Better Mothers, Good Daughters and Blessed Women: Gender Performance in the Context of Abortion

Thesis

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Abstract

Estimates of abortion incidence indicate that one third of women in the US will undergo an abortion in their lifetime. Despite the ubiquitous practice of abortion, many women who have abortions experience some stigma. Research about abortion stigma is limited: while previous research has explored determinants of abortion, psychological implications of concealment, and women’s experiences of decision-making and feelings surrounding abortion, the construction and management of abortion stigma is largely unexplored. In this paper, I offer a critical feminist analysis of abortion stigma. I talked to 41 women who had chosen to have an abortion one day to several weeks prior to their procedure. By talking with women before their procedure, I was able to gather information about how women experience and manage abortion stigma. I argue that abortion contradicts reified gender norms that define women’s sexual and social roles, which in turn define their individual identities. I apply the concept that gender, race/ethnicity and class are simultaneously performed identities and that these performances are read through the lens of gender. I find that women use three strategies to manage stigma: in the first strategy, they frame their decision as in alignment with appropriate gender performance and enact complicit femininities; in the second strategy, they identify
themselves as performing gender inappropriately and as therefore incapable of mothering and accept the identities of *pariah femininities*; and in the last strategy, they offer alternative constructions of gender in which an abortion is considered an acceptable choice and construct *alternative femininities*. I argue that women’s manipulation of these gender, racial/ethnic, and class performances allow women to manage stigma and exercise agency. Furthermore, the performance of complicit and pariah femininities bolster hegemonic gender ideologies and practices and alternative femininities challenge the legitimacy of these ideologies.
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Table of Contents

Abstract..........................................................................................................................ii

Dedication...................................................................................................................... iii

Acknowledgments........................................................................................................ iv

Vita.................................................................................................................................... v

Section 1: Introduction.................................................................................................. 1

Section 2: Gender, Stigma, and Social Control......................................................... 3

Section 3: Abortion in Context..................................................................................... 15

Section 4: Methods and Sample.................................................................................. 19

Section 5: The Narratives.............................................................................................. 22
Section 6: Conclusion.................................................................................................40

References..................................................................................................................43
Section 1: Introduction

Samantha chooses one blue pebble from a dish of brightly colored ones I have offered her and holds it cupped in her palm. She is silent for a few moments as she looks at the pebble, runs her thumb over it. We have been talking for over an hour about her feelings of shame, isolation, and grief over having an abortion. As Samantha holds the pebble, her shoulders noticeably relax. When I ask her if she plans do something with the pebble, she begins to cry. “I didn’t take the ultrasound this time but I felt guilty, so I took a stone. I’ll always have something to remind me,” she says. Samantha starts to tell me what she will do with the stone, pausing several times to interject that I will think she is “really weird.” She tells me that she has a shoebox at home, in the back of her closet, where she keeps the ultrasound pictures from her two previous abortions. She wants to keep the pebble there since she did not take a copy of the ultrasound this time, but she thinks it may be bad for her to have this shoebox, that it may mean there is something wrong with her. I ask Samantha how she would feel if the shoebox was gone and she responds immediately and with conviction. She gives a startled half-laugh and declares that she would feel angry.

What did this shoebox mean for Samantha, and why did the loss of the shoebox produce a reaction of anger when she seemed so ambivalent about its existence and when the abortion itself produced feelings of shame, isolation, and grief? Her embarrassment that keeping the ultrasounds of her terminated pregnancies may be morbid or abnormal didn’t prevent her from her ferocious attachment to them. Samantha took the pebble out of a feeling of guilt, but in possessing the pebble it came to mean something more than an albatross to remind her of her culpability for the abortion.

Women who have abortions are stigmatized, and these stigmas can arise from multiple factors. Kumar, Hessini, and Mitchell (2009) argue that there are at least three archetypal constructs of the “feminine” that can be transgressed through an abortion experience: female sexuality solely for procreation, the inevitability of motherhood, and instinctual nurturance of the vulnerable. Women can be sanctioned for having sex or for becoming pregnant with the “wrong” partner, at the “wrong” stage of life, and other factors that are categorized as the “wrong” circumstances. They can be stigmatized for rejecting the “consequences” of sexual
activity and pregnancy. Rejecting a “natural” biological imperative to mother, women who have abortions can be stigmatized as “unnatural;” their desire not to mother can be framed as defying reproductive physiology and “long held ideals of [women’s] subordination to community needs” (Kumar et al.: 628). Any behaviors that deviate from the gender norms associated with women’s sexuality and fertility in the context of the pregnancy and abortion are possible sources of stigma.

In this study, I ask how women do gender in a stigmatized context by exploring women’s narrative constructions of their abortions. I show that women who have abortions engage gender discourses that produce abortion stigma by adopting narratives that are constructed from, reproduce, and sometimes subvert these discourses. I find support for previous research that argues that race/ethnicity and class are read through the lens of gender (Bettie 2000; Pyke and Johnson 2003). I hypothesize that women’s choice, manipulation, and deployment of various narratives are shaped by their differential positions as gendered, raced, and classed subjects on the one hand, and their own agency and experiences on the other. My findings also reveal that the process of negotiating stigma at times bolsters and at times challenges social control over women’s sexuality and fertility decisions.

I begin with a discussion of the social construction of gender and the extension of theories of gender performance into research about performances of race/ethnicity and class identities. I argue that these performances are shaped by local hegemonic femininities. To gain some insight into these local hegemonic femininities and how they vary based on race/ethnicity and class, I review existing research about abortion attitudes and the demographic characteristics of women who have abortions. I then introduce the narratives from this study and offer an analysis of these individual situations in the broader and shared cultural context of gender.
Section 2: Gender, Stigma, and Social Control

Research on abortion stigma is limited. Work in the field of psychology has examined abortion stigma and its effects on mental health (Major and Gramzow 1999; Kero et al. 2003) but offers a limited analysis of the social context of abortion stigma. Sociological literature has tended to focus on determinants of abortion (Finer et al. 2005; Torres and Forrest 1988) or offer public opinion (Hall and Ferée 1986; Gay and Lynxwiler, 1994), public policy (Luker 1984; Jagannathan 2006; Halfmann 2005), and historical and social movement analysis about abortion (Luker 1984; Biesel and Kay 2004; Halfmann 2005; Joffe et al. 2004; Kingma-Kiekhoffer 2003; Craig et. al. 2002; Stickler and Danigelis 1999).

Some qualitative research has explored women’s experiences of decision-making and feelings surrounding abortion (Gilligan 1982; Avalos 1999, 2003; Jones et al. 2008). However, previous qualitative research does not offer a critical feminist analysis of abortion and critical feminist analysis of abortion has not been applied to qualitative studies of abortion. Both are needed to advance knowledge of how women experience and negotiate abortion stigma and exercise agency to control their bodies and their fertility in repressive social environments.

Feminist gender theory about abortion emphasizes that fertility control is not a private strategy of individuals or families to help them cope with economic or other pressures; it is situated within social contexts and sexual power relations that women alternately try to accommodate and sometimes resist (Petchesky 1990, 25). These social contexts and sexual power relations are formed by the structures, beliefs and behaviors that constitute “gender.”

Gender is not a static property or role of individuals; it is omnipresent, affecting identities, socialization, interpersonal communication and behavioral patterns as well as cultural beliefs and institutional practices. On the macro-level, gender is a set of cultural beliefs which

1Liana Sayer, personal communication.
regulates the distribution of resources. Moreover, gender is a hierarchical organization of society that advantages men over women in material resources, power, status, and authority (Ridgeway 1997). At the interactional level, gender is the patterns of behavior performed by individuals and the organizational practices that are shaped by and support these macro-level beliefs and distributions. At the individual level, gender identity is a “…fusion or melding of personally created (emotionally and through unconscious fantasy) and cultural meaning” (Chodorow 1995, 517).

Gender is an emergent feature of social situations: it is both an outcome of and a rationale for various social arrangements and a means of legitimating the gendered division of society (West and Zimmerman 1987, 126). In this study, I examine how gender is constructed within social interactions and connect it to individual and structural features of gender. I analyze women’s narratives of their abortions as events of “doing gender” (West and Zimmerman 1987), so that the creation of meaning of the abortion involves the creation of an individual feminine identity for which each woman can receive social acceptance and self-acceptance. I find that women do gender in many different ways, and this variation is shaped by the structural features of gender and women’s concurrent positions in the structures of race/ethnicity and class.

Gender is “a routine, methodical, and recurring accomplishment...[and] is undertaken by women and men whose competence as members of society is hostage to its production” (West and Zimmerman 1987, 126). The accomplishment of gender includes the patterns of speech, systems of deference, stylizations of the body, modes of dress, and invocations and repudiations of identities performed by individuals within social interactions (West and Zimmerman 1987; Goffman 1977; Butler 1999). The bodily performance and repetition of these behaviors “congeal over time to produce the appearance of substance, of a natural sort of being” (Butler 1999, 43). Thus, men and women “sit, stand, gesture, walk, and throw differently... within gender, we may find individual differences, differences based on race, class, and sexuality, and differences based on size and shape of body. Yet, on average, men and women move differently” (Martin 1998). This difference in bodily behaviors is conflated with symbolic meanings and structural differences between men and women, so that the social differences between men and women are legitimated by their embodied differences that are displayed in interactions.
The pregnant body in particular is subject to more social, public scrutiny than the body prior to pregnancy (Upton and Han 2003). Pregnancy bolsters claims about the biological foundation of gender differences; the ability of human females to become pregnant (though not all females) is associated with an elaborate set of qualities and behaviors that arise from this biological function and the cascade of hormones associated with reproduction and sexual dimorphism (Udry 2000). Women who are pregnant both subjectively experience a sense that the “pre-pregnancy body and self has been lost” (Upton and Han 2003, 675) and are treated as pregnant women by other individuals and institutions such as medicine and the law (Upton and Han 2003, Bordo 1993, cited in Upton and Han, Roberts 1997, Marshall and Woollett 2000). Women are defined in relation to their pregnancies and are expected to organize their behavior in order to maintain, protect, and nurture the pregnancy.

Women’s reproductive functions in birth and lactation justify the gendered division of labor within the household and broader society based on these functions (Huber 2008, Hartmann 1981). An individual’s failure to do gender appropriately does not threaten the structure of gender; instead such failure “calls into account” the character and motives of the individual (West and Zimmerman 1987). Women who have abortions are called into account for not doing gender properly. A woman who has an abortion can be perceived as rejecting her biological and social duty to the fetus (Petchesky 1987, 1990; Avalos 1999, 2003; Gilligan 1984; Luker 1984; Biesel and Kay 2004). The desire to discontinue pregnancy may also imply sexual precociousness or failure to manage the body by preventing pregnancy, having intercourse, or failing to understand intercourse correctly by decoupling it from the “natural” occurrence of pregnancy. Abortion stigma, therefore, has two potential dimensions: one dimension addresses expectations of appropriate body management, including norms about when it is appropriate for women to have sex, with whom, and whether and how she should practice contraception; the second dimension addresses the naturalization of motherhood and women’s care giving work and regulates the behavior of pregnant women as a discrete, acutely gendered group.

When an abortion is framed as a desire not to mother, women are often condemned as pathologically selfish, shirking their obligation to their pregnancies. Many women in this study expressed that “the baby didn’t ask to be here” and felt that the abortion was a form of injustice to the “baby.” Anti-choice protestors outside the clinic shouted at them not to “kill their
babies,” and some of them had heard similar sentiments from people in their personal networks. The zygote, blastocyst, embryo, and fetus all become the baby, at least equal to and perhaps more innocent and therefore more worthy of life than the woman who is pregnant and is to blame for the pregnancy. Women are stigmatized for intervening in the “natural” consequence of intercourse, which is presumably pregnancy leading to delivery.

The situation in which the woman became pregnant is judged, and the abortion becomes the witness weight against which the context of a woman’s sexual activity is balanced. If women have “casual” sex and become pregnant, they can be called to account for their loose morality or for not using contraception (even though women may have used contraception that failed). Women who are in a relationship in which they may not have support to have a baby are judged for staying in a less-than-ideal relationship, and women who are in relationships where they would have support are stigmatized as selfish and unnatural in their rejection of their “babies.”

Goffman (1963) explains that stigma is conferred on individuals who occupy a certain category but fail to realize the norms of behavior associated with that category. Those who violate key rules or norms in a society are labeled as deviants from that society. Stigmatization is the devaluation of deviant individuals who are thought to possess some defiling attribute which makes them unable or unwilling to conform to social norms.

Deviance is not inherent to a particular behavior or attribute, but reflects a collective definition of what constitutes deviance based on a complex system of cultural practices and meanings. For example, while pregnancy within marriage is usually expected and couples who choose not to have children are stigmatized (Park 2002), pregnancy among unmarried teenage girls is presented as a social problem (Nathanson 1991). The existence of different rules for the same condition, pregnancy, demonstrates that the doing of gender varies based on social factors other than biological sex. This also suggests those who are labeled as deviant have some ability to manage stigmatizing labels, perceptions, and treatment.

Stigmatized groups can create subcultures and political action groups that challenge conventional norms and endorse a different set of beliefs. Crocker and Major (1989) suggest that by uniting, stigmatized individuals may be able to affirm and validate their minority culture
and values, and to discredit stigmatizing norms and values of the dominant culture. In the case of abortion, the movement to legalize abortion and the rhetoric of “choice” and bodily autonomy promoted by feminist activists is an example of an attempt to supplant conventional gender norms of motherhood and domesticity with ones of self-determination and independence.

However the majority of women who have abortions conceal their abortions from most people in their personal networks, and some women do not tell anyone about their pregnancy or abortion (Gramzow and Major 1999, Jagannathan 2001). Women who have abortions are therefore less likely to receive affirmation for their experience from others who share their stigma. Individual stigma management strategies include concealment of the stigmatizing characteristic, passing as “normal,” and developing identity beliefs that can allow the stigmatized person to feel like a “full-fledged human being” (Goffman 1963, 5; Nack 2000; Siegel et al. 1998; Thompson et al. 2003).

Nack (2000) finds that women with sexually transmitted infections (STIs) manage the stigma of their STIs by denying their health status to others. Similarly, Siegel and her colleagues (1998) found that HIV positive men manage HIV-related stigma by attempting to conceal their illness, by disclosing selectively under “safe” conditions, and by creating distinctions between themselves and other people living with HIV, which they call “reactive” strategies. Some men also used “proactive” strategies, including preemptive disclosure to present a positive framing of the illness and public education and social activist strategies that attempted to present this positive framing to a larger audience.

Goffman (1974) explains that frames are principles of organization that govern the subjective meaning of social events (p.11). These frames are anchored in a material reality, so that certain interpretations of social events are supported by certain frames. For example, the HIV-positive men in Siegel et al.’s (1998) study disclosed their health status widely in order to “bring about a discussion of the illness on their own terms” (p.17) and present themselves as “examples of normal functioning individuals” (p.19). By refusing to be ashamed of their status and displaying their good health, these men were able to positively frame their moral characters as community activists and educators. By manipulating the framing of their health statuses, the
men in Siegel et al.’s (1998) study were able to “make proactive identity claims in opposition to the notion of a ‘spoiled identity’” (p.19).

Goffman notes that frames are often not tightly anchored to any material circumstances; rather frames are developed and enacted within social interactions. As such, the framing of an experience exists within layers of social meanings, or within layers of other frames that are salient in specific social situations. For example, sexual inactivity may be appropriate among pre-adolescent children, but not among married couples. The meaning of childhood as a period of sexual dormancy and of marriage as a (hetero)sexual partnership changes the interpretation of sexual inactivity in each situation. Paralleling later gender theorists’ claims about the reification of gender norms into a set of organizing “truths” about men and women, Goffman (1977) argues that frames that organize social interaction produce the meaning of gender.

In their study of stigma management among women who worked as topless dancers, Thompson et al. (2003) found that “…Most of the dancers had young children and almost all of them cited money as their primary motivation for becoming a topless dancer” (p. 564). Women in their study emphasized their roles as caregivers, stating that they were dancing topless to support their families. By framing their stigmatized jobs as, ultimately, in service to the appropriately gendered work of caring for the family, these women manage stigma through an “appeal to higher loyalties” strategy.

In this study, I focus on the “appeal to higher loyalties” strategies and situate these strategies within the context of doing gender. Lorber asserts that “…The continuing purpose of gender as a modern social institution is to construct women as a group to be subordinate to men as a group” (Lorber 1994, 34, cited in Risman 2004). When women and men do gender appropriately they are buttressing the institution of gender; when they do gender inappropriately, they risk being devalued and as deviant and socially ostracized. The persistence of abortion stigma, despite the prevalence of abortion utilization, results from deep-rooted gender inequality at structural, interpersonal, and individual levels. Therefore women who have abortions must frame their actions in support of the institution of gender in order to manage
stigma. In contrast, some women challenge ideas about gender and question the legitimacy of this subordination.

R.W. Connell’s concept of “multiple masculinities” explains how gender hegemony is maintained even when most individuals do not “live up” to idealized gender expectations (Connell 1995, 2000). Connell (1995) argues that gender hegemony is sustained not by a static embodiment of dominant male-identified behaviors and characteristics over time and space by all or even a majority of men; rather, these characteristics need only be embodied by some men on some occasions to legitimate the domination of men as a group over women as a group. Connell refers to the doing of these dominant behaviors and characteristics as an enactment of “hegemonic masculinity,” which he defines as “the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordinate position of women” (Connell 1995, 77, cited in Schippers 2007, 87). It is the most honored way of being a man, and it requires all other men or masculinities to be positioned in relation to it (Connell and Messerschmidt 2005).

As these descriptions imply, “current-ness” and “the most honored way of being a man” vary over time and between cultures and subcultures. The substantive features of hegemonic masculinity can vary by race/ethnicity, class and generation. For example, in post-Apartheid South Africa, segregated and parallel patriarchies developed within race/ethnic groups. Historical changes in economic structure are related to the decline of the celibate priest and hard-working family man as dominant forms of masculinity in Ireland, to be replaced by market-oriented models of masculinity (Connell and Messerschmidt 2005, 835). Masculinities are subject to change and challenges to hegemony are common, but hegemonic masculinity always incorporates racial/ethnic and class structures.

Connell (1995) describes the relationship between hegemonic masculinity and other masculinities that fail to live up to idealized gender expectations. Complicit masculinities are “masculinities constructed in ways that realize the patriarchal dividend without the tensions or risks of being the frontline troops of patriarchy...” (Connell 1995, 79, cited in Schippers 2007, 87). These aspirant forms of masculinity lack sufficient resources, whether material, social, or
cultural, to be accepted into the hegemonic form, but embody some of the qualities and traits of the idealized forms. The pervasiveness of complicit masculinity, as a weaker version of hegemonic masculinity, sustains hegemonic configurations through an “ascendancy achieved through culture, institutions, and persuasion” (Connell 1995, 79).

Connell (1995) further asserts that the dominance of heterosexual men emerges from the subordination of homosexual men, so that homosexual masculinities are conflated with femininity. Subordinate masculinities and marginal masculinities (men in disadvantaged racial/ethnic and class positions) are subordinated for the ascendancy of hegemonic masculinity so that gender hegemony is linked to heterosexual, white, middle-class status.

Connell’s concept has been developed to study multiple femininities (Pyke and Johnson 2003, Schippers 2007). Connell argues that women have few opportunities for institutionalized power relations over other women. However, Pyke and Johnson’s (2003) and Bettie’s (2000) empirical research reveals that other axes of domination such as race/ethnicity and class embody a “hegemonic femininity that is venerated and extolled in the dominant culture, and that emphasizes the superiority of some women over others, thereby privileging white upper-class women” (Pyke and Johnson 2003, 35).

Schippers (2007) explains that “hegemonic femininity consists of the characteristics defined as womanly that establish and legitimate a hierarchical and complementary relationship to hegemonic masculinity and that, by doing so, guarantee the dominant position of men and the subordinate position of women” (94). Gender relationality is a central feature of the construction of gender (Goffman 1977, Ridgeway and Correll 2004, Schippers 2007) so that the symbolic construction of hegemonic masculinity depends on the construction of femininity. This definition emphasizes that when women do gender correctly, they must behave in ways that maintain their subordination to men. For example, in contemporary Western society, hegemonic masculinity has three key features: the construction of desire for the feminine object, physical strength, and authority. Hegemonic femininity complements these features by exalting desirability, physical passivity, and dependence as its defining qualities.

Hegemonic masculinity and hegemonic femininity are locally defined, shaped by race/ethnicity, class, and cultural and historical processes. The features of hegemonic
masculinity can vary substantially and gender relationality does not have to be hierarchical (Schippers 2002, Eskilsson 2003, cited in Schippers 2007). For example, hegemonic femininity can echo the qualities of hegemonic masculinity. In their study of white and Asian femininities, Pyke and Johnson (2003) find that “white women are constructed as monolithically self-confident, independent, assertive, and successful” (50-51) and Asian women were perceived to be passive, weak, quiet, and submissive, even among Asian women who did not themselves identify as having these characteristics. Asian women who felt that they were strong, independent, and vocal described themselves as acting “white” or as “not really Asian.”

Gender and race/ethnicity are performed and embodied simultaneously, so that gender is a racialized feature of bodies (Pyke and Johnson 2003). The association of these traits with characteristics of hegemonic masculinity underscores the imitative and racialized structure of hegemonic femininity: white women were associated with dominant characteristics and Asian women with subordinate ones, legitimating the hegemony of whiteness. The construction of gender, therefore, is not a unitary process. Rather, it is splintered by overlapping layers of inequality into multiple forms of masculinities and femininities that are both internally and externally relational and hierarchical. Within race/ethnicity, men are constructed as “monolithically self-confident, independent, assertive, and successful” (Pyke and Johnson 2003, 51) and women as shy, docile, and subservient, whereas between ethnicities, whiteness is associated with power and legitimacy.

In her study of Mexican American and white high school girls, Bettie (2000) finds that gender performances also vary by class and are interpreted differently based on the class position and race of the performer and of the reader. Mexican American girls who had middle-class aspirations and school trajectories that positioned them for entry into college were described as “acting white,” so that middle-class was associated with white. The sexuality of both white and Mexican American working-class girls was interpreted as problematic by teachers and white and Mexican American middle-class or middle-class performing girls. Though these were performances of class and race/ethnicity, Bettie argues that these performances are always read through the lens of gender, in this case of the girls’ sexualities.
Pyke’s and Johnson’s (2003) and Bettie’s (2000) research shows how gender, race/ethnicity, and class are done simultaneously. Gender is the “background identity” (Ridgeway and Corell 2004) against which race/ethnicity and class are performed. The doing of gender, of race/ethnicity and of class, are simultaneous and interrelated accomplishments, so that like gender, race/ethnicity and class are also “omnirelevant” characteristics of identity. In social interactions, race/ethnicity and class shape the local gender hegemonies that influence individual behavior. Women who have abortions often emphasize class, and more covertly or sometimes coded as class, race/ethnicity performances. By doing so, they situate their gender performances within the “higher loyalties” of hegemonic race/ethnicity and class.

To conceptualize forms of femininities that are subordinated as “problematic” and “abnormal,” Pyke and Johnson introduce the concepts of hegemonic and subordinated femininities. Schippers (2007) argues that there are no non-hegemonic femininities that parallel Connell’s complicit, subordinate, or marginal masculinities. Whereas subordinate masculinities are feminized, women who possess “masculine” characteristics such as sexual agency, authority, or physical strength, she argues, can never become masculinized as men who possess “feminine” characteristics are feminized. For these characteristics to maintain their masculinity, they can only be legitimately enacted by men. When women enact these qualities, they are not masculine, but are instead assumed to be contaminated, to contaminate social life, and threaten social (specifically gender) order. She calls femininities associated with masculine-identified qualities (such as authority and physical domination) “pariah femininities” to capture the implications of contagion and social exclusion associated with these femininities. Schippers asserts that hegemonic and pariah femininities can be replaced with alternative femininities (Schippers 2002, 2007). In these femininities, traits and practices that “do not articulate a complimentary relation of dominance and subordination between men and women” (Schippers 2007, 98, emphasis added) are valued.

The legitimating function of complicit masculinities described by Connell is lost in Schippers’ model of multiple femininities. She suggests that unless women are able to fully embody hegemonic femininities or participate in a community in which they display alternative femininities, they serve only as subordinate “pariah femininities” against which hegemonic femininity and masculinity are constructed. However, this discounts the ascendancy achieved by
the repetition of hegemonic cultural norms, the perpetuation of gender within the parallel and concurrent institutions of race and class, and the persuasiveness of gender ideologies with in the context of femininities.

Pariah femininities are femininities that threaten the legitimacy of hegemonic masculinity, but most women who would be categorized among these pariah femininities also act in ways that legitimate the racial/ethnic and class ideals of hegemonic femininity. Just as men who perform complicit masculinities receive some dividend from patriarchal power structures, women who adhere to some features of hegemonic femininity are conferred social and material benefits. The white women in Pyke and Johnson’s (2003) study were able to be seen as “powerful, competent, and independent,” adjectives traditionally associated with positive masculine characteristics. However, through the subordination of Asian women as “passive” and “meek”, white women were able to be perceived as feminine and as having these masculine-identified characteristics. Asian women who described themselves as opinionated or driven labeled themselves as “not really Asian” or as white. The middle-class performing Latino girls in Bettie’s (2000) research were similarly seen as “good girls” in relation to the problematic sexuality of working-class white and Latino girls.

Women who have abortions risk embodying pariah femininities, and some women offer alternate femininities in order to manage abortion stigma. However, I found that many of the women I spoke with framed their abortions as in service to a racialized and/or classed element of hegemonic femininity. The femininities they construct and occupy are neither hegemonic femininities, from which they are excluded by the pregnancy or abortion, nor are they pariah femininities or alternate femininities. Instead, these women align their gender performances with complicit femininities: they can perform race/ethnicity, class, or gender in accordance with some features of hegemonic femininity. By doing so they “appeal to higher loyalties” that are shaped by the race/ethnicity and class features of hegemony and attempt to escape “pariah” femininity.

Because they perform identities which are in deliberate accord with some aspects of local hegemonies, these women are not perpetuating the “alternate femininities” Schippers identifies. Instead, complicit femininities are aspirant forms of femininity that use the
legitimating power of racial/ethnic and classed elements of local hegemonic femininities. Women who perform complicit femininities, like men who engage in complicit masculinities, are receiving the “dividends” of social acceptance and the related emotional and material benefits of this acceptance. They attempt to do gender properly by invoking the raced and classed elements of hegemonic femininity but are not “on the front lines” of femininity, which would require them to continue their pregnancies.

Women do race/ethnicity, class, and gender simultaneously and the specific configurations of these performances are determined by women’s locations in these structures and their life histories. Because gender identity is a “confluence of personal and cultural meaning... [that is] idiosyncratically constructed and emotionally shaped” (Chodorow 1995, 524-526), women’s narratives of abortion offer unique insights into how gender, racial/ethnic and class hegemonies are sustained and challenged by individuals who operate under their dictates.
Section 3: Abortion in Context

Demographic factors influence abortion attitudes and utilization, suggesting that the meaning of fertility and abortion vary based in these factors. Minority, poor, single and young women’s fertility is constructed as problematic (Jagannathan 2006, Nathanson 1991, Roberts 1997). Because of this, abortion may be more acceptable than child bearing or both may be equally unacceptable, which may influence women’s decisions to have an abortion. Previous research about women’s reasons for terminating pregnancy and population-level trends in abortion emphasizes the economic (including domestic labor) and social contexts of childbearing and reveals that age, race/ethnicity and class influence women’s fertility decisions.

In 2000, 52% of women who had abortions were between ages 15-24, though they comprised only 31% of the general population (Jones et al. 2002). Abortion rates and reasons varied by race/ethnicity. Between 1991 and 2000, non-Hispanic Black and Hispanic women had the highest rates of abortion compared to non-Hispanic whites and non-Hispanic women from other racial/ethnic groups. Previous research suggests that variations in contraceptive usage, age of sexual debut, financial resources, take-up of medical care, and family structures that vary by race/ethnicity affect women’s experiences of pregnancy, abortion, and childbearing.

Public opinion and attitudes research about abortion has consistently found low rates of approval for abortion except in the cases of rape, fetal abnormality, or a threat to the life of the mother (Alvarez and Brehm, 1995, Cook et al. 1992, Craig et al. 2002, Strickler and Danigelis 2002;). Polling and research consistently finds strong support for the “hard” situations of abortion, that is, abortion access in “traumatic” cases (Tedrow and Mahoney 1979, cited in Jelen 1984) and weak or ambivalent support for the “elective” cases (Bernas and Stein 2001; Scott 1989; Hall and Ferée 1986; Jelen 1984).
Attitudes toward abortion vary by race/ethnicity, and within race/ethnicity, religiosity, level of education, rural vs. urban and Northern vs. Southern residence, and socio-economic status have differential influence on rates of abortion acceptance. Black Americans have the lowest acceptance rates toward abortion compared to whites and net of other factors (Gay and Lynxwiler 1990; Hall and Ferée 1986; Jagannathan 2006). Gender is significant among black Americans, with black women having more pro-choice attitudes than black men, but gender has no effect among whites (Hall and Ferée 1986).

A review of the literature emphasizes that ambivalence in abortion attitudes is common both on the pro-choice and anti-choice sides of the abortion debate and among blacks and whites; unequivocal support for either position is rare among individuals in either camp (Bernas and Stein; Hall and Ferée 1986; Scott 1989; Alvarez and Brehm 1995; Craig et al.). Attitudes toward abortion are enmeshed in a range of values related to attitudes about religion, work, children, and families. Both sides see the legality or illegality of abortion as connected to long-held, but rarely examined, core values (Luker, 1984).

For women having abortions, there are two important implications of these societal attitudes: the first is that these women are embedded in these societal debates and share at least some of the beliefs with pro- and anti-choice viewpoints. Women who choose abortion experience conflict about their abortions, particularly since they overwhelmingly tend to cite reasons that fall into the “elective” and therefore more morally ambiguous category of abortions. Even pro-choice women are likely to have some reservations about abortion, so most

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2 “Easy” or “Traumatic” cases are defined as cases in which there is a threat to the life of the mother, there is a risk of fetal deformity, or the woman is pregnant as a result of rape. “Hard” or “elective” cases are defined as cases in which the woman cannot afford a baby, has an unstable relationship or no relationship, or does not want any more children. These distinctions were developed from the questions in the General Social Survey by Coombs and Welch, 1982.

3 From a 1992-1996 study of 405 women receiving welfare in New Jersey.
women who have abortions must go through some process through which they reconcile their own ambivalence and maintain their social relationships with people who may have similar ambivalence or negative judgments toward abortion.

The second implication of these attitudes is the focus of this paper: that is, how do contextual factors change the perception, meaning, and acceptance of abortion? Class position and race/ethnicity differentially influence rates of abortion both through different cultural norms about gender and childbearing and through material constraints based on disadvantaged class and racial/ethnic locations. This implies that women must use strategies to manage abortion stigma that address their unique set of circumstances, but these strategies are conditioned by the shared social structures of gender, race/ethnicity, and class.

The qualitative literature about abortion offers some insight about how women manage their decisions to have abortions. Most studies assert that women make the decision to terminate pregnancy based on an “ethic of care” (Jones et al., 2008; Avalos, 2003; Gilligan, 1982). Gilligan defines an ethic of care as a uniquely female morality that arises from “….Women’s construction of the moral problem as a problem of care and responsibility in relationships...the logic underlying an ethic of care is a psychological language of relationships” (1982, p.57). Jones et al.’s study (2008) focuses on how women’s desires to be “good mothers” influence their decisions to have abortions. Similarly, Avalos emphasizes that women make the decision to have an abortion based on an “ethic of care” (Avalos 2003).

Though these authors and other researchers acknowledge that women have abortions for many different reasons, and that individual women often have several reasons for terminating pregnancy, (Finer et al., 2005; Torres and Forrest, 1988) the lack of qualitative research exploring the abortion decision outside of this rhetoric of care is problematic. Despite cautions that such analyses “should not be interpreted to mean that reasons related to motherhood are the only, or even the most important ones” (Jones et al. 2008, 95), the only understanding we have of women’s meaningful experience of abortion is through the limited focus of existing qualitative research. This focus implies, however unintentionally, that acceptable reasons for women to have abortions are those informed by gender-appropriate concerns about mothering and the feminized work of caring for the family.
Avalos’ interviews with women several years after they had abortions offer more complex insights into abortion experiences. She found that the women in her study experienced a range of emotions regarding their abortion, from satisfaction, to mild feelings of loss, to ambivalence and grief, and to unexplored depths of anger, sadness, and remorse. Avalos relates that these women’s narratives reveal “the shades of grey, the complexity, the contradiction and the ambivalence...[and] guide our attention to issues and questions that are broader than the customary abortion frames can accommodate” (1999, 55).

These post-abortion narratives, situated in women’s life histories, show that women simultaneously occupy multiple roles and manage conflicting interests. However, this study has three limitations: First, it does not reveal how meaning making affects women’s choices since this process is viewed as emerging years after the abortion; Second, it does not discuss how this process of meaning making relates to abortion stigma; and third, this analysis, like other qualitative studies about abortion, does not offer an inquiry into these meanings as situated in the profoundly gendered and gendering experience of pregnancy.
Section 4: Methods and Sample

Data for this project was collected over a twelve week period during which I worked in an abortion clinic as a patient advocate. My role as an advocate was to discuss both emotional and physical aspects of the pregnancy and abortion with women who are at the clinic for abortion services. I had worked at this clinic as a patient advocate for seven years previous to conducting this research and through my relationship with the facility, I was able to gain access to the women in this study.

I gathered participant observation information about women’s emotional experiences with sexuality, motherhood, and abortion through dialogue with them as an advocate. Each woman was verbally informed about the study at the beginning of the session and asked if they wanted to participate. They were offered the option of signing a written consent. All but two women solicited consented to participate, all women declined the written consent. The participant observation part of the study required anywhere from a half-hour to an hour of time with each woman, the normal duration of the advocacy session.

I recorded field notes using an observation form; these conversations were not taped. I took limited notes during the conversation, and wrote extensive field notes after each conversation. I limited note-taking to particularly meaningful phrases or associations, and I attempted to reproduce certain pieces of conversation as close to verbatim as possible. The narratives that follow are reconstructed out of these notes.

I limited note taking during the conversation for two reasons: the first was that the intention of the session was to provide a service to the woman involved and I felt excessive note-taking would draw attention away from the woman. Related to this, I felt that women would be less likely to share information if they felt that they are being scrutinized or exploited. The narratives, therefore, are shaped by my memory of the conversation as well as the pieces of conversation I was able to write down during the interviews.
I chose participant observation rather than tape recording these consultations because of the sensitive nature of the subject. Women may have felt inhibited to talk about their situations without the additional awkwardness of being taped. I was also concerned that women who felt vulnerable because they saw clinic staff as authority figures may have felt that they couldn’t decline my request and taping in this situation felt much more invasive than participant observation.

Ohio law requires women to meet with a physician at least 24 hours before she can have an abortion as part of an “informed consent” requirement. Women must hear a state-approved script that explains how the abortion is performed and the complications and risks involved in the abortion procedure. This requires women to make two visits, a preliminary visit where they have an ultrasound, meet with a patient advocate for a consultation, and meet with a physician to satisfy the state legal requirement. They return twenty-four hours or later for their procedure. Most women return within two weeks.

At the first visit, the clinic performs ultrasounds to confirm that the pregnancy is intrauterine and to measure the gestational age of the pregnancy. Women can elect to see the ultrasound or can refuse, and may also elect to keep a copy of the ultrasound. There is no audio amplification of the heartbeat during ultrasound and ultrasounds are performed privately unless the woman requests the presence of a friend, partner, or family member.

After their ultrasound, women have a private, individual consultation with a patient advocate. Patient advocates at Preterm are women because talking with another woman may make women who come to the clinic more comfortable than talking with a man. Women may request that a person who accompanied them to the clinic join the consultation, and the support person is included once the advocate has spoken privately with the woman about her decision making-process and any attendant feelings.

The consultation offers women an opportunity to process their decision and emotions, have questions answered about the abortion itself, and get information about what to expect and how to take care of themselves afterwards. Consultations generally range from thirty minutes to one hour, they may last longer but are very rarely shorter than a half-hour.
Women in the sample ranged from age 14 to 48, with only one woman at the low and one at the high end. Almost half (46%) of the women interviewed were women were between 22 and 29; slightly more than a quarter (27%) of women in the sample ranged from age 17 to age 21; women aged 30-39 comprised slightly less than a quarter (22%) of the population. Patients are able to write in their “race” on an open question in their paperwork, and I use their self-described race or ethnicity when I present their narratives. The majority (54%) of women identified themselves as “black” or “African American,” and an additional three women, who phenotypic ally appeared to be African American, did not fill out the race question. One woman identified as white and Latino, and one woman as Chinese. 34% of women identified as “white” or “Caucasian,” there were no white women who left the race question blank.

Class is inferred from women’s descriptions of their current finances, occupations, education, and living arrangements. All women who had a bachelor’s degree or more were categorized as middle-class, even those who may not have been working, unless they reported that they received welfare. The clinic collects information on whether women receive public assistance; all women who were receiving public assistance were categorized as working class or poor. If women had a job that was on the books and at least 20 ours a week, I categorized them as working class. Women who had irregular employment or were underemployed were categorized as poor. Women who lived in subsidized housing or lived with members of their extended families and were underemployed or unemployed were categorized as poor.

Minors’ and young women’s class positions were determined based on their zip code of residence, whether they received insurance through the state social service agency or through their parent or guardian’s employer, and to some degree their educational aspirations. Because there is significant variation in housing type and cost in some zip codes, I used zip code only to identify residence middle-class suburbs. Insurance type was also a problematic measure of class; parents/guardians may have been working class and had jobs that provided insurance.

Class position also emerged from women’s descriptions of their lives, from stories about their childhood to explanations of their finances as they discussed their decision-making process. Class is only reported for women who I felt I could identify with certainty.
Section 5: The Narratives

Gender becomes salient in contexts that are gender-typed in that the stereotypic traits and abilities of one gender or the other are culturally linked to the context (Ridgeway and Corell 2004). For pregnant women, gender moves from being a background identity to becoming the most salient feature of their identities. I approach these narratives as constructions of gendered, but also raced, and classed identities and present them as a series of ideal types. “Ideal” in this sense, is not equivalent to hegemonic; instead, I use this term to indicate a set of recognizable gendered identities that fit into complicit, pariah, and alternative femininities.

My use of women’s narratives to study the doing of gender is best articulated by Della Pollack in her analysis of women’s birth narratives. She argues that each narrative functions as a performative utterance that brings identity into existence through “an ongoing dialogic process.” Narrative is “not a means for revealing, for bringing to the surface the already ready-made character of a person’’, but is instead an ongoing process by which “a person . . . becomes for the first time that which [she] is” (Pollock 1999:256n2, ellipsis in original).

Women who perform complicit femininities use two narrative strategies to do gender appropriately: one strategy is to reference and invoke gender norms and align themselves with these norms; a second strategy is to construct an intelligibly “good” identity through invoking and repudiating a “constitutive outside” (Butler, 1993, p.3).

Using the first strategy, women are able to construct frames, or layers of social meanings, that situate their abortions in alignment with gendered, raced, and/or classed features of hegemonic femininity and perform complicit femininities. The second strategy, of invocation and repudiation, also helps women do gender appropriately. The “pariah femininities” Messerschmidt (2003) discusses appear prominently in this process. According to Butler (1993), the “constitutive outside” of gender is inhabited by “abject identities,” a group of unrecognizably and unacceptably gendered selves. Gender is “constituted through the force of
exclusion and abjection,” so that existence of a failed gender identity must be continually repudiated within the interactional process. Thus appropriate, or hegemonic, gender is done through the subordination of these abject or pariah identities.

Women who perform “pariah femininities” invoke hegemonic gender norms but position themselves temporarily in the “constitutive outside” of these norms. Women position themselves as having failed to do gender appropriately but in so doing they demonstrate their awareness of the “right” way to do gender. Their abortions are a consequence of this failure, unlike women who align their abortion with appropriate gender performances. Women who accept an abject identity attempt to defuse the power of this abjection by emphasizing that this abject position is temporary. They accept the legitimacy of hegemonic structures, and therefore are not enacting alternative femininities. However, these women are able to enact their choices outside of hegemonic authority.

Women who enact alternative femininities, on the other hand, question the legitimacy of hegemonic masculinity and, by proxy, hegemonic femininity. They have life experiences, support networks, or beliefs which allow them to reject the stigma of the abortion by rejecting the gender beliefs which confer this stigma. Alternative femininities emphasize the particularity of each woman’s situation and its incompatibility with hegemonic ideologies and practices.

I present the narratives under these three subheadings: the first are narratives that enact some elements of hegemonic femininities, and are categorized as “complicit femininities;” the second are narratives that accept hegemonic femininities but operate outside of their authority and therefore take on the status of pariah femininities; and the final set of narratives challenge hegemonic femininities and present “alternate femininities.”

Complicit Femininities

“The Good Mother”

Previous qualitative research has found that women who had abortions often expressed their desire to be “good mothers” (Jones et al., 2008; Avalos 1999, 2003) in relation to their decisions to terminate pregnancy. Women evaluated both economic and emotional responsibilities involved in mothering, and their concerns reflected the abstract ideas of ideal
conditions for motherhood. Women who were not yet mothers tended to specify a set of conditions necessary for motherhood, most commonly a reliable partner, economic stability, and emotional maturity. Women who were already raising children in less-than-ideal circumstances tended to construct the abortion as necessary to provide good care to the children they already had. Women who brought up health concerns did so in the context of their current parenting responsibilities (Jones et al. 2008).

Avalos (2003) finds that the informants (as she calls them) in her study “speak of the potential life in language that reflects care and attachment.” She notes that women make the decision to have an abortion in order to maintain the “web of relations” in which they live their lives. The “good mother,” as she emerges from these studies, is one who is caring of her existing children, of the potential child in utero, and other people in her social network. She makes her decisions based on an “ethic of care,” assessing her financial, social, and emotional resources and attempting to balance them all.

“Good mothers” affiliate themselves with idealized constructions of women’s nurturing and caring qualities. Through their concern about their families and toward the fetus, these women emphasize their identities as mothers and caregivers and align themselves with recognizable acceptable ways of being women.

Though the narratives of the “good mother” in my study are very similar to the ones in this previous research, I suggest a subset of this category that I will call “the better mother.” The “better mother” is constructed in relation to an abject “bad mother.” “Better mother” narratives show how disciplining some mothers as “bad” allows women who are having abortions to take up a normative and “better” position in relation to these more stigmatized women.

“The Better Mother”

Six women in the study, whose pregnancies ranged from 5.0 weeks to 13.6 weeks in gestation, articulated that they would not have the abortion if the pregnancy was more developed. “More” in this sense was associated with concepts of developing fetal sentience and
concerns about fetal pain. Ruby, who was the furthest of these six women at 13.6 weeks, had this reaction after we looked at pictures of fetal development:

I didn’t think it was gonna look like that...I mean, I didn’t even know I was this far...but it has eyes and fingers now. I heard some people come when they are five months. Do you all do ‘em at five months? Shit, you might as well go on and have it then. I couldn’t do it at five months ’cause it’s like a full-grown baby by then.

-Ruby, Black, 24, working class.

Ruby mitigates her discomfort with the development of her pregnancy by constructing a fictional woman who is further in the pregnancy than she is. In doing so, she is able to do gender appropriately. She indicates that she is sensitive to the fetus that can see and feel with its “eyes and fingers,” but her pregnancy is not a “full-grown baby”, in which case she would “go on and have it.” The certainty of the “full-grown baby” is a foil for the ambiguity of Ruby’s own stage of fetal development, and she can position herself as a normatively “better mother” than the “bad mother” who aborts a “full-grown baby.”

Of the forty-two women interviewed, all but four indicated that they were concerned about providing materially for another child. Three women who cited financial reasons for having an abortion overtly aligned with classed discourses that stigmatize poor mothers, though a majority implied similar judgments. Bree explains what a “bad mother” is:

I need time to be with my daughter. Some people choke they [sic] kids. Some people have five or six kids, don’t have a place to stay, eat ramen noodles all day.

-Bree, black, 27, working class.

Whereas Bree, like Ruby, constructs a fictional “bad mother,” three women in the study discussed their own mothers as examples of “bad mothers.” Bree’s conflation of neglect, child abuse, high fertility, and material deprivation are repeated in Dreena’s narrative. Dreena spoke proudly of having supported herself since age 18, and used the word “disgusting” to describe her living situation as a child:

My mom, she was on welfare. I don’t want to raise my kids on welfare. It was disgusting, the place we lived. She was lazy...she never did laundry. My
clothes were in a big dirty pile on the bathroom floor. I was embarrassed to go to school because I didn’t have clean clothes. I don’t think a kid should grow up on welfare like that.

-Dreena, white, 34, working class.

Dreena stigmatizes mothers who receive welfare as “lazy and disgusting” to support her argument that though she could probably manage to feed and clothe a child, “better mothers” provide a certain standard of living for their children. These working-class women created an abject other who was defined largely by her low socio-economic status. Dreena had grown up on welfare and expressed deep shame about her class position during childhood. Bree’s “bad mother” is similarly defined by a precarious class position compounded by high fertility. By invoking these abject identities that are simultaneously classed and gendered, Dreena and Bree can align their gender performances with classed features of hegemonic femininity.

“Better mother” narratives expand the binary model of “good mother” and the implied “bad mother” by creating a space for the ambiguity of women’s lived experiences. However, women who deploy these narratives “[take] up in regard to those...more stigmatized than [themselves] the attitudes normals take to [them]” (Goffman 1963, p.107). One way they do this is by appropriately performing classed aspects of hegemonic gender and repudiating the specter of a welfare or poor mother.

The relationship between gender and class emerges in “better mother” narratives through the invocation and repudiation of abject gender/class identities. Mothers are explicitly responsible for the production and care of children’s bodies and their characters (Engels 1972, cited by Hartman 1981, Petchesky 1990), so that a child’s competency as a member of society is tied to her or his mother’s competency in the gendered work of mothering. In “good daughter” narratives, class, gender and race/ethnicity are performed simultaneously, so that daughters position themselves as the “quality children” of “good mothers” (Petchesky 1990, p.38).

“The Good Daughter”

Six women in the study, ranging from age 14 to 22, discussed the abortion in relation to the goals their parents had for them or the values their parents had instilled, and there were, predictably, large areas of overlap between the two. Of the six, only two of the women, the
youngest at age 14 and one woman aged 18, told their parent(s) about their pregnancies. In contrast to “better mothers,” who described themselves in relation to irresponsible “bad mothers,” “good daughters” talked respectfully and protectively of their mothers. They were able to affiliate themselves with positive constructions of femininity and saw themselves as responsible, maturing young women. Of the four women who did not tell their parent(s) all of them cited fear of disappointing their parent(s) as their main reason for not disclosing their pregnancy to their parents.

Andrea, who was seventeen, had to obtain a judicial bypass in order to have an abortion without parental consent. Through her narrative, she acknowledges shame in becoming pregnant and manages her shame by taking responsibility:

I’m disappointed…I just had an abortion last year, and that time I told my mom. Everybody had opinions about what I should do, and I was real scared because I never went through it before and you hear all kinds of things…but I was fine so…I got the bypass this time, because I didn’t want to tell my mom I was pregnant again so soon. She helped me through the last one, and I don’t want her to think I didn’t learn…And I got all the money together myself and I feel like it’s my mistake and I’m taking care of it …

-Andrea, black, 17, class unknown.

Andrea feared disappointing her mother by not “learning” to manage her body and preventing a pregnancy. Suri, who also had not disclosed her pregnancy to her mother, talked about her feelings of respect and gratitude for her mother:

My mom had five kids and she couldn’t go to college…she had to work real hard to take care of us, and she always made sure we did our homework and did good in school…they told her she has cancer and I didn’t want to tell her about this…I feel like I just have to do something with my life so she knows all her hard work raising us paid off...

-Suri, black, 20, class unknown.

Suri’s desire to make her mother proud of her by “doing something with [her] life” was echoed by LaTanya, who felt that her mother “did a good job” of raising her as a single parent. She discusses her responsibilities as a daughter by invoking the example her mother had set:
Even though she and my dad didn’t stay together, she did a good job with me. She was 27 and finished with college when she had me. I don’t want to do this again but I have to...My boyfriend is a drug dealer and I’m going to college in Atlanta next year and I want to be able to take care of my child the way my mom took care of me and I know I’m not ready, because now it’s still all about me...

-LaTanya, black, 18, middle class.

“Good daughters” position themselves as the beneficiaries of motherly care and sacrifice. Even when Suri talks about the conditions in which she wants to parent, she situates herself not as a potential mother, but as a daughter who can have her life be “all about her.” Rather than repudiate a negative female identity, these women are able to adhere to a positive identity both because they have a strong affiliation with their mother and because they are able to claim the master status of “daughter.” In this case, the postponement of fertility actually makes these daughters “good.”

Race/ethnicity and class were conflated in LaTanya and Suri’s narratives. Suri stated that she “did not want to be another statistic” and felt that her mother had tried to give her a class advantage that was also a way to separate herself from the stereotype of a pregnant black teenage girl. LaTanya made a point of naming the suburb she grew up in, which is white and middle-class, and stating that she hadn’t grown up in the neighborhood of the clinic, which is an urban, predominantly black working-class area. The mention of her boyfriend, a “drug dealer,” also implies her desire to distance herself from the racialized and classed abject identity of the inner-city African American teen. In order to repudiate these racialized identities, Suri and LaTanya must emphasize that they were raised with middle-class values by mother who did gender and class appropriately.

For two white women in the study, having an abortion because they were pregnant by African-American partners was tied to their fears that their families would not accept mixed-race children. Lacy had just moved in with her father, who she stated had expressed anti-black sentiments. Though she felt he “might come around eventually,” she feared disappointing him. Similarly, Taylor worried that her parents, who cared for her five-year old son, would refuse to care for the pregnancy she was carrying and for her son if she had a baby that was not white. For these women, doing race was closely tied to their positions as white daughters, who relied
on the material and emotional support of their parents. In order to do gender appropriately and be “good daughters,” they had to do race appropriately and reproduce white children.

The contrasting narratives of the “better mother” and “good daughter” reveal the access women have to various narratives based on their stage in the life course. All but one of the “good daughters” were living with their parents, and this undoubtedly shaped their self-perceptions and constituted their subject positions as daughters. All except one of the “better mothers” had at least one child, whereas none of the “good daughters” had children.

“Good daughters” have abortions in order to achieve or maintain relatively high class positions by completing high school, going to college, and realizing their parent(s) goals for them. The doing of race/ethnicity for young African-American women is coupled with the doing of class. High and early fertility is a signifier of “bad mothers,” in contrast, low fertility (but not infertility) is a signifier both of bourgeois class aspirations (if not class position) and “good (or better) mothers.” “Good daughters” are the yield of their “good mothers,” or “better mothers,” who performed gender appropriately by delaying fertility and inculcating middle-class values in their daughters. For white women, reproduction of race is an important aspect of doing gender appropriately. “Good daughters” reproduce race as well as class.

Pariah Femininities

“The (Ir)Responsible Woman”

The gendered doing of motherhood is constructed around a set of feminized responsibilities, including nurturing both within the pregnant body and through childhood, providing material resources, and performing emotional care. Women can use their failures to do manage their bodies appropriately as indication of their “unfitness” for motherhood. In this case, women take on the abject identities that form the “constitutive outside” of femaleness. Four women in the study indicated that they had smoked cigarettes and/or used alcohol or drugs during their pregnancies, and two women framed their drug/alcohol usage as indicative of their unfitness for motherhood. This was the case for Lacy, who had grown up with an abusive mother. Lacy was 26 and had been supporting herself since age 18, but six months before our
interview, her life had changed drastically. She explains how her failure to be a “responsible woman” influences her decision to terminate her pregnancy:

In the last six months, I lost my car, my apartment, my job and I’ve been living on my own and taking care of myself since I was eighteen. I was drinking everyday...I didn’t care who I slept with...I don’t know the guy, I just met him out one night and he doesn’t care... I moved back in with my dad to try and clean up my act and I found out I was pregnant... I feel like I can’t get a break... When I found out [about the pregnancy] I stopped smoking and drinking but I knew I wasn’t going to have [the baby]. I don’t think I even want kids.

-Lacy, white, 26, working class.

Lacy feels that she needs to “get her life together,” and she is unsure if she wants children at all. Instead of discussing her concerns about drinking and smoking in the context of fetal health, Lacy frames her failure to appropriately manage her body sexually and her drug and alcohol use in terms of behavioral and economic reasons should not be a mother in the present situation. Her partner’s lack of involvement is significant because Lacy presents him as part of a pattern of “irresponsible” behavior rather than as someone whose support is influential to her decision. This distinction is subtle and bleeds easily into the Jones et al. “good mother” narratives.

However, these narratives are distinct; whereas “good mothers” affiliate themselves with practices and characteristics that support gender, racial/ethnic, and class hegemonies through their narrative constructions of the “ideal conditions of motherhood,” “(ir)responsible women” become responsible by assigning themselves to the abject position. They attempt to preempt or at least to mitigate possible censorious responses from others by accepting their failure to do gender appropriately. In so doing, they demonstrate that they are aware of “appropriate” female behavior and therefore become redeemable. (Ir)responsible women are able to exercise agency in having an abortion by framing themselves as undeserving or incapable of being “good mothers.”

“The Virtuous Woman”

Like (ir)responsible women narratives, “virtuous women” emphasize their failure to do gender appropriately as indicative of their unreadiness for motherhood. “Virtuous women”
define their sexuality through a set of conventional values that include monogamy, “appropriate” partner choice, and child-bearng within marriage. Liz, who was clear about having an abortion, narrated her virtuousness by comparing her values and behaviors to the ones with which she was raised:

    My mom was a virgin when she got married, and she preached abstinence to my sister and me. But she put us on birth control when we were in high school, she wasn’t stupid. I made my own decisions about when to have sex…but I’d never live with a guy unless I was married. And I’d have to be married if I was going to have a baby...

-Liz, white, 22, middle class.

Another woman, Taylor, expresses her desire not just to be married when she has a child, but for conception itself to occur “the right way- with a ring on [her] finger.” Six of the women in the sample expressed a desire to be married when they had a child, four of whom already had children and were not married. Women deploy the “virtuous woman” narrative not as an identity they have achieved; rather it functions as a moral position from which nonmarital child-bearng can be constructed as immoral. Liz suggests that abortion is preferable to the immorality of having a child without being married, whereas Taylor does not directly compare the two. Two of the remaining four “virtuous women” who expressed that they wanted to be married equated the “sin” of premarital sex with that of abortion, and believed, as Cheyenne stated, that “The Bible says God holds all sins the same, and that God forgives all of them.”

    Like “better mothers,” “virtuous women” align themselves with hegemonic ideas of “feminine virtues.” When women fall short of “virtuousness,” their decision to have an abortion is constructed as restorative, something that can help them eventually become the “virtuous women” and “good mothers” they want to be. Unlike “better mothers,” who embody some aspects of hegemonic femininity, “virtuous women” and “(ir)responsible women” construct their abortions as a result of their failure to do gender appropriately. This is not to suggest that women do not have negative feelings surrounding their perceived failures to be virtuous or responsible. It is also important to note that the abortion itself is never transformed into a virtuous or responsible act in these narratives. Instead, these narratives allow women whose
sexual and fertility behaviors are part of this “constitutive outside” to manipulate their subordination to exercise agency.

“Penitent Women”

“Penitent women” accept their subordinate status but fear that they will be permanently part of a “pariah femininity.” Like other “pariah femininities,” “penitent women” feel that they have failed to do gender appropriately. However, the exercise of agency is more complicated for these women than for (ir)responsible or virtuous women, who believe that they will be able to still be “good women” at some future time. Penitent women often express fears of social or religious punishment for becoming pregnant or having an abortion. They feel that they can not “make up” for the abortion, but are in situations where continuing the pregnancy would have high emotional and material cost. These women often express feeling “trapped” and blame themselves for the situation.

Sharee’s narrative shows the layering of penance and penitence involved in processing pregnancy and abortion. Her husband was in prison when she became pregnant in an extra-marital relationship. She felt that the abortion was the only way to salvage her marriage. She already had two children by fathers other than her current husband, and felt that another child by a different father would end their relationship.

This is what I get for cheating...I prayed on it, I prayed for a sign that I shouldn’t do this...I didn’t get anything, but maybe I got a sign and I didn’t see it. I asked my mom, I didn’t tell her I was pregnant, but just what did she think about abortion and she said “If you lay down you should pay for it” and I asked my brother, ‘cause he was in jail, what would you do if your wife got pregnant when you was in jail and he said he wouldn’t have nothin’ to do with his wife or the kid...so I gotta do this but I mean I do think it’s killing a kid...

-Sharee, black, 27, in poverty.

Sharee constructs the pregnancy as the punishment for her infidelity, but she does not want to “pay” for “laying down” by having a baby and sacrificing her marriage. She is unsure if the abortion is wrong; on the one hand she feels that it is “killing a kid” but when she prayed she did not get any divine guidance against having an abortion. Some “penitent women” create their own punishment in order to demonstrate their remorse and as a display of suffering.
Taylor planned to go through the abortion procedure with only a local anesthetic. She took her ultrasound to make herself “face what she was doing,” and thought that she “should feel guilty” for having an abortion. For Taylor, the physical pain of the abortion and the emotional burden of guilt were ways for her to suffer. Through suffering, she could show remorse both for getting pregnant and for having an abortion. Taylor felt that she could only forgive herself if she “learned her lesson” to not “make bad decisions about men.”

Like Taylor, Sharee also planned to go through her abortion with only local anesthetic, but this was not an act of penitence. She could not afford to pay the additional $65 for an intravenous sedative. Sharee could not think of an adequate punishment for cheating on her husband or for having an abortion. She carried the guilt of the pregnancy and abortion and felt that she was a “bad woman.” Penitent women are ambivalent about their agency. Their punishment for sexual agency is pregnancy, but they choose not to accept this penance. Their penance for the abortion is physical and psychic suffering, but they are uneasy as to whether their penance is sufficient to make up for having an abortion. Taylor thought she could forgive herself only if she “learned her lesson” and Sharee repeatedly expressed fears that she would not be able to get pregnant again as punishment for having an abortion. These women do not have intelligibly “good” identities that they can affiliate themselves with, or they do not feel that such an affiliation would be believable. They see themselves as part of the “constitutive outside,” sexually promiscuous, callus to the fate of the fetus, not fulfilling their female responsibility to the fetus they are carrying. Unlike virtuous women, who feel that the abortion will allow them to align themselves to the qualities of hegemonic femininity at some time in the future, “penitent women” view the abortion as another failure to realize this alignment. They experience emotional distress and may be negatively sanctioned by people in their lives for having an abortion, but they enact their choices despite this.

Alternative Femininities

Some women’s narratives offer alternative constructions of their abortions, so that appropriate gendered behavior does not rely the invocation and repudiation of abject others, framing themselves as unfit to have children, or the doing of hegemonic race and class. Instead, these narratives challenge the legitimacy of hegemonic femininity and masculinity, both within
their narratives and through their actions. They offer definitions of femininity that reflect individual lived experience to refute ideologies that stigmatize women for having abortions. Women emphasize their oppression and vulnerability when they do gender in accordance with the dictates of hegemonic femininity and masculinity. They engage and refigure the patriarchal authority of religion to support their spiritual beliefs and emotional needs. In so doing, these women reject characteristics and practices that symbolically situate men as dominant over women and instead proliferate alternative femininities.

“The Self-Reliant Woman”

With 40% of all births occurring outside of marriage (U.S. national Center for Health Statistics, 2007), the economic situations of women who have children are no longer defined by their relationship to men through marriage. Women in the study emphasized that they must be able to take care of themselves and made their decisions about their pregnancies with the expectation that they would be solely responsible for the economic support of their families. Kendra had only told her mother and partner about the pregnancy and her decision to have an abortion, and both of them wanted her to continue the pregnancy. She explained her feelings about the situation:

When I first told him I was pregnant and I was talking about having an abortion, he just stared at me without talking. I kept asking him what did he think, and he said ‘You [sic] break my heart if you do it, and I’ll be happy if you don’t...’ but I gotta think about what I can handle. I keep thinking he’ll get over it, and I don’t know what’s gonna happen with him anyway. My mom was like, you can’t keep on having abortions and that she’ll look after [the children], but I can’t ask her to do that and at the end of the day they come home to me and I gotta make sure they got clothes and they get fed.

-Kendra, black, 25, in poverty

Despite the lack of emotional support for her decision and the assurances of material support from her partner and mother, Kendra argues that she is ultimately responsible for her children’s well-being and that she must make the decision based on what she alone can manage. Georgia, who lived with her partner, felt that self-reliance was crucial because of her experiences growing up:
My boyfriend wants me to have [a baby], but if the parents get divorced the mom is always stuck with the kid...My mom couldn’t afford to leave my dad...he punched me and he would beat on me...I’d call for her but she’d just stand at the bottom of the stairs and not do anything...

Georgia, white, 18, working–class

Georgia felt that her own mother’s financial dependence on Georgia’s father had made her powerless to protect her children. She stated that her partner was supportive and gentle, but still felt that she needed to be able to support herself. For Georgia, self-reliance was crucial for survival.

Self-reliant women also take pride in their accomplishments. Michelle had just been promoted at work, was finishing her dissertation in urban education, and had recently purchased a house. She stated that she wanted to enjoy these achievements and that, at age 34, having another child would threaten her accomplishments and plans for the future.

Alanna, a nineteen year old college sophomore, also emphasized her goals for the future and discussed her ability to make the decision to terminate pregnancy as an example of her emotional strength and independence. Alanna had an athletic scholarship to a Catholic college; she discussed how her campus had crosses in the common areas and she was aware that she would be in an environment with the looming specter of religious condemnation. However, Alanna said she was “focused on accomplishing something with her life” and that her parents and coaches had given her the confidence that she could “make a decision and stick to it.”

“Self-reliant women” frame the abortion as crucial to maintaining their financial and emotional autonomy. They discuss their goals and ambitions and express their concerns about being dependent on support from male partners and from family members. Unlike “better mothers,” who similarly emphasize financial independence, these women did not need to invoke the abject “bad mother.” Instead, these women framed their abortions as self-caring behavior rather than as selfish acts. They women offer an alternative construction of femininity by arguing that part of their responsibility as women is to be able to independently take care of themselves and their children.
“The Injured Woman”

The narratives of women who have been dependent and have not had authority in their relationships offer an interesting contrast to those of self-reliant women. These women discuss their attempts to be subordinate to the men in their lives and offer experiences that contest the legitimacy of the gender order. Nevaeh was having an abortion when she found out that her partner had, as she put it “a whole other life.” She discovered that he had children that he did not tell her about and felt she could no longer trust him. Ending the pregnancy was a way to finalize her relationship with her ex-partner. As she says:

I can’t get back with him after this, because it’s like, if I do this, then this is it. And you know when I told him I was pregnant he was like “I can’t handle this” and I was hurt. We been together for a while and you know, we get along and I mean I wasn’t trying to get pregnant...The only way I found out what was goin’ on was that he went to jail because he had a ticket that he didn’t pay, and the cops came to our house to get him and my cousin, who he [sic] friends with was there and he told [my cousin] to put his phone up. So I checked his phone...I’m not like that, I don’t like checking up on people, but I don’t know...something told me to check it ‘cause why are you going to worry about your phone when the cops [are] takin’ you away? There was a text message on there that said “I need money” and you know, no boys would be sending that stuff to other boys just like that, so I called the number and I talked to his baby’s mother. And she was real polite and we had a real conversation, she told me straight up that she had a kid with him and that she was pregnant by him and was seven months pregnant, and I can’t be with nobody who lies like that. I feel like I don’t even know him, that all this time we been together and he’s lying to my face...

-Nevaeh, black, 21, working class.

Nevaeh’s partner’s betrayal was a reason to end the relationship, and the abortion was part of this ending. Her partner’s history with his other children made her uncertain that she would get any financial or child-rearing support she might get from him, but this was secondary to her feelings of anger and sadness that he had been dishonest with her. Though she identified as pro-choice, she had “never thought [she would] have an abortion.”

Taylor, a 28 year old white nurse, also chose to have an abortion in order to sever any possibility of a future relationship with the father of her pregnancy. She had learned she was
pregnant after she broke up with him, and felt that if she continued the pregnancy she would be more vulnerable to resuming a relationship she thought was dangerous.

I was taken in by his looks...but I found out he was trouble. He goes to bars and gets in fights. He's in jail now for a DUI he got in 2004 because he got caught drinking and driving again. The father of my five year old...that was a bad situation. He was violent and my parents, it was really hard for them. They tried to help me a lot when I was with him and I left but I kept going back to him because of our son. I thought I could change him...but I finally left him. Now I got myself in the same situation.

Taylor, white, 28, middle class.

Taylor’s previous experience in an abusive relationship made her acutely sensitive to what she called “warning signs” from the father of her current pregnancy. The possibility for another harmful relationship supported her decision to terminate the pregnancy, despite her identification as anti-choice.

Susanne’s partner knew of her pregnancy and his reaction to her decision to have an abortion both increased feelings of guilt and bolstered her decision to terminate her pregnancy. When she told him that she was thinking of continuing the pregnancy, her partner accused her of planning to break-up with him and of cheating on him. During our conversation, Susanne acknowledged that she was considering abortion because she was unsure about the relationship, but she had not talked about this with her partner.

I asked him if he’d take the baby if we broke up and he said “You better get rid of it then.” It was like a slap in the face...We tried to get pregnant a year ago and I got pregnant but I miscarried at three months. After that I got on birth control but Dave got really mad...he said I must be cheating on him and didn’t know why I didn’t want to get pregnant again right away, so I threw [the pills] in the garbage.

-Susanne, white, 33, working class.

Susanne felt guilty that she did not feel a strong emotional attachment to the pregnancy, and said she had “asked everyone if [she] should love the baby.” Susanne’s partner disclosed the pregnancy and impending abortion to his parents and they joined him in calling Susanne a “baby killer.” He threatened to kick her and her fifteen year-old daughter out of his
house of she had the abortion and continued to accuse her of infidelity. Instead of being cowed by his actions, Susanne was able to point to this mistreatment as indications to end the relationship and as reasons for the abortion.

Women exercise agency to protect themselves from further “injury,” but in order to claim this agency they must show that they are able to be injured. The proof of injury allows them to question the legitimacy of hegemonic masculinity- they emphasize the ways they performed gender appropriately and yet did not receive the “dividends” of hegemonic femininity. For four women in this sample, including the cases of Taylor and Susanne discussed above, the proof of their came from the threat of violent partners. For an additional three women, partners were controlling and either refused to engage in contraceptive behavior or, in the case of one woman, deliberately sought to impregnate her.

“Injured women” are able to engage sympathy for their narratives of past and future vulnerability. They are also able to reveal the women’s inequality and vulnerability in the institution of hegemonic masculinity. Subsequently, their abortions are cast not as calculated, selfish exercises of power but a reclaiming of the power taken from them. The exceptions to abortion restrictions that allow women to have abortions in cases of rape, incest, and threat to maternal life that are supported by a large majority of people (Craig et al. 2002, Jelen, Cook, and Wilcox 1992, Shaw 2003) reflect this connection between injury, sympathy, and restored agency.

“The Blessed Woman”

Though many women said they felt they could be forgiven by god for having an abortion, some women felt that they did not need to be forgiven. They challenged the notion that god disapproves of abortion and offered their experiences as evidence that god was helping them. Monique, a 24 year-old African American woman who was unemployed and received public assistance, stated that their religious feelings actually supported their decision to have an abortion. Monique had three children, the youngest of whom had just turned ten months old. She was clear that she would not be able to take care of an infant and felt that god had made it possible for her to get the money together to pay for the abortion. When
Monique was pregnant with her ten-month-old daughter, she had tried to get an abortion but had not been able to pay for it. Monique explained that though she had been very upset at the time, she now had faith that “Everything happens for a reason.”

Another woman explained that she had known since she was in high school that she only wanted one child, and she felt that God expected her to have an abortion:

I always knew I was a one-child woman...my son is 15 and I had such a hard pregnancy with him. I made a promise to god that if he got me through that pregnancy, I would not try to have another child.

-Andy, 37, Black, middle-class.

Andy’s own desire to have one child, which she indicated she felt before her difficult pregnancy, was supported by her promise to god. Monique and Andy, along with three other women in the study, felt that god supported them by making it possible for them to get time off from work, get rides to the clinic, be able to afford the cost of the abortion, and helping them feel peaceful and sure about their decision.

Some “penitent women” are able to transform their ambivalence about their abortions through the use of spiritual rituals; Samantha, who I introduced at the beginning of this study, used the shoe box as a way to grieve for her lost pregnancies. She called them her children, and the act of remembering them through keeping these mementos was a way for her to narrate her sense of loss. Though she felt that she was part of the “constitutive outside,” the ritual of grieving was redemptive for her. Women who have abortions are often stigmatized for being uncaring or insensitive to the pregnancy they are carrying. However some women feel real attachment and feel bereft with no way to express this loss. Samantha created a ritual which allowed to grieve, and in so doing she was able to create an alternative femininity where she see herself as a caring mother to the pregnancies she did not carry to term.
Hegemonic gender ideology includes the structures or race/ethnicity and class, so that the doing of gender always exists within racialized and classed contexts. Women who have abortions are able to manage stigma and exercise agency by doing hegemonic features of race/ethnicity or class that can be read through the lens of gender. In this way, the performance of complicit and pariah femininities maintains the legitimacy of the gendered, raced, and classed configuration of hegemonic gender relations.

Women are responsible for the production of children; physical reproduction and care as well as enculturation are associated with the responsibility of mothering (Lesthaege and Surkyn 1988, Petchesky 1990, Biesel and Kay 2004.) Reproduction of the “right” kind of child, a child of white race/ethnicity, with middle-class, capitalist values, is an idealized performance of gender. When women choose to have an abortion, they invoke this idealization. Some women argue that their current situations do not allow them to “do motherhood” correctly, and that the abortion will keep them from being the pariah or abject “bad mother.” Others argue that they are already pariah figures and are therefore unfit to mother. Both of these strategies reinforce the gendered, raced, and classed features of a naturalized female gender whose social value is related to reproduction.

However, women are also able to question the legitimacy of this configuration and argue that women’s survival depends on their economic and emotional self-reliance. Some women challenge hegemonic gender ideologies through their own histories, revealing the injustices and injuries caused by their subordination within the gender structure. One woman in the sample illustrates this through a curious use of the injured woman/penitent woman narratives. Liz, a 22 year-old white, middle-class woman, was confident about her decision to have an abortion. She had talked with her partner early in their relationship, before they started having sex, about their options if she became pregnant. Though her partner had expressed anti-choice feelings, stating that he “would never have an abortion,” Liz had told him that she would
not be ready to have children for several years and planned to have an abortion if she became pregnant. She wanted to focus on her career and thought her boyfriend should finish law school and felt that having a baby would impede these goals.

Liz identified as pro-choice and stated that she was “a way left-wing liberal.” She traced her pro-choice feelings to her socialization in the Greek-Orthodox church, which allows abortion in cases of rape, incest, or threat to maternal life. Though she cited economic reasons for having an abortion, she repeatedly referred to her physical smallness as an additional source of concern for continuing her pregnancy.

Liz was 5.6 weeks in her pregnancy, early enough to elect for a non-surgical, or mifepristone and misoprostol abortion. The process can take several days and women experience heavy bleeding and cramping during this time. Because the medications are taken at home, patients are required to give the clinic information about where they can seek emergency care. This information is collected at the end of the advocacy session, and when I asked Liz for this information, she requested that her boyfriend be present.

I collected him from the waiting area and brought him to our room. I asked him how he was feeling about the situation and he replied that he didn’t morally agree with abortion but that he supported Liz’s decision. When I asked him if he had any questions about the process, he said that he didn’t know what to expect. Liz indicated that I should tell her partner what I had told her about how to take the medications and what to expect. As I explained how the medication is administered and the probability of heavy bleeding and cramping, I began to feel like I was representing the process as potentially traumatic. Though he did not seem disinterested, Liz’s partner nodded occasionally and did not ask any questions. His stoicism and limited engagement with the subject created a dynamic in which the medical instructions I was giving became an assertion of Liz’s bodily vulnerability. This undertone emerged more clearly when Liz consulted him about the emergency room paperwork, a pointed reference to potential injury.

Liz’s use of physical vulnerability differs from “penitent woman” narratives because she does not feel, as do “penitent women,” that physical or psychic suffering is a consequence of the “wrongness” of abortion. Instead, she uses the possibility of injury to perform a feminine
identity that invokes sympathy. Nor is she exactly like “injured women,” who narrate their abortion decisions as responses to past injuries and strategies to limit future ones. Though she mentions concerns about her small size and carrying a pregnancy, the majority of her narrative centered around how a child would affect her economic and personal goals, as well as those of her partner.

Liz’s use of potential injury shows how women test narratives for fit, how they try to occupy ambiguous discursive spaces in order to exercise agency and still maintain a “worthy” female identity. My own participation in framing the abortion as potentially dangerous had a dual function: on the one hand, I was giving information as a medical professional about the physiological process of the abortion and on the other hand, I was helping Liz construct her identity as physically vulnerable and in need of support, in contrast to an abject figure who is emotionally and physically invulnerable.

Women’s bodies, sexuality, and reproductive abilities are subject to intensive efforts of social control. In response, women learn to do gender in multiple ways and can align their gender, racial/ethnic and class performances to be intelligibly “good” women while still exercising agency in choosing abortion. The gendered, raced, and classed identities women create in their narratives at times bolster and at times challenge the institution of gender.


