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The good and the guilty: abortion stigma and neoliberal governance in contemporary England

In this presentation, I'll be offering a theorisation of abortion stigma which takes as its starting point Imogen Tyler's suggestion that stigma operates in neoliberal societies as a tool of regulation and control. Using data from my doctoral research with women who have had abortions in England since 2008, I want to move beyond theorisations of abortion stigma to date, which have largely focused on the interpersonal enactment of stigma, and the internalisation of that stigma, without considering how the current social and political landscape in the UK is producing specific conditions which enable the subtle and indirect government of subjects. I will argue that using this contextual and theoretical lens allows us to conceptualise abortion stigma as part of a wider project of neoliberal governance that is intimately tied to gendered and classed bodies.

Research on abortion stigma is a burgeoning area of literature which has examined the operation of this specific stigma in a variety of contexts and through various theoretical lenses. The literature is heavily dominated by symbolic interactionist approaches, influenced by Erving Goffman's theorisation of stigma, as well as Link and Phelan's theorisation of stigma as not only an 'attribute that is deeply discrediting', but also as an operation of *power*. Furthermore, Kumar et al. have argued that abortion stigma, whilst often invoked as a 'universal social fact,' is a 'profoundly local' social production which relies upon power disparities and inequalities for its formation'. They propose this definition of abortion stigma:

'We propose a definition of abortion stigma as a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood. While definitions of womanhood vary depending on local cultures and histories, a woman who seeks an abortion is inadvertently challenging widely-held assumptions about the 'essential nature' of women.'

This essential nature of women, they argue, revolves around ideas about perpetual fecundity and female sexuality for procreation; the inevitability of motherhood; and instinctive nurturing.

If abortion stigma is 'profoundly local', then I think it makes sense to consider the contemporary discourse in the UK which shapes the 'ideal womanhood', and in particular the operation of social class. Class has not been incorporated into much research on abortion stigma, whereas reproduction has to various extents been present in work on class stigma (e.g. Tyler's analysis of the 'chav mum' trope representing middle-class fears about working-class fecundity). Contemporary austerity politics is prefigured on stigma, on classificatory practise which assign moral values to working-class bodies which are – in contradictory ways – represented as at once unproductive (reliant on welfare), and

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over-productive (fertile, promiscuous). The premise of my doctoral research was to directly address this context, examining how women make meaning about their abortions in the midst of these classificatory practices. (Conservative party advert from 2013)

With this framing in mind then, I want to give some examples from my data through which to develop this analysis. My study was a life story study with women in England who had had abortions since 2008. (Happy to talk more about the methodology and aims of this research in the question and answers afterwards). The examples I'm going to share have been chosen to demonstrate three things: first, that abortion narratives can act as sites of what Cockrill and Nash call 'stigma transference'; second, that abortion narratives can also act as sites of *resistance* to stigma; and finally, that the internalisation of abortion stigma is intimately tied to class, gender and the body, and technologies of discipline that are heavily shaped by the neoliberal context of contemporary England.

Lucy

My first example is Lucy (not her real name), a 26-year-old White woman who had had two abortions, one only a few months before we met, and another two years previously. She described herself as the product of two working-class parents, one in particular, her dad, who had pushed her to be a 'winner'. She held her parents up as examples of the 'deserving' working-classes – her dad 'grew up with nothing' but through hard work and ambition became successful; her mum ran her own business which collapsed during the recession – she was on job seekers' allowance but, Lucy said:

She was different, bless her, she got up at seven every morning. She said, I'm not becoming lazy. She started volunteering, and from her volunteering and being proactive, she actually got a job through them. How hard she worked, she got a job.

Her narrative is class-coded – and at times explicit – and constructs working-class women as irresponsible because they are the *opposite* of her mother, and, furthermore, they have kids 'because they don't know what else to do.' I read this as a form of stigma transference – in opposition to the stigma directed at women who have abortions, Lucy subverts this by claiming abortion as the responsible choice. However, in doing so, her abortion narrative becomes a site where class stigma is reproduced.

Furthermore, despite positioning both of her abortions as responsible in her narrative, Lucy's interviews still displayed internalised shame and stigma for having ended her pregnancies. her second pregnancy was a result of rape, and when she told me about it in our interviews, she said she felt embarrassed and ashamed because she felt that she should not have been drunk enough for it to happen: 'I shouldn't be in those situations. I shouldn't have allowed it to happen.' She narrated both her abortions as moments that prompted her to change her circumstances and improve her life, for example, of her first abortion she said, 'it was a moment of clarity, like, what good needs to come out of this? OK, that's shit, but what have I learnt from it, or what can I do from it?' '

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When classed distinctions were made in her narrative, they were not outright mechanisms of 'disgust' (as previous work has drawn attention to e.g. Skeggs, who argues that the 'resource' of class disgust can be used to distance oneself from undesirable Others and reproduce class norms that define what is acceptable and respectable.) – instead, the way Lucy talked about responsibility was often entangled with self-judgment. It is therefore useful to analyse these entanglements through the lens of governmentality, the mechanism that Foucault argued connected wider processes of power to individual self-regulation (Foucault, 1988). Thus, the transference of stigma in Lucy's narrative is complex, intimately tied to both her personal biography, and the wider context of neoliberal austerity politics in the UK.

Karen

Karen (BIO) gave a nuanced reflection when I asked whether there were any reasons for abortion she would find hard to accept. For example, I offered the figure of the women who 'uses abortion as contraception' as an example. 'I would disagree with that,' she said, 'I don't think there are many women out there doing that.' She reflected on the discourse surrounding teenage pregnancies, and the tendency to 'demonise working class women for not being responsible,' especially around the issue of contraception. 'I just don't think those women exist to be honest.'

Karen's statement was a strong condemnation of the tendency to construct figures of irresponsibility when it comes to reproduction, who are often coded as working-class. Her assertion that 'those women' – the irresponsible 'other' against which one might constitute oneself – do not exist is an example of the moments of struggle and resistance which Tyler has argued are central to class (Tyler, 2015a). Her resistance to the assignment of negative moral value to working-class bodies is a moment of talking back to the discourses she has a complicated relationship to, such as 'the working class have a lack of aspiration, or bad taste, or don't have the right orientation to things, don't think in the right ways, are irresponsible.' In particular, what Karen identified was that abortion stigma of this type is inherently classed. Having had an abortion is not simply an 'attribute that is deeply discrediting,' but in the example of 'women who use abortion as contraception,' their stigmatisation is located in class disgust and differentiation.

Rebecca and Heidi

However, I also want to draw attention to the ways in which abortion stigma is internalised and brought to bear on the self, as well as projected outwards to others. The final example I want to present is the stories of a couple of women I spoke to who felt guilty after their abortions. Whilst research suggests that the overwhelming proportion of women who have abortions do not regret their decisions, several of the women I spoke to had complex emotional responses to theirs despite affirming that they had made the right decision.

Rebecca was one of those women. She talked to me about choosing what type of abortion to have – abortions are generally performed in one of two ways – surgically (you're put under GA or conscious sedation and in early stages of pregnancy a simple suctioning procedure is performed), or medically (you take the 'abortion pill' and can be sent home to pass everything without being put under sedation – like a heavy period or miscarriage). 'I had this thing in my head that I wanted the pill, because there was, like, this kind of, I wanted to suffer. Does that make sense?' Later, she explained, 'I felt like I needed some sort of redemption.' Experiencing the pain and visual passing of a medical abortion was described as cathartic as well as an attempt to have a more 'natural' experience similar to miscarriage; although, Rebecca noted, 'the reality of it is not appealing at all.' Similarly, Felicity explained that she chose the medical method for her second and third abortions after having a surgical abortion when she was younger. 'This was a situation that I found myself in and I needed to go through the experience of what I was doing rather than just having it taken out of me and forgetting it had ever happened,' she explained. 'It was almost like I had to put myself through that in order not to put myself in that situation ever again.' These accounts of self-punishment demonstrate a powerful convergence of internalised abortion stigma and the individualisation of responsibility and regulation.

Their stories can also be read through their social positions as two young, lower middle-class women who were expected to do better than their parents by going to university, getting a good job, and building on the hard work their parent's generation did. Middle-class women are positioned as successful if they regulate their fertility closely, and start families at an appropriate time (Allan and Charles, 2014; Francombe-Webb and Silk, 2016; Walkerdine, 2003; Walkerdine, Lucey and Melody, 2001). This can be conceptualised as part of the project which constitutes white, middle-class womanhood as the ideal neoliberal subjectivity, invested in self-regulation and self-invention through making the 'right' choices (Francombe-Webb and Silk, 2016; Harris, 2004).

Harris (2004) has drawn attention to the figure of the middle-class girl in contemporary society as a 'vanguard' of neoliberal subjectivity; Francombe-Webb and Silk (2016), drawing on Harris' work, have argued that 'she embodies a distinctively neoliberal subjectivity that strives for self-fulfilment, and demonstrates conduct of the self through monitoring, surveillance and self-investment' (p. 654). The practices of 'monitoring, surveillance and self-investment' which go into producing middle-class womanhood – these technologies of discipline and technologies of the self– can be seen in the accounts of women like Rebecca and Felicity. These classed expectations combined with stigma and neoliberal governance produced the belief that they deserved some form of punishment for deciding to end their pregnancies.

Conclusion

To conclude, then. I think that Kumar et al. are right that abortion stigma can be usefully conceived on both a universal and local level. What has not yet been done, and what I have

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worked towards with this analysis, is a return to class as a useful analytical construct and contemporary experience in the study of this topic. Neoliberalism on a global and national level shapes how stigma is produced and experienced. As the state shifts responsibility for its citizens' wellbeing onto individuals, reducing benefits, pensions, and job security, shrinking the welfare state and privatising health services, women are making abortion decisions. Their experiences and narratives are, I would argue, intimately shaped by the workings of neoliberal regulation. In the same way that (particular) feminist theorisations of class have drawn attention to the role of the body, in particular the fertile, reproductive body, as a key site of classed regulation and control, research on abortion and reproduction more generally can usefully apply theoretical lenses from that literature to its discussion of stigma.

Finally, I wanted to end on the most important insight my conversations with all the women in this study produced for me. Neoliberal austerity politics in the UK is not only detrimental in material, violent ways to those on the receiving end of the welfare reforms, unemployment, and poverty that has come with it (Fawcett Society, 2012; Jensen, 2014b; Tyler, 2013), but it is also detrimental in the subjective, affective sense for women making often difficult decisions about whether to continue or end pregnancies. Neoliberal austerity politics relies on undermining collectivity and solidarity, reimagining society as a loose collection of individuals; however, at the same time, it intensifies 'classificatory struggles' by reinscribing processes of exploitation, disenfranchisement and Othering (Tyler, 2015a). Despite this, the women in this study largely expressed solidarity and a wish to collectively combat the stigma that isolated and individualised them as women who had had abortions, demonstrating a need for a project of reworking and revaluing abortion as interdependent and social rather than isolating and individualised. It is this solidarity and commitment to combatting wider processes of individualisation and classification that must lie at the heart of normalising and destigmatising abortion.