guess. Also nobody wants to have an in-grown toenail removed. Nobody wants to get their appendix out. Why do you have to say that to make up for anything you say in defense of abortion?

She continues to explain that this makes it seem like all women have to be sad about their abortions and that “if it wasn't tragic for you, you're a monster.” This is problematic for women who willingly chose abortion and are happy with their decision.

It is important to note that while Natalie interprets the pro-choice movement as making women out to be victims, it would be incorrect to assume that this is a characteristic of the movement as a whole. While some groups, like Planned Parenthood, certainly have distanced themselves from the abortion aspect of their work this is not the case for all groups. In fact, the pro-choice movement more often paints abortion as an act of empowerment. The language of victimization is more commonly utilized by pro-choice politicians than it is by the pro-choice movement more generally.

Rachel recalls first hearing about abortion through the political debates of the 2008 presidential election. She explains how in 2008 her history class began debating the

political issues of the day, including abortion. Even though she agreed with the pro-choice position, she felt alienated because most of her class was pro-life.

In my history class we were doing all the political topics and abortion was one of the because it was like McCain/Obama and I remember bringing it up and I just thought it was like, a normal thing. Like, okay someone, it's someone's body. You don't know their situations or what they're going through. So they would know – they would have the most information on what on the best to do in their situation. One of the girls, she's very Catholic and she has a baby now, she's very Catholic – very anti-abortion and she just started nailing [a classmate who was advocating the pro-choice position] with all these questions.

Seeing abortion discussed in term of politics seems to have left participants with the impression that it is a controversial, anger inducing, and troubling issue. Marcia mentions that she first heard about abortion through presidential debates, and that she had her abortion in the height of the 2008 campaign cycle. She says that before her own experience she had always considered herself pro-life.

Emily also developed her early attitudes towards abortion because of politics. While working for Barack Obama's campaign she found herself becoming more politically aware, and more accepting, of abortion. Still, she sensed that there was a stigma attached to it. While her feelings about the issue were evolving she felt

that it was still kind of bad – like, I wouldn't do it myself but I realized that it was someone's personal choice. So I thought I would never have one but, that's cool if someone else wants to and, I guess part of that is through the way it was discussed

kind of, in the campaign, the Obama campaign, and how I became more politically aware.

Even in what should be a pro-choice and politically affirming space, Emily felt that abortion still carried a stigma with it and that while it was okay, it was still undesirable.

Because participants' first awareness of abortion as an "issue" often can through politics, their first messages about it were that it was a contested issue that neither side really wanted to talk about, and that neither side really supported.

Religion.

In this section, I discuss how religious messages impacted women's feelings of stigma. While much of these could be related to religious views on sex and sexuality, I did not include that here and chosen instead to focus on participants' discussion of religion or religious institutions directly.

Rachel, a white woman, describes how she was raised in a Hispanic and Catholic area. She says that because of the deep religious influence there, abortion was taboo. She explains,

From where I grew up it was never an option. Abortion wasn't a thing...

It was unheard of... It's highly Hispanic and their whole thing about family. Like, if a girl got pregnant at 17 or 18 it's like, that's good news. That's like, more babies and it's like, a good thing.

She later says that she does not think that anyone who went to her high school had abortions, although most of them have children. Because her family did not practice their Catholicism, she didn't feel directly impacted by the Church's teaching about abortion, yet she was still surrounded by the idea that it was foreign and bad.

Amanda grew up in a home with Christian parents. The earliest messages that she remembers hearing were simply “it’s bad.” Although her parents supported her decision to have an abortion, they never acknowledge that it has taken place in their own family, even in conversation about the issue directly.

It’s just really awkward to just sit there and when we’re talking with other people. Like when my parents are talking with other parents about abortions I just think it’s super awkward that we don’t come out and say – yeah, my daughter had one. And I feel guilty too because I don’t say anything either, cause I just feel like I’m gonna get judged.

Additionally, Amanda worries that her parents may have told someone privately. She states, “I feel like my parents might have told some people. Maybe they could have. And they’re really religious people so I’m pretty sure they got some bad feedback.” The contradiction of Amanda’s parents’ private support of her abortion and their public condemnation of this issue because of their religious background seems to influence Amanda’s feelings of stigmatization.

Although Maura was not raised in a religious home, she believes that most of the people who are against abortion are so because of religious reasons. She receives these messages through religious friends. In one instance, a Catholic friend posted an article on Facebook. She explains that before her abortion she thought, “pro-life was just like people who were more religious maybe and didn’t agree with abortion. If I ever have heard it discussed it’s like because of religion. Like, oh I’m Catholic.” She later explains that after having an abortion she became even more aware of Catholic views on the issue.

Yesterday my friend was like talking about it on Facebook and then I mentioned something to her about it but I didn't say anything about me, but yeah, she was just like, well I'm a Catholic so I don't think that it should be okay. She posted an article about how it kills and you're a murderer.

Maura explained that she didn't say anything more to this particular friend about it, but notes Catholic presence throughout her interview, including the fact that protestors outside of the abortion clinic were throwing rosaries at her.

Unlike the others, Emily was raised Catholic. She says that she remembers "pray to end abortion days." She recalls,

I was raised Catholic and so I just had heard like, they have days devoted to end abortion and stuff like that and so, but they never like got into detail in Mass or anything about it. They just said to pray to end it. So I guess I would have assumed that it was a bad thing.

While she insists that she is happy with her abortion decision, she later on labels some conflicted emotions as "Catholic guilt."

Octavia was also raised Catholic, but she does not remember hearing about abortion within that context. Still, she takes issue with religious arguments against abortion.

I feel like if religion didn't play such a big part in the formation of some people's opinions it would be a lot easier to talk about because I do think people should have whatever religious beliefs they want to it's hard to also illustrate like, look your belief is bigoted. Like, I don't want to have a discussion about something

that is a scientific health issue and have to deal with what it says in the Bible.

That's a completely different thing.

Again, knowing that religious, and particularly Catholic, groups view abortion as wrong seems to have contributed to the sense of abortion stigma.

Silence.

In this section I discuss how the silence of others surrounding abortion influenced women's feelings of stigma. I chose to include this as a separate category because participants commented on the silence surrounding the abortion issue when discussing their own feelings. Additionally, every woman who participated in the study discussed how important it is for people to break the silence surrounding abortion. Many of them said that they would feel more comfortable if more women were speaking out about it. A number of them also said that one of the reasons that they wanted to participate in this particular study was because the person conducting the interview had also had an abortion and they had not had many (or any) discussions with other women who had also had an abortion.

Natalie comments on the fact that abortion silence existed long before she was even aware of the issue, and argues that stigma would be minimized if the experience were reflected in pop culture.

I think that as superficial or not very deep as this sounds, I think that what young girls, or at least what I was paying attention to as a young girl, was more like – the movies I liked, the music I liked, the TV shows I liked. Me and my friends were interested in pop culture, in entertainment. It would have been nice to have had more narratives about this issue in the mainstream media... You can sense – even

if nobody's saying anything bad about something – if nobody's talking about it at all like, that almost makes, you know, kids pick up on that. They pick up on the existence of a stigma even if it's so obscure and like secret, you know, you sense that there's something there that people don't want to talk about or acknowledge.

Maura feels alienated because of the silence surrounding abortion. She notes throughout her interview that she only heard that other people had had abortions through rumors, and that they were generally spread to discredit someone. When asked that would need to happen for her to feel more comfortable, she said,

I guess more people would have to open up about it. Really, I mean, because you're pretty much on your own and other people, you know, who have been through it or whatever, they won't come forth about it. They'll just sit there and stay in the shadows and let you go through everything while everyone like, judges you.

Similarly, Marcia says that sometimes having had an abortion causes her to feel “alone in a crowded room” because people talk about abortion, but never about their personal experience. The silence surrounding abortion does not go unnoticed by these women, and it appears to reinforce that stigma surrounding the issue.

Disclosure Themes

My focus on disclosure is an exploration of how post-abortion disclosure also inherently elicits a discussion of the public discourse surrounding abortion, which in many cases was the cause of participant's sense of stigma. Participants were asked to tell the stories of their disclosure experiences, and many also discussed how and why they wish they could disclose more often to people in their lives and to the public generally.

While women chose to disclose or not to disclose for many complex reasons, concern over perceived stigma was often a fact that they considered. Women who felt that they did not disclose as much as they would like often stated that they withheld information because of concern about the previously explained causes of stigma.

Therapeutic Disclosure.

In this section, I will look at how disclosure or non-disclosure was utilized in a therapeutic way by participants. Many of the women that I interviewed identified their experiences of either disclosure or non-disclosure as being therapeutic or healing in nature. This action of self-care played out in one of two ways. First, many participants disclosed that they had an abortion so that they could feel better about their choice. This allowed them to connect with other women and to receive support and affirmation. Often in this case women told people whom they had already identified as allies. Second, some chose non-disclosure as a means by which to practice self-care. They chose to avoid the drama and potential pain of disclosure so that they could heal or manage their experience on their own, without having to care for the feelings or judgments of others.

The need for therapy or healing did not appear to come from the abortion itself, but instead from the feeling of isolation and judgment that abortion stigma caused them to experience. None of the participants noted anything specific to the physical abortion that caused them to need therapy. In fact, when asked if there was anything notable about the procedure itself, most participants had nothing to add, though some took the opportunity to comment on the kindness of the providers. Instead, participants referred to feeling silenced or judged when referring their desire to disclose for therapeutic purposes.

Many of the participants cited a desire to “get it off their chests” as a reason for therapeutic or healing disclosure. Rachel describes a scenario where she called a close male friend of hers and just “blurted it out.” Her desire to not hide it from him prompted her to do so. She explains,

my friend who had been like, I’ve been in relationships with, he knows. And it was just kind of like a – blurted out, like, I just told him and then he’s just like, oh. You’re like the second person this week who has told me that. I just, I just wanted someone to know because, it wasn’t like a secret but I just felt, kind just to get it off my chest. I just felt really like, anxious because he’s really close to me and it’s something that I shouldn’t, like, there’s no reason for me not to tell him.

There wasn’t a particular reason for me to tell him but I just felt like, why not?

She called him up the phone and told him as soon as there was a lull in the conversation. He responded well. She says that part of the reason she was comfortable telling him that way because, “he knows that I’m pro-choice. And he is to, and that had already been established.”

Women who disclosed as a way of healing often identified anger as the emotion that they were healing from. For example, Natalie describes a scenario where she disclosed to a childhood friend. The two were attending an event where conservative protestors were present. A pro-life activist confronted Natalie and her friend, shouting about abortion. Natalie responded, and got emotional. She eventually broke down and told her friend.

One of them got in my face while we were in line and was talking, was talking shit about girls who get abortions. And I remember like, firing back at him so

hard and just, I was screaming and I got really upset. I got so upset. And I started crying really, really, really hard. And I had never told my friend. And she had been my other best friend, I've known her since I was like four. And I have never told her about this. Again, I think I kind of put her in the same category with my parents – where like, it's somebody I've known for a really long time and I don't want to hurt them and I don't want to scare them. So I had not told her because, you know, we're really really really old friends and, you know, I don't know. I don't know why. But, um, there was the 10 minutes that I was fighting with this stupid protestor where I – I could tell I was getting really red in the face and really emotional but I didn't want to let that out because I didn't want to tell [her], and I wanted to like, keep it in. And then eventually I broke down and I, I was crying so hard and I had to tell her.

In this experience Natalie told someone whom she had purposely not told in order to explain her emotional response to the protestor. She says that anger is still the most common emotion that she feels in relation to her abortion experience, and that speaking about it has been a way for her to navigate through and heal from that anger.

Amanda also describes a scenario when she wanted to disclose because of the anger that she felt. She chose to remain silent in this instance, but her outrage and the situation caused her to think about disclosing to respond to the anger that she was feeling at school, a private Catholic university.

I go to [school] and they're Catholics, like really crazy Catholics. And one day there were actually people there. I don't know what organization they were with or where they came from. They were pro-life. They came with these really big

posters that had the pictures. I was just like, why would you do this here? I wanted to tell them, yeah I had one and you don't have to show it like this. You don't have to make it look so bad. But they are pro-life so I understand why they would but I just, I was so bothered.

Amanda also wishes to have a deeper dialogue with her aunt to receive assurance, support and comfort. Because her aunt was the first person she told about her pregnancy and her desire for abortion, she wants to have a conversation with her aunt about her abortion choice. She says that she wants her aunt to tell her that she agreed with her decision. She has a strong desire for affirmation, and while her aunt already knows about the abortion, she is interested in seeking out a deeper dialogue in order to feel better about her choice in the context of her biological family.

Marcia wishes she had disclosed to her parents sooner because her father's affirmation and support has meant a lot to her and she wishes she had had it earlier. Although she knew that it would appear on her family's insurance claim, she didn't approach her family to tell them about her pregnancy or her abortion decision. She states that this may have been her way of passively telling them. Three months after the abortion her father confronted her:

He called me and we talked about it for a little bit and he surprised me, so much. He was like, Why didn't you tell me? Why didn't you tell me and your mom? We would have been there for you and been supportive and I just completely underestimated them, so much. And I just cried because I was so overwhelmed. I thought I would be, you know, that he would be so mad. And he was mad that I didn't tell him... I think he would have been with me 100% no matter what I

chose. You know, I've talked about it with my dad I think more than anybody, and he says, I think you're a strong person and I respect you for your decision and – it's just mind boggling every time he says it, it just makes me feel good about myself. I think my dad definitely would have supported me no matter what.

She talks with her father more than anyone else because he provides her with affirming and empowering response. Marcia also feels that it's "good for her" to talk about it and she desires disclosure to more people. She says multiple times that she likes talking about it and that it feels good. She notes how important the support of her roommate's was throughout her experience:

My roommates supported me from day one, and if I wanted to keep the baby, then they were down with that. And if I wanted to have an abortion, then they were okay with that. You know, I would hang out with them sometimes and I would just kind of actually start crying. I just felt ridiculous, my emotions were all out of whack and so were my hormones. Everything was just a mess but they were always there, you know, to be supportive.

Because she told her roommates about her pregnancy and her abortion decision, Marcia was able to get support from them throughout her experience.

Emily also says that disclosure has been healing to her because it has provided her with opportunities to vent her frustrations to others. It allowed her to heal, and to know that other people had experienced the same thing and that they were okay.

It's just been good to talk about because I can help people. I can vent my own feelings, I guess, but it's kind of, this sounds weird to say but it kind of hard to say – talking about it, because I don't know what it would have been like to not

talk about it. But um, if I hadn't been able to talk about it, it would have been hard and might have changed my feelings because, um, through talking about it I heard other people's stories about it and that they were okay. I mean, I think I have a more positive experience because, and more positive feelings about my decision because I've talked about it. It's kind of therapeutic in sense because then I don't feel like I have anything to hide. Because that would be bad if I felt like I had to hide something, but mostly at this point anyway I feel like I'm pretty okay about it. So when I talk about it, it's mostly just because it's relevant to whatever was being discussed.

It is important to her to be her whole self and to feel like she does not have to hide. She says that she no longer discloses to heal, but that it feels good to be open and honest with people about her past and her experience.

Octavia immediately disclosed to her close friends to gain their support, which was helpful in the process of making the abortion decision. Much of her disclosure since then has been for the purpose of healing and has taken place through art and poetry. She says that it was her "gut reaction to reach out and to not bottle it up." She says that now that she has healed, she no longer has as strong of a desire to speak out it as often or as publicly as she has in the past.

At first I had a feminist blog, now I just have a regular blog, but I wrote so much on there just in response to current events. You know, this idiot said this pro-life thing and actually they're wrong because this is my life. I did that so much with the public speaking thing. That was something I was trying out to get over both my abortions and I was sexually assaulted too so I did a whole lot of that and then

eventually at a certain point I about like six months ago I had helped organize [a protest and march] and talked even more about all my experiences and then I just kind of felt exhausted. Where it's like, I'm always willing to talk about it but I don't feel like I have to do that anymore to heal. I guess I feel like a lot of the motivation for talking about it so openly was so I could feel better. So I didn't feel like I was keeping a secret. And I could go to people who cared about me and tell them something and not feel judged.

Again, the desire to feel like she wasn't hiding or keeping a secret was important, and talking about her abortion experience seems to have helped her accomplish that.

The stigma and culture of silence that women experience after having an abortion seems to cause a great deal of emotion distress, though it manifests itself in many different emotions. The desire to disclose seems to be tied to the desire to feel confident in their abortion decisions. They need to tell people so that they can understand their anger, their fear, and so that they can seek affirmation.

Politically Motivated Disclosure.

The politics of the abortion debate are unavoidable. In fact, nearly all of the participants identified political debates as the first places that they heard about the abortion issue. Politics impacted not only how abortion was first presented to them as an "issue" but the politics of their location also impacted the accessibility of abortion and the availability of other women's stories. In this section, I discuss how awareness of the politics of abortion impacted women's disclosure or non-disclosure practices.

Specifically, the political debate seems to have created and perpetuated a number of stereotypes and myths that women wished to dispel. The desire to educate, the correct

myths and stereotypes and personalize the issue significantly impacted participants desire to disclose.

Octavia says that for her disclosure is a “personal political act” in order to challenge anti-abortion rhetoric and policy. Today she more concerned with finding mutual ground, and fighting for prevention. She still uses disclosure to aid in this, but her political outlook has changed.

The second time my compulsion to tell was more as a personal political act.

Not every asshole on the internet needs to know that I had an abortion and it probably won't change their opinion anyway. What will change their opinion is being like, hey look. You know, that's not the issue. This is what we should be trying to do. We should be trying to work together. This is our common goal. I doesn't matter if you're pro-life or pro-choice at that point.

Octavia was very open and public about her first abortion experience, and it seems that that experience caused her to change her motivation for disclosure. If her original blog posts were intended to challenge the politics of the pro-life position, she now seeks to build consensus about different aspects of the issue.

Emily is probably the strongest example of politically motivated disclosure, as she is eager to discuss her abortion experience in order to challenge people's views on the issue She explains, “Sometimes it just pisses me off when people say ignorant things about it, about abortion. Or it just makes me mad when people are uninformed and then are against it even though they don't have enough facts and so sometimes correcting that might be a motivation.” She explains that she talks about abortion openly with strangers

who are wanting to have a political debate, and that she will use her own story in order to tell them her “side of it.”

Natalie also disclosed to influence the politics of others, although it was first through writing in a journal. After telling the women in her high school health class and her abortion, she said she found disclosure “infectious” and went on to talk about her experience on national television and radio programs. Because she went through the highly politicized process of obtaining judicial bypass, she was particularly motivated to document it through journaling, and later to disclose to others her experience with abortion.

I felt like I had to document it because, it was – I don’t know – I think something was like stirring in me at that time. When the anger set in, again, where I was just like, this is so fucked up. Like, no one’s ever gonna believe how fucked up this was for me. No one’s ever gonna believe me if I tell them how ridiculous this process was and how unnecessarily difficult it was made for me.

She still keeps the journal and also references it when talking about her experience. She is currently looking to distribute it to impact political debates around parental consent laws, and has considered publishing and distributing the journal entry in a zine.

Marcia feels the same desire to influence politics, but does not want to take the risk of outing herself. She often corrects politically motivated abortion myths but keeps her personal story out of it.

I feel awkward because I don’t know how to react to it. But at the same time, if I see something on Facebook – like I saw this ridiculous feed the other day about “What Really Happens During Abortion.” It was like four little squares and they

were animations of a baby being aborted. And it's ridiculous. And people are ridiculous. Like – women who have abortions have a higher chance of breast cancer. Like, no. That's not true at all. There's no research. If it's a public venue like social networking then I feel more comfortable speaking about it and voicing my opinion. I posted a link to the National Cancer Center where it says that there's no link and I was like, that's not true. Evidence. Cited. But if people are talking about it in public I tend to just kind of close-up because, this is bad to say, but I don't want to give myself away.

While she desires to have an impact on the abortion debate in order to dispel myths, the stigma associated with it keeps her from implicating herself personally in the discussion.

Rachel was raised in a place where abortion just wasn't a reality. For that reason she often felt alienated and silenced. Still, she uses her story to influence political debates, but does this primarily through social media. She prefers this method because she would rather talk about her experience with strangers on the internet than risk talking to her family. She explains, "I would feel more comfortable talking to like, strangers, like a stadium full of strangers than I would like, my family." While she will sign petitions and put Planned Parenthood stickers on her computer, Rachel prefers to use Tumblr and Facebook to take action in relation to the abortion debate. Again, stigma unperceived stigma seems to have caused her to want to avoid being personally attached to the issue.

Maura, on the other hand, feels completely silenced by the contentious politics of the debate. It is important to note, however, that her abortion took place only one month prior to the interview, and many of the other participants had not begun disclosing for political reasons until more time had passed since the procedure was performed. Because

abortion is characterized as a bad thing, Maura fears that disclosure will cause people to assume that she is bad, and she wants to avoid the drama and rumors that come a long with that. She says that she normally loves debating, but that she doesn't want to risk outing herself. Still, like Marcia, she finds ways to speak out about the politics of the issue, without risking herself.

She describes a scenario while working at a restaurant. A group of pro-life supporters came in with a banner and were having their friends sign it as their table. Maura explains, "They said, do you want to sign it? And I just said I was very liberal and walked away. Because I was like really awkward because I just wanted to like bitch them out. Just like, they're saying if you get one you're like bad and stuff. Cause I don't think you are." She also explains that although most of her friends are pro-life, they all know her political views on abortion and that she is pro-choice.

Disclosure or Non-disclosure for Protection from Stigma and Physical Harm.

In this section I will discuss how self-protection or the desire to protect others influenced women's decisions about disclosure. Women were particularly concerned about protecting their reputations and the reputations of their parents, as well as for their own safety. The most common way of navigating this was to disclose only or primarily to people that they knew would be supportive or who were pro-choice allies. There is a significant fear of pro-life retaliation and violence. Women also seemed to hold a deep concern for the emotional wellbeing of other people in their lives. Many cited non-disclosure for the purpose of respecting the feelings of those closest to them. They also appear to have been very much aware of the negative connotation that having an abortion has in our society, as many were selective about disclosure for fear of their reputations.

Natalie chose a judicial bypass so that she didn't have to tell her parents, even though she acknowledges that she believed that they would be supportive if they did find out. She cites the shame and embarrassment she felt as her reason for trying to avoid telling them. She says that she didn't want to tell them "because of the stigma." She didn't want to disappoint, hurt or scare them. She empathized with the fact that it would be hard for them, so tried to not tell them.

You never want to disappoint your parents and if you love your parents as much as I love my parents you never want to hurt them or scare them in any way. And even for people who objectively think abortion is okay and that it's a woman's choice, it can still be a very touchy subject when you think about it being something that your child is going through. Like, that's just hard for a parent to hear. You know, I still really don't know. That's the weirdest thing that I keep coming back to. Why couldn't I tell them?

Rachel also avoided disclosure in an attempt to keep the people in her life from experiencing negative emotions. She still has not told her other mother ¹⁵that she had an abortion. She says that this is because her other mother is infertile, and she doesn't want to hurt her by saying that she chose not to have a baby.

But at the same time I don't because she, she doesn't have kids, she's like infertile and, and I know like with people like that like, it's hard to tell those people ...They feel like it's a personal attack. Like, how dare you get an abortion when you can have kids and I can't and stuff...And so that's why I don't want to tell [my other mother]. Because I care about her and I don't want to, want her to feel

¹⁵ A other mother is someone who does the care work associated with mothering, but who is not the biological mother of the person that they are caring for.

bad. So it's weird. Because it's like, oh, you could have just had it and given it to me, or something. I feel like that's where the conversation would go.

One way that Rachel has navigated non-disclosure for the purpose of protection is by telling people that she miscarried instead of telling them that she had an abortion. She says that this is easier because then she can save face and nobody can blame her. She explains, "because then you – it's not a choice then. It's just something that happened. So, you can't fault someone for having a miscarriage. It's more like, saving face and stuff." As she reflects more on the fact that she would rather tell people that she had a miscarriage she acknowledges the impact of stigma.

There's definitely a stigma that I felt, because if there wasn't I wouldn't have had to have said that I had a miscarriage to some people. Like, if there was no stigma against abortion I wouldn't have had to feel like I couldn't say it or feel like I would be judged.

This was the first point in the interview where stigma was explicitly discussed with Rachel, and she chose to identify it herself in relation to her fear of disclosing.

Emily also chose to tell people that she "wasn't pregnant anymore" instead of telling them that she had an abortion. However, in her case she used this to tell people who she wasn't close with whom she thought might be uncomfortable about abortion. Still, she thinks that they knew that she meant abortion. She has also chosen non-disclosure in select instances because she doesn't want people's views of her to change. Even when she does disclose, she notes that she is worried about this.

Amanda has chosen non-disclosure in large part because of her desire to protect her own reputation and to avoid judgment. She notes that her parents also practice this –

they will have discussion about abortion with their friends, but will never comment that their daughter had one. She worries that telling people would start rumors and because of her Laotian culture, her reputation is very important to her and her family. Amanda also feels that if people knew she had an abortion they would think less of her accomplishments.

I think it's because people are so judgmental. I feel like that's why I'm not really open to just sharing it to anyone because they're going to be judgmental and they'll make assumptions about me or they'll predict things for me. I don't know, I just don't want like being, having things assumed about me just because I've had it happen so many times. And I guess I'm just afraid of what people will say because I've come this far, not for other people to ruin it. But, I just don't want anything bad having been said about me, I guess. Just because I did it back then and it made me feel horrible and I don't want to take a step backwards.

Maura also chose not to disclose in order to protect herself and her reputation. She reflects saying, "I heard girls in high school like, oh she got an abortion. All of a sudden that makes you like, a dirty whore. People are just immature with like, the way they judge people. They just think that it means like one thing and that's it." She claims throughout the interview that she doesn't really care what people think about her, but she doesn't want to be known as someone who had an abortion because it would open her up to being attacked. She explains,

I guess I just don't feel like dealing with it right now. I just don't feel, like, I want to be I just don't feel like dealing with all the drama that comes with it. Because

things like, for me are just starting to get better and be happier and I feel like that will just bring me down again.

Before her parents found out, Marcia says that she didn't want to tell them for fear of disappointing them. Still, she knew that if she used her insurance they would find out. Fear of pro-life violence and the desire to protect herself physically causes her to be cautious about disclosure. She mentions that she has thought about not telling doctors that she has had an abortion for fear of retaliation.

Sometimes I feel like, if you get a doctor, and I've thought about this a lot, and they find out that you've had an abortion and they're so pro-life, they'll like accidentally mess up, you know? I don't know if that's weird. I just worry about it. What if I'm getting a pap smear and all of a sudden they're like – whoops, my bad. You didn't want kids in the first place, sucks for you. And I know it's weird, I just think about that all the time.

Octavia practiced non-disclosure during her second abortion experience. This is because she was in an abusive relationship and wanted to protect both herself and her partner. She didn't want people to think badly of him or her, so she avoided using insurance and did not tell as many people. She also didn't tell her professors.

But I didn't want to tell them. I didn't want them to have that access to my life. Like, I felt that was very private and personal. Even later on when I was sexually assaulted I went to all my female professors and told them what was going on. I felt like they would have understood, but there's way more stigma around it socially. Whereas like, what if they don't understand? What if they're conservative? What if they don't believe in abortion? Then I'm still gonna get

screwed over in terms of grades and they're gonna like, think I'm a horrible person.

She also avoided telling friends in an attempt to protect herself and her partner from judgment.

I had been in this intense, rocky relationship and my friendships were in a very weird place. In a lot of ways I didn't want them to think badly of him. And then because of that think bad of me for staying with him or whatever. But yeah, that's probably the reason why. Because I was with this guy.

Octavia left that relationship soon after, but it was important to her that she not feel the additional pressure of being judged for staying in a bad relationship while navigating her second abortion decision and experience.

Relationship-building.

In this section, I will look out how women used their disclosure practices in relationship building. All women in my study had disclosed to their current partners as well as to their partners at the time of the abortion. Of all of the disclosure practices identified over the course of the interviews, these instances seemed to be the most direct. There also seemed to be little fear in these instances. Often it was approached in an off-handed way.

Rachel told a partner during a discussion about pregnancy prevention. She explained, "He knew because he was my partner at the time and we had had that discussion, because he's like – well, what if you get pregnant? And I was like – I'd get an abortion. And he's just like, what? And I was like, yeah – well, I had one last year. And he's just like – he took it well, it wasn't like a big thing. He was just like, okay. It was

just a weird thing.” She also told her current partner. She says that he was a bit taken aback by it, because he didn’t know how to respond.

Amanda also told her current partner, a traditional Laotian, that she had an abortion when discussions about pregnancy and parenting came up in their relationship. She says that there is a bit of disconnect with him because he makes jokes and she doesn’t take it lightly. She told him so that he would understand how important her independence and personal success is to her.

Marcia told her current boyfriend because she felt that he was “the one”¹⁶ and wanted to see if that would be a game changer. He is Catholic, and she wanted to be honest with him because she loved him and she feared what would happen if it came up later when they had kids together. She likes that she can talk about it and cry about it with him.

We’d been together for about two years and we’d known each other since we were 18. He was one of the first people I met at [college] and we started dating and I was, I just kind of knew that he was it. And we just moved in together about a month ago. So a couple months in I thought, you know, I really want to be serious with you and he’s Catholic, and I was just thinking – should I tell him? And so we were like laying together one night and I was just kind like, so are you pro-life or pro-choice? And he goes, well I don’t know. It depends on the situation I guess. And I was like, okay. I had an abortion. I just said it because I had no other way of saying it. And, you know, I really wanted to be honest with him and

¹⁶ Marcia later suggests that she could see herself marrying and having children with her current parent. At the time of the interview they had just moved into an apartment together.

I didn't want there to be, you know, if we had kids down the line one day and you're sitting in the doctor's office and they say – any prior pregnancies? Oh yeah. One abortion. What? I just wanted, more than anything though I wanted to see how he would react too. I knew he wasn't going to tell anybody because he's not that kind of person to tell anybody, he's so shy and I just wanted to see if that was like a game changer for him. And it wasn't. Sometimes I'll talk about it. Sometimes I'll cry about it if I like see something on TV and it's like god damn it, that sucks. But he's always been ridiculously supportive.

She regularly cites her boyfriend's support as being important to her overall happiness regarding the abortion experience.

Emily also told a boyfriend (who is now her husband) out of a desire to be honest. She told him on their first date. A desire for honesty and transparency seems to be the biggest reason she tells people – she is very open with close friends and family. Her fear of disclosing her pregnancy to her dad influenced her abortion choice, so she feels comfortable talking about it with him.

I was waiting to tell my dad that I was pregnant and then I kind of also, the fact that I didn't want to tell my dad I was pregnant also kind of helped me decide to have an abortion because I kind of knew that if I didn't want to tell my dad about it I didn't really want it because his opinion is really important to me.

She did, however, tell him about her abortion, and she notes that she can have much more open and honest discussions with her father than with her mother.

Maura practices non-disclosure to save her relationship with her parents. Their relationship is just getting better and she doesn't want her abortion to change that. She

states that she may tell her dad one day during a “heart to heart” because she knows he’s pro-choice. When asked if she would tell her parents she replied, “No. Maybe in a long time but it’s just too soon and I don’t want – like, things are just starting to get better, like my relationship with them is starting to get better so I don’t want to fuck things up.” Her desire to preserve a delicate relationship with them outweighs her desire to gain their support. Maura also notes that she told her sister, and that they’re now much closer than they were previously.

Necessity.

Due to the relatively young ages of my participants, some disclosure was unavoidable. Still, many women found ways to hedge their bets so to speak, and to ensure that their necessary disclosures were with people who would be less judgmental. Unfortunately, however, in some cases these necessary disclosures resulted in negative experiences. There were also instances where women felt that they couldn’t disclose because of the necessity of not having their abortion decision influenced. In this section I discuss how necessity influenced women’s disclosure practices.

Amanda had her abortion when she was 15, and because of the laws in the state of Minnesota, her parents were required to sign a notarized form before she could have the procedure done. She did not directly disclose to her parents, however, she told an aunt who was a nurse and could straddle the culture and language divide that existed in Amanda’s family.

[My aunt] ended up telling my dad and we went to the clinic and she gave us some paperwork. And like, your mom needs to sign this and get it notarized by some official, like we went to a bank. And then my dad had to get it notarized

even though he would be there with me...My aunt told my parents, my dad and my dad told my mom. And I guess my parents were obviously upset. My mom cried a lot. I didn't see that, they just told me after the fact and I guess when my brothers weren't home we just talked about like, this is going to be done...How there was no other option for me.

Although she would probably not have told her parents if she had not been required by law to do so, Amanda believes that it was good that she told them because they were able to support her emotionally throughout the process. She explained, "at first I wanted to but I couldn't do it secretly. But then after the father left, or doing whatever he was doing, my parents were the only people who could be there for me."

Natalie had an abortion at 17, and would also have been required to tell her parents. Instead, she went through the process of obtaining a judicial bypass. However, this meant that she had to tell other people so that she could get to appointments at the clinic and the courthouse.

Although she had recently ended her relationship with her boyfriend, she told him about the pregnancy and that she was seeking an abortion. She says, "I told him because you know, I needed his support financially and just like, you know, he was the other party in this process so I told him right away." Though she sought financial support from him, she chose to handle the actual process of obtaining the judicial bypass more independently, and did not turn to people who were close to her.

I told one friend while I was undergoing the whole process because, like I said, I needed to cut class to make it to these different appointments. So I had one friend who, she wasn't even one of my closest friends but she had a car. And I knew that

she was, we had talked about reproductive issues because. I don't remember the context but I had some indication that she would be an ally and that she was like, on the same page as me politically about the issue, and she had access to a car and she was just a badass chick.

Since then she has talked about her abortion procedure publicly on television and radio programs, and says that she often finds herself responding to people who chose to misrepresent her story online through blogs and news outlets.

Maura also told her boyfriend because she needed him to pay for the procedure. Initially he refused to believe her, and she had to bring him a picture of the ultrasound before he would help her.

He continued to call me a liar. Because like, by early December I called him and I was like, look, like something's not right. And he was like, you're lying. You're a liar. He wasn't very helpful. He was an asshole. I kind of had to tell him because it was expensive and he had a lot of money.

She also told her sister out of necessity. She wanted to talk to someone who had an abortion, and had known that her sister (a pro-choice activist) could connect her to someone to talk to. She explained, "my sister because I wanted to talk to [someone who had an abortion]. I just told her. I was like, don't tell mom, but you know. And she kind of gave me this weird look." She also told a friend so that she could get a ride to the ultrasound appointment. Unfortunately, this friend has since turned against her and calls her a "trashy bitch" because she has an abortion. She wishes she had not had to tell this friend and worries that she will out her to others.

My friend who turned and uses it against me all the time. She posts nasty stuff on Facebook about it all the time. Like, she'll post like a pro-life story and then like like – Ha! You know who you are you little bitch. I just needed someone to go to the ultrasound with me because I was freaking out.

Marcia, Emily and Octavia all told close friends about their unplanned pregnancy out of the necessity of support. It was only natural then for them all tell them about their abortion decision.

Care for others.

In this section I discuss how care and concern for other women facing an unplanned pregnancy or who have had an abortion impacts women's decisions about disclosing their own abortion history. There seems to be a desire to create community and dialogue around these experiences, even at personal risk to themselves.

Natalie and Emily have probably exemplified this the most since their abortion experiences. Both have actively sought out opportunities to share their experiences with the public and with strangers. Both of them feel that the help that they may be able to provide to others outweighs their own fears.

As discussed earlier, Natalie publicly told women in her women's health class in high school, and has since disclosed often and publicly. While part of this is due to her desire to challenge the condescending narrative that exists about choosing abortion, she believes that breaking the silence can help all women.

I just want to talk about it. It's like infectious, you know? Because the more I talk about it, the more positive feedback I get from other people who are like, relieved. Or maybe they're just purely curious or they want to talk about it too but they

don't feel okay talking about it until they hear you open up. So it's been this like, really infectious thing since then.

Emily says that she often discloses to people facing unplanned pregnancies – she wants to be there to help people. She says, “You never know when your story will help someone, brighten their day, or inform them.” She seems to feel that there is something inherently altruistic about sharing experiences, and says that in general she thinks talking and sharing stories is important. She also feels that too many women are afraid to consider abortion because they have only heard bad things. She says she speaks out so that people know that it is an acceptable option – she wants other women to feel comfortable making the choice that is best for them.

I've offered a few people that I've known that, that found out they were pregnant and I just said, well, just so you know I've been through that and if you need somebody to talk to about options. So that's been good that I can talk about it like that... If I know somebody who needs advice, I guess. Because a lot of girls, I just don't think would ever, I mean, if they come from this type of background where it's just been a really negative thing and the way they were brought up and they might not think about it even if they would really want to consider it. I think it helps to know somebody.

Although Amanda doesn't disclose much, she says she wishes that she could so that young women would know that abortion is an option. She says that in her culture it isn't common, but thinks women would be better off if they knew about it.

I guess back then, maybe like in my teen years – 16, 17, 18 – the years right after I did have my abortion, I did want to tell a lot of people who were having children

young that – I mean, I understand why they want to keep their child but – I had one and it’s changes my life and it’s given me opportunities that I wouldn’t have had if I did pursue having a child...Back then I did want to tell the whole world because it will change your life.

She also disclosed to some women who were dating her ex-boyfriend, who had been supportive of the abortion but who had not supported her afterwards. She disclosed so that she could warn them. “I told some other friends who have gone out with him, the father, the dad, but that’s about it. Just to warn them – he’s not gonna stay.”

Octavia also discloses to show women that abortion is normal, and a part of life. She thinks that her disclosure is healing for other women as well. When telling the story of her disclosure through poetry in creative writing class, she acknowledges that sharing her experience prompted another woman in class to talk about her own abortion.

In terms of abortion activism, talking about it is one of the most important things you can do. You can organize a protest and all that but when you actually share your story and experience then – Number one, you might be talking to someone who also had that experience and was afraid to talk about it. And also I think it’s a form of direct action to be like – look, this happens. It’s a fact of life. I just feel like it’s really important especially with all the backlash against abortion to be like, it’s normal. This happens...I studied poetry and it was in a contemporary women’s poetry class and one of our final assignments was to take a poem that we liked and create something in response to it and there’s this poem by Gwendolyn Brooks called *The Mother* about her experience with abortion before

Roe v. Wade and the last line goes something like, “believe me though I never knew you, I loved, loved loved you all.” That really struck a chord with me. She explains how she shared the project, a screenplay about abortion, with the class. “Immediately after I did that someone else piped up about having had an abortion. And there was another girl who didn’t come out and say she’d had an abortion but she started crying and said – that’s really brave of you. Not everybody has that courage.”

Participants seemed to want to connect with other women who have had abortions. The desire to be a resource of support for others appears to be a part of the motivation to disclose their own abortion history. In fact, nearly all of the participants noted that one of the reasons that they wanted to participate in the study was so that they could talk with someone else who had had an abortion. Those who already had relationships with other women who had aborted often cited those relationships as being important to their own abortion experience.

CHAPTER FIVE: DISCUSSION

In this study, I have analyzed the abortion, stigma and disclosure experiences of seven young Midwestern women (aged 19-25) in order to better understand how abortion stigma is understood and felt, and how that perception of stigma impacts women’s disclosure processes. Academics and activists alike have debated the presence of stigma and its’ impact on women’s abortion disclosure decisions but rarely have women been given the opportunity to bring their own experiences and perceptions into the discussion. By addressing stigma and disclosure together, and by framing the discussion through an understanding of the shared experience of abortion, this study is able to illuminate connections that had not previously been available.

Stigma

While the participants of the study identified multiple causes of stigma, the most regularly cited were the stereotypes that surround the topic of abortion. Participants identified stereotypes about women who have abortions, assumptions about maternity and motherhood, and stereotypes around female sexuality as sources of the stigma that they felt.

Ellison (2003) notes that what she terms the “cult of maternity as a civic duty” was established during the 1900s, when increased birth rates of non “whites” and decreased birth rates of Anglo-Saxon Protestants caused concern over “race suicide.” She cites Solinger in noting that maternity, nurturance and self-sacrifice began to be promoted as a woman’s highest calling and duty. She argues that pro-life insistence that abortion was contradictory to woman’s natural calling to motherhood compounded this idea. This is overwhelmingly the cause of much of the abortion stigma that was identified.

It appears that these norms are also to blame for the stigma that is present in pro-life rhetoric, political rhetoric and to a certain extent, religious doctrine, all of which were cited by study participants as sources of stigma that they experienced. These norms were expressed to them through claims that abortion “is murder,” and “is wrong” and that women who have abortions are immoral, dirty, sluts, and that they should have avoided the situation of unplanned pregnancy by refraining from sex until they were ready to procreate. These messages may look differently when received from different media, but all served to stigmatize women for having had an abortion.

Similarly, this finding of stereotypes as a significant cause of perceived stigma is supported by the work of Hessini, Kumar, and Mitchell (2009) who also found that one

of the largest causes of stigma was the perception that abortion violates feminine ideals. Hessini et al. find define abortion stigma as “a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood” (2009). My research supports this definition in that participants often discussed feeling stigmatized by abortion in relation to norms of femininity and womanhood. However, unlike previous works, this study comes to this conclusion by analyzing the stories, experiences and perceptions of the very women who are living with such a stigma.

Hessini et al. go further, and identify three archetypal constructs of what they all the ‘feminine’ which are challenged by a woman’s decision to have an abortion: female sexuality solely for procreation, the inevitability of motherhood, and instinctual nurturance of the vulnerable. My participants identified all three of these constructs while discussing the stigma that they felt due to stereotypes.

Hessini et al. identify framing discourse and mass culture as a source of abortion stigma, and they cite language as paramount to causing such stigma. The women in my study also experienced this, although in their own lives they interacted with it as stereotypes, assumptions or judgments made about women in regards to their sexuality, abortion generally, and motherhood. Additionally, multiple participants in my study cited a desire to see affirming discourse and positive representations of abortion in mass culture. While the lack of these increased the sense of stigma, it was suggested that their existence may be able to combat or prevent feelings of stigmatization in relation to abortion.

Pro-life rhetoric about abortion as wrong, murder, genocide, or killing a baby were also cited as sources of stigma by participants. In some cases, participants used these phrases deliberately, and other times they used them almost without notice, suggesting that such rhetoric is so common that it becomes internalized, accepted and normalized even if women do not agree with those judgments about abortion.

Governmental and structural factors were also causes of abortion stigma. Hessini et al. remind us that policy and law are reflections of social norms. The women in my study also experienced a manifestation of stigma in relation to politics, but they perceived and experienced this through national political debates and presidential politics. Likely, these were the ways in which the most consciously interacted with government and the norms that it promoted by it, and thus were where they were able to sense abortion stigma.

Hessini et al. also suggest that organizational/institutional influences create a sense of stigma for women who have had abortions. They suggest that health clinics and insurance companies perpetuate norms. While participants in my study did experience stigmatizing treatment by insurance companies and health practitioners, this description is more reminiscent of the stigma that they felt via religion, and in particular the Catholic Church. Even participants who did not identify as Catholic had encountered the doctrine that abortion is sinful and felt stigmatized by it. The inflexible declaration that abortion is immoral by the Catholic Church contributes to stigma felt by non-Catholic women as well. It is important to note here that participants did not seem to separate the Church's condemnation of abortion and a condemnation of them personally. This is important, as religious groups often attempt to avoid blame for stigma by claiming that they don't have

the sinner, but that they hate the sin. As evident in my study, women do not separate condemnation of themselves and condemnation of abortion.

Finally, Hessini et. al identify community and individual factors and a source of abortion stigma. They identify these as both social norms and women's response to those norms. My participants discussed this through the idea of silence, both in their community and in themselves. They acknowledged both stigma due to the prevalence of silence surrounding the issue, and their own discomfort with disclosure in under certain circumstances.

The stigma-related themes that arose from the study make it clear that women feel stigmatized by their association with abortion because of societal assumptions of about nature and role of women. While the ideas that motherhood is the highest calling of women and that sexuality is primarily for procreation may seem archaic and outdated, these messages are still present and are felt and reinforced through religion, national political discourses, pro-life rhetoric, religion and the invisibility or lack of other messages.

Although this study is Midwest specific, the findings suggest that these causes of stigma are in fact not region specific. Participants identified causes of stigma that are national in scope and did not seem as profoundly impacted by local politics or debates. Unfortunately, this means that the stereotypes and stigmatizing rhetoric are likely present everywhere and that nearly all women who chose abortion will encounter them at some point in their lives.

There is hope, however, in that participants both recognized these stereotypes as false, and in our discussion openly and knowingly challenged them. Even when they did

not publicly challenge sources of stigma or the messages they carried, their internal dialogue remained one of resistance, self-assuredness and commitment to their rationale for choosing abortion. This suggests that while women may be hurt or upset by stigma, they are able to resist it.

Disclosure

Discussion about women and abortion disclosure largely takes place in activist circles much more so than in academic settings. Most academic studies and discourse thus far have been related instead to disclosure within gay, lesbian, bisexual, transgender, and queer communities. Others have conducted research that touches on abortion disclosure, but it has largely been in relation to providers and their relationship with abortion stigma.

While I was able to identify six separate themes relating to my participant's disclosure practices, they strongly correlate with the themes identified for abortion provider's disclosure in Debbink, Martin, Harris, Hassinger's (2011) study and disclosure and stigma among practitioners. In their study of the dynamics of stigma in abortion work, they found that abortion providers were split in their decisions about disclosure. They note that some chose silence due to fear of violence and judgment, while others chose disclosure for their own wellbeing and so that they could be a resource to others.

Among providers who chose disclosure, three motivations were identified. Some felt that they had an obligation to their patients and to the public. They felt they should be a resource to others, and that they should work to combat stigma by speaking out. Some felt that they should disclose as a way to resist the notion that abortion is immoral. They felt they could do this through disclosing. And finally, some abortion providers spoke out

due to anger toward the pro-life movement. They saw their disclosure as a necessary form of activism.

While the natures of the two studies are dramatically different, the motivations behind disclosure as described by the abortion providers' echoes similarities to the themes that emerged in my study of women's experiences. Speaking out to be resources to others was also identified as a motivation for disclosure in my study, as was the desire to use disclosure to make political statements. Additionally, what providers describe as "maintaining psychological consistency" seems to have similarities to some of the therapeutic disclosure motivations that women in my study described.

In both cases non-disclosure by women who have had abortions and abortion providers seems to be largely due to a desire to protect either themselves or others. In both cases this is due to abortion stigma and the threat of violence. Both women and providers acknowledge that this non-disclosure is fluid and changes based on the context of their disclosure experience. This fluidity appears to be recognized to a lesser degree among provider's disclosure than it was among women's disclosure.

This means that for women who have had abortions, disclosure can be both necessary and unnecessary, both fear-inducing and empowering. It challenges the necessity of a discussion like the one referenced in Chapter One: Introduction. It suggests that impact of stigma on women's disclosure practices is as diverse as women who have abortions, and that the impact that stigma and disclosure have on women is more dependent on the context of their own lives than on any external factors. Still, by understanding what motivates women to disclose their abortion to others we can better understand what support would look like from society at large.

The themes that emerged from my study as motivation for disclosure are similar to those identified by both Fletcher (2005) and Cain (1999) in their research on disclosure amongst post abortion women in Ireland and on disclosure amongst gay men in the United States and Canada. Of the themes that Fletcher identifies, her themes of protection and concern were found in my study as well. In both cases women managed their disclosure experiences in order to protect themselves and other, and for concern for others in their lives. Unique to my study, however, is that my participants articulated a desire to disclose in order to help complete strangers with their own unplanned pregnancies.

Similarities also existed between the motivations for disclosure or non-disclosure as identified in Cain's (1999) discussion in disclosure in gay men. Specifically, the divide between disclosure for private purposes (for therapy or healing and for relationship-building) and disclosure for political, activist reasons became apparent in both cases. Additionally, women in my study appear to have bought into the model of disclosure to challenge stigma that has been promoted by gay rights movements. Regardless of their personal practices, participants mentioned that they felt that public disclosure for political purposes was important, beneficial and courageous. Women who had not done so mentioned that they felt and they should or wished that they felt comfortable doing so.

Recommendations

This study has several implications for those who wish to reduce abortion stigma and to normalize abortion experiences. Such work begins by first acknowledging the norms of womanhood that place women's practice of agency in choosing abortion in direct opposition to what is assumed to be natural. This is arguably the largest source of

abortion-related stigma, which is perpetuated through politics, religion and pro-life rhetoric. It is important to note that these norms do not only impact women who have had abortions, and that all women can challenge these through direct action that is not specifically related to abortion and not dependent on the involvement of women who have had abortions.

Additionally, it is important to understand that although women desire an end to the silence surrounding abortion, they do not necessarily want to be personally and publically involved in doing so. While all participants mentioned a desire to feel more comfortable disclosing their abortion history to others, this was overwhelmingly in their personal relationships and within private discussions, not necessarily in a publicly assessable forum. Attention should focus instead on creating affirming spaces and promoting affirming rhetoric about abortion. Authentic and positive portrayals of abortion can be shown in media and pop culture without depending on individual women's personal disclosure. There should also be increased attention on creating such spaces online, as the internet is currently dominated by anti-abortion stigma.

At the same time, participants all had at least some understanding of the politics at play in regard to abortion, and they all referenced a sense of responsibility to disclose to challenge people's views and as a form of activism. Regardless of where this sense of duty comes from, it is important that women who have direct experience with abortion be given the opportunity to share their story in such a manner. This would be both beneficial to the individuals and to the pro-choice movement, as it would bring the realities and nuances of women's lived experiences of abortion to the center of a debate that is so polarizing and politicized.

Suggestions for Further Research

This study possesses some limitations which deserve discussion. Most notably is that fact that, because of the time frame of this project and due to a lack of funds, the population interviewed is somewhat small and limited. Recruitment was also slow and challenging, and though ten participants were recruited the extensive travel required to conduct the interviews and the deadlines of this thesis meant that only seven interviews were completed in time for inclusion.

Suggestions for further research include expanding the size of the population studied as well as conducting comparative studies with clusters of women from different regions of the United States. This would allow us to better understand how different political climates and contexts impact perceptions of stigma and disclosure processes. Unfortunately the politics of abortion in the Midwest tend to be relatively homogeneous and therefore there was not much variation between states and comparisons due to political contexts were not easily made.

Suggestions for Activists

This project can make numerous suggestions for those who, like Baker and Herold in the Introduction, wish to reduce abortion stigma. First, it is important to note that abortion stigma is clearly created and that it has thus far served the purposes of the pro-life movement by silencing women. It is therefore important that pro-choice and reproductive justice activists seek to continuously and publicly deconstruct the myths, stereotypes and misinformation that cause and perpetuate abortion stigma. While presenting positive abortion stories in the media can be useful in addressing stigma, this does not necessarily require women to tell their own stories.

Second, this study has made it clear that the internet is effectively used by pro-life supporters to perpetuate abortion stigma. Pro-choice and reproductive justice activists should focus some of their efforts on creating affirming and safe online spaces for women to learn more about abortion and to connect with each other before and after the procedure. Additionally, the internet could, in theory, help those who want to disclose to do so anonymously and could connect women who wish to speak with others who have had abortions.

Finally, the results of the project call on pro-choice and reproductive justice activists to continuously hold perpetrators of abortion stigma accountable. While this is understandably difficult, we know that by exposing the impact of abortion stigma on women, we can challenge the pro-life assertion that their work is out of concern or care for women.

Due to the influence of abortion stigma, women often make decisions about disclosure that are different from what they would otherwise choose. While many women may wish to use their personal stories to combat stigma, disclosure is not required to do so, and stigma can be challenged even by those who have little or no personal connection to abortion. Still, activists should make efforts to provide spaces for women to share their stories and should work to avoid messages that might alienate women who have had abortions.

As this project has illustrated, there is a strong connection between abortion stigma and disclosure, and the myths at the center of this discussion are myths that impact all women, not just those who have had an abortion. Judging women for their inability to measure up to some predetermined notion of authentic womanhood is not new, nor is it

specific to the abortion issue. By challenging that exposing the hypocrisy of the myth of authentic womanhood or a feminine ideal, we may be able to effectively chip away at the one of the most powerful causes of the subjugation of women.

APPENDIX A

CONSENT FORM

‘I HAD AN ABORTION’: MIDWEST WOMEN AND ABORTION DISCLOSURE

You are invited to share your story by taking part in research about the experiences of women who have had abortions in the Midwest region. This research project is led by Dr. Shannon J. Miller, Assistant Professor of Gender and Women’s Studies at Minnesota State University, Mankato and Katie, a graduate assistant in Gender and Women’s Studies at Minnesota State University, Mankato.

Purpose:

The purpose of this study is to explore the experiences of young Midwest women who have had an abortion. Our goal is to uncover how social and political context (legal status of abortion in the state, current debates over abortion legislation, family religious affiliation, relationships etc.) impacts women’s decisions about telling others that they have had an abortion.

Procedures:

If you agree to be in this study and sign this consent form, you will be asked to participate in an audio-recorded one to one and a half hour interview with the researcher, Katie. After you have answered all interview questions, you will have the opportunity to ask Katie any questions that you may have about her abortion experience or disclosure process.

Risks and Benefits:

You will be asked to answer questions that directly relate to your experience of having had an abortion. Some of the questions may be personal, but your confidentiality will be maintained and the information will not be shared with anyone else. You may refuse to answer any questions. The risk level of this research is considered to be minimal. At the end of the interview session you will be provided with information about programs and services that you can contact for support or addition information. This research will be used to benefit women who, like you, have had an abortion.

Confidentiality:

The records of this study will be kept private. The interview will be audio-recorded and transcribed, with the audio files stored on a password-protected computer and other files stored in researcher’s secure office location. Anything you tell me will remain confidential. In any sort of report of the study, the researcher will not include information that will make it possible to identify you. Your real name will not be recorded in data or in transcripts. All data transcription will occur by the interviewer. You can be provided with a copy of your transcript upon request.

Voluntary Nature of Study:

Even if you sign the consent form, you are free to refuse to participate and can stop participating at any time without giving any reason and without repercussion. You do not need to participate if you feel uncomfortable doing so.

Contact:

The researcher leading this study is Dr. Shannon J. Miller. You may contact her by calling (507) 389-5024. If you have any questions or concerns regarding the treatment of human subjects, contact MSU IRB Administrator, Dean Barry Ries, at Minnesota State University, Mankato, Institutional Review Board, 115 Alumni Foundation, (507) 389-2321.

I have read the above information and understand that this survey is voluntary and I may stop at any time. I consent to participate in this study.

Signature of Participant

Date

I agree to the audiotaping of the session

I have received a copy of this consent

Signature of Researcher

Date

APPENDIX B

INTERVIEW SCRIPT

'I HAD AN ABORTION' MINNESOTA WOMEN AND ABORTION DISCLOSURE

Introduction: My name is Katie and I am a graduate student in the Gender in Women's Studies Department at Minnesota State University, Mankato. Thank you for agreeing to participate in this research. I had an abortion myself in 2009. For this interview, I will ask you a few questions, which I encourage you to answer in any way that you see fit. As indicated in the consent form, feel free to not answer any questions that you may be uncomfortable with. This entire communication is being audio recorded and will be transcribed by me using the pseudonym you requested during screening to protect your confidentiality.

Do you have any questions?

Opening Question:

Please tell me how you identify your race, gender and sexuality. Also, what was it about the recruitment flyer that made you want to participate?

Questions for each objective

Objective 1: To learn more about the social and political context in which women make decisions about their unplanned pregnancies.

- Prior to finding yourself facing an unplanned pregnancy, what was your understanding of the abortion debate? Where or how did you first hear about abortion?
- In what contexts was abortion ever discussed (religion, family, political)? What messages do you remember hearing about it?

Objective 2: Obtain detailed accounts for how women navigated their own abortion experiences, in their own words.

- Tell me about how you came to the decision to have an abortion. Can you tell the story of that experience?
- How did you feel about it afterwards?

Objective 3: To uncover who women disclose their abortion experience to, how and why.

- Who knows that you've had an abortion? Why and how did you tell them?
- Can you tell me a story of how that happened?

Objective 4: To illuminate how stigma created by social, cultural or political contexts influences their day to day life as a woman who has had an abortion.

- Can you think of a time when you've wanted to talk about your abortion experience but felt you couldn't or didn't.
- How do you feel when abortion is brought up in public, either in politics, through pro-life or pro-choice events or in regular conversation?

Objective 5: To discover if disclosure is desired and what would be needed for women to be more comfortable disclosing their abortion experience.

- In what ways has talking about your abortion been a good thing? Have there been negative consequences?
- What would need to happen for you to feel more comfortable talking about your abortion experience?

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