

The Intersection of Relational and Cultural Narratives: Women's Abortion Experiences

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Il existe un grand nombre d'écrits sur la délibération qui précède la décision de recourir à l'avortement chez les femmes; peu de textes, en revanche, portent sur l'expérience vécue une fois le geste posé et sur le sens qu'il acquiert dans leur vie. Dans cette étude ancrée dans une approche herméneutique et phénoménologique, 14 femmes âgées de 19 à 44 ans ont dit souhaiter que les professionnelles et autres personnes de leur entourage acceptent la réalité des grossesses non planifiées et reconnaissent que la décision d'avorter ne peut être entièrement comprise sans tenir compte des autres choix en matière de reproduction. Les auteures s'appuient sur une analyse féministe des tensions et les contradictions révélées dans les récits des participantes pour explorer les points d'intersection entre l'expérience de celles-ci et le cadre de narration culturel dans lequel elles se situent, tout en cherchant à cerner de nouvelles possibilités pour les femmes et à jeter de nouveaux éclairages sur leur expérience face à l'avortement.

Although a great deal has been written on women's personal deliberations in deciding to have and seeking an abortion, little has been written on the experience of living with this decision or on the meanings an abortion generates in the context of a particular life. In this hermeneutic phenomenological study, 14 women aged 19–44 expressed a need for professionals and others to accept the reality of unplanned pregnancy and to acknowledge that the choice of abortion cannot be fully understood in isolation from women's other reproductive choices. Using a feminist analysis of the tensions and contradictions in the women's accounts, the authors explore the intersections between their experiences and the cultural narratives in which they are situated, in a search for new possibilities for women and new understandings of women's experience of abortion.

Introduction

Pregnancy does not belong to the woman herself. It is the state of the developing fetus, for which the woman is the container; or it is an objective, observable process coming under scientific scrutiny; or it is objectified by the woman herself as a "condition" in which she must take care of herself...not concerned with the subject, the mother at the site of her proceedings. (Kristeva, 1980, p. 237)

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Although a great deal has been written on women's personal deliberations in choosing to have and seeking an abortion, little has been written on the experience of living with this decision, or on the meanings that abortion generates within the context of a particular life. Women have reported on the complex nature of their decision to have an abortion: "...her feelings about her fetus, her relationship with her partner, other children she may have, and her various obligations to herself and others — contextually defined considerations that reflect her commitments to the needs and interests of everyone concerned" (Sherwin, 1992, p. 102).

Considerable research has been carried out on the outcomes of pregnancy termination, most often with a medical, social, or political agenda. In much of this research, the pregnancy termination is viewed as a problem that could be eliminated with improved birth control, social support, and personal accountability on the part of sexual partners. A literature review yielded a paucity of studies highlighting the ways in which women integrate the experience of having an abortion into their lives, knowledge that could make a significant impact on the type of care these women receive. In a study of women's involvement in the abortions of their adolescent daughters, Norris (1991) found that "the abortion was not an isolated event in the lives of the informants and their daughters; rather, it was part of a comprehensive ongoing process of daughters' sexual socialization for which the informants had accepted responsibility" (p. 232). While Norris's work recognizes the situatedness of abortion, her use of grounded theory and her focus on the woman's mother as informant differentiate it from the present study, in which hermeneutic conversations mediate cultural narratives with the woman who has experienced the abortion.

The decision to locate this study within women's health is an essentially political one in that it recognizes the ways in which women are disadvantaged in our culture, not least through the silencing, trivialization, and dismissal of our understandings of our own experience (Weedon, 1999). For those women who are marginalized in relation to a dominant centre, the consequences of being categorized in this way can be quite serious and can range from having reduced access to resources and opportunities to being denied validation of one's understanding and interpretation of one's own experience. "A peculiar silencing occurs when what becomes most important about a person is how they are defined by others, by their relation to the dominant group, to a supposed norm or center" (Ceci, in press).

Background

Today, abortions are performed in both hospitals and abortion clinics on an outpatient basis. In Canada, abortion was legalized in 1969 subject to approval by a hospital medical committee as necessary for the preservation of the woman's "life or health" (Childbirth by Choice Trust, 1998). All other abortions remained offences under the *Criminal Code*. Application of the new law differed widely from province to province and even from hospital to hospital. The difficulty with the 1969 legislation was that it contained no definition of "health" and no requirement that a hospital have such a committee or provide such a service (Childbirth by Choice Trust). Legal "therapeutic abortions" became available to some women in some parts of Canada but remained entirely unavailable to others (Childbirth by Choice Trust).

The result of this limited availability and differing interpretations of the legislation on abortions was the introduction of free-standing clinics where abortions were openly and safely performed outside the law. Supporters of these clinics challenged the hospital-only legislation all the way to the Supreme Court of Canada, and won. In 1988, the Supreme Court struck down the 1969 law and abortion was completely decriminalized (Childbirth by Choice Trust, 1998).

Current Canadian legislation places abortion outside of criminal activity. Discursive realities — that is, social and cultural constructions — reveal another reality. The notion of criminality of abortion is kept alive through the medical, moral, and political narratives that surround abortion. A dominant medical narrative is that pregnancy is preventable, that contraception is readily available, and that abortion is an unacceptable means of "birth control." This discourse contributes to a resistance on the part of physicians to provide abortions and to limitations on women's access to abortion. In the previous legislation, physicians held the authority and responsibility to decide whether there was sufficient evidence of risk to the mother to warrant the intervention of abortion. Traces of this authority can still be seen in the medical narrative disrupting the notion that abortions are available on request. The moral-ethical narrative challenges a woman's right to make decisions about her own body, foregrounding the rights of the fetus. The dominant social narrative assigns responsibility for the decision to the individual woman, acting "as if" economic and relational supports were equally available to all women. The political narrative of the "pro-life" movement, drawing on particular interpretations of religious texts, con-

ceptualizes women who have abortions as “bad,” the abortion act as “wrong,” and the professionals who perform these acts as “murderers.”

Women in all their various social locations have learned who we are and how we should think and behave through discursive practices (Weedon, 1999). Thus, the struggle for each woman, when faced with the reality of an unwanted pregnancy, is to create her own narrative, in which her own understandings or interpretations of her experiences matter. There is a serious risk, however, that the woman’s experience will be defined through these competing cultural narratives and that in the process her own narrative will be lost.

How can we come to understand the narrative of the woman herself as well as her experience in generating her own narrative? How can we work through the complexity of the cultural narratives that are embedded in the woman’s experience?

Sample

The 14 women who participated in this study came from a range of geographic locations in western Canada. They represented different social backgrounds, economic situations, and political perspectives. They ranged in age from 19 to 44. Some were in their first marriage, some in their second marriage, some were divorced, and some had never been married. Several women were involved in relationships outside their primary relationship, whether married or single. Many of the women had children, either in their own care, in the care of an ex-partner, or in foster care. Some of the women had already had abortions. For some this was their first abortion, for some their first pregnancy. Two women had given up children for adoption. One woman had had a miscarriage, another a stillborn child.

While their stories covered a broad range of experiences, all of the women were over 19, Canadian-born, English-speaking, and White. The women learned about the study through posters in one clinic and letters included in handouts from another clinic. The letter described the study and what participation would involve. The women initially contacted the researchers by telephone.

The participants spoke about their experiences in the context of their lives, including other pregnancies and the meaning of the current pregnancy for themselves, their partners, their children, and other family members. The reasons they gave for choosing abortion were as varied as the women themselves. Several women selected abortion for economic reasons: another child, or even one child, would be more of a

burden than the woman could see herself taking on. Some chose abortion in order to sustain an existing relationship, whether new or long-term; a child was seen as more than the relationship could tolerate at that time. For one of these women, the partner's lack of support for the pregnancy led to the end of the relationship; in spite of wanting a child, she could not foresee raising a child on her own. One woman was not sure the baby was her husband's; another woman was sure but her husband was not. Although not all of these women were successful in sustaining the relationship, they all still viewed it as the impetus for the abortion. Another feature of this group was ambivalence about their own and their partner's wish for a child at that time. Some couples were not sure how they felt about a having a child and the reality of a pregnancy forced them to make a decision. In some cases the woman wanted the child but her partner, once confronted with the pregnancy, did not; rather than proceed with a pregnancy when the child was clearly not wanted, she opted for abortion. In some cases the couple was not using birth control, operating under the assumption that a child would be wanted. Several younger women lacked the support in the relationship to negotiate contraception. For other women, the pregnancy occurred despite careful contraception, including in one case a partner with a vasectomy.

Purpose and Method

The purpose of this study was to create a space for women to explore and express their personal narratives of events surrounding abortion, in a way that would allow us to examine the taken-for-granted cultural narratives of the experience. In hermeneutic phenomenology a particular phenomenon is opened up for questioning. This type of examination considers how meanings are created in and through language and why we speak, think, and act as we do (Smith, 1991). Our intention in this research was to clear a space around the experience of abortion, drawing on hermeneutic philosophy (Caputo, 1987; Gadamer, 1998), such that a conversation about the experience could occur. In this process, those aspects of an experience that we take for granted, based on assumptions or beliefs, are reconsidered in light of the actual experience. While no single truth about the women's experience of abortion was sought or was expected to emerge, it was hoped that new and generative possibilities for understanding the experience would arise. The rationale for choosing a hermeneutic approach was a conviction that current understandings of women's experience of abortion are grounded in something other than the actual lived experience.

To understand a person's experience requires a knowledge of their social, material, and discursive realities. The women's choices concerning abortion were informed by their life circumstances and the meanings they gave to those circumstances. Understandings were generated through conversations between each woman and a member of the research team. The researcher's role was to encourage the woman to explore her experience, prompting clarification and elaboration, eliciting examples, and posing questions. No attempt was made to standardize the conversations. The purpose of questioning in hermeneutic phenomenology is not so much to find answers as to stimulate exploration and deep reflection. The conversations were audiotaped and transcribed verbatim.

As each member of the research team reviewed the transcripts, we highlighted experiences in the individual accounts and then traced these across multiple accounts in order to construct a coherent whole. We chose to highlight tensions and contradictions in the account as a means of capturing the essence of the woman's story, rejecting the inclination to move towards resolution or to discount any part of her experience. Unlike fragmentation — isolating events from the whole of a person's experience — the highlighting of phenomenological tensions is intended as a tentative measure, to keep the conversation alive amongst the researchers and to help them to reach an understanding of the experience.

Results

There was not one story but many. The stories involved so much more than the actual event: how the event was taken up by the woman and those who shared the experience with her, and how it was interpreted and reinterpreted by those present and within the context or conditions surrounding the event.

The tensions that arose in the women's stories are best understood in the context of the complexity of their lives. One such tension was the difference between what the woman made central in her life and what society makes central in considering abortion. A woman constructs her story in the context of a particular life, whereas the societal construction considers only the general, "as if" there were a universal social and material reality. For each of these women, then, the story was not only about the decision to have an abortion, or the experience of having an abortion, but also about the pregnancy and its meaning in her particular life. It was a conceptualization not of a procedure, but of a relational narrative, a part of her life that would never be erased from her experience.

Complicity in Societal Discourses

There was tension not only between the woman's story and the cultural narrative, but within the woman herself, arising from the narratives. Although a woman choosing abortion is located in her own particular reality, she also resides in, and is complicit with, the cultural stories of abortion. The women in the study struggled, then, to accept the reality of the abortion in light of their own and others' negative responses, fuelled by societal discourse. They did not regret their decision to have an abortion, but they did regret the lack of support and the silencing they experienced. They seemed to be on a journey, albeit each in a very different way, to come to terms with their own internalized condemnation of abortion. Once they had come to terms with their own beliefs, they better understood the stereotyping and were impelled to end what they saw as unnecessary suffering.

The women expressed the tension that resulted from their need to cope with societal messages about abortion:

I think that I tune it out. But I also listen, and the fact that... I just wish that people would realize they need to stand in the person's shoes that's experiencing it, and not pass judgement on somebody unless they have stood in those shoes.

The general feeling that I have is a negativity [on the part of society] towards the decision about abortion.

These societal messages contained judgements about the "kind of woman" they were:

Most women are using some form of birth control when they become pregnant. But somehow there's an attitude or an idea that is communicated to you that it must be some failure on your part.

Medical Narratives

Several medical narratives were evident in the women's experiences. One was an expectation that the medical system would provide them with options and with access to whatever medical services they might need:

So I went to my doctor and talked to her about it. I kind of felt that I was being persuaded to go through with the pregnancy more so than being given the information about what I would do if I were going to terminate the pregnancy. I felt there was a lot more information on pregnancy than on termination if that was my decision. I was looking for information on both sides, so I could make an informed decision.

Several women had encountered a medical narrative reflecting judgement of their circumstances and their decision to end the pregnancy, such as the “irresponsible woman” and the “lesson to be learned.” After becoming pregnant with a partner who had had a vasectomy, one woman sought information from her doctor:

What really hurt me was that the doctor...I went in and explained to him that I had to have a test done, because “I’m nauseous in the morning and I feel I’m pregnant. My boyfriend had a vasectomy last February. How can that be?” And he looked at me and said, “Maybe you can tell me.” After he got the test results he closed the door and said, “You’d better find a doctor, because you’re pregnant.” I thought, how mean, you’re judging me before you even know who I am. I didn’t have to ask him how this could happen. I was obviously looking for a medical opinion.

Another woman also spoke of a cold reception from her family doctor:

My doctor looking at me saying, “Yes, you’re pregnant,” and me not really having the foggiest idea of what to do or where to go. I would have loved someone to have sat down: here are what your options are. But he very clearly had an agenda that had nothing to do with giving me options.

A disturbing encounter was related by a woman who felt punished by the surgeon who performed her abortion:

When I went to the hospital for the abortion, the doctor...said to me just before he performed the procedure, “Well, we will just make sure you learn a lesson and never do this again.” You know, this attitude is just so awful.

Even brief negative encounters had a powerful effect on the women, particularly when these occurred at crucial times, such as on the day of the abortion:

...the lady at the front desk when I went in, the one that had to initially do my paperwork and tell me where to go, as soon as she found out what I was there for, was very abrupt and very rude actually. Being judged, big time, before I even did anything.

Social Narratives: Silencing and Secrecy

The anticipation of a negative reaction restricted the women’s ability to seek support. For some, the result was virtual isolation:

Actually, I didn’t talk to anyone. I find it is difficult for me to discuss with other people. Even bringing it up I was feeling like, I don’t know how the person is going to react.

Closely connected to this uneasiness about reactions was a concern for privacy and confidentiality around the experience:

It was really, really awkward, because they have a waiting room with four sofas that were in a rectangle. Everyone was staring at the floor or looking at a magazine. I think they were kind of feeling the same way. My first thought when I walked in was: This is supposed to be confidential. What if I walked in here and there was someone I knew sitting in here? So I thought, this is not confidential, and it was really awkward.

Some women appreciated being told up-front by the facility, "We can bill this through your health care, but it doesn't have your name on it, so no one can find out this information." This respect for confidentiality was described as a "comfort." The desire for confidentiality, and the efforts of facilities to accommodate that desire, arises from the cultural narrative that some medical procedures are more acceptable than others. Society attaches meanings and values to procedures, and makes judgements based on those meanings and values, regardless of the legality of the procedures.

In all of the conversations there was evidence of the tension of having to wrestle with the decision of whether to tell others about the pregnancy and abortion. Influenced by the societal discourse, the women constructed their abortion as a secret, and there are decisions to be made regarding the disclosure of a secret. For some of the women, secrecy led to a silencing of their experience within some or all of their relationships:

Women are making these decisions somehow in isolation...with the idea that it's going to be a dirty little secret: no one else has done this and I'll never speak about this. You know, we all have our histories, and I thought, I have this whole history, not just around unplanned pregnancies and abortions, but all the other things that come with being a woman, including giving birth to children, miscarriages, and all that stuff. And I thought, somehow we are silent about that entire part of our lives in so many ways.... Except when we give birth to babies. That's the one thing we'll talk about freely and openly. That's the one thing we will celebrate. Somehow that's safe and it's what we are supposed to be doing and it's OK.

Some pregnancies are more valued by society than others. The societal narrative is that pregnancy results in the birth of a child. The birth of a child is privileged over all other events in the pregnancy, including the woman's experience of the pregnancy.

The secrecy surrounding abortion tends to limit a woman's means of seeking support. Some participants discovered that other women

with whom they had close relationships had also experienced abortion, yet they had never talked about this part of their lives:

I knew a woman who had gone through it as well. And I never knew she had until I had spoken of my experience.

The women spoke of feeling silenced about not only the abortion, but also the pregnancy — as though it did not exist. They expressed a belief that although abortion ends pregnancy it does not cancel it out:

I think with an abortion, society wants you to just forget about it. But when you go through it you just don't want to forget, you really don't want to forget. You want to know that you were pregnant and it was a special thing, because it always is. Yet society wants you to say, well, you've had an abortion, just get on with things, don't worry, your life will go on, and they don't want you talking about it.

Some women felt silenced or hurt regarding the disclosure within their closest relationships:

Well, I come from a mother who is extremely pro-life, like extremely pro-life. She rallied, and we had, like, all of the information, like all of the information...the photographs, the pictures; we knew about the procedure and how it affected the fetus. I still believed when I went in — I still believe now — that you are killing something, and killing a living being, a person. That's how I feel about it, because I guess I was raised to have that belief. But I did what I did. I disagree with my mother.

I have a sister who wasn't able to have children, desperately wanted children, so she adopted two boys. So I felt I couldn't talk to her about it, because I know it really is a touchy issue for her and I was feeling somewhat selfish in terminating a pregnancy that someone like her would just die for, so I didn't feel I could talk to her about it.

The experience of being silenced or of facing disapproval influenced the amount and sources of support the women received. Yet in the face of pervasive societal norms they made decisions that might be viewed as contentious by those close to them. In conversations in which the women dwelt on their experiences of being silenced, there emerged a conviction to reclaim the voice of their own narratives: the silence was broken by a voice whose echo would drown out the sound of the dominant social narratives.

Narratives Spoken Through Social and Material Realities

The women's decision to end the pregnancy was informed by the tension between their feelings about the pregnancy and the realities of their lives. For several, the baby was wanted and the pregnancy was a

positive experience but their circumstances made having a child untenable:

Having a child with him would be just wonderful — you know, the opportunity for us to share something together.

The good thing that I had was that I felt good inside being pregnant with his child.

When I found out I was pregnant I was very excited. My husband and I were hoping to have a second child.

We were quite excited about the pregnancy, and that is what we wanted.

Despite their desire to sustain the pregnancy, the realities of their lives, particularly their relational circumstances, contributed to the ultimate decision to end it. One woman explained:

Unfortunately the circumstances were such that I didn't know if the child was fathered by my husband or not. I chose to end the pregnancy on the off chance that my husband was not the father.

Another woman described her partner's priorities as different from her own:

Right now he is thinking, I need to get established, I am not stable enough financially. He doesn't want to be living in the home we are in with children, because it is a half duplex and he doesn't feel there's enough room for the kids in the yard and that sort of thing. He's thinking, no, I want to be in a particular situation before I have a child. He was kind of, well, I'm not ready for this right now.

In some relationships the tensions generated by the pregnancy itself informed the decision to have the abortion:

Our big problem was that he had had a vasectomy a year ago, so when I got pregnant there was tension between us to start with. So it was hard talking to him, and to have communication between us. He wasn't sure what was going on. I know that he is the father, but what happens if he goes and has the test and it's not shown? [The doctor] said there was a chance [of false results].

For other women the tension grew out of their wish for a child as opposed to their material circumstances, which would be seriously challenged by the burden of raising another child:

You know, it takes a lot of time to be a really good parent. Oftentimes I am not able to meet my own standards with the two that I already have. There was no way that I was going to jeopardize them by having a new one. I swayed to the idea of what actually would happen if I decided to have this child, but the picture is rather bleak. I'm having a hard enough

time dealing with what I have right now. I have to set some limitations for myself.

A 19-year-old woman felt she lacked the interpersonal support and material resources needed to raise a child:

First I didn't tell my parents. My boyfriend had moved to go to university. I knew I was pregnant before he left. When the test came out positive I phoned him. He said he didn't want anything to do with it. He said it wasn't his. And then I decided I wasn't going to tell my parents, but then I really got scared because I had no one.

A 43-year-old woman related:

I was very disappointed to begin with, but I decided that, mainly because of my age, I didn't want to raise a child on my own at this particular point. I felt that if I really wanted to do that I would have done it earlier in my life.

For many women, the desire to have a child, even this particular child, competed with the reality of their limited human and material resources. They faced abandonment from myriad sources of support — the types of support they would require if they decided to sustain the pregnancy. The women were left with the option, usually unrealistic, of providing for the child alone. Given the complex and competing demands of their other dependants and their partner, the voice of social and material circumstances was unyielding.

Existential Aloneness and Sole Responsibility

Even women in established partnerships expressed feelings of aloneness in their decision to have the abortion and in the experience itself:

Somewhat, it became mine to deal with and I unquestioningly took that on. I sought out counsellors, I got the information, and the role he played was to be there and to drive me home afterwards. And I remember feeling absolutely alone with it, including afterwards.

One woman spoke of her partner as being outside of the experience:

Although my partner was aware of it, I still basically had to find a place for it [the suffering] in my life all by myself.

She went on to wonder about the experience for other men and about the lack of male socialization on abortion. Her questioning shows an awareness of the gaps in the cultural narrative that informs the male role in the abortion experience. For men, there are no clear directives; faced with their uncertainty they can either withdraw or interpret the

absence of a clear directive as a directive to do nothing. One woman expressed this well:

They don't know what to say, they don't want to say the wrong thing, they don't want to make it appear as though they are pressuring her to do one thing or another. And so they remain sort of alienated from the process, just because they don't quite know where their attitudes, their feelings and ideas come. So they stay quiet.

Another participant said:

I know this decision is mine and mine alone to make, but it would have been helpful for a couple of days to have that support. He said he was going to stay with me. He stayed with me for the appointment and after that he went to work and I didn't see him again that day. Actually, I didn't see him the next day either, so I think that was part of why I was feeling so upset the next day, because I had kind of counted on that support and it wasn't really there. He hasn't mentioned it, not one word, since that day.

The aloneness was also existential in nature. There was evidence of tension originating in the women's awareness of their ultimate aloneness in the decision to have an abortion. They bore sole responsibility *not* for becoming pregnant but for the decision, and living with the outcome of that decision. Juxtaposed with their sense of aloneness were a desire for connection and a feeling of resentment for the inevitability of their having to bear sole responsibility. Amidst this struggle was a wish that their partner could be more central in the decision.

Creating Space for Grieving the Loss

The women expressed a sense of emptiness and suffering, in spite of having absolute confidence in their decision. There was no regret or remorse, but clearly there were feelings:

I felt really empty after. You definitely feel like there is something missing after that, like something is gone that was there before, that isn't there any more, that was the feeling. It's hard for me to describe and hard for me to get something for, because I didn't really know what I wanted anybody to do for me. Having people around was important afterwards. I still need to have people around, not even to talk, just to have somebody there. I still feel I really don't regret this decision. I feel like it's...the only decision I could make in this situation.

Mentally and emotionally it's hard to...you feel very empty. If you really think about it, you know you really killed a person. You have to justify to yourself why you did it. The issue about losing the baby itself... I will always wonder about that baby.

[Two days after the abortion] I had just real emotional turmoil. Everything I was doing I would just break down and cry. I couldn't pinpoint my feelings much though. It was a very strange day. I just couldn't tell if I...I wasn't angry, I just kind of felt empty, not angry or sad that I had made the wrong decision, I just was really emotional and teary that day.

The women's narratives also indicated a need for acknowledgement and sharing of their grief:

I think often the woman is left with those feelings because there isn't much acknowledgement by society that you have gone through a major loss. So you carry that with you.

Some women compared this loss to that experienced with stillbirths and miscarriages:

It's interesting, because I have been through a miscarriage as well and I remember sensing the same thing after the miscarriage. You're just sort of expected to put it away and carry on. And again there was no one to talk about it. No one acknowledged it as a pregnancy that has come to an end. And somehow you have to deal with it, and you are very much on your own with that as well.

A woman who had gone through a full-term stillbirth recalled her grief for the loss of that child. She spoke of the stillborn baby as a "final result, I could still hold him." In the journey of her grief she often visited her baby's grave with flowers and toys, whereas

When you're pregnant and have an abortion, you haven't held anything, you haven't seen anything, you don't have pictures. You have nothing to look back on and remember the good times.

How can space be created, in the lives of women and in society, to accommodate grieving for the loss of a pregnancy? Co-existing with a woman's decision to end her pregnancy is her relationship with the child and, for many, a desire for that child to be born.

Mutual Narratives

Speaking together in personal voices and mutual narratives, women gain access to their own particular healths. Whether these conversations occur within or outside of the health care system will depend upon whether that particular access is considered the critical element in women's health care. (Gadow, 1994, p. 306)

Women's abortion experiences are mediated by multiple cultural narratives that intersect with the particular situatedness of a woman's life. In considering the woman's construction of her own narrative, we come

to realize that she is not located outside of the dominant narratives but, rather, lives her life immersed in them. A particular experience can serve to disrupt our participation in the dominant discourses. In this study, new understandings were generated about the women's participation in and disruption of the dominant narratives. Through their abortion experience — including their participation in this study — the women showed that they were capable, albeit in different ways, of negotiating new ways of relating to the dominant discourses.

Implications for Practice

This study illuminates the tensions between dominant and non-dominant discourses, between what the women hoped would happen and what they actually experienced. In contrast to the expectation that health professionals will offer options and support in dealing with an unplanned pregnancy, these women encountered a medical narrative with an agenda that had nothing to do with offering options. This medical narrative was of the "irresponsible woman," of abortion as "a lesson to be learned." In contrast to the expectation that abortion, as a legal procedure, will be available, these women spoke of a cultural narrative where abortion is wrong. They found themselves caught between the need for secrecy — given the values and meanings the culture assigns to abortion — and the need to create their own narratives where both the pregnancy and the decision to have an abortion are discussed freely and are understood. This experience taught the women that some pregnancies are more valued than others and some medical procedures are more acceptable than others, and that although they might wish for a child — even this child — relational and material resources do not always support such a wish. The women spoke of tension developing as they recognized their own participation in the dominant narratives, and even their own complicity in the judging of women who choose abortion.

In considering our practice as nurses we must listen for both the dominant and non-dominant discourses in the voices of women and in ourselves. From women we may learn that we, like a woman experiencing an abortion, live immersed in dominant narratives. Only by recognizing our complicity in sustaining these narratives will we be able to disrupt them, and to generate new possibilities for understanding the experience for the woman and for ourselves. In talking with these women we have come to realize that what we had constructed as the experience of an abortion can be more meaningfully understood as the experience of a pregnancy that ends in abortion, an experience that is

rich and complex and is best situated within the life of a particular woman.

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