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Good M(others): Re-storying narratives on abortion together.

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Abstract

Statistical reports on women who access abortion in Aotearoa are produced within a context that refuses to acknowledge that mothers represent the largest group of women accessing abortions. The same lack of recognition permeates the academic and clinical health care research, where the dominant narrative produces a stereotype of abortion with little focus on the everyday conditions of mothers.

The aim of this research was to hear and affirm the stories of mothers who have had abortions, so that in and through their locations as mothers we could emerge knowledge that had transformational potential. I drew on the concept of women's stories as gifts, which enabled me to develop an ethically responsible methodology through which to hear stories responsibly. The reflexive process of hearing enabled me to listen for and respond ethically and relationally to stories of pain, and through our collaboration we reimagined a figure of the (m)other who has an abortion, understood through the multiplicity and partiality of our everyday lives. The research itself tells a narrative of the re-storying of the singular figure of abortion. Listening in ways that are response-able and affirmative facilitated a shift, where stories of pain moved and there was a reimagining of our subjectivities, and new stories of difference and resistance were produced. Through my analysis, potentials emerge, opening space for us to understand differently, through stories of motherhood, abortion, and affirmation, producing a new figure – multiple and partial and moving, M(other).

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Chapter 1: My Story

June 22, 2022. The day *Roe V. Wade* was overturned in the United States, ending a decades-old right to abortion for American women. I remember the day vividly – the disbelief; the weight in the pit of my stomach; the depth of the unsettledness that moved through me. In the year-and-a-half since, those feelings have become permanent inhabitants of my body and psyche. Until then, I had been celebrating the Abortion Law Reform of 2020 decriminalising abortion – women in Aotearoa no longer needed to access abortions under the guise of mental unwellness. Suddenly, I was confronted with the sheer precarity of access to abortion – if the right to abortion could be overturned in the United States overnight, so too could the rights to our own reproductive autonomy here.

From this place of precarity I thought back to my own abortion, actioned at a time when two certifying doctors were required to confirm that a pregnancy would be deleterious to my mental health. I thought back on the *necessity* of my own abortion, and the barriers I had faced in accessing it as a single mother with two children, working two jobs, with no abortion services available in Palmerston North, at the time. With Aotearoa's abortion law reform, I'd celebrated that some of these barriers had been demolished for other women. Now, I worry about the future for others who might need an abortion, and about my daughter growing up in a world where the right to abortion could be taken from her at any moment. While I had been interested in research on abortion for some time since my undergraduate degree, the hard-won fight for easier access to abortion was now clearly on shaky ground, and I felt a deep desire and obligation to ensure my Master's thesis contributed to the resistance literature in Aotearoa.

Prior to having my own abortion, I would have considered myself firmly in the 'anti-abortion' camp. I'd fallen pregnant with my first child at nineteen and had drawn on my own situation a number of times, as an example for why abortion was morally wrong for all – not yet cognisant of the privilege and support I'd had around me to have my son and raise him at such a young age. At the time of my abortion, I experienced a confronting realisation that the conditions of my life at each moment in time had strongly influenced my decision making, and this realisation opened space for me to then begin to challenge what I had 'known' about abortion and the kinds of women who had them. If abortion felt the right decision for me and my family at one point in time, and not another, I wondered about how the conditions of everyday life might shape the decision making processes of other women, specifically,

mothers like myself. Within that moment of reckoning, from my own situated embodied knowledge, I became vehemently pro-abortion as a response in women's reproductive decision making and attempts at reproductive agency. Nowadays this 180-degree turnaround reminds me that we all hold the capability for growth and change as how we move through our experiences is not static or totalising, understanding how our lives tell stories of our processes of becoming. My experience of abortion opens up the potentials for how to hear stories of difference that account for women's diversity, constraints and affirmation.

After my abortion I was becoming able to identify the commonplace gendered responsibilities women embody in their everyday lives, and with this my story started to shift differently again. For example, I began to feel the tensions in interactions where, for example, I was questioned for requiring a morning after pill: Why wasn't I on better contraception? I was asked how many live births versus pregnancies I'd had, in situations where why this information mattered was unclear. I never really considered myself *slutty*, *irresponsible*, or *deficient* in any way for my abortion, yet I recognised that western colonial societies globally, and locally in Aotearoa, understand women who have abortions as deviant sexually, morally and economically. I have always felt secure in the knowledge that I am a *good mother*, but certainly felt the embodied tensions of being someone who had an abortion, and someone who was already a mother. The more I reflected, I came to understand that these tensions had been embodied and performed *in the silence I kept* for many years about my abortion.

Over time I realised how embedded I am in dominant, constraining narratives of abortion and motherhood, and how I was not alone – the statistics told me that mothers made up the highest percentage of those accessing abortions. I had heard only a few stories like my own, through relational networks I had created in the safety of social media spaces where women could speak of their abortion experiences. However, when I sought such stories in the scientific literature, they were hard to come by. The literature on abortion focussed largely on its correlation to mental health outcomes, or of young women's experiences. Mothers were missing. I could not find myself within the web searches and research, but I knew I wasn't alone, statistically, and this made me wonder how as mothers we had been silenced within the abortion discourses. I pondered more on my own silence, and how it had felt like a burden, a *secret* I carried, and yet simultaneously made me feel safe through being unseen and unheard.

Through a postgraduate paper in Psychology that opened space for me to engage women's ways of understanding women's experiences, I was able to start to unravel how mothers were

missing from the discourse, and this required me to reflexively re-engage with my own experience and story differently again. The silence within research carried with it the understanding that psychology – where certain ways of knowing produce ‘knowledge’ that is legitimised as ‘objective truth’ – is located within and complicit to western, colonised and patriarchal knowledge claims that position those who have abortions and mothers in specific, exclusionary ways, reproducing narratives of good and bad binaries, *deviance* from the norm, and *deficiency*. The painful enactment and embodiment of these positions flowed through me as disbelief and confrontation. I felt a responsibility to use my own location within the discipline to challenge and transform these understandings – they did not feel like they fitted my own experience, and I wondered if it was the same for other women like me.

I wanted to know the stories women had to tell of being a mother who accessed abortion services in Aotearoa, so I asked other mothers who’d had abortions after children to share their stories about their experiences for this research project. Through the sharing of our stories, from our situated and multiple locations, we may speak where mothers have not yet spoken, and be heard where mothers have not yet been heard. Our experiences can challenge and resist the dominant narratives that constrain our everyday lives, opening space where we might consider other possibilities of becoming, where different stories can be heard, and understood, and where ethical and relational encounters hold the power to re-story and transform our understandings of the experiences of mothers who have abortions.

So the aim of my research project is to open spaces in our knowledge production to hear the stories of mothers’ experiences of abortion. I have began, in Chapter 1, by sharing my own location, the story that tells my story of abortion. Through Chapter 2, I bring together abortion literature from Aotearoa, and internationally, to gather the understandings of abortion that enable and constrain women’s experiences of abortion and motherhood. Chapter 3 then picks up the aim of the research to methodologically inform the ethical relationships necessary for engaging women in talk about abortion, developing my ethical research question: how do relational ethics open space for a hearing that is response-able to our pain and reimagines our subjectivities affectively and relationally? Chapter 3 then sets the method of analysis, narrative inquiry, as hearing the affective, embodied flows of women’s storytelling. Moving forward through Chapter 4, I produce an important figure, a Stereotypical Figure, to begin to story my analysis of my collaborative conversations with mothers, tracing the tensions we embody within the complex understandings of reproductive

rights and impossible choices, affirming the effects of the responsabilisation that women navigate, and hearing the complex power relations that inscribe meanings onto women's bodies that reproduce the singular, normative story characterised by heteronormativity, the medicalisation of women's bodies and the motherhood mandate. Continuing my analysis, Chapter 5 traces the movement of silences, hearing the contradictions and tensions in the meaning of silence, how it keeps us safe from social sanctions, engaging processes of affirming women's experiences, where through the re-articulation and re-storying of our experiences, we were able to experience empathy, compassion, and a transformation in meaning making and understanding – a process of becoming together. In my final chapter, Chapter 6, I share a new figure's emergence – a (M)other Figure produced through the words of the women themselves, who opens new and critical spaces for affirming difference, new stories for telling stories.

Chapter 2: Literature Review

Tracing Aotearoa's Gendered and Racialised Reproductive History:

In seeking to understand the social conditions that shape understandings of abortion, we must first attend to the politics of location from which femininity and motherhood become informed, embodied, and performed throughout Aotearoa's history. The colonisation of Aotearoa saw the erasure of indigenous knowledges, ideologies, and voices, understood through eurocentric dominance (Waitere & Johnson, 2009; Mikaere, 1999; Simmonds, 2011). Ongoing practices of colonisation extended through neoliberalism assimilate indigenous knowledges into capitalism, propelling individualism and bodies in and through a free market where individual responsibility, accountability, freedoms and equality are legitimated through structural and social power relations that constrain or enable particular individuals and groups based on their location, gender, race, and class (Connor, 2007; Roy & Thompson, 2019). Eurocentric knowledge claims constitute western white norms as the dominant and acceptable narrative, where what and who is measured against or in difference to the white male norm becomes 'othered' through the various aspects of the individual difference they inhabit (Barkty, 1998; Coombes & Te Hiwi, 2007; Coombes et al., 2016; Mikaere, 1999).

Our identities, experiences, and processes of becoming women are shaped by the enactment and embodiment of the social, cultural, and political contexts and narratives that condition our everyday lives (Rich, 1986). Western narratives produce a gendered hierarchy through a relationship of dominant masculinity and subordinate femininity, where the categorisation of man becomes the norm for sameness, and women are understood through their sexual difference (re)producing the phallogocentric positioning of women as his 'other' (Barkty, 1998; Coombes & Morgan, 2004). The western binary of male/female, masculine/feminine produces a patriarchal narrative that associates masculinity with rationality, power, strength, and femininity with emotion, docility, and passivity (Morgan, 1998). Phallogocentrism operates to submit women to the imagination of men. Defined through his image, women's experiences become coerced through heteronormativity, and the institution of marriage coerces women's sexual relationships through their feminine productivity – reproduction, motherhood, and the capacity to care. Patriarchal neoliberal frameworks commodify women's bodies through the provision of sexual and reproductive services to men that, in turn, enable us to participate in a relationship that is supported by and supports the dominant narrative of normativity, and our status as classed, sexed and gendered bodies is marked as

responsible. Those women who deviate from the dominant narrative become our other, configured through their deviant sexuality – storied into being as sluts, whores, racially marked immoral women (Chesney-Lind & Hadi, 2017; Smyth, 2000).

Womanhood, motherhood, and abortion must thus be understood from within their politics of location, where western, colonised and patriarchal framings of gender and gendered roles, human rights, morality, religion, and sociocultural and socio-political norms maintain them as highly contested issues (Chesney-Lind & Hadi, 2017). Societal expectations of the performance of western femininity have thus been shaped through the internalisation of patriarchal ideologies and standards, where adherence to legitimated gendered norms becomes rewarded, and deviance is punished through socially sanctioned disapproval (Barkty, 1998; Lawley, 2022). To deviate from acceptable performances of femininity results in a process of othering that firmly reinforces gendered norms and disciplines the bodies of those who resist (Barkty, 1998; Chesney-Lind & Hadi, 2017; Lawley, 2022; Seu, 1998).

Gender and power have been tightly woven within the fabric of Aotearoa society and within its social and institutional structures since colonisation, positioning women as innately subordinate to men inside narratives that champion masculinity and heteronormativity (Lawley, 2022; Mikaere, 1999). Mikaere (1999) traces the trajectories of the globalisation of western knowledges that continue inside of ongoing processes of colonisation, where within policy and institutions of Aotearoa western narratives dominate and dictate, (re)producing a norm that becomes the measure of what is acceptable, and where the experiences of women and mana wahine are silenced and invalidated. Within Aotearoa, mediated knowledges reproduced gendered and racialised norms of femininity and motherhood, rendering Māori women implicitly deficient in the face of white performances of femininity (Simmonds, 2011). Dominant (western) narratives homogenise women's experiences, (re)producing a singular story of sameness, and consequently individual and choral voices that speak a different story remain suppressed (Coombes & Morgan, 2004). Patriarchal gendered power relations embedded within Aotearoa in and through colonisation have become intertwined with modern Māori values (Mikaere, 1999) creating intersections that add to the complexity of Māori women's everyday lived experience in relation to femininity, motherhood, reproduction, and abortion (Le Grice & Braun, 2017). By understanding the ways colonisation and patriarchy continues to be mobilised in our contemporary times, we may attend to and begin to unravel how the colonial power networks of often invisible forms of

control, drive and *shape* social issues, creating knowledge that is situated and partial (Barkty, 1998; Braidotti, 2012; Coombes & Te Hiwi, 2007; Haraway, 1988; Harding, 1992).

The Birth of the Stereotypical Abortion

Abortion in Aotearoa becomes understood through the tracing of western globalised knowledges that story its deviance from the prescribed performances of femininity – associated typically with women who have defied patriarchal values – sex out of wedlock, promiscuity, and prostitution; women who were understood as dirty, immoral, and inferior (Abrams, 2015). Aotearoa literature stories the movements of the various (yet consistently negative) ways women who've had abortions have been portrayed since colonisation, speaking to a singular story of deficiency and deviance from the prescribed norm (Lawley, 2022; Leslie, 2010; McCulloch & Weatherall, 2017; Smyth, 2000; Sparrow, 2010, 2017). Leask's extensive works on abortion (2013, 2014, 2015) in the Aotearoa context tells of the ways specific problematic discourses become embodied and performed throughout our everyday experiences and discussions of abortion. Her earlier work outlines how abortion discourse evolves, and yet maintains a deficit focus, reinforcing understandings of those who access abortion as deficient – whether that be through immorality and selfishness and sexual deviancy, to murderous in intent, to pathological by their very nature, in need of medical oversight (Leask, 2013). Leslie (2010) too, stories the most recent shift in narrative from 'bad' women (selfish, murderous), to 'mad' women (desperate, pathological), bound within legislation that afforded them access to a safe abortion when it was a necessity for their mental health. Legal requirements between 1977 and 2020 demanded that women be 'at risk of physical or emotional harm' to continue the pregnancy, an ambiguous definition that resulted in the majority of abortions (98%) being performed under the guise of risk of inherent mental harm (McCulloch & Weatherall, 2017). Within this legislation, women are positioned in a multiplicity of ways, 'deserving of abortion care' through their inherent pathology, rendering them some sympathy, while simultaneously reinforcing their incompetence, and need for clinical oversight for their 'mental welfare'. These discourses inform and (re)produce in a bidirectional relationship with eurocentric policy and law, where a focus on the pathological outcomes of abortion in the psychology and medical spheres (disciplines that hold legitimacy and authority to speak) has solidified the procedure as an implicitly abnormal experience, associated with women's madness – never one truly autonomous in her own decision making (Lawley, 2022; Leask, 2014; Leslie, 2010;

McCulloch & Weatherall, 2017). Framing abortion in this way sits in tension with reproductive autonomy as a basic human right – understanding a right as something every individual innately possesses, and has the power through which to act, sits in tension with legislation that calls for clinical oversight and reifies pathology, deviance, and uncommonness of abortion.

The perception that women are incapable, due to inherent deficit, of making rational decisions for themselves and their bodies is not new, but has historically been reinforced through concepts of ‘raging female hormones’, linking female reproductive organs with implicit pathology and madness, where experience becomes obscured through ‘scientific fact’ (Ussher, 2011). The rise of the legitimised voice of medical authority, resulted the medicalisation and pathologising of women’s bodies in relation to common life experiences such as menstruation, pregnancy, abortion, childbirth, and menopause, reaffirming the need for medical intervention and clinical oversight (Shaw, 2013; Westergren et al., 2021). With the westernised and patriarchal biomedical nature of early medicine, men became the ‘experts’ on women’s reproductive health, despite their inability, and unwillingness, to understand women’s experiences, both physical and psychological (Shaw, 2012), with women’s bodies and experiences measured through their inferiority and difference to a male norm (Barkty, 1998). Technology and mediated knowledge reinforce the process of medicalisation through the production and portrayal of foetal imagery. Through making what is on the ‘inside’ visible, the external (the woman herself) is made less visible, and so too her location, experience, and knowledge (Shaw, 2012), reduced to a mere reproductive vessel of future life (McCulloch & Weatherall, 2017; Rowlands & Wale, 2020). The result is medical science speaking for and over (and through and into) the pregnant woman, stripping her of her own voice as she becomes configured (Sevon, 2005; Shaw, 2012, 2013; Ussher, 2011).

Medical authority, however, holds the power to define when abortions are ‘worthy’ too, primarily when they are born out of medical *necessity* as defined through medical parameters. ‘Worthy’ abortions require a specific set of circumstances that are linked to ‘good neoliberal citizenship’ and ‘good mothering’, where women have fulfilled their duties as reproductive commodities by producing and raising a number of offspring, in cases of rape or incest, or when the mother’s life is at risk (Leask, 2015). Leask (2015) argues positioning some abortions as ‘worthy’ constructs all others as aberrant, and in turn the knowledge generated through medical authority becomes reinforced and embodied in sociocultural narrative (see

also Swafford, 2019). Leask's later qualitative work speaks to the ways abortion is socially mediated, where dominant narratives of neoliberal responsibility, motherhood, and women's sexuality were retold within women's conversations on abortion – where specific kinds of abortion are storied as 'legitimate' or more 'worthy' than others (Leask, 2015). Leask's research was undertaken at a time where abortion in Aotearoa remained criminalised, with the vast majority of abortions being performed under the mental health exception. Their work argues that specific exceptions to abortion reinforce understandings of abortion as generally immoral, abnormal, and rare, and serves to reproduce stereotypes and stigma of those who access abortion care, and is echoed by others (Lawley, 2022; Snelling, 2022; McCulloch & Weatherall, 2017). Despite more than one in three women seeking abortion healthcare in their lifetime (Lawley, 2022), abortion continues to be discursively constructed and pathologised as abnormal, and taboo – 'othering' those who access abortion into silence (Leask, 2014).

Understanding silence as a potential, Leask's research helped me to think about the silences performed in the psychology space, the continuation of decades of research seeking a linkage between abortion with mental health concerns becomes obscured within the guise of scientific neutrality (Leask, 2014), where the psychology discipline holds symbolic power with which to make universal claims, while ignoring the socio-political landscape and women's locations and situatedness (Coombes et al., 2016). The legitimacy of the psychological discipline holds power to have performative impacts – where psychological knowledge is considered 'truth', and where such research influences political policy, law, and sociocultural understandings (Macleod et al., 2019; Leask, 2014). Aotearoa research conducted in the early 2000s by Fergusson et al., (2006) further fuelled the idea that abortion is positively linked to poor mental health outcomes, despite numerous limitations identified by multiple researchers (Dwyer & Jackson, 2008; Lawley, 2022; Leask, 2014; Leslie, 2010). Anti-abortion groups lobbied utilising Fergusson's research in a bid to argue for further restrictions on the access to abortion under the guise of 'women's wellbeing' (Le Grice & Braun, 2017; Leask, 2014). As articulated by Leask (2014), 'In seeking to name abortion as harmful on behalf of all women, these claims universalise and pathologise women's experiences of abortion and ignore the variations in women's experiences' (p. 78). What emerges in this story is the production of a stereotype, a racialised and sexualised teenage figure of irresponsible (immoral) sexuality who exploit the legitimacy of psychological distress in the to and fro of academic legitimacy in the regulation of women's access to abortion.

And as I immersed myself in the literature, I wondered about the untold story, specifically the story of women who, like me, were mothers at the time they had their abortions. Having previously worked in the reproductive health space as a Sexual and Reproductive Health Promoter, my understanding was that the statistics on abortion tell us that it is not young women making up the largest percentages of abortions, but rather, it was women in adulthood, and more specifically, mothers. Knowing this, I turned to the statistics to figure out who the statistical figure might be.

The Statistical Figure

My knowledge was confirmed by the Abortion Services Aotearoa New Zealand Annual Report of 2022 (Ministry of Health, 2022). In Aotearoa in 2022, women who were 25-29 years old made up the largest group of women accessing an abortion, and those between 20-39 years of age made up over 75% of abortions accessed (Ministry of Health, 2022). The statistics show that girls under 20 years old and older women (40+) are the least likely to access abortions in Aotearoa. Making my way further through the report, I read how women who had one or more live births – mothers – made up the largest percentage of women accessing abortions (Ministry of Health, 2022). However, of note, this information appears disguised within tables that represent ethnicity and percentages rather than direct numbers of comparison – to interpret the information requires some calculating, something one would likely only do if specifically seeking this data. For women in areas of higher socioeconomic deprivation, abortion numbers rose, suggesting that the contexts that condition our everyday lives contribute to abortion in ways that the dominant narrative of neoliberalism obscures. And of course I found a different figure moving in the statistical narrative: white women who were also mothers.

M(other)

Scholars and authors in Aotearoa tell of how understandings of motherhood and abortion came to be mobilised from the early 1900s as racial colonialist eugenic tools (Leask, 2013; McCulloch, 2013; McCulloch & Weatherall, 2017; Smyth, 2000; Sparrow, 2017). Social anxieties emerged, focussing on the dangers of ‘race suicide’ for the white (Pākehā) population of Aotearoa, amid growing concerns of a declining Pākehā population (Kohler-Riessman, 2010; Lawley, 2022). Colonisation saw a shift in the ways in which Māori women had previously been understood and represented, producing knowledges of deficiency where

gender and race intersect, where once they were revered and valued for their knowledge, leadership, and reproductive abilities (Mikaere, 1999). The bodies of Māori women and girls were racialised, understood as deviant in the performance of Christian imperial femininity within colonialist moral and political agendas, resulting in calls for upper classes of Pākehā to produce more offspring in order to secure eurocentric dominance and government over Māori (Lawley, 2022; Mikaere, 1999; Simmonds, 2011). Le Grice (2020) articulates the intersections within colonised Aotearoa for Māori and women – ‘Reproduction is an area where Māori have been subject to colonial control, and where women have been subject to patriarchal control’ (p. 35), outlining how patriarchal assumptions of difference between men and women become entwined with race, producing hierarchies within the categories of ‘other’. White women became positioned ‘as mothers, nation-builders, upholders of Christian morality, and firmly ensconced in the domestic sphere’ (Lawley, 2022, p. 82). Their reproductive bodies were assigned responsibility for the future of the Aotearoa, ensuring it remained a ‘white man’s country’, where Māori were forced to assimilate or face additional sanctions (Smyth, 2000). Specific forms of motherhood stemming from biblical deities such as the ‘Mother Mary’, who is never portrayed in her duties of motherhood but always as a symbol of serenity and peace, informed understandings of how womanhood and femininity *should* be embodied and performed (Lawley, 2022). Ideals of subservience, self-sacrifice, silence, and self-surveillance followed through in their associations with motherhood (Gorman & Fritzsche, 2002). McCulloch and Weatherall (2017) remind us that ‘A colonial woman’s primary role and responsibility was successful human reproduction within marriage’ (p. 94) and this role continues into contemporary narratives. Motherhood thus became positioned as an essential component in the performance of *proper* femininity with Aotearoa, with those who resisted, or were unable to produce offspring, considered selfish, their non-production a crime against the nation (Lawley, 2022; Smyth, 2000). Women’s responsibility for reproduction extends with the movement of capitalist and neoliberalist ideologies and policies, where the desire to categorise and ‘other’ those who do not adhere to dominant norms proliferates tensions and impossibilities that hold women in subjugation. Western sociocultural narratives continue to portray cisgender women as ‘natural born mothers’, a role they are ‘designed to fill’, as though the presence of ovaries and a uterus represent a contractual agreement to reproduce (Abrams, 2015; Gorman & Fritzsche, 2002; Swafford, 2019).

Russo's (1979) 'Motherhood Mandate' argues that Western discourse idolises and idealises the process of becoming and being a mother as an innately gratifying experience; simply, the expectation for all women. Hegemonic narratives story motherhood as a process through which women find fulfilment of an essential, natural role, and self-actualisation (Abrams, 2015; Gorman & Fritzsche, 2002; Gotlib, 2016; McCulloch & Weatherall, 2017; Purcell et al., 2014; Swafford, 2019; Tucker, 2011). These narratives dominate social, political, economic, religious, and medical arenas, linking womanhood with motherhood synonymously in ways that serve patriarchal exigencies through 'othering' those who fail to follow their prescribed course (Gotlib, 2016) and where we see difference viewed through that singular narrative of deficiency in ways that are purposeful. Capitalism relies upon women's domestic labour to produce and reproduce the workforce (Roy & Thompson, 2019). Concurrently, access to reproductive education and services such as contraception and abortion is often restricted within capitalist and neoliberal frameworks and resulting policy, enabling the continued subjugation of women through a lack of service provision or policy implementation, limiting the potential for reproductive autonomy (Chesney-Lind & Hadi, 2017). Within capitalist and neoliberal society, the policing of and disciplinary power to oversee and commodify women's sexuality and reproduction becomes critical to uphold the system (Chesney-Lind & Hadi, 2017; Verniers et al., 2022). Simply, capitalism relies on the (free) domestic labour of women, and works in ways that reinforce and normalise the supply of this labour, leaving women coerced in their decision making to accept that motherhood is a normative course of a woman's development.

The motherhood mandate implies that not only must a woman have children, but she must also 'raise them well', suggesting that reproduction is merely part of the task required, and so not only must a woman adhere to societal expectations to mother, but conform to norms in the ways in which they raise their children (Russo, 1979), drawing on gendered notions that women are 'naturally equipped' to nurture (Goodwin & Huppertz, 2010). The ways in which women embody and perform mothering are a continuation of the ways in which women are expected to conform to particular, and often conflicting, western ideals (Goodwin & Huppertz, 2010; Kahu & Morgan, 2007b). Modern day mothers are pressured to invest more time in their children than women in previous generations (Lankes, 2022; Verniers et al., 2022; Wall, 2010; Walper & Kreyenfeld, 2022). This parenting intensification is produced through neoliberal individualist ideology, where spending greater amounts of time, energy, and money on child-rearing signifies correct or 'good' mothering. Mothers are positioned as most

greatly influencing their child's future success, obscuring the systems and structures of power that condition everyday lived experience (Goodwin & Huppertz, 2010; Lankes, 2022). Concepts of the intensification of motherhood have become mainstream through research seeking to identify elements of parenting that are believed to enhance brain development, highlighting the pervasive nature of psychological research on societal norms, with Wall (2010) and Verniers et al. (2022) reminding us of the responsibility to attend to the western neoliberal foundations from which such research stems, where neoliberal individual responsibility and self-management over family social supports is emphasised, alongside managing risk, and exerting controls in an attempt to 'ensure future success' of the economy. The narrative of neoliberal intensification affirms raising a child well is one of the greatest things a woman can do for the child (good mothering) and thus society (good citizenship), emphasising that child-rearing should become more important than paid work or the desires of the woman herself, aligning 'self-sacrifice' with 'goodness' (Goodwin & Huppertz, 2010). However, full time mothering sits in tension with contradictory understandings of 'good citizenship', where mothers who fulfil their neoliberal duty through paid employment (stimulating economic growth) are viewed as less committed to their children (Gorman & Fritzsche, 2002; Kahu & Morgan, 2007b). Pederson (2016) describes how the modern mother must be seen to be completely fulfilled through caring for her children, while also being a role model for them in terms of education and job success (see also Kahu & Morgan, 2007a), holding them within an impossible bind, attempting to 'have it all', but really meaning 'do it all'. Good motherhood is an institutionalised concept enacted and embodied through structural and gendered power relations (Aslami, 2019; Goodwin & Huppertz, 2010; Kahu & Morgan, 2007b).

The conflicting measures of motherhood have become so embedded in sociocultural hegemony that research suggests mothers *expect* to feel exhausted by parenting, and that this is an indication that they're 'doing it right' (Lankes, 2022; Wall, 2010). Fathers, on the other hand, are celebrated for providing additional help, well-intentioned but deemed incompetent in fulfilling the responsibilities the mother manages (Lankes, 2022; Verniers et al., 2022), highlighting the gendered ways parenting becomes implicitly understood as inequitable. Women are encouraged to 'measure their importance through motherhood' (Sevon, 2005), despite the low value society places on mothering in general (Kahu & Morgan, 2007b). Pederson (2016) suggests that such expectations set mothers up to fail intentionally in order to maintain a patriarchal society. Similarly, Barkty (1998), Kahu and Morgan (2007b) and

Lankes (2022) speak to the impossibility of conforming to the expectations within which femininity and motherhood are to be practiced, and how our failure becomes embodied as shame. This focus on what it means to be a woman, to produce children, and be a 'good' mother thus can be weaponised as a smokescreen that prohibits women from recognising the structures that have created motherhood as the goal of womanhood, and the negative ways in which motherhood can impact women (Tardy, 2000, as cited in Sevon, 2005). Paradoxically, to attempt to meet the standards of 'good' mothering, providing children with adequate attention, guidance, and care, women require real control over their reproduction. Women's reproduction is coercively controlled through heteronormativity, and the systems of power that maintain women's subordination (Marecek, 2019). And as I gathered an understanding of the configuration of motherhood, and the 'good mother' citizen, I became acutely aware of her absence in the abortion literature. Good mothers who are worthy of our attention are not the (m)others of abortion statistics.

Inappropriately performed or 'othered' forms of mothering all appear to stem from similar patriarchal power relations, where standards of heteronormativity and femininity become embodied and enacted and reflect the movement of colonial motherhood into dominant narratives of motherhood in contemporary times (Beynon-Jones, 2017; Flavin, 2009; Goodwin & Huppertz, 2010; Gorman & Fritzsche, 2002; McCulloch & Weatherall, 2017; Morell, 2000; Sevon, 2005). The good mother is a specific person: heterosexual, selfless, fertile, and of a specific age. She must not be too old, or she is selfish for having her children so late; or too young, reckless and irresponsible (Hadfield et al., 2007). The single mother is deemed 'irresponsible' for having a child she cannot afford to raise without government support; the mother who has children to more than one father is deemed 'irresponsible' for not choosing an appropriate partner the first time around (Flavin, 2009). She is also configured through a storyline of willfulness, active in her excessive sexuality and deviance from normative maternal responsibilities (Abrams, 2015; Commane, 2020). The discursive ways in which the good mother is configured configures the other mother as she deviates from the expectation, the norm, the *natural* (Sevon, 2005). And as deviance to the gendered order that inscribes us with femininity, breaches to the natural order produce a figure of the impossibility of motherhood, circulating in and through contests over the meaning of responsibility the singular story tells.

And when I think back to the statistical figure of abortion, I catch a glimmer of recognition for a reconfiguration, and opening for mothers' stories of their experiences of abortion to emerge, stories that remain socially sanctioned, and therefore do not 'appear' in the dominant narrative (despite their statistical evidence) of their access to abortion. There is a statistical missing of mothers in the narrative. And a deafening silence.

A Reckoning

Cultural narratives of women, motherhood, reproduction, and abortion, told through individual responsibility obscure the structural power relations that condition women's lives and their freedoms to choose (Roy & Thompson, 2019). Women's bodies, and the processes and functions to which they are subjected, are thus positioned within a socio-political landscape of disciplinary power surveillance in the control of sociocultural norms, through social sanctions such as othering, and silencing practices. These controls over women's bodily movements extend to a woman's decision to not continue a pregnancy. Therefore, while a woman's journey towards or away from motherhood is often deemed an autonomous 'decision' a woman makes, the constraints on her individualised responsibilities remain invisible, fragmented and dispersed through the enactment and embodiment of the singular story of women's reproductive capacity (Leask, 2015; Roy & Thompson, 2019).

As I traced the history that has come to position motherhood as the apotheosis of womanhood in Aotearoa (and beyond), understood through a moral trajectory of responsibility, a reckoning occurred. I understood why I had known to remain silent about my own abortion experience for so long. I understood why, up until I started speaking about my own abortion, I had not heard the stories of other mothers who had also had abortions. I understood why, when I have reminded people in my life that mothers make up the largest group of women who access abortions, they appear surprised. I understood why the statistics I had examined seemed to obscure the details and specificities of motherhood in its necessary relation to abortion. I understood why research has not focused specifically on experiences of mothers who have abortions. I understood why understandings of choice and rights sit uncomfortably, in contradiction with each other. Within the dominant narrative, it is simply unfathomable that a mother, in particular a *good mother*, would ever have an abortion. Therefore, mothers who have abortions are missing from the narrative; they are unimaginable and disrupt the moral trajectory of mothers' responsibility to care.

Reflecting on Haraway's (2016) challenge to the objectivity of science, telling us it matters 'what stories make worlds, what worlds make stories' (p. 12), I came to understand that hegemonic narratives have been informing what research is done, and importantly, who and what power structures benefit from that research. When understood this way, research becomes implicitly political. I came to interpret this understanding as academic colonialism, embedded within the research questions we think up, and seek to answer, and where we, within the psychology discipline, have inadvertently contributed to the configuration of stereotypical representations of 'good mothers' who are distinctly different from the imagined figure of abortion, silencing the voice of mothers who have abortions through persisting with the stereotype of those whose seek abortions.

Challenging The Dominant Narrative

When dominant narratives of abortion exclude mothers' experiences, how then do women who are both mothers and experience abortion derive meaning from their experiences and re-story them into being. Fine (1994) states that science based research undermines the powerful politics of activist feminism, and calls for a 'passionately disruptive transformation of our discipline' (p. 25) in order to address the ways women and their lives are framed within gender binaries, and where the structures of power are obscured. Firstly, we must attend to the ways dominant narratives come to be considered 'truth' through the western foundations of whiteness from which the psychological discipline stems, and the deeply embedded privilege that exists within the guise of scientific neutrality (Fine, 1994; Haraway, 1988; Oakley, 2016). Where science based research has assumed 'objectivity' through presuming traditional methods neutralise personal and political influence, Haraway (1988) reminds us that the structures of patriarchy from which scientific inquiry is built embodies the 'God Trick' – where the author becomes a mere vehicle for truth – faceless, objective, no gender, race, class, values, anonymous, and yet holds the authority to claim 'truth' through their research. As a result, all research projects are inherently political, influenced by the sociocultural partial narratives from our own locations (Fine, 1994).

The legitimised voice authorised by the psychological discipline, where difference becomes understood as deficiency, always in the pejorative, through western methods of categorisation and measurements of normativity, can therefore legitimate challenges to the partiality of the dominant narrative. In order to disengage from the ongoing processes of colonisation within our discipline and beyond, feminist and indigenous scholars have called for a process of

unlearning – where the eurocentrism of psychological knowledge is recognised, understood, and understood as partial, and where we actively seek to establish and embody alternative approaches that disrupt and disestablish the power imbalances that exist within ‘traditional’ scientific psychological research (Fine, 1994; Haraway, 1988; Hydén, 2013; Oakley, 2013; Smith, 1998). By challenging dominant (white) knowledge systems and the hegemonic narratives they (re)produce, we enable space to actualise what stories make new worlds as we co-construct new knowledges (Braidotti, 2010; Hydén, 2013; Simmonds, 2011). This requires a commitment to reflexive practice, the bringing of self to inquiry by attending to our own locations, the partiality of our own knowledge, and the implicit power we possess within the psychological space as those seeking to amplify silenced voices (McLean Taylor et al., 1996; Simmonds, 2011).

In order to attend to the power relations within research we must reflect on the androcentricism from which sterile, objective psychological research stems (Oakley, 2013). Oakley (2013) outlines the ways traditional mainstream research itself is gendered – defunct of feeling and emotion, and where the researcher must be purely objective, clinical, in order to avoid ‘bias’ within the research, constraining possibilities for ethical and response-able relationships within research (Coombes et al., 2016). Relational research however seeks to actively reject such notions and claims of pure objectivity, recognising that all research is inherently political and never value-free (Haraway, 1988; Harding, 1992). Disconnecting from the traditional approaches to psychological research enables us as researchers to attend to and resist the hierarchies that exist within them, whereby the researcher holds innate power over those being researched, positioned as the expert (Hydén, 2013; Oakley, 2013). In moving towards a relational approach to research, participants become the ‘experts’ of their own experiences, and through our collaborative encounters where we may respond in ways that feel ‘right’, response-able, and ethical, knowledge is coproduced in a way where meanings become made and flow together – in partiality, multiplicity, and contradiction (Coombes & Te Hiwi, 2007; Haraway, 1988). And without access to space in the circulation of dominant narratives of abortion for mothers, I am reminded of the relationality that Waitere and Johnson (2009) argue affords a hearing.

When women are given the chance to speak and are afforded a hearing, research enables resistances to dominant narratives of motherhood and reproduction to take up space. Lankes (2022) outlines how women embody or reject ideals of intensive mothering based on their

circumstances, and re-story understandings of ‘good mothering’ through their own lived experiences bringing to our attention the multiplicities and contradictions that exist within concepts of ‘good’ mothering. Wall (2010) stories the way mothers to begin to question and challenge the exclusively child-centred nature of parenting advice that emphasises it’s importance, recognising that their happiness (and their children’s) is missing from the (western) discourse of success. Critically, Morell (2000) argues that, without voices to represent the partial and multiple experiences of reproductive decision making, the very notion of reproductive autonomy is unachievable.

These rare research opportunities open a space where we might consider how, in doing research relationally, we might produce richer accounts of mothers’ resistances to the singular stories produced within Aotearoa’s structural and cultural knowledge claims. What the limited research does tell, is that if we open spaces to hear the silences – in a process that affirms our experiences – mothers’ stories of abortion decision making can be brought into view, and legitimated.

Through the articulation of stories we may begin to understand how women negotiate the two conflicting and binaried figures of ‘mother’ and ‘abortion haver’ produced within sociocultural narratives, and the ways in which their multiple stories and voices challenge and re-story the dominant narrative, allowing for the co-creation of new knowledges (Braidotti, 2010; Connor, 2007; Simmonds, 2011). Women’s stories thus become viewed as a gift (Hydén, 2013; Oakley, 2016). Within these stories we may start to undo the painful narratives of our exclusion through affirming our differences and resistances that create alternative understandings and meaning making, and within these stories bear witness to the ways abortion as mothers might come to be understood differently, empathised with, transformed, and, dare I say it - celebrated.

Chapter 3: Methodology

As this research had as its aim to open spaces in our knowledge production to hear the stories of mothers' experiences of abortion, I began to imagine the affirmative and safe space of storytelling that had transformed my understanding of the partiality of my own experience. And I began to make sense of the ethical responsibilities of my location in the psy-discipline – to open the space to reimagine women's experiences as more than the pejorative figure of feminine pathology and deficit produced through cultural and cognitive capitalism.

Here, it is important to question my social location as Pākehā, and the struggles of recognising my complicity in the unquestioned legitimacy of psychological knowledge as I began to make sense of my ethical obligations to Te Tiriti o Waitangi in the production of knowledge. Listening to a call for affirmative and safe space wherein Māori women can story their own experience from their specific location (Waitere & Johnston, 2009) enabled me to negotiate my Pākehā location to listen and reflexively make sense of how my own culture shapes the knowledge claims produced in the psy-discipline. I began to question what stories are legitimated (and erased) through the objectivity of scientific knowledge claims that mark difference as 'other'.

Ongoing practices of colonisation, extended through neoliberalism and the responsabilisation of individual subjects produces a dominant narrative that enforces the normalisation of western categories of sameness and difference. Located with neoliberal capitalism, individualism is intensified through our ability to consume and improve to meet the standards of western normalcy. It is to these norms that the 'other' is produced, inscribing bodies with meaning (Coombes et al., 2016). Ani Mikaere (1999) draws attention to the colonisation of Māori women's bodies, asking us to remember that the imposition of patriarchy onto women's bodies was part of the colonial agenda that worked to disrupt stories of connection. It is here that I began to recognise the *relationship* between colonisation and patriarchy that normalises the dominant narrative of the subjugation of women's racialised and sexualised bodies (Coombes & Te Hiwi, 2007; Mikaere, 1999; Simmonds, 2011). Where psychological knowledge produces women's sexual bodies as 'risky', there remain traces of Pākehā anxiety of difference that continue to produce Māori women's bodies as inherently 'risky' through their 'excessive femininity' in relation to their sexuality, locating them inside enduring categories of deviance and deficiency (Mikaere, 1999; Simmonds, 2011). Therefore, so that we can understand difference, not through the pejorative of western knowledge claims, but

through its affirmation, the complexities and partialities of our interrelations with the world and each other through our relational encounters, I began to understand the responsibilities of my location with the psy-discipline to re-story what can be said of mothers' experiences of abortion, and recognise my responsibility to hear stories of difference, differently, through an ethical process of meaning making that has the potential to open spaces for the potentials for difference, that are partial and relational (Braidotti, 2012; Coombes & Te Hiwi, 2007; Hall & Fine, 2005; Haraway 1988; Simmonds, 2011). This requires a recognition that dominant western knowledge claims serve as a *partial, limited* knowledge system and an understanding of the power relations that authorise what narrative is legitimated through objective and scientific methods within the discipline (Haraway, 1988; Harding, 1992).

Relational ethics that are responsive to others, places, spaces and ourselves as interconnected and in a fluid process of becoming (Braidotti, 2008; Connor, 2007; Haraway, 1988; Simmonds, 2011; Waitere & Johnston, 2009) offer a creative responsibility to decolonise western knowledge claims as an ethical commitment to doing difference differently. To enable the creativity of research that affirms difference, I turned to the notion of affectivity, the embodied flows of meaning making within human interactions that encounter differences with understanding, compassion, and celebration (Braidotti, 2006; 2008). The process of decolonising knowledge claims extends beyond the psy-discipline but is a challenge of dis-articulation of our knowledge and ourselves – from our colonialist structural and institutional power relations that produce cultural dominance, and the unlearning of the objectivity of western scientific methods that produce it (Smith, 1998). This research then is necessarily a political project that has an ethical obligation to uphold the dignity and authority of women's stories, opening spaces that are safe to speak of their painful memories, affirming the complexities and contradictions that condition their everyday lives.

The political practice of dis-articulation not only requires the radical reflexive practice that enables me to question the objectivity of psychological knowledge and practice, but also to make visible the power relations that have the symbolic authority of the discipline to speak on behalf of others is the beginning of the process. Opening up spaces requires a willingness to hear, and as Waitere and Johnston (2009) remind me, listening to the voice of the 'other' 'does not guarantee a hearing' (p. 14). A hearing that upholds the dignity of the storyteller is an active engagement in the construction of relational meanings.

Here then, I continued to question my location in psychology and the complicity of our disciplinary practices that authorise what stories can be told. As I reflected on the potentials for affirmative meaning making, and my ethical responsibilities to create space within systems of meaning making and practice that holds a place for difference where we can become responsive to the pains and the possibilities for other ways of being. As I began unravelling my own experience, I began to also understand my own partiality in the multiple and competing conditions of everyday life that when rendered visible, might begin to hear our pain *for real* (Brown, 2013) and in a process of disarticulation and rearticulation we might come to understand that our embodied pain is full of potential and possibility (Braidotti, 2008).

And I remember my own processing of the meaning of silence, felt deeply in my body. And as I began to recognise the gendered social power relations that had made my story untellable, I began to post on social media some of my story and my interest in other mothers' stories. And as good storytelling does, women began sharing their stories in the flows of connection and affirmation with each other. I began to notice the potentials of relational spaces of storytelling that are responded to with empathy. And in the process, my story became something that lives and moves alongside me, no longer a burden embodied as silence, but an experience I celebrate in my story of becoming. Storytelling in this way enables us to bear witness to pain, in an empathetic relationship that transforms the singular story that configures abortion, moving us into new spaces of meaning making where the multiplicities and partialities of experiences are understood as situated (Fine, 2017; Haraway, 1988).

Narrative Inquiry

Thinking back with the literature on femininity, motherhood, and abortion, we are able to trace the colonial and patriarchal anxieties that have resulted in the (re)production of a singular story (Fine, 2017) of deficiency or deviance for women whose performances of femininity fall outside of what is permissible. As this singular story is reproduced, it takes on a life of its own, becoming an embodied and performed understanding within our sociocultural locations, understood as taken-for-granted knowledge (Woodiwiss, 2017).

Within the psychology discipline, with the authority to name normalcy, we too are complicit in the reproduction of singular stories, in the production of 'others', and through our gaze, we appropriate the stories of others to produce research 'on' or 'about' them (Fine, 2017). The

stories we come to tell, not only to ourselves but to others, are influenced by greater sociocultural narratives and the social power relations that inform them (Squire et al., 2013; Woodiwiss, 2017). Harding (1992) reminds us that the lived experiences of women serve as valuable accounts of how we come to understand the world that enable the generation of new knowledges about the social order from our standpoint within the gendered social hierarchy.

It was therefore critical that within the research, I sought to ensure that the way I approached the hearing and (re)telling of women's stories was one informed by feminist literature, rejecting the models of deficiency that are produced when we locate women within negative outcomes and experiences in scientific literature (Braidotti, 2012; Hall & Fine, 2005). As a researcher this requires the reflexivity to critically attend to the intentions of the research, to ensure the research speaks 'with' rather than 'for' (Coombes et al., 2016; Woodiwiss, 2017), and to focus on how stories are told within research, to ensure they do not 'dissipate into thin air' (Kros, as cited in Fine, 2017, p. 110), but *do* something. As stated by Coombes et al. (2016), '[we] have an ethical obligation to listen to the voice of the other, to negotiate meaning, and in doing so, to transform the social and political structures that reproduce sameness' (p. 447). In this way the translation of women's stories recognises that they hold within them the power to *move* us, and is founded from the position of seeking social *movement* (Fine, 2017).

Harding (1992) and Haraway (1988) helped me to understand the ways knowledge is always socially situated and partial, enacted in and through power relations, and therefore necessarily political. Stories enable us to speak of the subjectivities that exist and yet remain concealed within dominant singular narratives, and therefore women's stories hold significant potentials for drawing our attention to the constraints, resistances, and movements within the power structures that influence everyday lives.

Hydén (2013) states that 'humans are storytellers by nature' (p. 2), and I began to engage with the importance of what narratives can do, hearing the ways empathy is created in our storytelling. Storytelling is a process of connecting with others and the stories we tell are reflections of shared moments of recognition that present through affective temporal flows between past and future connections that story our relationships and events of significance and pain – 'stress fractures on the soul' (Fine, 2017, p. 55). In this sense, what narratives can do recognises that they hold within them the power to move us, culturally, socially, politically, materially (Fine, 2017).

Narrative inquiry enables us to attend to gendered power relations so that we can re-tell (rearticulate) our stories of painful memories through the affirmation of our experiences, not our deficit, opening new possibilities for re-telling our experiences into potentials for becoming. We might consider the ways in which we narrate and draw meaning from our experiences as quilts, sewn with reflections of our specific contextual locations, and our place within the gendered sociocultural power relationships and forces of normativity that are enacted on our gendered bodies (Loots et al., 2013). It is therefore important to consider how stories not only ‘look inward’, reflecting on the subjective multiplicities within experiences, but the ways they ‘radiate outward’, contesting deficit representations and drawing our attention to the wider social structures of power that influence everyday lives, telling stories of both quiet and loud resistances (Fine, 2017).

In this research, attention to the affective flows in the story enable us to ‘feel’ the recognition as we understand the gendered power relations that exist within women’s everyday lived experiences and yet often remain invisible for those who are privileged by those gendered power relations (Harding, 1992). These critical collaborative analyses then enable us to feel empathy for the ways in which ourselves and other women make sense of their experience, opening spaces where we might come to understand difference differently, and where we might resist the singular story (Fine, 2017).

The process of narrative inquiry, the listening/hearing of stories, is a process of empathy, reflexivity and interpretation that informs affirmative meaning making within spaces informed by the relational (Hydén, 2013). Fine (2017) outlines how through aesthetic encounters – intentional practices within research where ethically response-able, meaningful relationships awaken new ways of thinking – stories shift and move to narratives of becoming, where new meanings are made and felt through a relational space. Haraway (2016) and Braidotti (2010) might term this a journey of becoming together ‘with’, where situated knowledges are celebrated in the co-creation of relational research that seeks to affirm experiences. Oakley (2016) reminds us that stories are gifts, often given with altruistic motivation, a donation of part of the self so that others may gain understanding, or hear, relate, or be moved. The process of storytelling itself opens possibilities for both quiet and loud resistances, speaking previously unheard stories (Oakley, 2016). Within these spaces, as we engage with empathy and compassion in the process of listening and hearing, we might be

moved to consider other possibilities, to celebrate other stories, and to recognise potentials for social transformation.

And so I return to the relationship of listening and hearing, it is not merely enough to listen to stories – affective hearing goes beyond mere physiology and requires us to actively engage with our own and others' situated and partial knowledges in order to co-construct relational meanings (Harding, 1992; Waitere & Johnston, 2009; Woodiwiss, 2017). Haraway (2016) encourages us to 'stay with the trouble', looking for and seeking to hear stories that are speculative fabulations – configurations of partial knowledges that travel across difference. This process also requires us to attend to the accountabilities that extend beyond that of the research and the discipline from which the research stems, to those that exist between us as women and relational (Waitere & Johnston, 2009).

Relational Ethics

As I had made my way through the literature and thought back on own experience of storytelling, I thought about the ways in which relational spaces, where we collaborate in our meaning making through storytelling, hold transformative possibilities that unfold in the process of being afforded an affective hearing, through the co-construction of narratives within conversation (Squire et al., 2013). It is through ethical relationships that we are able to attend to the location and partiality within stories, and the ways that stories are reflections not only of our experiences, but the wider systems of power that influence them, socially, politically, and culturally (Squire, 2013). Braidotti (2012) reminds us that there are potentials for transformation within sites of pejorative difference, where we may redefine subjectivities and shift narratives of pain to those of celebration. Such spaces require empathy, affirmation and closeness as human beings (Braidotti, 2012). And I began to imagine research that facilitates processes of becoming together with, in all our partialities (Braidotti, 2010; Hall & Fine, 2005; Haraway, 2016; Hydén, 2013).

Relational ethics made sense to me, understanding that the focus becomes about responsibilities and relationships (Edwards & Mauthner, 2012; Halse & Honey, 2005). Working within a framework of hearing, narrativity can be understood as an ethical activity of care (Coombes & Te Hiwi, 2007; Hydén, 2013) and a process where empathy, reflexivity, and careful interpretation inform relational meaning making, knowledge we make together (Hydén, 2013; McLean Taylor et al., 1996). The process of hearing then, opens up space for

an ethics of care that is responsive to the particular contexts and interpersonal connections that shape the research relationships, and where the co-construction of knowledge is an ongoing process of consent (Hydén, 2013).

In storying these processes of becoming together, I am reminded of the delicate balance we must navigate as researchers, bringing to the fore both lives and structures in ways that are ethical and response-able (Haraway, 2016; Weis & Fine, 2012). This required me to critically attend to the particulars of location, where history, space and place unite in the co-creation, formation, and reproduction of dominant narratives, and to navigate the complex space within both the relational, where *humanness* and ethical caring enables us to transcend from listening to *hearing* (Waitere & Johnston, 2009), and the distance/broader space to hear the (unspoken) stories *within* the stories (Fine, 2017), so we can hear what it means to experience the gendered inequities that configure experiences of motherhood, reproduction, and abortion in the movements of becoming. Relational and affirmative ethics then becomes a collaborative process of re-telling our stories of pain to finding different ways of working response-ably with it.

Moved with and through relational ethics, the process of hearing became a reflexive process. Hearing the affective flows of meaning making, stories for real, I began to ‘let go’ of the stories I imagined the research might tell. As I began to recognise the partiality of knowledge, and taking up the invitation to ‘hear’, I also began to make sense of the dominance of western, colonial, patriarchal knowledge claims not only within the discipline of psychology, but also in the conditions of everyday life in Aotearoa. My own location growing up as Pākehā woman is also deeply embedded in these dominant narratives. I began to understand the partiality of situated knowledge and how my location as a Pākehā woman moves with the stories the women tell (Fine, 1994; Haraway, 1988; Jackson, 1998). Rather than the facade of objectivity of psychological knowledge production that have subjugated women’s knowledge and produced stories of our differences through narratives of deviance and deficiency, this research practices strong objectivity, that is, my reflexive practice makes visible the power relations that disrupt the question of who can know and who can be known (Haraway, 1988; Harding, 1992). Here then, by reflexively positioning myself as researcher bearing witness to the embodied silence of the mother who has an abortion, the relational practice of hearing is opened to new potentials for meaning making. The question this research then asks is an

ethical question: how do relational ethics open space for a hearing that is response-able to our pain and reimagines our subjectivities affectively and relationally?

Method:

Our Conversations

To hear and affirm the stories of mothers who have abortions, I invited women who thought they might have a story to tell, and were over the age of 18. At the heart of the research design is the understanding of stories as a gift and a relationship with responsibilities (Oakley, 2016), including my ethical responsibility for the care of these stories and how they are told.

My curiosity about the stories of mothers and experiences of abortion is an extension of making sense of the shared spaces in my everyday interactions in social media, where I am open about my experiences as they shift and move in relation with others. When I began thinking about creating safe spaces for participants, I became interested in the ordinary everyday ways that we connect through our experiences, safely, on social media. My experience of telling my abortion story had generated other stories and formed a network of relationships among other women. Having received ethical approval (Application ID: OMI 23/14) to invite participants through social media, I used the relational space of our network to circulate the invitation for women to make contact with me if they had a story to contribute to the project. In this way, the invitation had the potential to spread among friends, friends-of-friends, and beyond. And to my sheer delight, the invitation did extend into new spaces, and eight women made contact with me to talk about the research process (see Appendix I for a copy of the Participant Information Sheet). Of the eight women, seven agreed to engage in the research. It was heartening, and reminded me that stories of embodied pain need to be told, and as the women all said, they had a desire to share their stories for the benefit of others. I remember feeling immense gratitude and respect for their desire to ensure others like themselves knew they weren't alone – the empathy that moves us, also connects us through what I now understand as a 'spark' of affective transformation in the re-telling of ourselves.

I remember a conversation with my supervisor as I was coming to terms with disclosing my story in such a public way. I remember her saying, 'If I am able to see myself in your story, it means I have a way to speak my own story', and an opening then becomes ethically possible. Understanding that it is the stories and the relationship between myself and the women

through an intimate encounter as we come together in the process of storytelling. And what I heard, was the resounding call for our stories to be heard in the action of resistance to the strategies of silence. Remembering how I'd felt when I'd shared my own story with those who care about me, I was excited to try to be that person for the women who wanted to participate. This means being attentive and responsible in the practice of care for both the women in this research and the stories they tell as we make meaning together producing counter narratives. I am reminded, again, of the process of listening and hearing that is affirmative.

Three women participated in the storytelling through Zoom, using the technology that has become an everyday practice to connect with others since the onset of the COVID-19 pandemic. As we have become more familiar with connecting with each other in this way, the nuances of 'Zoom' conversations have become embedded and embodied in our meaning making processes. Safe spaces for in place conversations were negotiated with participants: one woman came to my home, and one woman invited me into her home. One woman chose to meet at a café, as one might meet someone they are getting to know.

Relational ethics of care, following the understanding of stories as gifts, also relates to my responsibility for the principle of reciprocity, and Smith (1998) suggests the practice of taking kai to share with participants engages manaakitanga – hospitality, care and support. While I provided kai for the women who shared their stories in place, I also took the opportunity to engage in the concept of food connecting with the zoom participants, negotiating to bring something with us as if sharing.

Relational ethics also meant that the process of consent (see Appendix II for a copy of the Participant Consent Form) required careful negotiation, aware as I was that participating in research has sometimes been experienced as alienating (Hydén, 2013; Oakley, 2016; Smith 1998) when we are uncertain about what might be asked of us. Recognising the dominant deficit representation of abortion experiences that alienate mothers' experiences in my own story, I anticipated there would be some discomfort opening ourselves to being heard. Hydén (2013) and Halse and Honey (2005) remind me that ethics is an ongoing process, and consent too then is a process that begins within relationally safe space that exceeds the formal consent process. Remembering the feelings of discomfort that can arise when sharing our stories of pain, I opened the conversation of consent, locating myself as an insider, with the shared

experience of abortion as a mother to connect us to each other, developing empathic relationships with the participants, and acknowledging the reflexivity of research.

Informed consent then also attended to how to care for the stories, through ensuring the safety of participants and their stories. We discussed confidentiality, including pseudonyms, and how the recorded stories would be disposed, and transcripts would de-identified. We discussed consent as an ongoing process (Hydén, 2013) and where they could pause or stop the interview at any time. We also discussed the opportunities for editing the final transcript of their interview.

Drawing on relational processes, the interview was not a question-and-answer format, but rather a collection of women's stories from their own points of view so that our shared experience is both affirmative, and productive. To bring together the untold stories of mothers into research space, I explained this storytelling process to participants as 'just two women, who've both had abortions as mums, having a yarn' so they had the opportunity to share the parts of their story and themselves that they wished to, or that felt important to them and their experience.

Recognising the relational space of storytelling as a process of meaning making was uncomfortable for me as a researcher in psychology, and I have to say, anxiety provoking (defamiliarising myself from the question/answer interview schedule) – I returned to the notion of the story as a gift (Oakley, 2016), and I recognised that whatever story I was gifted would be affirmed and shape the narrative of this research.

Having a yarn together about our experience also ensured I was able to be responsive in an ordinary everyday relational process; asking additional questions or seeking clarification, to share my own experience, and to respond to the story I was hearing, or in many instances, the story that I was hearing within the story, how we were making meaning together in the movement of the storying. Responding to the affective flows of the story, listening with empathy to the multiple threads of women's sense making often opened safe relational space for sharing painful memories. At times, the women cried in the re-telling and often I too cried with them, as we moved, present to the feeling the conversations evoked as we shared our stories, our similarities, our differences, our recognition of each other and ourselves. And in the sharing of stories, we also reflected on other parts of our own stories that opened more possibilities. Relationally safe space enabled the narratives to come to life in a reciprocal

relationship where together (yet not the same) we produce new understandings of ourselves and each other.

Acknowledging that knowledge in this research is produced together, I was particularly interested as to why the women had decided to participate in the research, and what they hoped their participation would do. What I heard was a narrative of hope, a re-imagining of the abortion experience in the process of disarticulating our stories of pain and re-telling our stories affirmatively ('shamelessly') for others as we transform our understandings of distress.

Being Responsible with Stories

The conversations were digitally recorded, and the gift of time produced stories ranging in duration from between one and two hours, naturally coming to an ending. After each conversation, I reflected on my thoughts and feelings, noted stories and comments that had moved me, both empathetically, and through a reflexive process that I recognised as a becoming open, beyond the singular story, including my own. To attend response-ably to the stories it was important that I transcribed as soon as possible, to remember the affective flows as we made sense together. How was I hearing, not just the told, *but the process of meaning making through the telling?*

Understanding my own feelings as I listened to the women's stories as I transcribed, I experienced an intensity of the emotional labour in the storytelling process. I followed up with the women a few days following the interviews, to care for their intense experience too. And while I had hoped that I had provided a relationally safe space, it felt ethically responsible to remain connected. All the women expressed enjoying the process, but more importantly, as with meaningful everyday relationships of care, the women reciprocated acknowledging that their stories might have been a heavy burden for me to carry too. As we connected, we were together able to understand that the weight of our stories had shifted in the telling. I returned the transcripts of the interview, opening a space for further connections within the ongoing process of consent, and so that the women could make any changes before approving their use (see Appendix III for a copy of the Authority for the Release of Transcripts Form).

Analysis Process

As a narrative inquiry informed by relational ethics, the analysis began in the process of forming relationships. Returning to the relationship of listening and hearing as affirmative ethics, the analysis of the women's stories is embedded in the process. The conversations with the participants, while recorded, and transcribed into text for analysis, following each conversation I wrote notes about what I was hearing as affective flows as I heard stories that had moved me. As I continued interviewing, the notes became reflections on the emotional intensities of storytelling. These notes became connected with the transcriptions and our embodied experience of the telling/listening process.

As I continued to remember with each re-reading of the transcripts, I also began to recognise emergent stories that I had not encountered in the literature. For example, I began to recognise the entanglement of woman/mother and the othered figuration of the 'abortion haver' that produces tensions within our stories of recognition, of ourselves and of others. It is within this tension that we become invisible – not the right kind of mothers and not the figure of excess femininity (abortion haver). What I began to hear, was a chorus of voices, in all their multiplicity and partiality, that perhaps has potential as it becomes (m)other.

The analysis traces the narrative that affirms our experience, so I start by outlining a key figure – the Stereotypical Figure of who has an abortion. The Stereotypical Figure appears starkly in women's talk of abortion, and through mainstream psy-discourse, and we reckon with her as we re-tell ourselves our stories in a process that disrupts the stereotype inscribed with deviancy and deficiency. I recognised the process of de-articulation of the stereotype in the action of the storytelling. I was also able to trace some of the affective flows and processes of being moved through the telling of our stories that occur within relational spaces when we are afforded a hearing. In this way, in part one of my analysis I traced some of the tensions we embody within the complex understandings of rights and choice, carried through the responsabilisation that women navigate as (m)others who share the experience of abortion, and beyond. I also heard the complex power relations that inscribe meanings onto women's bodies that reproduce the singular story – heteronormativity, the medicalisation of women's bodies and the motherhood mandate and how they interconnect to form the impossibility for meaningful choice. Our bodily autonomy is troubled and troubling with these conditions of possibility.

I understood that our conversations were made of smaller stories, each which told of larger stories of meaning. I listened to the ways resistance lay in disidentifying from narratives of deficiency and deviance, while simultaneously inscribing them for others. Part two of the analysis then traces the movement of silences that had at times emboldened (m)others into specific acts of resistance. I heard the contradictions and tensions and struggles in the meaning of silence, how it keeps us safe from social sanctions. A number of the stories echoed parts of my own and gave me pause to reflect further on my own experience in ways I had not considered; others challenged my own partial knowledge, reminding me I am not exempt from hegemonic figurations and narratives. Each time I listened or read, I felt a connection to the stories and the woman speaking – and could feel the emotional flows within my body at different moments within our conversations, sensing their presence as I listened, too. These embodied flows served as a reminder of the power of understanding stories as gifts (Oakley, 2016) – within the processes of affirming women’s experiences, we were moved, beginning from a place of disidentification with narratives that were heavy and constrained us, to a place where through the re-articulation and re-storying of our experiences, we were able to experience empathy, compassion, and a transformation in meaning making and understanding – a process of becoming together. By the end of part two of my analysis, I bring to life the emergent figure of a (m)other who accesses abortion, a re-embodying of women’s abortion experiences through remembering and telling different stories about how mothers experience abortion in Aotearoa.

Hearing a Choral Interruption: The (Re)production of the Stereotypical Figure

Below, the Stereotypical Figure of who has an abortion in Aotearoa is broadly outlined. Using words and phrases from across the discussions I had with women about their abortion experiences, I have produced a skeleton of the Stereotypical Figure, making clear her fixed identity, her deficits and the moral imperatives that mark her boundaries as ‘other’, including no entry into the category ‘mother’.

●●●

Should know better

16 year old kid

Careless 18 year old

Really stupid

Too young

All young

Young people

Irresponsible

So irresponsible

All young people

Irresponsible youth

Precautions

Why don't you take birth control?

Using it as contraception

There are things you can do to stop yourself from getting pregnant

Naughty

Loudmouths

Very vocal woman

Probably was a prostitute

You have to be a slut to get pregnant, right?

Over and over

“You’re killing my grandchild”

“You’re killing your baby”

Got rid of a life

Evil person, if you’re even considering it

You fucking baby killer

Get rid of the babies you don’t want

I can’t imagine a mother would do that

“Why would you get rid of it?”

A good mother sacrifices their life for their child

You’ve got to suck it up and have a baby

As a mother you’re meant to have a family, you’re meant to give them siblings

You’re not a good mum if you don’t

Chapter Four: Analysis Part One

Fragmenting the Stereotypical Figure of Abortion

As I listened to and engaged with the stories of mothers who have had abortions, I heard the ways that the processes of our storying and re-storying appeared to follow a similar pathway. While all the stories were different in terms of women's specific experiences and the ways they storied them, they all began with a collective invoking of and collision with the dominant figuration of the abortion stereotype, where women created space to resist the stereotype for themselves by storying their difference as mothers. As we storied our difference, not recognising ourselves within the stereotype, and beginning to consider how others may not too, the stories began to flow and shift in the telling, opening space where we began to imagine other possibilities, and where the taken-for-granted stereotype becomes contested and fragmented.

As we begin to question the stereotype in spaces that affirm our difference, we begin to trouble the ways we are responsabilised over what feels like all aspects of reproduction, feeling, and at times recognising, the power structures that are operating on our bodies, and locating ourselves as caged within the gendered power relations that responsabilise our reproductive capacity. We recognise the power within the legitimised voice of medical authority, and stories flowed in and through the tensions and contradictions in the meaningfulness of our right to abortion, and the palpable coercion of heteronormativity, the motherhood mandate, and the medicalisation of women's bodies operating within the very institutions that provide abortion services.

Locating ourselves within these power structures and the conditions of our everyday lives as mothers enables us to begin to shift the narrative, and a process of re-storying begins as together we trouble the concept of choice. As women's situated knowledge tells us, choice is always influenced by larger sociocultural narratives and structures of power that form the conditions of our everyday lives, and we begin to recognise choice as an impossibility, as something that is always, already constrained. It is through this reckoning that we begin to be able to re-story our experience in ways that have the potential to shift our stories of pain into stories of affirmation.

Not the Stereotype

In Aotearoa's dominant narrative, those who have abortions are configured as irresponsible, slutty, and inferior, particularly characterised through youth – a partial story based on western colonised knowledges, which articulate motherhood as the apotheosis of womanhood, and the expected and *proper* path for women of a certain age, a power dynamic that serves to maintain a status quo of women's subjugation through motherhood and selfless giving. This partial story leaves us with limited ability to understand and imagine a woman who exists beyond, one who might be just like us. Within my conversations with women, I heard the ways in which accessing an abortion forces us to draw on available sociocultural narratives, where deviance from the 'norm' is understood in multiple and contradictory ways that understand an abortion as the result of a woman's deficiency, and how such constrained narratives leave little room for empathy and compassion for the complex relationships women find themselves in. I heard how the dominant narrative of the stereotypical abortion hater inscribes meaning on our bodies, recognising a tension where we both embody resistance to the figure, and simultaneously reproduce it to recognise our difference. From this embodied recognition, we begin the process of questioning who we believe ourselves and others to be. It is the recognition of the tensions in the stories that opens space for an emerging embodied transformation, partial locations from which we can begin to attend to the social power relations that responsabilise (m)others freedoms to 'choose'.

As Heather remembers her abortion, it was the experience in the waiting room where she came face to face with the figure of abortion and her difference. Hearing the affective flow of her story to make sense of her difference, she recognised parts of the dominant stereotypical figure (young, sexually irresponsible). As she encountered the imagined 'other' through the binary of want/not want, as she processed her difference through her tears of loss.

As her story unfolds, Heather's pregnancy followed a history of miscarriages, so it was an exciting opportunity for her and her husband. Following the medical narrative, she understood her abortion through the lens of the 20-week scan that diagnosed her baby boy with a rare genetic condition. Hearing the painful story, it is not surprising that her difference from the dominant figure was how she made sense of her experience.

Heather: ...I think there were probably four of us. And you can hear everything that the other people were saying...They were all young. One of them... I

overheard her say this was about her third or fourth abortion. It sounded like she was kind of using it as contraception. I mean... I just cried my way through the whole thing... because all I really wanted to do was go up to them and say 'For crying out loud, would you just have these babies? I'll take them all!... Because you're actually having healthy babies. And I just want a healthy baby, and you're getting rid of a healthy baby. And could you just go through this and have your babies and I'll take them!' You know. That was kind of my mindset, you know. I just wanted to go 'Please just have this baby. I'll have it. You can just give it to me'.

In the process of unfolding her story, she finds a way to locate herself as different from all those aspects of the figure of the other, through that which she is not. And while we hear the pain of her story in her emotive pleas for the irresponsible figure to reconsider her decisions, she enabled an opening to re-configure our understandings of abortion – if we are not this stereotypical figure, in at least one way (we want our babies), we open space for a multiplicity of ways we are not the stereotype.

Resisting the stereotype challenges the singular story of abortion havers and as Heather moves through her story, the flow of pain becomes located within feelings of coercion of the normative narrative of women becoming mothers and her bodily failure to reproduce a healthy baby. The constraints of 'choice' here become visible – she did not want the abortion and it was her problematic body that was responsible.

Heather's story reminds me of how deeply embedded the singular story, not only of abortion, but also of women's heteronormative responsibility to become mothers has become within the conditions of our everyday lives. In our sociocultural location, heteronormativity reinforces the motherhood mandate – and the failure of motherhood that carries social sanctions.

As Heather storied her difference from the 'other' in a complex relationship with mothering, I recognised the interrelating power relationships that are enacted and embodied in ways that are both visible, and yet unverifiable (Barkty, 1998), and normalise the singular story (Fine, 2017). Engaging with and reproducing these understandings, reinforcing them for others is necessary to understanding who we are not, when we have so few possibilities to speak otherwise of our experiences.

As I was listening to this story through affirmative ethics, I became anxious – worried that I needed to defend the ‘other’ women who sit in clinic waiting rooms. Listening to the movement of the story, however, I heard how the ‘visible’ figure’s presence in the story produces distressful recognition, feelings and understandings that are situated from within the location of some women accessing abortion desperately wanting their babies, and how cruel these situations can feel, particularly where we have so few options for how to articulate the experience.

Heather: But in saying that you know these... there was this one very vocal woman, and when the nurse went in, she was like, she knew her by name. Oh, you know, ‘you’re back again!’. And it was like a joke, you know... And I never really thought of people using abortion as a way of... And to do it like multiple times. And to have that experience multiple times. How do they reconcile all of that? In their head? This is just a way you get rid of babies you don’t want... Just go in over and over...

In the process of storytelling I heard dominant cultural understandings of how the figure of the other women came to be at the clinic alongside her, and understand the space for her to think otherwise is limited by the dominant and singular story we embody. Hearing women’s stories of abortion opens space to understand the complexity and partiality of social locations, and how such locations are so constrained by dominant ways of speaking about women and reproduction. Women are not expected to take up space (Weitz, 2010), so loud and repeated visits to an abortion clinic suggests deviancy from feminine norms. Encountering the edges of the dominant narrative, where women are deficient by default, alerts us to the boundaries that might be breached as (m)others. Stories like Heather’s simultaneously embodied and resisted this figuration – invoking the stereotypical figure to understand women in the clinic, while resisting the stereotypical figuration by telling a different story of how she came to be there alongside them. The both/and of this experience resonated deeply with me as I reflected on my own experience, and how I had drawn on my own location to understand myself as different to the figure without questioning the configuration itself. In the process of listening to Heather’s story, my own understanding of my experience moved – hearing the painful recognition in her story, together we opened space for affirming our differences in their partiality and questioning our complicity in the singular story that does not fit our experience.

Rose too, sought to differentiate herself from the dominant figure, invoking the stereotype to demonstrate the ways that affirmed her difference. As the story moves, recognising her

understanding of her difference from the figure that was medically sanctioned and therefore, responsible, was reproducing the culturally legitimated and acceptable medical account of the other.

Rose's confrontation with the figure she'd imagined as other to herself happened when she was challenged by her husband, enabling her to question the power relations that informed her position in the singular story to begin a process of making sense of the partial and multiple stories that move through the space of the clinic.

Rose - But when we got out of that [abortion] appointment I said to [Husband] 'See, told you I'm not like the others.' And he said to me... got so mad... and was like 'Don't you say that ever again.... you are no different to the others, you are no different to anyone else that has an abortion.'... I was probably actually verging on pro-life... I had really preconceived ideas, and it wasn't until I joined the Ending a Wanted Pregnancy support group that I even knew that women got abortions, you know, at 30 weeks type thing...

Like Heather, Rose's story also emerges through the legitimacy of the dominant cultural narrative. As I listened to Rose, I heard the power of the western, patriarchal medical authority narrative that holds the authority of meaning over our reproductive bodies. Here the complex relationship of what is medically valid is interrelated with the legal interpretation of 'legitimate' on the grounds of psychological deficiency, but where medical is 'more' acceptable than the other of improper femininity the difference is separated off from spaces where we might seek to empathise and affirm women's experiences and alleviate their distress.

As Rose drew on moral trajectory of a 'medically valid' abortion, I thought back to the mad/bad binary that exists for women whose abortions are not deemed legitimate (Leask, 2013; Leslie, 2010), and felt the affective flow of the tensions, the discomfort, as we experience tensions of understandings of ourselves alongside hegemonic understandings of the dominant figure, hearing the ways the stereotype serves to position the women who

access them as the irresponsible ‘other’ – deviant in their sexuality, and deficient in their mothering. There have always been examples of the exceptional stories afforded legitimacy, such as when women have performed their feminine duty by mothering ample children (Leask, 2013), or managing their risky bodies – presumably so they may then go on to have more children, or to enable them to properly mother the children they already have, for their future successes rely solely on her care (Goodwin & Huppertz, 2010; Lankes, 2022). Understandings of those who are ‘deserving’ of an abortion are authorised through western gendered social power relations and surveillance of women’s subjugation – how her life contributes to society in a productive way, and what she can *give* or *do for* society – her embodiment a neoliberal commodity (Lawley, 2022; Leask, 2013).

Rose seemed to find little space to identify herself within the singular story, understanding the risk of pregnancy to her life as both legitimate and responsible, resisting the position of the sexually irresponsible other. As the story unfolds, I hear the movement in the story that recognised her own complicity in the reproduction of the other. Questioning her difference, she began to articulate the limits of the dominant story (that which she is not) that had constrained her own understanding of the other.

As Rose retold her story, I heard the affective flow of meaning making in the painful recognition of the meaning of difference in shared struggles, and I heard the struggle in the process of recognition of the other that is also in the power relations that produce us. Through the process of recognition, we open spaces to begin to consider other possibilities, and how we might reconstruct understandings of abortion, and women who have abortions, in different ways that have the potential to produce new knowledges, together, as we hear each other’s stories in all their multiplicity.

The dominant narrative of the (m)other also permeated Bianca’s story. Taking up a location in neoliberal discourse as a responsible individualised subject, she recognised the tension between her bodily autonomy, and the breach of the sociocultural expectations for women who are mothers. I heard the affective flows of meaning making in this story to emerge from that place of guilt that also enables us to recognise ourselves as different from the implied ‘other’ who we are not.

Bianca - I was like ‘Well you know it’s both of our decisions but it is *my* body’ But then I just felt all this guilt. Like how am I contemplating this...? Society tells you

that you shouldn't be aborting... and I honestly never thought I'd have to be in this situation.

Bianca articulated a recognition of the social structures of power that are enacted and embodied in women's everyday lives and reinforce understandings of women as 'born mothers', explicitly acknowledging the western sociocultural contexts that shapes understandings of mothering, and in particular 'good mothering'. All of the women I spoke with told stories that demonstrate how understandings of reproductive autonomy lie in tension with the individual gendered responsibility over reproduction we come to bear as women, regardless of the circumstance from which the pregnancy originated, and how embedded sociocultural narratives (re)produce negative understandings of the women who have abortions, constraining the possibilities for women to understand their reproductive 'rights'. I hear the ways in which abortion is positioned within deeply engrained sociocultural narratives as 'uncommon' and 'unmotherly', despite the statistics demonstrating otherwise, and how this positioning further inscribes (ir)responsibility onto women's bodies by becoming pregnant. In my conversation with Bianca, I heard how our own experience of becoming pregnant and considering an abortion precipitates a confrontation with the stereotype, and our reckoning with what the stereotype means for us. Such a confrontation enables us to begin to trouble the supposed exceptionality (invisibility) of our experience by explicitly acknowledging the western sociocultural contexts that shapes understandings of mothering, and in particular 'good mothering'. All of the women I spoke with tell stories that disrupted the singular story that produces both the stereotypical figures and the figure of the (m)other, opening space where counter stories can be told.

Steph also speaks to the ways abortion in adult motherhood becomes understood as exceptional, drawing on the concept of a being a 'responsible adult' in comparison to the irresponsibility of the dominant figure.

Steph: So, I'd been seeing [someone], it had been a few weeks, maybe about a month, and I woke up feeling sick and I was like 'Oh my god...' and went 'Oh nah, oh no' and so for a few days I was like 'Fuck'... first thing – How irresponsible.... You should know better than to get pregnant... It's my body, I'm an adult, but my first thought was 'I am so irresponsible'...

Steph's response to finding out she was unexpectedly pregnant articulates the contradictions in understandings of our bodily autonomy and adult womanhood, alongside our (ir)responsibility for unplanned pregnancy. As women tell stories of bodily autonomy, we are drawing on our socioculturally embedded knowledge of unplanned pregnancies, and the invisibility of (m)others stories in the singular story limits how we come to feel compassion for, or even understand, the other and ourselves.

Bodily autonomy and responsibility become entangled with 'failure' in this storytelling – the process of recognising the feelings of shame and guilt become mobilised – if only the young and reckless fall pregnant unexpectedly, women Steph's age should 'know better' – they should be falling pregnant *to mother* (Abrams, 2015; Lawley, 2022). There is palpable tension when the women confront the stereotypical figure, and through the storytelling process I could feel the movement, a moment of recognition of the gendered social power relations that operated to responsabilise women's bodies in particular ways, troubling their autonomy. The interrelationship between (m)others, the stereotypical figure and the gendered power relations that limit how we understand our experiences becomes contested through difference.

As the women confronted the imagined figure of the clinic and their difference from 'her', they also began to imagine other possibilities – the recognition of the meaning of difference in shared struggles. If they were not 'her', perhaps the 'her' also becomes contestable.

No One is the Stereotype

As I began to make sense of who we are not, there was also stories of recognition of the diversity of representation as women encountered the waiting room – embedded in the process of the medical practices. In the affective flows of storytelling, I recognised a moment through which this process brought to life the shared struggle. Bianca's moment of recognition in the waiting room – sameness and diversity – where the figure to whom we are different from is not present, but rather the enactment and embodiment of the singular story as disciplinary power operates on our autonomy.

Bianca: And then so going in I was like "oh my gosh" I felt like all eyes were on me... You have to go to reception, and they buzz you in, so no one can see who's in there, which is really private... You're just in the waiting room with fellow females I

suppose... There was a couple.... and everyone doesn't know where to look!...
Yeah, there was a couple.... there was a young person, there was probably an older
one my age, and you know like a twenty something year old as well...

Bianca experienced the waiting room, both through the medical gaze (sameness) and through the embodiment of the cultural narrative of mothers that tells us 'good' mothers don't have abortions. As Bianca's storying of the experience of the clinic unfolded, so too did her understanding of the exceptionality of her experience. The meaning of her difference became recognisable in her location of (m)other, and in that moment, she too recognised the 'gaze' of disciplinary power inscribing women's bodies with meaning as a shared experience – they were in this together, in all their diversity.

Jacqui too encountered the confronting reality of her difference from the stereotypical figure as she moved through the waiting room. While she could recognise the figure, perhaps, she recognised herself among the other women. And through this recognition, she was able to question how she had come to know.

Jacqui: I went in there thinking it was gonna be all young people, and I would have been the youngest person in that waiting room. And we had to sit in that waiting room... knowing exactly what you were in there for, coz it wasn't just a generic doctor's waiting room... And there was, oh my god there was, you know the stereotypical in your head... Drunk lady essentially... That, you know, to me looked like [she] probably was a prostitute, that sounds really awful stereotyping... And then there was lots of people on their own, and then couples like us.

Like Bianca, the diversity of 'others' in the waiting area challenged the dominant narrative Jacqui had embodied, and as she recalled her memory, I could hear the affective flow of a reckoning, the sudden realisation that the figure in the clinic was us. As she recounted her experience, her discomfort was palpable as she unravelled her complicity with the dominant story.

What emerges then in the storytelling, is that it is our experiences as mothers that marks our difference differently through the notion of the (ir)responsible mother, for whom abortion

should be unthinkable. And in her story, Jacqui ponders as to whether the figure of the young sexually irresponsible young woman is more easily understood in the clinical space.

Jacqui: And then they wheelchaired me back and I sat for.... half an hour... Coz I remember when my friend had it done... she came back and they gave her a sandwich, you know they treated her... I want to say better, but they treated her really well. Probably coz she was young maybe?... And I think because my friend who had gone through it, when she had gone through it, because she was young, they kind of just accepted that it was... Okay... They seemed like they were 'yeah okay, that's a fair reason' kind of thing... I felt like I got washed out of there pretty quickly because I remember [husband] going 'Oh, are we leaving already?'... It was like a conveyor belt almost...

Jacqui initially understood her location as a mother as less deserving of compassion for resisting her obligations to the motherhood mandate. Listening to the painful process of recognising the responsibility that inscribes motherhood, and the irresponsibility that inscribes the figure of abortion, the dominant story becomes fractured and the figure becomes fragmented as women move in and through the waiting room.

As the stories shifted and moved the figure of the abortion figure, the process of storytelling brought into view the possibilities for making sense of both the figure, and of our own relationship with the figure to make sense of ourselves and each other. And there was a sense of an awakening, a stirring, that enabled us to recognise the women moving through the clinic to be *just like us*, fragmented and partial.

Bearing the Burden of Responsibility

As women disidentified with the stereotypical figure and began to challenge her as the singular figure of abortion, their reckoning continued, as they began to story the potentials of their awakening as (m)others and their location in our socio-cultural gendered power relations, enacted and embodied in their everyday lives.

I heard the beginnings of a shared struggle that as women, where the stereotypical figure marks us as irresponsible, we engage a process of trying to reconfigure how we make sense

of responsibility in the performance of femininity as mothers within the dominant story. As I listened to the movement in the storytelling, I heard how women understood their responsibility had come to inscribe their bodies with meaning – through their social relations, their stories of their experiences of gendered disciplinary practices that are ‘everywhere and nowhere’, and where the disciplinarian is ‘everyone and no one’ (Barkty, 1998).

The ways that the women come to understand responsibility are told through the ways in which women are already held responsible for the emotional care of their partners in their duty to maintain a stable ‘nuclear family’ within the conditions of heteronormative gendered power relations, that are complex and sometimes unsafe spaces.

As Kathryn’s story unfolds, taking responsibility was a process of moving in and through unsafe spaces, taking care of her relationship *and* her own safety.

Kathryn - When my first daughter was born, about [redacted] months into that, into her life, I had to leave, umm, him. He, bless his heart, has addiction issues and mental health issues, umm, and I hadn’t quite realised until we were in... living together and with a child that... what that was, what that looked like, and, yeah, it wasn’t safe, it just wasn’t safe for us to be there, and so we left...

I didn’t quite know how to disentangle myself from that relationship, and I went and lived with my mother, and I found out... I mean now I know a lot about addiction and, um, what that looks like now, but at that time I was still taking a lot of responsibility for it, you know? Are there things I can do differently? Or ways I can help? Or maybe it was something I was doing, so there was a real, umm, yeah. So, I was sitting in that space, and, um I got pregnant and I secretly went and got an abortion because I couldn’t tell him... Because that wasn’t safe...

Kathryn’s story provides us with an example of the embeddedness of the precarious contexts that shape our everyday lives and our gendered responsibility as (m)others. As a mother in Aotearoa, Kathryn storied her political location within the dominant narrative that coerces our gendered responsabilisation. Already responsible for her child’s safety, and responsible

for her partners psychological and emotional wellbeing, Kathryn embodied the burden of the responsibility (carried the secret) to enable her safety.

Kathryn: And I was living with my mother, I couldn't tell her... There was some shame around that, ya know. I was thinking 'Oh my god, how do I say to her 'I've already got one child and now I've got another one...'?... I didn't know what my mother... I'm sure she wouldn't have kicked me out but you just don't know right?... I didn't feel like I could make that decision, and then I was on the sole parent benefit at that time and I... I can't remember if we were in a National government then but I feel like there were [financial] penalties if you were on the benefit and then had another child. So, it just wasn't going to work.

Not only did Kathryn bear the responsibility of remaining silent to keep herself and her daughter physically safe from the harm of her ex-partner, but to protect them both from the possibility of becoming homeless, and she understood very well her precarious relationships in the shameful narrative of irresponsibility. As I made sense of the affective flows in the sense-making I also understood the mobilisation of coercive responsibility in the untellable story of the (m)other.

Kathryn: I just didn't feel like I could vocalise it. And ridiculously when I had my second, I had my second girl, and my mother said "Oh god it would have been nicer if you had them closer together", and I think "Ohhhh, god". But, yeah, it was the right decision at the time, right?

The untellability of her story wove itself through her feelings of shame, remembered through the surveillance of her sexual relationship and of the potential social and economic sanctions if she told. I heard the interrelationship between shame and the coercion of heteronormative responsibility and motherhood. And as I heard the story unfold, I also heard the not said – men's responsibility was missing from the narrative. Here, I began to understand how as we tell our stories, we open spaces to attend to the ways that gendered social power relations produce contradictions for women – holding us accountable for staying in abusive relationships (responsible for our own victimisation) while simultaneously pressuring us to stay and 'make the relationship work' for the sake of the children's wellbeing (Bows & Herring, 2020). And as we begin to reflect on the ways our locations and everyday

circumstances influence our 'decision' making, we come to understand the source of our shame, and as we bear witness to each other's painful memories, we begin to build empathy for ourselves and each other.

The burden of responsibility was not only carried by single (m)others. Some of the women who were in relationships with their partners at the time of their abortions were both responsible for their pregnancies as a contribution to their family, and by heteronormative design, were also responsible for their abortions. Like Kathryn's story, Steph too recognised the coerciveness of heteronormativity (the cage) and the burden of responsibility.

Steph: So I had my three girls... I wanted to stop at two, and the ex-husband said 'Ohhh you'd always said we'd have three kids', and I said 'Well that was before we had two'... I had two miscarriages after number two... He talked me into trying for number three, and I had another miscarriage so I thought maybe it's meant to be... I finally had her and we, I'd said 'This is it. I don't want anymore children' and I knew in myself, no way... I was like 'I am not having anymore babies' you know... like 'I am struggling with...', you know [Daughter] was ADHD, I was kind of ignoring the fact that I had ADHD as well, and you know as a mum, struggling because he was such a distant father, he'd leave at 6 in the morning, and get home at 6 at night, and say hi and bye, and the kids would be in bed... and it was also at the point where he wouldn't do anything because 'Oh I'm so tired after working', so I was essentially like a single mum... I always wanted to go back to work, and he was like 'No you need to raise children' and I was nothing, I was just this caged.... I loved the time with my kids, but there is no way I am having anymore...
That's exactly what I tried to explain.

As I listened to Steph's story, I understood the feeling of being caged. She felt trapped in the 'motherhood mandate' (Russo, 1979) coerced through the performance of heteronormativity, where the concept of the stay-at-home mother has become a privilege (Kahu & Morgan, 2007b) and responsabilises women for the emotional labour of the family, and intensive mothering is responsible for the success or failure of the children (Jacques & Radtke, 2012).

Living within these gendered social power relations becomes embodied as captivity, the bars of the cage normalise caring for one's family and the burden of responsibility of motherhood is invisible, within the structure of capitalism where mothers' bodies are exploited through reproductive and family relationships.

The inter-relationship between motherhood and responsibility competes with western understandings of individual rights to bodily integrity, premised on the neoliberal notion of the individualised bounded notion of self. Embedded in the competing demands of idealised motherhood and western individualised sociocultural understandings of reproductive 'rights' and responsibilities locates women once again with an impossible choice. And as the women storied the competing demands of motherhood, responsibility, and individual reproductive rights, I also heard the flow of meaning making that both affirmed the women's rights to reproductive autonomy and yet how it moved into another story of responsibility, I could hear the affective flow of the heaviness of the materiality of their decision as coercive and burdensome.

And I began to hear how individual reproductive rights moved in and through the women's stories. As I listened to Jacqui's story unfold, I heard a supportive partner, who in his individual location was able to embody the right to autonomy as a normalised empathetic response to her responsibility to not only her body, but to the ongoing demands of motherhood. And in the storytelling, the heaviness of the burden of (m)other was recognised.

Jacqui: He never said 'Fuck, what are we gonna do' and to be fair he was amazing, he never once put his opinion at all, never once said 'We can do this' or 'We can't do this' or 'I want you to have it' or 'I don't want you to have it'. He was straight down the line of 'Your body, you're the one who has to deal with this because as much as I'll be here for you, you are the one... You're the one dealing with it. You're the one who has literally just given birth, and then will be dealing with all that as well'...

While her partner's response recognised the emotional labour of care in the family, the dominant narrative that moves with individual rights responsabilises women's bodies and their heteronormative obligations as (m)others. Within such narratives, women's personhood dissipates, and their goals, desires, and ambitions become invisibilised within socially situated understandings of mothering 'well'.

The impossibility of individualised reproductive rights begins to emerge as Jacqui begins to make sense of the burden of her individual choice. And I could recognise the pain of the memory of recognising the limits of choice. Jacqui recognises how her individual responsibility was actioned through her responsibility to care for (protect) her partner from the experience.

Jacqui: The only thing I will say that I regret not, because I was being fiercely independent with it, I didn't want him to come to any appointments or anything at first. And went and did all that by myself, because I didn't want him to go have to go through it.

Sacha: So, you wanted to save him, and you took on the burden completely yourself...?

Jacqui: Yeah, now I'm going to get emotional about it.

And in hearing this story, I understood that some of the 'care work' emerges through women keeping pain to themselves and for themselves, protecting their men/family members/friends/communities from even the knowledge of the abortion. And if we understand abortion as private (individual bodies), and then women as solely responsible for that care work, there is little choice but to do it.

The emotional flow that moves with the burden of the inter-relationship between responsibilities does not only individualise decision making at the site of women's bodies, it also extends into the practices that control our movements into the clinic. Having to re-tell the story so that it could be legitimated through the medical/professional gaze also reinforced the notion of individualised responsibility, where women's reproductive bodies come under the medical gaze that is culturally understood through the right to privacy, and bodily autonomy.

Jacqui: ...And then I had to then go into a counselling session again to make sure I was making the right decision for me, and [husband] was not allowed in there with me, and they had to make sure, doing the whole 'He's not forcing you' and again I was sitting there feeling that at this point they could still pull the pin on me... This is not a given that I'm allowed to do this... He asked me who my family was, like who I had in my family, and I told him that obviously I'd just had a baby and I had [daughter] and I

remember him actually asking ‘So why are we doing this?’ and I don’t know whether it was like a, an actual just a general question of why are you having this done, or a ‘So you’re a mother, why are you doing [this]?’...

While understanding the connection between privacy and the clinical authorising of her account of herself, there is a recognition where our right to access an abortion relies on our ability to perform the right kind of pathology, and where the authority over our bodies and our ‘reproductive autonomy’ actually lies in the hands of the medical professionals we ‘convince’ of our worthiness through what Leslie (2010) describes as a ‘psychiatric masquerade’. And I recognise in this story, the power relations that operate within the medicalisation of women’s bodies and their out-of-control feminine pathology that cannot imagine women making rational decisions for themselves (Shaw, 2013).

While I understood how medical privacy enables the medical system to ensure women are not being ‘forced’ into making a decision, I wondered if such a paternalistic gaze that enhances feminine pathology limited what could be said. Reflecting back on the precarity of women’s everyday lives as Kathryn’s earlier story reminded me, I began to see more tensions emerge – dominant framings of deficiency and deviancy associated with abortion also reproduce understandings that position women who have them as inherently risky and associated with risky situations (Lawley, 2022; Leask, 2013, 2014; McCulloch & Weatherall, 2017), and how, for those who are in precarious situations where abuse is present, these understandings continue to reinscribe responsibility for their circumstances on their risky deficient bodies, particularly in the context of mothering, where accessing abortion is considered a potential marker for abuse from a partner as it violates women’s so-called natural desire to mother. And I begin to notice the burden we carry to make sense of ourselves through the questions of accountability that configure the storyline of our actions outside of the natural order – psychologically distressed or forced, both stories of coercion to heteronormativity.

Bianca’s story also moved through the complexities of her individual right to bodily integrity, connecting gendered social power relations to women’s reproductive responsibility. Once the body is pregnant, responsibility is embodied and performed, and through Bianca’s story the gendered power relations enable and encourage cis-het men to be more ‘spectator’ than participant in their partner’s abortion decision. The mobilisation of her body into and through a right to bodily integrity responsabilises the precarious conditions in which she has limited

access to choose. We start to see such locations emerge within Bianca's narrative – where mental health and wellbeing, understandings of the ability to mother 'well', the family's financial position, and previously made plans for the future all trouble the concepts of choice, opening space for us to consider how decision making is located within, and strongly influenced by, the complexities of everyday life.

Bianca: I had post-natal depression with my first, and so just, you know, transferring from Bianca to a mum was just mind-blowing... It took me a really long time to want to have another baby, just because I didn't want to go through what I went through – that dark hole... But then yeah, I just... slippery slope down again into the whole anxiety, depression, and that. And went back on my meds...

We'd just gone unconditional on our new house and were still selling our other one... and then he's like "Well, what do you want to do?" and I was like "Well, I don't think we can keep it because we've already decided we don't want anymore kids and..." financially, mentally, everything. He was like "well I'll support you whatever you want to do". You know, and I was like "well you know it's both of our decisions but it is my body" but he's like "yeah its up to you, whatever you decide"... I think he just didn't understand, you know what men are like, they don't... Even when you're going through pregnancy it's your body, your emotions... I mean I knew that was my decision and nothing would have changed it, but I felt like I was just.... everything was going on at the same time and I didn't have time to process it, and I didn't have people to talk to about it either... You did the deed so you gotta pretty much lie in your bed and sort it out basically...

As Bianca storied the ways dominant narratives maintain heteronormativity, the storyline of our right to bodily integrity relieves men from any accountability for the decision to proceed with an abortion, and women carry the burden of responsibility in their 'choice', alone.

A double bind here appears for women – by individualising the concept of choice through our right to bodily integrity, the notion of responsibility is thus then also individualised onto our bodies. Tensions exist between neoliberal assumptions of the logic of rights and responsibilities in the conditions of exercising a 'right to choose'. Where gendered and situated understandings of women produce women as inherently pathological in need of

expert oversight, abortion becomes the site where women's reproductive bodies are under the gaze of the institution.

While individual rights might be understood as something we innately possess, within the women's stories we start to hear how gendered power relations are implicated when such rights are actioned. Taking up our responsibilities through our right to bodily integrity, rights become a thing that we do as we negotiate the processes of choice, informed by eurocentric power relations that inform abortion practices. Bianca's story moves us through the responsibilities women must bear in order to access such rights – accepting that when we invoke these rights, we consent to processes of responsabilisation and discipline within our sociocultural situatedness.

Despite being coerced into consent, and in the configuration of individual responsibility for our reproductive capacities, woven in and through our multiple locations within heteronormativity and motherhood, we become accountable for our own coercion. As we navigate our movement through the clinic, accepting the storyline of our (ir)responsibility and our individual 'choice', Bianca draws our attention to the mobilisation of the stereotypical figure of abortion – and the surveillance of bodily responsibilities toward meeting the aims of 'good' neoliberal citizenship by becoming more sexually responsible through the consumption of medicalised contraception.

Bianca: Yeah and then I met with the ummm, oh the psychologist or someone first... Yeah, the counsellor sorry yeah. And she talked about umm, 'Hey, you've come to this, and if you're comfortable', and 'Is this your own decision?', you know, 'You're not being forced, pressured, what not...' Asked me if I'd had kids and my relationships and that kind of thing. And then contraception!... Like 'so after this what are you...?' and I was aww, you know... Like, I didn't want to go back on the pill, but I wanted to do something. So she suggested the IUD...

Sacha: So this was the counsellor suggesting the IUD, not a health professional?

Bianca: No. It was the counsellor, yeah.

Captured in the performance of access to our individual right to bodily integrity, and in the vulnerable location of the medical system that authorises that access, we become subjected to the coercive control that exercises its authority over our sexual responsibilities and

delegitimises our experience. Through Bianca's story, we can hear the ways that our bodies remain the site where gendered power relations play out. Hearing Bianca's story I noticed the medical rendering of choice (lack of force), once established, framed a singular story of response that focused on women's irresponsible sexuality and our accountability in becoming more responsible. And through the narrative of responsibility women's bodies become the target of medical intervention that produces feelings of blame and shame as we become more responsabilised for our out-of-control sexuality that needs to be managed. And I wondered then, how our right to bodily integrity becomes a loss. And choice is impossible.

Choice is Impossible

As Heather storied her experience, she was aware of the medical performance required as she moved through the clinic, and as she reflected on her responsibility to choose, she began to question the meaning of choice – and the complex relationship it has with the choice not to have an abortion – where the meaning of choice extends beyond the birth of a child, and into the gendered responsibilities of care. Choice is always already constrained and limited through the complexities of (m)others' everyday lives.

Heather: So, I went through the whole process of organising an abortion... You know, went to the doctor, you know, and went to the whole like you did the mental health thing... but a lot of it was not me. It was 'My husband doesn't want this baby'... and I even bowled up on the day to have the abortion in [city]... and I pulled out... I knew he wouldn't leave me. But I guess I was really worried that I was gonna end up doing everything... Like you know, he was just gonna go 'Well, it was your choice to have this baby!' And he kind of did a little bit. You know after she arrived... I felt like... and I may have been over-compensating, but I felt like I couldn't ask him to do anything with her as a baby, because it was my choice to have her...

Choice here is a coercive strategy that ensures her compliance with heteronormativity and the responsibility to care for the family, operating something like a perceived punishment for her defiant choice. As the story unfolded, there was a recognition that choice was mobilised in a way that subjugates women's bodies to the condition of becoming pregnant, and responsible for the pregnancy. The fluidity of the meaning of choice moves in Heather's story later in life,

understanding her 'right' to an abortion through the medical lens of a severe disability. And she knew what the decision being hers would mean.

Heather: He was very much 'It, it's your decision. You... you do what you want to do. I'll support you either way.' But it was really, really difficult, because in the end, you know... that meant it was my decision...

And I wondered again how the choice, the responsibilities, and the compliance to reproductive coercion are authorised. Heather's reckoning comes in her recognition of the inequitable conditions produced in western narratives of choice that devalue women's experiences.

Heather: I think of it as a forced choice... You're constrained by the hegemonic societal values of how we value people and how we value people with disabilities... And how we are perceived if we might be raising a child that is different from the norm... But you know the, the whole construct of you know, you know that the whole binary of healthy: not healthy, able, disabled. It is, it's a binary of... Um... You, you think you... it's choice or no choice. No, it's not a binary. It's not black and white. It's, it's, it's so much grey in between... And, and another whole part of that that, you know, that post structuralist theory is that whole positioning and subjectivity. And where, where are you in that time and space and place. Where are you positioned?...

I heard the question of how we are positioned in and through the complexities of choice as it becomes embodied in the emotional flows of meaning making, where it shifts and moves within our partial location as neoliberal individually responsible gendered subjects.

Recognising choice as coercive opens the potential for affirming the experiences of (m)others, freeing ourselves from the burden of responsibility that we carry.

The power exerted on women through those with the authority of the medical sector are felt and performed within Mary's story too. Mary's story is characterised by an intensive medical intervention into her reproductive decision making – a history of reproductive complications and complex medical oversight produced the circumstances in which she came to have an abortion.

Mary: If I didn't have that [drug], that likely wouldn't have occurred... Coz the research I've done on that drug since, for my own brain, is that likely the maturing eggs were affected... so when they say six months, it should actually be maybe a bit longer... Nothing was picked up in the twelve week [scan], which in [city] they said it should have been. Because it would have, there would have been signs... it wasn't just one abnormality, it was multiple... So like, he did like the scans and stuff, and said we'd have to go to [city]. That there's several options in this kind of scenario... But when we got to [city], which was like a week later... on my OB's notes... he'd made it sound like it wasn't so bad... But then when you read the notes, in [city], it was the most severe spina bifida. Like 'Why did you tell us, and give us hope that, you know this kid might be normal... When you have clearly written in your report that that is not the case?' ...And he [doctor], I found out later on, is extremely religious...

As Mary's story unfolded, her understanding of bodily integrity becomes challenged as she confronts the structural power relations of medical interventions into women's reproduction. With the symbolic power of the medical profession as 'experts' in the oversight of women's capacity to reproduce, we become configured through the infallible 'gaze' that has the authority to define and inform the conditions of the pathway forward in our reproductive decision making. And I heard the painful recognition of Mary's vulnerability to the unquestionable dependence on the medical system that authorises our bodily integrity.

Here we can make sense of the tension between medical expertise and our individual responsibility to become mothers of healthy children where the function of body is the site of the problem, not the medical expertise, and she became again responsible for the decision to proceed with an abortion.

And as I heard the pain in her story, I understood the loss, both of her hope for a healthy child and the recognition that the medical system held her responsible. I heard how she felt coerced into her decision and experienced the loss of choice.

And as her story unfolded, I noticed the complexities of women's right to bodily integrity become increasingly patterned with openings for making sense of new figurations of responsibility that affirm the experience of (m)others. Making sense of the experience of individual responsibility was not only recognised through a narrative of failure to meet our gendered obligations to reproduce and care for the family. There was another frame through which some (m)others were responsabilised in the affirmation of their successful mothering and following the medical narrative for sexual responsibility.

Steph remembers her encounter with the medical team who were providing her with the intervention consistent with the deficit of the maternal body that has successfully performed the function of producing healthy children. She felt respected in her decision making to have an abortion, through the recognition of her good mothering.

Steph: ...I wouldn't wanna rock in, legs on a bed, every month for the rest of my life, to have everything lifted back up... I woke up feeling sick and I was like 'Oh my god.'... I didn't do a test, but I rang the hospital... I said to them, 'I feel like I might be pregnant, and if I am, can I still have the hysterectomy?' and she said, 'Well do you want the hysterectomy?' and I said, 'Yeah I do' and she said, 'Then there's no problem'. And I was like 'Okay', so I went in the next morning and they said 'Oh, we understand you think you might be pregnant...?' and I said 'Yeah, I'm pretty sure I am' and they said 'What do you want to do?' And I said, 'Go ahead with the surgery...' and they said 'Yep, right'... They were great!... It was so easy for me, because I was knocked out, you know. It was just like you get in there and get it done, you know I didn't have to deal with any of the physical sensations or the mental decision to take that pill or lie on that bed, you know what I mean?... They did tell me afterwards, he said 'Surgery all went great, blah blah blah'. He said, 'There was a foetus in there, but obviously that's all taken care of now' and he was so

respectful. He was no judgement... I did care a little bit about what, what I thought they might think. But they proved me completely wrong.

Where experiences of abortion are framed affirmatively through the medical intervention, there is the potential for respectful, empathetic, and non-judgemental relationships of care to become possible. I was reminded as I heard Steph's affirmative encounter, of the ways that the dominant story of women's reproductive responsibility is produced as deserving – the hysterectomy confirmed the bodily suffering in fulfilling its function and her abortion was affirmed as medical care.

Hearing the complexities in the rights and responsibilities that are located at the site of women's reproductive bodies as we move in and through clinical and relational spaces that require particular performances of our compliance to the demands of heteronormativity, the impossibility of choice becomes visible, challenging the figure of abortion and opening space for making sense of new figurations, that affirm the experience of (m)others.

As I heard the ways women storied their difference from the stereotype, and how their collision with this stereotype enabled their narratives to flow with recognition of their responsabilisation as (m)others and as women and the limits of choice, an opening emerged – one where relational and affective flows then enabled us to re-story our painful experiences in meaningful ways. In affirming our experiences as good (m)others, a (m)other figure emerges in the potential of re-telling our stories of pain through the relational joys of mothering.

Chapter Five: Analysis Part Two

Towards Response-Ability

The relational practice of hearing the complexities in how we understand our rights, duties and responsibilities – located at the site of our reproductive bodies as we move in and through clinical and relational spaces – in this chapter follows the openings for making sense of new figurations through the affective movements of the emergent (m)other figure in our processes of embodied storytelling. The complexity of the emergent figure of the (m)other produces a counter-story to the singular story of the stereotypical figure. As the women's stories come together, the figuration of (m)other is not in opposition to the stereotypical figure, but disperses her singularity, opening space for new ways of speaking about abortion, mothering and affirmation.

As the women navigated choice within the constraints set up through their everyday circumstances and hegemonic narratives, the collective stories showed a movement away from constraint and towards new spaces for understanding their experiences, to a space where they began to respond in ways that felt meaningful with all the contradictions and complexities of their everyday lives, and in particular their mothering. Recognising how their socio-political locations responsibilised their decision making, I heard the affective movements of the (m)other figure emerging from within hegemonic constraints as she becomes response-able differently.

Responsible (M)others

Recognising the impossibility of individual choice that emerged in the women's stories in part one, I began to hear an affirmative flow through the stories that emerged as a figure who is responsible to and with her children, and herself. And a narrative formed through a feminine ethics of care, where relationality moves our ethical responsibilities in the care of our children and families. As the (m)others recognised the complexities of the performance of heteronormativity and their responsibilities for care, they began retelling their experiences of pain through the relational joys of mothering.

I heard the ways decision making processes are embedded in the emotionality and relationality of the love we hold for our children, where the performance of motherhood becomes understood as the responsibility that mobilises care through the multiple

relationships that complicate notions of choice, where, for example, in the telling of her story, Mary recognises herself as a good (m)other.

Mary: And you know they said the options and it was like 'The kid may not survive labour and birth... But if they do they're gonna have severe intellectual and physical issues and would need multiple, multiple surgeries'. So it was like 'That's an easy decision in my brain, because I'm like, if something happens to us as parents, it's up to [Son], and it's not our decision to make for him, for his life'... They'd need 24/7 care, forever...

Through the articulation of how both children's futures would be impacted in proceeding with a pregnancy, Mary stories the impossibility of individual choice devoid of her responsibilities to care for and with her children. Her movement comes through her resistance to the stereotypical figure as she emerges with the figure of the (m)other as a good mother, who takes responsibility for the burden of care. I hear the resistance to the partiality of the stereotypical figure that constrains the notion of choice, contesting the boundaries of the good/bad mother dichotomy and the singular story it produces, telling a story, instead, of how to respond when our contexts and locations exceed dominant stories of how to be a mother.

And it is here, we find an opening for new ways of speaking about abortion that exceed and fracture the stereotypical figure. And through the affective flows of recognition, I felt a shift in the flow of Mary's story that I recognised as affirmation of the 'good' mother, who through her care re-tells the painful story that conditions the experience through the relational joys of motherhood.

Kathryn too, articulated her understandings of 'good' mothering, and the relational responsibilities she carried as (m)other, where her responsibility to care for her child was complicated through the sociocultural conditions of her gendered precarity.

Kathryn: I handled it, and you know, I know that if I was in that situation again. I will... I would have made the same decision, you know. There are so many things that I got to do with my younger child that I wouldn't... You know, for me, there was so much about... Because I was

on my own and dealing with someone really unwell, it was really about that attachment with her. And I know if I had had a second child I wouldn't have been able to have that same experience with her...

And again, I heard the emergence of the (m)other figure who mobilised the good mother as responsible for the wellbeing of not only the emotional care of her children, but also for the economic wellbeing of her family. And as the story moved, I recognised the affirmation of the good mother as resistance to the constraints of the stereotypical figure as she processed painful memories of her impossible choice through the complex relationality of affirming good mothering. The embodied performance of 'good mothering' understood through an ethical relationship of care, opens spaces to find new ways of understanding abortion that exceed the singular story. Abortion stories are being told as stories of good mothering and together I hear the privileging of response-ability to family and centring the responsibilities of raising children – mothering is socially and economically complex and requires persistent and intensive ethical connections.

And I also hear in Rose's story, the mobilisation of the good mother as the performance of her ethical responsibilities to care fragment the singular story of the good/bad mother binary. The intensity of her relational capacity to care, her sacrifice, the affective flows of pain and suffering and grief moves her story into possibilities through the relational joys of motherhood. And yet, there is a nagging reminder of the imposition of the cultural narrative that resides in the storying; the reminder too, of her failure to reproduce.

Rose: I mean people, anti's [those who are against abortions] have said to me before 'You know if you were a good mother, a good mother sacrifices their life for their um, child.' But as I said, I have sacrificed part of my life for my child. Like. I have taken on all of this, um, pain and suffering and grief, um, for my son that's living so that he has a mother... I took on all this, so that my family didn't lose a branch of their family tree... But yeah still, like you know, a mother - you're meant to have a family, you're meant to give them siblings.

The narrative emergence of the (m)other emphasises the affective flows of meaningfulness heard through the multiplicity of women's experiences – love, sadness, sacrifice, pain, grief hope are intimately entwined in the impossibilities of the notion of choice, both troubled and troubling, in the competing forces of decision making as 'good' (m)others.

Despite being bound within these competing tensions, I hear in these stories the potential for transforming neoliberal notions of what responsible gendered citizenship looks like into *response-ability*, where everyday, embodied contexts are privileged to engage complex, fraught, and loving decisions about maintaining a pregnancy. Women are telling stories not only with the love and sacrifice mothers come to embody, but to open space from which to construct different understandings of abortion – where we might come to accept, embody, and become response-able to our affirmation, no longer holding silence in our bodies.

The good mother narrative mobilised through women's relational ethics of care that affirmed their experiences of pain as (m)others was also precarious. The interrelationships of heteronormativity and the sociocultural conditions of women's bodies and mother's bodies brought into tension the limits to understanding the performance of care within singular stories of motherhood. Here the intelligibility of care that affirms our responsibilities as good mothers in our 'choice' to have an abortion is not extended into our individual 'right' to pursue a career that secures our economic security. Indeed, as Steph tells us, the institution of motherhood is a constant renegotiation of recognition and movement, between good and bad mothers.

Steph: So when we separated, we did 'week on, week off' to start with. And that's when I decided I wanted to get back into flying. And he was quite happy to support me, he said 'I'll be the stay at home dad, and you go do your thing'. Even though we'd separated... Yeah everyone's like, 'Ohh you're abandoning your children!' And it's like, just coz I have the vagina doesn't mean I have to be the one who has them full time!... I got told it several times. His mother told me that she would never understand til the day she dies how I could abandon my children... Years and years of hearing that... But she didn't think it was cruel, she just thought, because she was a housewife and she

never ended up going back to work... that that's what ya do, and you're not a good mum if you don't.

Despite Steph's ex-husband supporting her in the care of her child so she could 'fly' (and I understand the freedoms) again, her resistance to the normative assumptions of the intensive mother through her return to work became a site of exclusion – exceeding the boundaries of 'good' mother and good heteronormative partner/wife. What emerges in this story is the untold story, that she is somehow responsible for her partner's (feminised) requirement to care because she *abandoned* her feminine obligations. And as we engage, as women, in the constant negotiation of gendered power relations, the good/bad mother becomes dispersed.

Through telling her story, we can open space for her return to work as becoming responsible to her families' dynamic context and to her own processes of becoming a mother and a woman engaged in her own dreams and desires.

In the tension between good/bad mother in Steph's story, I hear the emergence of the figuration of (m)other who finds limited opportunities for undoing the hegemonic constraints on her body, and becomes response-able differently, as she engages with relationships that affirm the flow of care with her children.

And in her response-ability, I hear the movement in her negotiations that produce affirmative pathways for being and doing. Here, Steph engages with both a story of individualised bodily autonomy and the performance of a deficit body of western medicine to untangle herself from the forces of motherhood that coerce and subject women to bodily harms.

Steph: I also had a prolapse... And forceps births and long labours and da da da... So I'd been going to, was in the public system, and they said 'Yep you can either have a full hysterectomy at thirty, or we can use', like pessaries... this thing that kind of holds everything [up]... And the guy [doctor] at the time said 'You know, you're so young, you don't want to come into my office once a month for the rest of your life and have everything held up.'... So yeah we were still married when we'd found out, and he said 'I can't believe you've decided to have a hysterectomy' and I said 'I told you I didn't want anymore children'... I wouldn't wanna rock in, legs on a bed, every month for the rest of

my life, to have everything lifted back up... So that was a bit of a bone of contention, so we separated within the months waiting for it...

As the figure of (m)other becomes response-able, her movement through the power relations operating on her body are produced differently, as she negotiates her own productive bodily autonomy as she submits her body to the authority of the medical system. As Steph resists the coercive boundaries of heteronormativity through her bodily autonomy, she frees herself from the constraints of 'good mother' as she becomes a (m)other who in her care, protects the safety of herself and her children. And in her autonomy, she makes the 'individual' decision, alone.

Steph: I didn't tell him. Because there was just no way I was ever gonna have a baby with that man, or have the baby anyway... So I did say to him 'Oh, there's a chance I could be pregnant' and he was like 'Oh well, what will we do?' And I said 'I've got my hysterectomy booked next week...' And I lied to him... And I never lie, I always pride myself on, you know honesty is my biggest... But I made the conscious decision to lie and I said I couldn't carry a baby to term anyway and I'd need a hysterectomy. So I justified the lie by thinking it was probably right anyway... I thought he'd talk me into trying to have it. 100% wouldn't have respected... Not at all.

I heard the tension in the flows of meaning making, the tension between relational and individual flowing through the stories of coercion that silences us in our 'loud' (Fine, 2017) resistances: the secrets, the untellable, the burden of telling a response-able lie as we embody the constraints of heteronormativity and motherhood in our expressions of bodily autonomy and our reproductive health, and negotiate our responsibilities for our children and our own safety as good mothers.

Bianca grappled with a growing awareness of the ways gendered and patriarchal power relations hold men as emotionally detached from the feminine responsibilities for care. The invisibility of her location as a mother resonated within the echoes of silence as she moved through the clinic, alone.

Bianca: ... You just feel quite alone... He's a bloke... Sometimes you just want a girl to talk to who's been through a pregnancy and, I don't know, who's a mum... So my husband dropped me off, I said he had to do something in town. I said 'You can come back, because I've just got to go through all these checks and everything anyway'... I felt kind of alone then. But I was like 'I'm alright, I'll put my big girl pants on and do it'.

Recognising the silence, the feeling alone, was connected to not having access to stories of mothers. As Bianca's story unfolded, I heard the burden of individual responsibility as it is increasingly and intensifyingly embodied as we become increasingly silent, disconnected from the conditions of everyday life as we move through the clinic. Challenging the notion of choice, the women recognise the impossibility of choice. And as she becomes response-able, the emerging (m)other is resolute in her decision making. And it is in the recognition of our absence, our aloneness, our silences, there is an opening for the (m)other to emerge as a critical storyteller as she becomes knowable, partially and contradictorily living the constraints of our autonomy, and using them to respond in ways that affirm abortion as good mothering.

Medical Authority

Within the women's stories of response-ability, tensions emerged between the legitimised power of medical authority, and what we come to understand about it being 'our body' and 'our choice'. The women's experiences within this research all occurred during a time when two doctors were required to sign off on an abortion that was not medically sanctioned, and where abortion was considered medically necessary through the 'mental health exception' – producing a pathological figure (Lawley, 2022; Leask, 2013; 2014; Leslie, 2010) where mental illness a legitimate reason to access abortion. And women's right to bodily autonomy, politicised as 'my body my choice' was well understood by the (m)others as *but only if* we can perform the right kind of femininity to be recognised as both deficient and deserving and submitting ourselves to medical scrutiny. Recognising the constraints of medical authority over our bodily autonomy, we become able to respond to them, sometimes in quietly resistant ways that ensured the safety of themselves and their children, and other times loudly and demonstrably, and resolute as (m)others.

And it is not only our stories as mothers, but also the stories of daughters in contemporary times, that show how the dominant story travels across time, telling us that women need to be protected from themselves, reproducing the stereotypical figure who is to blame for her future pathology. The painful story of missing (m)others, connects in Steph's response-ability to her daughter's movement through the clinic, where the same old stereotype that fuels the precarity of access to abortion is legitimated. Bringing with her the empathic understanding of the conditions of her daughter's decision making, a good mother recognised the materialisation of the stereotypical figure in the disciplinary lack of responsible care in the clinic.

Steph: We got a doctor who is religious, and a Trump supporter... I reported him, it was that bad. But he said to her 'You know, right, you're healthy and you're young and you have parents that support you. But I can promise you that if you terminate this pregnancy you will be mentally and psychologically destroyed for the rest of your life.' And we were like 'Are you kidding me?'. So this was only five years ago, so this attitude is still out there.

...I went and held her hand. I was sad because she was sad. But I didn't see it as... like not for one minute did I think 'This is my grandchild that we're losing' it was like 'This is my daughter. She's had to make this big decision'... Yeah it was quite an eye opener, watching her and holding her hand... Being right there... They didn't put a blanket on her or anything...

Being able to recognise the partiality of the stereotypical figure from her own story, Steph recognised the flow of care moved between those who deserve an abortion and the figure who does not. Resisting medical authority that coerces and rests upon gendered sociocultural power – like where youth, health and/or the presence of family support are provided arguments against abortion – challenges both the power structures within medicine that have the ability to coerce and subjugate women into 'choosing' paths forward that they do not want or are unsafe for them, as well as challenging the dominant narratives of sexual irresponsibility that permeate them.

It is here, in the connections between the partial stories that Steph is able to question the subjugation of women's bodies through the figuration, and advocate for change. Resisting silence as she bears witness to her daughter's painful experience, produces an opening to become loud, responding to her daughter's conditions, and not the neoliberal forces that constrain mothering and womanhood. And I heard the power in the story, the relational meaning making we do, as in the process of our storytelling our understanding of difference transforms, and so too, does the knowledge we produce, opening space for doing otherwise, where difference may be celebrated and power relationships transformed.

And while there was some movement in the women's stories where the (m)other figure finds limited opportunities for escape from the constraints of heteronormativity, even when performing the deficient woman coerced through western medicine, some women experience an intensification of the (pro-life) moral scrutiny of individually practiced medical authority, and a painful silence is endured.

Mary: And he [doctor], I found out later on, is extremely religious... And so when we were booked in... they wanted to do it on my birthday... And I was like, really? Do I have to have that for the rest of my life? And so I was able to convince them to juggle their rooms to do it the day before... So like, you go up there the day before, and you have to take one of the pills... and that's how I found out that the OB was religious... Because he mentioned God... And the words... And I complained about him... 'If you take this pill you're killing your baby'... In those exact words... And I'm like, well fuck you!... Yeah, I fully complained... It seemed to come very easily out of his mouth too... I wish I had told that doctor to shove his opinions up his arse!

I noticed too the enactment of doctor as a paternal figure, scrutinising Mary's performance while subjecting her to his symbolic power as he inscribed pro-life morality on her body in painful processes of both resistance and compliance. Responsibilities, for women, for mothers, are multiple – we are responsible for 'quality' life, for 'moral' life, for 'good' life

(Jacques & Radtke, 2012). We are at once considered incapable of making sound decisions for ourselves while at the same being ascribed the full weight of the outcomes of our decisions, producing and reproducing the conditions in and through which coercion becomes legitimised through a moral appeal masquerading as a medical one – and where women then engage in a masquerade too by becoming response-able to the constrained spaces offered: to be categorised as ‘ill’ and therefore ‘deserving’ of abortion access.

By actioning a complaint with the hospital, Mary becomes response-able again and differently, challenging the responsabilising and silencing practices to subvert the singular story that constrains how we make sense of our bodies, abortion and motherhood in our decision making. Recognising the possibilities for breaking our silence, the act of complaining to the institution opens space for possibilities where new knowledges of the partial and multiple, relational, and connecting stories of resistance, quiet as we move through the clinic, can draw attention, loudly, to the coercive practices masquerading as objective science within the health care response to (m)others. Potentials for social transformation are manifesting here, in our stories, as we become response-able for becoming visible and making some noise.

For some women, response-ability means recognising that the structures of power are so great and imposing that, should we challenge them outright, we risk being denied access to the abortion we desperately require. Here stories of response-ability play out differently, where power relations operating on our bodily autonomy are responded to in ways that enable us to maintain a sense of ourselves and ensuring we can still access the abortions we need.

Bianca: ... And yeah so, yeah, at the end of the conversation it was contraception and I was like ‘Oh wow, yep, we’re going there.’ And I was like ‘Well, I’ll have a think about it’. And then she explained about the different types of, uuuh abortion, the medical or the surgical.

Bianca stories the discomfort as we endure the performance of the authority over our bodies and the gaze that renders us visible through the pitiful stereotypical figure that is irresponsible, and as a condition for a hearing, we subject ourselves to their expectation that they can ‘fix’ our indiscretion through correcting our reproductive failure. And at the same time, there too is a lack of understanding of ‘safe’ contraception and the precarity of women’s access to contraception. And as Bianca listens to the figure of authority over her decision

making, she responds, response-ably – and the meaningful flow involved in thinking about it moved with quiet resistance to the noise of responsabilisation, passively staying still (silent) as she negotiated the space of the clinic. Bianca's endurance of her subjection to the institutional and hegemonic narrative of irresponsibility is a response-able engagement within a coercive and constraining medical context, ensuring Bianca was safe (by offering a partial kind of 'good' patient performance) and her abortion access uncompromised. Such partial performances open space within which we might examine and challenge the social and institutional power relations within healthcare, and the ways in which figures of deficiency and deviance become embedded within reproductive discourse, and reproduce us in ways that pull to the surface the precarity of our so-called 'rights' and the messiness that exists within the narrative 'my body, my choice'.

Being acutely aware that the final say, the say that has the potential to override her decision to have an abortion, was not hers to make, Jacqui became cognisant of the right kind of story that needed to be told, and that as she negotiated her movement through the clinic, she became deliberate in her silence, and submitted herself to the gaze of pathology.

Jacqui: ...The doctor had prewarned me.... The way he made me feel was that I had to sell my reason for having an abortion... That they weren't 100% going to give me it, if that makes sense... That I had to pull my mental health shit out, otherwise they weren't gonna accept my choice... So yeah, and to be fair I wasn't mentally prepared anyway!... And I just kept the whole 'I'm not mentally prepared' and she's like 'Are you sure? You sound like you know, you've got a husband, you've got a good life, you've got a business' all that sort of stuff and I was like THAT'S WHY!... It certainly wasn't a freedom of choice. It was, I was getting questioned. And don't get me wrong, I know she was probably doing it in the right way, that she had to question [me] to make sure I was making the right choice... But for someone who's fiercely made up her mind, I didn't want someone to try and talk to me out of it. And that's what it felt like... You shouldn't have to sell yourself to get what you need...

Recognising the care from her GP, Jacqui was prepared for the performance of the 'psychiatric masquerade' (Leslie, 2010), using psychological pathology to gain access to a safe and legal abortion. And while Jacqui remained resolute in her decision making, her

‘right’ to make such a decision depended on the legitimacy of her performance. And we begin to hear the movement of silence as resistance, and our bodies become docile (Barkty, 1998), vulnerable to disciplinary practices of medical authority bound within the singular story that pathologises (m)others. Hearing silence as resistance to the subjugation of women’s necessary performance of their own pathology opens space to respond otherwise to the intolerable positions made available to understand abortion access.

And as Jacqui moves through the clinical encounter, understanding the individualised responsibilities of her performance enabled her to move response-ably in the conditions opening the potential for a more ethical interaction within the clinic.

Jacqui: ...He [husband] wasn’t allowed to come in for the procedure... Had a nurse. She was lovely, she was talking about my rings on my hand and like, totally trying to... And to be fair, she distracted me and the procedure was over and done with... I was quite, I wouldn’t say calm, but yeah she distracted me very, very well... Up by my head, and held my hand, and talked to me. Talked about my rings, talked about, she asked generally about my life, and then we got onto the subject of [daughter] and she was just really, just genuinely, completely distracted me... And coz she was talking to me, I think that that really helped...

The clinical practice that excluded her husband from the procedure was not common among the stories the women told. It did however reinforce the medical narrative of her individual responsibility for her reproductive decisions, alone and silently. As I listened to her story, I felt the silence as she performed her subjugation as she moved through the disciplinary power of the clinic, who responded with care to the performance. And I recognise the humanness of care as memorable and meaningful flows through her story, and in the telling I felt Jacqui’s body relax, as she remembered the nurse listening to her story as a mother.

Her story affirms the power that exists within relationally affective spaces to propel and transform our painful experiences when we feel heard, validated, and understood (Braidotti, 2010), particularly within our diverse contexts and socio-political locations. Jacqui’s ‘right’ to an abortion was felt differently within her interaction with the nurse – rather than something she merely possessed, her right to an abortion became something that could be done, with affirmation, actioned in ways that were understanding, empathetic, validating, and

human. These experiences of humanness open space where we might seek to challenge the status quo within the clinical sterility of abortion healthcare, to hear the potentials of how abortion care could be reworked to look, act, and feel supportive, transforming women's experiences from those of discipline and penalty, to those of warmth and understanding, and where stories of (m)others become part of the abortion response.

Response-able Silences

While women's storytelling of experiences of abortion enables us to move from binding neoliberal performances of responsibility toward understanding how we can become response-able, silence operates as a response-able act. Cognisant of our invisibility in the single story that produces the stereotypical figure and silences the figure of the (m)other, silence also operates to reproduce criteria that renders our stories inadmissible. As I heard silence moving in and through the women's stories, I recognised that silence becomes a response to precarious conditions where the (m)other is critically silent, aware of keeping secrets as we perform our responsibilities, knowing and feeling, at least partially, the impending social sanctions for their decisions, relationally. Silence becomes a response-able response to the power relations operating through the dominant story of the stereotypical figure of abortion and of mothering where there is no place for (m)others to speak safely away from judgement, and sometimes, abuse. And as I traced the movement of silence through the women's stories, I was reminded of the moment of the painful recognition that I had carried my silence, deeply within my body. And I recognised in Steph's story the potential of telling the untellable in the process of this research.

Steph storied the embodiment of the ongoing silence that travels with us and into our future relationships, that operates to protect us from the harms of the dominant narrative in contemporary times.

Steph: I didn't even admit to the ladies at work, I said I was coming to see you, and one of the ladies has only been at work for about a month and she's sixty-one and I wasn't sure what her opinion would be so I said 'Oh I'm going to go and catch up with someone doing a bit of an interview' and as I left she said 'Oh what's it about?' and I said 'Just pregnancy and childbirth, you know...' I guess essentially it is.... Because I didn't know how she'd react.

Understanding silence as an embodied practice of producing ourselves as responsible mothers maintains our location in the gendered social hierarchy. Being able to tell the untellable in an encounter with another (m)other, opens the potential for hearing silences and creating new possibilities for speaking about abortion, mothering, and affirmation.

Bianca too, storied the embodiment of silence through the untellability of her experience, without risk of social sanctions.

Bianca: ...I didn't have people to talk to about it either. Coz I felt like I couldn't... Even though I have really good friends... I just still feel like I'll be judged... You just feel quite alone, and yeah. And people probably know something's up, but you don't ever, I don't know. You're just like 'oh it's fine, I'm tired'... It was hard. Working and trying not to think about it. I mean at least it was a good distraction. I think it was just waiting for that day to come around was kind of hard... And not having anyone... I suppose the thing is you know you go to those appointments and then if it's a two week wait, you don't talk to anybody, you know. So there's no support in that interim I suppose... And there's been often, you know, cases I've been with friends and, had a few wines and stuff and I'm like 'I should just talk to her about it' and then I'm like 'no, no....' this one's saying yes, this one's saying no don't say it coz she'll judge you, and yeah.

The feeling of 'aleness' emerged in many of the women's stories as they were responsabilised and took responsibility for their decision making. The individualised body of abortion, the missing story of (m)others, propels silence into relational spaces where our precarity is conditioned. Silence is response-able to our safety and our affirmation as good mothers. And I hear very loudly the ineffable experience (despite its figuration in the statistical narrative) and the unacceptability of it within dominant cultural narratives. And as Bianca's story unfolded, she recognised the ways silence had become a roadblock to relational spaces.

Bianca: Yeah I have got one friend. I ended up telling her after, when I was in hospital. I text her and I... yeah, reached out. And yeah. It just felt nice to actually talk to her about it, because she'd been through, she'd had a medical when her second was like three months old... Yeah... couldn't go through another

pregnancy, and pretty much had to do it on her own. You know, she didn't tell me – she told me later on. Umm... You know, her parents didn't know, no one knew, only her partner, because she couldn't tell anyone either. It's that same thing.

I heard the affective movements of the (m)other figure emerging from within the women's stories as we together made sense of our embodied silence, opening small spaces in which to 'risk' a telling as we become response-able differently. Becoming vulnerable in the presence of another (m)other, Bianca began to open herself to the potentials of speaking her silence as she becomes response-able differently.

Some stories were more tellable than others in as much as they were 'more' legitimate, more deserving of compassion if they met the medical criteria of 'risk'. Mary felt able to tell her story with an understanding the cultural narrative that legitimates the acceptability of a later term medical intervention.

Mary: But I specifically say medical abortion for [Son]... Coz I know that that's... that changes people's perception on things a little bit. And it kind of shows the gravity... It's viewed very differently, coz that's very close to actually, live outside a human... Only a few weeks away... and I can understand people thinking like a dot in the uterus, it's very different to a baby... it's that big... it was that big.

And I hear the conditions for compassion woven through her location as a (m)other who has an abortion, and for whom the loss (not abortion) of her baby was recognised as an experience of grief. That Mary carefully crafts her telling is also a form of silence, a response-able response to the harmful effects of the dominant story.

Heather too, carefully curates the telling of her story, as she takes responsibility for protecting the family from the harmful imaginings of an abortion narrative.

Heather: The reality is that not many people know that we had this. So even on the 10-year anniversary, I actually put a post up, but I didn't say the word abortion. I just said that this is 10 years since [Husband] and I lost our baby boy. But I still

couldn't. You know, I didn't write that we had an abortion... the idea, like for most people, an abortion is when you don't want a baby... It doesn't really matter where you are and in and how many children you have, and what stage of your life as you always get the judgement... No one in my family knows about what happened... I just don't want them to know.

And I also hear in Heather's story, the painful possibility of being heard as having 'choice'. The acceptability of loss, untold as abortion, opens up the possibility for understanding the figure of (m)other as protective, silence operating as resistance to the harmful effects of the dominant narrative. I hear too, that the silence operating is the voice of a (m)other responsible for care of her family relationships.

The affective flows of women's responsibility to care were silently operating in the (m)others stories. And as I listened to Kathryn tell her secret, I became alert to the 'madness' of the (un)telling markers our painful experiences. As Kathryn's story unfolded, I recognised the response-ability that silence enables – protecting our selves and our children from forces that render us vulnerable to our reproductive bodies as we produce ourselves as good mothers.

Kathryn: I just didn't feel like I could vocalise it. Then I had another kind of issue from that birth that I had to go and get rectified, so I told my mother I was going in for the day to get that rectified, and then I'd have to be in bed for a day or something. But you know what's funny, I took home the foetus and I put it under my bed because I wanted to go and plant it. After midnight... and planted it outside her window, I mean for fucks' sake, I mean just the madness around that...She was always a campaigner for women's rights and you know, abortion rights and everything like that... but she's said some things that made me go 'what?'. You know 'people who have had three or four abortions...' and I'm like 'no ones fucking going out and having three or four... yes maybe some people but the bulk of the population no!' so you know... I just haven't talked to her about that... I think about my children getting older, especially [older child], and I know, I feel much more comfortable having that conversation with her later, you know, than I would ever with my mother...Or that vulnerability with

your parent I suppose. It's quite an intimate thing to share for my mother... Yeah that vulnerability... or just having questions around it or... you know? And mothers don't exactly hold back, you know... And I think it's one of those things that, you know, I'm not interested in other people's opinions of it. And that... I know she would probably have some... She'd probably be like "why didnt you tell me?" and I suppose it's that as well. "Why didn't you tell me, we could have figured something out.". So there's also that element to it.

Through the affective flow of meaning making, I heard vulnerability in our mother relationships shift in the moment of recognition of Kathryn's quietly embodied silence – opening the possibility for new ways of speaking about abortion, mothering and affirmation – with her daughter, in particular.

And as I was listening to the stories of silence that quietly seeped through the layers of our experiences, Rose refused to be silenced and in her speaking out in public spaces she understands the very real social sanctions that operate when women breach the rules of femininity by being 'too loud'.

Rose: Like if I'm gonna go and do this, like I'm gonna drag them under the bus and say everything I've gotta say... I'd been warned that once, by [organisation], once you ring the bell you can't un-ring it. So, if you go and do this.... You've gotta be prepared for some backlash... Yeah like people, one guy, said to me 'I'm gonna come around and tell you some home truths and then I'm, I'm gonna come around and explain a few things to your husband and son about you... Then I'm gonna tie you behind myself and turn you into gutter paste in front of them'... Like [husband]'s sometimes like 'How do you read some of this stuff' and I'm like ohh, I just don't think anything of it.

Rose's refusal to maintain silence as a (m)other brings into view the vitriolic response that can be expected when women and mothers become a voice that resists the dominant

narrative. The response to loud women speaking disciplines women's bodies, and acts as a deterrent to other (m)others, coercing their silence.

I heard through these stories that women's silence brings safety, a response-able response for women and mothers. What this research then has enabled thus far, is not a risky storytelling, or one that suggests we become individually responsible for breaking our silence for sociocultural change.

So, I began to recognise how the women who decided to tell their stories, for this research, have become response-able to a call to collaborate in becoming storytellers together to connect with the murmurings of other silences so that the experiences of (m)others become heard as potentials to awaken new ways of thinking about the missing (m)other in our understandings of abortion, mothering and affirmation.

Storytelling Together: How do relational ethics open space for a hearing that is response-able to our pain and reimagines our subjectivities affectively and relationally?

The process of storytelling itself opens possibilities for both quiet and loud resistances, speaking previously unheard stories into being. Storytelling as a process of relational meaning, affirming women's experiences and hearing the affective flows as we were moved, beginning from a place of disidentification within dominant narratives to a place where in the process of re-storying of our experiences as (m)others, we began to make sense of our silences as response-able. And in the process of becoming together, as we began to tell new stories, stories of affirmation, empathy, and compassion; we began to find connections to other stories. Storytelling in this way enables us to bear witness to pain, in an empathetic relationship that transforms the singular story that configures abortion, and motherhood moving us into new spaces of meaning making where the multiplicities and partialities of experiences are understood as legitimate knowledge.

As I heard women's stories become tellings of the untellable story, I also noticed how their stories connected to other stories, and how the process of re-telling has the potential to de-link pain from suffering (Braidotti, 2008).

As Heather reflected on her re-telling, she recognised how her experience has also brought the stereotypical figure into the empathic refiguration of the conditions that we 'know' produce her.

Heather: And I guess now... It gave me a lot of sympathy for people, you know, like I keep thinking, Oh, my gosh! All these people going through things like this, you know, no matter what your background is, you know, whether you're 18 or whatever, you know, it doesn't... You shouldn't have to be treated like that.

Heather's story opened space to hear the flows of connection through our empathetic embodied response to other stories. And as Jacqui reflected on her re-telling, she recognised that her silence was embodied and maintained deep inside her, and through the storytelling process, there was a murmuring, that both affirms her response-able response and opens the possibility for her to move toward using her story response-ably too, to connect empathically with others.

Jacqui: In all honesty, I've never really talked about it... The only time I've ever really thought about it is when I've had staff come to me and they've been and she'd fallen pregnant to her partner, well brand new boyfriend, and she didn't know what she wanted to do. And I never told her I'd had one, but I told her it's her choice... umm... you know.... me just doing the whole 'I'm here whichever way you want to go.'. I said to her that it's not a bad thing to make that decision... I was thinking 'Ohhh I would love to tell you but don't want you to judge me'.... And its funny coz I sit there and I look back and I go 'I wish I owned it a bit more'. Because actually this is what happened, fucken so be it. But then, like, I think 'nah it's my own shit.' It's our shit, we dealt with it... I sit back and I go if I had gone through with it [the pregnancy], I would not be anywhere where I am today...

And as I began to hear the movement of silences, and the response-ability for safety, relational spaces where women are not alone in their silence opened up potential for the emergent figure of (m)other to find networks of connection that enable us to affirm the experience of others, as knowledge that challenges and disrupts the dominant narrative of abortion and the figure it produces. And Bianca connects the stories of Heather and Jacqui, and the embodied knowledge of our silences, where connection becomes the potential for a hopeful future.

Bianca: I said 'oh I'm doing a Zoom tonight with a lady, umm, for a research thing', and he was like 'oh what's that about?' and I just told him, and he's like 'oh okay, if that's something you wanna do'. You know, he was quite surprised to be honest. And I was like 'I think it helps talking about it'...

I still don't want to talk about it with people I know yet, maybe one day that will come... Like you said some of your friends do know now... I hope in time that will come...

Just to have a safe space to talk about it and other women to know that they're not alone. See, when I was umm, googling, you know, what to do and all that, when I first found out, I came across these blogs and stories of women who had used Te Mahoe in Wellington, the unit. And just how, there was only a couple of them, and there was one I think in her 30s and was like 'you saved me, because I was in such a bad space, wasn't in a relationship' and she explained her whole abortion story, and it was just really like 'oh yeah, wow, okay, you're not alone'. And I think if more of that's out there it would help other women. Ohh and just, that whole, it is healthcare it's not just, you know... It's not just a decision you make willy nilly. It was a hard decision... And you don't know what other women have gone through, to get to that space.

The echoes of silences that connected us to each other in the process of storytelling in the production of this research opened up opportunities for hope for who we are becoming. Silence moves with us, and into spaces here, in this research, where we can become a part of the chorus of voices of (m)others with hope for the possibilities for a future for other women, and for Bianca, her own movement from painful memories toward her own potential too.

Hearing the affective flows of silence, I recognised that the women were bringing sound to the experience of silence, for others and themselves. I also 'felt' something of the powerful effects of our bodily knowledge as we became response-able to new ways of talking about our experiences.

And Rose was and remains active in her refusal to be silenced, politically, socially, bodily as she becomes the 'loud' voice of (m)other in a process that reminded me of the strength of the

possibilities of Rose to tell the (m)other as delinked suffering from her pain through action and connection.

Rose: I was sitting at home one day, I don't know how long afterwards it must have been. But I was like, I can't find anyone in New Zealand that understands. I can't find anyone. Baby loss... didn't feel like I belonged anywhere in any of those groups... So I messaged [organisation] and [member] replied. And then I don't know how it just snowballed from there...

After finding out that I'd had an abortion, the amount of people who'd come to me... we'd just be at a party, and people would pull me aside, and be like 'I've never told anyone in my life this, but I know I can tell you - I had an abortion... And I think as well [husband] getting so angry and saying to me 'you are just like them' coz [husband] rarely gets angry, I was like crikey, well that must have some truth to it. And I probably read up a lot of stories... Afterwards.

And I don't know, I guess I really just don't care... As someone said 'Do you support abortion up til birth? Would you support someone who wanted an abortion at 37 weeks?' and I'm like 'Yeah, actually, I know women who have had abortions at 36 weeks for medical reasons and I don't really don't care because I trust women...'

And as I heard the potentials for activism, I hear how the knowledge we produce together can produce more stories and potential for speaking the (m)other into motion, with an embodied awareness of telling stories differently to the singular story in political and clinical spaces. She is a figure who opens space for new ways of thinking about abortion, mothering and affirmation.

And as I heard the murmurings of silence moving through the women's stories, I also recognised in Kathryn story, the sounds as the memories of all women who have come before

us, remembered in our bodies, and in that recognition there was a shift, a movement, where she felt affirmed.

Kathryn: But, yeah, it was the right decision at the time right?... But also I feel like I'm carrying all the women behind me. I'm like, 'excuse me? When your child becomes pregnant at 15 or, you know, 23 to an abusive partner, what are you going to do then?' You know, you just don't know right? What works for you might not work for somebody else. It's removing the judgement, so... When you know that someone else has gone through it, it can, it shifts. It's not this big evil thing you know... it shifts it, it shifts it, right?

And as I heard the experience of carrying all the other women behind her, her moment of recognition within the story telling process reminded me of how Braidotti (2006) inspired me to write from heart and memory. And I heard the way through which memory and *feltness* (of heart) mingled and moved the painful memory in chorus with the response-ability for silence, but also for honouring the stories of those who have come before, the silence becomes present, and in all our partiality we bring the figure of the (m)other into new ways of thinking about abortion, mothering and affirmation. And so we bring the stories of our multiple and partial becomings into new spaces, to reconfigure the dominant narrative of abortion and motherhood and affirmation.

And stories move us in an ongoing ethical relationship with ourselves and each other. So I return to the research question, how do relational ethics open space for a hearing that is response-able to our pain and reimagines our subjectivities affectively and relationally? And I wonder then how my responsibilities for the production of this research imaginatively opens, rather than ends.

Chapter Six: Choral Epilogue

Through the process of our collaborative storytelling emerged a (m)other figure who recognises herself and others, in their becoming; where women mobilise to embody new spaces, offers counter narratives to the dominant stories of deficiency and deviance for women who have abortions, as well as producing new narratives into a space where mothers' experiences remain silenced. Their stories speak to the ways dominant narratives serve to maintain women's subjugation through the stereotypes they grapple with, the responsabilisation processes they encounter, the power relations which operate within our everyday lives and enable us to understand that 'choice' is an impossibility. Far from being irresponsible, bad, and abnormal, the collective voice tells stories of the ways ethical encounters open space for relational transformations, where we might begin to challenge the partiality of knowledges, and come to feel the love and strength that exist within women's stories of abortion. Mothers who have abortions courageously challenge the singular deficit story, and reimagine themselves and others in ways that move women beyond a binary of 'good/bad' performances of femininity and motherhood. Collectively, the women in this project told stories of how good mothering becomes understood through our abortions.

Within the relational encounters I had with women, listening to, and affirming their abortion stories, the m(other) figure emerged through the stories of pain, her voice a polyphony of all of our voices that speaks, loudly, to the potentials that exist for the psychology of hearing for real, and processes of becoming-with for the production of knowledge within ethical encounters. She speaks to the multiplicity and partiality of women's everyday lived experiences, reminding us that the hierarchical disconnection from the conditions of everyday life within psychological scholarship produces knowledge that is always limited and partial, constraining our ways of knowing. She reminds us of the power women's stories hold to *move us*, where we become able to think and feel in ways that shift our knowledge beyond western binaries and categories of 'other', and where we recognise that what we thought we knew does not reflect the multiplicity, contradiction, beauty, pain, joy, nuance, and transformation that lies in the hearing of women's stories of difference.

The stories told by m(others) enable us to reflect on the ways relational and affirmative encounters hold embodied potential for the stories of our experiences to be propelled, becoming the driving energy that enables us to begin to de-link our pain from our suffering, re-storying and transforming our experiences and knowledge to a place that affirms the

relational joys of mothering. She reminds us that, as Kathryn said, ‘**We carry all the other women behind us**’ when we tell our stories in safe spaces and when they are *truly heard*. I therefore leave you with this, not a conclusion to close a body of work, but an opening up of a new body – one where we can wonder what other stories might be heard when we take up the invitation for hearing the silences, and to ponder the endless possibilities for transformation each of them holds.

What follows now – as an ethical opening – is a choral figuration of the (m)other figure that the women I collaborated with produce through our discussions of abortion experiences. Moments from across and between women’s stories are collected as textual illustrations of the affective movements of the (m)other figure, where women speak the figure into discursive, embodied motion. Alongside, I trace an outline of the complex figure of a (m)other telling abortion stories differently to the singular story of the Stereotypical Figure, not in opposition to the stereotype, but as a figure who opens space for new ways of speaking about abortion, mothering and affirmation.



I’m an adult... I would have been the youngest person in that waiting room... Just all different kinds of people... **I remember there were lots of women my age there...** She was probably a similar age to me... **Women who looked just like you...** It’s not just the stereotypical young person who’s had a one night stand... They were all mothers at the time... **I think a lot more people than we realise have been through it...** And then needing one and then recognising actually, **like, it’s anyone...** I do remember it broke down that kind of idea of abortion being accessed by younger people when I went in there...

The (m)other figure who emerges from the women’s storytelling of accessing abortion is an adult woman, a mother, who recognises herself and others like her in their multiplicities – confronting and challenging the production of the Stereotypical Figure through recognition.

I didnt want to go through what I went through – that dark hole... I actually had the morning after pill... **I was a single parent, in what I would consider a fairly precarious situation, working part time, you know, times were tough... I knew what it was going to do to my reserves, you know financially, emotionally and physically...** We've already decided we don't want anymore kids and... financially, mentally, everything... She's like 'Are you sure? You sound like you know, you've got a husband, you've got a good life, you've got a business' all that sort of stuff and I was like THAT'S WHY!... He was very much 'It, it's your decision. You... you do what you want to do. I'll do support you either way.'... He was straight down the line of your body, you're the one who has to deal with this... It probably would have broken up our marriage as well... We want to experience a happy family not a broken one... He just didnt understand, you know what men are like... He had no idea I was taking the test... **I actually found out later that he'd been stealthing me... And he was an absolute dropkick... And straight away, I knew that there was no way I could continue a pregnancy with this man... There was just no way I was ever gonna have a baby with that man...**

The (m)other figure knows precarity – of wellbeing, of economic conditions, of heteronormative conditions, of familial relationships, or socio-cultural conditions, of the woman's body, of the mother's body.

There are so many things that I got to do with my younger child that I wouldn't... If I hadn't had any children, it might have been a different scenario maybe, I don't know... I would care for this child until I couldn't. But then, what happens after that? Which of my other children does this land on?... And that was the basis of the decision... not me, but the future... What would her life [be] like... She was my first born. I wanted to

The (m)other figure is response-able to and with her children; recognising herself as a good mother through ethics of care, she engages relational ethics for the care of her children, her family and herself, re-telling experiences of pain through the relational joys of mothering.

be able to enjoy that time... **If I had had a second child I wouldnt have been able to have that same experience with her...** Giving my two... a happy mum... I have taken on all of this, um, pain and suffering and grief, um, for my son that's living so that he has a mother... I think in the way that [motherhood] probably motivated me to make the decision that I did... People don't go into this... having sex thinking 'oh well I'll just have an abortion if I get pregnant' you know, theres a lot more to it... What is my priority here?... You are thinking about the future...

I think you'll find there's a large percentage of people who go and have abortions who do want their pregnancy. Just not then, or not in those circumstances... And I said 'I've made up my decision, I'll take the pills'... It was really, really difficult... because in the end that meant it was my decision. There's not women out there making this decision like that- 'I want an abortion because it's that easy', it's not... I don't remember having a choice... It certainly wasn't a freedom of choice... I was getting questioned... No one's fucking going out and having three or four... yes maybe some people but the bulk of the population, no!... You think... it's choice or no choice. No, it's not a binary. It's not black and white... It's so much grey in between... **They're big decisions for people to make...** It's not just a decision you make willy nilly... You shouldn't have to be unwell, or crazy to access!... Rather than it actually being a choice it's someone else making that choice for you... I think of it as a forced choice... You're constrained by the hegemonic societal values... As a mum, it's probably harder to make that decision I

The (m)other figure occupies simultaneous conflicting positions, problematising notions of 'choice' and the contradictions of women's mothering decision making. She knows and lives the blurred boundaries of the normative binaries that seek to constrain her.

reckon... [Motherhood] definitely made the decision probably more concrete... **There are just so many reasons...** Where you are positioned at that time is how you *make* a choice...

It's both of our decisions but it is my body... **Its my body...** Anyone's entitled to make their own decision, you know, it's their body... **It's my body...** Why is the female is always dealt the hand you know? The man can just walk away... You make decisions, and you live with consequences... You did the deed so you gotta pretty much lie in your bed and sort it out... You're the one who has to deal with this... You've made this decision kind of you, you know. You sign the paper... I'll put my big girl pants on and do it... That's your thing that you have to deal with, that's not everyone else's problem... Fill out all the paperwork and stuff, and do all the consents, and the 'This is what you're gonna do, you understand that this... You can't reverse this'... The way he made me feel was that I had to sell my reason for having an abortion, does that make sense? That I had to pull my mental health shit out, otherwise they weren't gonna accept my choice... *'We should thank ourselves lucky and realise how bad it was because we were only the second person in her whole career who she had approved for an abortion...* To me that reinforces that you can't make a decision about your own body unless you're unstable?... I needed to, I suppose, kind of portray that I need this... **They looked at me like I was insane...** You had to

Where the (m)other figure finds limited opportunities for escape from hegemonic constraints, she becomes response-able differently, engaging politics that do not fit her well, but can be used to produce more negotiable ways of being and doing. She, for example, engages individualised bodily autonomy and rights discourse, or she masquerades as a pitiable, deficient patient of Western medicine, submitting to medical authority.

give them a reason that you're not mentally prepared to have, or it's going to mentally destroy you. I remember feeling like I literally had to sell that...

Went and did all that by myself... The following few months was very hard. I was very angry... I just still feel like I'll be judged... as a mum... **I did care a little bit about what I thought they might think... I guess there are a lot of social pressures that are shoved onto us to make us feel bad... *I don't think it was ever grief over the abortion... It's more grief over the family that I wanted to have...*** I don't think in my circumstance I will ever forgive myself.... But it doesn't mean I don't think I made the right decision... *I took on all this, so that my family didn't lose a branch of their family tree...* It's always gonna be with me... **It wasn't traumatic... I definitely don't regret the decision I made... I never suffered any trauma, I never had any psychological issues from doing it, it was like 'This is the right thing to do'... I've never had any moment of doubt... I just cried... Felt, relieved, but also.... yeah, just empty... There's regrets for all sorts of things in life that shape who we are... But there's also things that you don't regret doing, but you wonder what would have happened... I don't regret that decision at all... I felt like I'd made the right decision afterwards... But yeah, we made the right decision... I knew that was my decision and nothing would have changed it, but I felt like I was just.... everything was going on at the same time and didn't have time to process it, and I didn't have people to talk to about it either...**

The (m)other figure is resolute in her responses to and with her everyday conditions; she recognises her decision making, while painful, complex and constrained, is produced through ongoing affirmative ethical connections through her everyday life.

No one knew... I didnt feel like I could tell anyone... I kept that to myself... I didn't say the word abortion... **You don't talk to anybody, you know...** You can't talk to anyone about it... No don't say it, coz she'll judge you... There's certain things that you just don't do, and aren't talked about. They're secrets. You just feel quite alone... **I just didn't feel like I could vocalise it... I don't know anyone because we don't talk about it...** She told me later on... No one knew... because she couldnt tell anyone either... **Couldnt tell him... Because that wasnt safe...** And that affects who you tell, what you tell, how you go about telling...

I kind of wish I could talk to someone just freely about it... I think it helps talking about it... Sometimes people just want to say stuff, they don't want anything else, they just want someone to listen to it... **It feels like quite a courageous moment, to say 'well actually, I did that' you know...** It just felt nice to actually talk to her about it, because she'd been through [it]... I could just tell her and... feel like she wasn't judging me either... And she understood where I was coming from... 'You're not alone'... This is really common with a lot of women'... **You are no different to anyone else that has an abortion... There are just so many silent experiences out there aye?... I dont know what her story is...** You don't know what that person's been through... You don't know what other women have gone through... You just don't know what other people's journeys are.... You work out that every situation is unique... **Everyone has these experiences and... for different reasons... and it's not wrong... I'm not interested in other people's opinions of it... That changes people's perception on things a little**

The (m)other figure is critically silent, keeping 'secrets' across multiple contexts, sometimes just partially, knowing and feeling the impending social sanctions and resisting their violence through maintaining certain quietnesses in particular spaces, for safety from judgement and abuse.

The (m)other figure is simultaneously a critical storyteller, sharing her stories as choral support for (m)others, and for the Stereotypical Figure. She affirmatively tells stories to engage in challenges to abortion narratives, and open escape routes for (m)others, so that the stories can become knowable and effable.

bit... When you know that someone else has gone through it, it shifts. It's not this big evil thing you know... it shifts it right?...

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Appendices

Appendix I – Participant Information Sheet



Information Sheet

The Voices and Experiences of Mothers Who Have Abortions

Introduction:

Kia ora, I'm Sacha, a researcher from the Manawatu, Aotearoa. I'm a master's student with a personal interest in abortion, and am keen to hear about other women's experiences of abortion after having a child or children.

I hold a particular interest in this subject, having accessed abortion healthcare myself as a mother, shortly after experiencing a divorce. During and after this experience, I recognised that some of the values I'd embodied, and thoughts I'd had around the types of people who accessed abortions and why, were very wrong. I experienced feeling distinct tensions between what I felt society tells us are the types of women who have abortions, and what it means to be a mother - in particular, a good mother. As a result, I am wondering how other women who are mothers in Aotearoa have experienced having an abortion after having children.

Please read the below and ask any questions about anything you do not understand, prior to deciding if you will participate in the research.

Purpose:

The purpose of the study is to highlight the experiences of women who are mothers and access abortions. It is hoped that through sharing these experiences, the women who participate will feel empowered, knowing they may also be empowering others to share their stories, aiding in shifting mindsets and stigma which surrounds abortion, and creating a sense of solidarity between women who are mothers and have abortions.

Despite recent changes to abortion law, making it legal for women to access abortion for any reason prior to twenty weeks gestation, abortion is still considered a taboo subject within society, and many women may feel pressured by stigma to remain silent about their experience. Women who are mothers and have abortions make up the majority of those who access abortion care, and yet, their voices are missing from much of the literature.

This study has three aims: Firstly, to help make visible these experiences, in the hope that others may identify themselves within these stories, feel less alone, and feel a sense of solidarity with other women. Secondly, to challenge dominant narratives around the types of women who access abortions and why. Finally, it is hoped this research will serve as resistance to the growing, and concerning, anti-abortion movement seen in the Western world.

Procedures:

By volunteering to participate in this study, you will be asked to do the following:

You will be asked to participate in a conversational interview, or interviews. It is anticipated that there will be one interview lasting 1 – 2 hours, but that there is a possibility to schedule a second

interview if needed. I, the researcher, may ask some open-ended questions but the main focus is on your experience and story. Together, we may decide to schedule more than one interview to ensure you feel your story has been heard in its entirety.

This interview will be audio recorded either by tape recorder if the interview is conducted face to face, or via audio recording if the interview is conducted via Zoom. The researcher will then transcribe your interview and it will be returned to you to ensure that what has been transcribed is correct. You will have the opportunity to amend your transcript and remove any information you feel may identify you. This review of the transcripts should take between 1-2 hours and I require you to review your transcripts within fourteen days and communicate any changes or give your consent to their use. Should I not receive your adjustments or consent after this fourteen-day period, the material shall not be used within the research and your transcript deleted.

Potential Risks and Discomforts:

Discussing your abortion may be an emotional, uncomfortable, and at times triggering, conversation. It is therefore my obligation to ensure that you have access to quality support services during and after the research period.

A list of services will be provided for you, and available during and after every interview. I am hoping to build a genuine relationship where you feel able to entrust me with your stories, however should you feel uncomfortable or wish to no longer continue for any reason, you are able to stop an interview at any point, and withdraw from the research at any point up until the final transcript has been read and accepted by you. I will check in on how you are feeling both before and following each interview to ensure I am following a duty of care – your wellbeing is of the utmost importance to me during this research. You are also encouraged to discuss any concerns or queries with the researcher prior to signing the consent form and prior to the interview itself.

Confidentiality:

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. However, if you should disclose potentially harmful behaviour, directed at yourself or others, I would need to inform my supervisor and report it to the relevant services for safety reasons. Confidentiality will be maintained by means of storing interview data separately from signed consent forms, securing consent forms in a locked office only accessible by the research supervisor and destroying the audio recording of the interview once you have signed off on your transcription. Consent forms will be securely destroyed after 5 years.

All names will be changed and participants provided with a pseudonym. The researcher hopes that this research will be published and shared via the public. To ensure your continued anonymity all identifying information will be removed from the transcripts and any excerpts from the transcriptions included in the research will be incorporated in a way so as to avoid identification with any one participant.

Participation and Withdrawal:

Participation is entirely voluntary, and you are under no obligation to participate in the study as a result of receiving this information sheet.

If you decide to participate, you have the right to

- decline to answer any particular questions,
- withdraw from the study at any given point prior to the sign off of transcript,
- ask any questions about the study at any time during participation,

- provide information on the understanding that your name will not be used and be given access to a summary of the research findings when it is complete.

Those who participate within the study, and are comfortable with providing the researcher with a postal address will receive a koha to show appreciation for their time and the gift of sharing their story.

This project has been reviewed and approved by the Massey University Human Ethics Ohu Matatika 1, Application OM1 23/14.

If you have any concerns about the conduct of this research, please contact Associate Professor Louise Brough, Chair, Massey University Human Ethics Ohu Matatika 1, telephone 06 356 9099 x 84575, email humanethics1@massey.ac.nz.

Identification of Researchers:

If you have any questions or concerns about this research, please contact:

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Appendix II – Participant Consent Form



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TE KURA PŪKĒNGA TANGATA

PARTICIPANT CONSENT FORM

The Voices and Experiences of Mothers Who Have Abortions

I have read and understand the Information Sheet and have had the details of the study explained to me. Any questions I had have been answered to my satisfaction, and I understand that I may ask further questions at any time. I understand participation is voluntary and that I may withdraw from the study at any time prior to signing off on the final transcript for my interview/s.

I agree to participate in this study under the conditions set out in the information sheet. I have received a copy of this form.

Declaration by Participant:

I _____ [print full name] hereby consent to take part in this study.

Signature: _____ **Date:** _____

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Appendix III - Authority for the Release of Transcripts Form



The Voices and Experiences of Mothers Who Have Abortions

AUTHORITY FOR THE RELEASE OF TRANSCRIPTS

I confirm that I have had the opportunity to read and amend the transcript of the interview conducted with me.

I agree that the edited transcript and extracts from this may be used in reports and publications arising from the research.

Signature: _____ Date: _____

Full Name - printed _____

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