

The Silencing of Abortion Experiences:
An Institutional Ethnography

by


Diane Walsh
B.A., University of British Columbia, 1993

A Thesis Submitted in Partial Fulfillment of the
Requirements for the Degree of


MASTER OF ARTS

Interdisciplinary Degree Program

We accept this thesis as conforming
to the required standard




Professor M. Campbell, Supervisor (Faculty of Human and Social Development)



Professor M. McMahon, Committee Member (Department of Sociology)



Professor M. Young, Committee Member (Faculty of Law)



Professor C. St Peter, External Examiner (Department of Women's Studies)

© Diane Walsh

University of Victoria

All Rights Reserved. This Thesis may not be reproduced in whole or in part, by
photography or other means, without permission of the author.

Supervisor: Professor M.L. Campbell

ABSTRACT

This thesis explores abortion experiences from the perspectives of a small group of women who have had them. The writings of Dorothy Smith (1987) have shaped the methodology of this study. In stark contrast to theoretical accounts that frame women’s responses in intrapsychic terms, my analysis claims that the problems that arise in women’s lives are due primarily to the social organization of people’s understanding of abortion as a moral issue. Despite the legally-sanctioned protection of abortion services, women confront the painful stigma that the decision carries with it socially. Persistent negative social attitudes still prevail in the culture, teaching women that abortion is evil and is tantamount to murder. These moral claims are organizing features of abortion experiences that directly impact the way women are silent because of the fear of condemnation. The decision not to speak about experience is not really a “choice”. It is a learned way of living with the abortion decision and is a social product of a particular “culture” that, in effect, intimidates women. This study reveals that no matter how women rationalize their abortions to themselves (whether they are content or bothered by their decision), they tend to keep their experiences secret. This thesis provides an in-depth analysis of the practices of ruling that help to explain this silence in women’s lives.

Examiners:

[Redacted]

Professor M. Campbell, Supervisor (Faculty of Human and Social Development)

[Redacted]

Professor M. McMahon, Committee Member (Department of Sociology)

[Redacted]

Professor M. Young, Committee Member (Faculty of Law)

[Redacted]

Professor C. St Peter, External Examiner (Department of Women’s Studies)

TABLE OF CONTENTS

Abstract	ii
Table of Contents	iii
Acknowledgements	iv
Dedication	v
Introduction	1
Chapter 1: Problematic	2
1.1. The Lessons of Dorothy Smith: The Story of a Woman's Abortion Experience	2
1.1.1. Silence and Secrecy	4
1.1.2. The Emergence of Self	5
1.1.3. Abortion Sentiment in the Cultural Market Place	6
Chapter 2: Conceptual Framework	8
2.1. Exploring Theoretical Discourse from the Standpoint of Lived Experience	8
2.2. The Unpacking of the Language of Pathology	19
2.3. The Relationship between Pathology and Therapy	30
Chapter 3: Methodology	35
3.1. Institutional Ethnography	35
3.2. The Extra-Local Organization of Experience	40
3.3. Challenges Encountered when Writing an Institutional Ethnography	42
3.4. Selection of Informants	46
Chapter 4: Data Analysis	48
4.1. Background on the Informants	48
4.2. Sam: Informant 1	49
4.3. Maria: Informant 2	54
4.4. An Analysis of Sam's and Maria's Narratives	59
4.4.1. Themes of Secrecy and Silence	59
4.4.2. The Impact of Social Attitude	60
4.4.3. Relationships and Sexuality	61
4.5. Jane: Informant 3	63
4.5.1. The Theme of Ambivalence	67
4.6. Fiona: Informant 4	68
4.6.1 The Socialization of Shame	69
Chapter 5: Conclusion	73
5.1 Concluding Remarks	73
References	

Acknowledgements

I wish to acknowledge the support and guidance of my supervisor, Professor M.L. Campbell, and my Interdisciplinary Committee Members, Professors M. McMahon and M. Young for their commitment to my research. I am very grateful for their encouragement and would like thank all of them sincerely for their valuable insight throughout the course of my study.

To Rey
and my family
for love and patience

Introduction

This thesis presents five abortion stories from Canadian women. One of these stories will be my own. To fully appreciate the complexities of the decisions and actions that are a part of the abortion experience, a method of analysis has been selected that arises out of an understanding of knowledge as socially organized. In working from my experience as a methodological standpoint, I, the researcher begin a sociological inquiry in women's stories. Relying on Dorothy Smith's influential work, **The Everyday World as Problematic: A Feminist Sociology**, I employ a qualitative method that starts "from where we are". The life choices of the five women in this study (me included) reflect implicit and explicit messages or social learning about abortion.

As both the *researcher* and the *researched*, I examine the abortion experiences of other women. "The ethnographic process of researched inquiry, says Smith, is one of exploring further into those social, political, and economic processes that organize and determine the actual bases of experience of those whose side we have taken" (1987: 177). Women who have had an abortion can offer experiential knowledge, as informants, for an analysis of the social organization of experiences. As we will see, women's stories give a multiple of meanings to experience and these explanations often differ, yet similar *social organization* can be traced. My study looks at cultural attitudes about abortion, how it is still viewed by some as "immoral". Gaining insight into the lives of women can illustrate features of a cultural environment that socially organizes abortion and women's actions. I examine key issues of fear, stigma and silence as relations of women's *everyday* practices. My goal is to trace *relations of ruling* (in Smith's terms) organizing women's experiences in particular ways.

This analysis is based on an interpretive methodology that adopts *actual lived experience* as a research stance. My study finds that ideas associated with stigma pervade women's actions no matter how much they accept the validity of abortion for themselves as individuals. Stories reveal significant impressions about the quality of administrative and nursing care. I explore relations of ruling coordinating support dynamics for women during the abortion ordeal, focusing on an analysis of women's reactions to the behavior of the people closest to their experience. I explore different responses to social attitudes about abortion that permeate culture, focusing on specific encounters described by women to have affected their daily lives.

CHAPTER 1

PROBLEMATIC

1.1 The lessons of Dorothy Smith: The Story of a Woman's Abortion Experience

I am going to borrow from Smith (1987) a notion called the *concept of the problematic* that teaches researchers to begin an inquiry in actual lived experience. She develops a way of using experience to critically assess our place in the social world where we are socialized to “fit”. The *problematic* is a research strategy or tool that explores personal stories for a set of puzzles appearing “in” people’s lives. It is, itself, the method for *explicating* “a property of the everyday world as a focus for sociological work” (1987: 91). To clarify how the *concept of problematic* is used for this study, I interpret my lived experience of abortion. The puzzle, for me, is that ever since my abortion, I have felt there are people that think that abortion is a “bad thing”. Because of this belief, I never used to speak about my abortion.

When I was a late teen, I terminated an unplanned pregnancy. It is not something I have been scared to talk about until very recently. Strangely enough, I have always thought of myself as a woman that did not have any shame about my decision; but, for many years, I kept my abortion secret, bottled up inside of me. I never found a place where I could speak openly and safely. When it first happened, I found myself in conversations with people on abortion where they would say something I felt was very judgemental and, at times, even hurtful. Almost every time I had a conversation with someone, at home or at school, on the subject of abortion, I felt I was subjecting myself to mistreatment. I never spoke about my experience directly; I talked about abortion as a concept or a social practice, never revealing to anyone my true relationship to the issue.

I foolishly admitted to someone, one time, that I had had an abortion, believing that it would give some credibility to an argument I was trying to defend. I found myself facing an extremely negative reaction from that person. I felt shutdown and isolated. I began to realize abortion was a subject that made people feel ill at ease and defensive. I only tried to express an aspect of my experience - not to justify abortion - but to give a sense of some of the perplexing and contradictory issues that I had

struggled with in my own life. People around me seemed to respond as if I was a villain of some kind. I felt judged and abused by comments people made, such as, "don't you know abortion is murder!" It was an overall feeling of rejection that I felt from the people around me. I quickly learned not to discuss my abortion because, when I did, I felt "less than".

As the months and years passed on, I pushed my experience deeper inside of me and pretended that it did not happen. I thought this approach would make it easier to move on with my life. I realized, later in what I now call my recovery, that I was betraying a part of whom I was by not allowing myself to wear my abortion as part of my identity. I have come to see that keeping my abortion secret, I was giving power to the people who have insulted and hurt me to begin with – giving credit to their ignorant attitudes. Keeping a secret interfered with the development of my emotional life and intimate relationships. I could not be honest with my family, my mates, or myself. I began to hold my abortion decision with shame when, originally, I had been content with my decision and believed that I had acted with a great deal of courage.

The *problematic* starts to take shape in my life as follows: I was confronting a contradiction. I was relieved that I had had the intelligence and the "choice" not to have a child under the circumstances. As I progressed through the aftermath I confronted the reactions of outsiders and found myself hiding my experience from them. Taking measures to be silent, I would not feel the pain of their judgement as I had previously when I had been more open about my decision. I learned that a woman "is not supposed to talk" about the fact she has had an abortion!

This contradictory psychological space that I was living in was very stressful, as you might imagine. "Pro-life"¹ propaganda in the media triggered me to feel "badly" about myself. My silence lowered my self-esteem because I could no longer find a voice to explain my experience. It did not matter anymore why I had had the abortion; all that mattered now is that I was told that I was "wrong" for what I did. I started believing that I was responsible for feeling ashamed and secretive. I now "wore" the judgement imposed upon me.

¹ The term, "pro-life", has been adopted from popular Canadian discourse. It is not employed to defend a

1.1.1. Silence and Secrecy

One time, my partner and I were driving along the road and we passed some “ pro-lifers” (as they are commonly referred to) protesting against abortion. Again, I felt very hurt. I saw men and women who held up pictures of mangled fetuses yelling, “abortion is murder”. I did not confront them. Looking at their posters and hearing their slogans, I had a feeling inside me that I was a horrible person. In that instant, my partner turned the car right around and drove straight up to the protesters and told them to their faces that their signs, their words, their very presence hurts women who have had abortions! Unlike me, my partner responded assertively to the “pro-life” activities - he could see that I could do nothing but cry. It meant a lot to me that he confronted them. Something in my experience was transformed. I felt like someone empathized with me - understood that part of me that I had forcibly learned to conceal. My experience (that had previously been shrouded in secrecy because of the stigma imposed by negative social messages about abortion as taboo) was now given new meaning. I began to reject any imposed identity that interfered with my sense of self-worth. I was no longer passive. Now I could grieve. I was being acknowledged, and with that recognition, I could admit to the turmoil I was experiencing.

I believe now that abortion is something that needs to be grieved. I say this because I have seen myself progress through of series of emotional hurdles ranging from deep anger, sorrow, and ultimately relief. Unfortunately, I have lived in a “culture” that berates the contradictory feelings a woman may experience around her abortion. An environment that did not acknowledge feelings is not a place that offers support necessary for the grief process. It has been my experience that it is not the woman (onto whom the society places the burden of shame) that should feel ashamed, but those members of society that re-enforce the stigma attached to abortion. It took me about two years to work through, what I now understand, as symptoms of severe stress related to that sense of shame. I can testify to my reactions being more acute when I came in contact with individuals and organizations that openly expressed an anti-abortion position and judged the actions of women who have had abortions.

particular platform nor is it used to give credence to specific political debates associated with it.

1.1.2. The Emergence of Self

I recently had the courage to speak publicly on abortion at a “pro-choice” meeting on women's experiences. During the time I was working through a variety of post-abortion issues, I was introduced to feminist scholarship. I was particularly drawn to the work of Rosalind Petchesky (1984) which examines women's consciousness and the right to choose. Carol Gilligan (1983) has also influenced the direction of my study because of her classic study on women’s moral reasoning using the abortion decision. I started reading these texts along with Dorothy Smith’s (1987). I applied the *social organization of knowledge*² approach to these theoretical discourses and emerged with a question: Why had I not encountered any women’s stories prior to my introduction to feminist scholarship?

As I began to recognize that my experience had some value for scholarly work in graduate studies, I started asking questions when I had unsettling feelings about my abortion. I started to make connections between comments people were making about abortion in my daily encounters and the finding that I uncovered that women’s lives were not central to academic discourse. I began to probe the texts I was reading, discovering that a gap in knowledge on women’s lives in traditional theological discourses - the issues that had come up for me in my own abortion experiences were not a part of moral debates in academe (as we will later explore). With the discovery that women did not have a substantial voice in this discourse, I began to treat silence as a problematic feature of my experience. I asked myself: “can abortion experiences be accurately understood within the categories of formal discourse that rely on historical debates that frame abortion in disembodied terms?” Do the theorists in moral discourse respond appropriately to my puzzle: that I carried no ambivalence about my choice not to have a child but somehow I still felt ashamed. I was, paradoxically, content and relieved that I had an abortion and, at same time, stricken by feelings of self-reproach and bitterness. The puzzle that I needed to solve became a search for why I suppressed my abortion and kept it a secret, even from my own family.

² This approach teaches researchers to analyze how texts are socially organized by “relations” that inform the way people come to *know* and understand the social world. Smith (1987) explores how experience is *textually-mediated* - that is - how are our daily lives discursively organized by ideas/concepts and social

1.1.3. Abortion Sentiment in the Cultural Market Place

I refer here to a cultural market place where ideas about abortion pervade and organize how people learn to understand abortion. As I read books on abortion, I began to compare the ideas I learned about with the terms that were being used by “pro-choice” and “pro-life” groups actively mobilized in my community. I informed myself on the politics that were being played out in the two opposing social movements. I began speaking with Victoria community activists from both sides of the political spectrum to find out how they framed their political platforms. I pondered the possibility of seeking counseling to deal with my exposure to often bitter and aggressive abortion politics. I needed to be involved in the community to “do research” but I felt deeply disturbed by some of my observations. For instance, I became angry at the perceived silence around post-abortion troubles within the “pro-choice” movement. And yet, I rejected how the “pro-life” platform socially constructed women as victims and insisted that women were “damaged” by abortion. No one seemed to be talking about women’s “feelings” – how we understood what was happening to us. I felt stunted in my ability to express myself. I could not, at the time, find a voice for my own experience. I did not feel that my voice had any legitimacy. I tried to think of myself as an activist and a researcher, but really, I was a mute.

As my research began to take shape and I embarked on preliminary fieldwork, I decided to investigate what kinds of support existed in the community for women who have had abortions³. I became a volunteer in local organizations and health centers as a way of getting to know how various organizations were operating around abortion services. Apparently, very little attention was given to establishing pre- and post abortion counseling in the city. I looked for a post-abortion support group but could not find one. Such groups, I knew, existed in other cities (Ottawa, Vancouver). I began to ask the question whether there might be other reasons that could explain the lack of collaboration for recovery support. I wanted to know why post-abortion help services in Victoria are virtually non-existent.

This preliminary scanning of services (or lack of services) provided me with a background for my own research that explores the connection between my *problematic* and the lack of provision of abortion support services. Here is what I learned when I made inquiries at health centres that make abortion referrals. The availability of services in the community has been influenced by socially

modes of behavior , and practices that, then, shape the ways we learn to “fit” into a particular culture.

organized practices that maintain a secrecy and silence on abortion in the larger community and in organizations:

- Physicians who performed abortions are unable to counsel patients, on a large scale, because of work overload (i.e. the demands for abortion surgery). They firmly acknowledged the need for patient counseling after the fact, but could not, individually, provide any services beyond critical medical attention.
- At health care centres, professional staff believes social support for women is important. They are aware that psychiatrists do treat women for post-abortion stress. Yet, to my knowledge, the clinic staff rarely makes such recommendations, perhaps interpreting the condition as a mental problem that only affects a few women after an abortion. Patients can receive referrals to psychiatrists from family physicians whose services are covered by Medicare; however, some women are reluctant to seek help from professionals working strictly in mental health and psychiatry framework.
- Even when patients inquired about post-abortion help, personnel rarely had addresses or telephone information on counselors, healers, or any other persons informed about the stresses of coping with an abortion after the fact. Counselors who do specialize in abortion therapy are usually recommended by word of mouth. Women have no formal access to services.
- Sometimes staff recommended patients seek counseling services available in churches, which may have been seen as unacceptable by some women.
- Some clinic workers, who had knowledge that women were being referred to abortion doctors, feared that their own organization would be placed at-risk in a hostile political climate, if formal support projects were designed to assist women with post-abortion issues. They indicated that any kind of abortion services that they did provide should maintain a very low profile in order for the center not to put in jeopardy the other health care services it provided safely. Under no circumstances did the center want to be confronted with attack from anti-abortionists that would follow if it became known as an abortion referral service.

My discoveries led me to arrive at the understanding that, although many professionals that I encountered working in the health care field see social support for women as necessary, political constraints regretfully interfere with the development of post-abortion resources. This dilemma facing me in my early fieldwork led me to explore the reasons why these political constraints actually operated and were powerful enough as to stand in the way of organized support for women. My frustration with my own inability to speak openly about abortion without the fear of recrimination added to a growing interest in the social organization of community silence.

³ Information about post-abortion services was gathered by the researcher in Victoria, BC over two years.

CHAPTER 2

CONCEPTUAL FRAMEWORK

This chapter examines a number of chosen academic theorists who have informed the subject of abortion from a variety of disciplines. Women's reactions to abortion experiences are predominantly understood within psychological or psychiatric frameworks, whereas other important theoretical debates on abortion *as a moral question* are occurring independently and without consideration for women's voices. I demonstrate how some theorists take up abortion as an abstraction and dismiss any engagement of women's actual lived experience. Others provide an in-depth study of the social and political conditions in which women's decisions are made, which will ultimately assist in the analysis of the social organization of the experiences of the women in this study.

2.1 Exploring Theoretical Discourse from the Standpoint of Lived Experience

The *concept of problematic* or set of puzzles that I introduced in Chapter 1 identified two central issues: I showed that silence and secrecy dramatically interfered with my ability to see authority in my own voice. The field-notes that I included on abortion services in Victoria reflected a "politics" about abortion that curtailed the availability of support for women in the community. My story also raised an interesting parallel between me, being silenced, and the difficulty of my role as a researcher in gaining the ability to see, hear and understand the experiences of other women who *may* also feel silenced. The troubles that I have written about are to be taken or made *problematic*, for the purpose, of building an inquiry.

Here, however, I want to examine how theories that are developed in academic texts organize women's experiences discursively (Smith, 1987). The *problematic* presented in Chapter 1 should show the importance of women's actual stories. Yet, as we will soon see, the silencing of experiences is a prominent component of some established textual discourse. Many of the issues that my own story raises fail to be explained – it is difficult to determine how shame, for example, is textually organized when the

same “culture” that hides women’s voices in the everyday world also permeates theoretical works. To understand how women’s abortion experiences are socially organized in the everyday world, we need to unpack how theories and concepts are actually put together so that women’s voices *can* be ignored.

Obviously not all women are going to be exposed to academic theorists. Academics read about concepts that are discursively organized in elite texts; and, yet, these concepts, expressed in a more commonplace language, dissipate into the cultural market place. From this, everyday women form perceptions about their experiences based on information available to them that shapes what they come to *know* about themselves and their lives. This is not to say that concepts necessarily originate in academia. Rather, theoretical discourses flow from historical written debates that legitimize certain forms of *knowing*, ways of interpreting or understanding abortion that are carried into women’s lives in interactive practices, such as the modern media. Women’s experience is inconsequential in some theological studies on abortion, for example, de Varent and Fairweather (1976). Abortion is taken up strictly as an abstract moral question. This approach negates any effect that such a conception of abortion as morally incorrect has in silencing women’s complex social, political and economic oppressions. In the past twenty years, several studies have appeared in academia that reframe the abortion question in feminist terms. These works are most notably Petchesky (1986), Gilligan (1983) and Hunter (1981). Their work challenges the framework put forward by de Varent and Fairweather (1976) that fails to include a study of social variables and economic conditions in which abortions take place.

Petchesky (1986) explores the social and political ramifications of abortion from a feminist perspective. For her, women’s choice is central to the abortion question. She argues that traditionally the emphasis has been on political adversarial debates about the “right to choose” versus a “right to life”. This dichotomous thinking she rejects and replaces with an analysis of the driving factors on women’s lives that compel them to have abortions. Petchesky urges that abortions be recast as an issue of responsibility for the welfare of the woman and the fetus, rather than the “conflict” between a right to life and a right to choose. She points out that issues that will affect the welfare of women must include an analysis of the material conditions (i.e. lived experience) in which abortions take place.

Gilligan (1983) develops what is considered by some feminists as a classic study that examines women’s moral reasoning as distinct from that of men’s. Using the abortion decision as an example, she

shows that women define their own version of moral reasoning by way of the decisions they choose to live by. Women's lives, says Gilligan, reveal moral problems unique to their individual experience that emerge from conflicting responsibilities. Women who have abortions must balance their responsibilities to social roles, personal ambitions, and learned concepts of "right" and "wrong". What is significant for me about Gilligan's analysis is that she redefines the parameters of moral discourse – experience provides the basis for women determining what is and what is not a suitable course of action depending on practical considerations and a pragmatic decision-making process. Morality from the point of view of women who choose abortion refers to a balancing of perspectives, personal aspirations, and commitment to do "good".

Interviews with women informants reveal different social constructions of moral problems among the women from men. According to Gilligan, women use a "distinct moral language" to construct moral dilemmas: one that is shaped by their individual understandings of socially organized concepts of female selfishness and responsibility. Abortion brings to light a central moral problem for women – a conflict between "self" and "other" and what it means to sacrifice oneself for another. As women negotiate whether or not to have an abortion, they address deep conflicts between self-survival and maternal morality – conceived as responsibilities not rights.

By trying to make sense of the relationship between self and other, women are described by Gilligan as "suspended in a paralysis of initiative" (1983: 82). Her findings suggest that women wholeheartedly believe that it is moral to include personal needs within one's judgement whether or not to have a child. Their stories show that they have a desire to be "good" both by being responsible to others and adopting a self-responsibility. Women in the study are found "to have the power to choose and thus are willing to speak in their own voice" (70). They demonstrated how their experiences and values dictated the need to use or refer to a different moral model or framework not necessarily compatible with traditional social roles. They are able to construct a concept of honesty as being true to oneself.

Morality, according to Gilligan, is defined "in a way that combines the recognition of interconnection between self and others with an awareness of self as the arbitrator of moral judgement and choice" (96). Morality is perceived not as balancing abstract concepts, but as a tension between self

and other (both of which require care) that women must be able to negotiate to resolve their moral dilemma. Assessing what it means to act in self-sacrifice in order to ensure the continuation of the life of the other (i.e. the potential child) is a critical stage in the decision-making process. The interviews reveal women demonstrating a commitment to a personal identity separate from their natural ability to have a child. Struggling deeply with issues of perceived selfishness both from themselves and the social world, women develop an “ethic of care” that responds to the complexities of their immediate situations and psychological make-up. This ethic suits an individualized conception of self-preservation and loyalty to what they deem to be a “good” or “right” course of action to take.

Gilligan shows that the study of women’s lives (of which abortion is a part) requires “narrative modes of thought rather than formal, abstract ones” (1983: 19). Simply put, women’s stories should matter to elite discourse. Unfortunately, we often hear theorists’ voices appear in the literature even when they make claims to abstract forms of scholarship. Gilligan’s model of moral reasoning demands we accept that women speak in a different form from the “abstract”. Although Gilligan’s work has been criticized as essentialist by a generation of feminist scholars who have moved beyond her early study, I find it useful in showing that feminists were struggling against abstract and disembodied theorizing as early as 1983.

Not all theorists who speak authoritatively on abortion find it necessary to include women’s voices. For example, de Varent (1976) claims abstract mode of thought as discursive tools for analysis, which allows her to couch her argument in an individualized moral stance that camouflages personal bias. At closer examination, de Varent (1976) can be accused of attempting to defend a “pro-life position” without actually coming out and saying that abortion is morally wrong. She is an example of a scholar that uses abstract modes of thought while perpetuating anti-abortion political sentiment.

Influenced by psychoanalytic discourse, de Varent helped shape the popularized debate of the “pro-life” Movement in the United States in the late 1970’s and early 1980’s. Even categorizing de Varent as an “expert” on abortion could be construed as lending support to an anti-abortion political platform because to discuss her writings is to privilege her arguments as worth consideration. The reason why her work is part of my analysis is because it reveals many themes which inform social norms and values “out there” in the everyday world. A critique of her writing might reveal the opposite but equally

covert political agenda (“pro-choice”). Let it be said that the following texts by de Varent (1976) have been included strictly as an example how text can be organized to work anti-abortion sentiment into theoretical discourse.

de Varent (1976) argues that women who have abortions are part of an insidious movement that is actively working against the protection of children. By using Freudian jargon mixed with popular discourse on economic trends, she promotes a mystified understanding of abortion. Rather than investigating women’s personal reasons for choosing abortion and the extent of their everyday struggles, she puts forward an explanation based on the notion of “Thanatos” in Freudian discourse to explain the increase in abortions among women.

Thanatos, in de Varent’s interpretation, is a symbol of “a general death-wish and instinct which makes for separation and distinction” (1976: 65). de Varent connects this notion with what she sees as a sweeping reproductive trend in the West, arguing that women who choose abortion are part of a collective death-wish. She explains,

In relation to the trend towards ‘zero population growth’ in the West, and the concomitant fear of the ‘population explosion’, abortion on demand could be the expression of the wish to act out individually and unconsciously a collective suicide. The submission of so many women to abortion practices might well be a form of deferred suicide, an unconscious protest of women against a world which men have made unfit for children to be born into or women to live in (65).

This passage is needs to be challenged on several counts: To feminists like myself, her argument is superfluous and unconvincing. Her choice of inflammatory language is, it seems to me, an effective way of strategically negating women’s individual experiences; it is clear that any experiential basis of de Varent’s reasoning is lacking. Her exaggerated representation of women who are secretly organizing to have abortions obscures many of the difficult emotional processes that women experience as they reach their decision to have an abortion. The concept of “Thanatos” from psychoanalysis appears to be co-opted to justify a political platform against abortion - that “Thanatos” actually explains the incidence of abortion among women is erroneous. The disturbing mixture of psychoanalytic theory with moralistic argumentation supports her poorly defended argument and merely slants the reader towards a subjective view that abortion should not be practiced. It follows that de Varent feels compelled to bring up themes

like suicide and death in an obviously “pro-life” discourse to reinforce her sensational position.

Apart from the loopholes evident in de Varent text discussed above, the main drawback with this text is that it makes it difficult for me to speak openly about abortion because of the stigma is attaches to any challenge of the “pro-life” defense. It constructs barriers for my expression because it targets my actions as blameful from the outset. It is clear that de Varent takes particular aim at criticizing feminists. She challenges her readers to question the feminist agenda in securing the right to abortion, implying that their efforts are not advances for the emancipation for women as they are often perceived:

Under the guise of liberating women, abortion maintains them in a state of infantilism. A woman who resorts to abortion to resolve an "accident" is actually delegating her responsibility to other people. She is abdicating her freedom in pleading irresponsibility for her actions. Feminists are demanding their right to self-determination and independence. A feminist who accepts abortion is denying another individual the right of self-determination. She is in fact adopting a chauvinist ethic. When women truly value themselves on their own terms, not on the terms of the patriarchal social order, they will value their unborn children (67).

The influence of de Varent’s approach to understanding abortion has implications for feminist activism. Her perspective is in my view rather sexist and she presents difficulties for the feminist project to defend the right to abortion and encourage support systems for rapid recovery. de Varent creates confusion. She is part of a backlash that misappropriates feminist concepts and language. She poses a danger because feminists may want to dismiss her rather than take up the challenging chore of defeating the logic (or lack thereof) behind the “pro-life” position.

Her attack on feminists working in the “pro-choice” movement is not to be taken lightly because it reinforces the paradoxical position in which activists find themselves. This paradox is that feminists often risk ignoring or minimizing the negative effects that abortion can have on women after the fact in order to diffuse the inflammatory debate provided by anti-abortionists like de Varent⁴. In so doing, feminists reinforce the oppression of women’s experiences. To defend and secure the availability of abortion services has meant, at least in the early part of the “pro-choice” movement, an unfortunate

⁴ I have met with a local abortion support group in Victoria and we discussed that because of the presence of “pro-life” activities against abortion our meetings would be kept underground, away from confrontation with them.

negation of the psychological and emotional struggles women can endure during and after abortion. I can speak frankly on this matter because in the early stages of my recovery I adamantly defended the “right to choose”, and yet could not speak about how disturbing “pro-life” rhetoric was to me emotionally. By not challenging the rhetoric that dismissed experience even within “pro-choice circles”, I was party to reinforcing my own silence.

The importance of the “pro-choice” movement’s initiative to combat anti-abortion discourse is not to be underestimated. I want to return to Petchesky (1986) at this point because she does defy “pro-life” rhetoric that constructs abortion as murder. Specifically, she rebukes the characterization that “pro-life” theorists have made about activists working to secure the availability of abortion services. She argues “only ‘right to lifers’ caricature the feminist position as dogmatic ‘pro-abortionism’ or some crazed baby-hatred” (1986: 378). The use of ideological terms negates any explanation of the concrete reasons why women require access to abortion services. It also glosses over complex social relationships that guide the conditions under which women become pregnant and seek abortion.

de Varent could be appropriately perceived as one of the intellectuals who has guided the direction of “pro-life” movement at least in the late 1970’s. Her style of criticism has stayed with the “pro-life” movement to this day. “pro-life” activists can be seen to be strategically attacking the work of feminists and through those attacks target women who have had abortions⁵. Many feminists have long since recognized some of the pitfalls in exclusively defending the “right to choose”. More work still needs to be done on protecting women from the attacks of “pro-life” activists, especially during the critical stages when they are seeking abortion services. The exact problem is the fear that when feminists draw too much attention to women often requiring pre- and post-abortion counseling “pro-life” activists will jump at the issue – arguing that the fact that women need psychological help reinforces the perception of damage done by abortion.

de Varent suggests that “when women truly value themselves on their own terms, not on the terms of the patriarchal social order, they will value their unborn children” (67). Submerged in this

⁵ Local demonstrations at the University of Victoria of “pro-choice” activism have been exposed to some of the tactics of the anti-abortion activists. For example, a “pro-life” club has attempted to acquire funding and were granted money despite the fact that the student government allegedly supports women’s right to choose. The club uses the freedom of speech defense to pin up disturbing messages on campus that reveal anti-abortion sentiment. These findings were gathered through my community work on campus as a

statement is the residue of so many years of history dictating that women obey the natural responsibility to motherhood over their individuality. Women appear to be characterized as accomplices in their own oppression. The solution, according to de Varent, is that women “truly value themselves on their own terms” - how can women do this if the society that de Varent envisions refuses to grant women autonomy over their own bodies? Fittingly, de Varent neglects to account for the responsibility of the father in the unplanned pregnancy. She claims that a woman who has an abortion is “pleading irresponsibility for her actions” (1976: 67), essentially blaming women entirely for the consequences of sexual intercourse with men. Without adequate qualitative data on women’s experiences, it appears unscholarly and rather judgmental for de Varent to make this claim.

However unsupported the arguments of “pro-life” theorists are, they, nevertheless, shape the way people come to understand the abortion issue as a whole. Perspectives that challenge the notion of abortion as murder are not able to claim “air time” in the cultural market place when women, like me, insist on staying silent. The very force of “pro-life” arguments and the sexist historical tradition upon which they rest dominates the public forum. It is something that feminists need to reckon with if they intend to continue protecting the right to reproductive freedom. Whether or not women personally endorse de Varent’s particular viewpoint does not alleviate the negative impact that cultural anti-abortion sentiment has on their lives.

Women who have had abortions can be confronted at any given moment with anti-abortion sentiment. It can be in the form of something small like a comment made by a significant other to something more serious like the slogans of “pro-life” demonstrators. For instance, the argument that the woman who aborts is denying another individual the right of self-determination is often greatly politicized by people who are against abortion. “Pro-lifers” speak about the fetus as if it is already readily accepted as “a person”. There is a difference between the legal and political recognition of the fetus. Abortion has been decriminalized - that is to say that it has been taken out of the Criminal Code. This suggests that the women who have sought abortion are no longer committing an illegal act. However, many “pro-life” defenders continue to speak of abortion as murder, accusing women of murder in this way implies she is doing something illegal which is essentially no longer the case.

The super-imposition of the rights of the fetus over that of the mother glosses over women's actual experiences. Fetal rights discourse is able to lend support to the anti-abortion debate by painting women who seek abortions as political enemies of "unborn children". Hunter (1981) suggests that fetal right activists perform this function by polarizing the abortion debate between the fear of uncontrolled female sexuality and the much-heralded "decline of the family". These two themes serve as cornerstones of the movement in North America:

Like the family, the fetus is considered a symbol. The fetus simultaneously stands for desire to regain traditional society and for hostility to feminism and free sexuality which threaten that world. Symbolized as a minute pair of feet and worn on a chain as a necklace, the fetus is a symbol of life, of the patriarchal chain of being and the wonder of life. Symbolized as a bloody mass of tissue in a plastic garbage bag, the fetus is a symbol of the costs of female sexuality let loose...(Hunter, 1981: 132)

Hunter agrees with Petchesky when he demonstrates that the fetus when used as a symbol serves the purpose of the anti-abortion position. It is portrayed as a living and vulnerable entity that is in need of outside legal protection (from the impregnated mother). The mother who wishes to abort is seen as threat to the unborn "child". As well, Hunter implies that anti-choice activists utilize the ideological image of the threatened fetus to incite a sense of repulsion in people against the practice of abortion. Far from fact, the sensationalized image of a dead tiny human is what appears in people's minds when they accept the "pro-life" symbol of the aborted fetus. Symbols, therefore, can be a vital thread in the production of knowledge that makes up ideological thinking.

Many supporters of morally based arguments against abortion have a tendency to focus their analytical discussion around the legally unprotected human fetus. Common to this position is the fetus that is defined as an abstraction, separate from women's experience. For example, Fairweather (1976) argues that abortion can only be valid if one refused to accept the possibility that human life begins at conception. The argument against abortion generally rests on the assumption that abortion is murder because the fetus is human at conception. A strictly theoretical understanding of abortion, such as this one, negates possible explanation that there might be real material reasons why women make the decision to have an abortion. According to Fairweather (1976), there is but one way to determine

whether abortion is right or wrong:

The validity of this argument must stand or fall primarily on the assertion that the fetus is a living member of our species from the time of conception...It makes perfect sense to say that we are all potentially dead, but it does not make sense to say that the fetus is "potential life" (Fairweather, 1976: 34).

Fairweather is not interested in accounting for women's social and economic dilemmas. The absence of questions on women's moral reasoning as to when it is right or wrong to abort a pregnancy is only part of what makes his argument indefensible. He refuses to address the notion of practical reasoning that does not fit within the confines of absolutist thinking. For instance, he virtually ignores the experiential value of women's moral reasoning – that women may place greater importance on questions of finance and family stability (i.e. social realities) than they would on the meaning of conception. They may also consider issues such as the effect of cultural ostracism on a child who is born in a socially and economically deprived environment.

Petchesky insists that an analysis of abortion must consider the difference in women's values and moral understandings. For example, women may view the practical impossibility of having a child in a way they envision children should be privileged to live – that is with adequate food, shelter, and support. These considerations form their moral reasoning around choosing abortion. To ignore the validity of such issues to negate women's experiences. Petchesky argues,

The absence of feminist questions is part of the cultural force that helps shape women's consciousness and maintain the continued gap between their actions and their political understanding. (1986: 378)

This point that Petchesky makes brings us back to the theme I have discussed earlier - "pro-life" rhetoric is a cultural force that organizes women's experience. A "culture" where feminist expression is marginalized erases the realities of the choices women need to make. The "fetus-obsessed" political climate in which women live does not provide a supportive model for the free expression of women's moral reasoning for choosing abortion. As Petchesky states, there is a gap between their actions and their internalized cultural values.

To accept abortion as a moral course of action, some may suggest that women need to reject the “fetus is a person” premise. Certainly Petchesky does. She frames the dilemma in feminist terms. The question, “is the fetus a ‘person?’” is borrowed from the dominant discourse of anti-abortion platforms, as is the question that asks: “do you think abortion is moral?”(378). Petchesky argues that because these questions do not encompass the social realities of women’s lives they do offer any understanding of women’s real everyday life conditions. Therefore, differently framed questions need to be explored. Petchesky asks, in feminist terms: “what would it mean to you to be pregnant when you didn't want to be and not have abortion available... Do you think whether you have an abortion or bear a child should be up to your husband, boyfriend/priest/parent?” (378). Providing a radically different conceptualization of the abortion issue, Petchesky opens up the opportunity for women to speak about their experiences. She points out that when we are only willing to talk about abortion in absolutist terms and unwilling to hear about the material conditions in which they take place, no compromise solution can ever be reached in the political arena. If seen strictly in the light of two diametrically opposed views of life, abortion will remain a moral controversy that excludes women’s needs.

Petchesky argues that this dichotomy exists because on the one side, “pro-choice” groups resist state control over women's access to abortion and stand behind the “right to choose”. They root their claim on the principle that reproductive freedom is integral to the actualization of full gender equality. On the other side, “pro-life” groups, she argues, counter with the claim that the right to life of the fetus takes legal and moral precedence over women's rights to self-determination. Petchesky explains that in recent years, there has seen an escalation of the ‘Pro-life’ life propaganda campaign depicting abortion as murder and fetuses as innocent babies. She does not specifically explain this trend. In my view, it could be due in part to the increase in some women’s career opportunities and the greater number of them choosing either not to have children, or to have children later in life. These choices, only recently available to women as a result of financial independence and abortion, disturb the social order that still tries to keep women in traditional patriarchal living arrangements as mothers and wives. Despite employment advances that many women have made, abortion continues to be viewed as murder which suggests that women themselves may be contributing to this climate that makes it difficult to speak about abortion experiences. As we have seen in de Varent’s (1976), analysis, she is an example of a woman

who contributes to the effectiveness of silencing experience.

The gap between the two opposing political camps is partially filled by Petchesky's proposal for a framing of abortion in her terms. Personal experiences are organized by the social and political climate in which women live.

Women internalise the dominant ideologies about abortion, blame themselves and get blamed, even though their economic conditions and other social pressures dictate a different course of action and a conflicting set of values (1986: 370).

Petchesky explains that an abortion decision can be a turning point in a woman's moral values. This theme returns us to Gilligan (1983) who sees abortion as a moment of moral growth. Unwanted pregnancy present a complex contradiction that forces women to quickly decide why it is that they want for their lives. Petchesky believes that women develop a unique reasoning power where, in a small period of time, women must contemplate two radically opposed ways of life – being with child or without. This consciousness is seen by Petchesky as ,

a series of negotiations back and forth between ideology, social reality, and desire...These negotiations result not only in a "decision" a discrete act, but often in an unarticulated morality of situation, of praxis, which incorporates social and individual need into the shifting ground of moral values" (371).

These "series of negotiations", according to Petchesky, are some of the practices that women are engaged in as they reason out the pregnancy dilemma. This process, she says, emerges out of individual consciousness revealing a sense of competing moralities. If the cultural climate is non-supportive to them, it is not surprising to find some women's experience adversely affected.

2.2 The Unpacking of the Language of Pathology

The discussion I have presented up to now has emphasized the need to look at women's experiences in feminist terms. I have focused primarily on an analysis of argumentative strategies that are used by theorists who covertly support an anti-abortion position to negate women's voice. We must now turn to a discussion of the number of ways that other theorists attempt to explain women's

psychological responses to abortion. In general, the focus of the analysis will be on how women's responses have been pathologized, most notably in the emerging debates on "Post-Abortion Stress" and "Post-Abortion Syndrome"⁶.

These are two important terms in the psychological and psychiatric discourses that are being used to "describe" women's reactions to abortion. Given that they are part of "theory" and situated within a particular academic and therapeutic framework, these terms possess a limited value for understanding women's actual lived experience. This is to say that the degree to which they hold a "power over" relationship with non-academic explanations, women's own explanations for their behavior and feelings are subordinated. I refer to these terms therefore as "colonized" concepts. The labeling of women's reactions are called into question in the following critical inquiry of mental health literature.

In the next section, I will present how some health practitioners misconstrue women's behavior, objectifying their experience by evaluating and assessing it under the guise of research observation to determine a psychological or psychiatric condition. Theorists have examined "conditions of sickness" in women who have had abortions that explain levels of psychological distress. Much of the literature in the field of psychology, nursing, and psychiatry says something about the emotional effects of abortion on women's well being, for the most part conducting an examination of the "symptoms" to identify women's troubles. The result of the tendency to focus discussion on women's symptomatic reactions is that theorists develop a pathology of women's experience. The discourse fails to consider the risks involved in treating women as patients for psychiatric analysis.

The focus of my review of this literature is to query the pathology framework of "Post-Abortion Stress" and "Post-Abortion Syndrome". These two terms refer to "conditions" that are employed in the discourse of theorists to define the complications women may experience after an abortion. The difference between these two terms is that the former identifies mild problems, while the latter is often used to explain complications serious enough that some writers argue for the detrimental effects of abortion. I intend to unpack these terms to demonstrate an understanding of the organization of experience and the ways women who have had abortions are socially constructed within the discourse. This will give a general sense of what the discourse suggests actually happen to women when they have

⁶ These terms pervade psychological and psychiatric discourses. They have helped "experts" explain the

abortions. Psychological terms are a part of the work process of theorists and abortions therapists for whom these terms are central in representing reality.

Freed and Salazar (1993) identify “Post-Abortion Stress” as a particular form of a larger diagnosis known as Post Traumatic Stress Disorder (PTSD). They argue that it is widely accepted as stress reaction that can occur anytime from immediately after the procedure to several years later. “Post-Abortion Stress” is caused by a woman’s inability to express her feelings surrounding her pregnancy and abortion (1993: 4). In other words, the condition is seen to be caused by women’s own silence – their lack of being able to express their feelings about their experiences. Post-Traumatic Stress Disorder has yet to be linked *directly* with women who have had abortions, yet Freed and Salazar (1993) suggest that women experience some of the same symptoms. The argument that psychological damage of is due to holding the experiences inside, ‘stuffing’ them down through various psycho-dynamics, or keeping the experiences subdued through addictive behaviors” (Bille, 1996: 19-20) may be applicable to women who have had abortions. I do not wish to suggest that we should accept that all women who have abortions experience some level of psychological damage. This is clearly not the case because many women would argue that they were unaffected by the experience. The point I wish to make is that these technical terms objectify women and medicalize their experience. Even if the findings of this condition has some merit (that some women are “traumatized”), the way that these terms characterize women is problematic and therefore need to be called into question

Bille (1996), writing from a nursing perspective in mental health services, explains that “PTSD can be identified by the development of a set of specific symptoms following a psychologically distressing event that is outside the range of ‘usual’ human experience. Post-Traumatic Stress Disorder is linked, in Bille’s text, with survivors of disasters, children who witness trauma and family violence, and rape and incest survivors. I would suggest that given the pressure on women to bear children as part of their cultural responsibility, abortion could be seen as out the range of “usual human experience”(19). Freed and Salazar (1993) suggest that women who have abortions experience similar symptoms as those identified by Post-Traumatic Stress Disorder. Intriguing about this connection is the argument that, for some, abortion is out of the range of “usual” human experience since most women continue with the

incidence of problems occurring in women after abortion.

pregnancies, or if they do not, they keep their decisions to abort very secret. Some women may indeed relate to the feeling of “stuffing” their experiences down inside of themselves or keeping them subdued through silence. Freed and Salazar (1993) claim that there is evidence that women do attempt to suppress memories of their abortion experience which is in part what brings on ‘Post-Abortion Stress’.

Waites (1993), a therapist, provides a definition of trauma which may shed some light on the possible connection between ‘Post Traumatic Stress Disorder’ and ‘Post-Abortion Stress’, although she, herself, does not make this link. She deals with the syndromes of rape, incest and battering. She uses a psychotherapy model for therapy and examines how victims are re-victimized by the activities of institutional processes where they seek help. Trauma is “an injury to the mind or body that requires structural repair” (25). She claims that a feeling of mental and physical disorganization is the main effect of a traumatic experience. From a psychological point of view, trauma can be classified in terms of a stress reaction:

Trauma impacts on learning and memory in a variety of ways, affecting exposure to or avoidance of information as well as the encoding, storage, and retrieval mechanism of memory itself. To the extent that information input is traumatic, avoiding such input is a straightforward strategy for moderating stress (26).

It can be argued that women who have had abortions may avoid settings where they know they will be exposed to anti-abortion sentiment. They may suppress memories of the surgery if it was experienced as a traumatic event and memories of the hospital experience if they were severely neglected or mistreated. If significant others fail to offer adequate or even any emotional support, some women may be inclined to deny or forget the hurt. Women may avoid speaking about their abortions for fear of reliving the stigma they felt at the time of surgery. Classic is the woman who escapes confrontations with traumatic reminder, for instance, the sight of mangled newborns advertised by “Pro-life” campaigners. This sight can have a debilitating effect on women. “The victim, may, in effect, try to live in a cocoon, walled off from the world perceived as dangerous” (Waites, 1993: 26).

Although there are conflicting opinions about how pervasive ‘Post-Abortion Stress’ actually is, Adler (1975), Marcus (1979), and Moseley et al. (1981) suggest that women experience a reaction that is either improved or worsened by their individual psychological make-up and immediate social

environment. In time, and with the help of counseling, most women learn to function very well with their abortion experience (Adler and Dolcini, 1986; Major et al, 1990; Russo and Zierk, 1992). Warden (1982) and Joy (1985) argue that abortion is an issue that needs to be grieved. Freed and Salazar (1993) and Michels (1988) encourage grief therapy.

The research on “Post-Abortion Stress” is varied, at times, even contradictory. Francke (1978) writes about her own experience in having an abortion. In the first instance, she believed she was making a necessary decision, only later to face intense feelings of doubt and remorse. In contrast, Zimmerman (1987) illustrates that while many women experience feelings of loss, ambivalence, anxiety and regret around the time of the abortion, the majority of women feel relief several months afterwards. The difference in response remains a puzzle for the reason that, as Zimmerman (1987) explains, abortion is still viewed as a deviant act and is not freely discussed in society.

Some scholars take very seriously the research that claims that having an abortion causes psychological damage in women. They argue that the stress experienced by women forms the basis of what they characterize as, “Post-Abortion Syndrome”. Some “syndrome supporters” even co-opt stories of women who may have been “relieved” but later “regretted” their decision, using it as political ammunition to defend a “pro-life” position (Reardon, 1987). Heavily influenced by a psychiatric discourse, which tends to pathologize women’s responses, the debate on ‘Post-Abortion Syndrome’ is taken up and appropriated by writers to whom the “pro-life” position appeals. In this highly charged politically inflected discourse, much has been written by people whose moral stance invades their examination of the issues one way or the other.

An example is Reardon (1987) who provides a series of interpretations of a collection of women’s stories. Clearly anti-abortion in his position, Reardon creates a skewed perception of these stories, emphasizing particularly damaging abortions and others that he views were coerced on women. His victim framework eliminates agency for women. While defending an anti-choice platform, he chooses to quote from writers like Francke (1978), a woman who expresses an intense remorse for an abortion she had originally felt reasonably content with.

Reardon (1987) takes the argument one step further, using women’s ambivalence about abortion as a weapon for political maneuver to advocate the banning of abortion. He strategically discusses the

term, 'coerced abortions', to manipulate and defend a political platform.

No psychological condition has ever been cured or alleviated by abortion; instead it is found that abortion sequelae worsens mental disorders and increases emotional stress. Psychiatric testimony suggests not only that mentally ill women should not have abortions, but also that mentally stable women do not need them. Truly stable women are capable of adjusting to an unplanned or even unwanted pregnancy quite quickly, especially if given the emotional and economic support which is necessary (178).

The above quotation is an illustration of propaganda. It generalizes the effects of abortion on women without adequately documenting how psychiatrists linked the stories that Reardon gathered with these conclusions about mental illness. It would be difficult for Reardon to actually prove that abortion is ever used by women to cure or alleviate a psychological condition, without actually interviewing women on this question which he does not do. He claims that mentally stable women do not need abortions. Couched behind a psychiatric defense, a judgement call and an impressionistic moral conclusion are made about what women should or should not do. Physical risks, issues of guilt and remorse, broken relationships and sexual dysfunction are used without substantiation as reasons why abortion should not be permitted.

There is a piece to the puzzle that Reardon does not see under the existing moralistic framework – that women may choose abortion out of a commitment to alternate life goals and out of a realistic assessment of their capacity to raise a child in a healthy environment. This aspect of women's reasoning we explored in the writings of Petchesky (1986) and Gilligan (1983). Not accepting that women who have had abortions may be feeling empowered by the choice, and not providing a supportive forum for their recovery, Reardon depicts women as victims and reinforces a commitment to control reproduction.

There are other controversial studies that claim women are deeply disturbed by having abortions and are believed to suffer from "Post-Abortion Syndrome"⁷. Baars (1979) argues that women develop psychiatric problems and suffer emotional pangs of what amounts to bereavement or self-condemnation, with severe psychological and physical manifestations. For example, Baars (1979) states that women

⁷ Nancy Michels (1988), a Christian writer of Helping Women Recover from Abortion, mentions Rue (1986) and Garton (1979) in her text as a secondary reference. (Minneapolis: Bethany Publishers, 1988, p. 50-54)

who choose abortion are selfish because they do not dedicate their life to raising their “child”. For him, a woman’s realization that she has followed an immoral course of action leads her to deep feelings of depression.

the bitter realization that she was not even unselfish enough to share her life with another human being will take its toll. If she had ever entertained a doubt as to whether her parents and others really considered her unlovable and worthless, she will now be certain that she was indeed never any good in their own or her own. A deep depression will be inevitable and her preoccupation with thoughts of suicide that much greater” (121-122).

Baars’ diagnosis is charged with hidden implications and attitudes about what women’s subscribed roles “ought” to be i.e. natural motherhood. Feminists would argue that it is crucial that discourses that appear to contain a covert political agenda (such as Baars’) are challenged. Specifically those that attempt to restrain women in traditional roles. The type of argumentation that nourishes the socialization of a society that continues to resist abortion services and stigmatizes women’s experiences must be called into question. There are also covert political agendas as part of a discourse defending either sides of the abortion issue - “pro-choice” or “pro-life”. The case in point is the danger to women’s rights that is revealed by Baars’ statement about abortion: “the bitter realization that she was not even unselfish enough to share her life with another human being will take its toll”. There appears to be a relationship between the diagnosis he makes about the devastating effects on a woman who has had an abortion and his (personal) repugnance toward the practice of abortion. He assumes that a woman is pained because she did not choose to put the life of the “fetus” before her own will. He leaves the entire issue of prevailing anti-abortion social sentiment, associated taboo, and devastating impact on women totally unexplored.

As feminist who has worked with other “pro-choice” activists, I would like to suggest that the reasons why women may be adversely affected by abortion may be entirely different from the conclusion made by Baars. That is, guilt, shame, and self-reproach may actually be **culturally-induced** symptoms from having to live in an anti-abortion political climate. The “pro-life” movement uses the findings on “Post-Abortion Syndrome” as a political weapon to ban abortion⁸. These strategies have made it difficult

⁸ Demonstrations in Vancouver and Victoria have used these strategies and have been seen by students and passerbys alike. For example, “pro-life” activists have showed pictures which incite fear in people. They

for me to discuss the fact that I may have had contradictory feelings about my abortion experience. As an “pro-choice” activist, I have felt that I had to inadvertently minimize or ignore the social and emotional repercussions I dealt with in order to diffuse some of the arguments on emotional damage put forward by “pro-lifers”.

“Pro-life” positions tend to ignore many of the social and political dilemmas that may arise when we try, as a society, to treat the protection of the fetus as paramount over women’s wishes – essentially interfering with women’s bodily integrity and right to and choice of personal lifestyle. This “fetal” line of thinking presumes that women should have children against their own wishes and aspirations, something that feminists have long decried. The freedom of mobility and lifestyle available to men is not seen as a critical condition of women’s lives. Feminists, in the early days of the “pro-choice” movement, pointed out that women’s natural ability to bear children should not necessarily, by an act of state intervention, sentence them to carrying every zygote and ultimately every fetus to term. Many “pro-choice” activists defend the alternative political and moral view that often there are extenuating circumstances that may prevent women from raising children the way they deem fit i.e. with adequate food, shelter, family network, healthy environment, and a willing mother. Luker (1984), for instance, has suggested that many “pro-lifers” believe that abortion is morally repugnant because motherhood is women’s natural role, in their eyes. The fetus must come first. A woman’s other aspirations are secondary once a pregnancy exists. We can see now how the pathological framework of Baars (1979) displays similar characteristics to the moral framework of de Varent (1976), discussed earlier in the discussion, in that they both fail to consider women’s social and economic realities and how they morally resolve such situations.

The discourse on “Post-Abortion Syndrome” carries remnants of age-old stereotypes of women as victims. It also reveals implicit ideas about women’s socially ascribed roles in a patriarchal society – i.e. the responsibility to bear children. With its heightened emphasis pathology, it has been shown to medicalize women’s abortion experiences. It has encouraged the “diagnosis” by experts of a clinical condition that is set within a psychiatric framework, rather than, for instance, a sociological analysis of women’s lives.

also display material that suggests women are damaged by abortion physically (Fieldnotes, Spring 1995)

One can still find psychoanalytic studies that contribute to women's experiences being pathologized within the context of their sexuality. A twisted sexualized picture of women and abortion stands in stark contrast to emerging feminist literature on abortion, and, there is, of course, a massive literature criticizing how psychoanalysis characterizes women. The popularity of these studies though, even today, is an excellent example of the kind of social influences that still prevail in shaping understandings of women's abortion experiences. It appears that psychoanalytic work on abortion does not depart from these by now well refuted arguments about women's natures and their motivations. As an example, the following quotation offers so peculiar a view of women as to be almost unrecognizable.

Women who abort repeatedly, may well seek to assert by these means, that despite repeated 'castrations' (abortions) they retain the capacity 'regenerate' the lost phallus (child); thus demonstrating they are 'uncastratable'. In such instances, the abortion is clearly is 'triumphal' one, giving woman the feeling that she is the (more or less) magical mistress of life and death including her own (Devereux, 1976: 44).

There are still others that try to characterize women who have abortions with a peculiar form of mental illness. Tunnadine and Green (1978) are a good example of the discourse that pathologizes women's experience. Particularly interesting about the passage below is the use of psychiatric labels:

The woman will thus develop a more deeply schizoid type of personality; emotionally cold; intellectual and and likely to be more clinical and calculating; unable to make close and worth-while relationships - an in-and-out attitude about life in all its aspects - jobs, friendship, men, institutions. Although superficially this may appear a good result, in that there is no breakdown or mental illness, personally to the woman it is a tragedy. She has been left with a hard, cold personality with the unlikelihood of ever achieving any emotional worth, attachment, or growth, which would allow her to progress to anything better. Many of the women in the 'crazy, and 'featureless' categories display such features (133).

This passage reveals the tendency in psychoanalytic discourse to evaluate women and abortion within a sex-focused and male-identified framework that conceals the sexism behind its discursively-organized gender role identification. Tunnadine and Green do not provide a term to explain the "deeply schizoid type of personality" of women who have abortions – only that they are part of "featureless

categories”(133).

Again, we can see why feminists have become aware of the vital need to politicize the added dimension of everyday reality. The attention in abortion discourse, at least in social-psychological studies, has turned away from the terms and conceptual definitions of psychiatry and moved toward an examination of social factors impacting women's experience. Adler's (1975) analysis is a precursor to studies that examine the social organization of abortion experience. It stands in striking contrast to psycho-analysis. Adler casts abortion in terms of internal and external conflicts that women experience when they make their decision whether or not to terminate a pregnancy. Abortion is conceptually identified as a stress experience that takes on two distinct shapes: first, on a personal level, women may experience feelings of regret, anxiety, depression, anger, and, doubt. These are the components of a woman's individual sense of loss, according to Adler. Secondly, through the abortion procedure and aftermath, women become aware of social messages. Women may experience guilt and shame, and may face people who openly show disapproval of their decision. This secondary response, at times very painful, illustrates how people can absorb external social meanings and definitions that society, in general, attaches to abortion. Feelings of guilt and shame demonstrate the degree of the impact of cultural definitions on women's personal perception of their experience. Often, the women who suffer are aware (and feel guilty) that they have performed a serious norm violation. Their experience is organized by the social stigma associated with abortion as murder. This rhetoric seeps into women's learning process at the same time they are making the decision that will affect the quality of the rest of their lives.

Major et al. (1990) and Russo and Zierk (1992) confirm the importance of a healthy social environment for women. They examine abortion as a stress experience using a psychological model of interpretation. Their findings suggests that emotionally unstable women will likely react to unwanted pregnancy in a disturbed fashion. Women who are deemed unstable and living in unstable and unsupportive living circumstances will most likely respond to abortion negatively. Their findings suggest that women who expect to cope well with abortion, generally do.

Major, Cozzarelli, Testa and Mueller (1992), social psychologists, find that women whose partners do not cope well with an abortion may be more depressed, particularly when the woman, herself,

is ambiguous about her decision. Women, whose partners have positive reactions to abortion, tend to benefit from their emotional support. Like Moseley et al. (1981) studies, these findings emphasize the importance of a supportive setting for women who have abortions.

Joy (1985), a counselor, argues that abortion is an issue that needs to be grieved. Her observations indicate that a typical response women have to abortion is emotional numbing. Symptoms of distress may surface only after months or years. For this reason, it is important that women be able to vent their feelings and frustrations in a safe place where they will not be judged or condemned. Joy's perspective supports the need for experts to value everyday experience, and yet, at the same time, she implicitly suggests that if women need to grieve, then they must be hurt in some way. This understanding denies to women the recognition that some may not be upset.

Whether or not we agree that there may be some women who are not upset about their abortions, Speckhard (1987) provides substantial evidence that most women attempt to keep the fact of their abortion secret. In her sample, some 89 percent tried to hide the fact of their abortion or to minimize it (42). She notes that women express surprise at the intensity of the grief uncovered by therapy.

Illsley and Hall (1978) provide insightful understandings of how much the abortion setting influences women's recovery. They argue that society exercises a cultural guilt-producing taboo for women who choose abortion. Joy's (1985) suggestion that women require a safe place to grieve is therefore not a probability in the *known* social world. Instead, a complex system of social control is operative in the organization of women's experience. According to Illsley and Hall,

guilt about abortion has been, and in most societies continues to be deliberately induced as part of a traditional system of social control. In such circumstances, it is superfluous to ask whether patients experience guilt- it is axiomatic that they will (1978: 12).

If we accept that women do live under a system of social control that *makes* them feel badly about choosing abortion, then, Joy's recommendation that abortion should be grieved is not likely to be able to happen. If women are constantly protecting themselves from attack how can they feel safe to grieve? On the flip side, perhaps there is social control so that women are encouraged to *believe* that abortion is wrong. We can assume, therefore, that guilt, shame, and self reproach does not exist in vacuum. The

practices and processes of social organization that organize abortion experience undoubtedly affect how women come to understand their own reactions. Mental health research reviewed reveal that people continue to believe that abortion is immoral and women who choose abortion are acutely aware of this fact. Women, sometimes, are socially constructed as an actual danger to the unborn “fetus”. For example, to call women who have abortions, murderers is to suggest that they do harm to children. They are perceived as threatening to the unborn child. These attitudes pervade the abortion controversy and make it difficult for women to openly grieve. Stigma is an added source of stress for women enduring an already difficult and emotional recovery process. This literature shows that the adverse psychological effects of abortion are, at least in part, culturally induced. This, in turn, might suggest that with time, if “society” were to become less punitive women who abort, we will find symptoms of “Post-Abortion Stress” occurring less often.

2.3. The Relationship between Pathology and Therapy

The studies on “Post-abortion Stress” and “Post-Abortion Syndrome” are controversial and yet, they are used, *un-problematically*, in the work practices of therapists in the therapy movement. The reason I use the term, “movement” to refer to the activities supporting abortion counseling is because of its close attachment to political initiatives, particularly Christian counseling and its association with the “pro-life” movement⁹. The theoretical literature shows differences of views on the degree of perceived severity in women’s reactions to abortion. Therapy literature, however, sets out to “help” women assuming a problem, at times even falsely characterizing them as victims.

For example, Christian therapy is described by Michels (1988) for women suffering with “Post-Abortion Stress”. Her book, Helping Women Recover from Abortion for Victims of Post-Abortion Stress, has important suggestions for women that include self-reflection and steps for personal growth. At the same time, this text explicitly depicts abortion as murder making it culprit to affecting women with the self-blame and self-loathing that it claims to remedy.

While most mental health studies, as we have seen, concentrate on abortion as a social welfare issue

⁹ For example, several churches in Victoria speak about the “pro-life” movement to their congregation and support members to get involved as activists. At the same time, they provide Christian counseling for women in the church who ask for it.

that requires health care services, Michels defines it as a serious absolute moral violation. She provides a self-help approach that depends on a Christian conception of abortion as sin. It urges women to take the time to ask for “forgiveness from Christ” and take time to grieve. This self-help text provides data on a number of women who have experienced mild to serious repercussions of “Post-Abortion Stress”.

On the surface, Michels’s work appears helpful for women. With deeper probing, we find that it captures one of the critical paradoxes of the “pro-life” therapy movement. On the one hand, Michels validates women’s experience and supports the trials and tribulations associated with making a life-altering decision. She provides help to women as they move through the grieving process. On the other hand, her work is a direct part of the fabric of dominant discourse that views abortion as murder. It is part of a social organization of culturally induced guilt mechanism operating in the larger society that encourages people to maintain the taboo around abortion and view it as deviant. I suggest that this literature views the symptoms of “Post-Abortion Stress” as women experiencing a kind of spiritual punishment for committing an immoral act - that is to say that women feel badly and experience difficulties *because* they have done something wrong. An example is how a Christian counselor may suggest to women to ask “God for forgiveness” which suggests they *need* forgiving and in fact have *sinned*.

Freed and Salazar (1993) is an example of secular writing within the “therapy” movement. These mental health experts have produced A Season to Heal: Help and Hope for Those Working through Post-Abortion Stress. This work is careful not to take a political or moral position on abortion. It does not tell women that abortion is right or wrong, it helps them to identify and articulate their feelings. By encouraging a restoration process in women’s lives, it provides a road map through grief and isolation. Most of all, these writers, both counselors working in the field of post-abortion health, honor the courage of women facing post-abortion struggles.

Adler and Dolcini (1986) suggests that with adequate care and support, abortion does not pose serious complications for women.

Although abortion is stressful for any woman, it generally does not pose a substantial threat to emotional well-being. The likelihood of a favourable outcome will be enhanced if she participates actively in making the decision. This in turn requires services that are accessible and that reach her relatively early. Ideally, the

family and partner of the young woman will be involved and support her decision. Service providers need to be particularly sensitive to the young women's need for support, taking the opportunity to sort out the conflicting pressures and determine what is best for her (92)

Although supportive to women, this approach seems to take away women's sense of agency and places them in a child-like relationship with professionals. By suggesting that if women participate actively in making a decision the likelihood of a favourable outcome will be enhanced, Adler and Dolcini seem to be patronizing women. The language used by Adler and Dolcini gives the impression of "infantilizing" women's role in the decision-making process. To speak of an ideal need for supportive families and partners does not explain why, in so many instances, women find themselves isolated. Adler and Dolcini emphasize the role of service and support providers, suggesting that they need to take "the opportunity to sort out the conflicting pressures and determine what is best for her". This last comment, although subtle, gives the authority over to others to determine what is best for pregnant women.

Marecek (1986) looks at women's stress from a different angle and proposes an alternative way of framing women's needs for counselling. According to her, it is not women's identity and self-esteem that are damaged by abortion, but, rather her relationships with those who disapprove of the decision are negatively affected. Marecek speaks as a psychologist and argues that to define women's reactions individually or separately from those people who have influenced her experience neglects to address the effects of the abortion setting. She states:

the interpersonal consequences of an abortion center mainly on the possible damage to the young woman's relationships if her abortion is against others' wishes or moral standards. One of the myths about abortion is that women feel deep regret and self-reproach afterward. The experience is expected to generate long-standing emotional damage (1986: 109-110).

I mentioned earlier that if we place too much emphasis on the findings that women are psychologically damaged by abortion, we run the risk of further distorting actual lived experience. It is intriguing to think that Marecek may be hinting at the possibility that women may feel compelled to have

feelings of grief and regret. They may fear being viewed as unfeeling in the face of negative onlookers if they suggest that having an abortion did not bother them. Living in a world of accused moral bankruptcy, they may wish to diffuse some of the comments made by “pro-Lifers” that abortion is murder and demonstrate an effort to feel some sense of remorse. Not all women are irreversibly damaged by abortion and Macerek’s analysis does, indeed, deflate the pervasiveness of psychiatric conditions like “Post-Abortion Syndrome”.

Shostak and McLouth (1984) investigate the vital role that men can play in women’s recovery from abortion. They encourage therapy for men who share in an abortion:

we begin to use the abortion drama to help men become better contraceptors, better communicators, and better partners... we may begin to reduce the number of abortion first-timers and repeaters. We may also lower the frequency of post-abortion breakups. We may even assuage the worst of the ethical and moral aftermath, for even the right decision is not necessarily easily made or lived with. Above all, we may help strength the nation’s commitment to legal abortion services (267).

Shostak and McLouth insist that the role men play in an abortion experience is very important. Their research suggests that partner’s reactions heavily influence women’s reactions. It is comforting to see that there are projects underway that encourage men to seek counseling for abortion. They suggest that if a couple receives counseling, it will likely reduce the possibility of a repeat abortion. What is implicit in this perspective is that abortion is conceptualized as wrong when theorists argue that we should prevent further abortions.

In summary, I argue that we should reject the pathology frameworks of “Post-Abortion Stress” and “Post-Abortion Syndrome” because of how they take precedence over women’s own understandings and women’s own voices. I have suggested that although evidence exists that some women suffer emotional pangs and, at times, even bereavement, we should not assume that all women are traumatized by abortion, as the “therapy movement” implicitly seems to assume. Furthermore, “trauma” is defined very differently by theorists than say, by women themselves who have had abortions, as I have shown in Chapter 1. The challenge of this section has been to show the links between the terms used to describe women’s responses and the faulty logic used by defenders of a moral stance on abortion (de Varent and Fairweather, 1976). As well, I have shown that any analysis that claims to account for women must

move away from abstract discussions of abortion as “right” or “wrong”. Rather, the focus must be on everyday lived reality.

Although there are a number of valuable studies that suggest the importance of investigating women’s reactions to abortion, even psychological discourses fail, by and large to offer women a strong voice. Instead, it offers discursively organized ideas about abortion without actually presenting in the text, itself, the standpoints of women who could say more about actual lived experience. Exceptions exist, such as the analysis by Gilligan (1983). Mainly though, the discourse carries ideas from religion, politics, and therapy *into* accounts of abortion produced. Even Petchesky does not go far enough. She lacks an analysis of the social organization of silence, for instance, which I have showed is one of the most important components of my experience.

The abortion debate remains incomplete. We need to turn to women themselves to understand actual lived responses to abortion. Their lives are organized somehow - their experiences arise out of actual material conditions. Exploring their “expressed” responses to abortion should tell us something about how they internalize their social environments and the “texts” which appeal to them most for an interpretation of that experience. I may be able to challenge the way theorists, such as Petchesky (1986), have failed to address the issue of silence, even when the abortion question is framed in feminist terms. To do this, I must let you “hear” the voices of (the) women who have experienced abortion and let you see how they socially construct *their* texts.

CHAPTER 3

METHODOLOGY

3.1 Institutional Ethnography

Dorothy Smith's *The Everyday World as Problematic: A Feminist Sociology* (1987), provides a blueprint for qualitative researchers interested in writing about people's experiences. I have selected *institutional ethnography* as the methodology of this study. It is an interpretive method of analysis within the non-positivist paradigm that adopts a particular research stance. The women whose lives we investigate here are participants, not subjects. This means that in institutional ethnography the researcher moves from a "woman's account of her everyday experience to exploring *from that perspective* the generalizing and generalized relations in which each individual's everyday world is embedded" (Smith, 1987: 160)

In Chapter 1, I provided experiential data about my own abortion experience. In demonstrating a set of puzzles, I developed a *problematic* that stands as an example of how to use Smith's methodology with "the aim to explicate the actual social processes and practices organizing people's everyday experience from a standpoint in the everyday world" (1987: 151). Methodologically, an institutional ethnography works from accounts of experience to accounts of social organization. In order to understand how other women's abortion experiences are socially organized, I interview four women. Within the stories of the women interviewed, I expect to hear from their perspectives how their abortions affected their everyday life. The question is, will the accounts of the experiences of these women who have abortions resemble the accounts of women's reactions as they appear in the theoretical discourse?

Smith (1987) explains that the social organization of people's lives extend beyond its experiential boundaries; thus so must the inquiry. Doing institutional ethnography

proposes an inquiry intended to disclose how activities are organised and how they are articulated to the social relations of the larger social and economic process. A sociology for women must be able to disclose for women how our own situations are organised and determined by social processes that extend outside the scope of the everyday world and are *not discoverable within it* (152).

Women are expert knowers of their lives. This is one of Smith's premises. The researcher must be able to take what women say about their experience seriously. This means being able to see that decisions and subsequent life actions are organized by processes that extend outside the everyday world. Women's experiences are organized by the social and political climate in which we live. According to Smith, ruling relations are carried into people's lives through interactive practices. Institutional processes are a property of social ordering; they are part of the work of "ruling" (Smith, 1987). These can include nursing care in hospitals, social science curriculums, and/or health policy decisions that inform the ways people understand the abortion issue. The ruling performed by the practices of social organization is hinged on the position and successful implementation of this specialized knowledge. Smith's theory is that is that ruling works to silence or subordinate everyday knowing, in the interests of dominant or official ways of knowing.

Smith argues that the work of ruling is usually not immediately visible to women - its invisibility is a distinctive feature of objectified forms of knowing that rule us. There are forms operating in our lives that we do not see but only experience as authoritative, e.g. psychiatric diagnoses applied to post-abortion women who are suffering. Once one becomes aware how objectified forms of knowing differ from women's ways of knowing, abortion experiences can be understood differently, perhaps revealing information *not discoverable* by a method of analysis that silences women as expert knowers of their lives. Listening and not dismissing, gathering and not erasing what information women tell about abortion is part of a sociology. Smith suggests when the researcher wrestles with a puzzle in social life, it teaches her "how to conceptualize and how to constitute the textuality...how to write the social, to make it visible in sociological texts, in ways that will explicate a problematic, the actuality which is immanent in the everyday world" (106). The writing of the *problematic* leads us to

an exploration of the relations by which that experience is organized and in which it is embedded. The movement of research is from a woman's account of her everyday experience to exploring from that perspective the generalizing and generalized relations in which each individual's everyday world is embedded (185).

By developing a language that explains the practices of social organization, Smith opens a place where women can speak about the condition of their lives. Women's everyday experience, coping with an

abortion decision, needs to be conceptualized and made visible.

The researcher must “move from particular experiences to their embedding in the generalizing social organization” preserving “a perspective in which we look from where we are, from where our respondents are, onto the larger landscape organizing and containing their daily practices” (Smith, 1987: 183). The problematic is therefore central to an examination of the relations between discourse and the actualities of living individuals because it expresses the disjuncture the woman feels between her lived experience and how it is talked about authoritatively (even by herself). It explicates the difference between embodied knowledge and administered reality.

Institutional ethnography is a way of doing feminist inquiry that explores sociological discourse from the *standpoint in the everyday world*. This standpoint provides a methodological orientation. It is where the *problematic* arises, referring to a disjuncture in everyday life. The researcher can, then, work “with the problem of going from the particular setting and experience to the generalized and generalizing relations of the apparatus of ruling and of the economy” (Smith, 1987: 147). She suggests that to explore particular sociological phenomena strictly within formalized discourse utilizing predetermined frameworks and operating definitions restricts the type of feminist inquiry she is proposing. A study that looks at the organization of people’s practices (as they are being played out in the everyday world) demands that we examine how experiences from an actual situation are put together to organize peoples’ behavior.

Research makes an argument that readers can see and make sense of – using the evidence supplied. In positive science, the “objective” researcher moves from a hypothesis to observables, back to theory, with data supplying real-world elements to substitute for terms of theorized relationships. In non-positivist analysis, like institutional ethnography, the researcher co-constructs the analysis, through discovering how to “make sense of” the puzzle she is interested in by seeing instances in informants’ lives. The theory of institutional ethnography (the premises) are that social life is socially organized and that social relations are coordinated actions engaged in by more than one person, across the boundaries of experience of one individual that shape that experience (G. Smith, 1995). The researcher sets out to trace elements of social relations in experience (talk) to find where and how other actions, as well as other actors coordinate with it. The purpose of institutional ethnography is to show how this experience is “coordinated”; it is not an *explanation* by referring to a body of theory.

Two premises of Smith's method need to be established. First, people are expert practitioners of their own lives, says Smith, but they know the everyday practicalities. Knowing how to carry out all the requirements that keep us interacting successfully to get our work done - buy groceries and pay the bills means that we understand "how things work" at a practical everyday level. Secondly, it takes specialized forms of analysis to trace the organization of the everyday world *beyond* the boundaries of experiential. This *is* the work of the researcher with special skills and knowledge. It does not come naturally - I have studied. Smith argues that in the organization of local activities, there are ruling relations at work managing social behavior in a particular way. Ruling relations order our lives in ways that are not in our interests, but in the interests of those who "rule". These ruling relations emerge from the practices of formal societal organizations that are part of people's everyday lives. Social relations of ruling are a "complex of organized practices, including government, law, business and financial management, professional organization, and educational institutions as well as the discourses in texts that interpenetrate the multiple sites of power" (1987: 3). Local experiences are mediated by the kinds of administrative activities and intellectual currents that allow large institutions to function (Note: that is what remains *outside* people's everyday knowledge).

In academe, the way that the sociologist speaks and writes about people's local practices when she discovers their complexities in field research has a distinctive effect on the type of knowledge she will ultimately produce. If she would like to produce the type of knowledge that is grounded in experience, Smith urges that she must be able to challenge the parameters of doing research within existing traditional sociological debates. When she is encouraged to understand the social world through accepted formal textual mediums such as specialized scholarly books, she will familiarize herself strictly with discourse, that is formalized and legitimated knowledge, generally part of an overall canon of writers on a specific subject. If the sociologist intends on closely observing and, in turn, representing the actualities of people living in the everyday world, as Smith intends the sociologist using an institutional ethnographic approach to do, the sociologist must be prepared to embark on a radically different fieldwork project.

Most people would tend to agree that the formal textual knowledge produced through academic discourse is very different from the daily conversations of the everyday world - the 'talk' as it is often called, even sounds different, expressing meaning and content distinctive to its narrative style. When

academics are writing for universities, they encounter a series of institutional processes that influence the product of their work. When discussing the behavior of people acting in a particular way in the social world, for example, for the purpose of a sociological report, academics generally refrain from using 'just talk' and opt for operating definitions, discursive frameworks, and data gathering techniques available in accredited discourses in the discipline.

The problem with relying on formal scholarly discourse and existing research methods to understand the social world is that theory intrudes into any real account being produced thereby constructing the very phenomenon we are trying to explain. However, when the *problematic* is defined by individual experience and used as research practice, it shifts our focus away from discourse to the informant's perspective. The inquiry is an explication, says Smith, of women's expressed practices. Generally, scholarly discourse offers an explanation of abortion, as a stress experience. Instead, I will explicate "how abortion actually happens to us" and what components of that experience make it a stressful event in our lives by studying the social relations that organize some actual responses. Discussing accounts of abortion strictly within an academic forum highlights explanation of specific responses without actually giving women a voice, or even having to. In discourse, the localized actualities of women's experiences are not a critical component of explanation. Smith explains, "local practices glossed over by the categories of the discourse are provided with boundaries of observability beneath which a subterranean life continues" (1987: 162). The processes of women's lives are concealed by discourse precisely because it recycles the actuality of experience into the forms in which it is recognizable within institutional categories.

"The distinctive property of the ruling apparatus is its capacity to organize the locally and inexhaustibly various character of the actual into standard forms of organizational action"(158). While the relations of ruling can be easily identified in the practices of bureaucracies referring to governments, academic institutions, and business corporations, these relations are harder to detect when they appear in people's activities in the everyday world. Smith's method allows the sociologist to identify how relations of ruling are operating in or can be said to permeate the informal conversations people engage in on a day to day basis. The way she recommends that we trace the organization of these social relations is by beginning the academic inquiry from a standpoint in the everyday world. Women's words are the basis of the analysis of abortion experiences.

Doing the kind of institutional ethnography that Smith envisions means learning how social relations are organized by (and organize) the ways that people live in particular ways. For example, a study interested in the organization of abortion experiences must examine, from the onset, how women conduct their lives during the abortion process (rather than, for instance, how they explain to themselves and others what they did). Women move through complex institutional procedures when they are making plans to terminate a pregnancy. Listening to women describe how they worked through these administrative processes in order to be successful in having an abortion is an excellent place to begin understanding the local organization of experience.

“The notion of ethnography is introduced to commit us to an exploration, description, and analysis of a complex of relations, not conceived in the abstract but from the entry point of some particular person or persons whose everyday world of working is organized thereby” (Smith, 1987: 160). Experience is not an object of inquiry, but as a dynamic point of entry where I, as the researcher, can begin by hearing and eventually understanding women’s practices. Smith suggests that if the researcher explicates the relations in which for instance the abortion procedure is situated, she will be able to explore how experience is organized by generalizing relations that constitutes its social organization. Traces will appear in the women’s talk.

Insight into the local organization of women’s daily practices can be used not only as a setting for data collection, but as an indicator of the type of ruling that is at work in that experience. This inquiry focuses directly on the social relations that are brought into being by women who make the decision to have an abortion. The women who have agreed to be informants in this study will be treated as expert knowers. However, their disclosure, alone, is not what makes up Smith’s notion of a sociology for women. It is the sociologist’s task to discover and demonstrate the workings that organize women’s actual practices and that are not immediately visible from their disclosures.

3.2 The Extra-Local Organization of Experience

“The extralocal determinations of our experience do not lie within the scope of everyday practices”, says Smith (1987: 161). Extra-local organization refers, for example, to the ordering of professional practices that organize the society and, in turn, the way we learn to “do things” in our

immediate lives. The way we live and understand the social world is influenced by extra-local practices. For example, being silent in our expressions about our individual experience is a demonstration of the work of ruling on our lives, i.e. the effectiveness of stigma in keeping us quiet. Relations of ruling organize people's everyday practices from outside that specific environment. The relations of ruling are what needs to be explored and explicated – how does the society in which we live influence us – our behavior, thoughts, processes, etc.

To finger-point how the relations of ruling organize experience, the researcher must be able to draw the links between the processes of social organization and the everyday world. Smith explains that the actuality of the local setting may be lost or altered to fit the parameters of professional practice, to “fit the work of ruling”. Once experiences are conceptualized through objective forms, personal expressions may lose their authenticity as professionally defined concepts and labels, i.e., “buzz” words begin to speak for real incidences in women's lives.

As we have already examined in Chapter 2, the label “Post-Abortion Stress”, is an example of a professional concept in scholarly discourse that explains women's responses. The purpose of writing an institutional ethnography is to show if this term is a form that will be seen to manifest itself in the social relations that organize women's perceptions of abortion experience. Despite Smith's suggestion that local practices are glossed over by the categories of discourse, an institutional ethnography can locate remnants of (women's) non-objectified experiences in the fashions of everyday speech. This “talk” provides the basis for building a sociology that can account for the actualities of post-abortion struggles.

An aspect of women's experience that has been glossed by institutional discourse is the nature of women's contradictory feelings towards abortion, as exemplified in my *problematic*. The difficult struggle women have in coming to terms with the abortion decision in a world that fails to account for this experience is obscured by institutional discourse. As theoretical labels replace and/or substitute for actual practices, most people outside the abortion experience are not equipped to understand how women actually live and cope with abortion in the everyday world.

Discourse, as we have seen in Chapter 2, has much to say about women and the local settings in which abortions take place, which, in turn, draws boundaries around experience. Discourse is also a method used by people, in professional practice to analyze experience. For example, therapists use “post-abortion

stress” to label women’s responses. “They provide analytic procedures for those settings that attend selectively to (work) processes, thus making only selective aspects of them accountable within the institutional order” (Smith, 1987: 162). My study examines how some institutional ideologies conceal the processes of actual women after their abortions. I demonstrate that women's experiences are anchored in material conditions (lived reality) that may not necessarily be visible. I analyze the women's material conditions and understand their lives from a vantage point that is anchored in the setting where the women in the study are in the process of recovering from their abortions.

Institutional knowledge has much to say about how women “do” this coping process after their abortions. I undertook this study wondering if there is for instance, a hidden part to women's experiences that is not and cannot be expressed by traditional categories of discourse. Smith says that we need to show how “the generalizable properties of social relations in the institutional mode are accomplished in people's actual practices”- that is – the study must show how women have “acted out” ruling relations.

There is an important distinction to be made between theorizing about a standpoint, and, working from a standpoint, to build a sociology. The standpoint of women, conceived by Smith, begins from a site in the body (experience) where we learn to center ourselves as speakers and subjects in our lives. This standpoint is dynamic and changing. Smith (1992) speaks about the significance of consciousness-raising groups in the 1960’s that influenced her development of this method of inquiry. She explains,

We sought our grounding in what there was for us when we took up the particularized, localized, felt experiencing of a subject who is not divorced from her bodily site of being...For me, the standpoint of women locates a place of inquiry before things have shifted upwards into the transcendent subject (Smith, 1992: 90).

3.3 Challenges Encountered when Writing an Institutional Ethnography

There is a challenge, a personal struggle to seeking grounding for sociological inquiry in ourselves as subjects when we have not yet been able to arrive at a place where we “see” the importance of our own site of being. For example, Brookes (1992) uses an autobiographical approach to explain the difficulties in speaking about child sexual abuse in the context of academic discourse. The challenge, for her, was being able to give credibility to the issues she

was experiencing as a victim of abuse when the discourse that surrounded her and organized her experience did not allow her to represent herself authoritatively. She speaks about women losing our own authority to speak in a world that is organized to reflect the male subject. Brookes confronted the difficulty in locating her female self in texts that describe and reflect male interest and experience. She explains, “not only must we begin the process of translating our experience to fit the dominant model, but we must do this from a damaged inner vision” (1992: 83).

I too found it difficult to speak as I first approached the subject of abortion. I lost authority over my own voice. This is a feature of how my experience was socially organized. Smith suggests that our experience grounds us, but if we are not in touch with our bodily site of being, i.e., our feelings about abortion, then it is nearly impossible to make that experience authoritative. We must question, from the outset, the invisible transcendent subject who authors language practices which exclude women’s voices from textually-mediated discourse. Once we are able - strong enough to be able - to look at our subjective experiences as sound expressions and legitimate forms of knowledge, then we can begin to see the organization of social life in which abortion is embedded. Brookes suggests that the first step is unlearning the male organization of dominant perspectives, including our own.

Brookes raises important challenges that are very pertinent to my study on women’s abortion experiences. Speaking openly as I have, about having had an abortion, is not something that women do very often in an academic forum. It is not considered “appropriate” as I have shown in my *problematic* in Chapter 1 – this study makes it appropriate. For me, disclosure is a necessary part of Smith’s method because it is the emergence of a story that can problematize my my previous silence.

In my experience, as in my study, I am not an objective observer. I want to know, “do others have the same feelings I have had...what happens to us?” Excerpts from a personal journal have been included below as examples of some of the challenges I encountered when I began to look from my experience:

Having had an abortion and doing a thesis on women’s abortion experiences is not fun. As a matter of fact, it is painful and I hate it. I remember when I first started doing

research, I found myself in the library looking among all these books - this mass of literature and I was paralyzed with fear. I looked at works on abortion written by the "experts", people I thought other people saw as important. I did not know who those other people were, I just knew I better read 'em! I felt this feeling of emptiness as I leafed through the pages. I remember thinking, "I am finding very difficult to concentrate, to relate to what I am reading... I have no place in these texts". I read about this subject of abortion which so many intelligent people seem to know something about and speak so eloquently, and I am not able to fit two sentences together about how all this stuff is making me feel. Something about how abortion is written up in scholarly books upsets me - for one thing, I am finding it hard to find examples of women's experiences. I find plenty of material about history, law and politics. There something about the way abortion is dealt with in professional discourse that fails to capture a facet of abortion that I came to be acquainted with - shame... I feel anger and shame all at the same time... I am academic who has been given the privilege to do graduate work and assume the role of a researcher. I have been trained, I have the intellectual tools for critical analysis and yet I feel I have no authority over the subject matter. How much do I have to read before I am considered knowledgeable about this subject or that I begin to consider myself informed? Do I account for anything? I feel I am denied access to own authority as a speaker. Why is this the case? Who or what is barring me from speaking? (personal journal, January 21, 1996)

Smith's approach demands that research attention be directed to the everyday. It is here where we can identify a disjuncture between what the literature says are women's reactions to abortion and what women themselves say is happening to them. This method allows us to explore the socially organized character of my informants' experiences. That can be contrasted to knowing it (experiences) through other methods of research that construct accounts on the basis of theory.

I can assume that abortion experiences are like any other type of experience, according to Smith, are made up of social relations enacted by women who live and respond to the social world in a particular way. "Social relations here mean concerted sequences or courses of social action implicating more than one individual whose participants are not necessarily present or known to one another" (155). As an active and socially organized part of human behavior, social relations are also part of institutional processes the same way they are part of everyday experiences.

The inquiry, then, is to discover how abortion experiences happen as they do. Contrary to traditional research that begins with the categories of formal discourse, this study begins with women's knowledge through experience. Smith (1992) warns that the feminist researcher working with an experience-based methodology must "be able to work very differently than she is able to with established sociological strategies of thinking and inquiry" (96). It is the subject's life, rather than the formal discourse on abortion, that stands as a point of entry where researcher can see a slice of social

organization.

Smith (1987) explains that

This is not to recommend a sociology concerned exclusively with the world of women's experience or with the subjectivity of the sociologist herself. Rather our search must be for a sociology that does not transpose knowing into objective forms in which the situated subject and her actual experience are discarded (153).

My study does not offer any "truths" about abortion responses. As an observational and qualitative piece, it offers an analysis of how four women's abortion experiences are socially organized. There is no single abortion experience that can speak for all women. The narrative form that has been used by my informants and written-up as central to the study method allows the researcher to maintain the active presence of her subjects throughout the research process. Smith (1987) explains, "the knower who is construed in the sociological texts of a sociology for women is she whose grasp of the world from where she stands is enlarged thereby" (106). The researcher forms an institutional ethnography based on beginning in what she is able to illustrate from experience. By becoming an insider to her informant's understanding of abortion, the researcher is able to identify with the experiential basis of her findings. Recording how an informant describes her real life abortion experience helps the researcher to discover from clues in those experiences the kinds of organizational and professional practices that have had an impact on her .

There is a danger in writing about (other) women's experiences, even when, one shares as I do, share a close connection to abortion. Smith (1992) agrees there is some risk in doing this kind of analysis; she says, even when the researcher attempts to discuss a topic in experiential terms, the structure of an academic study (interview questions, thesis format, etc.) can "professionalize" feminist work. This "professionalization" of feminist analysis results in the reinforcement of institutional discourse from where work of ruling can still proceed. To deal with this problem, Smith's (1992) method demands a high degree of reflexivity from the researcher. She must be able to recognize how feminists sociologists "participate as subjects in the orders of ruling".. Smith says "...it is always about ourselves as inquirers - not just our personal selves, but our selves as participants" (94-96). The work of a researcher is bound up in relations of ruling. Institutional ethnography does not make new meaning of the person's experience, but explicates

how their “meanings”/experiential knowings arise as they do (for them).

3.4. Selection of Informants

For my study, I needed informants who could offer insight into the *problematic* I wanted to explore. As I have discovered in my own life, something re-organized my own sense of comfort with my decision to have an abortion. I began to be secretive about my experience protecting myself from further pain. This puzzle needed to be explored and understood. I wanted to see if other women had had similar experiences. I therefore needed to find women who were willing to reflect on that experience. Through fieldwork opportunities, I met other women. I had initial discussions with a number of women where I presented my plans for a study and I explored to see if they had any interest in being an informant once they indicated that they had had an abortion. If interested, I conducted preliminary “discussions” focused on my topic of interest. It is crucial that to get adequate informants those chosen are knowledgeable in the area of my *problematic*. Four women who are able to speak reflectively about their experiences were selected. Other women who tended to speak about their abortion along with other severe personal problems (i.e. violence, divorce, abuse) were rejected on the basis that discussions diverted onto many unrelated themes and moved away from abortion experiences.

Out of the four women I interviewed extensively, I listened to their stories to hear, in them, how what had happened to them “organized” their experience. They had a range of experiences, a range of explanations, and a range of feelings. But within their stories there was, also, some coherence. This is what will be explored in my data analysis in Chapter 4. Therefore, in selecting informants, I determined that they were knowledgeable in the area of the study’s *problematic*: the contradiction I experienced between feeling content about having an abortion and finding myself needing to keep quiet about it. This puzzle that I am working with is how does this happen to me? Does it happen to other women? If so, how? What are the organizational or general features of this experience of being silenced?

Women have to know about this type of experience before they are adequate informants. Thus, it is crucial to understand that this study is not attempting to develop a causal explanation about women’s differential responses to their abortions. I explore not *why* they felt what they said they did rather their accounts of their experiences helped to enlarge my understanding of the phenomenon that I was interested

in exploring, that is, the pressures on women to keep their abortions secret.

In relation to what I was to discover about their behavior of not speaking about their abortion, it is understandable that few women that I approached were able to tell the story of their abortion. I am, therefore, particularly grateful to my informants.

CHAPTER 4

DATA ANALYSIS

My aim is to use Smith's (1987) lesson: begin in the *everyday world* to uncover the social organization of four women's personal abortion experiences. This is what distinguishes this study from the majority of abortion studies in scholarly discourse that we have reviewed.

4.1. Background on the Informants

The data I present from interviews with four informants include excerpts from actual conversations. I have included direct quotes that express the informant's accounts of her experiences through her own eyes. Each of the four research informants that have been interviewed has been given a make-believe name to protect her anonymity: Sam; Maria; Jane; and Fiona¹⁰. Each informant has had one or more abortions. They have agreed to share very personal information with me about what it was like to have an abortion and what it is like for them to live with that decision today. Some background information has been included below on each of the informants to bring us closer to the stories we are about to hear. The information that I was able to gather on each informant depended on how willing she was to give details about her life:

1. Sam is twenty-five years of age at the time she is interviewed. She has university education and works in the telecommunications industry where she earns a very good living. She is in a common-law relationship with a man. She had her abortion at sixteen when she was in high school. When asked about her abortion in the early stages of the interview process, Sam communicated that her abortion is not something that she talks to anyone about. Participating in this study is the first occasion that Sam has had to discuss her abortion openly and in significant detail. We see, here, the first instance of silencing. Sam pointed out that the subject was never discussed in any length with anyone, not even with her present common-law partner. The father was aware of her abortion. To this day, her parents do not know that she had an abortion when she was living at home as a teen. I interviewed Sam nine years after her abortion.

¹⁰ Informants' names are protected under ethical regulations. The subject of abortion also demands extra

She expressed that it was very hard for her to rekindle the memories. Her words were that she felt “very upset” speaking to me during the interviews. She did, however, add that she “believed in the research and thinks that it has practical applications”. I recorded data from four meetings with Sam.

2. Maria is in her mid twenties at the time she is interviewed. She is a mother of one son and is an undergraduate university student. After the birth of first child, she later had two abortion. She is no longer in an intimate relationship with the father. She was never married to him. Maria’s story is particularly interesting because she had her first abortion in a hospital and her second one in women’s clinic. She will discuss in detail the differences in her experiences. I interviewed her about a year after her last abortion and had one formal interview with her.

3. Jane is seventeen years old when I interviewed her. I interviewed her immediately before and after her abortion. At the time of this interview, she lives with the father. She told her parents about her pregnancy and they supported the abortion. Jane informed her boyfriend before her surgery. (I am aware that she left her boyfriend about eight months after her abortion).

4. Fiona is forty-seven at the time she is interviewed. She has been a professional counselor for twenty years and is the mother of three children. She has had multiple abortions. Not all the men involved were made aware of her abortions. The exact number of abortions is not pertinent to this study. Her participation in this study is related to my desire to include the perspective of a woman who has had more than two abortions because I would like to show some of the emotional and social issues that Fiona has dealt with during recovery.

4.2. SAM: INFORMANT 1

At sixteen, Sam did not tell her parents about her decision to have an abortion. At twenty-five, Sam has yet to inform her family. The following story starts when Sam realizes in the fall of 1987 that her period (menses) is very late. She commuted to school in those days and used to pass by a pharmacy in a train station that had a sign posted that read: ‘Pregnancy Tests available here’. She explains,

I brought my urine sample to the counter and waited. It was the only place I knew, I didn’t even think to go to a doctor’s office. When I found out I was pregnant I just started bawling! When I

discretion for the informants because of its emotional content.

calmed down, I thought, I have to get rid of it... No one was going to stop me. My boyfriend was Catholic and didn't really agree with abortion. I couldn't deal with any people at that point, I made him make the appointment and I had it done. He didn't even show up, I was alone in the waiting room. The hospital was very professional, sanitized, and cold. The procedure was not bad, it was afterwards... There was no one waiting for me, there is no one saying, 'you are going to be OK. There was no one to say: 'You made it!' I didn't care if people judged me - I wanted to get 'in and out' as fast as I could. I was divorced from my body...I remember three people around me during the procedure...my legs up in stirrups...I was so uncomfortable...I just closed my eyes and imagined that I was somewhere else. After the surgery, there were other women in the room who also had abortions. I didn't want to talk or look at other women. One woman said to me: 'Are you alright?' I thought, what a stupid question - I am crying, I just had an abortion and so did you, and of course I am not all right. I couldn't believe she was trying to make conversation. I did not feel like chit chatting. I just wanted to get out of there.

Sam had to skip school without her parent's knowledge in order to make her abortion appointment. She wrote a forged note to the principal to give herself the afternoon off to get the surgery done.

The secrecy added to the stress. I had to worry about being expelled and my parents finding out. The next few days were extremely traumatic. I had the abortion on a Friday and I was on the train going to school on the following Monday, I felt this wetness under my tunic in my underwear. When I got to school, I rushed to the bathroom and there was blood everywhere. The blood had coagulated so it was gel. There was so much blood I could not even cup it in my hand. I thought I was going to die... I thought, I'd see how it goes... I'll go to the hospital if I feel severe pain...I did not know this could happen...I was not sure what it was. The most convenient thing was to forget about it.

The physical trauma after an abortion (i.e. excessive bleeding), as physicians do explain, is not unusual. Sam could not gauge the severity of her body's reaction. She did not know if she was hemorrhaging, if there was something wrong or whether this episode was part of what having an abortion was all about. Interestingly, Sam did not call for help. She was afraid to seek attention from the school nurse for fear of recrimination. The sight of the blood petrified her but seemingly not as much as being found out. She did not even call her family doctor. She attempted to forget about it. Sam did not even tell her boyfriend about this episode. She explains,

He was consumed by his own guilt. He said to me: 'You killed my baby', I suppose in anger. I did what I had to do. It was not some flighty thing I had done. Before the abortion, I was happy-go-lucky...It is one of those hard knocks that makes you mature over a weekend. I had to take off my rosy glasses and realize, this is real life...this is my shit...my problem...I had to take care of it myself.

Sam appears to have this notion that her pregnancy was entirely her fault and her problem. By not being able to tell her parents, she lacked emotional support during these critical days. So, definite

about her decision not to carry through with the pregnancy, Sam managed to cope with the reality of having to go through the emotional process alone. I asked Sam why she thought that she had to take care of the situation herself. She describes her feelings toward her boy friend:

He was pissed off about being in the situation altogether. He resented me. I called him a shit head, I told him, 'I don't know why I am with you, why are you even here?' I loathed him...he wouldn't leave. I told him, 'I hate you', and he still would not go. He would turn every-thing around, and say, 'no, you don't hate me'. I had a need to be by myself. You have to be able to nurse yourself before you think about another person. Other people's problems and reactions is (sic) just another thing to deal with.

When asked if she had told any other mates since her abortion experience, she said that she had:

They all said, 'Oh, I'm sorry' kind of thing. And that was the last time it ever came up with anyone. It is an easy way out; you don't have to confront what is inside. That goes for both me and them.

I asked Sam if she felt she was traumatized by her abortion and whether it is upsetting to talk to me about it.

Definitely...Definitely true that I was traumatized. Women are traumatized emotionally, physically, and spiritually. When it happened I thought it was going to ruin my life. Now, I think if I had a baby it would change my life. When I get my pay stub, I think well...that is enough to support a child on. I would not do it again. *I see it (the abortion) as a mistake...But I don't think about it. I am blocking it out (emphasis mine).* What is the point of rehashing it? I saw it as a learning experience, I told myself, 'move on.' I guess there are drawbacks to that - it is festering inside me - I am colder for it. There is stuff buried down deep. I don't feel I can open up. I have a secret all of sudden. I am slightly reserved. If the topic came up, somewhere else, I would be really quiet. There is this idea that contraception can be 100%. People's minds are just shut-off. My parents are floored by the fact that I smoke. I knew one person who had an abortion but I never talked to her about it. Sometimes I see a movie and it brings it up, something in the newspaper. When I see a single woman getting pregnant I feel for them. I feel a twang in my heart. But I step on it and forget about it - forget it ever happened...ignore it.

The information that Sam gave me on her abortion, is, as she put it, "part of the process of understanding what happened to her". At sixteen, the extent of therapy she was offered was birth control pamphlets. She says, "I did not receive any counseling before or after my abortion".

I asked Sam how she felt about the fact that there was no help available to her:

I have the thought of being all alone in the world. I think about it as a time when no one was there to catch me. It comes back to me when I talk about my abortion. I have never felt all right about seeking help. I still feel very unsafe about telling outside people about my experience. My upbringing taught me if you go and seek help it is a sign of weakness. I am from a middle-class family - we are a family that pulled ourselves up by our own bootstraps. Any kind of counseling was a humiliation to my parents. It was not acceptable to my parents. I had poor self esteem at that age. I was also very adventurous. I am not blaming my parents but because I was adventurous, I wanted to try things. When I was caught I was made to feel humiliated and it screwed me up. When you feel humiliated, you resent that humiliation. It led me on an adventure to rebel against it. But it is a vicious circle. My abortion was a hard lesson. *I never*

regret what I did - the reasons why I chose abortion were important to me (emphasis mine). I wanted to be a successful woman - an independent person who does not rely on anyone. When I was sixteen, I did not want to be dependent on anybody and I did not want anybody to rely on me. Not having an abortion would have hampered my life goals. The minute I found out I was pregnant I knew I wanted to have an abortion. Having the abortion was not a bad thing. It was afterwards that was hard for me emotionally. It is something that has shaped me. It made me all the more determined to do what I wanted to do with my career. I feel that I am very much on the journey to reaching my long-term goals.

Sam explains that despite the pain of the abortion aftermath, she is content with her decision years later. What she regrets is having had to go through the ordeal – the nuisance of it. In an earlier quote, she states that she “would not do it again” (p. 52) - that is - have another abortion. Does this reveal a contradiction in her experience? She, later, clearly states that she is content that she did not have the child. She says, “I never regret what I did” (p.53) Although she feels “content”, there is something lingering, untouched that is troubling or unfinished. We can see a paradox: Sam says, “there is stuff buried deep down. I don’t feel I can open up. I have a secret all of a sudden” (p.52). She admits that she maintains secrecy about her experience at the same time as feeling satisfied with her choice not to have a baby at sixteen.

The abortion sealed my determination. I made a conscious choice: why throw away the choice to pursue certain goals when it was such a hard decision to make? I put the abortion behind me...It was an act of taking control of my life...I was not going to be a runaway train and throw my hands up in the air.

When asked what kind of impact her abortion has on her present life, Sam explains,

It made me more of a withdrawn person, I guess. I did not want that part of me to come out - don't want that history to come out of my personality. I want to conceal it...You never know who you are talking to. Some members of society won't accept you... you tell your neighbor and she knows someone at the corporation (where) you work and your career is in jeopardy. Even if you made a mistake way back...I made a cold decision. I was in situation x and I had options y and z, and I picked y. I dealt with it in a professional business-like manner. It was black and white to me. My mind and body had to be disconnected. But the healing has to occur on both sides. How can you split mind and body to make an decision...I am disjointed...eight years later...I am dealing with what has happened to me. I never allowed myself to think about it. Why make myself upset - that it is wrong. I worry about being fertile, about maybe having screwed up some of my equipment.

This last passage is critical to understanding the paradoxical nature Sam’s abortion experience. She clearly states that she is content with the fact that she pursued her goals and decided coherently that she was not prepared to have a child at sixteen. As she moved through her life as a career woman she felt compelled to keep her abortion secret. She says, “I did not want that part of me to come out – don’t want

regret what I did - the reasons why I chose abortion were important to me (emphasis mine). I wanted to be a successful woman - an independent person who does not rely on anyone. When I was sixteen, I did not want to be dependent on anybody and I did not want anybody to rely on me. Not having an abortion would have hampered my life goals. The minute I found out I was pregnant I knew I wanted to have an abortion. Having the abortion was not a bad thing. It was afterwards that was hard for me emotionally. It is something that has shaped me. It made me all the more determined to do what I wanted to do with my career. I feel that I am very much on the journey to reaching my long-term goals.

Sam explains that despite the pain of the abortion aftermath, she is content with her decision years later. What she regrets is having had to go through the ordeal – the nuisance of it. In an earlier quote, she states that she “would not do it again” (p. 52) - that is - have another abortion. Does this reveal a contradiction in her experience? She, later, clearly states that she is content that she did not have the child. She says, “I never regret what I did” (p.53) Although she feels “content”, there is something lingering, untouched that is troubling or unfinished. We can see a paradox: Sam says, “there is stuff buried deep down. I don’t feel I can open up. I have a secret all of a sudden” (p.52). She admits that she maintains secrecy about her experience at the same time as feeling satisfied with her choice not to have a baby at sixteen.

The abortion sealed my determination. I made a conscious choice: why throw away the choice to pursue certain goals when it was such a hard decision to make? I put the abortion behind me...It was an act of taking control of my life...I was not going to be a runaway train and throw my hands up in the air.

When asked what kind of impact her abortion has on her present life, Sam explains,

It made me more of a withdrawn person, I guess. I did not want that part of me to come out - don't want that history to come out of my personality. I want to conceal it...You never know who you are talking to. Some members of society won't accept you... you tell your neighbor and she knows someone at the corporation (where) you work and your career is in jeopardy. Even if you made a mistake way back...I made a cold decision. I was in situation x and I had options y and z, and I picked y. I dealt with it in a professional business-like manner. It was black and white to me. My mind and body had to be disconnected. But the healing has to occur on both sides. How can you split mind and body to make a decision...I am disjointed...eight years later...I am dealing with what has happened to me. I never allowed myself to think about it. Why make myself upset - that it is wrong. I worry about being fertile, about maybe having screwed up some of my equipment.

This last passage is critical to understanding the paradoxical nature Sam’s abortion experience. She clearly states that she is content with the fact that she pursued her goals and decided coherently that she was not prepared to have a child at sixteen. As she moved through her life as a career woman she felt compelled to keep her abortion secret. She says, “I did not want that part of me to come out – don’t want

4.3. MARIA: INFORMANT 2

Maria has had two abortions: the first in a hospital, and the second, two years later, at a clinic specializing in woman's health care. Maria spoke to me about the differences in the two experiences. She describes her hospital experience as very negative, while her clinic experience, she said, 'is what led her to resolve, in part, her feelings around abortion'. It is very important to analyze what it is that made the two experiences so radically different. Maria expresses that the settings in which she had her abortions had a significant impact on her recovery. Her abortion at the women's clinic was infinitely better care.

Maria admits she agonized over her first decision to have an abortion. She was a mother of a two and a half-year-old boy and was, as she put it, "already equipped with diapers and gear". She said she was "torn 50%-50%" between keeping or terminating her pregnancy. She saw her decision as something very subjective, moving through the process of assessing the pros and cons. She evaluated the status of her intimate relationship with the father. She said she burst into tears when she first found out that she was pregnant and said in the interview that, for her, "it was a good decision to go with her first instinct". When she became pregnant with her first born, she was delighted - there was no question that she would have it. In her second pregnancy, she explains that she "was caught in the morality issue, even though pro-choice". The contradictory feelings she felt were amplified by the fact that her mate expressed that he wanted her to have the baby. He also said he supported her having an abortion. She wanted to move quickly through the emotional process, and described herself as "very pragmatic about the whole thing".

Maria continues:

I remember I felt very embarrassed and very ashamed about it. My girlfriend offered to take care of my son while I went to my appointment. The night before my abortion the same girlfriend called up and said: 'Be sure and say good-bye to the baby...' I found her remark very upsetting. I shed so many tears. I think she was vicariously processing her own unresolved issues about an abortion she had previously through me. It could be that because she, unlike me, did not have the experience of a first born. She may have felt a deeper sense of loss - a loss of potential. I was choosing not to have a second child, while she had aborted her first.

Maria's girlfriend was her only support. Her mate had flown to Ontario to see his grandmother during the time of the surgery. It was not clear if it was a joint decision. Maria decides as she put it, 'to do the hardest things alone'.

This is between my body and me...it is an intense intersection of body and mind. I was unsure about my decision walking to the hospital - the thought: 'should I...shouldn't I' ran through my mind over and over. I made my final decision based on my first instinct.

Maria's ambivalence is quite clear in the above passage. In the moments prior to surgery, a woman can still change her mind and so this period is very tension-filled. I asked Maria about what happened when she got to the hospital. She explains that there were other women there for the same procedure.

I found the whole process of wearing the green gown, the paper hats, the slippers was all so de-humanizing. And the waiting...I was glad I had brought books as my girlfriend recommended I do. I was afraid that these two women who were talking about a knee operation were going to ask me why I was in the hospital. I stuck my head in my book.

Maria feared that other women would find out she was having an abortion. This fear suggests that Maria somehow believed that her actions would be judged negatively. She describes how the hospital atmosphere made her feel:

The hospital environment was negative and alien. The nurses were judgmental. I had internalized my shame...I was dirty...yucky...this idea that the abortion was potentially immoral ran around me...all those things come together...it is not something to celebrate...it is something I brought on myself, not like a cancerous tumor which I could feel was not my fault.

Maria expressed, "abortion is an incredibly personal and private choice. I felt like I was in mourning". She remembers very clearly being left totally alone in a hallway - left there outside the operating room's door. She was about to enter "the world of surgery", as she termed it. The doctor, who was a woman and a prominent speaker on abortion rights in the city, consoled Maria on the operating room table and offered her an opportunity to change her mind. After the surgery she woke up from a general anesthetic:

My perception was confused. I felt disoriented, groggy and vulnerable. One of the most upsetting parts of the experience was the response of the nurses on staff.

Maria said that she was barely recovering when one of the nurses exclaimed, "No sleep time...sleepy time at home!" The nurse put her bags and her shoes on her chest and told her to get dressed. She had no one to pick her up, so a taxi was called. She was trying to stay lying down when, as she put it, "a huge old Sikh man" walked into the room. It was the taxi driver. "I felt wretched as I went out the door". She explained that she always tried to maintain what she called a "be brave ethic" so she got dressed, put on her shoes and went into the elevator with the taxi driver. He asked her: "Why are you in the hospital?"

She responded: "Ah...tumor" and placed her hand on her stomach. Not one more word was said about it.

Maria's response, above, to the taxi driver's question is very curious. It appears as if Maria makes a conscious and deliberate step to conceal the fact that she was in the hospital to have an abortion. She indicated in the interview that she was not prepared to disclose her abortion and that it was easier to pretend her visit was the result of a tumor. One could suggest that the fear of the taxi driver's negative reaction to her being in the hospital to have an abortion motivated Maria to be secretive and avoid undue stress.

In retrospect, Maria remembers thinking her first abortion in the hospital setting was an "incredible violence" to her body, as she put it. She also remembers that her mate pressured her a great deal. He called her after her procedure and said, "I was hoping you wouldn't have it." She explains, below, the lack of support she received from the father:

He was not really kind or compassionate, not empathetic...nothing like, "what can I do for you?" None of that...not anything like: "can I make you dinner?". I felt I had to console him around his process.

Maria's remark is an important part of this analysis. It captures an aspect of Maria's experience that reveals that she was expected to deal with the pain of the abortion decision by herself (not because she would not have appreciated support from others, but because she was in the predicament that she received little support from significant others). Her decision to do the "hardest things alone" may, like Sam's "choice", not really be her decision at all. When she needed people, they were not there. She says, "I had to console him (the father) around his process" which suggests that he required care-taking and was not emotionally equipped to help her.

As we piece together Maria's stories, we are left with the following images: the nurses' insistence that Maria speed up her recovery, not allowing her to sleep in the hospital; the taxi driver's intrusive question about why she was in the hospital; her girlfriend's earlier advice to say goodbye to the baby; and, lastly, her boyfriend's machination to make her feel guilty. Each incident is a part of Maria's troubled experience that added to the stress she had to endure during the abortion process. It is not surprising that Maria may be motivated to keep her abortion a secret when the people in the abortion setting who are closest to her demonstrated such little empathy.

While the first abortion, Maria concludes in the interview, was an "an unhappy chapter" in her

life, the second one was a better experience. For one thing, she was not so ambivalent. Maria had a second abortion two years later. It took place in a woman's clinic that Maria found offered her the needed support and non-judgmental attitude that she had longed to have.

My second abortion two years later with the same mate was a totally different experience. When I found out I was pregnant, I was furious at myself. I knew right away that I would have an abortion. My relationship was not solid at all. I felt grim. I had had sex with him when I did not really want to and I felt that this was a punishment for my betrayal of my body. I had adopted the attitude - "Oh well, I'll have sex with you, Tony, because you want to and we have not had sex in so long". Sex was like eating dinner...a kind of obligation...

Readers may find that a query here about Maria's comment on the "betrayal" to her body may be order. One cannot be definitive but it seems that there are some unresolved issues revealed in this passage about the sexual dynamics between Maria and her partner. She seems to suggest that the sex was not entirely wanted on her part but she went ahead anyway and satisfied him sexually because he wanted it. She obliged him and perceived her unplanned pregnancy as a punishing consequence for that unhealthy decision. She betrayed her body by putting his needs ahead of her silent feeling that she did not really want to have sexual intercourse.

I did not press Maria for more information because I felt I touched on a highly sensitive issue that might lead the interview in a direction that did not relate the subject of abortion. I moved the interview to questions about the abortion setting.

Maria describes the treatment she received at the women's clinic:

I felt I was very well treated. They asked me when I made the appointment if I wanted an anonymous message left on my machine if they had to call. This really respected my privacy and took into account the personal dynamics a woman might be facing at home. There was a lot of communication with the women at the clinic. There was hand holding, and I was able to see the tissue in a Petri dish after the surgery. I felt connected to my body and felt like an agent. I see my second abortion not as violence against my body but as real cleansing. I am not new age, but it was like a religious experience...I drove and took the ferry by myself. It was pouring rain, and it felt like a cleansing...my experience was sanctified by the rain...I viewed it as an empowering experience...I refused to victimize myself or pathologize the experience by acting like an invalid...I insisted on driving myself home.

Maria explained that during her second abortion, her mate planned a trip to Ontario a second time and he took their son with him. She said that she had sex two weeks after her abortion with her mate.

During intercourse, I felt my uterus seize up and I felt horrible cramps. After that, I began to see penetration as violence. When it happened he reacted helplessly, and was very afraid and said: "oh...call the doctor...call the doctor". I found that experience very traumatic.

It looks as if this sexual episode influences Maria's feelings about sex, in general:

I thought later about whether I wanted to be a part of the heterosexual nuclear family or whether I wanted to explore other avenues. After the birth of my first child, the desire for heterosexual sex had eclipsed. I never really enjoyed or desired sex after the birth of my son. The physical intimacy between us (child and mother) was an amazing sacred thing and heterosexual sex seemed profane and absurd. A big pressure dynamic for sex influenced my second abortion experience. I thought that I did not want to be the wife and mother who had to validate his sexiness and manhood. The whole thought of it began to repulse me. I really thought that my abortion was a punishment for regressing into having sex with a man again.

After her first baby, although Maria had sex with the father of her child, there were times during the relationship where they were separated for a time. This was especially the case after her second abortion, which culminated in them breaking up entirely. During those times, Maria was sexually intimate with women. This is the way she thinks of it:

I thought my abortion was punishment for not being a pure lesbian. I have betrayed my body by having sex with him when I did not really want to.

It is important that it be noted that I am not treating Maria's interpretation as either "the truth" or a resolution of her "body betrayal issues", but simply how Maria sees what she is doing. Given Maria's complex post-abortion responses, I wondered if she had been influenced by some of the tactics of the "pro-life" movement and their perception of women who have abortions. I asked Maria what she thought about anti-choice activism. I asked her if she had had any confrontations or any related problems with it:

When I took the trip to go and get my second abortion at the clinic, I was armed to face pro-life demonstrators. I was ready to yell and scream at them. I had had an earlier incident where I saw a man with an anti-abortion sticker. I walked up to him and asked him how he could be like that when he was dealing with women's lives! I was so furious at the arrogance of his point of view so blatantly advertised; I wanted to use a baseball bat on him.

When asked about her own politics, she clearly describes herself "as a feminist opposing the politics of the pro-life movement. To have an abortion as early as possible is the "least morally repugnant". She found, however, "how I saw the fetus did not affect my decision to have an abortion". She explains, "I consciously marginalized the rhetoric of the "pro-life" movement and viewed them as fundamentalist Christian freaks".

Maria explained that her second abortion took place in a feminist setting. She did not feel judged even though they were aware it was her second abortion. Being able to see what they took out of her body in a petri dish made for a radically different experience to the one in the hospital. She explained,

"I felt I had some spiritual resolution for my abortion. I realized that the rhetoric of the pro-life movement with all its sensationalized propaganda about the fetus was far from accurate. I chose to look at the Petri dish". Maria made it very clear to me that she felt that there had been a great deal of communication and openness at the clinic. This more supportive setting attributed to her second abortion being a more supported experience than the first one she had had in the hospital.

4.4. An Analysis of Sam's and Maria's Narratives

Sam and Maria's stories offer insights into the important issues that I am pursuing. Both women speak about concealment – how they took steps to keep their abortions secret from outsiders. Their experiences were shaped by the abortion setting. The responses of the people around them influenced to the way they learned to cope during the early pregnancy and after the abortion. Although both women commented on the tactics of the "pro-life" movement, revealing what they thought of the confrontation with oppositional forces, but they did not see the anti-abortion sentiment of the movement as central to organizing their experience. I would like to suggest that the anti-abortion sentiment in organizational practices was closer to Maria's and Sam's experience than they would have supposed. My analysis suggests how negative social attitude about abortion did, indeed, affect how both women learned to deal with their abortions.

4.4.1 Themes of Secrecy and Silence

Sam speaks about the concealment of her abortion. Her description of her abortion experience is very powerful because we can see how she was very much in isolation as she worked through her emotional trials and tribulations. Sam states very clearly that it was not "the procedure that was bad, but afterwards..." The incident on the train on the way to school and the discovery she makes in the school washroom by herself was especially traumatic because she was in ignorance of what was happening to her. The fact that she was so scared and yet so entirely alone in her experience testifies to the shroud of secrecy surrounding the abortion experience. The stigma and shame attached to going public about her abortion was seen by Sam as more fearsome than the danger of remaining silent about her health concern at that moment in the washroom.

It is important to note that this theme of secrecy has continued into Sam's adult life. Throughout the course of the conversations with me as the interviewer, Sam oscillates between saying that she does not want to think about her abortion to defending the reasons why she pursued that route to terminate her pregnancy. On the one hand, she has no individual regret; she is proud to have pursued her professional goals. On the other hand, she clearly states that she is aware that she has kept her abortion experience concealed from other people. Sam expresses, "I did not want that part of me to come out - don't want that history to come out of my personality". We can see a contradiction in the experience of a woman who is content with the fact that she did not carry the pregnancy to term, yet is reticent about it, insisting that she keep her abortion a secret.

4.4.2 The Impact of Social Attitude

In different ways, Sam and Maria reveal that they are aware of the political anti-abortion climate shaping their experiences. Sam explains that "they (pro-lifers) scare the living daylights out of me". Maria, on one occasion, chooses to confront a man on the street displaying an anti-abortion sticker. In this instance, Maria shows us that she will not be intimidated by anti-abortion advertising and will take measures to protect her freedom of choice by speaking out and confronting an adversary. Yet, even though she claims not to believe the pro-life message, when Maria has her first abortion in the hospital she expresses paradoxically, "I had internalized a sense of shame". These two pieces of data demonstrate to us the contradictory nature of her experience. Maria describes her psychological preparation for the attacks of pro-life demonstrators outside the abortion clinic. She explains that she armed herself for what she perceived as the ensuing struggle. She is very much aware of the hysteria surrounding abortion. Similarly, Sam's dramatic metaphor of herself being "wrapped in a scarf facing a mob" reveals that she was conscious of anti-abortion sentiment in the world around her and the need to hide herself behind a scarf to fend off attackers.

Interestingly, Sam makes a remark towards the end of the interview after we had spoken about pro-life messages that she believed that this study is "trail blazing". Aware of the anti-abortion climate in her immediate environment, Sam expresses that women coming forward to speak about their abortions in a setting that does not judge them has important applications for give a new and positive meaning for their

experience. She seems to suggesting that if a woman feels unable to safely share her abortion, she internalizes a sense of shame about the event. Sam and Maria spoke about their pregnancies being their problem, their fault. It would seem that in this instance, we see a commonplace version of the discourse of academics like de Varent (1976) permeating (the) women's understanding of their experiences. Sam speaks about an inability to discuss her feelings in depth with her mates, increasing her struggle to keep the memory of her abortion hidden. She mentions that she does not feel safe revealing herself. And Maria spoke about her abortion being her fault. She says it is unlike a cancerous tumor that would not be considered her fault. She tells the taxi driver that she has a tumor when she confronts him in the elevator. This response demonstrates the beginning of her learned silence. She could have told him it was none of his business. But she specifically said it was a tumor and consciously hid the fact that she had an abortion.

4.4.3 Relationships and Sexuality

Some connections between pregnancy, abortion and sexuality is can be drawn from the data. Abortion experiences arise in the context of family values, sexuality, self-esteem and relationships. Both Sam and Maria make references to the relationship with the men involved in their pregnancies. These concerns raise an important direction for this study about the personal nature of loss. Gilligan (1983) is important to bring up here in the analysis because we can see in (the) women's stories how they express their brand of moral reasoning. After her abortion, Maria started to question her reasons for being in a heterosexual relationship. She explains, "the physical intimacy between us (child and mother) was an amazing sacred thing and heterosexual sex seemed profane and absurd. A big pressure dynamic influenced my second abortion experience..."(p.62) It is not surprising that an abortion and/or the birth of a child can transform the way a woman feels about having sex with men, in general. Both of these events render a sense of loss of sexual freedom on the part of the woman who has to endure a pregnancy and later raise a child, or deal with the trauma of an unplanned pregnancy only to face the stress of an abortion. Sex takes on a different picture, altogether a more complicated one.

Certainly in my own case, I found that intercourse became a serious stress issue that encouraged me to question the logic of having sex of that nature. Even the comfort I had felt in having sex before my abortion disappeared - intercourse became a traumatic experience. I was fear-stricken and tense, and I

questioned if any type of physical pleasure exceeded the fears I was experiencing about another unplanned pregnancy.

Maria speaks about her feelings about intercourse after her abortion. She explains, “I felt my uterus seize up and I felt horrible cramps”. It is unclear if these symptoms were a result of the physical trauma of the abortion on the body. She goes on to say, “after that I began to see penetration as a violence”, implying that sex was not pleasurable after she had had her abortion. After the birth of her first child, Maria suggests that “the desire for heterosexual sex had eclipsed”. I would have liked to speak more about Maria’s decision to move away from heterosexual penetration because it has important considerations for improving the current social experience of abortion. Maria did not speak at length about her leaning towards lesbianism. She did mention, however, that she had intimacy problems with her mate after her abortions.

Sam addresses the concern for loss. Although she frames her experience differently than Maria, speaking about the loss of youth and precipitated maturity, Sam points out that having an abortion accelerated her into adulthood faster than she had anticipated. She experienced a loss of youth and innocence (both considered prizes of patriarchal femininity), expressing that she had to “take off her rosy glasses”. I can personally identify with Sam’s description. When I had my abortion, I was left with the feeling that I was damaged goods ...I felt like I had a strike against me. Like me, Sam had difficulty acknowledging or even processing her feelings of loss. She believed, as I did, that since she chose to end her pregnancy she had no right to grieve. This belief is exemplified by that fact that she refused to seek help (i.e. counseling) and her insistence on forgetting about her abortion.

Sam and Maria both speak about the effect their abortions had on their relationships with their mates. In different ways, Sam and Maria have indicated that they felt they did not receive support for their stressful ordeals. Their abortions changed how they related to the men in their lives – for example, Sam refrained from discussing her abortion with any mates following her abortion. Maria indicated that she needed to “console him (the father) around his process”. This suggests that she felt pressure to caretake the man even though it was she that had to endure the direct physical, let alone emotional stress, that abortion can bring about. As well, Maria specifically expresses that she felt pressure to have intercourse with her mate. I would like to suggest that this story tells us something about what she *knows* is socially

accepted and “proper” womanly behavior and how she herself rejects these constructions and, yet, is still organized by them. Her social experience is wrapped up with pressures to behave sexually like a receptive girlfriend. Sam in a different way responds the pressures of her relationship. She explains that she could not get rid of her boyfriend when she wanted to be alone to nurse herself. She is aware that she must focus her emotional resources on herself, yet she confronts conflict rather than support from her boyfriend. We can conclude from Sam and Maria’s struggles that abortion brings an onslaught of other emotional problems which women must be able to resolve to make sense of their experience.

4.5. Jane: Informant 3

The following story told by Jane need to be distinguished from both Sam and Maria’s for the reason that Jane was interviewed for this study before her abortion and immediately after surgery. It differs also from the point of view that I was not able to acquire as much detail in the interview process as I was for Sam and Maria. Jane was reluctant to reveal as much information. While Sam was interviewed nine years after her abortion and Maria, more than a year after hers, Jane’s experience was captured in interviews as the abortion was happening. The crisis situation might have had something to do with the fact that the interview being more brief. I would like to emphasize the importance of having spoken to an informant during the abortion process. Jane is teenage girl who agreed to be a research informant when she was pregnant. I completed two interviews with Jane: one about a week before her surgery and the second about a week after her abortion.

Before I interviewed Jane, I explored an interview technique that took into consideration the fact that Jane was “in crisis”. The interview took place at the time that was making her decision of what do about her unplanned pregnancy. Jane confided in me that she was pregnant and explained that her boyfriend and parents were also aware. The first interview dealt primarily with Jane’s conflicting emotions and coping strategies to deal with the crisis at hand. Jane indicated that she was interested in being a part of my study. Inwardly, though, I felt that she just needed to speak to someone – anyone who would not judge her. Jane is a young woman with whom I became personally acquainted during the course of my data collection. I was able to interact with her both before and after the abortion. My

“interviews” with her are less formal than with other participants.

To make Jane feel at ease during the interview process, I shared with her much of my own experience and validated many of the conflicting emotions Jane was dealing with. I became involved as a support for Jane through the ordeal and was instrumental in assisting her make contact with a doctor who performed abortions.

During the first interview, Jane demonstrated that she was very capable of making her own decisions. In front of me, Jane systematically went through the pros and cons of having and raising a baby. It appeared that she was leaning toward making a decision to have an abortion. I recommended a good doctor that was female and sensitive, and told her that she would “hold her hand” through the ordeal. I helped her schedule her appointment and kept in contact with her during this time. We did not know each other very well, but I appeared to be the only female supporting her during this crisis. I had a tricky role to play as both a researcher and a quasi-support/ friend at this point in Jane’s life. I have reflected since the interview on the issue of how I was part of the social organization of her experience. I was very conscious of wanting to be a positive organizing feature rather than part of the work of ruling that made her life stressful. As it turned out, I learned a good deal about how ruling relations operate through this particular interaction.

As I listened to Jane’s story, I learned that she and her boyfriend lived together, and she was working two jobs as well as going to high school part-time to finish her grade twelve. The boyfriend was a musician and did not bring in much money. She appeared to carry the financial load. Jane indicated that she planned to make an appointment with the doctor. Our conversation ended abruptly and I did speak to Jane again until after the fact. I met her, accidentally, shortly after her abortion. I was driving along the road and Jane was sitting in the rain waiting for the bus. I gave her a lift; she thanked me and said, “Joe has the car”. I said, “how is life” and asked how she was coping with “stuff”. She said that she had been laid off. I asked if she felt she had recovered from her abortion that was just a week ago. She said,

I guess...I feel depressed and I don’t even know why, like I’ll be doing something and I’ll want to sleep and get away...I am really bitchy to Joe no reason.... I’ve been going to sleep with my clothes on...

Jane’s response is intriguing because part of her feels something is wrong with her, but she is not

capable of determining the source of that feeling. The issue of wanting to escape becomes evident in her comments. She possesses a desire to sleep, to hide, and to conceal herself. I pushed a little bit with my questions and felt an anxiety inside myself that she might think that I just wanted data for my project.

Jane goes on to explain:

I feel a lot of shame. I want to forget everything, bury it. I feel I have no right to be upset, like I am disturbing the people around me with my shit.

Even though I was a researcher conducting a study, I really hoped that she would get the right message that I wanted to hear what she was feeling because I distinctly remembered the loneliness and pain I had felt a few days after my abortion. I told her that it was okay and that she had reason to be hurt. Now that I reflect on the comment I made I realize that despite my effort not to be a part of the work of ruling, I recognize that it is impossible not to be (Smith, 1987). The fact that I said that she has reason to be hurt is an example of my role in organizing her experience that *presupposes* that abortion *should* be a difficult emotional procedure. Although my intentions were good in that I wanted to validate her pain, I became the very thing that my methodology has taught me to watch out for. My supportive and understanding response could be a reinforcement of a taken for granted social view of abortion; this is an instance, I think, of how dominant and negative views are circulated and inculcated. I was the instrument, in this case, in spite of my best intentions. I am emphasizing this because of its importance to my analysis; it begins to explain the question I had at the outset about my own altered feelings about abortion

It was not clear in the conversation where her boyfriend's responsibility figured into abortion. It appears as though from Jane's remarks that she felt entirely responsible. This self-blame is an important point. Jane expresses that she feels she has "no right to be upset". Why is this the case? She knows that she went through a serious ordeal, however, she is putting expectations on herself not to be upset and she is blaming herself for being upset. She insisted that she "loves Joe completely". The question that came to my mind is: why is Jane insisting that she loves Joe, especially since she also remarked that Joe drank more heavily during the pregnancy and abortion. Jane says, "I felt I had to be the strong one. Even dad fell apart during the ordeal."

This last comment is a very important piece of the story. Jane had the reactions of others to deal with as well as her own self-criticism to contend with. When outsiders became weak, Jane felt a responsibility to be strong. Jane mentioned that both her boyfriend and her father supported the decision

for her to have the abortion. Their positions were clearly made known to her and inevitably shaped her response to the feelings she had about the pregnancy. She said very pragmatically,

I did not want to get attached to *it* (emphasis mine), so I wanted to schedule my appointment to have an abortion - that way if I went through with it I would have a spot, and if I didn't, I could just back out which is better than not scheduling at all.

Jane demonstrates through this last remark that the fear of getting close to her pregnancy was ever present. Making the decision to schedule an appointment required Jane to act in a logical and systematic fashion even though she admits there was a part of her drawing closer to the pregnancy. In this instance, we can see the emotional conflict that Jane faces throughout the decision-making process. Despite some ambivalence, Jane decides to go through with the abortion. Upon being asked what the hospital setting was like for her, Jane comments that "it was not so good". Jane said that "the doctor did not hold my hand as you said". When I was trying to support her I had promised her the doctor would take special care and as it turned out the doctor did not comfort Jane as she had me. Jane remembers the green mouthpiece, the "mask" as she called it on the doctor's face. Jane wanted the doctor "to hurry and put me under anesthetic". "The waiting was the worst", according to her. When Jane woke up from the surgery, her boyfriend, Joe, was not beside her bed. Jane explained that the nurses "made it a real problem to go and get him to bring him by my side". The issues that Jane raise in this paragraph refer to the impact that the abortion setting had on her sense of well-being. She failed to receive the comfort and support she required to make her feel that the hospital was good to her during her surgery.

I asked Jane if she felt judged by anyone for having an abortion:

I don't know if I would want to talk to anyone about it, rehash everything. I don't know if I want people to know...you know how people can use things against you...

This last remark suggests to me that Jane already had an acute awareness of society's potential judgement upon her. She had some concern about how and what she said about her abortion would be used against her. I asked her about how her boyfriend was reacting to her now. She explained that she "doesn't talk about it anymore with Joe... I figure that he thinks it's all over with". This is a vital point because it illustrates that because Jane is not comfortable talking about the problems she is experiencing she senses that Joe feels the anxiety is all over and done with. His lack of attention to the issue reinforces Jane not being able to talk about it. Jane comments that the title of the movie, "Nine Months" which

celebrates motherhood, upset her while it was in the theatres. Even the name of a movie as a reminder of babies was a trigger for Jane.

4.5.1. The Theme of Ambivalence

Despite Jane's decision not have a baby, she appears to reveal some ambivalence about the abortion when she speaks about her boyfriend's existing child. On the one hand, Jane explained that she wanted to finish high school. Her reasoning to not have a child came from her not having a career or any money. She "couldn't" have a baby for these reasons. She didn't want to be on welfare and be a single mom. On the other hand, she specifically says, "there would be a good age difference between (it) and Gabriella (her boyfriend's other son) who was one and half." This statement shows that she does contemplate having the baby. She considers the possibility of what it would be like to continue with the pregnancy. (His son was living with his last girlfriend, the child's mother, so the connection Jane makes with the age does not make much sense). It appears to be an emotional contemplation.

Jane's interaction with her mother was brief but reveals a significant impact on Jane. I asked Jane directly about her mother's reaction to her pregnancy and Jane explained that she spoke to her, she says, "only once". Her mother blurted out that she didn't "want anyone other than her and her brother". Her mother made her position very clear, she was not in favour of continuing the pregnancy, nor was her father or her boyfriend. Jane did not make it clear to me whether the position of Jane's family and boyfriend heavily influenced her decision to have the abortion. Earlier in the interview, Jane indicated that the reasons she went through with the surgery depended on her commitment to finishing high-school and pursuing some kind of rewarding job in the workforce. What is abundantly clear to me, though, is the presence of other forces making Jane feel bad about herself. Jane says, "I feel guilty telling people about my problems". This remark suggests, to me, that Jane does not give herself the freedom or the right to openly act sad, angry, and hurt. Jane may not have been given the opportunity to experience her pregnancy in a way that was free of outside judgement and/or emotional intervention because those around her instantly vocalized the opinion that she could have an abortion, and downplayed the option of continuing with the pregnancy. Despite the fact that Jane experienced no outward recrimination from family members for choosing the abortion option, Jane explained that she felt "ashamed". Jane started to

cry at this point:

I feel like I am a bad person. I did something wrong. I had to focus on having an abortion because I was not able to have a child so I could not let myself think about that fact I might want the baby. I feel very sad when I think about that I had an abortion. There wasn't anyone around who could understand...really understand. Well, you were there...but...

Above, Jane illustrates the combination of shame and self-criticism she felt about the abortion. She was forced to suppress and deny her growing attachment to the “baby” to be able to go through with the abortion. The fact that Jane felt isolated and misunderstood suggests that her decision to have abortion created a sense of estrangement in her from those around her. Gilligan’s (1983) notion of “moral reasoning” is clearly at work. The feeling of wanting the baby was indeed present in her, as is the case with many women, but circumstances prevailed to motivate her in the opposite decision. Her immediate family took on what could be considered a “pro-choice” position but did not provide a supportive network for her to depend on. In the following sentence, Jane captures the isolation of her experience, “I sat in my room alone and thought about what to do”. “Pro-choice”, in practice, carries many complex issues, many of which, have been illustrated by Jane’s story. Her environment was “pro-choice”, that is, she had some measure of support, and yet, she still internalized negative attitudes and behaviors from those around her.

Jane’s story is remarkable because her participation in this study has given us a window in her life at a time when most women’s actions would be hidden from public gaze. It is unique from the point of view that we were able to hear from the informant both before and after the abortion, giving the reader an opportunity to learn about the battle that a woman can face when she is drawn toward her pregnancy emotionally but away from it, logically. We can appreciate the fact that the decision to have an abortion, in some but not all cases, demands a suppression of maternal feelings of attachment to the pregnancy. The denial of that attachment, in Jane’s case, has had repercussions for her recovery. Her story suggests that she has yet to come to terms with issues of self-blame.

4.6. Fiona: Informant 4

The stories of Sam and Jane reveal that they each had only one abortion. Maria had two abortions and from her story, we saw how her experiences differed in the hospital and clinic settings. It is important for this study that the experience of multiple abortions be carefully considered to show that the

individual circumstances of each abortion affect the way women will respond. No single abortion experience is the same. There is, however, one similarity between all the informants' stories. Each woman took measures to conceal their abortions – they learned not to talk about their feelings and not to disclose the details of their experience. In Fiona's story, I will draw attention to the compelling reasons why a woman who has had more than two abortions is even less likely to speak about her experiences given the serious stigma associated with being a woman who has had multiple abortions.

Fiona is an example of an informant that can offer a perspective on the experiences of having multiple abortions. She will contribute to this study less of a detailed story about each abortion as she will offer a window of insight into how she has coped with keeping the information secret. Fiona provides personal comments on the meaning that abortion has had on her life. As well, she informs us about the lack of opportunity she has been given over the course of her life to speak about the fact that she had had more than two abortions.

Ultimately, what is intriguing about Fiona is the reasons she gives for having found herself pregnant when she did not want to be. Much of what Fiona said in the interview with me would be controversial to some because she is defiant, seemingly proud, to have had her abortions. It is vital that she is included in this study because her story reveals how stigma actually works to silence even women who are perfectly content with their abortions.

4.6.1 The Socialization of Shame

Most interesting for my inquiry about what Fiona has to say is the way she frames abortion not as an individual mistake but as a social problem that society as a whole must reckon with. Her insistence on placing her own abortion experiences in the context of the larger socialization of women has revealed to her important facts about how she found herself role playing as a young woman and responding to men's wishes for sex.

Fiona coins the term, "gender shame" to describe her reaction to being pregnant and being denied control over her body, ultimately being left with the decision to have an abortion. She says,

In my life when I was young there was shame around sexual information. Growing up we did not have specific words to describe our sexual organs – they were referred to as "private parts". No one taught me a language that acknowledged my body. Sexual body parts were not be discussed. In turn, no sexual information was available in an

open healthy environment. Everything was learned through experiment. There was a shame around me trying to say "no" to boys when they wanted to touch me. Parents were not meeting my emotional needs so I sought it out in boys. Bodies give attention. Females are "victimizable" long before the point they become pregnant. The next step females are told she cannot have an abortion.

According to Fiona, she lacked control over what was happening to her body. In retrospect, she says, she "believes that she fell victim to an environment, a culture that expected her to please boys and (later) men sexually". She goes on to explain, "women do not become victims once they become pregnant and have an abortion. Girls are socialized into being victims...when we become women we are unable to fully determine what happens to our bodies". In Fiona's view (and I agree with her about this) by unexpectedly becoming pregnant women demonstrate a lack of conscious decision-making power to control what happens to the body. Intercourse is submissively accepted as part of becoming a woman. For instance, the risk intercourse entailed did not figure into Fiona's choice of action when it came to her accepting a man into her body. Fiona argues,

Telling a woman that she cannot have an abortion after she made the mistake of having intercourse is a way of controlling not only a woman's body but the rest of her life.

Fiona argues that this type of socialization encourages women to believe that we "choose" motherhood as a natural part of female fulfillment when, in fact, a social norm actually encourages pregnancy by stigmatizing those who "choose" abortion to remedy "their" mistake. For Fiona, making the conscious decision to have an abortion (more than once) placed the responsibility of agency back into her own hands. In defiance, Fiona says,

Abortion represents one piece or place where I could have a say over my body...the last bastion for having any control. I needed to say "no" sooner...say no to intercourse, even if I wanted sex. To say "no" to abortion is the wrong place. I had no fortitude to say "no" sooner.

Fiona explains that it is not her first abortion that made her a victim as some may suppose. She explains that she felt victimized by the way that she perceived she was supposed to behave toward men's sexual advances. She was not empowered enough as a young woman to overcome the pressures imposed on her, instructing her in subtle ways, to respond submissively to intercourse. "This lack of strength", as she termed it, combined with a lack of information about the dangers of pregnancy resulted in more than one unwanted pregnancy:

I felt victimization to “date” rape...not having the strength... again. I felt I didn’t have a choice. I felt victim to cultural genderization. Abortion is the product not the cause of victimization. Abortion is the last chance to say “no” to being victimized.

Fiona’s own interpretations and rationalizations are contradictory on many dimensions. She is defiant to protect her reasons for her decision to have her abortions. Apart from her defiance, Fiona, like the other informants, is held prisoner of a society that labels abortion bad, and that seems to take precedence over an individual woman’s determination to rebut her socialization. So, it does not matter if Fiona herself feels she did the “right” thing by having her abortions if she lives in a society that thinks she is “bad” for what she did. Her words, “abortion is the last chance to say ‘no’ to being victimized”, suggest that she views abortion as a course of action that allowed her to take back what she previously perceived as taken from her. Perhaps this is why she was so defiant about her defence of abortion when other informants (Jane and Sam) struggled deeply with feelings of shame and guilt.

Yet, as we shall see, Fiona, too, felt she had to hide the fact that she has had abortions. She does not however speak of feeling guilty, perhaps because she was raised in an agnostic environment. There was no strong religious undertow that would have made her feel bad or guilty. Instead, She explains that her philosophy came from growing up on a farm, watching how animals live and handle their young. This farm-based philosophy serves as a backdrop to her worldview. She explains,

I grew up on a farm and watched how the animals handled their young when they were weak. This environment served as a backdrop to my life philosophy. I did not have a religious doctrine forced on me growing up. Abortion is seen as a trauma only by some. To me, abortion is a loss. Prolonged symptoms can interfere with the quality of life. I see the post-abortion stages as an “adjustment” not a trauma. This for me is a more empowering term. Abortion carries a social stigma - somehow there is something “wrong” with it. I was spared any religious restrictions. I felt no recrimination whatsoever. I know that abortion was seen as sinful. I had to hide it; I couldn’t trust anyone with the information. I kept quiet.

This last paragraph is intriguing because Fiona says, unlike Sam, Maria, and Jane that she did not feel like a “bad” person for having an abortion. She admits that she knew that people in the world thought there was something “wrong with it” but that she herself “felt no recrimination whatsoever”. Ironically, despite the fact that she did not punish herself or feel

punished by outsiders, she immediately went on to say she had to hide her abortion. Her experience reveals that even though she claims that she did not feel ashamed about her decision to have abortion, she also knew not to speak about it. Somewhere along the way, she learned to keep it a secret. In her words, "I couldn't trust anyone with the information. I kept quiet". There were other forces operating in her life that forced her to suppress her experience even though her own sense of her experience is that what she did responded to her need to be assertive with her body when previously she had allowed it to be violated.

Fiona's story reinforces the argument that I have been developing from exploring these four women's abortion experiences. No matter how they explain or rationalize their feelings, what happens to them or how they respond after the abortion is socially organized by events, interactions, and so on negative messages are carried into their lives. It is my contention that these messages constitute a stigma that surrounds abortion and teaches women to treat their abortion as a secret.

CHAPTER 5

5.1 Concluding Remarks

I have employed a method of analysis that began in four women's abortion stories. I explored how actions, life choices, and personal understandings of their own experience have reflected implicit or explicit messages, or social learning about abortion. In each case, stigma is a real and detrimental organizing feature operating in their lives, even though, the four women gave their experiences a multiple of meanings. Looking at how these women individually dealt with this subtle, yet negative social expression helps us to understand what is really going on for "them", as opposed to what other people who have not experienced their lives think is going on, or judge abortion to be.

The analytic framework borrowed from Smith has been very helpful in this study because it has allowed us to trace the social organization of ruling relations that operate and stigmatize. Each woman faced unique challenges in learning to cope with a repressive social environment that demands that they remained silent. However, despite this negative aspect of their abortion experiences, the four women taught us something about courage and self-will to live in a way they deemed fit for them personally. Importantly, the stories have shown that my informants have worked through (and are still working through) challenging moral dilemmas about the meaning of their abortion, what it represents, how this meaning is continually changing as they progress through their lives and learn to deal with the stigma more constructively.

Gilligan's (1983) work has taught us to validate the experiences of women who have had abortions, accepting the dignity with which they move through the reasoning process to eventually accept their decisions to have an abortion as individuals. While the stories in my study show that these four women were very capable of resolving what they should do about their pregnancies, they demonstrate the troubles the women had in processing negative social messages

that were a part of the everyday lives.

As a researcher, I attempted to illustrate how abortion is socially organized in four women's lives. In analyzing their stories, I found that their abortions *needed* to be couched in secrecy, whether or not they felt happy about it, in order for them to *fit in or be accepted by a society that has yet to entirely approve of abortion*. The four women expressed that they needed to be discreet about their experiences. I would argue that this supposed discretion is actually a form of silence that is imposed where women learn this way of coping with a social and political climate that makes them fearful of speaking publicly about their reasons for having had an abortion. The practice of silence is, in Smith's terms, part of the relations of ruling organizing women's actions and behaviors.

The interview findings suggest that the women's abortion experiences are kept hidden away (by the women themselves); and are reinforced that way by a "culture" (dominant modes of thought, ruling forms of knowledge, organizational practices and processes) that teaches silence. The repercussion of a culture that stigmatizes abortion is illustrated by the troubles the four women have encountered. The writing up of interviews have re-stimulated memories of experience that otherwise would not be known to the reader if she/he turned to standardized discourse. Their courage to speak out about their abortion must be understood in the context of the unfriendly climate that still perpetuates societal attitudes of abortion as, if not murder at least socially unacceptable.

Each of the four women in this study live with abortion socially organized as a norm violation. This social construction of abortion encourages women to be quiet (were it not for their participation in this study). Sam, Maria, Jane, Fiona and I have offered stories that give the reader insight into the subtle and sometimes, not so subtle, backlash ever present in the society against women who choose abortion. The infiltration of negative social messages revealed in the informant's texts is an organizing feature of abortion experience. Petchesky (1986) spoke about how women internalize dominant rhetoric on abortion. The stories of this study are an example how four women do exactly that.

As Smith's (1987) suggests, the interviews express words that are themselves reflections

of and part of social organizational practices and processes that organize people's thoughts on abortion and actions. Cultural attitudes permeate the informants' talk – they are found “in” the descriptions of the four women, illustrating ideas about the social construction of shame and secrecy that, I am claiming, is culturally induced. The fact that some people see abortion as murder undoubtedly affects the way the women came to view their abortion experience. Even if they do not agree with the assumption that abortion is universally wrong or immoral, they cannot escape it when such messages flourish around them.

Along with the stresses and worries that accompany any major life-changing decision, women exercise what people, in general, call a “choice”. Yet when the decision is made in a social climate that is shrouded with messages of guilt, blame, and shame, it is not a freely made choice. As Sam has illustrated in her stated fear of “pro-life” activists”, the imagery of the anti-choice movement insures that a climate of virtual hysteria prevails. The “choice” to have an abortion does not escape the stigma (whether or not an individual herself feels she should be ashamed about having an abortion). By keeping the decision of having had an abortion a secret, women may think that they protect themselves from stigma, taboo, and even possible harassment from “pro-life” activists. Yet, as the remarkable stories of the four women reveal, the messages of immorality that some associate with abortion thrive nonetheless in *their* everyday worlds.

This study was specifically designed to provide a setting where women could speak openly and comfortably. To a small extent, it enabled a breaking of silence and allowed readers to see through stories how women cope with stigma. I have attempted to show not only that women conceal their abortion experiences but, what makes it difficult for women to speak. Abortion taboo creates an environment that leaves women subject to intense criticism. Unique to this project has been the standpoint that has been taken to understand the social effects of abortion stigma on women's well being. It has drawn attention to the isolation felt by women during the critical moments of an abortion.

Providing a social climate where women can speak openly about abortion without the fear of judgement or ostracism would improve the current social experience. The silence and the lack of support services are inter-connected. These are components of social organization as practiced

in theoretical discourse and in institutional processes. Negative anti-abortion sentiment, left unchecked and unchallenged, make political constraints inhibiting support services possible. For example, “Bubble Zone legislation”¹¹ attempts to protect women from anti-abortionists. It does not, however, address the political issue of why it is the case that women need protection from them. Does not the need for the government to form a political bubble suggest that women are unsafe? The lack of policy focus on the political forces that demand that a bubble is even necessary teaches women to fear their environment. Being silent is therefore a “bubble” that women, too, try create for themselves emotionally. But, like the failure of the “Bubble Zone” legislative initiative in protecting abortion service users and supporters, so are women unsuccessful in insulating their experience from stigma. This study has demonstrated the painful isolation that occurs when women’s struggles are rendered invisible. The secrecy surrounding abortion experiences is a part of the contradictory condition of women’s lives and is a property of social organization. This means that women’s own silence is learned; in effect it is taught to women by the processes of ruling institutions and the practices of people who participate.

¹¹ “Bubble Zone” legislation was been a common theme in BC newspapers over the past couple of years.

References

- Adler, Nancy. (1975) "Emotional Responses of Women Following Therapeutic Abortion". **American Journal of Orthopsychiatry** 45, pp. 446-456.
- Adler, Nancy E., Dolcini, Peggy. (1986) "Psychological Issues in Abortion for Adolescents". **Adolescent Abortion: Psychological and Legal Issues**. ed. Gary B. Melton. Lincoln: University of Nebraska Press.
- Baars, Conrad W. (1979) "Psychic Causes and Consequences of the Abortion Mentality". **The Psychological Aspects of Abortion**. Washington, DC: University Publications of America, Inc.
- Bille, D.A. (1996) "Road to Recovery: Post-Traumatic Stress Disorder, the Hidden Victim". **Journal of Psychological Nursing and Mental Health Services**. 31(9).
- Brookes, Anne-Louise. (1992) **Feminist Pedagogy: An Autobiographical Approach**. Halifax: Fernwood Publishing.
- de Varent, Marnie. (1976) "Feminism and Abortion". **The Right to Birth: Some Christian Views on Abortion**. e.d. E. Fairweather and Ian Gentles. Toronto: The Anglican Book Centre.
- Devereux, George. (1976) **A Study of Abortion in Primitive Societies: A Typographical Distributional and Dynamic Analysis of the Prevention of Births in 400 Pre-Industrial Societies**. New York: International Universities Press, 1976.
- Fairweather, Eugene. (1976) "The Child as Neighbor: Abortion as a Theological Issue". **The Right to Birth: Some Christian View on Abortion**. ed. E. Fairweather and Ian Gentles. Toronto: The Anglican Book Centre.
- Francke, Linda B. (1978) **The Ambivalence of Abortion**. New York, New York: Random House, Inc.
- Freed, Luci and Salazar, Penny Y. (1993) **A Season to Heal: Help and Hope for those Working through Post-Abortion Stress**. Nashville: Cumberland House Publishing House.
- Gilligan, Carol. (1983) **In a Different Voice**. Cambridge, Mass: Harvard University Press.
- Hunter, Allen. (Spring 1981) "In the Wings: New Right Ideology and Organization". **Radical America**, 15 (No.1 and 2).

- Illsley, Raymond and Hall, Marion. (1978) "Psychological Research in Abortion: Selected Issues". **Abortion in Psychological Perspective: Trends in Transnational Research.** ed. Henry P. David et al. New York: Springer Publishing Company.
- Joy, S.S. (1985) "Abortion: An Issue to Grieve?". **Journal of Counseling and Development.** 63, pp. 375-376.
- Luker, Kristin. (1984) **Abortion and the Politics of Motherhood.** Berkeley: Univeristy of California Press.
- Major, B. et al. (1990) "Perceived Support, Self-Efficacy, and Adjustment to Abortion". **Journal of Personality and Social Psychology.** 59(3).
- Major, B., Cozzarelli, C., Testa, M., and Mueller, P. (1992) "Male Partner's Appraisals of Undesired Pregnancy and Abortion." **Journal of Applied Social Psychology.** 22(8).
- Marcus, R.J. (1979) "Evaluating Abortion Counselling". **Dimensions in Health Service.** 58(6), pp.16-18
- Maracek, Jeanne. (1986) "Consequences of Adolescent Childbearing and Abortion". **Adolescent Abortion: Psychological and Legal Issues.** ed. Gary B. Melton. Lincoln: University of Nebraska Press.
- McDonnell, Kathleen. (1984) **Not an Easy Choice: A Feminists Re-examines Abortion.** Toronto: The Woman's Press.
- Michels, Nancy. (1988) **Helping Women Recover from Abortion.** Minneapolis: Bethany House Publishers.
- Moseley, D.T, Follingstead, D.R., Harley, H., and Heckel, R.V. (1981) "Psychological Factors that Predict Reaction to Abortion". **Journal of Clinical Psychology.** 37, pp.276-279.
- Petchesky, R.P. (1986) **Abortion and Women's Choice: The State, Sexuality, and Reproductive Freedom.** Boston: Northeastern University Press.
- Reardon, C. David. (1987) **Aborted Women: Silent No More.** Chicago: Loyola University Press.
- Smith, Dororthy. (1987) **The Everyday World as Problematic: A Feminist Sociology.** Toronto: University of Toronto Press.
- Smith, Dorothy. (1992) "Sociology from Women's Experience: A Reaffirmation". **Sociological Theory.** 10 (1), pp. 88-98
- Speckard, A. (1987) **The Psycho-Social Aspects of Stress Following Abortion.** Kansas City: Sheed and Ward.

Tunnadine, David and Green, Roger. (1978) **Unwanted Pregnancy: Accident or Illness?** Oxford: Oxford University Press.

Waites A, Elizabeth. (1993) **Trauma and Survival: Post-traumatic and Dissociative Disorders in Women.** London: W.W. Norton and Norton, Inc.

Warden, W.J. (1992) **Grief Counseling and Grief Therapy: A Handbook for Mental Health Practitioners.** New York: Spring Publishing.

Zimmerman, M.K. (1987) **Passage Through Abortion: The Personal and Social Morality of Women's Experience.** New York: Praeger Special Studies.

DIANE WALSH

Suite 210 - 689 Bay
Victoria, BC, V8T 5H9
tel 881 1146 fax 592 4994
pager 360 9542

HIGHLIGHTS OF QUALIFICATIONS

- 5 years management experience in non-profit organizations
- Excellent interpersonal and written communication skills, and
- Extensive fund-raising experience

EDUCATION

Master of Arts, Faculty of Human and Social Development
Interdisciplinary Degree Program
UNIVERSITY OF VICTORIA 1998

Bachelor of Arts, Political Science
UNIVERSITY OF BRITISH COLUMBIA 1993

Québec Diplome d'Éducation Collégial, General Arts and Science
MARIANOPOLIS COLLEGE 1990

EMPLOYMENT HISTORY

Residential Campaign Coordinator
August to December 1997

The Canadian Diabetes Association

- manager of city-wide fund-raising campaign; raised \$110,000
- supervised staff of 14 hired to recruit volunteers to canvass
- directed 2 office staff on logistics, reached goal of 2,100 volunteers
- handled training events, official letters, public awareness

District Coordinator
1995, 1996, 1997
January to April

The Kidney Foundation of Canada

- contract manager of annual Marchdrive for Oak Bay District
- recruitment & supervision of volunteers, zone and district leaders
- coordinated motivational seminars and promotion/media initiatives

Lifeskills Worker
August to December 1996

Resthaven House, contract of Ministry of Children and Families

- core caregiving services for mentally challenged male
- organized ADL, supervised medication, promoted normalization
- provided crisis management and non-violent intervention

**Case Worker,
Community Service Program**
May to August 1995

The John Howard Society of Victoria

- supervision of group projects for youth
- interviews with offenders, liaison, Saanich/Victoria Probation
- placement in community organizations on court order

Conference Coordinator
Iutam 1994, Cancam 95
1993-1995

University of Victoria

- organization of two conferences for Mechanical Eng. Dept.
in consultation with committee members and Chair
- local arrangements & travel, records, databases
- programme development, Proceedings
- budget planning, fund-raising initiatives
- communications, promotion & advertising

Special Project Assistant
Education Abroad Program
1992-1993

University of British Columbia

- international link for student exchanges
- resource collection, brochure design and promotion
- student counselling in cultural studies programs

Information Assistant
Workshop Library
1991-1992

Asia Pacific Foundation of Canada, Vancouver

- public information services, economic updates
- reports on international trade & business stats.
- project initiatives for resource collections

SPECIAL SKILLS

- Non-Violent Crisis Intervention Certificate, Crisis Prevention Institute, Ministry of Children and Families
- Standard First Aid/CPR "B", The Red Cross Society
- Commercial Driver: Class 4 (Unrestricted) Licence

VOLUNTEER EXPERIENCE

- International Women's Day Event, City Hall, Victoria 1997
- South Vancouver Island Family Planning Clinic 1995
- Victoria Police Department 1993- ongoing
- UBC Student Environment Collective 1993
- Canada Elections, Victoria 1994
- Québec Elections, Montreal 1990

REFERENCES

Dr. Martha McMahon
Professor, Department of Sociology
Thesis Supervisor, University of Victoria
Phone: 721 7572

Maura Fitzpatrick
Campaign Officer, Head Office
Canadian Diabetes Association
Phone: 382 5454

Mary Grebinsky
Regional Director, Vancouver Island
The Kidney Foundation of Canada
Phone: 360 1332

Constable Bill Foster
Main Station
Victoria Police Department
Phone: 382 4111

Dr. Gary Botting
Lawyer, Criminal Law
Phone: 360 1521

Dr. Joanne Wegner
Professor, Mechanical Engineering
IUTAM 1994 Chair, University of Victoria
Phone: 721 8694

PARTIAL COPYRIGHT LICENSE

I hereby grant the right to lend my thesis to users of the University of Victoria Library, and to make single copies only for such users or in response to a request from the Library of any other university, or similar institution, on its behalf or for one of its users. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by me or a member of the University designated by me. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Title of Thesis:

The Silencing of Abortion Experiences: An Institutional Ethnography

Author



Diane Walsh
April 29, 1998