“IT WAS EVERYONE’S JUDGEMENT”: EXPERIENCES SEEKING ABORTION IN SOUTHERN ALBERTA (2007-2017)

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To Kasey, Kim, and Abigail – thank you for trusting me with your stories.

Abstract

Due to Southern Alberta's tendency towards social and political conservatism, lack of local abortion providers, and prominent anti-abortion discourse, individuals in this region who need access to abortion care are likely to come up against multiple barriers. In this research, I use multiple methods of analysis to unpack the experiences of individuals seeking abortion care in this uniquely challenging setting. Utilizing discourse analysis, I examine the implicit and explicit messages being communicated by two main local anti-abortion organizations. Following this, I analyze the narratives of three women interviewed about their experiences being pregnant and seeking abortion while living in Southern Alberta. Overall, I work to illuminate how individuals seeking abortion in Southern Alberta experience barriers to information and services in this setting, and how these obstacles and encounters with local anti-abortion discourse can shape the way that some women understand their abortions, and also themselves.

Preface: On Reflexivity

As Riessman (1993) notes, "I have a point of view, and a network of relationships that influences the ideas presented here" (p. vii). To be consistent in my use of the critical feminist theories that are central to this research, it is crucial that I practice reflexivity, and attend to how my own identities and experiences shape the way that I have approached and understood this project. The production of knowledge, in interview-based qualitative research such as this, is not limited to the participants; it extends in important ways to the researcher themselves. Thus, I acknowledge the significance of my own role with regard to this project and its outcomes, and understand that I must orient myself in relation to the research and critically consider the potential impacts. While I continue to explore my own thoughts and reflections on this project throughout this thesis, I will take a moment here to situate myself more explicitly.

My interest in this research stems from my personal experiences as a woman, a feminist, a partner in marriage, a daughter, a friend, a peer, a student, a citizen of Canada, and resident of Southern Alberta. Although I have never experienced a pregnancy or sought out abortion as a result, I have felt the often unequal burden of responsibility for preventing unwanted pregnancies. I have struggled with the anxiety that comes with the possibility of a pregnancy that is unintended, and for which I would be deeply unprepared. I have shared conversations with friends about the overwhelming (if hypothetical) question of "what if…?", and supported these friends through their own experiences of pregnancies they could not continue, witnessing their struggle to make a decision that was right for them while balancing the opinions of their partners and families. I watched women I loved and cared about grapple with the burden of choice in

contexts where they would be stigmatized both for their pregnancy, and their decision to have an abortion.

Moving to Southern Alberta in pursuit of my undergraduate degree brought discourses of abortion into my daily life in ways I had not previously experienced. On the drive from Calgary to Lethbridge, I witnessed a steady stream of billboard advertisements warning me against abortion and its apparent dangers. On the University of Lethbridge campus, frequent demonstrations by the Genocide Awareness Project (GAP), as discussed in this research, created widespread upset with their use of graphic and disturbing images in service of an anti-abortion message. I would later come to understand that these images were not only distressing, but also taken unapologetically out of context to support the GAP's shock-and-awe strategy (Williams, 2014). My perception of the anti-abortion movement in Canada would indeed be shaped by my experiences with this group and their controversial displays during my time as an undergraduate student.

My understanding of Southern Alberta as a space of limited reproductive options was also influenced by my time as a research assistant with Dr. Claudia Malacrida, working on her *Childbirth and Choice* project (2016). Through its examination of the differences between the birthing cultures of Red Deer, in central Alberta, and Lethbridge, in southern Alberta, this research highlighted for me the ways in which the Southern Albertan context was indeed one of relatively limited reproductive options. Learning of women's experiences with prenatal care and childbirth in Southern Alberta as compared to another site within the same province furthered my interest in this area and its apparently restrictive attitudes on reproduction.

Since that time, I have continued to explore different aspects of abortion and other reproductive issues in Canada and Southern Alberta, understanding with growing clarity how far they extend, and built relationships with others who share my interests. As a board member for a developing reproductive justice advocacy organization based in Lethbridge, I hope my work both within and outside of academia contributes to the many goals of reproductive justice, including the de-stigmatization of abortion care and increased access for those who still face disparities.

A Note on Language

As my work on this project began, I unknowingly centered my research upon one type of participant: the cis-gendered woman, who experienced an unplanned pregnancy and needed information on her reproductive options. The further I delved into the literature on abortion, and on reproductive justice, I became increasingly aware of the slipperiness of the language I was attempting to use. My references to pregnant "women" and "pro-life/pro-choice" groups seemed to provide less and less clarity. In my earliest drafts, I even found myself avoiding the term "abortion" in favour of more neutral-sounding words such as "reproductive options" or "reproductive health care". Despite feeling that this vocabulary failed the ideas I was working to convey, I continued to use these terms in my writing without interrogation – until the complexities could no longer be ignored. So, here I will provide a brief explanation of the language choices that I have made in this research as I attempt to address this topic in an inclusive and honest way.

Concepts of reproductive justice are interwoven throughout every aspect of this project. Following work that has been done by reproductive justice activists and theorists to expand the scope of reproductive rights, I recognize that referring exclusively to "women" in discussions of abortion can erase experiences of transgender and non-binary persons who are able to become pregnant. As prominent reproductive justice advocates Loretta Ross and Rickie Solinger (2017) note in their own attempts to grapple with this issue, "we do not want to duplicate the prejudices that make transgender people invisible and vulnerable" (p.6). I hold this same goal, and will also work to avoid the reiteration of gender imperatives that exclude gender-diverse persons and minimize the importance of their lived experiences. However, as Ross and Solinger (2017) also note,

> [t]here is, of course, the danger that excising the term "woman" in order to include transgender [and non-binary] persons in our reproductive justice analysis can have the effect of effacing the particular lived experience of *women*, as societies have traditionally defined and recognized this categories of persons. Certainly the experience of being a woman has generally included being targeted for various kinds of sexual and reproductive oppressions and brutalities. (p. 7, emphasis in original)

Acknowledging the work to be done in balancing the historical and social significance of the lived experiences of women with the necessity of resisting the exclusion and erasure of transgender and non-binary persons, I seek to follow the path set forth by other reproductive justice authors. Learning from Ross and Solinger (2017), I will use the term "woman" when referring to past statistics, laws, policies, and other forms of discourse that have and continue to target women as a traditionally defined social group; when speaking about the present and wherever possible, I will use both "woman" and gender-neutral terms. I hope that this language contributes to further inclusion of transgender and non-binary people in conversations about abortion and reproduction, holding true to reproductive justice's commitment to broadening the scope of current understandings of reproductive rights.

As well, I have opted to use the terms "anti-abortion" rather than "pro-life", and refer to "reproductive justice" in place of "pro-choice". In using "anti-abortion", I hope to address the ways that "pro-life" erases the key interests of organizations that use this label. Further, my decision to use language about "reproductive justice" over "pro-choice" is informed by reproductive justice advocates' critiques of the ways in which an emphasis on "choice" fails to capture the intricacies of abortion and the social and political contexts in which decisions and discussions about abortion occur (Solinger, 2013; Ross & Solinger, 2017). I hope to work against the problematic silences and

shortcomings of the pro-life/pro-choice binary, and thus I will use language that acknowledges these complexities.

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Chapter 1: Introduction

The Problem

It has been more than three decades since the federal government fully decriminalized abortion in Canada following the *R v. Morgentaler* decision in 1988 (Stettner, 2016a). However, despite this step forward, consistent and equal access to abortion as a viable reproductive option has yet to be a reality. Numerous barriers persist for those seeking access to abortion services and information, ranging from practical concerns of travel and cost to political influence over policy and social issues of stigmatization. While abortion is no longer illegal in Canada, little has been done to meaningfully fill the gaps in access that are still experienced by those seeking abortions, and further, the persistence of deeply held stigma against abortion continues to reinforce all other barriers.

The significance of these issues becomes clearest when we consider the potential repercussions on people's lives. When a person seeking abortion is unable to gain access to it, there can be dire effects on their health and well-being (Gerdts, Dobkin, Foster, & Schwarz, 2016; Truong & Wood, 2018). Furthermore, people can face serious economic hardship and insecurity both at that moment and as they move forward in their lives (Foster et al., 2018). Despite the clear potential for harm through the denial of safe, legal, and timely abortion care, the debate over the right to abortion and questions of access are "alive and well in Canada" (Richer, 2008, p. 1). Thus, access to fair and full reproductive resources, and therefore the widespread de-stigmatization of abortion, remains of vital necessity in 2019.

In this research, I use multiple methods and modes of analysis to explore Southern Alberta as a uniquely challenging space for individuals seeking abortion care. In Chapter 1, I examine how barriers to abortion access persist across Canada and within Southern Alberta specifically. In Chapter 2, I outline the theoretical underpinnings of this work, the methods I chose to address my various research questions, and discuss some of the challenges I faced in recruiting interviewees for a project on abortion in this stigmatized space. In Chapter 3, I use Foucauldian discourse analysis to examine the implicit and explicit messages that permeate public discourse on abortion in Southern Alberta through advertisements and webpages produced by two main local anti-abortion organizations. In Chapter 4, I analyze the narratives produced by three women through interviews about their experiences being pregnant and seeking abortion while living in Southern Alberta. Using a two-tiered narrative analysis, I highlight the ways that these women both echo and resist anti-abortion discourse through their stories. Finally, in Chapter 5, I share my findings, reflect on the experience of being an abortion researcher in this space, and identify some avenues for future research. Overall, I work to illuminate how individuals seeking abortion in Southern Alberta may experience complex and compounding barriers in this setting, and how these obstacles and encounters with local anti-abortion discourse shape the way that my three participants understand their abortions, and also themselves.

Tracing Abortion in Canadian Law and Policy

Abortion has not always been a topic of concern for legal and political institutions in Canada. Here, abortion was first classified as a criminal offense around the nineteenth century, beginning with the prosecution of providers before this target was expanded to also include women seeking abortion (Stettner, 2016a). More than a century later, the

1969 *Criminal Law Amendment Act* partially decriminalized abortion in Canada, but those seeking abortion were still required to obtain the approval of a Therapeutic Abortion Committee (TAC). Therapeutic Abortion Committees consisted of at least three doctors, who were charged with determining the validity of a woman's claim to need abortion – evaluating the level of threat they saw the pregnancy posing to the woman's life or health through often inconsistent and unclear guidelines (Stettner, 2016a). Thus, women were compelled to prove their motives for seeking an abortion to the satisfaction of doctors who had absolutely no stake in the outcome of their pregnancy or its future consequences. As Stettner (2016a) notes, "the new law also did nothing to end the public discussion of abortion. If anything, the law was a turning point that initiated the deepening polarization of those for and against the legalization of abortion" (p. 44). Thus, as we continue to see today, this change in the legal status of abortion did little to quell the stigmatization of abortion, but provided new language through which the debate over abortion could be framed.

Indeed, decriminalizing abortion created little and inconsistent change for many women due to the imposed restrictions. Ultimately, this led to Canada's first national pro-choice protest in the country, the Abortion Caravan in 1970, in which women travelled across the country from Vancouver to Ottawa gathering support (Stettner, 2016a). Despite this and other ongoing activism, abortion was not fully decriminalized in Canada until 1988, with the *R v. Morgentaler* decision. Through this legislation, the Supreme Court ruled that the current laws on abortion that had been in place since 1969 violated women's rights to security of the person.

Even following full decriminalization of abortion in Canada, disparities have persisted across the country. With no federal legislation to guarantee certain conditions

aside from legality, abortion is now regulated through provincial institutions that can virtually shape abortion access however they see fit (Stettner, 2016a). By examining various barriers throughout Canada—and in Southern Alberta in particular—it becomes clear that people seeking abortion care continue to be left without consistent, affordable access, free from stigmatization.

Barriers to Abortion in Canada and Southern Alberta

My research focuses on the context of Southern Alberta. Characterized by political and religious conservatism, Southern Alberta is a space posing several challenges for individuals experiencing unplanned and unwanted pregnancies. With no local abortion providers, access is a very real concern – a problem that clearly persists across the country (Sethna & Doull, 2013). Further, there appears to be a lack of complete and unbiased information about reproductive options available in this context. Many of the local organizations that position themselves as resources for those seeking information about pregnancy options are either explicitly anti-abortion or adhere to a façade of neutrality despite being ultimately unsupportive of abortion. This combination of lack of access to providers and limited resources for unbiased information leaves those seeking abortion care in this locale in an undeniably precarious position. Individuals in need of abortion information and services in the Southern Alberta area face multiple potential barriers to reproductive autonomy that make this site both uniquely challenging while also reflective of the broader Canadian context.

In this chapter, I examine the various types of barriers that can hinder access to abortion as they exist both throughout the broader context of Canada and within Southern Alberta specifically. As literature that focuses directly on access to abortion in Southern Alberta is incredibly scarce, I will be utilizing work that comes from a national

perspective, outlining several recognizable barriers that persist across the country in order to take a more comprehensive look at Southern Alberta as a uniquely challenging context for those seeking abortion. First, I will examine the practical barriers that hinder access to abortion for many who need it, both in terms of services and information. Then, I will discuss the challenges that are created by political barriers, including ongoing attempts by members of government to recriminalize abortion. Finally, social barriers are explored, such as stigma and lack of support. I suggest that these multilayered barriers work together to create a minefield of potential obstacles, a space where seeking out abortion as a reproductive option can be extremely difficult for some.

Practical barriers.

At a practical level, many people who need abortion are unable to access it due to issues of distance. This necessity of travelling to obtain an abortion is not new. Historically, many women have been required to travel great distances for abortion care due to laws or a lack of providers where they live (Palmer, 2011; Sethna, Palmer, Ackerman, & Janovicek, 2013). Now, there is a misconception that the decriminalization of abortion solved these problems; many are unaware of just how much disparity in abortion access persists. Indeed, there are no guarantees in terms of the location or distance between abortion providers available to individuals, and thus, abortion access remains fraught with barriers today (Bourgeois, 2014; Joffe, 2009; Richer, 2008; Sethna and Doull, 2013; Stettner, 2016a). For instance, the fact that Prince Edward Island, Newfoundland and Labrador, Nunavut, the Yukon, and the Northwest Territories currently each have only one abortion clinic for their entire population speaks to the geographical gap that remains in Canadian abortion access even today (Abortion Rights Coalition of Canada [ARCC], 2018c).

These disparities are also apparent for those seeking abortion in Southern Alberta, as there are no local abortion providers. More than 200 km away, the Kensington Clinic and the Women's Health Centre at the Peter Lougheed Hospital represent the only options available for people in Southern Alberta. These two locations also serve the entire Calgary area; for the rest of the province, only one other clinic is available located in the city of Edmonton (AARC, 2018c). Outside of clinics, only 6% of hospitals in Alberta provide abortions (Hargreaves, 2017). So, for many people in Alberta, travel is a necessity to access abortion – an issue that is gaining important recognition (Yousif, 2019). It is also worth noting here that stigma against abortion can likely be understood as a contributing factor to this lack of providers, an idea which I explore a bit later.

One proposed solution to the problem of scarce abortion service providers has been the introduction of medical abortion in the form of Mifegymiso, a combination of two medications (misoprostol and mifepristone) that can be used to terminate a pregnancy. However, despite being approved for use by Health Canada, availability has been inconsistent at best ("Breakthrough abortion pill still difficult to find," 2017). Further, because Mifegymiso must be prescribed by a doctor who has completed mandatory training in the use of medical abortion (Hargreaves, 2017), this method nonetheless requires patients seeking abortion care to find and access a qualified and willing provider. For those in Southern Alberta, this means that medical abortion carries with it many of the same barriers as surgical abortion. I continue to unpack the shortcomings of Mifegymiso usage in addressing access issues in Canada later in this chapter.

In addition to—and sometimes as a result of—the burden of travelling to access abortion, there are also many potential financial barriers to be navigated. In Canada,

coverage for the abortion procedure varies: some provinces and territories offer full coverage for hospital and clinic-based abortion services through their provincial health care, while others provide funds for hospital services only (National Abortion Federation Canada [NAF Canada], n.d.-a). If a person is not covered by their local provincial or territorial health care program, they will likely have to pay for their procedure. In Alberta, the cost of an abortion can range from $250-$2000, depending on how many weeks the pregnancy has progressed, what method of abortion is being used (medical or surgical), whether the abortion is being performed at a clinic or hospital, and any other insurance or health care coverage a person may have. When opting for a medical abortion using Mifegymiso, coverage by provincial and territorial health care programs varies even more. Although Mifegymiso has been approved for use in Canada, not all provincial and territorial health care programs have agreed to cover the cost of the medication; fortunately, for those that have Alberta Health Care, the cost of Mifegymiso is fully covered (NAF Canada, n.d.-a).

While understanding and dealing with the costs of the abortion procedure itself can be difficult enough, there are also other financial costs involved in accessing abortion. As discussed above, travelling for abortion is a reality for many pregnant people, and this can be a significant burden. Costs that can result from having to travel for abortion include transportation to and from the hospital or clinic, accommodations, child care, and time away from work or school (Hargreaves, 2017; Sethna & Doull, 2013). At least some of these costs are inevitable for anyone living in Southern Alberta who requires access to abortion – posing challenges that may hinder their ability to reach the services they need.

Barriers to information.

It is clear that practical barriers to abortion services, like the distance to abortion

providers and financial burdens, are important issues to consider in understanding the lack of access to abortion in Canada and Southern Alberta. However, for any pregnant person who requires full and unbiased information about abortion, even before they need access to abortion services, further barriers exist. Just like providers for abortion services, finding resources for reliable abortion information can also be particularly challenging in Southern Alberta. Indeed, tensions over the provision of reproductive health information have long existed in this space.

Southern Alberta in general and Lethbridge in particular have a significant history as a site of contention over the provision of reproductive health services and information, which has ultimately led to the current landscape of resources (or lack thereof) today. One particularly important organization here is the Lethbridge Birth Control and Information Centre (LBCIC). The LBCIC opened in 1973, offering residents of Lethbridge birth control, sexuality and abortion information, with the later addition of prenatal care (Patton, 2014). It represented a key moment of reproductive activism in Southern Alberta, and a central resource for women to gain information about their reproductive options including abortion before controversy over its presence in the community forced its closure in 1978.

In the absence of the LBCIC, Lethbridge's sexual and reproductive health services fell to the Family Planning Centre, which opened in 1979 (Patton, 2013). This organization was the predecessor to what is now the Lethbridge Sexual and Reproductive Health Centre (LSRHC). In the current context, the LSRHC provides a range of counselling and information services very similar to that of the LBCIC. In addition to other sexual health services, they also provide counselling on and referrals for all pregnancy options including abortion (Hargreaves, 2017). However, a gap still remains in

terms of resources providing information on abortion in Southern Alberta, including in advertising such options to the public. With the LSRHC's efforts largely focused on other needs of its already substantial patient-base, there are few resources left to facilitate the same level of public advertisement about abortion resources as other organizations. This has created space for anti-abortion groups to dominate local discourses on abortion and make themselves the most highly visible resource for information about abortion through community-wide advertising campaigns. Once again, it is worth noting that the stigma against abortion may also play a role in the lack of public advertisement regarding abortion information by resources like the LSHRC. Despite being supportive of abortion access, openly positioning themselves in this way leaves the LSHRC open to potential backlash that could jeopardize their other efforts in the community.

Indeed, in Southern Alberta, few reliable resources for abortion information are openly visible, while those condemning abortion, or spreading misinformation, are prominently advertised. Across the country, many anti-abortion organizations position themselves as resources for women seeking advice about pregnancy options. Some remain explicitly anti-abortion while others, such as Crisis Pregnancy Centres (CPC), have begun to utilize a façade of neutrality by promising to provide non-judgemental information about *all* options. Research shows that CPCs actually offer women misleading and false notions about abortion and other reproductive options, while maintaining their image as a supportive resource through the use of language about choice and care that has been co-opted from feminist activism (Arthur, 2009; Bryant, Narasimhan, Bryant-Comstock, & Levi, 2014; Cawthorne, 2016; Saurette & Gordon, 2013; Stettner, 2016a). In Southern Alberta, the Lethbridge Pregnancy Care Centre (LPCC) is one of the most prominently advertised resources for abortion information, and

a clear example of a CPC. In Chapter 3, I explore the discursive tactics employed by the LPCC to present themselves as neutral, unbiased, and supportive resources for advice on all pregnancy options, while using misinformation to discourage clients from choosing abortion. Through this discursive analysis, Chapter 3 will also further examine how the imbalance in available resources for abortion information in Southern Alberta creates an environment in which those seeking abortion are vulnerable to being manipulated and misled by anti-abortion organizations while attempting to gather knowledge about their pregnancy options.

Medical gatekeeping as a barrier.

Although the *R v Morgentaler* decision of 1988 removed the need for women seeking abortion to obtain the approval of TACs, this has not necessarily meant that doctors and other medical professionals are no longer gatekeepers of abortion in Canada. Their cooperation, services, and supervision are required for both surgical and medical forms of abortion. For example, medical abortion via Mifegymiso is aimed at increasing access to abortion. However, the potential barrier of finding a medical professional willing to prescribe and monitor its use remains for Canadians, as Mifegymiso can currently only be accessed through a physician (or nurse practitioner, in some provinces) and requires ongoing medical observation.

Under Health Canada regulation, Mifegymiso can only be prescribed by a medical professional that has completed mandatory training, and is approved for use up to 9 weeks into a pregnancy (Alberta College of Pharmacy, 2017; Hargreaves, 2017). Before April 2019, an individual was also required to receive an ultrasound before obtaining Mifegymiso (Health Canada, 2019). Throughout the process, at least two visits to the prescribing physician are required, an initial visit and a follow-up exam one to two weeks

later to ensure the abortion was successful (Hargreaves, 2017). The prescribing physician is also in control of the way the drug is dispensed: though they can allow the patient to take Mifegymiso at home, they may instead require the patient to take it under their direct supervision (Alberta College of Pharmacy, 2017). Pharmacists also have a role to play in the process of obtaining medical abortion, and thus they too act as gatekeepers to access. Pharmacists are responsible for dispensing to the physician, but may also pursue training to dispense Mifegymiso directly to the patient where approved by the prescribing physician (Alberta College of Pharmacy, 2017). Overall, even in a best-case-scenario, an individual seeking abortion care in Alberta is subject to many encounters with different medical professionals before being able to access a medical abortion. In this way, the level of medical gatekeeping by medical professionals may be the same or even greater than in surgical abortion.

In spaces like Southern Alberta, where stigmatization leads even supportive resources to resist open advertisement of abortion services, a person seeking abortion care can be brought into contact with biased and unsupportive parties during their search for a willing provider. Thus, finding and connecting with a provider is also complicated by the question of each medical professional's personal beliefs. As in the case of surgical abortion, physicians are legally able to "conscientiously object" to the provision of Mifegymiso and are not required to prescribe it to patients who make such a request except in Ontario (Arthur, 2018). Pharmacists may also object but *are* required to connect the patient to an alternative source (Alberta College of Pharmacy, 2017). In Alberta,

> Conscientious Objection policy… requires objectors to refer patients to someone who can provide the service, OR to a resource that will provide accurate information on options. This means that no effective referral is required…. The second option to refer to a "resource" that can provide "accurate information" can be used as an escape clause by refusers. Information is not care, and the definition

> of "accurate information" can mean something different to an anti-choice physician who is convinced that abortion harms women. (ARCC, 2018b, p. 10)

So, if you are someone who is unsure of how to access abortion, and your family doctor or the doctor at the clinic you attend is opposed to abortion, they are in no way required to provide you with the care or information you need. Even worse, they may also connect you with resources that will actively *mis*inform you about abortion as a pregnancy option. For those who support bodily and reproductive autonomy, this situation is unacceptable and carries significant costs to those in need of abortion care. As established by Truong and Wood (2018), the refusal of health care providers to offer abortion and other reproductive care:

> violates the ethical principle of "do no harm," and has grave consequences for women, especially those who are already more vulnerable and marginalized. A woman denied an abortion might have no choice but to continue an unintended pregnancy. She may resort to a clandestine, unsafe abortion, with severe consequences for her health or risk of death. She might be forced to seek out another provider, which can be costly in time and expense. All of these scenarios can lead to health problems, mental anguish, and economic hardship. (Truong & Wood, 2018, p. 4)

Even among those professionals who do provide abortion services, they have the ability to establish their own gestational limit as part of their practice, depending on training and facilities (Hargreaves, 2017). Thus, gaps in care may remain for those who require abortion care at particular stages of pregnancy.

With no law requiring them to provide abortion services or reliable information, including where one may go to receive safe and timely abortion services, medical professionals who object to abortion represent another significant barrier that can prevent pregnant persons from reaching the care that they need. Indeed, both medical abortion—despite being understood as the solution based on the lack of surgical abortion providers—and surgical abortion are subject to obstacles of medical gatekeeping and

limiting stigmatization.

Political barriers.

As the second-wave feminist adage goes, "the personal is political," and indeed, politics can play a central role in determining the landscape of abortion access in a particular region. The political environment in which a pregnant person finds themselves can have dire effects on their ability to safely and legally access the health care they require, and this is particularly true for those seeking abortion. As we have seen in the United States with continued cuts to funding for abortion providers, incremental changes to gestational limits for abortion, pushes to implement a Supreme Court that would overturn the landmark *Roe v. Wade* decision in 2019, and many other concerning shifts, policy impacting abortion access can be unstable, and this is also true for Canada.

Political attempts to recriminalize and restrict abortion since its decriminalization have continued in Canada (Richer, 2008). As Richer (2008) traces abortion policy in Canada since the *Morgentaler* decision, she highlights ongoing legal and political contestation over women's rights to access abortion as part of their reproductive lives, and describes multiple private members' bills that were introduced up to 2008. The National Abortion Federation of Canada (NAF Canada, n.d.-b) has also tracked several more recent attempts at passing legislation that would hinder access or bring the legality of abortion into question, up to 2018. This included the introduction of bills focused on protecting fetuses from "third party attacks," motions calling for committees to determine when human life begins, or those that condemn discrimination against females through

sex-selective pregnancy termination (NAF Canada, n.d.-b).[1] As NAF Canada (n.d.-b) explains, while many of these examples avoid direct mention of abortion and utilize language that seems neutral or beneficial to women, many legal analyses suggested that they were "back door attempts to re-open the abortion debate" (Continued Attempts to Pass Legislation section, para. 4).

Across the country, anti-abortion organizations are also strategically working toward the election of more anti-abortion officials into key positions (Campaign Life Coalition, 2018). They recently celebrated the election of Progressive Conservative candidate Doug Ford as Ontario premier in June 2018 after he expressed his support for policies that would hinder access to abortion (Campaign Life Coalition, 2018). We can also see similar types of threats in Alberta today. The United Conservative Party (UCP), led by Jason Kenney, has also demonstrated problematic attitudes on abortion access. Exemplifying his beliefs as a federal Member of Parliament, Kenney made an inquiry that asked parliament to examine the potential health risks of abortion and whether or not it was medically necessary, and supported a motion that asked for a review of the section of the Canadian Criminal Code that defines a fetus as a human being only after birth (Maimann, 2018), which is essential to the decriminalization of abortion and bodily autonomy of pregnant persons. Again, this echoes anti-abortion discourse, using multiple tactics that are further unpacked in Chapter 3. The UCP also recently refused to participate in debating and voting on a bill that ultimately passed to instate "buffer

[1] The notion that sex-selective abortion is a rampant occurrence in Canada has been a recent target of the anti-abortion movement. This again reflects their co-opting of feminist discourse, as they claim they are thus invested in protecting girls from violence. Furthermore, their framing of sex-selective abortion also has racial (and racist) implications. See Kang (2016) for an in-depth discussion of these issues.

zones", which protect abortion clinics in Alberta from abusive anti-abortion protesters (Bennet, 2018). In this instance, the UCP failed to uphold the rights of individuals to seek legal, safe abortion care free from harassment. Further, Joseph Schow, a UCP member recently elected for the Southern Alberta riding of Cardston-Siksika, was quoted in 2016 saying he would fight for restrictions on abortion access (Maimann, 2018). Concerns about ties between the UCP and anti-abortion organizations have also continued to grow, as groups like RightNow and The Wilberforce Project encouraged their members to become increasingly involved in the UCP to help get anti-abortion candidates on the ballot (Bellefontaine, 2018). The Wilberforce Project also formally endorsed Jason Kenney in the UCP leadership race (Wood, 2018). Indeed, following the UCP's election, prominent anti-abortion organizations have expressed excitement at the prospect of what this means for abortion policies in the province, and have already called upon Jason Kenney to make immediate changes (Campaign Life Coalition, 2019). Taken together, these instances present an enduring threat to abortion access and continued attempts to build barriers that recriminalize and restrict abortion both in Alberta and across Canada.

Social barriers.

Perhaps the most pervasive barrier to abortion access is social stigmatization. Stigma against abortion functions as an essential tool for *maintaining* the barriers to full reproductive access discussed above. It is reinforced by particular discourses of abortion, while also simultaneously reproducing these discourses. As I will explore at length in Chapter 3, anti-abortion organizations focus on language of regret, shame, and guilt which work to enhance the stigmatization of abortion, targeting women in ways that may encourage them to internalize the trauma cause by stigma and understand it as an inevitable consequence of having an abortion. Bourgeois (2014) outlines in her

examination of Canadian *pro-life* discourses that the most prominent themes "present a narrative about femininity, reproductive health choices, and abortion" (p. 22), arguing that these discursive tactics represent a significant barrier to women's reproductive autonomy.

The prevalence of abortion stigma in Southern Alberta—most visible through the anti-abortion billboards and public advertisements that are displayed prominently throughout the region— fosters a climate in which there is a gap in social support for individuals seeking abortion and those who have undergone abortions. This lack of support, and the isolation that it creates, can potentially lead to difficult post-abortion emotions like guilt, regret, and shame (Mullan, 2016). As I will explore in my analysis (Chapter 3), anti-abortion discourses exploit these potentially negative emotions, framing them as inevitable consequences of abortion in order to create a sense of fear around abortion. This strategy further stigmatizes abortion and works to solidify existing barriers to abortion access.

In an environment where abortion is stigmatized, resources for accessing information or services are made scarce; we have seen in this chapter that this is the case in the Southern Albertan context. Canada lacks sufficient numbers of fully-trained medical professionals willing and able to provide abortion services, and if this issue is not addressed comprehensively, gaps in abortion access will only continue to grow (ARCC, 2018f). Providers can face severe backlash, as they may lose funding or community support for openly being involved in abortion care; Planned Parenthood in the United States is a clear example of this (Rovner, 2018). Even more significantly, abortion providers can also face extreme violence, discouraging many medical professionals from pursuing abortion as a specialty (ARCC, 2018a; NAF Canada, 2019). Thus, the

stigmatization of abortion contributes in various ways to the presence of practical barriers discussed above – bolstering the lack of resources for support, information, and services.

Intersectionality

Intersectionality is a key feature of the kind of critical feminist theory that this work will draw upon. As Phoenix and Pattynama (2006) concisely explain, intersectionality "indicates that fruitful knowledge production must treat social positions as relational… [and] aims to make visible the multiple positioning that constitutes everyday life and the power relations that are central to it" (p. 187). Disparities in reproductive access become even greater concerns when we consider intersectional positions of class, race, sexuality, gender identity, age, and ability (Bourgeois, 2014; Joffe, 2009; Pollitt, 2014; Richer, 2008; Sethna & Doull, 2013; Stettner, 2016). Indeed, as noted by Sethna and Doull (2013), spatial disparities and the financial burdens of abortion disproportionately impact rural women, young women, and First Nations and Métis women. Thus, I recognize that experiencing a pregnancy and seeking abortion in a context of limited resources like Southern Alberta will not mean the same thing for every person. The layers of power and oppression that result from the multiple locations of each individual will likely contribute to the level of access that they have to any potential services, their overall experience seeking abortion, and how they understand their journey.

For example, as there are no providers to ensure local access to abortion in Southern Alberta, one's economic status (which can be understood as connected to other social locators) can either help them to overcome this barrier, or to reinforce it. Similarly, an individual from a deeply conservative or religious background may have fewer

informal resources to help her circumvent the limitations of the local context. As discussed in the *Note on Language* (p. viii), it is also important to recognize that some persons who identify as transgender or non-binary can also experience pregnancy, and the barriers to abortion access that they experience may look different from those encountered by a cisgender woman. Research also tells us that there are indeed racialized disparities in abortion access, with Indigenous women being among those required to travel the farthest for reproductive health care, including abortion (Sethna & Doull, 2013). Acknowledging the role that these various intersections of identity play in accessing abortion, my aim in this research is not to uncover a 'universal truth' about what it is to be a person seeking abortion services through these three interviews. Rather, I hope to enrich the conversation about barriers to abortion through an in-depth exploration of three personal narratives coming out of Southern Alberta, with the assertion that by listening to and attempting to understand individual stories and how they are told, we can gain critical insights into both local issues as they compare to more general, broader ones.

Conclusion

The literature examined throughout this chapter represents just some of the work being done on reproductive justice, abortion access, and the inequalities that pregnant individuals continue to face when trying to exercise the kind of reproductive autonomy they are believed to have in Canada. It is clear that barriers to abortion persist in many forms. Basic access to unbiased information and timely, compassionate abortion services are hindered by practical issues of cost; the lack of local resources means more time, money, travel, and absence from home, work, or school. Political and legal actions against abortion keep access on an ever-teetering scale, and a change in policy can have

dire effects on abortion access, which is indeed an avenue that anti-abortion groups are continuously pursing. Finally, social stigma contributes to each of these barriers, reinforcing them through the use of fear and misinformation to create an atmosphere in which those seeking abortion may find—and feel—little to no support.

Overall, this research aims to understand how individuals navigate the experience of seeking abortion information and services in a context of both limited resources and limiting discourses. By focusing on Southern Alberta as a unique environment for those seeking abortion, I aim to fill a significant gap in current scholarship on abortion access. While there has been important research on historical access to abortion and reproductive health care in Southern Alberta, through Karissa Patton (2013) and my fellow graduate student Shannon Ingram (2017), this project focuses on contemporary experiences in order to highlight the precariousness of abortion access today. This work will contribute to the growing trend of scholarship on abortion that centralizes the authority, experiences, and voices of people who can and have become pregnant. Through the narratives of three women who sought abortion information and services while living in Lethbridge, a major Southern Albertan centre, I will go beyond mere statistics that tell us barriers *do* exist to explore how these women were impacted by these barriers themselves, how they navigated these challenges to get access, and how they understand and make sense of their experiences.

Chapter 2: Methodology

The literature discussed in Chapter 1 was essential to building a working knowledge of the existing barriers to abortion in Canada, and how they appear in Southern Alberta more specifically. However, attempting to fully understand these barriers without taking into consideration the lived experiences of those who have sought abortion in these contexts would be to ignore an essential piece of the puzzle. Thus, focusing on the stories of the three women I interviewed, I will use narrative analysis to explore how these women have come to understand their own experiences, within this very particular context. To enrich my analysis, I have also chosen to include a discursive analysis of the anti-abortion materials and advertisements that are utilized by two major organizations in Southern Alberta, to allow me to more deeply contextualize the narratives of my participants, and to explore the ways in which their narratives echo and resist these discourses. In this chapter, I will 1) outline my theoretical frameworks, 2) detail the methodologies employed for my research, and 3) describe how these theories and methods work together to produce a rich, in-depth examination of how current barriers to abortion have been experienced by women seeking access in Southern Alberta, and how their understanding of themselves and their abortion has been shaped as result of this process.

Theoretical Framework

Feminist theory.

In both my analysis of anti-abortion discourses coming out of Southern Alberta and the narrated experiences of my three interviewees who sought abortions, I will use

concepts that are central to feminist theory. Drawing upon feminist work that pushes back against the undermining of women's and other marginalized persons'[2] authority over their own bodies, this research aims to support and value bodily autonomy as critical to reproductive freedom.

Bordo (2004) outlines how the social construction of the gender binary lent itself to the objectification of women, thus shaping the notion that men could and should have power over their bodies. This process has continued to contribute to a social world in which men's voices have often dominated conversations about women's sexual and reproductive lives. Second-wave feminist activism of the 1960s to 1980s is credited with working to redefine women's sexuality and reproduction, shifting the authority over these matters back to women themselves and acknowledging women's rights to bodily autonomy. However, this goal has only been partially accomplished, and women's authority to speak on these topics and to have full control over their own lives and bodies has not been entirely realized. Indeed, the voices of male physicians, politicians, and protestors continue to dominate much of the discussion around abortion today.

Feminist theory, taken broadly, encourages academics to centralize women's perspectives and acknowledge their deep significance. Feminist standpoint theorists in particular, like Nancy Hartsock (1983) and Sandra Harding (1991), work against the tendency of patriarchal society to dismiss and devalue women's experiences. Feminist standpoint theory also argues that "a person's embodiment matters in making knowledge

[2] Although abortion activism and research is beginning to recognize the need for inclusivity of broader gender identities in discussions of abortion, historically, abortion has been framed as a "women's" issue. I, too, support the recognition of more diverse identities in experiences of abortion. However again, as Ross and Solinger (2017) note, it is also important not to erase the ways in which "women" as a socially defined group have remained central to abortion discourse and related oppressions in particular ways.

claims…" (Assiter, 2000, p. 330). My work will follow from feminist standpoint theory's understanding of the significance of embodiment in relation to experience, and placing my participants (who all identify as women) and their stories at the centre of knowledge production to resist the historical privileging of male voices on issues of abortion. However, acknowledging the common critiques of standpoint theory, it is important to note that I am not seeking a universal or static "truth" about what it is to be a *woman* seeking abortion in Southern Alberta. Instead, I recognize that the intimate personal situations, broader social contexts, *and* discursive milieus in which these particular women are embedded contribute to their understanding of their experiences and thus the knowledges they produce.

Overall, I draw on elements of feminist theory in my assertion that women, transgender, and non-binary persons who can become pregnant – whose voices have traditionally marginalized – should absolutely be in a position of authority to speak on abortion, as it is an issue that affects their lives and bodies uniquely. Thus, in this research, I work to centralize the participants' narratives about their own experiences with abortion, in their own words, to recognize this authority and contribute to research that creates space for and values otherwise marginalized stories.

Feminism and Foucault.

Some of the feminist theorists referenced in the section above, and many other feminist scholars, explicitly reject the work of Michel Foucault. Again, there is a tension between standpoint theory and poststructuralist approaches regarding 'nature' of knowledge, and how/if we can know something is the 'truth'. While still affirming the significance of centralizing marginalized voices and embodied experiences, I nonetheless

also draw upon Foucauldian concepts in my understanding that my participants' knowledges and subjectivities are mediated and reproduced by discourse.

Another common feminist critique of Foucault is founded in the assertion that Foucault "undermines the possibility of an emancipatory politics altogether" (McLaren, 2002, p. 16). However, there are also many feminists who draw upon Foucault's work, highlighting its fit with critical feminist analyses. I agree with Margaret McLaren's (2002) assertion of Foucault's usefulness in feminist research, as she suggests that,

> Foucault's work provides resources to articulate a notion of subjectivity that is embodied, and constituted historically and through social relations; and that this embodied, social self is capable of moral and political agency. (p. 14)

Throughout this work, I rely on the understanding that the subjectivities of my participants are shaped by and through the ways that power that operates within the context of Southern Alberta, particularly in the form of the discourses that circulate in this space. Further, I also foundationally understand that, given Foucault's assertion that power is net-like and not located with one person or group, these subjects also have agency that they can (and do) enact in resistance to dominant, normative forces. As noted by Mills (2003)

> Discourse becomes not simply a grouping of written texts within a particular discursive formation, but, at one and the same time, the site of struggles for meaning and also a means of constituting humans as individuals. That is, discourses are not anonymous sets of writing which have little effect on people's lives, but they actively constitute us as subjects; individuals have some part to play in this process, both challenging and rewriting some of the positions within discourse. (p. 68)

Indeed, as I demonstrate in Chapter 4, I see the narratives produced by my participants as actively re-constituting and re-framing their own subjectivities, in ways that resist anti-abortion discourses. I further outline the significance of the relationship between

feminism and Foucault as I discuss my choice to utilize discourse analysis both later in this chapter and in Chapter 3. I also elaborate on these connections in my understanding of how the narratives examined in Chapter 4 both echo and challenge the way that women's subjectivities are shaped by these discourses.

Reproductive justice.

While elements of feminist theory are indeed central to this research, it is important to recognize the critiques that are levelled against some feminisms for their tendency to overlook the ways in which the intersections of other social factors alongside gender impact individual experiences. First conceptualized by activist women of colour, and their critiques of standard reproductive rights approaches, reproductive justice theory takes intersectionality and applies it more directly to questions of reproduction.

Reproductive justice theory asserts that individuals not only have the right to control their reproduction, but to do so within a context of full resources and services (Solinger, 2013). It moves beyond traditional reproductive rights discourses in that it critically examines intersections of race, socio-economic status, gender identity, sexual orientation, ability, and other factors when it comes to people's reproductive lives. As Ross and Solinger (2017) define it, reproductive justice

> has three primary values: (1) the right *not* to have a child; (2) the right to *have* a child; and (3) the right to *parent* children in safe and healthy environments. In addition, reproductive justice demands sexual autonomy and gender freedom for every human being. The problem is not defining reproductive justice, but achieving it. (p. 65)

With this understanding, it becomes clear that the process of coming to a decision about a pregnancy, and one's ability to act on that decision, can vary greatly depending on the ways in which one is socially situated. Reproductive justice theory insists that multiple

forms of justice and equality – regarding gender, race, class, sexuality, ability, and more – are interconnected, and one cannot be fully achieved while the other remains uninterrogated. It resists the use of language simply about "choice", by exploring the ways in which choice is indeed more constrained for some bodies than others, and the burdens that are created by an over-simplified representation of reproductive decision-making.

By utilizing theories of reproductive justice and their equation of "reproductive rights + social justice = reproductive justice" (Ross and Solinger, 2017, p.65), I have worked to similarly move beyond a discussion of reproductive rights, which is too often centered solely on the "right to choose" whether or not to have an abortion. Instead, my work will aim to contribute to reproductive justice's interrogation of choice, recognition that intersections of power shape a person's ability to make choices about their life and body, and exploration of how these issues are tied to other social inequalities. I consider how barriers to full reproductive autonomy are experienced and understood by three different women within a uniquely challenging environment. Further, I explore what these challenges have meant to them, how they understand their experiences, and how these personal narratives both speak to and are influenced by the broader scope of the historical, social, and cultural contexts in which they are embedded.

Reflexivity

As noted the preface (p. v), following from feminist theory, another theoretical-turned-methodological concept I will relying on in this research is the practice of reflexivity. The positioning of oneself in relation to the research is significant precisely because, as theories of reflexivity assert, in research, knowledge is being produced within

a social context that includes not only the data/participant, but the researcher as well. It is therefore imperative to acknowledge the ways in which the processes of interviewing, transcribing, analysing and interpreting in which I engaged for this project shaped every area of this work, and are reflected in my conclusions. Rejecting the positivist notion that I can be completely removed as a researcher, it is then important to recognize the potential ways that my own social situatedness impacts this project[3].

I also work to critically reflect on and engage with the complexities I encounter – in relation to my own limitations and assumptions, and how those may become embedded within the research process. However, it is important to note Pillow's (2003) critiques of reflexivity, suggesting that researchers must resist using it as "a confessional act, a cure for what ails us, or a practice that renders familiarity, but rather to situate practices of reflexivity as critical to exposing the difficult and often uncomfortable task of leaving what is unfamiliar, unfamiliar" (p. 177). In this way, I recognize that my attempts to proclaim my biases, privileges, and perspectives, and simply acknowledging that they do shape the research outcomes in some way, do not give me the ability to the move forward with claims to know the "truth". Rather, reflexivity will be the means through which I will continue to ask critical questions of myself, of the research process, and of the data produced – while acknowledging that despite my best efforts, the validity of my claims is not inherent.

[3] See *Preface: On Reflexivity (p. v)*

Method

Determining the appropriate methods for this project was not a straightforward task. At first, it was difficult for me to make clear connections between the questions and issues I wanted my work to address, and the methods available to me. Being particularly interested in the way that more contemporary anti-abortion discourses were being used to target women in new ways (Saurette & Gordon, 2013), I planned to analyze discursive materials from local Southern Alberta organizations. However, as I began this work, it became clear that the questions I was most interested in pursuing had far more to do with how individuals seeking information and services related to abortion *experienced* this process in a context of scarce access to providers, few resources for unbiased support, and likely continuous confrontations with misleading and graphic anti-abortion messages.

While I knew that the anti-abortion discourses on which I initially focused were a key piece of the issue I wanted to explore, I realized that the most important aspect of this problem was how *lives* were impacted. It was not enough to say that these barriers *could* be harmful, I wanted to speak to those who had been forced to navigate them, and understand how they felt about and reflected on their experience. For this reason, I decided to utilize a multi-method approach. To explore the messages about abortion being communicated in the Southern Alberta context, I collected anti-abortion advertisements and webpage materials from the two most prominent organization in this region. Then, to address my questions about the ways in which these discourses (along with the other barriers presented by this space) shaped participants' understandings of their experiences, I conducted semi-structured interviews.

Data collection.

Anti-abortion organizations throughout Canada and within Southern Alberta are highly interactive with one another, and as a result, many of the advertisements and materials they produce are very similar. Thus, I chose to collect materials for analysis from two of the most prominent anti-abortion organizations in the Southern Alberta region, working with the knowledge that they were the most highly visible to people in the area, and that other local organizations would likely echo their overall messages. To capture further breadth in the discursive strategies being deployed, however, I ensured that one organization – Lethbridge and District Pro-Life (LDPL) – was explicitly anti-abortion, while the other – the Lethbridge Pregnancy Care Centre (LPCC) – utilized the neutral appearance of crisis pregnancy centres (CPCs) as outlined in Chapter 1. Finally, I drew upon examples of advertisements that were prominently displayed in public spaces within Southern Alberta during the designated time frame for this research, 2007-2017, in correspondence to Saurette and Gordon's (2013) noted shift in contemporary anti-abortion discourse, as discussed later in this chapter and extensively in Chapter 3.

Overall, I collected four examples of advertisements displayed by the LDPL, including those that contained various discursive strategies to be explored to provide breadth. While the LPCC also uses advertisements, I wanted to focus on the information (and the discursive tactics) presented to their clients. Thus, I analyzed excerpts from their website, as many of their webpages are presented as informational resources for those wondering about pregnancy options, including abortion. As outlined later in Chapter 3, I conducted a discourse analysis of all of these materials in order to build a foundation to enrich my narrative analysis, further contextualizing my participants' stories.

Recruitment.

When I began recruitment in early spring of 2018, I found myself in the midst of a spike in anti-abortion rhetoric and controversy across the community of Lethbridge, a central city in Southern Alberta that provides resources and services to much of the region. The local anti-abortion organization Lethbridge and District Pro-Life (LDPL) had launched an advertising campaign of posters warning readers that "Preborn Babies Feel Pain, Say NO to Abortion", which appeared on city transit buses, shelters, and benches. While other anti-abortion billboards and posters are a daily occurrence for most people living in this area, these particular advertisements provoked such strong public backlash that the City of Lethbridge quickly decided to remove them, citing "adverse community reaction" (Anderson, 2018). Controversy over the ads also motivated a letter writing campaign to Advertising Standards Canada (Ad Standards); the agency became so overwhelmed with complaints, they stopped accepting submissions (Anderson, 2018). Eventually, Ad Standards deemed the content of the advertisements "inaccurate and misleading" (Battochio, 2018). Unfortunately, this decision and the removal of the ads came after many individuals had already been subjected to their harmful misrepresentation. I will more thoroughly explore the content of these advertisements in the next chapter, but it is important to note here that this campaign, and the local debate that ensued, created an atmosphere of increased tension that certainly could have impacted any potential participants in this research. The embedded hostility of the Southern Albertan context toward people seeking abortion care escalated noticeably during this time, and this could have discouraged participation from individuals who may have otherwise felt more comfortable sharing their story.

While recruiting interviewees was challenging at a moment when they may have felt particularly vulnerable, I also found it difficult to cope with some restrictions on my methods of recruitment that were meant to mitigate my own vulnerability. When deciding on my plan for recruitment, my safety as a researcher seeking out and speaking on abortion became a topic of concern for the institutional ethics board and my thesis committee. Questions were raised about the security of providing my personal contact information on recruitment posters and online advertisements of the project, with worry about the potential for anti-abortion groups or individuals to target me (or any participants I might be seen meeting) for harassment. As well, I had to complete mandatory check-in with a contact person before and after meeting interviewees, so that another party was aware I had arrived at and left the interview safely.

Before this process, my own security in conducting this research did not occur to me as an issue, and I began to hesitate at the possibility of putting myself, or my interviewees, or even my partner and our home, at risk for this work. After all, abortion advocates, providers, and those seeking abortion care face harassment every day (ARCC, 2018a). However, I was committed to this project, and knew I could not ask others to be vulnerable in sharing their experiences with me if I was not equally willing to risk vulnerability in creating a space for them to do so. As grateful as I was that those assisting me in developing this research plan wanted to ensure I remained safe, I felt that having to distance myself from the research may have negatively affected my recruitment process, as I could not share information that may have emphasised safety, reliability, and care to potential interviewees.

As such, I ask myself: in a context where there is the potential to be misled by the dishonesty of advertisements regarding abortion, did my recruitment posters signal trustworthiness? With only a general email address, no name, phone number, or other personifying information attached, how could participants *know* who I was, or that they could trust me with their sensitive personal stories? My recruitment posters were my first line of connection to potential interviewees, and I cannot help but wonder if I would have seen different outcomes being more open with my own identity through that process. Eventually, I did reach out to several professors at the University of Lethbridge, and requested to speak to their class about my project. Ultimately, presenting in five different classes, I had an opportunity to claim my work and put a face and name to the posters people had seen. These brief appearances created connections that later led to interested participants. Finally, I also distributed my recruitment materials through personal social connections, through convenience sampling and word of mouth.

The posters I distributed were placed in various locations throughout the local area and online: on the University of Lethbridge campus, on many public billboards, and on the website Kijiji. I focused most of my recruitment efforts on Lethbridge, as it is the service centre for rural residents of the region. The poster was also shared using email lists to which friends and colleagues who knew my work had connections. I also reached out to four organizations within the Southern Alberta area that I thought might be open to displaying my poster given their own missions supporting women and sexual health, but received no response. I had planned to share my call for participants across social media as well, but I abandoned this plan as overcoming the challenges of building a new

network on those platforms outweighed the anticipated small gain of response due to my anonymity and what could be regarded as "fake" profiles.

I received five responses indicating interest in participating in my research. My earliest respondent scheduled the interview, but ultimately our meeting fell through – she seemed to grow hesitant, and did not appear at our scheduled interview. She later stopped responding altogether when I reached out to try and reschedule. After interviewing my first two participants, another interested person reached out, but once again, the actual meeting never came to fruition. Only completing interviews with three participants led to a necessary reconsideration of my mode of analysis, in order to meet both practical research requirements, and to ensure that my project reflected the depth of the issues being explored, despite a small sample size.

Participants.

For this project, I sought participants who had experienced a pregnancy and sought information or services related to abortion while living in the Southern Alberta area, at some time between 2007 and 2017. I purposefully used gender neutral language in my recruitment materials, as I had no stake in how the participants identified in this way, and recognized that abortion experiences are not confined to women. Again, I chose the indicated time frame for both my discursive materials and my interview participants, as it is consistent with Saurette and Gordon's (2013) in-depth investigation of contemporary changes in anti-abortion discourses in Canada, which locates the beginnings of a noticeable turn away from "fetal-centric" approaches to embrace a more "woman-centered" message of support and concern for women around 2007. Due to my focus on the way in which local anti-abortion discourses shaped how my participants

understood themselves and their experiences of abortion, it was imperative that I capture this shift in discursive tactics. Outside of these criteria and fluency in English, there were no other constraints on my sample population. The challenges with recruitment did inevitably result in a small sample size. Of course, this presents some limitations to be considered for my work (see Chapter 5). The participant information sheet was a short account of each participant's biographical information, for which I asked each interviewee to indicate their age, occupation, relationship status, and parenthood status as well as how they self-identified in terms of race/ethnicity, gender, and sexual orientation. Based on their responses, I will outline the general demographics of the participants.

All three interviewees indicated that they identified as heterosexual, cis-gender women. Two of three participants self-described as white/Caucasian, while one identified as Southeast Asian. All the women lived within the city of Lethbridge at the time of the pregnancy they terminated. In terms of age, one participant was in her early twenties, one in her early thirties, and one in her early forties. Two women indicated they were currently in long-term relationships, and one woman was single; none had children. It is also important to note that all of the interviewees had attained post-secondary education; this could be a result of my most extensive recruitment occurring within post-secondary settings, and my access to greater social networks in this environment, due to my status as a graduate student. The limits of this group of participants, as it is restricted by little diversity, in the context of how social factors can impact access to abortion will be further discussed throughout my analysis (Chapters 3 and 4) and in my recommendations for future research (Chapter 5).

Importantly, however, there was considerable range in the resources utilized by each interviewee, and thus in the organizations and information they discussed in their interviews. This lends an important element of depth to this small sample. The experiences of these three participants covered a broad spectrum of potential sources for services related to abortion in the Southern Alberta region. As this analysis is aimed at understanding how barriers to abortion are experienced in this context, it is beneficial to have examples of interactions with many of the different available points of contact, including various health care settings, community organizations, and personal relationships. The three interviewees also received their abortion care from different providers; one attended the Kensington Clinic in Calgary, while the others went to Peter Lougheed Hospital. These locations are reflective of the only available options for individuals from Southern Alberta.

Despite the restrictions of a small number of participants, there are still meaningful observations to be made and important conclusions that can be drawn from the stories of these three participants without attempting to generalize to any "universal truths". My participants are all socially situated in particular ways that make their narratives complex, dynamic, and worthy of recognition for the ways that they can contribute to discussions of abortion experiences. Each of these stories matters. They are significant in their connections, and their divergences. Every abortion story shared provides new information about the barriers to access that must be addressed – even if only one person has experienced a given barrier – and contributes to the dismantling of the harmful, pervasive stigmatization of abortion and patriarchal assumptions that have prevented these experiences from being discussed before. The focus of this project is to

understand and give meaning to lived experiences, not to generalize or make broad claims, and will thus value depth of data over quantity. I use in-depth, critical, and multi-modal analyses to ensure that the knowledge produced is as rich and balanced as possible.

Process.

Once potential participants reached out to me, my first step in communicating with them was intended to give as much information to them about myself and the research as I could, to combat some of the uncertainty that may have been left by my own anonymity/distancing practices in the recruitment materials. I immediately provided an information letter, which outlined all the major components of informed consent – who I was and what the project was about, what their participation would include and their rights to withdraw without penalty, how their information would be protected, potential risks and benefits, and how the research would be used. I also assured them throughout our initial conversations that they could share any questions or concerns they had at any time. Each participant and I discussed the time, date and location for the interview to find mutually comfortable options, and I advised them that I would be happy to cover any related transportation or child care costs.

Once at the interview, each interviewee and I reviewed the information letter again together, discussed and completed the consent form, and filled out the participant information sheet that provided a few of their demographic details. We also discussed some local options for counselling and support, if they felt this would be helpful for them. During this process, participants were also given the opportunity to decide whether or not they wished to use a pseudonym – two decided to remain anonymous and selected an alternate name, while another interviewee chose to use her own name.

The interviews were audio recorded, with the participant's consent, and I took some field notes throughout the process. I prepared an interview guide (Appendix A), with questions and prompts that were designed to move through a detailed look at their experiences learning that they were pregnant, seeking support and information from various sources including their personal relationships and local organizations, making decisions about how to proceed and whether to pursue abortion, accessing information about abortion and abortion services, and reflecting on their thoughts and feelings about that process. Although it was important to have the guide as a tool for navigating the interview and understanding what I was looking to know, I referred to it much less than I anticipated. My first prompt essentially opened up an opportunity for each interviewee to begin telling their story at the time they found out they were pregnant – overall, the participants then responded with extended narratives, and covered the majority of my pre-planned topics throughout their stories. Interjecting with questions or attempting to adhere tightly to the course set out in my interview guide would have felt intrusive and detrimental to the flow and rapport of the interview, so I simply made notes of areas I wanted to return to or clarify, and allowed the participant to come to a natural break in their story addressing them. A short time after each interview I connected with the participant again to debrief about the interview experience and address any questions or concerns. This was also an opportunity to gauge the way each interviewee was coping with any potentially difficult emotions that may have been brought up by the interview and ensure that I connected them with appropriate resources for support, though this issue never arose.

Although largely undirected narratives were not what I anticipated from these interviews, that was the form that emerged most naturally in the interview setting. Again, for the most part, the participants nonetheless addressed my areas of interest. This led to some uncertainty on my part in the first interview, as I was unsure how much I needed to 'double-back' to every planned topic – but with each interview I felt more confident in allowing the participants to shape their own stories.

Overall, the interviews lent themselves very easily to methods of narrative analysis, which allowed me to consider a new way of exploring and understanding the experiences being shared with me, while addressing potential concerns about the quantity of data through a greater depth of analysis. While the content was certainly important, what proved unexpectedly interesting was how the participants told their stories, and what these narrative creations conveyed beyond their words – thus again, narrative analysis seemed an appropriate fit to address these unexpected points of significance.

Analysis

Discourse analysis.

Though anti-abortion discourse is not exclusive to Southern Alberta, I was interested in how it seemed to fill the gap left by a lack of abortion providers in this space. Further, I aimed to understand what it communicated in the absence of other resources, to illuminate the messages being made available to individuals seeking abortion in Southern Alberta specifically, in order to later examine if/how these discourses shaped the way that the participants made sense of their own abortion experiences.

As noted earlier in this chapter, I approached this discourse analysis with a Foucauldian lens. Discourse, as defined in Foucauldian theory, refers to:

> ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges and relations between them. Discourses are more than ways of thinking and producing meaning. They constitute the 'nature' of the body, unconscious and conscious mind and emotional life of the subjects they seek to govern. (Weedon, 1987, p. 108)

Through Foucauldian analysis, concepts of "natural" and "normal" are problematized, and understood as discursive constructions that can function in various ways to uphold or resist knowledge claims and their corresponding power. Thus, in my analysis, I outline how anti-abortion advertisements use various discursive strategies to communicate and reinforce normative and "natural" concepts of fetuses and women explicitly, while implicitly reproducing particular framings of autonomy, responsibility, motherhood, and femininity. As noted by Malacrida (2003), Foucauldian analysis is not focused on uncovering the "'true' nature of the problems that underlie truth games: rather, the focus remains on the effects of those truth games, and on how truth games work to effect social and moral regulation" (p. 45). In this way, my analysis was not necessarily focused on revealing these discourses as "true" or "untrue", but rather to attend to the ways that they produced and reinforced the social stigmatization of women who seek abortion.

Further, drawing upon Foucauldian theory and also elements of Butler (1993), I looked for the ways that these anti-abortion discourses worked to construct the subjectivities of women, carrying this forward into my narrative analysis to explore how the participants resisted and reproduced these constructions while shaping their own subjectivities. Understanding how these discourses produce discursive "truths" about

abortion, as well as those who seek and obtain abortions, further contextualized the personal experiences of my interviewees and contributed depth to my analysis of their stories (Chapter 4).

To begin the discursive analysis process, I collected various advertisements and webpages produced by two anti-abortion organizations in Southern Alberta, selected according to the guidelines outlined earlier. In analysing the materials, I drew upon Saurette and Gordon's (2013) analysis of anti-abortion discourse in Canada, which categorizes these discourses in two ways. They identify "traditional, fetal-centric" discourses, which they note are more prominent prior to 2007, and "contemporary, pro-woman" discourses, which they suggest surged significantly after 2007, marking an important shift in anti-abortion discourse across the country.

In my analysis, I worked to see how both "fetal-centric" and "pro-woman" discourses appeared in Southern Alberta, through the materials produced by the LDPL and the LPCC. I looked for differences and continuities between how these discourses constructed pregnancy, fetuses, women, and subsequently abortion, in either explicit or implicit ways. I also noted when/how one of these elements was silent, and the effect of the erasure; for example, the way that "fetal-centric" approaches make invisible the maternal body.

Through my Foucauldian analysis of the text and images, and informed by my use of Saurette and Gordon's (2013) work, four interconnected themes emerged:

1. the fetus as autonomous,
2. women as perpetrators of violence,
3. abortion as harmful and the post-abortive women as traumatized,

4. abortion as risky and pregnant women as vulnerable.

Using these themes, I identified how the anti-abortion discourses that permeate Southern Alberta construct women and abortion in relation to one another. Further, by highlighting these themes, I was able to recognize where they were echoed and resisted by the narratives of my participants. In Chapter 3, I further unpack the codes that were identified through the discourse analysis process, and what they mean in the context of this research.

Narrative analysis.

My commitment to critical feminist and reproductive justice theories, combined with the challenges of recruiting participants for this project and my experiences within the interviews, led me to pursue narrative analysis. When preparing for my interviews, I anticipated that I would need my carefully constructed interview guide – using my questions to touch on various moments and issues I thought would be important to my interviewee's experience. However, in my planning I neglected to consider that for all of the women with whom I spoke, this was the first time they had been asked to reflect on or describe their abortion experience in its entirety. Indeed, there was much they needed and wanted to say.

Narrative analysis theory suggests that people often make sense of their experiences by forming them into narratives (Riessman, 1993). As I listened to these three women recount their experiences, I saw their answers take a much more narrative form that I had anticipated. Upon later reflection, the more thematic analysis methods I had been planning to use may have failed to attend to the importance of not only what

was being said, but how these women were each forming a particular narrative about their pregnancy and abortion experience.

In many ways, my narrative analysis follows the path set out by Petra Munro's work (1998) examining how women represent themselves as they work against stereotyped, patriarchal constructions that dominate cultural understanding. Overall, Munro (1998) emphasised that there was revolutionary potential in the telling of women's stories. Of course, I understand that in this research, I am mediating these women's stories in various ways – but I work to keep them as whole and contextualized as possible in order to examine both how these women tell their stories, and how they construct themselves in the process. As noted by Kathleen Weiler (1998)

> [Munro] is aware of the ways in which we all construct our life narratives within particular moments in time and the way these accounts are inevitably discursive constructions… (p. xxi)

Following this, I also understand the participants' narratives as discursive constructions. Thus, I work to understand what they say about themselves and abortion through their stories, and how they parallel or diverge from the discursive constructions *of* them produced by anti-abortion groups.

Riessman (1993) also suggests that narratives are "texts that [can] be interpreted to reveal intersections of the social, cultural, personal and political" (pp. vi). I argue that the narratives told by these women, and their processes of making meaning out of their experiences, are intricately connected to the social and political contexts in which they are embedded. Using narrative analysis helped me to not only attend to the way that each woman understood her own feelings and experiences, but how these understandings draw

from, and contribute to, broader social and political discourses of abortion. Narrative analysis also serves as a response to many of the critiques of positivist assumptions that are laid out in feminist theory, as "[i]nformants' stories do not mirror a world 'out there.' They are constructed, creatively authored, rhetorical, replete with assumptions, and interpretive" (Riessman 1993, p. 4).

Narrative analysis, I came to realize, could refer to many different approaches. Given my multi-layered research questions I felt it was necessary to employ two different levels of narrative analysis. My analysis process thus involved multiple readings of the interview transcripts, with various goals. First, I analysed the narratives at a thematic level, as defined by Riessman (2005), looking for what was "told" directly by the participants, paying particularly close attention to what they recounted about their experience with the types of barriers to access identified in Chapter 1. Next, I began what Riessman (2005) calls "close reading" – I read the transcript again, this time attending to "the telling" of the story, and what the narrative conveyed implicitly. During the initial close reading, recalling the anti-abortion discourses outlined in Chapter 3, I noted the ways that the participants resisted the discursive constructions found in anti-abortion discourses through their own narratives. However, recognizing a level of tension in the narratives, I conducted another close reading, attending to the ways that the participants' narratives also, at times, echoed elements of anti-abortion discourses. Through the combination of the thematic and close-reading approaches, and utilizing multiple readings, I worked to attend to various levels of complexity within these narratives. I further outline and discuss these methodological choices at the beginning of Chapter 4.

Evaluation

While it is not appropriate to measure a qualitative project by standards like validity and reliability as they are used in quantitative research, this does not mean that projects using narrative data cannot take steps to ensure their work demonstrates thoughtful and thorough critical analysis. Lincoln and Guba (1985) provide some alternative means by which qualitative researchers can evaluate their processes and conclusions based on four criteria: credibility, transferability, dependability, and confirmability. I have followed Lincoln and Guba's (1985) recommendations for meeting these requirements in several ways. To support and evaluate credibility, I utilized their suggested methods of cross-checking data using multiple methods by incorporating both a narrative analysis of interviews and a discursive analysis of advertising/information materials. I also employed their concept of member checks by inviting each participant to request the transcript of their interview and provide feedback. Finally, I referred to their method of peer-debriefing, checking in with friends and colleagues about my research process to promote honesty, and develop and test working hypotheses.

To work towards Lincoln and Guba's (1985) concept of transferability, I gathered thick descriptive data by including multiple layers of both broad and specific context. Being a graduate student with the guidance of a knowledgeable, experienced committee of researchers provided me with the means to address Lincoln and Guba's (1985) concepts of dependability and confirmability, which they suggest require an audit of the process and products of my work. The stories and experiences of the women participating in this research are significant, and I am deeply invested in ensuring that the processes of interpretation, and the knowledge ultimately produced, are an accurate reflection of the

information they shared. I accept my responsibility in being trusted to work with these women's stories and adhere to research standards that protect and highlight their value.

Chapter 3: Anti-Abortion Discourses in Southern Alberta

Compounding the multiple barriers to abortion information and services in Southern Alberta is the preponderance of increasingly complex discourses being deployed by those engaged in debates on abortion (Saurette & Gordon, 2013). Using the tools of Foucauldian discourse analysis and informed by feminist theories of reproductive justice, this chapter will include a critical examination of anti-abortion discourses in Southern Alberta. Following Saurette and Gordon's (2013) foundational work on how anti-abortion discourses across Canada have shifted over the last decade, I will survey both "traditional/fetal-centric" and "contemporary/pro-woman" anti-abortion discourses in the Southern Albertan context, as both are prominent in this region. Overall, I argue that the discursive context in which my participants' embodied experiences of pregnancy and abortion—and their later retelling of these moments—took place is of vital significance to understanding the complexities of "coming to know" about abortion in Southern Alberta.

To explore the breadth of anti-abortion discourses in Southern Alberta, I will use examples from public advertisements and websites of two organizations that play key and complementary roles in shaping the local anti-abortion landscape. I will outline materials from Lethbridge and District Pro-Life (LDPL), which is a vocally anti-abortion group that holds community connections throughout Southern Alberta. I will also discuss the Lethbridge Pregnancy Care Centre (LPCC), an organization that (falsely) presents itself as a legitimate resource for women seeking supportive information about abortion. These two sources produce more advertising on abortion than any other organization in this region, and so their messaging makes up an overwhelming majority of the public abortion discourse that circulates in this context.

Using a Foucauldian lens, my interest lies not only in what is said, but also in what is left *unsaid*, and the gendered assumptions drawn upon by these discourses as they work to shape women's knowledges and experiences around abortion[4]. Through this critical examination, I aim to expose how these organizations deliver particular messages about abortion through discursive strategies that mine normative moral orders about autonomy and femininity, ultimately reproducing limitations on women's control over their bodies and reproductive lives. The purpose of including an analysis of local anti-abortion discourses as part of this research is to foster a deeper understanding of the social and cultural contexts in which each of the three participants were embedded as they gathered information about abortion for themselves, and how the discourses they encountered attempt to shape women's knowledges and subjectivity.

Shifting Discourses

In order to dissect the discursive strategies at work in the anti-abortion messaging found within Southern Alberta, it is important to understand the broader shift in contemporary anti-abortion discourses across Canada. Following a thorough examination of anti-abortion blogs, websites, and political statements in Canada, Saurette and Gordon (2013) outline the ways in which the Canadian anti-abortion movement has undergone a recent divergence from traditional "fetal-centric" discourses in favour of a more "pro-woman" approach. It is suggested that this shift reflects a response to feminist and reproductive rights discourses, and represents a rebranding of sorts for the anti-abortion

[4] I want to acknowledge once again my recognition that the issue of abortion and questions of access are not limited to cisgender women. I strive to use language that is inclusive of transgender and gender non-conforming persons who may also share these experiences. However, my use of the term *women* specifically throughout this chapter is intended to reflect the ways that the anti-abortion discourse I analyze here speaks about and targets *women* as a traditionally-defined social group with particular gendered implications. For further discussion, see the *Note on Language* (p. viii).

movement: In essence, these are attempts to "present the anti-abortion position as more feminist than pro-choice feminism" (Saurette & Gordon, 2016, p. i). Examples of both the conventional and more contemporary anti-abortion discourses can be identified in Southern Alberta, and are produced and utilized by prominent organizations in the area, such as the ones I analyze here.

Traditional Anti-Abortion Discourses in Southern Alberta

As Saurette and Gordon (2013) explain, "traditional" anti-abortion discourses were largely "fetal-centric" and anti-woman, with images and messaging that focused on the fetus as vulnerable and suffering, and often demonized women who obtained abortions as selfish, uncaring, or unnatural. Through these tactics, the anti-abortion movement is understood to have been responding to reproductive rights groups' assertions of choice by "claim[ing] that the right to life of the fetus takes legal and moral precedence over women's rights to self-determination" (Brodie, Gavigan, & Jensen as cited in Saurette & Gordon, 2013, p. 165). This type of older, "traditional" strategy can be identified in many of the materials produced by Lethbridge and District Pro-Life (LDPL).

Though Saurette and Gordon's (2013) work suggests that "pro-woman" discourses are becoming the most prominent mode of anti-abortion discourse, Southern Alberta is still very much a space in which "fetal-centric" advertising is alive and well, due in large part to the work of the LDPL. While I will also explore examples of their shift towards "pro-woman" tropes below, analyzing them alongside materials produce by the LPCC, I begin with a critical examination of the LDPL's traditional anti-abortion advertising as it remains an integral part of local abortion discourse in this context.

The fetus as autonomous.

As part of their organizational activities in recent years, the LDPL has orchestrated an event known as the Genocide Awareness Project (GAP).

Figure 1. Genocide Awareness Project poster. Photograph by Don Gill, 2014, from Campus Campaigns against Reproductive Autonomy: The Canadian Centre for Bioethical Reform Campus Genocide Awareness Project as Propaganda for Fetal Rights by Carol Williams, http://activehistory.ca/papers/paper-18/.

During the GAP, the LDPL convenes on the University of Lethbridge campus, setting up displays similar to Figure 1, which feature images intended to represent aborted fetuses alongside graphic images of victims of the Holocaust and lynching in the United States. Beyond the university campus, the GAP also initiated the distribution of flyers with similar graphic imagery to local households, to broaden the reach of its message (Williams, 2014). This type of display from the GAP is a clear example of the type of "fetal-centric" imagery to which members of the Southern Alberta community are consistently subjected, and as Williams (2014) points out, its key discursive strategy relies upon the construction of the fetus as autonomous.

The construction of the fetal subject as autonomous or viable "from conception" is crucial to "fetal-centric" anti-abortion discourse. This is often accomplished in similar

ways across various anti-abortion advertisements. As in Figure 1, this claim to autonomy is accomplished by relentlessly picturing the fetus alone, without any indication of the pregnant person's body. Images that portray a solitary fetus work to construct it as autonomous, making invisible (and therefore insignificant) the body and life of the pregnant person. This observation is echoed by scholars examining the frame of fetal personhood in anti-abortion campaigns, who have argued that the effect of "the imagery of the fetal personhood campaign [is] to render women invisible" (Brodie, Gavigan, & Jenson cited in Saurette & Gordon, 2013, p.165). Constructing an independent fetal subject thus lends itself to arguments for fetal personhood, as it fosters an understanding of the fetus as a separate and autonomous entity, which may therefore be afforded the same rights as other autonomous humans. As Williams (2014) notes, "the implication is the fetus is autonomous yet vulnerable and needy of protection by *non-maternal* guardianship, in other words by other, state configurations of power and control" (para. 12).

In this way, as I outline further in the next section, women are not only erased in these discourses but constructed as immoral, unethical killers. As Williams (2014) explains,

> The GAP elevates the "fetus" to victim status by placing the representations of disembodied human tissue next to images associated with human initiated suffering inflicted during the Holocaust as well as the vigilante lynching campaigns perpetrated against African Americans in the United States in the 1930s. (para. 21)

Thus, by placing the "aborted fetus" imagery on equal ground with the extreme violence perpetrated against other groups implies that women who have abortions are committing similarly heinous acts. Following Foucauldian analysis, we can see power operating here not only in the absence of the maternal body, but in the way other bodies are made

present to forward the "truth" of abortion, and thus the way women are morally implicated in relation to their "choice".

Further, by portraying the fetus alongside images of violent victimization associated with moments of human-perpetrated tragedy, as in Figure 1, this discourse also lays claim to a humanist, social-justice orientation, despite the GAP's conservative, Christian roots. Indeed, this "fetal-centric" discourse utilized by the GAP is exemplary of an increasing tendency "to frame the anti-abortion movement as analogous to other progressive human rights-based social movements" (Saurette & Gordon, 2013, p. 177).

Moving forward, Saurette and Gordon (2013) also identify a trend in which fetal personhood is no longer primarily grounded in religious or moral claims, "but is instead defended on the grounds that it is a scientifically proven, medically viable human" (p. 177). This turn towards a more medicalized approach to fetal personhood allows anti-abortion discourses to mine the normative authority afforded to claims backed by medicine or science. We can see this particular shift in an example of "fetal-centric" LDPL advertising that sparked intense controversy within Southern Alberta just last year.

Figure 2. Anti-abortion advertisement displayed on Lethbridge transit. From "Pro-Life Events," by Lethbridge and District Pro-Life, 2017, http://www.lifelethbridge.org/pro-life-events.html.

In April 2018, LDPL commissioned an anti-abortion advertisement that was displayed on city transit buses, benches, and shelters. Featuring a large image of a fetus against a black background, thus appearing to be in-utero, its message was "Pre-Born

Babies Feel Pain – Say NO to Abortion" (Lethbridge and District Pro-Life, 2017).

There was significant backlash from members of the community, which led the City of Lethbridge to have the advertisements removed (Battachio, 2017). A letter-writing campaign to Advertising Standards Canada (Ad Standards) also influenced the removal of the advertisements, as their investigation found the advertisements to be problematic in several ways. First, the Ad Standards (2018) decision noted that the ad was misleading in its use of imagery depicting a mature fetus, as it appeared well beyond the stage of development at which most abortions are performed. Further, the dominating text of the ad gives the impression "that all foetuses at all stages of gestation will feel pain if the pregnancy is aborted" (Ad Standards, 2018, para. 5) which, as the decision notes, is refuted by current scientific evidence. Finally, it is argued that the ad "demeaned and disparaged women who have had or are considering abortion" (Ad Standards, 2018, para. 7).

As the critiques brought against the advertisement by Ad Standards show, it is easy to locate many of the essential elements of "fetal-centric" anti-abortion discourses as identified by Saurette and Gordon (2013). Firstly, the fetus is represented as a medically and scientifically viable human through the use of imagery featuring a well-developed fetus. Further, through specific language referring to "babies" rather than embryos or fetuses, the language here strategically erases the elements of a medical/scientific orientation that may not be as appealing, instead working to capitalize on the emotional impact of the term "babies". Data on gestational age at termination in Canada shows that the vast majority of abortions are performed early in pregnancy, before 20 weeks gestation (ARCC, 2019; CIHI, 2017).

However, anti-abortion discourse often portrays or refers to women who obtain

later abortions (typically defined as past 20 weeks gestation) as doing so out of selfishness or irresponsibility. As the Abortion Rights Coalition of Canada (2019) argues, this gravely misrepresents women's decision-making around later abortion, as "most people who terminate their pregnancies after 20 weeks wanted to have a child, and were forced to consider abortion for medical reasons" while others may be in "desperate social circumstances" (p. 2). Despite the inaccuracies, using an image of a more developed fetus in their advertisement allows the LDPL to effectively reinforce the concept of fetal personhood while also referencing prominent discourses on later abortion that frame women in need of these services as irresponsible, uncaring, or monstrous.

Further, the combination of the image of the fetus with the message about "*preborn* babies" communicates that it is meant to represent a fetus in-utero. As Lisa Mitchell (2001) explains, the visual separation of the fetus, brought about by the adoption of ultrasound imaging, does important work in producing the fetal subject at various sites, as these images have become embedded in social and cultural understandings of the fetus as an autonomous, individual being. Thus, anti-abortion groups have historically relied heavily on the image of the dissociated fetus, as exemplified in the LDPL ad, to advocate for fetal rights that would frame understandings of abortion as morally and therefore legally unacceptable. The more clearly we are able to "access" images of the fetus, the more their meaning helps to produce, and is produced by, anti-abortion discourses.

The representation of the fetus using what could be understood as an "in-utero" image potentially produced by medical or scientific means, alongside the reference to fetal pain in the ad's central text, and the link to "DoctorsOnFetalPain.com" further highlights the LDPL's attempts to use what Saurette and Gordon (2013) identify as an increasingly medicalized notion of fetal autonomy. Diverging from the morally-focused

approaches to fetal-personhood seen in the LDPL's GAP advertising (Figure 1), their city transit campaign (Figure 2) exemplifies Saurette and Gordon's (2013) assertions of a turn in "fetal-centric" perspectives toward arguments framed by notions of medical and scientific authority. However, both of these fetal-focused discourses also implicitly construct women seeking abortion in deeply inaccurate and offensive ways. As I will discuss further in the following sections, the problematic erasure of the pregnant person in "fetal-centric" anti-abortion imagery is both stigmatizing and shaming.

Women as perpetrators of violence.

Where fetuses are discursively constructed as the victims of abortion, those who seek and obtain abortions are framed as the agents of this violence against the fetus. As Williams (2014) suggests, the GAP advertising campaign "conceives women as potentially threatening to their fetuses" (para. 12). Though often communicated indirectly, these advertisements assert that abortion is violence against the autonomous human fetus, and therefore women are imagined as the perpetrators at fault. These discourses represent "women who have abortions as exclusively responsible for victimizing the 'fetus'" while "the 'fetus' is alternatively represented as 'innocent'" (Williams, 2014, para 11).

Though "fetal-centric" discourse explicitly focuses on the fetus, effectively rendering the woman invisible, women are nonetheless implicitly produced as the oppositional figure to the fetus in ways that uphold the continued stigmatization of those who seek abortion. As exemplified by the Ad Standards decision on the LDPL city transit advertisements (Figure 2), the discursive work in these ads shame women who have or are considering abortions "by implying that women who decide to terminate their pregnancy intentionally inflict pain on their unborn foetus" (2017, para. 7). The

construction of women as selfish for choosing abortion also relies on gendered stereotypes of femininity that assume motherhood and self-sacrifice in service of a pregnancy/child to be the norm. In this way, the representation of women as moral wrongdoers for "choosing to harm" their fetus is made doubly salient as it is also seen to violate embedded normative structures of motherhood and femininity. It is important to recognize that these discourses have power beyond the explicit, and that they not only construct the fetus in certain ways, but also implicate women despite their notable absence from the text and imagery.

Moreover, following Foucauldian notions of absence, it is imperative to acknowledge what goes unsaid in these discourses: the complexities of "choice". When we attend to the personal, lived experience of those who have had abortions, as in Chapter 4, it becomes clear that "choice" is seldom straightforward. Contrary to the trope of the selfish and monstrous woman who chooses abortion recklessly, women often navigate a complicated network of responsibilities, expectations, and obligations when considering abortion. They can be compelled to hear and contemplate the opinions of others; and it should be noted here, that some men can and do also "choose" abortion, and understand it as their preferred outcome of an unexpected pregnancy[5]. By erasing the complexities that surround choice, it becomes easier to ignore the possibility that these situations are seldom black-and-white, and that the decision to have an abortion can indeed be a very

[5] In abortion research overall, little has been explored regarding men's role and perspectives. Aside from the call for broader concepts of gender in abortion scholarship and activism, to be inclusive of transgender and non-binary experiences, there remains a hesitation to include cisgender men in conversations about abortion. This reluctance is understandable – feminist theory and activism has long worked to re-centre marginalized voices and experiences, namely women's, on this topic. However, as a result, the notion that abortion is a "women's issue", in which men are their adversaries, is reinforced. Instead, we may explore the possibilities of finding appropriate and sensitive ways to bring cisgender men into abortion research, in order to unpack some of the complexities around gender and abortion, and perhaps further disrupt the idea that only women value abortion access.

reasonable one.

Given these implicit and explicit portrayals of women, it is difficult to understand how contemporary anti-abortion discourses could have shifted so radically as to be characterized as "pro-woman." However, Saurette and Gordon (2013) remark that this change seems to have little to do with a genuine concern for women's well-being, and more to do with the strategic benefits of being more closely aligned with the growing support for feminist discourses of choice by co-opting concerns raised in that discourse.

In order to continue mapping the various modes of anti-abortion discourses in Southern Alberta and better understand the complexities of these discourses as they continue to evolve, the following section will explore examples of "pro-woman" discourses in this region, examining the differences and continuities between these and the "fetal-centric" approaches outlined earlier.

Contemporary Anti-Abortion Discourses: Pro-Woman?

Saurette and Gordon characterize the anti-abortion movement's embrace of "pro-woman" orientations as "nothing less than a discursive tectonic shift" (2013, p. 174). As noted earlier, their work suggests that the shift of anti-abortion discourses from "fetal-centric" to "pro-woman" is part of an effort to redefine the anti-abortion movement. Indeed, "[f]ar from holding tight to the tropes of the previous generation, the new anti-abortion discourse proudly frames its campaign as one that promotes women's interests and women's rights" (Saurette & Gordon, 2013, p. 168). In this way, the discourses being deployed appear to address common contemporary critiques of the anti-abortion movement against women and their reproductive rights. However, when these discourses are broken down and examined critically, it becomes clear that this shift is only occurring at face value. While these more recent discursive efforts seem to demonstrate compassion

and concern for women, their efforts to limit women's reproductive and bodily autonomy are nonetheless at work through misrepresentation of (and manipulation of information about) abortion.

The Lethbridge Pregnancy Care Centre (LPCC) uses these more contemporary discourses in prominent advertisements that can be found across Southern Albertan communities. As they are one of the few organizations that position themselves as a resource for information on abortion, I argue that these more contemporary anti-abortion discourses play a significant role in shaping the discursive context of Southern Alberta. By examining a selection of public advertisements and an organizational website produced by the LPCC, I will show how they exemplify this seemingly "pro-woman" discourse while remaining implicitly and unequivocally anti-abortion. Further, I discuss how these texts construct pregnant women considering abortion and post-abortive women as ill-informed or as victims of reproductive choice through "pro-woman" discourse.

Crisis pregnancy centres as anti-abortion.

The shift to "pro-woman" approaches in anti-abortion discourse, first identified by Saurette and Gordon (2013), has facilitated the proliferation of crisis pregnancy centres (CPCs). CPCs rely on these newly-defined "pro-woman" discourses and use them exclusively. Rather than producing messages that are explicitly against abortion, CPCs use "pro-woman" discourses of care, support, and choice represent themselves as unbiased resources for information about abortion. Despite their claims, research on CPCs has shown that they purposefully misinform and manipulate women with regard to abortion and other reproductive options (Arthur, 2009; Bryant, Narasimhan, Bryant-Comstock, & Levi, 2014; Cawthorne, 2016; Stettner, 2016).

My examination of CPCs' uses of new anti-abortion discourses aimed at women

make it clear that great significance actually lies in what goes unsaid and what is silenced within these communications. The way that these organizations couch their anti-abortion position within discourses of unconditional care and support allows them to maintain their façade of neutrality. By utilizing these particular discursive strategies, CPCs can take advantage of the clear lack of resources for balanced abortion information by appearing to be a legitimate source of such information. As Saurette and Gordon (2013) note, these contemporary discourses give anti-abortion organizations better access to a broader audience, and when coupled with a CPC's carefully manufactured supportive appearance, create a space where women seeking necessary information about abortion are positioned as vulnerable to manipulation by the very organization promising unbiased assistance. Thus, despite their use of "pro-woman" discourse, it is essential that we recognize that CPCs like the LPCC hold anti-abortion values just as deeply as other organizations that make their stance more easily identifiable. For these reasons, I identify LPCC as an unequivocal anti-abortion organization and provide evidence for this assertion in the analysis below.

Abortion as harmful and post-abortive women as traumatized.

The portrayal of abortion and the construction of pregnant/post-abortive women in anti-abortion advertisements are inextricably linked: what is said about one explicitly produces implicit knowledge about the other. According to the results of Saurette and Gordon's analysis, the "abortion-harms-women perspective has become the clearly dominant explicit argument of contemporary Canadian anti-abortion discourse" (2013, p. 173). Within this "abortion-harms-women" argument is a discursive shift in which women are no longer portrayed as the perpetrators of violence by choosing abortion, but rather take the place of the fetus as "victims of abortion" (Saurette & Gordon, 2013, p.

176). In “fetal-centric” discourse, abortion is situated as the tool by which a woman’s “choice” is carried out, as exemplified in Figure 1 where the words “PRO-CHOICE” appear with the beside the blood-riddled photograph that represents an aborted fetus, creating an explicit connection between violence and women’s reproductive choice. Here, abortion itself is constructed as the culprit.

As these anti-abortion discourses work to convey a particular “truth” about abortion, a related “truth” about post-abortive women is also produced. Through the deployment of “abortion-harms-women” discourse, the subjectivity of post-abortive women is shaped. For the majority of anti-abortion organizations, this means portraying the post-abortive woman as regretful, and even traumatized. Drawing on misogynist notions of women as ‘overly-emotional’, while constructing the emotional instability of post-abortive woman, these discourses also imply that women making decisions around abortion are similarly ‘too emotional’ to make a decision they will not ultimately regret.

Figure 3. Anti-abortion advertisement on roadside trailer is Southern Alberta. From “Pro-Life Events,” by Lethbridge and District Pro-Life, 2018, http://www.lifelethbridge.org/pro-life-events.html.

In this advertisement from the LDPL (Figure 3), it is evident that a full departure from more traditional discourses has not occurred. Instead, the LDPL can be seen to

combine “fetal-centric” and “abortion-harms women” tropes. In Figure 3, the message tells us that “Abortion Tears Her Life Apart,” with the word “tear” clearly emphasized in red font. The text is accompanied by two images, one of a fetus, and one of a woman. The images are at odds, placed on opposite ends of the advertisement, but both appear to be torn down the middle. Again, the fetal subject being pictured is mature and well-developed, resembling a newborn “baby” more than a fetus in-utero. Indeed, the woman is looking out toward the viewer, with a discontented expression. This combination of text and imagery communicates to the viewer that abortion not only causes harm to the fetal subject, but that the pregnant woman is harmed as well.

Further, it is interesting to note that the word “tears” text may also be read as a reference to crying. Here again, relying on gendered assumptions about women, this embedded message implies that women are too emotional. Thus, it communicate once more that women’s presumed over-emotionality renders them irrational, to and therefore they should not be given the responsibility of “choice”.

While at times exhibiting the use of both traditional and contemporary anti-abortion discourses, the LDPL also utilizes advertisements that more closely follow “pro-woman” guidelines. For example, in Figure 4, the post-abortive woman is directly addressed. The message “Hurting after an abortion? We Can Relate” not only uses a caring tone to convey support, but also communicates that it is a natural consequence to experience pain and struggle after abortion.

Figure 4. Example of "pro-woman" anti-abortion advertisement. From "Pro-Life Events", by Lethbridge and District Pro-Life, 2018, http://www.lifelethbridge.org/pro-life-events.html.

Of course, having an abortion can be a difficult decision; even when the decision itself is not difficult, the emotional responses that follow may be both difficult and unforeseen. Those who experience complicated emotional responses following an abortion deserve to be heard and supported with genuine resources. Post-abortion experiences are never one-size-fits-all, but research has found that 99% of women who have abortion do not regret their decision (Rocca et al., 2015). Further, many negative post-abortion feelings can be largely attributed to compounding factors, including stigma, lack of support, or even abuse (ARCC, 2018d; Biggs et al., 2016; Rocca et al., 2015). For these reasons, this implication by the LDPL through the discourses reproduced in Figure 4 can be understood as misleading, and perhaps even as an attempt at framing post-abortive women in a particular way that further supports their "abortion-harms-women" strategy.

When looking at examples from the LPCC, it is clear that they utilize strictly "pro-woman" discourses, but as noted above, their framing has an important distinction from the LDPL. Saurette and Gordon (2013) discuss the turn of "fetal-centric" strategies toward tropes of medicine and science, but medicalized language is also carried through into more "pro-woman" discourses in order to strengthen their "abortion-harms-women"

argument. The supposed harms of abortion, as constructed by the LPCC, are indeed far more medicalized. This may be seen as both a result of and a catalyst for the rise of CPCs, as they simultaneously reproduce and are informed by these medicalized and pathologized discourses on abortion. Moving beyond vague notions of hurt, many anti-abortion organizations and the vast majority of crisis pregnancy centres have come to rely on the concept of a medical diagnosis they suggest is the result of abortion: Post Abortion Stress (PAS).

The introduction and proliferation of ideas about PAS have been found to be deeply tied to the grassroots work of crisis pregnancy centres alongside the broader anti-abortion movement (Kelly, 2014). Despite being debunked by several reliable studies that review the potential effects of abortion on mental health, the claim that PAS is a legitimate condition remains a narrative relied upon by anti-abortion groups (ARCC, 2018d; Biggs et al., 2016; Kelly, 2014). In general, anti-abortion discourse suggests that PAS involves "the inability to process the painful thoughts and emotions of a crisis pregnancy and subsequent abortion – guilt, anger, and sorrow; identify the loss that has occurred; come to peace with self and others" (LPCC, 2017).

The use of the term "*crisis* pregnancy" in this definition is not a coincidence. References to a "crisis" frames an unwanted pregnancy as more than a mistake, but a life threatening event. Indeed, it implies that women considering abortion stand at a dangerous crossroads (again, they are framed as vulnerable), and if they fail to make the right decision, their future will be filled with trauma and regret.

As described by the LPCC, "symptoms" associated with PAS include:

> sadness; feeling compelled to conceal an abortion; experiencing prolonged depression; emotional 'numbing'; experiencing disturbing thoughts about babies and abortion; having lingering guilt and shame; believing you are unworthy;

> avoiding relationships or struggling with intimacy; reacting physically or emotionally when abortion is mentioned; anxiety over fertility or childbearing issues; alcohol and drug abuse; engaging in self destructive behaviour; having thoughts of suicide. (LPCC, 2017)

Descriptions of PAS in anti-abortion discourse as exemplified by the list above similarly utilize a similarly affective tone found in the "Hurting After Abortion" advertisement (Figure 4) by generally communicating about the harm that is caused to women by abortion. However, these discursive strategies push further, employing medicalized language of "symptoms" and creating implicit connections to widely recognized concepts of Post-Traumatic Stress Disorder. These tactics effectively construct the post-abortive woman as traumatized by her abortion experience, and imply that this concept is sanctioned by the medical authority. It communicates to the reader that, beyond the traditional message of abortion being morally wrong, having an abortion unequivocally results in dire consequences for women's mental and emotional *health*. In this way, it pathologizes any experiences of negative/complicated post-abortion emotions such that they may be understood as solely caused by the abortion itself and is thereby used to discourage women from considering abortion. Further, this discourse silences women who may feel positively about their abortion and constructs them as abnormal. It is also important to note that the implications put forth by anti-abortion CPCs like the LPCC that abortion causes negative emotional outcomes of regret, guilt, and shame are also supported by the same organizations' provision of post-abortion grief counselling.

A critical examination of the "symptoms" noted here helps significantly to reveal the complex ironies within this particular discursive strategy. For example, references to sadness, shame, depression, guilt, disturbing thoughts of about babies/abortion constitute experiences that might also be linked to the a-priori stigmatizing and unsupportive

environment that is fostered by the work of anti-abortion organizations and their discursive tactics. As anti-abortion organizations continue to stigmatize abortion and those who obtain them, they reproduce the very harm that they purport to protect women from. Though CPCs present themselves as unbiased resources for abortion information, their messaging contributes to the implicit framing of abortion as harmful and post-abortive women as "damaged" in some way, further reifying the stigma these women face.

These "abortion-harms-women" tropes also rely on (and reproduce) paternalistic, gendered notions of women's fragility and vulnerability. In the same way, they imply/reiterate assumptions about women's emotionality, framing them as too emotional to make reasonable, rational decisions. As Williams notes, women are implicitly understood and portrayed as "oblivious to the self-imposed 'trauma' of abortion" (2014, para. 11). Thus, anti-abortion organizations like the LDPL are able to find footing for old agendas in new discourses. By reproducing notions of women's naivety and lack of understanding (even that of their own experiences), it is implied that they cannot and should not be trusted with reproductive decision-making or bodily autonomy. Nonetheless, in the case of both the LDPL and the LPCC, the construction of abortion as harmful and post-abortive women as traumatized effectively situates them as supporters of women, thereby removing them from many critiques of traditional approaches, while still subtly communicating an anti-abortion and anti-woman message.

Abortion as risky and pregnant women as vulnerable.

The "abortion-harms-women" approach in "pro-woman" anti-abortion discourse not only constructs post-abortive women in particular ways, but pregnant women as well. Where post-abortive women are framed as traumatized by abortion, pregnant women are

also implicitly produced as vulnerable. This representation of pregnant women considering abortion as "at risk" is accomplished in part by the discourses outlined above, but is also apparent in other examples of information about abortion produced by CPCs. Through the "abortion-harms-women" discourse, CPCs attempt to address pregnant women considering abortion and strategically frame abortion as risky, and therefore an unviable option.

Despite its claims to "provide accurate information on all options" (LPCC, 2019), the LPCC's website delivers no actual information about abortion at all. Though this lack of openly accessible information is problematic, attending to the gaps and erasures is indeed very revealing. For example, their webpage that appears to be dedicated to abortion states

> [t]here are many things to consider. It's important for you to determine what is best for you, now and in the future. It's vital to get all the information you can to help you make your decision. You have a right to get all the facts. Take the time you need to equip yourself to make your best decision. We are here to help you understand all your options so that you can make an informed decision. It is your pregnancy, your right to know, and your decision. (LPCC, 2019, para. 2)

However, in terms of questions about abortion or information about abortion, the content only explicitly refers to "barriers to continuing a pregnancy, risks associated with abortion, and alternatives to abortion" (LPCC, 2019, para. 1). While the LPCC fails to say much about abortion here, what goes unsaid speaks volumes. This disproportionate focus on risks and alternatives to abortion, while providing no actual information with regard to the abortion procedure or how to access abortion providers, implicitly casts doubt on the safety and viability of abortion as a reproductive option. Further, positioning these suggestion among countless statements that stress the importance of considering one's options carefully and making sure one has "all the facts" intensifies this tone of

uncertainty. This is a clear example of how CPCs use discursive tactics to manipulate perceptions of abortion – saying just enough about their support for women to be fully informed, while neglecting to provide balanced information.

Although arguably the most strategic discursive elements within the LPCC's materials are its carefully situated silences, it is also important to note the difference in language with regard to how abortion is presented. In general, abortion is described more negatively than adoption or parenting. The LPCC website describes parenting as "…one of life's most exciting and rewarding experiences," and adoption as "an excellent option for you and your baby…" (LPCC, 2019, para. 6-7). At the same time, they suggest that "some women *believe* abortion is their best and only option," while others "are ambivalent about abortion" or "feel pressured by others to consider abortion" (LPCC, 2019, para. 8). These subtle language choices suggest to the reader that adoption and parenting are highly desirable, whereas abortion as a decision or option is associated with feelings of ambivalence and social pressure. The assertion that some women might only *believe* abortion is best for them fails to acknowledge that abortion may, in many instances, be indeed the best (or even the only) option for some.

As most of the LPCC's content simply implores women considering abortion or looking for information about their reproductive options to talk with "client advocates"[6] directly, the centres position themselves as a supportive resource and place those in need of this information in a precarious position by forcing them to make contact in-person before receiving any kind of assistance. This strategy allows the LPCC to more effectively conceal their motivations. This is yet another example of irony in the

[6] The use of "advocate" in this way allows the LPCC to utilize discourses of justice, similar to the LDPL's co-opting of language/imagery around human rights.

discursive work of the CPCs: while seemingly disparaging of the ways they suggest women are misled or uninformed about abortion, they simultaneously misinform or fail to provide any information at all. Furthermore, while explicitly claiming to support and therefore empower women, the messaging also implicitly relies upon and reproduces the same paternalistic notions of women as vulnerable and in need of protection that are apparent in other anti-abortion discourses. Here again, it is only through critical attention to the subtleties of these discourses and practices that their position becomes evidently problematic.

Where abortion is constructed as risky, then pregnant women considering abortion are produced as vulnerable. Through messages like those examined above, these anti-abortion organizations not only suggest that abortion is risky based on what they claim is medical and scientific evidence, but they more critically assert that women are being deceived as a result of not knowing the "truth" or "facts" about abortion. They suggest that women "who seek [abortions] are not only incomprehensive of the implications of such actions but willfully self-deceptive or irresponsible" (Williams, 2014, para. 11). Again, this implication relies on similar gendered notions used to construct post-abortive women: the idea that women are fragile, naïve about the danger that threatens them, or too reckless to avoid it. In this way, CPCs can present themselves as allies and protectors of women, exposing women to the "truth" about abortion and shielding them from the risks that others would supposedly try to hide.

(A Lack of) Intersectionality

It is important to also to note the lack of diversity addressed within Southern Alberta's anti-abortion discourse. Indeed, anti-abortion groups in Southern Alberta (and beyond) largely fail to address any intersectional issues or identities; throughout their

advertising, those obtaining abortions are always, already assumed to be white, cisgender, heterosexual, able-bodied[7] women. In terms of economic status, the embedded assumptions and implications are somewhat complicated; on the one hand, "fetal-centric" advertisements are often silent on this issue, and yet the stigmatization which their discourses reproduce portray women as selfish or irresponsible for having to terminate a pregnancy for reasons like financial instability. On the other hand, where economic concerns do appear, as in the websites of "pro-woman" CPCs like LPCC, it is often in the form of offering clients some connection to resources that purport to alleviate financial stresses that may be a barrier to continuing a pregnancy (though any real assistance is extremely limited). However, despite their promise to provide complete information on all options, CPCs do not connect clients with similar resources to help them overcome financial barriers to abortion access.

Following from a foundation of Foucauldian analysis and reproductive justice theory, it is important to consider the network of presence and erasure with regard to intersectional issues in anti-abortion discourses, such as the role of race, religiosity, ethnicity, disability, and sexuality, all of which have had a complex historical relationship with reproductive rights and reproductive oppression. Work has yet to be done that examines these issues in the Canadian context specifically. Thus, further research in this area will be essential to a better understanding of Canadian anti-abortion discourses in the future.

[7] The relationship between the anti-abortion movement and persons with disabilities is deeply complex – indeed the concept of disability is leveraged by both anti-abortion and reproductive rights discourses in different (often problematic) ways (Jarman, 2015).

Conclusions

Foucault's assertions on discourse suggest that "while subjects may be capable of interpreting the surface meanings of discursive practices, and thus developing a contingent 'knowledge,' the 'deeper' knowledge is not directly accessible" (Fox, 2014, p. 418). Thus, a Foucauldian analysis has allowed me to go beyond the explicit "surface meanings" of anti-abortion discourse to examine the "knowledge" being produced implicitly, and thereby working to shape the subjectivity of women (and others who seek abortion), like my participants. While demonstrating how Southern Albertan organizations model the shift in anti-abortion discourse identified by Saurette and Gordon (2013), I also highlighted how this context remains uniquely complicated because of its abundance of both "fetal-centric" and "pro-woman" discourses.

These discourses cover a broad range of messages: abortion is an act of violence against another human being, women who have abortions are perpetrators, abortion is harmful to women, post-abortive women are traumatized victims, abortion involves untenable risk, and pregnant women considering abortion are vulnerable, emotional, and incompetent. These discursive strategies are linked, drawing upon and continuously reproducing one another; enacted differently at multiple sites but always relying upon similar frameworks. Underlying even the seemingly "pro-woman" discourses are paternalistic and misogynistic assertions of women's vulnerability; the need for them (i.e., their bodies) to be protected (i.e., controlled) from the terrible realities of abortion (i.e., to prevent the realization of their own autonomy). I argue that this network of discursive strategies exacerbates the already difficult situation for those seeking abortion in this area, given the lack of providers and the invisibility of resources for information that are genuinely supportive of reproductive justice. Together, these issues uphold stigma and

limit autonomy while creating imbalanced spaces of knowledge, and therefore, as Foucault would suggest, of power. Thus, before moving forward with a narrative analysis, it was important to set the stage by examining how anti-abortion discourses appear in Southern Alberta, thus illuminating the context in which my participants' experiences and narratives were formed, as such discourses constitute the only "knowledge" about abortion that is made readily and publicly available in this space.

Discourses on abortion are complex; they are constantly transforming, and with the spike in discussions of abortion within the current socio-political climate, this evolution is happening at an ever-increasing speed and scale. As such, any attempt to capture abortion discourse is limited in some way, and I acknowledge the limits of this chapter. However, this analysis is intentionally focused solely on the current state of anti-abortion discourses in Southern Alberta. By including multiple examples from the two most prominent anti-abortion organizations in this context, I argue that this overview fairly captures the atmosphere of public abortion discourse in Southern Alberta. Through this analysis, I have unpacked many of the anti-abortion discourses operating within this space, thus providing a greater level of contextualization for the personal narratives in Chapter 4.

Chapter 4: Experiences of Abortion in Southern Alberta

Chapters 1 and 3 highlight the tremendous barriers pregnant persons face in accessing abortion both across Canada broadly and within Southern Alberta specifically. By conducting interviews with individuals who had sought information about abortion in this context, and given the interview guide I prepared, I anticipated the data would speak to how the participants navigated barriers in coming to know about their pregnancy options including abortion. However, rather than a standard question and answer, my interviewees often responded to my initial prompt – "Please tell me about your experience, starting at the time you found out you were pregnant" – with extended, rich, and descriptive narratives of their feelings and experiences. Despite my plan for the interview process, it felt imperative that I not interrupt the stories being shared by Kasey, Kim, and Abigail[8] to insert my own structured expectations of the form this data would take. Instead, I held space for *them* to tell *me* as much as possible about their experiences, without adhering too rigidly to my interview guide. As a result of these deviations from my research "plan", the data that were produced also reflected a slightly different and deeper focus than that of my original research questions.

Beyond how each woman negotiated access to abortion information and services while in the Southern Albertan context, the participants' narratives also highlighted a process of meaning-making that reflected upon how they came to know about themselves and abortion through their experiences. I suggest that these interviews take a more narrative form as a result of these attempts to make sense of their own experiences as they

[8] Pseudonyms are used in this analysis for the participants that opted to remain anonymous.

were retelling, rethinking, and reflecting on these moments of their lives. Each participant noted that this was the first time they had been asked to speak at length (or at all) about their experience. Given the narrative form of the participants' responses, and my limited sample, I thus turned to methods of narrative analysis to provide depth and attend to the complexity of the data produced.

In this chapter, I employ two approaches to narrative analysis, focusing both on the "told" and the "telling" of each story (Riessman, 2005). First, I employ what Riessman (2005) characterizes as thematic analysis, focusing on the content of the narrative, to examine what the participants say about their experiences directly, and what more this can tell us about the barriers discussed in Chapter 1 as they are faced by women in their actual lives. This level of analysis allows me to attend to questions of how individuals in this space come to access abortion information and services. However, my interest in exploring complexity, combined again with my reduced sample size, lead me to my second level of narrative analysis.

After examining what is "told" in each narrative about barriers to abortion access through a more surface-level analysis, I will attend to the "telling" through the use of "close reading" which:

> …pays attention not only to the words and the plot but to all aspects... [including] ambiguity, irony, paradox, and "tone" contained in words themselves... what texts 'do', we all ultimately realize, they do in the resonance achieved between the words themselves and the worlds that surround them, elicit them, and are reflected and transformed by them. (Charon, as cited in Riessman, 2008, p.11)

Drawing on this tool of narrative analysis, I will dig deeper into the narratives to explore how each participant constructs their own identities and embodied experiences, in ways

that both reproduce and resist the way that they are constructed by anti-abortion discourses like those examined in Chapter 3. In this way, I work to:

> …attend to the silences as well as what is said…to how the story is told or not told, and to attend to the tensions and contradictions rather than to succumb to the temptations to gloss over these in [my] desire for "the" story. (Munro, 1998, p.13)

I also suggest that an approach to narrative analysis that addresses these concerns is well-aligned with the tenets of Foucauldian discourse analysis utilized in Chapter 3, as both methods are invested in acknowledging the way meaning is communicated through both presence and absence, and in explicit and implicit ways. My use of this second level of analysis is intended to push beyond the thematic analysis, as it will also allow me to address questions of how, through the process of seeking abortion information and services in the uniquely challenging context of Southern Alberta, these women have come to understand themselves and their abortion in relation and resistance to the ways they are commonly portrayed in this context.

Finally, it is important to note that I have also worked to keep the narratives as intact as possible, and thus structure the analysis with the goal of keeping the moments selected for closer analysis contextualized and meaningful in the broader scope of each narrative. However, I also recognize that, no matter the format, this research involves interpretation and therefore will not (could never) represent a "pure" version of these stories. Indeed, narratives are always, already mediated and interpretive (Riessman, 2008); a different analysis using a different framework could certainly produce varied understandings.

Overall, I acknowledge that it is not simply what is said, but how it is said (or not said), that conveys meaning that is significant for analysis. These stories, these

experiences, are “messy” in their complexities and contradictions, much more so than any broader discourse of abortion typically allows. My interest is not simply to construct a version of these narratives that reinforces my own assumptions and assertions, but rather to embrace their complications while still conducting an analysis that clearly recognizes them as significant and fosters a greater understanding of the issues addressed. As Munro writes, “[h]ow individuals construct their stories, the tensions, the contradictions and the fictions, signifies the very power relations and discursive practices against which we write our lives” (Munro, 1998, p. 5). Thus, I aim to highlight the continuities and tensions between what is said *about* women and abortion, and what women say about *themselves* and *their own* abortion experiences.

Constructing Abortion Narratives in the Interview Setting

Continuing from a foundation of critical feminist theory, which informs my aim to practice reflexivity throughout this research, I acknowledge that my presence and participation plays a role in shaping the narratives produced. It is important to recognize that as Kasey, Kim, and Abigail constructed their stories, they were simultaneously navigating the context of the interview, a social exchange that implores them to present their story in a way that is meaningful to another person. Further, given the subject matter these narratives explored, the participants and I also negotiated the tensions of social stigma around this subject. Building and maintaining rapport was a project undertaken by both myself – as I was presumed to hold a sense of authority in this setting – and my participants, as they also worked to maintain a level of comfort and social accord whilst discussing intimate and at times emotionally difficult details of their stories.

Both of these elements were reflected in various narrative choices each participant made – for example, in Kasey's hesitation to use the word "abortion", as it is a word loaded with stigma, and not commonly spoken out loud in conversation with a relative stranger. Another way that the participants and I navigated the feelings of discomfort present as a result of the subject matter was by sharing moments of humour. I worked to keep an open and welcoming atmosphere from the beginning of the interview, while still reassuring the participants that I took the responsibility of being trusted with their personal stories seriously. As they shared their experiences, the participants often used humour to diffuse tension during the more difficult and emotional moments – an element of their narratives I explore further throughout this chapter.

Overall, I recognize that the interview environment, as a space of social exchange, is always a space in which both the interviewers and interviewees contribute in the shaping of the knowledge produced. Thus, it is important to note once again prior to this analysis that my own efforts to shape the interview environment, both unconscious and deliberate, along with the participants' sense of social norms and awareness of stigma attached to the topic being discussed (among many other factors) all impact the production of knowledge through the interview process.

Facing Barriers

Kasey is a woman in her early twenties, who has lived in the Southern Alberta area her whole life. She self-identifies as white, cisgender, and heterosexual, and describes herself as spiritual more than formally religious. Kasey became pregnant in 2017 while still attending university, though she was also beginning to pursue a career at

the time. This was Kasey's first pregnancy, and she turned to her doctor for advice about her options:

> [I] ended up making an appointment with a doctor. Not my regular doctor, because it takes about a month to get in to see him. So, this doctor… will not say his name… I don't like him very much… he made me get bloodwork done, and they tested me there as well. Everything came back positive as well. And I told him at the appointment that I was thinking about abortion, and that I wanted more information on it, because I wasn't quite sure if there was any other process that I had to do, other than calling them and making an appointment. Because it's the Kensington Clinic, I think that's what it's called? And, he pretty much said that…. He pretty much told me that I shouldn't do it. And… he wanted me to do more tests first to make sure that it was like for sure positive, even though my bloodwork came back positive, my hCG levels were positive… [Interviewer: So, what other tests did he suggest?] He didn't tell me… he pretty much just didn't want me… to have an abortion. So he was… pushing his views on me, which… honestly, ticked me off. [Interviewer**:** Did the doctor give you any of the information that you asked for?] Nope… (laughs). So, I Googled it.

First, Kasey highlights the barriers that individuals seeking pregnancy options and information face through her inability to access her usual doctor in the timely manner she required. Due to gestational limits on the provision of abortion, time is of the essence in accessing abortion. Further, her experience with another local doctor is also undoubtedly concerning, and exemplifies the lack of support for abortion care by medical professionals in Southern Alberta. It also reflects the inconsistencies between what is ideally required of physicians who "conscientiously object" to abortion (i.e. referral to another provider) as outlined in Chapter 1, and the reality that patients in these circumstances can be left without care entirely. Not only did this doctor fail to provide Kasey with pertinent (or any) information about the medical service she requested, but she felt he actively attempted to influence her decision and shamed her in the process. As a result, Kasey was forced to seek information from other sources, including the internet, which can be a particularly difficult minefield to navigate. Misinformation abounds

online, especially on the topic of abortion, given the controversy that surrounds it. As we will see in Abigail's case, anti-abortion organizations like CPCs utilize the internet very effectively, and it can be easy to be misled. Thus, individuals should be able to trust their health care professional to provide the information they need. Being left without the appropriate knowledge put Kasey in a potentially vulnerable situation that not everyone would be able to avoid. Kasey's experience also highlights the barriers that arise as a result of medicine's gatekeeping authority over abortion in contexts where medical support for abortion care is stigmatized and non-existent, which is an issue that also arises in Kim's story.

Kim, a single woman in her forties, moved to Southern Alberta to pursue post-secondary education. She self-identifies as white, cisgender, and heterosexual, with no significant religious affiliations. In 2017, Kim also found herself unexpectedly pregnant while living in Lethbridge. Though she had been pregnant before, she has no children, having terminated a previous pregnancy and also having experienced a miscarriage in the past. For Kim, the thoughts and feelings surrounding her pregnancy were significantly different from Kasey's, though she faced many of the same barriers.

Kim also described her own unhelpful and unsupportive experience with local health care providers. First, she attended a local clinic, looking explicitly for information on the abortion pill:

> I had already decided, I looked it up and wanted to get that pill, and I had the name and I had it on my phone and she [the doctor] had no clue what it was… I told her basically straight out, I didn't want, I wanted an abortion, I knew that.

Kim noted that, as the doctor was not familiar with the abortion pill, it took some time for her to locate any information, and she ultimately directed Kim to the abortion providers in Calgary:

> I was surprised, I was a bit surprised… there was nowhere in Lethbridge [to obtain abortion services]… And I was surprised she didn't even know about that pill. Like, she's a doctor, I'm showing it to her… And then when I started to phone out, phone the abortion places in Calgary, [the abortion pill has] been totally legalized here, but there's been a shortage all over the entire country. So they've made it legal, so that it can look good… for people's rights, but you can't get it… it was just lip-service.

As noted in Chapter 1, Mifegymiso (the combination of medications commonly referred to as the abortion pill) was approved by Health Canada in 2015; however, access has remained an ongoing issue. Kim explains here that her attempts to access Mifegymiso in 2017 were unsuccessful for a number of reasons. Firstly, the doctor she visited was apparently unfamiliar with Mifegymiso and unsure of how to direct her patients in accessing it. Secondly, the medication was unavailable due to a shortage – which points to the level of need and interest in the abortion pill as an option for terminating pregnancy. Kim's experience illustrates the ongoing issues with practical and timely access to Mifegymiso as an abortion option.

Kim also described an uncomfortable experience with the ultrasound technician she was required to see before her abortion appointment:

> They were really rude, when I got the ultrasound. You have to go get an ultrasound before you go to the hospital, and take it there, and [the technician] knew… I just could feel it I'm really, really intuitive… and she just, she was really rough in doing the ultrasound and she had an edge to her, [saying] things like 'Don't move!' and she wasn't very nice to me… but then when she pulled [the ultrasound wand] out there was blood on it, and she couldn't find [the fetus], and I think I had started to miscarry, and she was suddenly really nice to me, I think she might have thought I was going in for abortion and then realized it was a miscarriage and then was suddenly nice to me.

Once again, the key theme here addresses the dearth of supportive medical professionals in Southern Alberta, and the resulting mistreatment of patients like Kim. Kim's description of the difference in the ultrasound technician's demeanor towards her after believing she was miscarrying rather than having an abortion amply demonstrates the bias Kim experienced. When dealing with patients seeking abortion care, as gatekeepers to abortion access, medical professionals can not only uphold barriers through their refusal or inability to provide abortion services or information, but also through subtle acts of shaming and stigmatization.

Abigail is a woman in her thirties, who has lived, worked, and attended university in Lethbridge at different times over the last several years. Abigail identifies as Southeast Asian, cisgender, heterosexual, and noted that while her religious background was varied growing up, she now identifies as Buddhist. In 2012, while in a common-law relationship with her ex-partner, Abigail found out she was pregnant. Abigail's experience with "medical" resources for pregnancy option information began when she came across the Lethbridge Pregnancy Care Centre (LPCC) while searching online:

> So I went to a place downtown… it's the Lethbridge Pregnancy Care Centre… and I said "You know, I think I might be [pregnant], but I'm not sure", so they had me pee on a stick, and I sort of… I sort of wanted it to be like mostly… like a doctor? […] I was looking for like, pregnancy testing, and [LPCC] had that… I think even if you Google 'abortion options Lethbridge', they'll come up as the top [result] […] I would've preferred a nurse, or a clinician, or someone without any bias to go to. And I thought they were a clinic. I honestly thought they were a sanctioned clinic.

Abigail's story demonstrates several issues with access in the Lethbridge context. First, she notes the prominent appearance of the LPCC when searching online for pregnancy testing or abortion options in Southern Alberta, and this is very problematic. As discussed

in Chapter 3, organizations like the LPCC seek to dissuade women from choosing termination by misleading and misinforming them about abortion, despite the promise to provide full information about all options. Indeed, it seems they offer free pregnancy testing, as utilized by Abigail, in a way that targets information-seeking women facing unplanned pregnancies. Further, as Abigail's experience illustrates, CPCs like the LPCC often *appear* to be medical facilities though they are not, and this can place individuals seeking information about their pregnancy and abortion in a vulnerable position without access to the resources they actually require.

Despite the ways in which the experiences described by Kasey, Kim, and Abigail above highlight unsupportive, biased, and misleading encounters with medical professionals (or those who appeared to be such) in Southern Alberta, each participant also described some positive experiences. After being unable to get the resources she required from the LPCC, Abigail described her next steps:

> I went to the walk-in clinic… they gave me a referral… to the gynecologist, they did a pee test, they tested it and then they said "Yeah, you are [pregnant], for sure", and they were like "So, if you want to terminate, you need to sort of make a decision because here's all of the ways that you can terminate." So, they gave me like the terms, the terminology, like you can get D&C, there's a pill you can take, otherwise if you let it go further than that it gets a lot harder to terminate. So, I actually went, and researched all of my options, and they had given me, they said if you want to terminate, this is who you call. So my gynecologist office was actually a lot better at providing me with information about an unwanted pregnancy, than say like the Lethbridge Pregnancy Care Centre.

Abigail's positive experience with a local gynecologist illustrates that there are some supportive and genuinely informative providers in this region, which is encouraging. For Kasey and Kim, their positive health-care experiences occurred with the abortion providers they contacted in Calgary, two hours' drive away. In comparison to their

shaming and stigmatizing experiences with their local resources, Kasey described her experience seeking information from the Kensington Clinic:

> …the people on the phone [at the Kensington Clinic] were extremely understanding, they were very nice. And, they didn't sound judgemental in any way. They could tell that I was kind of like struggling with… the phone call. So I think that also helped, because they weren't like pushy in any way… and then I made the appointment.

Kasey highlights here the difference that the compassionate demeanor of the staff at the abortion provider made for her, helping to destigmatize her decision to pursue abortion. Kim also touched on her own positive abortion provider experience, noting that the staff at the Women's Clinic at the Peter Lougheed Hospital were supportive of her and went above and beyond to help her after her procedure (as she describes on p.75 below), as she had no one there with her during the process. These experiences highlight the difference that compassionate abortion care can make for individuals, but also draws attention once again to the common lack of such care in Southern Alberta. As noted in Chapter 1, though there are supportive resources (and likely more supportive providers) in Southern Alberta, the permeating stigma against abortion evident in this community prevents them from offering abortion care and support openly.

Kasey, Kim, and Abigail also spoke about other practical barriers they faced as a result of having to travel for abortion services. For Kasey, travelling more than two hours to Calgary for her abortion meant having her ex-partner, the biological father, provide her transport, which lead to a very upsetting experience for her after her procedure:

> So I walk out into the waiting room… he's not there… you'd think when I'm going through that, and he knew how upset I was about it, [he would be there]… I just wanted to get out of that office, because I just walked out into the room and there's people staring at me and I'm in pain.

Being forced to travel a long distance to obtain her abortion meant that Kasey had to rely upon the strained relationship with her ex-partner to reach the services she needed, which ultimately resulted in her being left without adequate support during what was already a difficult experience.

Earlier, Kim described her surprise at finding out there was no way for her to access abortion in Lethbridge. Unfortunately, as Kim did not have support from anyone close to her, she had to travel to Calgary for her abortion care alone:

> …there was nobody here to go, so I just went, rented a hotel room and walked to the clinic, and then the taxi driver didn't show up to take me home so the nurses took me home… to the hotel… I mean I'm used to [looking out for myself], but I'm a bit annoyed. It's a bit annoying […] Women shouldn't have to… do this without help. I shouldn't have to check myself into the hotel, set up a taxi service to take me out, like I think it's a little bit much. You know, wake up after I had taken the drugs and walk myself down to the restaurant to feed myself. I don't know… I thought it was a little bit brutal.

Kim's description here clearly demonstrates the unfair and "brutal" circumstances individuals can be put in as a result of being unable to access abortion in their own community, thus being forced to seek it in a place where they have no established supports or familiar surroundings in which to recover. This also reflects the ways that a sense of shame is made to surround the abortion experience, in big ways and small. Further, there are financial concerns to be considered when looking at the additional expenses even beyond the travel cost itself that Kim had to manage, including accommodations, transportation after the procedure, as well as food and drink. Finally, Kim noted the difficulty she could have faced potentially missing important exams in school and work to travel for her abortion. As noted in Chapter 1, the peripheral costs that can be incurred through this process can present a significant barrier for many.

For Abigail, travel was also a concern with regard to her other life obligations, and she too noted her surprise at discovering abortion services were not available in Southern Alberta:

> I was like, oh, you don't even do it [abortion] in the city? I felt like… seriously? Why? You're a city of almost 80,000 people at that time, why? Why do I have to travel two hours to get a day procedure done? Like I didn't understand that part of it […] Is it just because they try to make it as difficult as possible for people? That was one of the things that bothered me. I have to travel two hours, I have to take a whole day off for this, how do I explain this to work? That was what I was really worried about, you know, I'm new at this job, I'm already taking medical leave […] Like what if I didn't drive? So what do I do, take the Red Arrow [bus]?

Here, Abigail expresses her deep frustration at the lack of abortion providers in Southern Alberta. She noted that concerns about her job were particularly significant, further reflecting the shame that is made to surround abortion, as needing to be away for another kind of procedure is unlikely to elicit the same sense of anxiety and secrecy. Abigail also indicates how much more challenging these circumstances would be if she, or someone like her, were unable to drive. Overall, Abigail asserts that the fact that individuals seeking abortion in Lethbridge (and Southern Alberta more generally) must travel so far for abortion care despite the sizeable population and obvious need implies that there are forces working to make access "as difficult as possible for people".

Kasey, Kim, and Abigail each described the barriers they faced when seeking abortion information and services in Southern Alberta. Though the experiences of these women were different in some important ways, they all nonetheless highlight the ongoing problem of access for those living in this region. However, despite their encounters with these obstacles, all three women were ultimately able to obtain the abortion care they needed. Thus, as further discussed in Chapter 1, it is important to note that barriers to

access can be even more problematic to overcome for others, depending on their own intersecting circumstances and identities.

Echoing Anti-Abortion Discourses

Through their narratives, Kasey, Kim, and Abigail each construct their understanding of themselves, and their abortions, in particular ways. Moving now to the second level of narrative analysis, I explore how these constructions can at times align with or reproduce concepts present in the types of anti-abortion discourses examined in Chapter 3. While I attend in this section specifically to the ways in which these narratives convey continuities with common notions or assumptions found within anti-abortion discourse, I will later explore how the participants' stories also resist these constructions – at times, with regard to the very same point within their narratives – thereby digging in to their complexities.

I begin with Kasey's description of her initial feelings when considering abortion after learning about her unexpected pregnancy:

> And, we had always discussed that – like when we were dating – that if I was ever to get pregnant that I would just get an abortion. And this was at like, 17... And, so he [her ex-partner] was like, "We're obviously just going to get an abortion". But, when you find out you're actually pregnant, it kind of just changes your whole outlook on it. As opposed to just being like, "Oh, I'll just get an abortion". Um, I didn't want to… get one.

It is possible to identify moments in the "telling" of Kasey's story that may reproduce the ways that anti-abortion discourses construct women's orientations to abortion. Kasey's tone in describing how she believed she would "just get an abortion" conveys a sense of nonchalance and detachment. This construction of her "past-self" aligns with traditional

anti-abortion discourses that frame women who choose abortion as doing so recklessly, ultimately conveying them as uncaring and selfish. Further, as Kasey expresses the way that her pregnancy changed her "whole outlook", her narrative again echoes concepts found in "pro-woman" discourses that describe the pregnant woman who suddenly feels ambivalent about abortion. In these ways, it is possible to see how Kasey's narrative aligns with the representations of women in these circumstances produced by anti-abortion discourses.

Kasey also grounds almost every description of her difficult emotions surrounding abortion in her desire to be a mother:

> … it's like my biggest goal in my life to be a mom. So, at the same time it was like… exciting. It's a weird feeling to like, see the positive sign on a test, 'cause you're just like… what? My body can do that!? It was really interesting… it was literally like a roller coaster of emotions. I probably cried the most I've ever cried. I was really scared. Because I knew I wasn't ready yet. But the thing I want the most in life is to be a mom…

Kasey continued to reiterate this point throughout her story: being a mother was incredibly important to her. As the anti-abortion discourses outlined in Chapter 3 show, women seeking abortion are often framed as villainous in their selfishness, and unnatural in their (assumed) rejection of motherhood by terminating a pregnancy. Kasey's tone, and the urgency with which she restates her desire for motherhood conveys a sense of anxiety over what her choice to have an abortion may communicate about her as a potential mother. In this way, Kasey's narrative implicitly reproduces notions of uncertainty around abortion and motherhood that appear in anti-abortion discourse: can a woman have an abortion and still be a "good" mother?

Kasey's complex emotions extended into her post-abortion experience, as she describes, "I knew this wasn't something that was just going to be like, a week and I'm fine… I still have days where I'm like, it's gonna be a sad day…I just think the "what ifs" still… are hard." Kasey's narrative conveys her struggle through her hesitations, and in her ultimate acknowledgement that the experience remains difficult for her. In this way, Kasey constructs her own experiences of abortion in ways that could perhaps hold continuities with "pro-woman" anti-abortion discourse's constructions of abortion as harmful and post-abortive women as traumatized.

Abigail also shared experiences of difficult post-abortion emotions:

> …like one of the pamphlets I got from the Lethbridge Pregnancy Care Centre was 'Things Women Should Expect after an Abortion'… They're like "You will be depressed", I'm like "Yeah, of course I'm going to be depressed," it's a traumatic experience, to have something ripped from your womb and mostly because… for whatever reason, you're deciding that this is the course of action. Like it's very, if you would, to use their words, unnatural. Right? It is!

Abigail both explicitly and implicitly constructs her experience of abortion in congruence with discourses she recalls being utilized by the LPCC. Their description of depression and trauma after abortion clearly resonated with Abigail, given her emphasis on her agreement with these assertions. Here, through Abigail's framing, abortion is "to use their words, unnatural. Right? It is!" Abigail also directly connects her own experience to the language she recalls being used in the pamphlet, noting, "[o]f course I'm going to be depressed". Again, a critical reading of these "pro-woman" discourses from anti-abortion organizations illustrates that while this post-abortion information seems simply educational, we can actually see how it works to construct post-abortive women as damaged and abortion as harmful in ways that therefore present abortion as an

unacceptable option. However, at this moment in her narrative, Abigail, characterizes her experience by drawing upon these discourses.

It is important to recognize that abortion experiences are often complex, and as discussed further in Chapter 3, "pro-woman" anti-abortion discourses take the negative sides of these experiences that some women *do* have and weaponizes them. Thus, while I here examine the potential links between certain anti-abortion discourses and the ways these women construct themselves and their abortion experiences through their narratives, I want to note that I am **not** suggesting the participants purposefully utilize anti-abortion rhetoric or that their feelings are somehow illegitimate. Instead, I acknowledge that the relationship between women's lived experiences and anti-abortion discourses is more complicated than ever due to the "pro-woman" shift, and therefore work to highlight the ways in which we can now find the narratives they produce appearing less at odds then we might expect.

Looking at Kim's narrative, the feelings she expressed with regard to her abortion were much more straightforward than for Kasey or Abigail, in that she did not draw on the same types of "pro-woman" (and implicitly anti-abortion) discourses as the other stories. However, anti-abortion was still present in Kim's narrative, through her recollection of the biological father's treatment of her when she told him she was pregnant and planning to terminate:

> … I didn't expect this from him but he started to call me a baby-killer… he would start sending me texts being like "How can you do this?", "How can you not consider us?"; the baby and him [...] He just kept going on that I was, you know, somehow I should have it because it was punishment…

Here, Kim also describes an experience with the typical constructions produced by traditional anti-abortion discourse: the fetus, already understood as a fully autonomous, innocent child, and the woman who chooses abortion as a murderer, selfish, uncaring, and indifferent. Further, the notion of unwilling pregnancy as punishment for sexuality is also clear in many anti-abortion discourses. Though this is not a framing that Kim uses to understand her own experience, it is nonetheless a construction *of* her that has a significant role *in* her narrative. Indeed, it is important to attend to these constructs in order to later explore the juxtaposition of how Kim resists these discourses in reframing herself and her own experiences.

Finally, although Kim did not align with anti-abortion discourses in understanding herself, both she and Abigail unintentionally communicated subtle messages about other women through their resistances to these constructions. In both Kim and Abigail's narratives, they describe themselves as uniquely resilient and intuitive in the face of anti-abortion tactics. Recalling her reaction to seeing anti-abortion advertisements, Kim says:

> …I don't feel ashamed. I think more women would feel ashamed, but it's just because of who I am. I know it's bullshit… it makes me mad because I think a lot of women who don't know better, or can't see the separation probably do feel shame about it.

Reflecting on her troubling encounter with the LPCC, Abigail states:

> ...*I'm* not fragile, I don't think of myself as a fragile person […] and like this is me, I can see when people are laying it on *thick*…

Through these descriptions, Kim and Abigail convey that they are the exception and thus imply that the "normal" disposition of other women may be *more* naïve, *more* vulnerable. This implicit construction of "other women" indeed has connections to the foundations of anti-abortion discourse that also characterizes pregnant/post-abortive women in these ways. Their resistance to anti-abortion discourse here relies upon their ability to construct

themselves in opposition to "other women". By framing themselves in opposition to "other women" who are *more* "fragile", *more* upset by these advertisements, they lay claim to a greater sense of control and power.

Within this section, I have outlined the ways in which Kasey, Kim, and Abigail do, at times, echo and reproduce constructions of women and abortion used by anti-abortion groups. However, again, the goal of these points of analysis is not to suggest that these women subscribe to anti-abortion beliefs, as this is certainly not what their stories communicate overall. As we will see in the next section, on the contrary, these narratives are largely stories of resistance to these discourses, demonstrating the way that these women understand and construct their own experiences in ways that subvert anti-abortion assertions. Nonetheless, it was important to attend to the complexity of these narratives and how they sometimes work in ways that might be counterintuitive or contradictory to our expectations.

Resisting Anti-Abortion Discourse

Contrary to common anti-abortion constructions of post-abortive women as regretful and traumatized, Kasey's narrative suggests that although she had complicated feelings about her abortion connected to her desire to be a mother, she also felt positively about the process overall and that the support she received contributed to this balance:

> …everyone in that office [of the Kensington Clinic] is amazing. Just so kind, and so gentle… That whole experience, as crappy as it was, was… great. Because everyone working there is just so nice. So, overall just a good… experience? As weird as that is to say? Yeah.

It is also valuable to note Kasey's tone as she comments about her abortion being a "good experience". She frames these comments with trepidation, as half-questions, as if

to ask: can an abortion *be* a good experience? Is it acceptable or appropriate to say this about your abortion experience? This speaks to the socially embedded understanding of abortion as inherently negative and largely taboo, and also to a sense of conflict between the representation of Kasey's abortion experience that *she* is constructing, and the prominent stigmatization of abortion.

Kasey's narrative also conveys an interesting understanding of her strong emotional response to abortion as at once "totally normal", and as unusual:

> I've actually had this conversation with a few of my friends, and my mom. And, they've told me that it's totally normal to feel the way that I do. Especially just, feeling the way I do about being a mom. But like, I don't think that you should feel like you need to be sad, a year later, after having one. Like not every woman feels the way that I do about being a mom, right? So, I don't think that society should like place this kind of attitude towards women on having this kind of emotion towards abortion.

Here, Kasey's narrative actively *resists* anti-abortion assertions; despite her own emotional response, Kasey rejects the notion that all women should and do feel this way. Interestingly, Kasey's seemingly juxtaposed framing may actually create space for the de-stigmatization of both positive post-abortion emotions (which anti-abortion discourse erases), and negative post-abortion experiences, (which reproductive rights' discourse erases).

Like Kasey, Kim's narrative also resists notions of sadness and grief as universal reactions to abortion:

> …you know I even hear stuff when they wanna say, you know talk about after you have an abortion there's this whole assumption that you're sad about it. That it must have been traumatic. The traumatic part wasn't that I had an abortion, the traumatic part was that my best friend judged me and my sponsor left, that my best friend who got me pregnant judged me… that nobody could take me, that was

> the trauma. The trauma wasn't not having a child. It was everyone's judgement. And I didn't feel sad at all, I felt relieved.

Here, Kim speaks directly back to common constructions of post-abortive women in anti-abortion discourse. Most clearly, her narrative works to define her own experiences in opposition to these notions of the "sad" post-abortive woman, ultimately defining her own reaction in terms of relief, which again is commonly used in reproductive rights discourses as the antithetical emotion to regret after abortion. However, Kim's use of "trauma" has an even greater impact. She reframes trauma away from notions of grief, and toward the harm she endured as a result of the stigmatization of abortion and the lack of support she received through her abortion experience. Importantly, Kim recognizes that the judgement she felt was the most significant source of trauma for her, which also echoes later reflections from Kasey and Abigail on experiences of feeling judged and stigmatized. In these ways, Kim works to shape herself and her experience in ways that clearly subvert anti-abortion discourses.

Kim also subverts normative notions of womanhood and motherhood in her narrative. She knew that for her, motherhood was neither an option nor a desire. She stresses, "I *didn't want* a baby. I *don't want* to be a mother." Kim is clear in her assertions, and thus they are a clear rejection of contemporary anti-abortion discourse's common portrayals of women who consider abortion as universally unsure or ambivalent. She then points to the ways in which abortion stigma rests on the normative assumptions that motherhood is the most desirable and essential element of a woman's life, thus defining womanhood as dependent upon motherhood. Kim also resists these constructions:

> You're still a woman regardless of whether you have a baby or not […] whenever you have a baby it's a really big celebration, but what about celebrating when you don't right? There's other parts of your life that are worth celebrating, and if you're not a mother there is a certain type of… "un-celebratory" thing for women if you're not a mother… There's not like as much celebration about being a female the same way… Because to me, like some of my biggest accomplishments would be like some really big solo travel trips and to me that would be as important as having a child. But they don't get recognized that way.

Here, Kim resists the way that a successful life for women and "real" womanhood is often defined by motherhood, thus speaking back to the paternalistic and misogynist norms that are foundational to anti-abortion discourse. Further, she re-defines womanhood and a successful life for herself, in her own terms.

Kim also constructs a very different meaning of responsibility for herself than those embedded in anti-abortion discourses. In traditional anti-abortion discourses like those used against Kim, discussed earlier, women obtaining abortion are understood as "responsible" for perpetrating violence against the fetus; they are also deemed "irresponsible" for becoming unexpectedly pregnant in the first place. Even in "pro-woman" or contemporary anti-abortion discourse, language about "choice" still places the responsibility for decisions around a pregnancy solely on women, stressing the importance of making the "right" decision while simultaneously framing abortion as having dire consequences for them if chosen[9]. Thus, women are still *implicitly* "irresponsible" for choosing abortion, failing to understand the harm it will cause them. Kim, however, understands abortion as a responsible choice, and conveys this through her narrative.

[9] Reproductive justice theorists have also outlined the ways in which "choice" in its original usage by feminist reproductive rights movements is also problematic. See *A Note on Language* (p. viii) for further discussion.

> I'm in the middle of school, I'm in the middle of a program, I just started a new job… Like I can't. I can't. […] I mean, you just can't, it's not like… okay fine, I'll get the red car instead of the orange, like it's pretty serious. […] And I knew that I would be… go right into poverty, over that [having a child]. Even if I wanted to have it, I don't even have the choice because I'm going to live in poverty because I would've been forced to sell my houses in order to get any support to take care of the child, or I would've been forced to stick it into the school systems I don't agree with, or the child care which I don't agree with, and I wouldn't even be able to raise it. Like it would've been so difficult, and I would have financially - I would've had no help […] It was the most compassionate thing to do.

Thus, Kim frames her "choice" to have an abortion as one that is wholly responsible as compared with the alternatives. Her description of the realities of her potential future as one of struggle and poverty shapes her understanding of responsibility in relation to both herself, her pregnancy, and the other obligations in her life, pushing back against anti-abortion discourse's implicit messages of women's (ir)responsibility[10].

The subversion of anti-abortion constructions of women's (ir)responsibility is also present through Abigail's narrative:

> I've made a decision for myself because I did not believe that I was in that point in my life able to care and provide for a child, so why would I bring another soul into the world when I cannot be responsible for them? Is it not also irresponsible to bring children into the world if you are unable to care for them, to teach them to be good citizens, like if you are not able to 100% fully commit to this human being, then why would you do that?

Here, Abigail frames her abortion as the most responsible decision available to her, contrasting it with her understanding of the "irresponsibility" of having a child for which she would have been unable to care. In these ways, Kim and Abigail redefine

[10] It should also be noted that reproductive justice theory speaks to some of the other issues Kim's narrative identifies here about parenthood and poverty, in that it asserts individuals who *do* wish to have children, should be able to raise those children in a safe, healthy environment.

responsibility in their own narratives to reflect how they understand their decision to have an abortion in the context of their own lives.

As discussed earlier, Abigail, in similar ways to Kasey, described the difficult emotions she experienced around her abortion. However, the ways that Abigail goes on to construct her understanding of *why* she may have experienced these feelings actually works to undermine anti-abortion discourses.

> I did read somewhere that it's not so much… the loss of a child, but like the loss of the potential... And I do want to be a mom. That is something I really wanted… I want to have a family. And at that time I was so close, and I was thinking to myself "Yeah, I could", but then I looked at the person I was with, and I was like "You know, this isn't the right time" and if you do rush into it, you're not setting yourself up for success, and you're not setting your child up for success either. He himself [her partner at the time], I'm sure he would've been a good father, but us together as parents, it wouldn't have worked.

Abigail here frames her complicated emotions after abortion as being linked to the potentiality of a different future, mostly in terms of the kind of relationship she found herself in at that time, rather than the loss of a child. As anti-abortion discourses largely characterize mixed or negative emotions after abortion to be Post Abortion Stress, describing it in terms that suggest it is essentially grief over losing a child, Abigail's alternative construction complicates these assertions.

It is also interesting to note that humour played an unexpectedly significant role throughout each of these narratives, serving as an alternative way to deal with the pressures of revisiting and sharing an intimate and potentially difficult moment in their lives. For example, while describing her struggle with the emotions she felt around her abortion, Kasey said:

> …should I keep it? Should I not? I could keep it… but, I think my first thought was, I can't. Like, I had a dog who I could barely afford at the time (laughs) and, I think at the time I'm pretty sure my brain just kind of shut down. I didn't want to think about it.

Here, Kasey eases the intensity of the emotions she is expressing; her struggle over what to do, and the stress the conflict caused her, is assuaged by her more lighthearted comment about her dog.

Kim also used humour, employing it to diffuse the frustration she felt around her experiences with the prominent anti-abortion advertising in the region.

> Well, the billboards (laughs), you know I drive every day I go to work and I just think 'Oh, I'd love to go paint those' (laughs).

In another example, while describing her experience of the actual abortion procedure, Abigail balanced her expression of anxiety that she would have a complication with a lighthearted recollection about how hungry she was as a result of fasting for the surgery.

> So the doctor, I did express to her that I was anxious that they wouldn't get it all. And she was like "No, no, we will". And so the doctor was like, so they did the countdown, and I remember saying to the anesthesiologist like "Oh, I can't wait until this is over… I'm gonna get a cheeseburger" (laughs). She's like what? And then I was out. I remember saying that, I was like "I'm gonna have a cheeseburger" (laughs).

I understand the use of humour in these narratives to have two functions: first, as a way to "lighten the mood" in particularly heavy moments of the interview as a recognition of ways that social norms often dissuade us from potentially creating discomfort for someone else when speaking about our own issues. However, I argue that these narrative elements can also be seen as moments of resistance to anti-abortion discourses' normative constructions of abortion experiences as *always* painful, *always* negative, and thus *always* requiring solemnity. Instead, the use of humour in these narrative illustrates yet another point of complexity: sometimes, there are moments of

light within abortion stories, and they can be acknowledged without sacrificing the gravity of the circumstances. Perhaps they may even be useful in helping someone grapple with the tremendous burdens that can come with these experiences. Research on the narrative potential of humor in abortion stories is newly emerging, but as Sisson (2017) suggests, it may contribute to the process of "expanding our culture's idea of appropriate ways to experience and share a full range of reproductive choices" (p.15).

Across a variety of moments within these narratives, expressions of anger and frustration were also common and significant. Kasey, Kim, and Abigail all convey anger and frustration in their stories: not only at the barriers they faced, but also with regard to the stigma and shaming they each endured. These types of sentiments are erased and unrecognized in anti-abortion discourse's constructions of pregnant/post-abortive women's emotionality, perhaps because these are feelings commonly associated with strength and power, opposing normative femininity and therefore working against their attempts to frame women as vulnerable, weak, and indecisive.

Recalling her experience with an unsupportive local doctor, Kasey said:

> … [the doctor] pretty much just didn't want me… to have an abortion. So he was… pushing his views on me, which… honestly, ticked me off.

Speaking to her frustration at the lack of support she received from friends and family, Kim said:

> And that's what… became so evident is that… a fetus…that was more important than my life? I just… I'm living, I'm alive. That thing, like who knows if it's going to live or what it's going to be like who knows? That's in question, but I'm not in question. But everybody put that as more important than me. I just find that disgusting.

Sharing an encounter with an anti-abortion canvasser from Lethbridge and District Pro-Life, whom she confronted for distributing graphic pamphlets in her neighbourhood, Abigail recalled:

> He probably was trying to figure out, like "Why is she so angry?" And I just merely said to him "This is not something you're allowed to have an opinion on, this is *none* of your business… None of your *goddamn* business"…I was enraged. I was seething afterwards too. Like I still remember how angry I got, because I remember [my current partner] was like "What is wrong with you?" and I was like "Well it's none of their damn business!"

Emotions of anger and frustration are conveyed both implicitly and very explicitly in each of these narratives. This highlights and pushes back against the way that anti-abortion discourse erases such responses, substituting feelings of sadness, regret, and shame in their framing of women seeking or having obtained abortions in order to support their notions of abortion as harmful. Further, emotions like sadness and regret also align more closely with the concepts of normative femininity that are foundational to anti-abortion discourse: women as quiet, unresisting, lacking the passion or aggression ascribed to men. Through their expressions of anger and frustration as alternative emotions, each of these women boldly demonstrates her resistance to anti-abortion discourse and how that discourse has shaped her experience in some profoundly harmful ways.

Reflecting on Southern Alberta

Frustration and anger were most present within Abigail, Kim and Kasey's narratives in the moments they reflected on how their experiences were impacted by living in Southern Alberta at the time of their pregnancy. The analysis above has illustrated how these women's stories both reproduce and resist different elements of anti-abortion discourses through their narrative shaping of themselves and their abortion

experiences. Now, turning back toward the more thematic approach in my analysis and focusing on what is "told" (Riessman, 2005) directly by these participants, I will explore what each participant had to say about the Southern Alberta context specifically.

When discussing their understanding of Southern Alberta in relation to their abortion experience, the participants' descriptions of this space were overwhelmingly related to a sense of general conservatism and the prominence of anti-abortion messaging. Kim referred to the anti-abortion advertisements she encounters constantly on her way to work:

> …you know, I just look at them, yeah, there's a lot around here. You know, and I just think "Fuck, I can't put my politics on a board", I don't know why they can put their politics on a board, it just an opinion, that's all it is, it's only an opinion but they're totally allowed to do that. It's shaming. It's really quite shaming to women.

Recalling her confrontation with the LDPL canvasser who left graphic anti-abortion materials at her home, Abigail remembered telling the man:

> "Do not come anywhere near my house with your disgusting posters and pamphlets. I don't want to see that."… It just upset me, like whenever I see their demonstrations I make a point of like walking the other way, or like the mall, I've see them at the mall… And so when I saw that poster, I was like 'You're making me, it seems as though you're villainizing my decision to choose something for myself, and that, maybe that's just the way I'm feeling about it, but it's like don't do that. I don't like that you're judging me.

Kim and Abigail both note the prominence of these "political" anti-abortion discourses and how they commonly insert "shaming" and "villainizing" messages into local public spaces.

Also, reflecting on the impact of the abundant local anti-abortion advertisements, Kasey explains:

> …it just makes you feel, like shit. Makes you feel, basically like a monster. Honestly still, sometimes I feel like crap. Like recently with the whole bus advertisement stuff… I had like a massive breakdown the other day, like with the debates going on… because it just makes me feel bad… I don't need to feel judged…

Kasey describes the deep and ongoing emotional toll of local anti-abortion discourses she encountered throughout, and even after, her experience. Referring to the April 2018 LDPL bus advertisements discussed in Chapter 3, Kasey recalls how they caused her significant emotional distress. Perhaps, one may speculate, the type of distress that anti-abortion CPCs identify as Post Abortion Stress, are not caused by abortion's inherent harm to women but are instead induced by the types of shaming and stigmatizing advertisements CPCs produce. As in Kim's experience, Kasey recognizes that feeling judged was a key source of emotional turmoil and trauma. Kasey went on to note that:

> You see it [anti-abortion advertising] everywhere, especially in Southern Alberta […] I think, just being in Southern Alberta itself made it [this experience] harder. Even just driving up to Calgary. I think I saw two or three billboards about like, pro-life. […] Well, it's so conservative down here… like, everybody.

Kasey's statement that being in the context of Southern Alberta "made [this experience] harder", alongside her recognition of the conservatism of the region, and all three women's descriptions of the local anti-abortion climate, supports the assertion that this space is one that is particularly difficult for those seeking abortion. Kim and Abigail also indicated the conservative atmosphere of the region, noting more specifically the religious aspects of this problem, by referring to Southern Alberta as the "bible belt". As Abigail put it:

> I did find it inconvenient that I had to drive 2 hours. I thought it was weird, but I wasn't sure why. And it took me like a year or two to realize that I lived in the Bible Belt. Now it makes sense why it's sort of weird and difficult for women to try and go through this process.

"Weird and difficult", indeed. Here again, Abigail clearly indicates her understanding that living in Southern Alberta, with its religious overtones (i.e. the "Bible Belt"), made her experience and the experiences of others particularly challenging and uncomfortable.

Conclusion

Riessman (2008) implores us to note what narratives do, what they accomplish, and how. Abigail, Kim, and Kasey accomplish so much through their narratives, both explicitly and implicitly. Through this retelling of their stories, these women highlight the ways that barriers to access, in many forms, come to matter in the contexts of people's real lives. Further, carefully attending to the nuances of these narratives revealed how these women shape their understanding of themselves and their abortions in multifaceted ways. At times, their constructions of themselves and their experience seemed to implicitly reproduce and reinforce the underlying notions of anti-abortion discourses. Overall, however, they opposed and subverted the representation of women and abortion in anti-abortion discourses, complicating them in important ways. This complexity was at the heart of every story: the complexity of decision-making, of navigating barriers, of coming to know and understand abortion and even one's own feelings in a space where misinformation and manipulation is actively promoted.

In this chapter, I aimed to examine what these stories tell us about how women navigate or may struggle with barriers to abortion that present themselves so prominently in the Southern Alberta context. Further, I also wanted to explore what they communicate about the ways that anti-abortion discourses, that make up so much of the context in which these stories were experienced and retold, shape the very complex ways that these women understood and constructed themselves and their abortions. This has led me to

interpretations that can be “messy”, complicated, and contradictory at times; I argue, however, that it is precisely the attendance to complexity and contradiction that makes an analysis worthwhile. Ultimately, my aim has been to illuminate how these stories speak to what it is to be a woman in this space, facing these circumstances - not in an essentialist, truth-telling way, but in a way that recognizes narratives of embodied experiences as valuable productions of knowledge that can help us understand issues of abortion access more intimately, think about them more complexly, and perhaps address them more effectively.

Chapter 5: Conclusions

Findings

This research has aimed to address two key questions. First, in a space rife with practical, political, and social barriers to abortion, how do some individuals navigate access to abortion information and services? Further, through this process, how do they come to understand their abortion experiences and themselves? These are the questions that this project has attempted to answer. In addressing these questions, I have broken down my analysis into three essential parts. Beginning with Chapter 1, I use existing literature on abortion access in Alberta, across Canada, and globally to illustrate that barriers to access persist despite decriminalization, and that individuals in Southern Alberta in particular face considerable challenges. As noted in that discussion, Southern Alberta has no local abortion providers. This means that reaching abortion care requires significant travel of more than 250km. To compound this issue, there are very few resources for supportive information about abortion, and those that do exist lack visibility in comparison to the very prominent anti-abortion organizations. Questions also linger about the impacts of the political climate on access; though the provincial New Democratic Party government has made strides in abortion accessibility over their recent term, the election of the United Conservative Party with leader Jason Kenney (whose anti-abortion position is clearly demonstrated) could strip away any progress. Finally, the virtually unchallenged public social stigma against abortion in this space upholds and strengthens other forms of barriers, and is itself bolstered by the prominent public anti-abortion advertising and discourse more generally.

Chapter 3 provides a more in-depth exploration of this anti-abortion advertising, using the tools of Foucauldian discourse analysis to examine what the discourses produced by key anti-abortion organizations in Southern Alberta communicate about abortion and those who seek and obtain them, particularly women. Filling the discursive gaps left by the lack of abortion providers and supportive resources, prominent anti-abortion organizations not only campaign actively against abortion, but also masquerade as the type of supportive resource this space so desperately needs. They use the smokescreen of support, in fact, to spread misinformation and manipulate women. Both of these types of organizations use and reproduce discourses adopted from the larger anti-abortion movement that frame women seeking or obtaining abortions in various misrepresentative ways. Following Saurette and Gordon's (2013) important work on the contemporary shift in anti-abortion discourse, I demonstrated how Southern Alberta has exemplified these changes, while also maintaining a strong traditional anti-abortion presence.

Through a Foucauldian discourse analysis, it becomes evident that advertising from both the explicitly anti-abortion Lethbridge and District Pro-Life (LDPL) and the neutral-appearing Lethbridge Pregnancy Care Centre (LPCC) work to construct abortion, women seeking abortion, and women who have obtained abortions in several problematic ways. The LDPL's traditional "fetal-centric" (Saurette & Gordon, 2013) approaches frame abortion as violence against the innocent and autonomous fetus, perpetrated by an irresponsible and selfish woman. As anti-abortion discourses sidled towards a more "pro-woman" approach (Saurette & Gordon, 2013), they grew more complex and far less straightforward with their intentions. Through a critical analysis of examples from more

contemporary advertisements produced by LDPL and the strictly "pro-woman" approach of the LPCC, I suggest these discursive tactics frame abortion as both risky and harmful in relation to how they construct women in these circumstances. Where abortion is understood as risky, pregnant women considering abortion are made to be vulnerable; where post-abortive women are represented as inherently damaged, abortion is constructed as harmful. Thus, these prominent anti-abortion organizations in Southern Alberta use various strategies to shape understandings of what abortion is, what it does, and what happens to women who obtain abortions.

In Chapter 4, I focus on the stories of three women, Kasey, Kim, and Abigail, who found themselves in the complicated circumstances of seeking abortion care while living in Southern Alberta. Through our interviews, each one produced a narrative of their experience. I argue that these narratives can help us better understand the limited and limiting space of Southern Alberta and its barriers to abortion access as women have actually encountered them. Carefully attending to the nuances of these narratives revealed how these women came to understand themselves and their abortions in ways that both drew upon and resisted the anti-abortion discourses in which their experiences were steeped. At times, each woman's story echoed various elements of anti-abortion discourse and its implicit constructions of women. Most prominently, this appeared in Kasey and Abigail's reflections on the complicated feelings they experienced around their abortion. Of course, it is important to recognize here that while these narratives echo and ultimately reproduce some of the same representations of abortion and post-abortive women that can be seen in anti-abortion discourses, these very discourses may be understood as pathologizing the mixed post-abortion feelings that some women *do* experience. They use

this tactic to support their rejection of abortion as a safe, viable reproductive option, while simultaneously producing the stigmatization of abortion that can contribute to difficult post-abortion emotions (ARCC, 2018d; Biggs et al., 2016; Mullan, 2016; Rocca et al., 2015). Thus, this examination of women's narratives highlighted an important complexity in the connection between anti-abortion discourse and women's narratives of their own experience that may often go unacknowledged.

Despite echoing some notions that can be located in anti-abortions discourses, the participant's narratives overwhelmingly conveyed resistance to these constructions and fundamental assumptions. Through their stories, Kasey, Kim, and Abigail framed their decision as profoundly responsible, citing the broader circumstances and obligations of their lives and their inability to have and care for a child at that time. They also resist the notion that all women feel negatively about their abortion; though Kasey and Abigail's post-abortion emotions had been difficult at times, all three women asserted that they believe abortion was right for them and that sadness is not a universal reaction to abortion. Further, each narrative speaks back to the normative assumptions about womanhood and motherhood that underlie anti-abortion discourse. For Kasey, motherhood is deeply important, challenging the notion of women who have abortions as rejecting motherhood, whereas Kim's narrative subverts the expectations of motherhood as essential to "good" womanhood. The role of humor found in each narrative also undermined the social taboos shaping how we can understand and speak about abortion, and thus reducing stigma. Further, expressions of anger highlight the deep frustration that each woman felt at the judgement and stigma they faced throughout their journey, again

disrupting normative assumptions of femininity and womanhood as meaning one never voices passionate dissent.

Overall, through careful attendance to the broader context of these narratives, this research highlights the ways that being situated within Southern Alberta can be seen to shape the lived experiences of these women. My findings, like my research questions, are twofold. First, barriers to abortion that persist across Canada are particularly salient in Southern Alberta, reinforced by the stigma and shaming made normative through pervasive and consistent anti-abortion discourses. These barriers, and this stigma in particular, create a space in which individuals face unique challenges in accessing abortion care, and perhaps even in making decisions that are unclouded by these normative orders. Finally, women's narratives of their own lived experiences of abortion while living in Southern Alberta present stories of significant complexity, particularly with regard to how anti-abortion discourses are echoed through various moments in their stories and strongly resisted in others.

Reflections on Researching Abortion

At the outset of this project, I often framed the study with reference to questions about access to "reproductive health care". Of course, abortion is included within that scope, but I often shied away from naming abortion as my topic of interest. Looking back, I now understand my early language choices as my own attempt to negotiate the stigma against abortion in this area. Indeed, abortion *is and always was* what I really wanted to know about. Though it may fall under the umbrella of reproductive health care, it is unique in its stigmatization and the depth and breadth of public and political discourse surrounding it, and I was particularly interested in these dynamics. Fortunately for me,

my supervisory committee's guidance helped me recognize this hesitation, and move past it to acknowledge my interest in *abortion*, specifically.

Once I had overcome these issues with my own understanding of my research topic, I continued to grapple with this sense of stigmatization through further unexpected challenges. In many ways, I felt my experience planning, pursuing, and presenting my research felt very different than my peers' experiences. Though speaking about one's research is a very common part of a graduate program, I felt myself struggling with the social taboo on abortion in these moments; I wondered if I could participate in these conversations and share my work without alienating those around me who might take issue with my interests, or inciting a debate on abortion. Beyond this, I even found it difficult to navigate my personal relationships with family and friends; as someone who has lived in this conservative Albertan space my whole life, I knew that at least some of the people I care about would feel very strongly about my chosen area of research. At times, unsure of how people would react when they asked about my thesis, I wondered if reverting back to my "reproductive health care" framing might ease the tension. Of course, I recognized that *not* openly acknowledging abortion as my research topic only reproduced the stigma against abortion that I understand as harmful. Nonetheless, negotiating the tensions between my passion for this issue and the realities of my life beyond this project has never been easy.

Further challenges that I encountered as a result of researching abortion, as discussed in Chapter 2, were the ways in which I felt the stigma against abortion within this region also permeated my research process. While applying to obtain ethics approval for this research from the Human Subject Research Committee, concerns over my

security with regard to the potential for harassment and other dangers as a result of my research topic lead to the suggestion that I protect my identity throughout the recruitment process. This meant that I had to take certain precautions, like including no personal identifiers on my recruitment posters or advertisements, and not sharing recruitment information using any personal accounts, like my own social media. These concerns made me conscious of the potential risk related to abortion research beyond stigmatization in such a polarized spaced. I am grateful to have had a committee that was invested in my safety and well-being. However, I also feel that these precautions made recruiting participants for this particular study in this space even more difficult. While there may always be challenges recruiting interviewees on such a potentially controversial topic, I now understand how my decision to effectively "leave myself out" of the recruitment materials and process may have fostered a sense of mistrust about the intention of the research. "Leaving myself out" also translated to a tone of neutrality in my recruitment materials – along with my identity, I hesitated to clearly state my own position and politics with regard to abortion as well, due to the idea that my research needed to be neutral in some way, especially given such a polarized topic. However, I now understand that this research (any research) can never be neutral, and clearly communicating my stake and positionality within the recruitment materials may have also allowed for more successful recruitment. As well, I also recognize that it was problematic to ask others to be vulnerable in agreeing to share their stories with me when I was unwilling to make myself vulnerable in return.

If I were given the opportunity to modify this research, I would certainly make some different choices. Firstly, I would work to find more ways to reach out to the

community openly and confidently in the recruitment process (even if this meant putting myself in potentially uncomfortable positions) to hopefully contact a broader sample of participants. Secondly, I would take the opportunity to push further in the interviews, if not reworking my interview questions entirely, encouraging each woman to explore her story in greater depth rather than being reluctant to provide direction when their responses took a more narrative turn than expected. Overall, with the experience I have now, I believe I would be better prepared to handle the surprises and challenges that accompanied this project, but will carry these insights forward.

Limitations

There are, as in any research, limitations to this study that must be addressed. As noted previously, difficulties recruiting lead to a small number of participants. Consequently, there is also a lack of diversity among the interviewees. All of the participants identify as white, cisgender, and heterosexual; all are also educated at a post-secondary level, employed, and have no children. As the literature noted in Chapter 1 explores, intersections of race, ethnicity, economic status, location, and other social factors can shape the experience of seeking abortion care (Bourgeois, 2014; Joffe, 2009; Pollitt, 2014; Richer, 2008; Sethna & Doull, 2013; Stettner, 2016). Thus, while I nonetheless assert that their stories contribute crucial knowledge, I recognize that my participants' identities matter, and situate them in particular social and economic ways that do not extend to others who may identify differently.

Indeed, at times it was precisely *who these women are* that allowed them to navigate the barriers presented to them – for example, though the need to travel extensively to reach abortion services presented a considerable (and unnecessary)

challenge, each woman was ultimately able to secure time and transport to access abortion services through personal resources. Further, though they clearly faced unfair burdens in reaching the information they needed, all three women were eventually able to connect with appropriate sources. However, despite their various points of privilege in terms of access, Kasey, Kim and Abigail still faced deeply painful experiences of shaming and stigmatization. I do not suggest that the findings of this research speak to a universal experience, but rather recognize that the stories of these women (who themselves noted they were advantaged in particular ways) show that unwarranted barriers to safe and compassionate abortion care exist, and this highlights an important problem that could be even worse for others.

The literature also notes that other areas of Canada face similar, and sometimes even worse, circumstances with regard to a lack of abortion providers (ARCC, 2018c). Nonetheless, I still assert that Southern Alberta contains a uniquely potent combination of inaccessibility and stigmatization, importantly linked to its embedded social, political, and religious conservatism, and strong anti-abortion presence. As outlined in Chapter 2, I also strive for standards of evaluation other than generalizability in this research.

Moving Forward

There are new developments and important shifts around the topic of abortion every day, and while this made defining and maintaining the boundaries of this study particularly difficult, it does open up many avenues for future research. The methodological limitations of this study on their own invite further investigation including a larger, more diverse sample, and perhaps an attempt to reach out more directly to women who were ultimately *un*able to access information or services in

keeping with their need for abortion care. I would also look to potentially include interviews with members of anti-abortion organizations, like crisis pregnancy centres, as well as front line workers for reproductive rights/justice-oriented organizations, in future research to explore how they construct their own understanding of abortion within and beyond the discourses of their organizations.

Research that attends to queer, transgender, and non-binary experiences of abortion represents a significant gap in current literature on abortion. Thus, a study that better attends to these particular intersections is a vital move forward for abortion scholarship. I would be interested to see how these stories might be accessible in the Southern Alberta context, and what knowledge they could contribute about abortion experiences in this space given the potential for multiple intersections with the conservatism and religiosity of this region. Indeed, any research that explores the intersectionality of power and various marginalized identities and social locations would contribute greatly to the forwarding of reproductive justice.

Finally, working with Kasey, Kim, and Abigail's narratives, and identifying the ways they use emotion in telling their stories revealed for me another important space for abortion research to investigate. Emotion is used constantly in anti-abortion discourse: from displays that appeal to emotion to constructions of women's supposedly universal emotional responses to abortion. Thus, I argue that it is important to expand abortion research in two ways. Firstly, we must further explore how individuals that have sought abortion care use emotion to construct and convey their understanding of this experience. Secondly, it is imperative to broaden the scope of abortion research by examining uses of emotion in abortion stories that are "unexpected" in such circumstances, such as humour.

Overall, given the seemingly constant state of conflict surrounding abortion in contemporary North America, and globally, it is important to support and pursue research that pushes the conversation in new directions, beyond the binary of "pro-life" and "pro-choice". Following the tenets of reproductive justice theory, we must also attend to abortion as tied to other concepts of reproduction, autonomy, and social justice. Finally, as I have aimed to do in this research, it is imperative that we centre our understanding of abortion upon people's lived experiences and embrace the complexities of abortion as we move forward.

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Appendix A: Interview Guide

Thank you for being willing to share your story with me. For our conversation today, I'm hoping that we can talk about your experiences of learning you were pregnant, gathering information about the options that were available to you, and how you might have used that information to make decisions about what to do next. If it's okay with you, I'd like to focus on the information that you got about abortion, either from an organization in the community or from material you found yourself, and how that may have come into play while you were making decisions about the pregnancy.

Before getting into our interview questions, I'd like to ask you a few questions about yourself, if you are comfortable with that. (Refer to Participant Information Sheet).

So now I'd like to start at the time you found out you were pregnant. Please tell me about that.

- How did you find out? (Doctor, Clinic, Home test)

How would you describe your living situation at the time you learned you were pregnant?

- Did you have other children?
- Did you have a partner involved? Did you tell them about the pregnancy?
- Did you tell your family/friends about the pregnancy?
- How would you describe your occupation at that time? (Employed? Student?)

Did you have any immediate thoughts about what you wanted to do about the pregnancy?

- If so, please tell me about your first steps in making that happen.
- If not, please tell me about the first steps you took to try and come to a decision.

If your partner was involved, how would you describe their role in the decision-making process?

- In what ways did you feel supported?
- Please tell me about a time you felt supported in your decision-making?
- What about a time that you did not feel supported?

If your family/friends were involved, how would you describe their role in the decision-making process?

- In what ways did you feel supported?
- Please tell me about a time you felt supported in your decision-making?
- What about a time that you did not feel supported?

Please tell me about how you got information about your pregnancy options?

- What would you say was your primary source of information? (Doctor, Clinic, Partner, Family, Friends, Community Resources, Online, Other). Please tell me more about that. Who was supportive? Who was not? Why did you perceive that as support/non-support? What would have been helpful to you at that time?
- Did you seek out any community organizations? Why or why not? How did you find out about them?
    - Birthright?
    - Lethbridge Pregnancy Care Centre?
    - Sexual and Reproductive Health Centre?
    - Your church?

Please describe how you felt as you discussed/researched your pregnancy options with the sources you used?

- Supported?
- Judged?
- Did you feel they were helpful to you? Please explain why/why not?

Please describe for me what information you found or received about the abortion procedure as you were researching your pregnancy options.

- Tell me more about how this information made you feel about abortion.
- Did this information change how you may have felt about abortion before becoming pregnant? If so, how?

Please describe for me what information you found or received about accessing abortion services as you were researching your pregnancy options.

- Please tell me more about how this information made you feel about accessing abortion.
- Did this information change how you may have felt about access to abortion before becoming pregnant? If so, how?

Please describe for me any information you came across while researching your pregnancy options that was explicitly against abortion.

- Please tell me how that made you feel.
- Did this information/experience change how you may have felt about access to abortion before becoming pregnant? If so, how?

If you considered other options as well, like adoption, can you tell me what information you found or received about those?

- Please tell me how this information made you feel about these options.
- Did it change how you may have felt about these options before becoming pregnant? If so, how?

Do you feel that this process of gathering information/talking to others about your pregnancy options had an impact on your decision?

- If so, please tell me how?
- If not, please tell me why you feel it had no impact?

So now, if it's alright with you, I'd like to focus on the period of time after you made your decision about the pregnancy.

Please walk me through what happened after you made your decision.

- Where did you get information about how to proceed?
- Did you contact anyone or any organization that you had not previously?

If you chose to have an abortion:

- Tell me about your experience of accessing an abortion provider.
    - How did you learn about this?
    - Do you think you were able to access all the information available to you - was it challenging to find that information? Please tell me about this.
- Was there anything that made setting up the abortion particularly difficult?
    - Getting in touch with providers?
    - Travel?
    - Cost?
    - Time away from work/school/children?

    - Who did you tell? Why/why not?

- If you did face difficulties, please tell me more about how/if you were able to resolve them?
    - If not, what was the effect of that barrier?
    - If so, did that cause you any additional difficulties? Please explain.

- Please describe for me how you felt about this process at the time. How do you feel about the process now? Why?

- What advice would you offer to someone in your situation seeking information and services relevant to abortion and choice?

- What was the worst thing that happened to you in that process?

- What was the best thing that happened to you in that process?

If you chose not have an abortion:

- Please tell me about why you decided not to pursue abortion further.
- Tell me how you felt about this process at the time. How do you feel about that process now? Why?

Do you feel that being located in Southern Alberta when you had your pregnancy impacted your experience?

- If so, please explain why.
- Limited resources compared to elsewhere?
- More conservative than other places?
- More religious than other places?

What advice might you share with a woman facing an unplanned pregnancy in Southern Alberta today, based on your own experiences?

Is there anything else you want to share about your experience, or anything else you would like to add?

If the interviewee has chosen to remain anonymous - Post-Interview Debriefing on Anonymity and Confidentiality:

Now that the interview is over, I'd just like to go over with you how you might want me to handle any personal identifying characteristics that have come up (like your age, location, workplace, religion, or family make-up). To give you an example, I would typically alter the information like this:

> ***If the participant I was working with was a 23 year-old student at the University of Lethbridge living in Coaldale, they would be described as a post-secondary student in their early twenties living in a rural community.***

Is there anything you would like me to do differently when handling your information?

- Would you be comfortable with me disguising your information in a similar way?
- If there any details in particular that you would like handled in a certain way, please explain.
    - Age?
    - Location?
    - Occupation?
    - Religion?
    - Family make-up?
    - Other?

Thank you again for your time, and for your willingness to share your story with me.