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To cite this article: Stephanie Herold MPH, Katrina Kimport PhD & Kate Cockrill MPH (2015) Women's Private Conversations about Abortion: A Qualitative Study, *Women & Health*, 55:8, 943-959, DOI: [10.1080/03630242.2015.1061092](https://doi.org/10.1080/03630242.2015.1061092)

To link to this article: <http://dx.doi.org/10.1080/03630242.2015.1061092>



Accepted author version posted online: 18 Jun 2015.
Published online: 18 Jun 2015.



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Women's Private Conversations about Abortion: A Qualitative Study

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Abortion is a relatively frequent experience, yet public discourse about abortion is contentious and stigmatizing. Little literature is available on private conversations about abortion, which may be distinct from public discourse. We explored private discourse by documenting the nature of women's discussions about abortion with peers in a book club. We recruited thirteen women's book clubs in nine states. Participants (n = 119) read the book Choice: True Stories of Birth, Contraception, Infertility, Adoption, Single Parenthood, & Abortion, and participated in a book club meeting, which we audio-recorded and transcribed. Data collection occurred between April 2012 and April 2013. In contrast to public discourse of abortion, private discourse was nuanced and included disclosures of multiple kinds of experiences with abortion. Participants disclosed having abortions, considering abortion as an option for past or future pregnancies, and supporting others through an abortion. Distinguishing between public and private discourse enabled us to identify that an "abortion experience" could include personal decisions, hypothetical decisions, or connection with someone having an abortion. The book club atmosphere provided a rare opportunity for participants to explore their

Received January 30, 2014; revised September 27, 2014; accepted October 12, 2014.

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relationship to abortion. More research is needed to understand the role of private discourse in reducing abortion stigma.

KEYWORDS *abortion, abortion stigma, behavior, private discourse, qualitative research*

INTRODUCTION

Abortion is a relatively frequent yet highly stigmatized experience for women in the United States (Jones and Kavanaugh 2011). Social stigma is often cited as the reason that women rarely talk about their abortion experiences (Fletcher 1995; Kumar, Hessini, and Mitchell 2009; Rossier 2007; Shellenberg et al. 2011; Stanton 2013). The potential negative effects of silence around abortion include lack of social support; feelings of shame and guilt; and behaviors, such as secrecy and avoidance (Major et al. 2000; Major and Gramzow 1999; Major, Mueller, and Hildebrandt 1985). These potential negative effects may contribute to the intractability of policy conflicts regarding abortion, reducing opportunities for compromise or collaboration across viewpoints and immobilizing efforts for social change.

Research on similarly concealed, stigmatized experiences, such as mental illness and sexual orientation, has provided nuance to discussions of disclosure and concealment about abortion. Cain argued that many types of disclosure and concealment are related to sexual orientation (Cain 1991). Along with Cain, Quinn and Chaudoir explored the motivation to disclose a stigmatized identity publicly, which is usually different than the motivation to disclose a stigmatized identity privately (Quinn and Chaudoir 2009). Specifically, public disclosures were more often motivated by political or ecocentric goals, while private disclosures were more often motivated by personal or egocentric goals.

Previous research on abortion disclosure has found that most women do share their abortion decisions with other people in their lives, most often their mother and/or partner in pregnancy (Major et al. 2000; Major, Mueller, and Hildebrandt 1985). The perception of stigma reduces the likelihood that a woman would share her abortion experience with someone in her life (Cowan 2014). Qualitative data suggest that for some women the concern about judgment with abortion disclosure can remain intense years after the abortion, while for others it can decrease over time (Cockrill et al. 2013).

Somewhat paradoxically, the potential importance of people talking about personal experiences with abortion may be directly related to stigma associated with abortion (Harris 2008; Harris et al. 2011). Substantial research has shown that exposure to a stigmatized experience (often through public or private disclosure on the part of a stigmatized person) can decrease prejudicial attitudes toward people with that stigma (Couture and Penn 2003;

Pettigrew 2008; Pettigrew and Tropp 2005, 2006). Yet, no published research of which we are aware has explored if hearing personal experiences with abortion affects stigmatizing attitudes toward abortion.

Public discourse about abortion has been a widely studied topic. Scholars have described the dynamics of public conversations around abortion as a “war” between pro-abortion rights and anti-abortion rights groups (Joffe 2010; Luker 1984; Mohr 1979; Risen and Thomas 1998; Rohlinger 2006; Solinger 1998) and abortion is frequently cited as a key issue in American “culture wars” (Cahn and Carbone 2010; Ginsburg 1998). The public narrative of abortion has been dominated by pro-abortion rights actors advocating for the legality of abortion and anti-abortion rights actors advocating for the criminalization of abortion (Halfmann 2011). This has created a polarizing public discourse that has relied on a simplistic rhetorical framing of abortion as an issue of either “choice” or “life,” rather than focusing on personal experiences with abortion (McCaffrey and Keys 2000; Vanderford 1989). No doubt the attention to public discourse is directly related to its potential to have wide-reaching effects. Public discourse can influence public policy makers (Andsager 2000), which in turn may negatively affect patients seeking abortion care, specifically in making abortion more difficult to obtain (Rance 1997). Voter support for or disapproval of legislation restricting abortion has been influenced by whether media coverage uses pro-abortion rights discourse or anti-abortion rights discourse (Jaworski 2009; Simon and Jerit 2007).

The public conversation about abortion has also contributed to women's private experiences of abortion. Public discourse has helped create an environment in which abortion is stigmatized (Kumar, Hessini, and Mitchell 2009; Norris et al. 2011). This stigma has extended to individual women who have had abortions (Cockrill et al. 2013; Shellenberg et al. 2011; Shellenberg and Tsui 2012) and can manifest as isolation, fear of judgment by others, self-judgment, and community condemnation (Astbury-Ward, Parry, and Carnwell 2012; Cockrill and Nack 2013). Abortion stigma may lead to other detrimental health outcomes, including mental and emotional health issues, and negatively affect intimate relationships (Major and Association 2008; Major and Gramzow 1999).

Although scholars have studied public discussion and opinions about abortion extensively (Ball-Rokeach et al. 1990; Burns 2005; Condit 1994; Dillon 1993; Ferree 2003; Hopkins, Reicher, and Saleem 1996; Hopkins, Zeedyk, and Raitt 2005; Lake 1984, 1986) little literature is available on private conversations about abortion. Research has suggested that private conversations about abortion are distinct from public conversations. Kimport, Perrucci, and Weitz (2012), for example, found that post-abortion talkline counselors, from both pro-choice and anti-abortion organizations, reported that women who have had abortions sought out private spaces for talking about their abortion experience(s). Similarly, Littman, Zarcadoolas, and Jacobs (2009) found that abortion patients benefited emotionally from a private in-person

support group that included validating messages about women who had had abortions. Scholars have also found that most women disclose their abortion experiences to selected family and friends, even if they do not share their experience more publicly (Cowan 2013; Major et al. 2000). Jones, Moore, and Frohwirth (2011) found that many women reported relying on male partners for social support during their abortions. Documenting women's conversations about their abortions in private settings may reveal the nature of private discourse about abortion.

This study captured a specific environment, book clubs, in which private conversations about abortion might take place. Book clubs are a unique social environment that often allow for nuanced communication about controversial or stigmatizing experiences (Long 2003). Book club environments encourage explorations of morality and meaning between participants (Childress and Friedkin 2012; Polleck 2010a, 2010b). We analyzed thirteen U.S. book club discussions about the book *Choice: True Stories of Birth, Contraception, Infertility, Adoption, Single Parenthood, & Abortion*.

METHODS

To explore private discourse about abortion, we observed, recorded, and analyzed conversations about abortion among women in book clubs. Data from this study came from a larger mixed methods study that documented women's discussions of experiences with pregnancy in a book club. This study received approval from the University of California, San Francisco Committee on Human Research. All participants provided written, signed informed consent.

Recruitment and Participants

We recruited book clubs using both purposive and convenience sampling methods. Investigators as well as family, friends, and acquaintances of investigators, posted a link to the study's Facebook page on their personal Facebook pages and emailed the link and an informational study flyer to personal and professional contacts, encouraging them to share it widely. The Facebook page and the flyer gave a short description of the study, the inclusion criteria, and information on how to contact the researchers. We also posted the flyer on websites that market to book clubs, such as GoodReads.com and Mosaic-Books.com. To be included in the study, book clubs had to have held meetings for at least 1 year and be conducted in English. Book club participants could not have a direct personal or professional relationship with a member of the research team. These recruitment methods resulted in requests for information from seventeen book clubs.

Procedures

A member of the research team followed up with each request to discuss the study's purpose, inclusion criteria, and protocol. This protocol included allowing the researchers to select a book for the book club to discuss, allowing a research assistant to record their discussion of the book, and having each club member complete short surveys before and after the discussion. Thirteen of the seventeen contacts decided to participate in the study. Eleven of the thirteen participating book clubs were identified through a reference from a colleague or friend of a member of the research team. Researchers recruited one contact in each book club to distribute written consent forms, books, and the pre-discussion and post-discussion surveys to all book club participants.

Pre-discussion surveys included quantitative attitude measures and qualitative questions about the history of the book club. Post-discussion surveys included demographic questions, questions about pregnancy history, and questions about attitudes toward different pregnancy experiences. Before completing these surveys, we assigned each participant a unique numerical identifier to use on her surveys, instead of names, to provide anonymity. We did not ask for pregnancy history on the pre-survey to avoid priming participants for a discussion about personal pregnancy experiences. We did not use standardized instruments for collecting demographic data. As no standardized instruments were available for measuring attitudes toward women who have had a variety of pregnancy experiences, we modeled the pre- and post-discussion attitudes measure on a feeling thermometer used to study attitudes toward other stigmatized identities (Alwin 1997; Henderson-King and Kaleta 2000; Herek 2000; Miller, Smith, and Mackie 2004).

Researchers provided all members of included book clubs with a copy of the book *Choice: True Stories of Birth, Contraception, Infertility, Adoption, Single Parenthood, & Abortion* (hereafter simply *Choice*). This book contained twenty-three non-fiction first-person essays about reproductive health experiences.

A research assistant conducted a short telephone interview with each participant about 1 week prior to the scheduled discussion of *Choice*. The purpose of the interview was to gain descriptive data about the book clubs, such as how many years they had existed and how often participants discussed pregnancy experiences. The interview did not use standardized questions.

To record the book club discussions, we used an iPad application that recorded the conversation and provided a unique identifier to each participant as they spoke. This resulted in an audio file in which each speaker was uniquely identified. Transcriptionists were trained to add the unique identifying numbers during transcription. A member of the research team listened to each audio file and reviewed the associated transcription for accuracy. One question on the post-discussion survey asked participants to record their

numerical identifier used during the discussion. This enabled a member of the research team to link the audio recording to the survey data.

Book clubs met to discuss *Choice* between June and November 2012. Data collection occurred between April 2012 and April 2013. A member of the research team attended each book club discussion of *Choice*. Book club discussions lasted an average of 118 minutes. Twelve book clubs met in a participant's home, and one met in a public library. Ten book clubs met on a weekday, and three book clubs met on a weekend. Due to the participation of only one book club with men in it, we restricted our analysis to the women-only book clubs. Participants were compensated for their time by keeping the copy of the book and a \$10 gift certificate to Amazon.com or to a local bookstore.

Analysis

The research team used a thematic analysis approach to explore the data and conducted line-by-line coding, seeking themes in the data. The transcripts were entered into Atlas.ti 6.0 (Scientific Software Development, GmbH, Germany) software. The first and third authors developed a codebook using open coding to track thematic patterns in the data. The first author coded each transcript. After the completion of coding, the first and third authors reviewed the coded data to develop themes, and simplified data into categories through constant comparative analysis until no new themes emerged.

Additionally, authors assessed their agreement in coding by having a colleague unfamiliar with the transcripts code one entire transcript using the codebook. We assessed coding agreement using the formula: number of coding agreements/total number of codes assessed. Before discussion, agreement on coding was 50 percent, and after discussion of the discrepancies, we achieved an agreement rate for coding of 83 percent. The first low rate of agreement was likely due to the outside researcher not being familiar with the codebook or the transcripts. We resolved coding discrepancies by reviewing definitions in the codebook and discussing differences in coding strategies.

FINDINGS

This study analyzed transcripts from thirteen book clubs located in Alabama, Arkansas, California (four), Maryland, Missouri, New York (two), Pennsylvania, Utah, and Wisconsin. The study enrolled 119 book club participants, 109 (92 percent) of whom completed the post-discussion demographics and pregnancy history survey. Participants were aged 23–76 years old, with a median age of 47 years. One third (33 percent) of participants reported household incomes of more than \$7,100 monthly. A majority of respondents

(82 percent) identified as white, and smaller proportions of women identified as Black, Asian, and mixed race. In their post-book club group survey, participants disclosed a range of personal experiences with pregnancy. Eighty women (73 percent) reported past pregnancies, of which seventy-four (68 percent) were births, thirty-three (30 percent) were miscarriages, and nineteen (17 percent) were abortions (Table 1).

A total of 115 out of 119 participants (97 percent) participated in a pre-discussion telephone interview with a member of the research team to describe their book clubs. Participants reported that their book clubs existed for an average of 6 years. Most participants described their book clubs as intimate, comfortable environments in which they had rich discussions with trusted friends. We also asked participants how many times their book clubs had discussed birth, miscarriage, abortion, and infertility (Table 2). Almost half of participants (45 percent) reported that their book clubs had discussed birth

TABLE 1 Sociodemographic Characteristics of Sample ($n = 109$)

Characteristic	n (%)
Age group (years)	
20–29	15 (14)
30–39	24 (22)
40–49	18 (17)
50–59	29 (27)
>60	23 (21)
Race/ethnicity	
Asian	11 (10)
Black/African American	4 (4)
Mixed Race	3 (3)
Other	2 (2)
White	89 (82)
Household income (in dollars, monthly)	
Less than 1,700	6 (6)
1,700–3,500	17 (16)
3,500–5,300	23 (21)
5,300–7,100	20 (18)
More than 7,100	36 (33)
Don't know	7 (6)
Educational attainment	
Post-graduate or professional	60 (55)
College graduate	43 (39)
Less than college	6 (6)
Reproductive history ^a	
Ever gave birth	74 (68)
Ever had a miscarriage/stillbirth	33 (30)
Ever experienced infertility	29 (27)
Ever had an abortion	19 (17)
Ever placed a child for adoption	1 (1)

^aValues do not sum to 100 because participants often had more than one event in their reproductive histories.

TABLE 2 Frequency of Discussions of Reproductive Experiences ($n = 114$)

Experience	n (%)
Birth	
Many times	51 (45)
More than once	39 (34)
Once	13 (11)
Never	13 (11)
Miscarriage	
Many times	16 (14)
More than once	36 (32)
Once	18 (16)
Never	44 (36)
Abortion	
Many times	23 (20)
More than once	41 (36)
Once	22 (19)
Never	28 (25)
Infertility	
Many times	15 (13)
More than once	31 (27)
Once	17 (15)
Never	49 (43)

many times. Almost half of participants (43 percent) reported that their book clubs had never discussed infertility. Just under one-third of participants reported that their book clubs had never discussed miscarriage (25 percent), and just about one-third reported that their book clubs had discussed it more than once (32 percent). The numbers were similar for abortion. About one-third of participants (25 percent) reported that their clubs had never discussed abortion, while slightly over one-third (36 percent) reported that their clubs had discussed abortion more than once.

In their conversations about *Choice*, participants untangled the complex role that abortion played in their lives. We found that private discourse about abortion included disclosure of personal experiences with abortion. We also found that personal experiences with abortion were not limited to women who had had abortions themselves, but also included participants who recalled thinking about abortion in the context of previous pregnancies and participants who had supported other women through abortions.

Disclosing Personal Abortion Experiences

According to post-discussion surveys, in ten out of the thirteen book clubs, at least one participant reported having had an abortion. Nineteen participants (17 percent) reported having had at least one abortion, and fifteen of these

nineteen (79 percent) disclosed their abortion experience to other book club members during the book club discussion.

In disclosing their abortion experiences, many participants talked about the life circumstances that led them to an abortion. For example, a 59-year-old participant in a California book club described that she had decided to have an abortion because the pregnancy was mistimed. She first disclosed her abortion by opening with, "So, I had an abortion," and continued by describing the circumstances surrounding the abortion:

It was when [partner] and I first moved in together . . . I just knew that we're so not—it would have just ruined the relationship, and I was like just still a baby myself trying to figure things out.

In sharing their abortion stories, many participants described the role that their own readiness for parenting or existing parenting responsibilities played in their decision. Across the book clubs, a few participants who had had abortions discussed that the stigmatizing public discourse around abortion made it difficult for them to talk about their abortions with others. One 36-year-old participant in Wisconsin explained that she did not talk about her abortion with friends because she feared judgment: "When it comes to abortion, it's still so hard—like, even tonight, you know, I admitted to having an abortion, and it's hard to do that . . . there's still this concern, like, people may judge [you]." In referencing "admitting" to having an abortion, this participant identified actively choosing to keep her abortion a secret based on anticipating judgment as a result of disclosure. This sentiment was shared by a 35-year-old participant in a California group who reported having two abortions: "I don't want to tell people that I've had abortions . . . because I think they're going to judge me . . . but I'm just a person, you know?" In these private conversations, participants who had had abortions discussed the circumstances surrounding their abortions and also what kept them from disclosing their abortion more publicly.

Imagining What It Would Be Like to Have an Abortion

Participants' experiences with abortion were not limited to women who had had abortions themselves. Twenty-seven participants (23 percent) thought about the possibility of abortion, either for a prior or current pregnancy or for future pregnancies. Several of these conversations involved thinking through the ramifications of not being able to obtain an abortion. Several participants reflected on the ramifications of having an anti-abortion clinician during pregnancy. A 50-year-old participant in Arkansas said that she knew her physician protested in front of local abortion clinics. During a pre-natal visit for her first pregnancy, the physician told her that her fetus might have "developmental issues." The

participant recalled that, "... an abortion was—I mean, it was sort of in the back of my mind, but I felt like I couldn't ask for it [from my doctor] ... [because] this woman is marching [in front of clinics]." In the end, the participant carried her pregnancy to term, and the baby lived for 4 days after birth. She reported that she was devastated by the loss of her baby, and wished she had had the option to obtain an abortion:

I had so many friends who said, "well, you wouldn't have done anything differently." And I'm thinking, you know ... there are worse things than [abortion] ... the things [the baby] went through for four days were horrible.

This participant did not see abortion as necessarily a "good" choice, but as the lesser of two bad options for her child. Neither of these participants had had an abortion, but abortion nonetheless played a role—albeit an abstract one—in their pregnancy experience and both had, in essence, a personal experience with abortion.

Several other participants imagined having an abortion and speculated about how they might react. A 26-year-old participant in Utah remembered thinking about pursuing abortion following a pregnancy scare,

I bought a pregnancy test, and [my partner] was like ... "what would we do?" and I was like ... "I would absolutely have an abortion right now" ... And [my partner] was like, "you'd abort my baby?" We got into a serious fight about it for, like, three days even though I wasn't pregnant.

Although she did not have an abortion—a possibility rendered moot by her status as not pregnant—this participant experienced repercussions from considering an abortion in her interaction with her partner and, in effect, had a personal experience with abortion.

Supporting Others During an Abortion

Many participants reported that they had played a supportive role for people in their lives who had had abortions. A 40-year-old participant in a California group discussed accompanying her best friend to an abortion clinic. She said that her friend told her that she "was worried about me [being judgmental] because I just had a newborn ... [but I told her] this isn't about me and my choices. This is about being a friend." Four participants discussed accompanying a friend to an abortion clinic, despite having a seemingly "opposite" concurrent reproductive experience: the impending or recent birth of a baby.

Private discourse also included several participants discussing times in which they provided financial assistance toward the cost of someone else's abortion. A 65-year-old participant in Pennsylvania talked about

helping a colleague pay for her daughter's abortion, saying, "This woman did not have the money [for an abortion] . . . she was supporting herself and him [her partner] and 5 kids . . . I had just started teaching, and I had \$200 in the bank so I gave her the money." Providing financial support was something some participants did for friends as well as strangers. For these participants, private conversations about abortion included exploring their personal connections to abortion through friends, family, and even strangers.

DISCUSSION

Our analysis of book club discussions demonstrated that private discussions about abortion can be complex and include multiple disclosures of personal abortion experiences. In private discussions, women talked about the many experiences they had had with abortion, including having one themselves, imagining having an abortion, and supporting others through an abortion experience. The results of this study confirmed previous findings (Major and Gramzow 1999; Rossier 2007) that women share their abortion experiences selectively with people that they trust. These prior studies found that women shared their abortion experiences with immediate family members, partners, and a few select friends. We discovered that participants were willing to share their abortion experiences with their peers, perhaps because of the established intimate, comfortable environment in their book clubs. Further analysis is needed to explore why most participants felt comfortable sharing their abortion experiences in this environment.

Participants' description of their reasons for having an abortion confirmed previous findings about why women have abortions, including not being ready to have a child and feeling a sense of responsibility toward the children they already had (Finer et al. 2005). Unlike previous studies, we found that women discussed why they had abortions and also why they found it difficult to talk about their abortions. They discussed emotion management techniques, such as keeping their abortion a secret from people who they perceived as judgmental. Participants also discussed a fear of judgment and condemnation, two elements of the four-factor model for individual-level abortion stigma (Cockrill et al. 2013).

Personal experiences with abortion were not limited to women who had had the procedure themselves. Many participants described thinking about having an abortion at other times in their lives and also discussed supporting other people during an abortion. These discussions highlighted that distinctions made between women who have had abortions and women who have not had abortions may not be useful.

STUDY LIMITATIONS

The name of the book (*Choice*) may have conveyed a specific pro-abortion rights position, discouraging book clubs with many anti-abortion members from participating in the study. This, combined with the largely white and affluent composition of the sample, reflecting a lack of racial, ethnic, and class variation in the book clubs, make the findings less generalizable. While this is a frequently occurring characteristic of book clubs, more research is needed to understand differences in the private discourse of abortion across these demographic categories. Because abortion is a stigmatized experience, it is also possible that participants underreported their abortion history on the post-discussion survey.

Our research methods also had several limitations. We did not use standard instruments to collect demographic data, which could have resulted in misclassification of information and non-comparability with studies that used standard instruments. Additionally, we had a research team member observing each book club discussion of *Choice*, which may have influenced the discussion by participants saying what they thought researchers wanted to hear or perhaps not voicing their true views for fear of seeming prejudiced, which could have led to inaccuracy of the results.

CONCLUSION

The results of this study begin to fill a critical gap in our knowledge of private discourse concerning abortion and its potential distinction from public discourse. While the potential deleterious effect of public discourse has received much attention, the significance and quality of private discourse regarding abortion has been mostly ignored. Further, the focus on the absence of personal experiences from public discourse about abortion has had the unfortunate consequence of making it seem as though only public discourse matters.

Overall, we found that the argument about abortion stigma producing social silence did not offer sufficient nuance for understanding the relationship between experience, disclosure and discourse. First, many researchers have not provided adequate distinction between public and private discourse. Second, researchers have rarely explored the possibility that “experience” could include personal decisions, hypothetical decisions, or direct, extended or imagined contact with another person. Finally, previous work has not adequately explored the circumstances under which women may talk about personal experiences with abortion more freely.

In this article we demonstrated that private discourse concerning abortion can be a worthy area of study for understanding stigma, disclosure, and how

people make meaning of abortion. In future research, we recommend the exploration of the potential for private environments, such as book clubs, to explore the role of personal experience about contentious and stigmatizing topics.

ACKNOWLEDGMENTS

All authors had full access to all of the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis. The authors would like to thank Dr. Marina Catalozzi, Dr. Gretchen Sisson, and Elisette Weiss for providing feedback on earlier versions of this manuscript. The authors would also like to thank Poonam Dreyfus-Pai, Rebecca Michaelson, Selena Phillips, and Whitney Losh Werner for their assistance with data collection and analysis.

FUNDING

This paper was supported by a grant from the William and Flora Hewlett Foundation. There are no financial conflicts to disclose.

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