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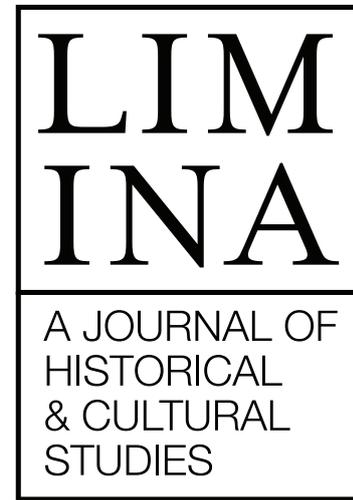
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Remembering epiphanies: Adapting the Reproductive Story to Include an Abortion Experience

Dorinda 't Hart

In this article, I explore the act of remembering the abortion experience within a larger reproductive narrative. A pregnancy is a private and intimate experience as it occurs within a woman's body, but reproduction is also infused with collective notions of women's bodies and roles in society and nation-building. These collective notions are enacted on the body and become internalised within the body. Hence, the act of remembering an abortion experience becomes an embodied memory of these sometimes-competing collective notions and internalised private desires. Using narratives from the project, Post-Abortion Narratives shared by Perth women, I argue that the theoretical concept of epiphanies can provide a vehicle for adapting tacit understandings of motherhood into clear articulations of the decision to terminate. I then explore the production of an artefact of the experience as described by two participants, Sarah and Leanne.

Introduction

In this article, I explore the act of remembering the abortion experience. A pregnancy is a private and intimate experience. It occurs within a woman's body and usually she is the first one to become aware of it, initiating a decision-making process.¹ A pregnancy, whether it is wanted or unwanted, is often accompanied by physical changes, hormonal, and mood changes, and sometimes with illness. Thus, the memory of an unwanted pregnancy and subsequent abortion is also a private and intimate experience. The memory of the event is located within the woman's body and sometimes thoughts and memories of the event emerge unbidden and intrude into daily life.²

Yet, the body is not only a private entity. It is simultaneously the vehicle for action in the social world. Thus, it is acted upon through interactions in the world and is thereby continually informed and inscribed socially and politically.³ Socially, a pregnancy foreshadows significant change in lifestyle, career, and family. Other than a spontaneous miscarriage or choosing to terminate, a pregnancy will necessarily create further changes in the now-mother's life through the birth of a child. Politically, reproduction is at times infused with collective notions of women's bodies and roles in society and nation-building.⁴ These collective notions are enacted on the body and become internalised within the body.⁵ Hence, the act of remembering an abortion experience becomes an embodied memory of these sometimes-competing collective notions and internalised private desires.

1 Ramatou Ouedraogo, Leigh Senderowicz, and Coralie Ngbichim "'I wasn't ready': Abortion decision-making pathways in Ouagadougou, Burkina Faso," *International Journal of Public Health* 65 (2020): 477-486. doi: 10.1007/s00038-020-01359-6.

2 JoAnn Trybulski, 'Women and abortion: the past reaches into the present,' *Journal of Advanced Nursing* 54, no. 6 (2006): 683-690. doi: 10.1111/j.1365-2648.2006.03871

3 Joan Cassell, *The Woman in the Surgeon's Body* (Cambridge, Massachusetts: Harvard University Press), 42; Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (St. Leonards, NSW: Allen & Unwin, 1994), 23.

4 Loretta Ross and Rickie Solinger, *Reproductive Justice: An Introduction* (Oakland, California: University of California Press, 2017), 92

5 Ross and Solinger, *Reproductive Justice*, 38; Cassell, *The Woman in the Surgeon's Body*, 43.

In this article, I first review previous research, especially studies that have examined reasons for an abortion. While the participants in this Western Australian study gave similar reasons for their decision to terminate an unplanned pregnancy, the contribution of this study is to engage with those reasons through the theoretical concept of epiphanies. I argue that the epiphany provides a tool for constructing the adaptation of internalised understandings of motherhood into clear articulations of the decision to terminate. I then explore the narratives of two of my participants, Sarah and Leanne, who also produced an artefact of the experience.⁶ These artefacts play a supportive role in the narrative of change described by these two participants.

Previous Research

In the study of women's abortion experiences, a key area of interest is in the reasons why women choose to terminate their pregnancies. This interest has been sustained over many years, in both settings of legal access and restricted access and the topic is often revisited in order to detect change in attitudes and/or access.⁷ This section will outline the significant trends in these studies.

The studies commonly determine that women find it difficult to pinpoint a solitary reason for their decision to terminate.⁸ Rather, women tend to point to a complex array of reasons, which together confirm that the decision to terminate their pregnancy is 'the right one'.⁹ Further, the reasons women give tend to be interconnected, such that care for self may well be connected to partner-related reasons and/or not being able to support another child.¹⁰ Or, the woman's stage of life and potential interruption of education or employment may be connected to what she would envisage as a good environment for the child to thrive.¹¹ Some studies speak to the influence of sexual partners and significant others, while other studies have examined the influence of beliefs in the decision-making process.¹²

6 Names used are those chosen at the time of the interview.

7 Victor J Callan, 'Repeat Abortion-Seeking Behaviour in Queensland, Australia: Knowledge and Use of Contraception and Reasons for Terminating the Pregnancy,' *Journal of Biosocial Science* 15, no. 1 (1983): 1-8. doi: 10.1017/S0021932083006215; Lawrence B Finer, Lori Frohwirth, Lindsay Dauphinee, Susheela Singh, and Ann Moore, 'Reasons U.S. Women have Abortions: Quantitative and qualitative perspectives,' *Perspectives on Sexual and Reproductive Health* 37, no. 3 (2005): 110-118. doi: 10.1363/3711005.

8 Akinrionla Bankole, Susheela Singh, and Taylor Haas, 'Reasons Why Women have Induced Abortions: Evidence from 27 countries,' *International Family Planning Perspectives* 24, no. 3 (1998): 117-152. doi: 10.2307/3038208; Bankole, et al., 'Reasons Why', 119; Finer, et al., 'Reasons US Women', 113.

9 Aida Torres and Jacqueline Darroch Forrest, 'Why do women have abortions?', *Family Planning Perspectives* 20, no. 4 (1988): 169-176. doi: 10.2307/2135792; S. Sihvo, N. Bajos, B. Ducot, and M. Kaminski, 'Women's Life Cycle and Abortion Decision in Unintended Pregnancies,' *Journal of Epidemiology and Community Health* 57, no. 8 (2003): 601-605. doi: 10.1136/jech.57.8.601; Maggie Kirkman, Doreen Rosenthal, Shelley Mallett, Heather Rowe, and Annarella Hardiman, 'Reasons Women Give for Contemplating or Undergoing Abortion: A qualitative Investigation in Victoria, Australia,' *Sexual & Reproductive Healthcare* 1, no. 4 (2010): 149-155. doi: 10.1016/j.srhc.2010.08.001.

10 Tonye Telema Wokoma, Malathi Jampala, Helen Bexhell, Kate A. Guthrie, and Stephen W. Lindow, 'Reasons Provided for Requesting a Termination of Pregnancy in the UK,' *The Journal of Family Planning and Reproductive Health Care* 41, no. 3 (2015): 186-192. doi: 10.1136/jfprhc-2013-100745.; Maggie Kirkman, Heather Rowe, Annarella Hardiman, Shelley Mallett, and Doreen Rosenthal, 'Reasons Women Give for Abortion: A review of the Literature,' *Archives of Women's Mental Health* 12, no. 6 (2009): 365-378. doi: 10.1007/s00737-009-0084-3.; M.A. Biggs, Heather Gould, and Diana Greene Foster, 'Understanding Why Women Seek Abortions in the US,' *Women's Health* 13, no. 1 (2013): 29. doi: 10.1186/1472-6874-13-29.

11 Sophia Chae, Sheila Desai, Marjorie Crowell, and Gilda Sedgh, 'Reasons why women have induced abortions: A synthesis of findings from 14 countries,' *Contraception* 96, no. 4 (2017): 233-241. doi: 10.1016/j.contraception.2017.06.014.

12 Karuna S. Chibber, M. Antonia Biggs, Sarah CM Roberts, and Diana Greene Foster, 'The role of intimate partners in women's reasons for seeking abortion,' *Women's Health*

In Australia, several studies have also been conducted to examine the reasons why women seek an abortion. An earlier study found that the most salient reason for Queensland women was, 'an inability to cope either financially or emotionally.'¹³ Following this, married women felt that their family was complete, while single women focussed on the disruption to studies or other life plans. A later study in Victoria found that many women were concerned about being too young and felt too immature to consider looking after a baby.¹⁴ Others felt the child deserved a better quality of life than what they could provide. Instability of relationships with the sexual partner were also a common factor in deciding to terminate. These reasons concur with studies elsewhere to present a picture in Australia of abortion decision-making as a complex and interconnected process.

How this process is remembered has received some attention in previous research, with the responses tending to fall into a 'relief versus regret' paradigm.¹⁵ While most studies point to feelings of relief immediately after the abortion, public discourse and media discourse tend to promote the expectation of emotional difficulty following an abortion experience.¹⁶ The reasons that my Western Australian participants have cited for seeking an abortion are not different to those reported by previous research conducted elsewhere. The contribution of this study is to examine the narratives of the abortion experience without the segregation of relief versus regret, instead employing the sociological lens of epiphanies. This concept will be further explained in a following section.

Issues 24, no. 1 (2014): e131-e138. doi: 10.1016/j.whi.2013.10.007.; Stephen L Fielding, and Eric A. Schaff, 'Social context and the experience of a sample of U.S. Women taking RU-486 (mifepristone) for early abortion,' *Qualitative Health Research* 14, no. 5 (2004): 612-627. doi: 10.1177/1049732304263677.; Mónica Frederico, Kristien Michielsen, Carlos Arnaldo, and Peter Decat, 'Factors influencing abortion decision-making processes among young women,' *International Journal of Environmental Research and Public Health* 15, no. 2 (2018): 329-342. doi: 10.3390/ijerph15020329.; Amy Adamczyk, 'The effects of religious contextual norms, structural constraints, and personal religiosity on abortion decisions,' *Social Science Research* 37, no. 2 (2008): 657-672. doi: 10.1016/j.ssresearch.2007.09.003.

13 Callan, 'Repeat Abortion-Seeking Behaviour', 6.

14 Kirkman, et al., 'Reasons Women Give for Contemplating or Undergoing Abortion', 152.

15 Tracy A. Weitz, Kirsten Moore, Rivka Gordon, and Nancy Adler, 'You say "regret" and I say "relief": A need to break the polemic about abortion,' *Contraception* 78, no. 2 (2008): 87-89. doi: 10.1016/j.contraception.2008.04.116.; Carol Sanger, 'Talking about abortion,' *Social and Legal Studies* 25, no. 6 (2016): 651-666. doi: 10.1177/0964663916668250.

16 Larissa I. Remennick and Rosie Segal, 'Socio-cultural context and women's experiences of abortion: Israeli women and Russian immigrants compared,' *Culture, Health & Sexuality* 3, no. 1 (2001): 49-66. doi: 10.1080/136910501750035671.; Zoë Bradshaw and Pauline Slade, 'The effects of induced abortion on emotional experiences and relationships: A critical review of the literature,' *Clinical Psychology Review* 23, no. 7 (2003): 929-958. doi: 10.1016/j.cpr.2003.09.001.; Maggie Kirkman, Heather Rowe, Annarella Hardiman, and Doreen Rosenthal, 'Abortion is a difficult solution to a problem: A discursive analysis of interviews with women considering or undergoing abortion in Australia,' *Women's Studies International Forum* 34, no. 2 (2011): 121-129. doi: 10.1016/j.wsif.2010.11.002.; Katrina Kimport, Kira Foster, and Tracy A. Weitz, 'Social Sources of Women's Emotional Difficulty After Abortion: Lessons from Women's Abortion Narratives,' *Perspectives on Sexual and Reproductive Health* 43, no. 2 (2011): 103-109. doi: 10.1363/4310311.; Pam Lowe and Sarah-Jane Page, 'Sophie's Choice: Narratives of 'saving' in British public debates on abortion,' *Women's Studies International Forum* 79 (2020): 1-7. doi: 10.1016/j.wsif.2020.102332.; Erica Millar, 'Mourned choices and grievable lives: The anti-abortion movement's influence in defining the abortion experience in Australia since the 1960s,' *Gender & History* 28, no.2 (2016) :501-519. doi: 10.1111/1468-0424.12220.; Katrina Kimport, '(Mis)Understanding abortion regret,' *Symbolic Interaction* 35, no. 2 (2012): 105-122. doi: 10.1002/symb.11.; Barbara Baird and Erica Millar, 'More than stigma: Interrogating counter narratives of abortion,' *Sexualities* 22, no. 7-8 (2019): 1110-1126. doi: 10.1177/1363460718782966.

The project: Post-Abortion Narratives shared by Perth Women

In the current research project, *Post-Abortion Narratives shared by Perth Women*, I sought female participants who had undergone a legal abortion within the last ten years in Perth, Western Australia.¹⁷ In Australia, abortion procedures have been covered under the federally funded Medicare health care plan since 1975, while the legal status of abortion services has remained under state jurisdiction.¹⁸ As a result, abortion has been available to women living in Perth at private clinics for a fee approximately double the Medicare rebate, long before decriminalisation occurred in 1998.¹⁹ Before decriminalisation, public surveys showed that 80% of West Australians supported abortion access in order to protect the health of the pregnant woman and in the case of foetal abnormalities.²⁰ With this long history of liberalisation and private availability, the view that abortion services are a necessary part of reproductive health has become increasingly hegemonic.²¹ In this context, I have sought to theorise the act of remembering the abortion experience, without falling into either side of the 'relief versus regret' paradigm.²²

The project, *Post-Abortion narratives* sought the participation of those who had experienced an abortion in order to examine the navigation of such a personal decision in this immediate social context.²³ My goal was to examine the tacit role of each woman's expectations for women and for motherhood as it informed their journey of negotiation and navigation towards their abortion decision. My interest lay in examining the exercise of the individual's agency while making a personal decision within a specific social context. By engaging with her narrative, I was able to employ an open-ended approach in which the participant could speak about those matters which were important to her.²⁴

17 Since 1998, a legal abortion in Western Australia is an abortion performed by a medical practitioner before 20 weeks of gestation, in an approved facility, after the woman has given informed consent. After 20 weeks, an abortion may be legal with the approval of a panel appointed by the Minister of Health. For more information, see *Termination of pregnancy: Information and legal obligations for medical practitioners* edited by Department of Health. Perth: Women and Newborn Health Service. Conversely, illegal abortions were those done prior to 1998, were self-induced, or induced by someone who is not a medical practitioner.

18 Medicare is Australia's federally funded public health care service. While an abortion was rebatable under Medicare, the legalities of the procedure were determined by the state governments. Barbara Baird, 'Decriminalization and women's access to abortion in Australia,' *Health and Human Rights* 19, no. 1 (2017): 197-208.

19 Barbara Baird, 'Medical abortion in Australia: A short history,' *Reproductive Health Matters* 23, no. 46 (2015): 169-176. doi: 10.1016/j.rhm.2015.10.002.

20 Stefania Siedlecky and Diana Wyndham, *Populate or Perish: Australian Women's Fight for Birth Control*. (Sydney: Allen & Unwin, 1990), 83; Cheryl Davenport, 'Against the odds: Abortion law reform in Western Australia,' In *Party Girls: Labor Women Now*, ed. Kate Deverall, Rebecca Huntley, Penny Sharpe and Jo Tilly (Australia: Pluto Press, 2001): 88-99.; Natasha Cica, 1998. 'Legal studies: Ordering the law on abortion in Australia's "wild west",' *Alternative Law Journal* 23, no. 2 (1998): 89.

21 Baird, 'Decriminalization and women's access to abortion in Australia', 197-208; Kerry Petersen, 'Decriminalizing abortion - the Australian experience,' In *Abortion Care*, ed. Sam Rowlands (Cambridge: Cambridge University Press, 2014), 236-243.

22 Weitz, et al., 'You say "regret" and I say "relief"', 87.

23 The project was reviewed by the Human Research Ethics Committee at the University of Western Australia, application number RA/4/20/5912.

24 Robert L. Miller, *Researching Life Stories and Family Histories: Introducing Qualitative Methods* (London: SAGE, 2000), 89; Catherine Kohler Riessman, *Narrative Methods for the Human Sciences* (Los Angeles: Sage Publications, 2008), 24.

Methods

For this research project, women were recruited via local newspapers and social media, and were invited to an interview of approximately 1-2 hours.²⁵ At the beginning of the interview, the aims and purpose of the study were explained, the audio recording made explicit, and the consent form signed.²⁶ A road map for the structure of the ensuing interview was also explained to the participant.

After briefly discussing her current circumstances, the participant was invited to share the story of her abortion experience, in her own way.²⁷ As the participant shared her narrative, I largely engaged in silent listening, giving feedback such as 'hmm' or 'yes', a nod or smile, and occasionally asking for clarification, usually around relationships.²⁸ At this stage of the interview, a deliberate attempt was made not to interrupt the flow of the narrative nor to derail her train of thought but to engage in attentive listening and to build acceptance and trust with the participant.²⁹ After the narrative appeared to have come to a close, the participant was asked to reflect on values and ideas that had surfaced in her narrative regarding motherhood, careers, and families. In writing Sarah's narrative, I chose to signal her pauses as a line break rather than three dots. Following sociologist Catherine Kohler Riessman's argument that transforming the spoken narrative into written text is also an interpretive act, I argue that this stylistic decision is a closer reflection of how she spoke, and I hope it will give the reader a small taste of sitting with Sarah and listening to her story.³⁰

Although I set out to engage with the participants' abortion narrative, the participants all shared their narrative within the context of their whole reproductive story. For some, this meant comparing their abortion experience with previous or later pregnancies. For others, it meant reflecting on the potential future child or children and the kind of circumstances they wanted to be able to provide for that child. This adaptation of their reproductive story to include an abortion, an experience that my participants did not seek to forget or diminish, will be further explored through the theoretical concept of epiphanies.

25 For further report on methodology, see Dorinda 't Hart, 'COVID times make "deep listening" explicit: Changing the space between researcher and participant,' *Qualitative Research* (2021): 1-16. doi: 10.1177/14687941211027780.

26 Steinar Kvale and Svend Brinkmann, *InterViews: Learning the Craft of Qualitative Research Interviewing*, 3rd ed. (Los Angeles: Sage Publications, 2015), 55.

27 Michael Quinn Patton, *Qualitative Evaluation Methods* (Newbury Park, California: SAGE Publications, 1980), 196; Alan Bryman, *Social Research Methods*, 3rd ed. (Oxford: Oxford University Press, 2008), 438.

28 Kvale and Brinkmann, *InterViews*, 29; Pierre Bourdieu, 'Understanding,' *Theory, Culture & Society* 13, no. 2 (1996): 17-37. doi: 10.1177/026327696013002002.; Paul Thompson. 2000. *Voice of the Past: Oral History*, 3rd ed. (Oxford: Oxford University Press, 2000), 239.

29 Thompson, *Voice of the Past*, 238; Elliot George Mishler, *Research Interviewing: Context and Narrative* (Cambridge: Harvard University Press, 2009).; John B. Talmage, 'Listening to, and for, the research interview,' In *The SAGE Handbook of Interview Research: The Complexity of the Craft*, ed. Jaber F. Gubrium, James A. Holstein, Amir B. Marvasti and Karyn D. McKinney (Thousand Oaks, California: SAGE Publications, 2012), 295-303; Don Ihde, 'Auditory imagination,' In *The Auditory Culture Reader*, ed. Les Back and Michael Bull (Oxford: Berg, 2003), 61-66.; Martyn Hammersley and Paul Atkinson, 2007. *Ethnography: Principles in Practice*, 3rd ed., ed. Paul Atkinson (Park, Abingdon, Oxon: Routledge, 2007), 110; Carl Rogers and Richard E Farson, *Active Listening* (Mansfield Centre, USA: Martino Publishing, 2015), 3,4.

30 Catherine Kohler Riessman, *Narrative Analysis: Qualitative Research Methods, Volume 30* (Newbury Park, CA: Sage Publications, 1993), 3.

Concept of epiphanies

An epiphany is an experience in a person's life that leaves an indelible mark and creates some sort of change within that person.³¹ Leaving an imprint on the person, the experience leads to ongoing reflection on events that preceded the experience and may be the catalyst to changing something in their life.³² As epiphany, the experience can become a tool for reflexive engagement with the perceived normalcy and naturalisation of the choices made.³³

Sociologist Norman Denzin argues that locating the epiphany is important because it reveals the intersection between the personal trouble and the public issue.³⁴ The notion that women's personal troubles are public issues has been promulgated by feminist thinking, particularly in the 1960s.³⁵ At that time, the catch phrase was, 'the personal is political' and productive work was done to unveil the private difficulties that many women experienced behind closed doors, and connect these troubles with the political struggle for equality.³⁶ This work was largely done through storytelling.³⁷

American sociologist C. Wright Mills similarly argued that in the study of social phenomena, it is critical to examine the intersection of biography and history.³⁸ Many experiences may appear to be a personal and idiosyncratic problem, but it is not enough to describe the personal experience. For a full-bodied explanation, examination must also be made of the history and structural forces that shape and inform the experience. The narrative will thus draw on those forces that shape their thinking about their experience.

This is true for the current study of abortion experiences. Each participant has made a personal decision. The narrative of becoming pregnant and deciding to terminate is experienced as a personal and unique moment. No participant's experience and subsequent narrative was the same as anyone else's. Yet, part of the intrigue of this project has been to understand the personal decision-making experience that has taken place within a highly politicized discussion. The epiphany helps make explicit the link between the individual experience and the social structures and norms that shape the experience.³⁹

While the epiphany occurs as a result of a personal trouble, it is also located within the public sphere. The experience of an unwanted or surprise pregnancy is a personal event, but the path to the abortion decision is located in the public realm of abortion debate. One of the reasons that access to abortion is a debated public issue is because it sits at the intersection of wider social values regarding reproduction,

31 Norman K. Denzin, *Interpretive Interactionism* (Los Angeles: SAGE Publications Inc., 2001): 34; Wanda K. Mohr, 'Interpretive Interactionism: Denzin's potential contribution to intervention and outcomes research,' *Qualitative Health Research* 7, no. 2 (1997): 270-286. doi: 10.1177/104973239700700207.

32 Ben Green, 'I Always Remember That Moment: Peak Music Experiences as Epiphanies,' *Sociology (Oxford)* 50, no. 2 (2016): 333-348. doi: 10.1177/0038038514565835.

33 Clare Chambers, 'Masculine domination, radical feminism and change,' *Feminist Theory* 6, no. 3 (2005): 325-346. doi: 10.1177/1464700105057367.

34 Denzin, *Interpretive Interactionism*, 37.

35 Barbara Baird, 'Abortion and the Limits of the Personal Becoming Political,' *Australian Feminist Studies* 33, no. 95 (2018): 129-146. doi: 10.1080/08164649.2018.1498735; Chambers, 'Masculine domination', 334.

36 Kate Pritchard Hughes, 1997. 'Feminism for beginners,' In *Contemporary Australian Feminism 2*, ed. Kate Pritchard Hughes (South Melbourne: Longman, 1997), 1-29.

37 Rosemarie Tong, *Feminist Thought: A More Comprehensive Introduction*, 3rd ed (Boulder, Colorado: Westview Press, 2009), 48; Baird, 'Abortion and the Limits of the Personal Becoming Political', 133.

38 C. Wright Mills and Todd Gitlin, *The Sociological Imagination*, 40th ed. (Cary: Oxford University Press, [1959] 2000), 6.

39 Chambers, 'Masculine domination', 330-331.

women's bodies and women's role in society.⁴⁰ Yet, each pregnancy is experienced by an individual woman within her particular circumstances and personal concerns. A pregnancy and subsequent abortion occur within her own private body so that her narrative is experienced personally and individually.

Denzin has identified four types of epiphanies: major, cumulative, minor or illuminative, and a relived epiphany.⁴¹ It is useful to examine the abortion narratives in terms of an epiphany, even though not all the participants experienced the abortion in the same life-changing manner. Retrospectively, the entire experience of an unplanned pregnancy and subsequent abortion did cause reflection and re-assessment of their lives and relationships to a greater or lesser extent. In this article, I engage with two narratives as examples of a major epiphany, an experience that creates significant change in a person's life. The first narrative, although the experience was not particularly upsetting or traumatic, is regarded as a major epiphany because of the significant change that Sarah describes having occurred within herself, which caused her to adapt to new ways of thinking and being. I then engage with Leanne's narrative, in which she critiques social expectations around teenage motherhood. She used her abortion experience as a driver for change in her own circumstances and life goals. Both participants speak to a significant artefact of their experience: an indelible mark on the medical record for Sarah and an indelible tattoo on Leanne's body.

Sarah's Adaptation Narrative

Sarah was 33 years old at the time of interview. She met her husband while travelling through England, then married and settled down there for 15 years.

I had my two children when I was, uh... maybe like, 20 and 22. So, quite young... and I... I'd always wanted to be a mum. And that was my family. And that was my family, done.

At this point in her life, Sarah then went to university to study midwifery. At the time of the abortion, she was just completing the last requirements for the degree and was looking forward to beginning her career. After a couple of cold winters in England, the family decided to move back to Australia where Sarah could then begin her career in midwifery. Together, Sarah and her husband had decided that they had a perfect family, and that their family was complete.

I had packed [husband] off
to have a vasectomy
and he got as far as the carpark of the hospital
in England
and he chickened out.
And he drove home again,
all intact (laughing).

Instead, Sarah had a copper coil (IUD) inserted, which should have lasted about five years, giving them time to move to Australia, get settled, and for her husband to have his vasectomy. Moving to a new country was a stressful time for them all and Sarah began to feel unwell. At first, she thought it was the stress and the jetlag; however, the symptoms did not pass after her arrival in Australia. She did not think it would be easy to get pregnant, especially with a copper coil inserted, but when she did a pregnancy test, it confirmed that she was pregnant.

Previously, Sarah had not given much thought to the ethics or implications of abortion. She had never been faced with the issue in her own life or in the lives of her friends. Even when the topic came up in her midwifery course, she had decided, 'I

40 Baird, 'Abortion and the Limits of the Personal Becoming Political', 129-146; Ross and Solinger, *Reproductive Justice*, 16.

41 Denzin, *Interpretive Interactionism*, 37.

don't need an opinion on this.' As she sat in the waiting room, she thought about her reasons for being there:

I was a little bit embarrassed because I thought,
well,
I've got two kids already.
I'm married.
I could...
I could have another child, like financially
we could have another child.
But,
I'd just started my career.
I didn't want to take maternity leave.
I didn't want to have a break in my career before it had even started.
We'd made a plan that we weren't having any more children.
We'd just moved country.
We hadn't got a house here.
We were living with my dad, my elderly dad.
It just wasn't the right time.

Sitting in the waiting room with her own thoughts, Sarah felt like she waited 'a long time.' Finally, the nurse called her in to do an ultrasound check, then to see the anaesthetist and finally the doctor who performed the procedure.

And then it all happened,
and I woke up
and they had...
they had some fruit and biscuits (laugh)
on a plate next to me when I woke up,
and a cup of tea
and my mum took me
home...

As the interview was about to conclude, Sarah suddenly asked me, 'Do you know about gravida and parity in maternity care?' I had to admit that I did not and asked her to explain. She said,

When a woman comes in to have her
baby. We say that
she's a G, is a gravida, how many pregnancies she's had. So, I'm a G3.
P for parity, is how many live births you've had.
So, I'm a G3P2, because I've had three pregnancies, two live babies.
I don't know if it's because I'm a midwife, this is the number that is in my
mind, that that was a pregnancy and that did happen.
And though it wasn't wanted, it still happened.
And it was still kind of important to me.

Sarah felt that she had transitioned from one medical category, G2P2 to another category, G3P2. She described that transition as 'significant' on an 'inward' level. She described the impact of the abortion experience as follows:

I haven't just erased it.
That baby didn't just
go
out of my life and it's never happened.
Like, I still think about it.
I still remember the experiences that went alongside it.
I still remember what fruit was on that plate
when I woke up out of sedation.

She also described her adaptation to thinking about abortion in a broader sense, not just in terms of her own personal experience. Hence, she noticed when my call for participants appeared in the local newspaper and acted on it. She now felt that she had an opinion on the topic. Further, as a midwife, she now takes note of other women's medical records and will sensitively ask them if they want to talk about their experiences. While the medical record stands as a concrete artefact of the experience, she read it as describing a significant event that had occurred in her life, creating change in her perspective and interaction in the world.

Discussion on Sarah's Adaptation

Before her abortion, Sarah describes herself as not having thought too deeply about what abortion entailed, neither for herself personally nor in the broader sense, politically or ethically. Rather, she had followed her life in the way that suited her: moved to England, met her husband and had two children, completed a degree and was ready to move forward in her career. The picture that Sarah drew of herself was of someone who had been well socialised in the path to womanhood and that it was the unexpected pregnancy which caused her to examine those roles and pursue a more active role in her decision-making.⁴²

Before her abortion, Sarah held tacit views on motherhood and life plans. She was happy with the flow of her life because the only unusual part was that she had her children before embarking on a career. As other studies have found, Sarah noted that many women create a career first and later become mothers.⁴³ In becoming unexpectedly pregnant, she was forced to examine these views, evidenced by the tension she felt while sitting in the waiting room, waiting for the nurse to call her. While many women consider terminating a pregnancy due to lack of resources, Sarah knew she could provide for a child.⁴⁴ She had the family stability to have another child, but it didn't fit her plans and the way she wanted her life to move forward. Just as teaching psychologist, Christina Zambrano-Varghese found that the development of life plans begins at a young age, Sarah acknowledged that her years at a private school for girls had shaped her tendency for planning, so that she was not prepared to change her life plan to accommodate the arrival of another child.⁴⁵ She was also happy with her 'pigeon pair' of children (a girl and a boy), which made her family complete. Similarly, Lawrence Finer's team from Guttmacher Institute (New York) and Maggie Kirkman's team from the Key Centre for Women's Health in Society and the Royal Women's Hospital (Melbourne) found that when women feel their family is complete, another child could interfere with their career goals.⁴⁶ The experience of the unexpected pregnancy and subsequent abortion thus created change in Sarah. Her tacit assumptions about life plans and motherhood came to the fore so that now she was also able to articulate her reasons for not wanting another child, those reasons being a completed family and readiness to begin her career.

42 Nancy Chodorow, *The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender* (Berkeley: University of California Press, 1999), 211; Fiona Joy Green, 'Re-conceptualising Motherhood: Reaching back to move forward,' *Journal of Family Studies* 21, no. 3 (2015): 196-207. doi: 10.1080/13229400.2015.1086666.; P. Choi, C. Henshaw, S. Baker, and J. Tree, 'Supermum, superwife, supereverything: Performing femininity in the transition to motherhood,' *Journal of Reproductive and Infant Psychology* 23, no. 2 (2005): 167-180. doi: 10.1080/02646830500129487.

43 Finer, et al., 'Reasons US Women', 113 ; Biggs, et al., 'Understanding Why Women Seek Abortions in the US', 7.

44 Rachel K. Jones, Lori F. Frohwirth, and Ann M. Moore, 'I would want to give my child, like, everything in the world: How issues of motherhood influence women who have abortions,' *Journal of Family Issues* 29, no. 1 (2008): 79-99. doi: 10.1177/0192513X07305753.

45 Christina M. Zambrano-Varghese, 'Life plan development in young adult women: An exploration using grounded theory,' *The Qualitative Report* 22, no. 1 (2017):136-159. doi: 10.46743/2160-3715/2017.2952.; Angela McRobbie, 'Post-feminism and popular culture,' *Feminist Media Studies* 4, no. 3 (2004): 255-264. doi: 10.1080/1468077042000309937.

46 Finer, et al., 'Reasons US Women', 113.

Further, subsequent to her abortion, Sarah adapted her way of being in the world in two ways. First, she read the new category of G3P2 as an artefact in her medical record and a symbol of the 'significant' change that had occurred to her on an 'inner' level. The event was important to her, and this artefact gave her a concrete souvenir for remembering it. She was also able to read similar artefacts in other women's medical records and adapt her interactions with them accordingly. Secondly, she became more aware of abortion as a political issue, such that she now noticed when it appeared in the news. Thus, she responded to my article and call for participants in the local newspaper and was keen to get involved in the research. She did not want to forget the event, nor did she feel that the abortion had erased the 'baby'. Rather, it was a significant experience that she embraced in her reproductive story and allowed it to shape her interactions with the world. Thus, I argue that understanding the abortion experience as an epiphany contributes to studies that examine this kind of long-term change and adaptation occurring from the abortion experience.⁴⁷

Leanne's Adaptation Narrative

Leanne was 26 at the time of the interview. She shared the story of her abortion that happened two months after her 18th birthday. She was working at a fast-food outlet at the time because she had, 'semi dropped out of school in year 12,' so had 'nothing' as 'qualifications' for any other kind of work. She was not in a relationship at the time, but she describes her lifestyle as follows:

I was... obviously young. Going out partying and drinking a lot. And it was a one-night stand who I fell pregnant to. Well... we were seeing each other, we'd seen each other a couple of times, but it was nothing... serious or whatever.

Leanne felt 'so alone' during the experience, that, 'it was horrible. To be honest, it was horrible.' She'd felt that she had no one to turn to or ask for advice. She'd felt trapped between being judged for 'being immature' and not taking precautions, or for becoming a 'teen mum.'

One of a big deciding factor for me was I didn't want to be... I didn't want to be a single teen mum, cos that's so shit. It's not, now, because well, I had [the oldest child] as a teenager. But, you know, and all those shitty shows and the way that people portray teen mums is just shit and I just refuse to be. And also ended up being one. But I was like, I refuse to be just a single teen mum, because just that, just that itself, people are just automatically like...

You know, like, where were her parents?

She's just a baby, how could she raise a baby? You know, all of those... negative, really negative that you know... people just assume that... teenagers can't raise babies and be decent people, which is not true but. That's a big thing.

Leanne was still a teenager when she became pregnant again at 19 but felt that, 'I just couldn't go through [an abortion] again.' She later married that partner, and they had another son together.

I felt so much better when I got married. Obviously, it didn't last because like, it was a stupid idea. But at the time, I got married, not because of him, not because I even liked him. But because I'd had a baby and I had to, to avoid being it. To avoid being a single, teen mum, I had to get married. And the second you're married, everything, like the way people treat you is so different.

47 Trybulski, 'Women and abortion', 684.

In the months that followed the abortion, Leanne started drinking heavily until she realised with a start that she was becoming 'like her dad'. So, she stopped drinking immediately and completely. Instead, she started planning a tattoo to commemorate her abortion.

I was trying to convince myself as well, I think at the time... that... I made this decision because I was strong enough to make the decision.

She chose the words, 'With Love Comes Strength,' which are tattooed across her shoulder blades, with the alpha and omega symbol at the base of her neck. She deliberately placed it at the back so that it would not be always in her vision. She has to, 'actively look for it,' in the mirror to be reminded, but also didn't want to forget. The abortion experience no longer drives her every decision, but is now something that is there that, 'never really made sense.'

It's just something that I... felt I needed to do. I'm... cos I didn't want to forget about it. But I didn't want to hold it. So, it was like I need some other way... to carry it with me, but not to hold it.

After that,

I started feeling like, 'No, I did make the right decision.' You know, and the more time went on, the more I was like, 'No, I've made the right decision.'

Leanne has since gone on to get a double diploma in community services and counselling. She works shift work in a homeless shelter and runs a busy family with four primary school-aged children.

I was like, 'Well, what did I do that for? If I'm not gonna do anything with my life? Why did I do that?' So, it is such a driving force behind quite a lot of the things that I do, because maybe I'm still making up for it. Making up for my decision.

She is determined to have a 'better life' and to 'give her children a better life.' She argues that, 'if I decide not to do the things that make my life better then what've I done [the abortion] for? Nothing. It was just a waste of time. So, now I do all these things.'

Discussion on Leanne's Adaptation

In her narrative, Leanne wrestled with the change that occurred in her thinking about motherhood, particularly single teen motherhood. Like many pregnant teenagers, her first (terminated) pregnancy saw her choosing between being judged for becoming pregnant and being judged for having an abortion.⁴⁸ Carrying her second pregnancy to term, still as a teenager, she simultaneously used negative depictions of a teen mum in the media as a reason for her abortion, while also believing herself to be competent as a teen mother. Hence, she juxtaposes seemingly contradictory sentences:

I didn't want to be a single teen mum, cos that's so shit.
It's not, now, because well, I had [the oldest child] as a teenager.

The use of contradictory sentences can be seen to be a way of moving thoughts forward in an effort to reconcile the contradiction.⁴⁹ Previously, Leanne had believed teenage motherhood to be negative, so she resisted becoming one. But her experience of an unplanned pregnancy at a young age and subsequent abortion, quickly followed by another pregnancy carried to term, forced her to re-evaluate these previously

48 Deborah Lupton, *The Social Worlds of the Unborn* (Basingstoke: Palgrave Macmillan, 2013), 78.

49 J. B. Grize and G. Pieraut-Le Bonniec, 'The use of contradiction in argumentative discourse: Argumentation within language,' *Journal of Pragmatics* 24, no. 1-2 (1995):17-34.

unexamined views on teen motherhood. These views have also been identified by public health researchers Maggie Kirkman et al., who reported that the teenagers in their cohort felt unready to proceed into motherhood, aiming to experience other things such as study or travel first.⁵⁰ Similarly, other public health studies into reasons for seeking an abortion, such as those conducted by M. Antonia Biggs, Heather Gould, and Diane Greene Foster from the Bixby Centre for Global Reproductive Health (University of California), and Sophie Chae et al. from the Guttmacher Institute (New York), have identified financial reasons and timing as two key issues that women face.⁵¹ A major concern expressed by many of their participants was interference in their life goals and education or career. However, while Kirkman et al. found that young participants adopted these views on teenage pregnancy, Leanne resisted and interrogated them, critiquing the stigma surrounding teen motherhood and using her abortion as a driver for change to pursue goals that previously seemed out of reach.⁵²

As with Sarah, Leanne also embraced the abortion experience into her reproductive story. Not wanting to experience another abortion shaped her subsequent reproductive decisions. It informed her decision to get married, to avoid the status of 'single, teen mother' and influenced her decision to return to study, to 'make her life better.' Like Sarah, she didn't want to forget the abortion, memorialising it in the form of a tattoo she could always carry on her body, but not hold before her face. Some studies have investigated the role of tattoos in serving as a bank of memories,⁵³ imprinting history onto the body.⁵⁴ Australian philosopher and feminist theorist, Elizabeth Grosz conceptualises the body as the threshold between the interiority of memory and the exteriority of the experience.⁵⁵ In this sense, the body is more than a surface on which to inscribe a tattoo, it is also the lived body through which the world is experienced. Hence, Leanne's act of memorialising her experience as an indelible mark on her body provided an avenue for her to create change in her life and subsequent decision-making.

Conclusion

I argue that through understanding these abortion narratives as an epiphany, both display the desire to create space to remember the abortion experience as significant. As embodied memory, Sarah embraced the terminated pregnancy into her total reproductive story, reading the medical record as an artefact through which she could make sense of her experience. Likewise, Leanne memorialised her experience in the form of a tattoo as artefact, in order to make sense of her experience. In both cases, the unplanned pregnancy and subsequent abortion was experienced as a major epiphany because it caused an examination of tacit views regarding the acceptable timing of motherhood. Previously held uncontested, these views were projected to the fore, and caused both Sarah and Leanne to adapt their ways of interacting with the world. Sarah, as a midwife, was able to adapt her nursing practice towards women with similar medical records. For Leanne, becoming intentional in her decision-making towards goals would give her, and her children, a 'better life'.

50 Kirkman et al., 'Reasons Women Give for Contemplating or Undergoing Abortion', 152.

51 Biggs, et al., 'Understanding Why Women Seek Abortions in the US', 6; Chae, et al., 'Reasons why women have induced abortions,' 235.

52 Kirkman et al., 'Reasons Women Give for Contemplating or Undergoing Abortion', 152.

53 Kristina Sundberg and Ulrika Kjellman, 'The tattoo as a document,' *Journal of Documentation* 74, no. 1 (2018): 18-35. doi: 10.1108/JD-03-2017-0043.

54 Abram Sandi, 'TattooYU: Tattooed Souvenirs from the Yugoslav People's Army and Regimes of Memory of the Body Inscribed with Socialism,' *Kultura* (Skopje) 5, no. 9 (2015): 103-115.

55 Elizabeth Grosz, *Space, Time, and Perversion: Essays on the Politics of Bodies* (New York: Routledge, 1995), 33.