Talking about abortion online: A qualitative exploration of how and why women use the Internet to seek social support around abortion

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Abstract

Background: Despite its frequent occurrence, abortion remains stigmatised. Abortions are often concealed from social network members, which may as a result limit access to social support during what is - for some - a difficult experience. Online spaces have previously been shown to be valuable resources for seeking healthcare-related information, and also for support in managing stigmatising experiences. While there has been previous academic exploration of the content within online abortion accounts themselves, little is known about why women engage with and share abortion-related content online, how they access and navigate these online spaces, and how these experiences may shape their understanding of their abortion, which my research sought to address. Using key sociological concepts of stigma, social support, and personal disclosure (henceforth referred to in this thesis as 'sharing'), the research presented in this thesis sought to explore how these concepts relate to each other to inform the motivations of women to go online seeking abortion-related content and their experiences therein.

Methods: To answer the research questions posed in this thesis, which sought detailed accounts of how and why women used online spaces in relation to abortion accounts online, qualitative methodologies informed by feminist research practice were used. Twenty-three women living in Scotland (aged 20-54) were recruited in the summer of 2020 through social media and online advertisements, and participated in in-depth, semi-structured interviews online or by telephone. Of the sample, all participants reported reading and exploring others' abortion-related content online, with ten women reporting that in addition to this activity they too shared their own abortion experience online. Interviews focused on use of online spaces containing abortion-related content and their experiences of their abortion(s) more broadly. The data were analysed using reflexive thematic analysis.

Findings: My analysis suggests that stigma and social support were significant factors in the decision to use online spaces to explore abortion-related content, and the supportive and stigmatising experiences that they reported online substantially shaped their perception of their own abortion(s) and abortion more broadly. The avoidance of stigmatising interactions with in-person social network

members, and the possibility of accessing otherwise unavailable social support, were primary drivers for participants to view, interact with, and share abortion-related content. Finding what they viewed as relevant and supportive online content was not straightforward, with the onus of finding this content constituting an additional burden at what was already a potentially challenging time. Participants had to navigate towards online spaces within which they felt comfortable engaging, considering 'affordances' of anonymity, visibility, and control. Online support was perceived to be available via both one-way and two-way pathways, with participants valuing the availability of abortion accounts in these online spaces and the opportunity to interact further with that content, should they wish to do so. Concurrently, abortion stigma was prevalent online, significantly shaping participants' experiences, their willingness to engage or share further, and their thoughts about their abortion more broadly.

Conclusions: This thesis frames stigma and social support as interconnected factors impacting women's experiences of exploring abortion-related content online. My findings suggest that online spaces can be both an opportunity to have supportive engagement with others who have had an abortion experience, addressing a perceived gap from in-person resources, and concurrently expose women to abortion stigma and harassment, which in many cases is what they sought to avoid in the first place. Signposting towards well-moderated and trusted online resources would be beneficial in limiting exposure to anti-abortion sentiment online while allowing women to access spaces in which to read and interact with others' abortion accounts.

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Author's declaration

I declare that, except where explicit reference is made to the contribution of others, that this dissertation is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Rachel Wilson-Lowe, October 2022.

Glossary

Affordance	Features of technology and how these features are perceived and used by individuals because of these structures
Anonymous browsing	Relatively 'passive' online actions, such as reading existing content, in contrast to active online behaviours which create content. Elsewhere conceptualised as 'lurking'
Broadcasting/multi-casting communication	Communication style referred to as 'multicasting', or the broadcasting of information to many individuals, shifting away from 'traditional' forms of communication that are more dyadic in nature
Click speech	One-click actions such as 'liking' content or sending an 'emoticon'
Context collapse	The integration and overlapping of social contexts, resulting from a lack of spatial, social, and temporal boundaries in online contexts
EMA	Acronym for early medical abortion; commonly refers to abortion prior to 10 weeks of gestation using mifepristone and misoprostol
Ground C abortion	Grounds of the 1967 Abortion Act which allows for abortion up to 24 weeks of gestation if there is a risk of injury to the physical or mental health of the pregnant person. Provides the legal basis for most abortions in Britain
Ground E abortion	Grounds of the 1967 Abortion Act which allows for abortion if there is substantial risk that the resulting child would suffer serious physical or mental abnormality
HCI	Acronym for human computer interaction, references multidisciplinary field of study focusing on how digital technology (computers, smart phones, etc.) and users interact
Identity-linked platforms	Those whose online accounts are more closely linked to offline identity, particularly users with 'real-name' accounts such as on Facebook
One-way support	Supportive behaviours that did not have an interaction or response, either because that activity goes unseen (as is the case with anonymous browsing of content) or could not be directly responded to such as 'liking' content)
Real name policy	A policy within the terms and conditions of certain social media platforms (such as Facebook) which requires users to register using their legal name rather than a fictional username (as is acceptable in other online spaces)

Social media	Digital platforms in which users can create content and interact with others, sharing personal details, building and maintaining social relationships, and accessing social support
SPHSU	Acronym that refers to the Medical Research Council / Chief Scientist Office Social and Public Sciences Unit, the University of Glasgow where this research was conducted/based.
TFMR	Acronym for a termination for medical reason (i.e. abortion in the case of diagnosed fetal anomaly)
Throwaway account	A temporary account without any link to the user's primary username (primarily relevant to social media platform Reddit)
Trolling	Online actions that are deliberatively designed to provoke a negative reaction from other users
Two-way support	Support activity that involves reciprocal interaction between two individuals/users, such as through: creation and sharing of a post, comments on content posted by others, or private messages

1 Introduction

Abortion is an extremely common gynaecological procedure, with an expected one in three women in Britain having an abortion during her lifetime (Purcell, 2015). The most recent Scottish data published by Public Health Scotland (gathered in 2020) reported the highest rate of terminations (13.4 per 1,000 women aged 15-44) since this data has been annually reported (1991) (Public Health Public Health Scotland, 2022).

Abortion in Scotland is currently carried out under the 1967 Abortion Act, which applies to Scotland, England, and Wales. Under this act, two doctors must agree that an abortion is necessary under the grounds of the Act, as relating to the mother's and fetus's health and wellbeing (Public Health Public Health Scotland, 2022). However, powers in relation to the Abortion Act were devolved to Holyrood (Scottish parliament) as announced in 2015, meaning that how the Abortion Act is applied in Scotland has changed with amendments to the legislation for the Scottish context, the full extent of which is outwith the scope of this thesis (Moon, Thompson and Whiting, 2019). Additionally, access to abortion care in Scotland is limited for those further along in their pregnancy, requiring some women to travel to larger Scottish cities or down to England (Purcell *et al.*, 2014). Thus the abortion experiences of women residing in Scotland may differ significantly from other women in Britain.

Yet, despite the high incidence of abortion, it is widely stigmatised (Purcell, 2015). In efforts to manage potentially stigmatising social interactions relating to abortion, many women choose to conceal the experience and do not discuss the procedure with members of their social network (Shellenberg and Tsui, 2012). However, this practice of embodied secrecy may be associated with a more negative abortion experience and reduced access to social support (Major and Gramzow, 1999).

Despite the risk of stigmatising interactions (for example: blaming or shaming the woman for her abortion, labelling her with undesirable stereotypes, interpersonal relationship breakdown, discrimination, or violence), some women do decide to talk about their abortion. Reasons for sharing a stigmatised trait (or experience in the case of abortion), that is otherwise unknown or unseen, vary:

this information might be shared in the hope of finding others with similar experience, seeking social support and information, or increasing the visibility of a stigmatised trait or experience thereby potentially reducing stigma and enacting social change (Cockrill and Biggs, 2017). Sharing abortion experiences can thus be associated with positive abortion experiences; it is therefore important to understand what motivates women to talk about their abortion(s), and in which social contexts they choose to do so. The impact of both stigma and social support will be key underpinnings of this thesis, as I will explore further in the next chapter (Chapter 2).

My Master's research identified a gap in current understandings around practices of sharing abortion experiences. Specifically, some of the women in my study described using online spaces to talk about their abortion stories, which had previously not received academic attention (Wilson-Lowe, 2018). Although my research focused on sharing experiences of abortion with in-person social network members, several women referenced online spaces in relation to finding others' experiential knowledge of the procedure and rejecting abortion stigma through pro-abortion political discourse. This data and my subsequent review of the sparse existing literature informed my selection of stigma and social support as key areas of focus.

This decision was bolstered by a broader consideration of research pertaining to online spaces that was not limited to abortion research. With the proliferation of social media and computer-mediated communication in the last two decades, online contexts have become an important venue for sharing personal experiences and soliciting social resources (Boyd and Ellison, 2007). Existing research has highlighted how individuals with what might be perceived as 'stigmatised traits' (such as specific health conditions) use the internet to connect with others and share sensitive information about themselves (Andalibi *et al.*, 2016; Davison, Pennebaker and Dickerson, 2000).

While online abortion discourse has been explored in regards to socio-political movements associated with abortion policy changes and the content of abortion discourse online (Ahmed, 2018; Jump, 2021), there has been no research to date exploring how and why women choose specific online spaces in which to talk about their abortion. This thesis aims to address this gap by conducting

qualitative research to explore women's experiences of sharing their abortion narratives in online contexts.

1.1 Aims and scope of the study

This qualitative study used semi-structured remote interviews to explore 23 Scottish women's experiences and motivations to find, read, interact with, and create abortion-related content online. Interviews were conducted via telephone and video-conferencing software (Zoom: audio-only and video-enabled) to facilitate data collection during the COVID-19 pandemic.

The broad area that this study considered is how and why women write about their abortion experiences online. The aim was to better understand women's decision-making and practices in regard to online posts relating to abortion. The study aimed to address four main research questions:

1. How do women find and access online spaces featuring abortion-related content?

2. How does the choice of online space or platform relate to or shape the type of activities or interactions women engaged with?

3. What motivates women to seek out online abortion-related content? And why do women choose (or choose not) to share their abortion experience online?

4. How do women perceive their online experiences exploring and/or creating abortion-related content?

1.2 Thesis structure

This thesis begins with a review of the literature (Chapter 2), specifically focusing stigma, social support, and the decision-making process regarding sharing personal information and experiences. These topics are explored in relation to distinctions between in-person and online contexts. Throughout, abortion is explored as it relates to these concepts.

Chapter Three outlines the qualitative methods used in this study, describing the theoretical approach underpinning my research. Rationale for the methodological decisions made in the process of this thesis (such as: research design, data generation, ethical considerations, and data analysis) are detailed.

Chapters Four explores the findings in relation to the research question concerning how women find and access online spaces that feature abortion-relation content. This chapter identifies the resources needed by women to find positive, supportive online environments, negotiating the type of interactions they want and the availability of said content.

Chapter Five corresponds to the research question of how the online space relates to or shapes the type of actions women report with said spaces. The vastness of the Internet, and the variety of types of online spaces, are explored in relation to the technological affordances and women's perception of the functionality therein.

The final two research questions (regarding the motivations to seek out, interact with, and share - or not, as it were - abortion-related content online, and participants' perceptions of their experiences online) are addressed in Chapters Six and Seven. Chapter Six focuses specifically on the aspect of social support seeking and provision, while Chapter Seven emphasises the impact of stigma on women's abortion experiences and their forays into online spaces. Social support and stigma are explored as interconnected concepts, influencing women's decisions to go online initially and how they engaged further within these spaces.

Chapter Eight draws together the findings from the previous chapters and positions them within the existing literature. Finally, Chapter Nine concludes this thesis detailing the strengths and limitations of the study, and implications for policy, practice, and future research.

2 Literature review

In this chapter I explore key strands of existing scholarship which intertwine to form the conceptual landscape for my research, drawing out the aspects I see as most relevant: stigma; decisions to share personal information (both in-person and online) and how online contexts may impact these decisions; conceptualisations of social support; and the existing literature concerning how online support is sought and perceived in reference to stigmatised healthcare experiences.

Following a brief outline of my review strategy, I explore Goffman's (1963) conceptualisation of stigma and how that applies in the case of abortion. This is then followed by an examination of the stigma management strategy of selectively sharing or concealing personal information as it pertains to online contexts. Subsequently, I consider my conceptualisation of social support, informed by a review of existing definitions and the framing of this current study; social support is then reflected upon in relation to experiences of abortion. Lastly, social support is explored in the contexts of online spaces, the potential limitations therein, and the relevant gaps in the existing knowledge as to how these spaces are used in relation to abortion.

2.1 Literature review search strategy

An initial literature review was conducted in 2018, with an updated review conducted in late 2021 for more recently published pieces. The areas reviewed were: stigma, social support, and online activity (specifically in relation to stigmatised areas of health). Databases searched included PubMed Central and Web of Knowledge; an additional search of the Social Science and Medicine journal was conducted. Searches were restricted to academic journals and articles published in the English language. Search terms included: 'stigma conceptualisation', 'stigma and gender', 'stigma and sociology', 'disclosure', 'online disclosure', 'presentation of self online', 'social support conceptualisation', 'social support measurement', 'social support perception, 'social support factors', 'social support and qualitative'.

This broader review was supplemented with a narrower, more specific review of conceptualisations and definitions of social support. I conducted a systematic search of PubMed Central and Web of Knowledge in May 2019 for conceptualisations and definitions of social support. My search was limited to human subjects, English language material, published between 1970 and 2019. Duplicates were removed, as were articles relating to a specific health condition, intervention, profession, and specific population groups that were not relevant to my study (such as elderly, children, prison populations). After these results were removed, 24 articles (offering 26 distinct definitions) were reviewed. My search strategy and PRISMA chart is included as Appendix A. The findings of this search will be addressed in section 2.4.

2.2 Abortion stigma

Abortion is consistently presented in terms of taboo and controversy in public discourse, and portrayed as something that subverts normative expectations of femininity and womanhood in which pregnancy is presented as something inevitable and to be continued unquestioningly (Kumar, Hessini and Mitchell, 2009; Weitz, 2010). Therefore, women who undergo this medical procedure must navigate social interactions and internal cognitive processes that relate to abortion's stigmatised context. This section explores conceptualisations of stigma, how it is created and perpetuated through social practices, and how abortion stigma influences women's experiences of abortion.

2.2.1 Goffman, stigma, and identity management

Any review of the sociological literature on stigma invariably includes Goffman's canonical *Stigma: Notes on the Management of a Spoiled Identity* (1963, p. 12), in which he conceptualises stigma as a mark 'that extensively discredits an individual, reducing him or her from a whole and usual person to a tainted, discounted one'. His work is arguably the most influential conceptualisation of stigma, presenting it in such a way as to be relevant to a wide range of marginalised identities and discriminatory practices (Hacking, 2004).

Goffman's work on stigma draws from a primarily interactionist tradition, with a dramaturgical framing focusing on micro-level interactions between two actors.

In this thesis, I concentrate my analysis on these kind of interpersonal interactions - albeit they are slightly more complicated given the broadcasting communication style available in online spaces as I discuss later - and thus Goffman's (1963) is an appropriate place to begin my exploration of stigma. However, I also explore how the stigma perpetuated at interpersonal level speaks to wider social inequalities and the marginalisation of the abortion experience through control and stigma power (Link and Phelan, 2014). This perspective, in which Goffman's (1963) work has since been expanded upon to include macro-level forces into conceptualisations of stigma is detailed further in section 2.2.3.

Goffman distinguished between those associated with stigmatised labels and those without, referring to the latter as '*normals*' (1963). He frames normality and stigma as two sides of the same coin, in that it is the existence of stigmatising labels that gives meaning to what 'normal' is:

> "There can be no 'normal/acceptable' in the absence of tangible exemplars of the 'abnormal/unacceptable'. […] stigmatised and non-stigmatised alike are products of the same norms." (Scambler, 2009, p. 442).

Without the presence of the 'deviant' other, 'virtuous' behaviour (or at least that which a dominant culture within a society has deemed to be decent or acceptable at a given time) would have no social meaning. As such Goffman suggested that the attributes or personal characteristics themselves are not inherently discrediting – rather, stigma is a phenomenon that is "generated in social contexts" (1963, p.138).

In his conceptualisation, Goffman differentiated between 'discredited' and 'discreditable' forms of stigma. Discredited forms of stigma are assumed to be visually discernible (with Goffman citing race and physical disability as examples, although I acknowledge that these assumptions are overly simplistic and highly problematic), whereas an individual with a discreditable stigma would not be recognised as possessing a stigmatised trait from a cursory social interaction. Individuals with a discreditable stigma may 'pass' as 'normal', thereby limiting the potential prejudicial attitudes or discrimination they might face. However, as Goffman goes on to explain, in concealing their association

with a stigmatised trait or experience, individuals may experience negative emotions directly linked to the work involved in managing others' awareness of that devaluing label (Goffman, 1963).

Abortion has no visible traits that mark someone as having undergone it. Having had an abortion, can thus be categorised, using Goffman's terminology, as discreditable. Thus, women with experience of abortion might be seen as having the option to negotiate stigmatising interactions through concealment. However, doing so can limit access to social support and, as Goffman suggested it might, has been linked with negative emotions regarding abortion (Astbury-Ward, Parry and Carnwell, 2012; Cockrill and Nack, 2013b; Hoggart, 2017). Stigma management and concealment – with additional consideration of online contexts – are addressed in greater detail below (section 2.3), in the context of self-presentation and selective sharing of personal information.

2.2.2 Manifestations of stigma: a conceptual framework

In this thesis, I draw on a conceptual framework of abortion stigma developed by Cockrill and Nack (2013a) as it is explicitly linked with to the topic of this thesis (abortion), which was derived from broader conceptualisations of stigma including Scambler and Hopkins (Scambler and Hopkins, 1986) and Herek (2009). Cockrill and Nack's (2013) framework differentiates between three manifestations of abortion stigma: 'enacted', 'felt', and 'internalised' stigma (see Figure 1, below). Although these manifestations of stigma are explored by Goffman (1963), his early work did not map out how they relate to one another as has been developed by later theorists.

Enacted stigma refers to acts of discrimination or prejudice experienced as a result of possessing a stigmatised trait. Actions might include violence, discrimination, or abuse (Pescosolido and Martin, 2015). Enacted stigma can occur at the level of social interactions between two individuals, as well as being perpetuated by structural or macro-level forces (as I explore in section 2.2.3 in relation to stigma more broadly, and in relation to abortion stigma specifically in 2.2.5).

'Felt stigma' describes an individual's awareness of stigmatising views which others may hold towards a particular attribute they possess. This concept can be further categorised into 'perceived' and 'anticipated' stigma. Perceived stigma denotes the recognition of stigmatising attitudes toward a given characteristic (Scambler, 2009). Recognition of the stigmatised status of a characteristic that they possess is necessary before they can anticipate how this stigma may impact their own experience. The resulting prospect of stigmatised interactions – and the anxiety it provokes – is conceptualised as anticipated stigma.

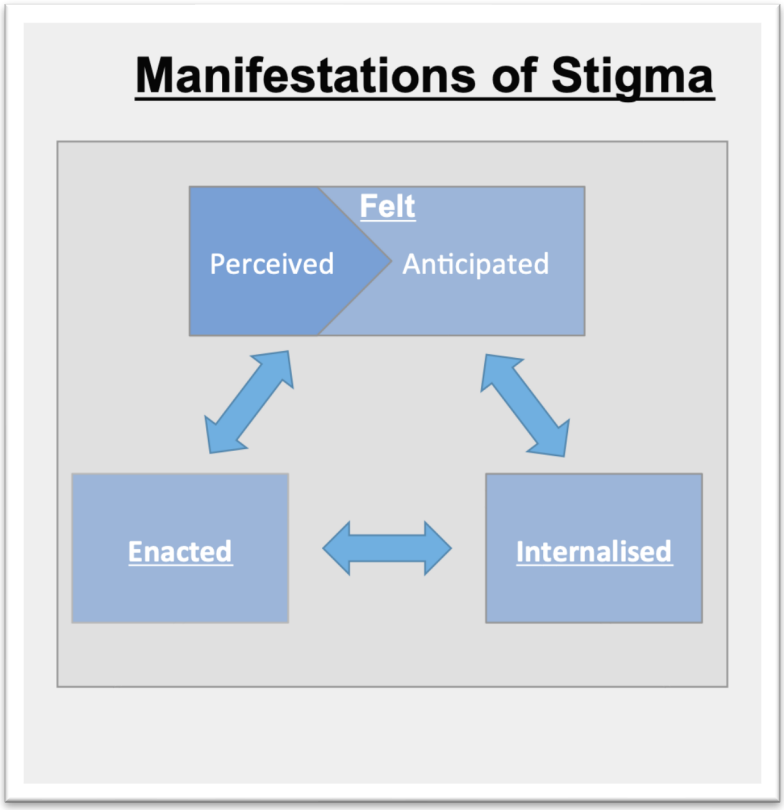


Figure 1- Manifestations of Stigma Framework (drawing on Cockrill and Nack, 2013)

The perception and anticipation of stigma can have significant effects on an individual's life chances and quality of living, just as enacted stigma and outward forms of discrimination can (Remedios and Snyder, 2015; Steele and Aronson, 1995). Felt stigma may be particularly relevant in reference to discreditable stigma, where individuals must balance potential benefits of sharing a stigmatised trait – such as social support – with considerations of

possible stigmatising interactions should they share (Furr, Carreiro and McArthur, 2016).

Lastly in this three-part framework, 'internalised stigma' refers to an individual's adoption of stigmatising beliefs and negative stereotypes toward their own attribute(s) (Herek, 2009). The process through which internalised stigma develops has been attributed to early socialisation in a given cultural context, often before that individual acquires the stigmatised label (Link and Phelan, 2001a). Individuals learn culturally accepted stereotypes and expectations around a particular attribute and, if they should later be labelled with that characteristic, they may direct at themselves the negative beliefs previously applied to others (Goffman, 1963; Ortiz and Jani, 2010).

In this framework, as Cockrill and Nack (2013a) acknowledge, these categories of stigma – enacted, felt, internalised – are interconnected, in that an experience in which an individual is the target of enacted stigma might potentially foster anticipated stigma around future interactions. Alternatively, experiences of enacted stigma may reinforce perceptions of internalised stigma. It is therefore important that these components of stigma are considered in concert with one another, as demonstrated in the figure above (Figure 1), this interconnectedness is explored throughout the analysis of this study.

2.2.3 Stigma as a social process

Following the key literature on stigma explored above, I take the position that stigma is a social construct, meaning that the attributes and qualities that are subject to stigma are not universally regarded as negative, but vary by context. As a social construct, a stigmatised characteristic is not an innately negative difference, but is labelled as an undesirable trait by dominant social strata, reflecting and reproducing larger social inequalities in a society (Link and Phelan, 2001b; Tyler and Slater, 2018).

Stigma can be viewed as a process that occurs both within dyadic social interactions as Goffman (1963) described, and at the macro-level of society. While I draw on Cockrill and Nack's (2013a) account of abortion stigma as experienced at the interpersonal level and the manifestations of types of stigma

(as demonstrated in Figure 1), my conceptualisation is also informed by Link and Phelan (2001b), who describe the social processes that produce stigma at a broader, societal level. Their model posits that elements of labelling, stereotyping, separation, and status loss or discrimination, combine to stigmatise those without significant social authority (with Figure 2 providing a visual representation of how stigma is produced and functions). I address these elements in turn, before discussing how stigma acts as form of power, marginalising groups of individuals with shared characteristics or experiences by replicating and producing hierarchical social structures in which stigmatised individuals are devalued (Tyler, 2020; Tyler and Slater, 2018).

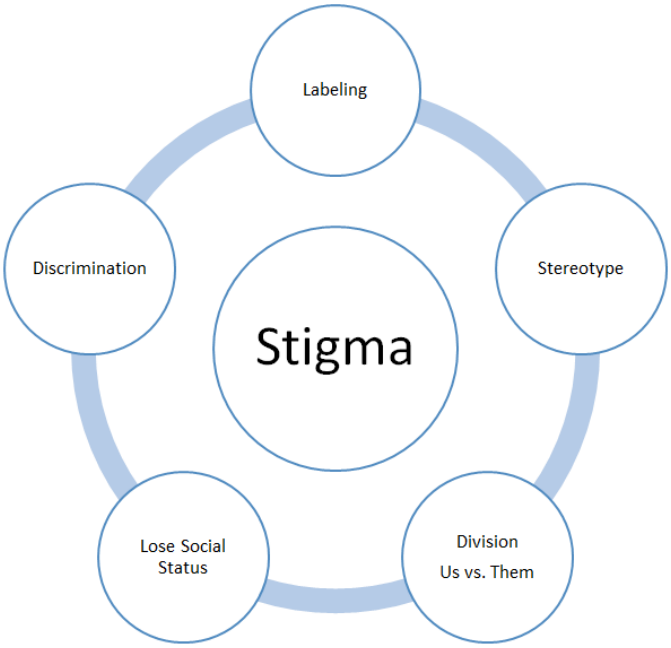


Figure 2- Stigma production (informed by Link and Phelan, 2001)

The first element of Link and Phelan's model of stigma production is the labelling of a stigmatised trait. While differences between members of a society can vary immensely, only some characteristics are labelled as negative traits – that is, stigmatised, in a way which is – culturally and temporally specific. The conceptualisation of stigma used in this thesis recognises that traits associated with stigma are constantly being shaped through social processes and thus stigma is not stagnant but rather a dynamic force that is constantly reshaped and perpetuated at the micro and macro level. Stigma is not ahistorical or apolitical; rather, stigma functions as a type of power that produces social

inequities specific to a temporal and political context (Tyler and Slater, 2018). The labelling component of the stigma production process relies heavily on this oversimplification of categories of human differences – where in reality there is no universally agreed upon line of demarcation between the stigmatised and the 'normal' (Fullilove, 1998). Rather, the categories emerge as a means of distinguishing between groups of people with the aim to subjugate and ostracise.

Link and Phelan (2001b) assert that it is through the creation of artificial classifications of attributes, that *stereotypes* can then be associated with people associated with said characteristics. Stereotypes allow social groups and individuals to categorise and derive meaning from these human characteristics. Stereotyping is, in essence, the basis of Goffman's conceptualisation of stigma from the outset, associating 'normals' with positive, moral characteristics, while those associated with stigma are symbolised as the 'deviant' other. (Goffman, 1963), creating a dichotomy of 'us' versus 'them'.

Status loss and discrimination were unique features of Link and Phelan's (2001b) reconceptualised model for the social process of stigmatisation. While discrimination at the individual level, through social interaction, had been described as a component of stigma by Goffman (1963), the more recent model recognises that enacted stigma can also occur at the wider socio-cultural level. According to this framing, being labelled and associated with negative stereotypes increases the likelihood of a lower location within the social hierarchy, which in turn can have effects on an individual's life chances.

Taking this one step further, Tyler (2020; 2018) proposes that a marginalised social status is not merely a by-product of stigma, but really the primary aim of the stigma production process. In this way, stigma can be seen to function as a tool to enforce social inequities. In the context of abortion stigma specifically, gender roles are weaponised to impose patriarchal values and perpetuate the system of power in which men are privileged over women (the impact of gender in relation to the stigma production process is explored further in section 2.2.5). In essence, stigma is not created or maintained simply at the individual level, but rather by a social process within society that assigns meaning to personal differences in order to marginalise certain groups, while reserving power and social prestige for others.

2.2.4 Navigating stigma: resistance and rejection?

In efforts to describe the possible effects of stigma, stigmatised individuals are often portrayed as passive victims of prejudice and discrimination (Fine and Asch, 1988). In reality, however, individuals are not inactive in their experience of stigma; they can manage their experience of stigma through selectively sharing knowledge of their stigmatised trait label, and further can resist or reject stigma outright (Riessman, 2000a).

Sociological recognition of stigma management strategies have been recognised as far back as Goffman's early work, *Stigma* (1963). One such approach, described by Goffman, that is used by individuals with a discreditable stigma can be seen as a form of disclosure strategy.[1] Strategically deciding who to tell (or not) about an attribute around which there is an expectation of stigmatisation can function as a means of information control, limiting the potential prejudice and discrimination an individual may be exposed to (Riessman, 2000b). In contrast, selectively sharing their association with a stigmatised characteristic, may also serve as a stigma management technique in the sense that sharing this trait can provide an opportunity to find similar others and social support, potentially normalising and destigmatising an experience (Andalibi *et al.*, 2016; Meng *et al.*, 2017). Chaudoir and Fisher (2010) suggests that others' knowledge of a stigmatised trait plays a large role in how a discreditable stigma is experienced. This suggests it is important to understand women's decision-making around whether and with whom to share their abortion experience, as this may significantly shape their overall perception of their abortion as a life event. Thus, in the context of this thesis, how women choose to share (or not share) their abortion experiences within online spaces is considered within the framing of stigma management.

[1] A note on the use of the word 'disclosure' in this thesis: this terminology is used widely in the sociological and psychological literature to describe the sharing of personal information, particularly that associated with a stigmatised trait or experience. In the context of abortion, however, it is my view that the term disclosure conveys negativity and shame. The negative connotation of the word 'disclosure' could be read as implying that abortion is something to be hidden and, as such, could further perpetuate abortion stigma, I have therefore chosen to use language such as 'sharing' personal information unless directly referring to another text which uses the term (as is the case with Goffman here).

Additionally, stigma is also resisted and rejected, rather than just managed, as within Goffman's framing. By way of a tangential but prominent example, in the context of racialised stigma in the American south, black Americans resisted and rejected stigma through the Civil Rights movement of the 1960s, by actively breaking the segregationist policies of the era (Tyler and Slater, 2018). In the case of the Greensboro Four, four black students rejected the social norms and entrenched racist policies of the Jim Crow period by sitting at the 'whites only' counter of a department store and refusing to move. This act of civil disobedience and stigma rejection, inspired the sit-in movement that played a significant part in the Civil Rights movement (Tyler, 2018). I return to the issue of how stigma resistance and rejection might play out in the specific context of abortion below. Building on these demonstrations of how individuals linked with stigma actively manage, resist, and reject stigma, this study will explore how and why women choose to share their abortion online highlighting acts that challenge the widespread silence around abortion experiences.

2.2.5 Stigma in the context of abortion

The concept of stigma was first systematically applied to abortion by Kumar and colleagues who posited that stigma around abortion categorises women who have had abortions as 'inferior to ideals of womanhood' (Kumar, Hessini and Mitchell, 2009, p. 628). While abortion is a medical procedure than impacts people with uteruses more broadly, there is a specific focus on gender because women are the primarily users of abortion services and due to the historic and cultural link between abortion and the imbalance in social power between men and women (Millar, 2017).[2] In the case of patriarchal social contexts, women's behaviour which threatens existing structures of dominance and oppression is often labelled as deviant. As explored above, stigmatising attitudes and discrimination can be a means of enforcing approved, normative behaviour (Barnett, Maticka-Tyndale and Kenya, 2016). Rice et al. (2018) describes the relationship between gender and stigma as follows:

[2] While I recognise that abortion directly impacts people with a range of gender identities, including women, non-binary people, and transgender men, the majority of abortion literature focuses specifically on women's experiences of abortion and abortion-related stigma. Additionally, as all the participants in this study identified as cisgender women (as discussed further in Chapter 3), I will primarily be using binary gendered language here and throughout.

> "Women are uniquely subject to historical, societal, and cultural normative ideals of womanhood which dictate social expectations for their behaviour. Depending on cultural group, social position, and other intersections, women may be stigmatised for deviation from normative expectations around sexual behaviour, heterosexual partnership, marriage, motherhood, and other values." (p.10)

Kumar asserts that abortion challenges the norm of uninterrupted motherhood, and that abortion experiences must be marginalised and silenced to maintain the oppression of women's bodily autonomy.

This subjugation is created, perpetuated, and maintained through social processes. Figure 3 shows my adoption of Shellenberg and colleague's (2011) work outlining the social process of abortion with my contributions (using examples of the process described in my thesis, such as misinformation to separate the 'us' versus 'them'), which are explored in further detail below.

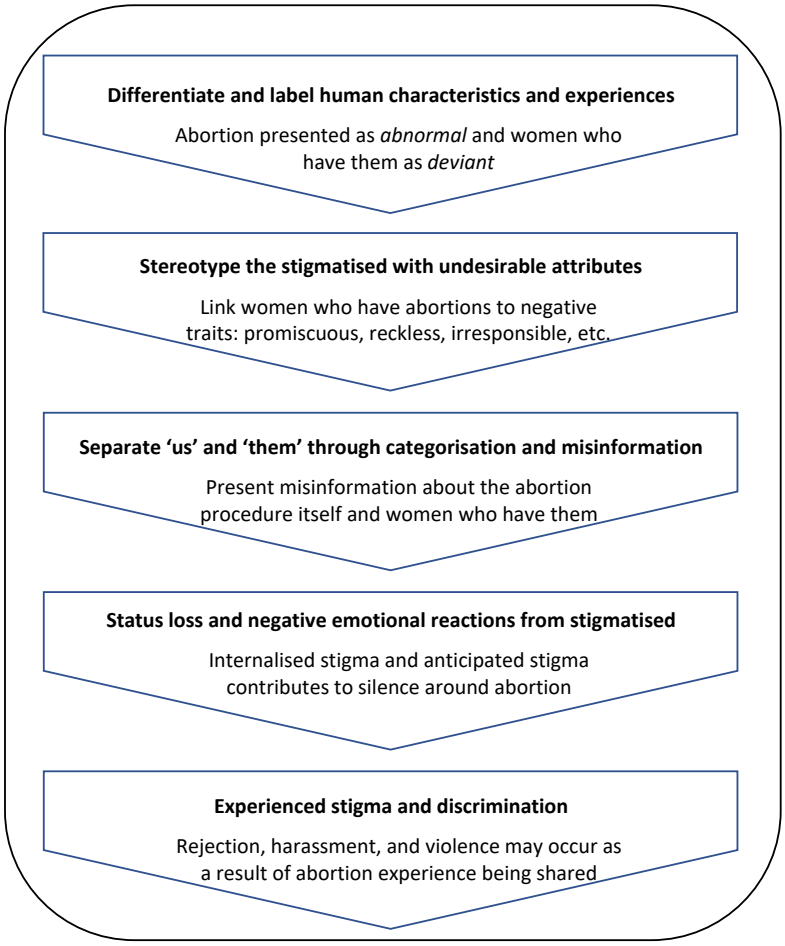


Figure 3- The social process of abortion stigma (Shellenberg *et al.*, 2011)

From this perspective, abortion is presented as an abnormal event in which those seeking it are framed as deviant. This process occurs at a macro-level, with the socio-political framing of abortion – rather than how it is experienced first-hand – substantially shaping public views.

The legal status of abortion is one such way that abortion is framed as abnormal (Baird and Millar, 2020). Abortion is exceptionalised in the UK context by legislative bodies and medical institutions, in that the procedure is managed and policed by legal structures in a different way to other forms of healthcare provision. In a policy that is unique to abortion care, two doctors are required to 'sign off' on the abortion procedure, indicating that in their professional, medical opinion abortion is in the best interest for the health of the patient (Public Health Public Health Scotland, 2022). This framing prioritises medical professionals' views and signals a distrust of women, who currently are unable to choose to have an abortion of their own volition. Additionally, prevailing high-level discourses – such as those perpetuated through the news media, television, or film – present abortion as a controversial topic in which women always experience a large (and often permanent) degree of turmoil regarding their decision (Purcell, Hilton and McDaid, 2014; Sisson and Kimport, 2016).

Furthermore, at macro, community, and individual levels, women who have undergone abortion may be labelled promiscuous, irresponsible, selfish, (Ganatra and Hirve, 2002; Schuster, 2005; Whittaker, 2002). The perpetuation of these stereotypes serves to oversimplify the complex factors that influence the decision to have an abortion, creating the adversarial 'us versus them' dichotomy necessary for the devaluation of personhood associated with stigma (Link and Phelan, 2001a; Shellenberg *et al.*, 2011).

Moreover, abortion stigma is (re)produced in part by the spread of misinformation and fear mongering regarding the (primarily inaccurate) risks associated with abortion (Shellenberg *et al.*, 2011). Dominant cultural narratives around abortion suggest that women will have severe regrets, as well as other negative outcomes such as physical and mental health problems (Purcell, 2015). Some political institutions even go so far as to legally mandate the provision of misinformation to women considering abortion, such as on the health impacts of abortion in relation to breast cancer, a link that has been disproven by

systematic reviews (Bloomer, Pierson and Estrada, 2018). This is the case in several American states, which provided a clear example of how stigma power (by which I mean how stigma production processes are used to exploit and exclude those connected to a stigmatisable experience) is wielded to control and oppress women, by seeking to influence their reproductive choices (Berglas *et al.*, 2017). In direct contradiction to these policies, research suggests that some of the negative outcomes of abortion that women do describe – such as mental health impacts – are actually more associated with abortion stigma rather than the abortion process itself (Kimport, Foster and Weitz, 2011). Women who have abortions may experience prejudice and discrimination from others who know they have done so. Acts of active discrimination that women may face include: rejection by members of their social network, physical and emotional abuse, and/or denial of healthcare services (Kumar, Hessini and Mitchell, 2009). The physical and social risks that women who have had an abortion face can result in silence and isolation, which can be associated with negative abortion experiences (Cockrill and Nack, 2013b).

I touched on the issue of resistance to or rejection of stigma in a broader sense, earlier in this chapter, but this framing has been applied to academic explorations of abortion stigma more specifically. Abortion stigma may be resisted by women using various rhetoric and discourse or rejected outright. Hoggart (2017) described women's resistance and rejection of abortion stigma specifically, with participants reframing their abortion narratives as positive life events and choosing to share their abortion story more widely, thereby rejecting the silence that is associated with a discreditable stigma. For those women, on the other hand, whose experience *is* shaped by internalised abortion stigma, they may express their abortion in terms of a 'moral failing' (Hoggart, 2017). It has been suggested that this internalisation of abortion stigma can impact the decision to share an abortion experience with others, in that those who accept the negative stereotypes of abortion and 'women who abort' may be more likely to conceal their experience from their social network, potentially limiting access to support if needed (Astbury-Ward, Parry and Carnwell, 2012; Cockrill and Nack, 2013b; Hoggart, 2017). Thus, my research will consider the impact of stigma on women's decision-making process to share their abortion in online spaces.

2.3 Sharing personal information in the context of abortion

As described in Goffman's (1963) work on stigma, individuals can manage their experiences of stigma through tactics of information control – by sharing or choosing not to share their association with a stigmatised trait or experience. In carefully considering which aspects of their lives to share with those in their network, they can minimise the social risks associated with stigma. How – and indeed where – women selectively share their abortion has important implications for how they perceive the abortion experience and whether they can access desired social support.

What personal information we choose to reveal to our social contacts is a form of impression management, an act of governing how others see us (Christofides, Muise and Desmarais, 2009). Sharing personal information, or 'self-disclosure', refers to "the content of a conversation characterised by the revelation of personal and intimate information" (Dietz-Uhler, Bishop-Clark and Howard, 2005, p. 115). Possible reasons for sharing personal information include validation and support, self-expression, and control of this knowledge (Dietz-Uhler, Bishop-Clark and Howard, 2005). Sharing personal information functions to strengthen relationships and foster a sense of intimacy between social actors; this property is also observed in online communication in which personal details are shared (Christofides, Muise and Desmarais, 2009; Henderson and Gilding, 2004; Krasnova *et al.*, 2010; Saling, Cohen and Cooper, 2019).

Stigma is managed by information control, that is, restricting others' knowledge of a stigmatised attribute (Goffman, 1963). Therefore, the decision to selectively share or hide that trait is important to individuals in their attempts to control others' perceptions of them and ultimately their experience of stigma. For those with a concealable stigma, keeping it a secret can be an effective way to reduce the likelihood of negative social interactions. However, this suppression of personal information precludes social support and therefore this concealment is associated with psychological distress for many individuals, including women in relation to their abortion experience (Duguay, 2016; Major and Gramzow, 1999; McConnell *et al.*, 2018).

Yet while the sharing of personal information (particularly related to identity and stigma) is generally associated with an increase in wellbeing, it is also associated with negative experiences, which mediates this relationship. Being open and honest about a stigmatised trait (or experience) can result in negative interactions. Derlega (1984) proposes several possible consequences to sharing stigmatising information, including: indifference to the communication, social rejection, loss of status, and betrayal. Therefore, individuals practice selective sharing of stigmatisable personal information, choosing to tell certain individuals because they are predicted to provide supportive reactions (Corrigan *et al.*, 2012; Lawlor and Kirakowski, 2014a). Evidence suggests that this can be an ongoing process with potential benefits and risks around in-person and computer-mediated interactions considered as needed, thus this iterative activity will be explored in detail with participants of this study(Jackson and Mohr, 2016).

2.3.1 Sharing personal information online: how online contexts shape decisions to share (or not) stigmatisable information

As social relationships are increasingly maintained and managed online, research has examined how the online context affects individuals' decisions and practices regarding sharing personal information and presenting themselves publicly. Studies have indicated that social interactions online are considerably different from 'traditional' in-person communication (Krasnova *et al.*, 2010; McConnell *et al.*, 2018; Meng *et al.*, 2017; Murthy, 2012). Internet users have been found to be more likely to share personal information online than they would do in face-to-face interactions (Valkenburg and Peter, 2009). However, there are also clear concerns about privacy, considering both the potential risks and benefits of sharing in online contexts (Krämer and Schäwel, 2020).

To further unpack these benefits and risks, opening up online can facilitate access to valuable social resources, and can contribute to the intimacy of relationships with members of an online audience (Andalibi, 2020; Ellison, Heino and Gibbs, 2006). Conversely, sharing personal information online can be perceived as risky. As Vitak and Kim (2014) categorised three potential threats that individuals may see as an impediment to sharing online: interpersonal-based (social rejection), impression management-based (loss of status or control over

information), and affordance-based (how online platforms' functionality permit or inhibit sharing). Given the potential positive and negative impacts sharing can have, Cutrona (1990, p. 9) suggests individuals must decide what personal details will elicit the desired response whilst mitigating potential risks, or:

> "How to disclose enough of one's misery to gain the benefits such revelations can provide, without disclosing in such a way or to such an extent that it will drive others away."

Such decisions may be additionally complex for those choosing whether to share information regarding a stigmatised attribute or experience, as the potential negative reactions may be perceived as more likely than if sharing a non-stigmatised experience. This may be particularly true for those individuals who express a high degree of internalised stigma or anticipated stigma (Luo and Hancock, 2020).

The concerns highlighted by Vitak and Kim (2014) are only complicated by the variety of online platforms available, as Birnholtz and colleagues (2020, p. 2) suggest: "Self-presentation today is fundamentally socio-technical in nature, as disclosure and visibility depend on both the technical features and affordances of platforms". Individuals must consider how various online spaces can aid them in their desires to share aspects of their lives with other users in relation to interpersonal relationships, impression management, and technological functionality.

One such example of how these three considerations are navigated relates to the audience within any given space, as this can differ significantly across online spaces. For instance, identity-linked platforms (by which I mean, those that are in some way connected to a person's offline life primarily through the use of their real, or broadly known, name and a connection to in-person social network members) likely reach individuals known from offline spaces like friends, family, and co-workers, while more anonymous platforms that use usernames allow individuals to communicate with unknown people. In sharing potentially stigmatising information with relative strangers, research suggests that the anonymity of online spaces may be a significant motivational factor encouraging some users to share their experiences with stigma as there may be less perceived consequences to negative reactions (specifically, interpersonal

concerns) (Suler, 2004). While the majority of literature regarding potentially sensitive healthcare disclosures focuses on subject-specific, anonymous platforms, where users are unlikely to be known to each other, there is some evidence that individuals share this type of information in identity-linked online spaces and have positive experiences (Kashian and Wang, 2021). However, it is likely that the context of a stigmatised or sensitive experience influences individuals' concerns regarding interpersonal reactions to this knowledge, and thus where individuals choose to share online.

Any impression management concerns of those with stigmatisable traits may be heightened in online spaces, in that content is difficult to erase from many platforms (and arguably impossible to fully erase), there is therefore a degree of permanence not associated with in-person interactions (Birnholtz *et al.*, 2020; Treem and Leonardi, 2013). This longevity is additionally complicated in that users may be unsure that a platform's privacy policies will stay the same, and if they change, unintended audiences may become aware of this personal information. This was one reason why some women in Andalibi's (2020) study who had experienced pregnancy loss – a potentially sensitive, stigmatised reproductive outcome – chose not to share that experience.

Another information control consideration relates to platform affordances. Depending on the functionality of the online platform, users may engage in 'selective disclosure'– in that content is shared with certain individuals and not the entirety of an online network (Andalibi, 2020). This can be achieved by switching between platforms in which audiences differ, but also can be employed within one platform if the functionality to create subgroups of audience members is available, such as the functionality of a closed Facebook group. In a study exploring online pregnancy loss disclosures by LGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer) individuals, this ability to selectively disclose was highlighted as a factor which made the experience of sharing this sensitive personal information more pleasant (Pyle *et al.*, 2021). The potential influence of affordances on the process of seeking social support is explained in more detail in section 2.5.

The literature reviewed here suggests that in processes of stigma management in which potentially stigmatising information may be tightly controlled, how and

why an individual chooses to share a given experience, the context in which this information is shared (namely in-person or online) can impact this decision. As I have highlighted, online sharing of personal information is subject to considerations specific to the online context, such as: the platform's audience, the permanence of the content, and the technological functionality of these spaces. Moreover, these reflections may be particularly relevant to those who anticipate and fear stigmatising interactions. Potential benefits (like social support) and disadvantages (such as rejection) may be weighed up in relation to the specific stigmatised experience or trait, and the individual's perceptions of it.

2.3.2 Online contexts and the impact on activity within these spaces

Our online activity is an aspect of identity construction that is becoming increasingly integrated into our daily lives through the use of social media platforms (Owens, 2017). 'Social media' broadly refers to digital platforms in which users can create content and interact with others, share personal details, build and maintain social relationships, and access social support (Meng *et al.*, 2017). Social media has become an increasingly widespread facilitator of communication, with the most popular, Facebook, reaching 2.32 billion monthly active users in early 2019 (Lee, 2019).

While I have addressed 'online contexts' generally above, online platforms vary considerably in their functionality and usage. Table 1 (below, as informed by (McCay-Peet and Quan-Haase, 2016) sets out and compares some of the more popular online platforms, which I expected might be used by participants in my study social media. Whilst it is useful to categorise online spaces based on their functionality, I note that these groupings are not mutually exclusive. For example, Twitter could be conceptualised as both a social networking site *and* a microblog. Despite the limitations of this classification system, these over-arching classes of social media broadly represent some of the highest-level commonalities and distinctions between types of online spaces.

While platforms can be categorised by their functionality (as listed in the left-hand column of Table 1, below), these spaces can be more broadly characterised

by the technological affordances they provide. Affordances can be defined as the features of the technology and how it is perceived and used by individuals because of these structures (Lin and Kishore, 2021; Rains, 2019). Rains (2019) introduces several technological affordances that are likely to impact how individuals use these online platforms to create, share, and interact with content; these are: anonymity, visibility, and control. Anonymity refers to the level to which individuals online can present identity-linked profiles and content versus a nameless, anonymous presence online. Visibility is a related concept but focuses primarily on the audience of the platform: be this a large, public audience or a smaller select audience managed by a user. Examples of platforms that differ in terms of visibility would be Twitter – a highly visible platform – versus Facebook – a curated collection of 'friends' in which content is less visible to those outwith this network. Lastly, control refers to a user's ability to manage the construction and sharing of their content, examples of which could be the medium of the platform (text or video based) as well as the synchronicity of communication (Walther and Boyd, 2002). These broad categorisations demonstrate some of the more general technological affordances that are likely to influence how users communicate and interact with content (explored more in Chapter 5, below).

Table 1 Types of social media

Type of social media	Examples	Definitions
Social networking sites	Facebook, LinkedIn	Platforms that allow users to construct a profile and establish a social network with which to share content
Microblogging	Twitter, Tumblr	Platforms that restrict content to brief communications that are shared with a set of subscribers
Blogs and forums	LiveJournal, Wordpress	'Online forums allow members to hold conversations by posting messages. Blog comments are similar except they are attached to blogs and usually the discussion centers around the topic of the blog post' (Grahl, 2013)
Media sharing	YouTube, Flickr, Pinterest	Platforms that focus on the sharing of primarily visual media, rather than text-based content
Social news	Digg, Reddit	Platforms that allow users to post content that is then 'voted' on, moving posts up or down in a kind of ranking system. Content that is voted on more favourably is then displayed more prominently
Geo-location based sites	Foursquare, Yik-Yak, Tinder, Skype,	Platforms that allow users to connect based on the geographical location of their device

Understandably, given these variations, many academic explorations of computer-mediated communication tend to focus on one platform at a time (Rains and Brunner, 2015) – and my literature review suggests Facebook has been the most extensively researched. However, there is little existing literature to inform what online spaces are used by women regarding abortion-related content (by which I mean content that contains reference to personal abortion experiences) and why.

2.4 Conceptualisations of social support in the context of abortion

As highlighted earlier in this chapter, social support can play an important role in women's abortion experiences, both before and after the procedure. However, the concealment of abortion experiences can inhibit supportive exchanges, ultimately having a negative impact on a woman's reproductive and social wellbeing (Kumar, Hessini and Mitchell, 2009; Major *et al.*, 1990; Ostrach and Cheyney, 2014). While social support (or the absence thereof) may be seen as an significant aspect of abortion experiences, the sociological concept of social support itself is multi-faceted, and ill-defined (Veiel and Baumann, 1992). This section of my review clarifies the conceptualisation of social support used in this thesis, and how this has informed the methodological perspective used to address my research questions.

2.4.1 Development and evolution of the concept of social support

The term 'social support' was introduced to the social scientific literature in the 1970s (Caplan, 1974), and has since been studied in a variety of social science fields primarily in relation to its association with measures of wellbeing. Despite the large volume of literature exploring social support, major reviews have identified conceptual ambiguity as a hindrance for research and interventions aimed at using social support to improve health (Cohen and Syme, 1985; Veiel and Baumann, 1992; Williams, Barclay and Schmied, 2004). A primary aim of my review of the social support literature was to help me define and operationalise 'social support' for the purposes of this thesis. As highlighted earlier in the chapter, I conducted a systematic search of existing conceptualisations of social support. To clearly organise and compare existing definitions of social support I created two tables (Appendix B and Appendix C), with my sample of 26 definitions arranged chronologically. These tables are used below to explore how the concept of social support has developed over time and what the most appropriate conceptualisation is for the purposes of this study.

The first definition of social support was developed by Caplan (1974), a psychologist who drew on evidence from community healthcare contexts, and identified a range of helping or supportive behaviours. This conceptualisation of

social support proposes a shift from a primarily structural view of how the mere presence of social ties might moderate health, to instead recognise that the functions of social relationships are crucial to understanding this link.

In recognising the complexity of social support, researchers have proposed various typologies to categorise components of support in a number of ways. These include classifications that correspond to what, from a psychological perspective, would be framed as particular 'stressors' (Cohen and Syme, 1985). Gottlieb's (1978) conceptualisation of social support first classified helping behaviours into emotionally-sustaining behaviours, problem-solving behaviours, indirect personal influence, and environmental action. This represented an evolution from earlier conceptualisations (Caplan, 1974), in which helping behaviours were simply listed rather than presented in terms of the function they might serve.

Tripartite classifications of social support components were the most common in my sample, with five of the 26 definitions including some combination of emotional, informational, and material forms of support (Jacobson, 1986; Kahn and Antonucci, 1980; Schaefer, Coyne and Lazarus, 1981; Thoits, 1986; Thoits, 1995). Although these authors use differing terminology - with 'informational', 'affirmation', and 'cognitive' being used to describe the same kind of supportive behaviours - there was a high level of consensus across these tripartite classifications regarding these three constructs of social support. Emotional support, relates to love and understanding, instilling the individual with a sense of self-worth (Thoits, 1995). Informational support consists of information provision including knowledge, opinions, and advice on how to cope with a given stressor (Berkman *et al.*, 2000). Material support - sometimes referred to as instrumental support - involves practical aid, providing the recipient with goods or services corresponding to their needs (Jacobson, 1986).

2.4.2 Perception of social support

The broader social support literature distinguishes between perceived social support and received social support (see Appendix C), recognising that an individual's perception of support has more significance for their experience of a stressor and overall wellbeing, than what the acts of support actually were

(McNally and Newman, 1999). Researchers focusing on an individual's experience regarding social support (as my study is) value the subjectivity inherent in measuring this perceived social support (Sarason, Pierce and Sarason, 1990).

While much of this literature is grounded in psychology, a sociological perspective on perceived social support might offer valuable insight into the social contexts of experiences of support, such as how the social roles of the provider and receiver affect how support is perceived, and how the broader social environment shapes experiences of support (Badr *et al.*, 2001). This may be particularly relevant to my research, since abortion stigma is culturally dependent, meaning the context in which my study takes place – both in terms of socio-political context, but also within the online context - may affect how supportive behaviours are perceived by women who undergo abortion procedures.

Another dimension of social support relating to perception is the inclusion of positive outcomes as a compulsory component of social support, necessitating that the individual on the receiving end of the supportive behaviour perceived it to be useful in coping with their experience. A minority of the articles included in Appendix C (six of 26) did not incorporate implied positive outcomes into their definitions of social support (Cohen and Syme, 1985; Cohen, Underwood and Gottlieb, 2000; House, 1981; Leavy, 1983; Lin *et al.*, 1979; Tilden, Nelson and May, 1990). Supportive behaviours are described as potentially useful (Cohen and Syme, 1985), allowing for the subjective experience of the recipient to determine whether these acts will be beneficial and match their need for support, or possibly be detrimental.

The extent to which support is desired or intended also plays a part here. My masters research found that some women acknowledged that support was offered to them, and recognised that they were intended to be helpful. However, because they did not desire those actions (for a multitude of reasons), they were experienced as stress-inducing and not constructive to a positive abortion experience (Wilson-Lowe, 2018). But these women still identified those acts as forms of social support, despite the outcome not being necessarily helpful or beneficial. Informed both by the literature referenced above and my previous research, I suggest that the *outcome* of an act of social support need

not be positive, rather it is the perceived intention of a supportive act that constitutes social support. An individual may perceive social support to be present in their interactions with members of their social network (in the broader sense), but they might not benefit from these helping behaviours if they do not match the need for support or if they feel unwilling or unable to manage offers of support (Cutrona, 1990; Rini *et al.*, 2008; Winkeler, Filipp and Aymanns, 2006). Rather than relying on assessments of the outcome of a certain act to determine whether or not it should be considered social support, in this study I allow participants to describe support as they perceive it to be, independent of whether it resulted in what might be considered positive effects.

In my intention of being led by participants' understandings, my conceptualisation of social support is primarily informed by Jacobson (1986) and Cohen et al. (2000), both of which emphasise the significance of understanding perceptions of social support, The terminology (emotional, informational, and material) in Jacobson's (1986) tripartite classification provides an appropriate level of specificity in which to explore social support. Cohen and colleagues also frame social support as a resource to be managed through complex social interactions, as opposed to conceptualisations which describing support as a fund that can be passively drawn from. I prefer this more nuanced presentation of support as a resource, as the term "fund" implies a static pool to draw from and ignores the complexity of social interactions necessary to manage and elicit social support. The combination of these conceptualisations of social support offers an appropriate basis for my research exploring women's experience of abortion and online social support.

2.4.3 Social support provision around abortion

The sharing of a personal experience, such as an abortion, can be an opportunity to process thoughts and feelings, cope with a stressful life event, and elicit social support (Chaudoir and Fisher, 2010). Social support is widely acknowledged to contribute to an individual's wellbeing, providing psychosocial resources to aid in coping with potentially stressful life events (Alloway and Bebbington, 1987; Holt-Lunstad, Smith and Layton, 2010). Abortion may represent a significant challenge to some women, where it requires navigation of complex healthcare systems and social interactions. Social support may,

therefore, be a desirable resource for women to draw upon prior, during, or after their abortion(s). Evidence suggests that, in the context of in-person exchanges, women who choose to share their abortion experience often do so in order to seek social support (Astbury-Ward, Parry and Carnwell, 2012). Social support around abortion appears to play a part in mediating the negative effects of abortion stigma, at both an interpersonal and community level, and is associated with a more positive abortion experience overall (Kumar, Hessini and Mitchell, 2009).

In the case of abortion, sharing experiences may result in supportive interactions, but there is also the possibility that those told may react negatively given the stigma associated with it. As such, the decision to share can be complex, since doing so has potential to benefit the woman or harm. Given this potential for stigmatising reactions, many women choose to conceal their abortion from social network members, thereby limiting opportunities to seek support (Cockrill and Biggs, 2017; Cockrill *et al.*, 2013; Major and Gramzow, 1999). Although concealing an abortion may provide a protective measure against interpersonal tension, concealment has been associated with internalised stigma and negative feelings such as increased isolation and loneliness (Major and Gramzow, 1999; O'Donnell, O'Carroll and Toole, 2018; Robbins and DeLamater, 1985). As a result of this concealment, negative abortion experiences may be closely related to a lack of social support.

For those who do choose to share their abortion to members of their social networks, some general observations have been made regarding this decision. Women most often tell the conception partner, then friends, and tell family members least often (Kimport, Foster and Weitz, 2011; Robbins and DeLamater, 1985). The reason for this may be influenced by the conception partner's relationship to the pregnancy itself. Conception partners play a biological part in creating the pregnancy, so their knowledge of the pregnancy and abortion may allow the woman to share the decision around ending or continuing the pregnancy, if and when that other person is invested in the outcome. Parents and older family members may not be told of the abortion as often, possibly due to the potential for intergenerational judgement, which may not be considered as an issue for telling friends (Robbins and DeLamater, 1985). Considering these

in-person patterns, it seems likely that online sharing of abortion experiences might involve some similar considerations. Earlier research suggests that women consider prior knowledge about their friends and family - in an effort to gauge possible reactions to their abortion (Wilson-Lowe, 2018) – and that they want to feel supported in their decision to have an abortion. Without confidence in how their network will react, they may choose to conceal this information (Cockrill and Nack, 2013b; Kimport, Foster and Weitz, 2011), even where this may not be their preference.

The visibility of others' experiences appears to be a precursor to receiving support, in that, in order to seek support from those with experiential knowledge of abortion one must know who has that experience. This may present a problem, given the tendency for abortion experiences to remain hidden or concealed (Norris *et al.*, 2011). In this way, the invisibility of abortion – in that abortion does not leave a visible mark – functions as a double-edged sword: protecting women from potentially stigmatising reactions but also limiting opportunities to access therapeutic and practical benefits that shared knowledge can provide (Chaudoir and Fisher, 2010; Cockrill and Nack, 2013b; Miall, 1986). The barriers this might create are considered in the analysis presented in this thesis.

2.5 Social support in online contexts

As use of online platforms and computer-mediated communication grows, research suggests that these online spaces are increasingly used to share personal experiences and garner social support (Gilmour *et al.*, 2020; Meng *et al.*, 2017). Evidence has shown that social interactions are different online than in traditional offline contexts (Krasnova *et al.*, 2010; McConnell *et al.*, 2018; Meng *et al.*, 2017; Murthy, 2012). Internet users are significantly more likely to share personal information (such as personal photos, details about romantic status, political affiliations, etc.) online than we would do in face-to-face interactions (Valkenburg and Peter, 2009). This apparently higher rate of sharing personal information in online spaces is considered to be one of the main factors that contributes to the association between online behaviour and better social wellbeing, mediated through access to social support (Qiu *et al.*, 2012).

While the motivation to share personal information online is likely to differ dependent on the individual and their needs, it might be expected that receiving social support would be an appealing factor. With online spaces being a relatively convenient means by which to both seek and provide support, this can be seen as a low cost interaction, in terms of effort on both the part of the sharer and would-be supporter (Vitak and Ellison, 2013).

Online spaces have potential to reduce several barriers to support that must be navigated in offline interactions, particularly the removal of temporal and geographical boundaries (Lazard *et al.*, 2021; Ziebland and Wyke, 2012). Online spaces can be accessed at any time, from anywhere, and are usually free (so long as the cost-barrier of having access to the Internet is overcome). Online communication reduces practical concerns such as travel time, caring responsibilities, and cost (Coulson, 2005; Teaford, McNiesh and Goyal, 2019). It is also seen as an efficient way to communicate to a large group of people at one time, avoiding the practical and emotional labour of many, distinct social interactions (Bevan, Gomez and Sparks, 2014; Duguay, 2016; Owens, 2017). In this way, social media platforms facilitate a communication style referred to as 'multicasting', or the broadcasting of information to many individuals, shifting away from traditional forms of communication that are more dyadic in nature (Murthy, 2012).

Furthermore, many online spaces offer a novel form of communication through what are known in the HCI literature as 'paralinguistic digital affordances' (PDAs) or 'click speech' (Wu, Oeldorf-Hirsch and Atkin, 2020). These are typically one-click actions such as 'liking' content or sending an 'emoticon'.[3] Although this communication may appear rudimentary and limited, previous research suggests that users interpret and perceive nuanced meaning from these one-click actions (Johnson, Quinlan and Pope, 2020). Interestingly, it appears that users may understand click speech as supportive despite the limited interaction between actors (Hayes, Carr and Wohn, 2016a; Hayes, Carr and Wohn, 2016b). In many ways, online communication can act as a low-cost social exchange; the convenience and control this affords may be a significant factor in

[3] Emoticon refers to digital animations that convey an emotion (smiling face), activities (running person), or object (lightbulb), within an ever-expanding repertoire of static, cartoon images.

why individuals choose this over offline interactions (Mikal *et al.*, 2020; Saling, Cohen and Cooper, 2019).

For those individuals linked to a discreditable stigmatised trait, concealment may be linked with reduced psychological wellbeing and lower self-esteem (Lawlor and Kirakowski, 2014; Livingston and Boyd, 2010). The normalisation of online disclosure, and the unique affordances of online spaces, may motivate online discussion of stigmatising attributes, in order for those discussing to find similar others and seek support or information (Mo and Coulson, 2010).

Online contexts can be perceived by some as a more accepting place to share personal information, particularly in spaces individuals deem 'safe', with likeminded users (such as in support groups, pages dedicated to specific topics and so on) or through anonymous accounts (Andalibi *et al.*, 2016). As such, many online platforms are used for support, particularly in relation to stigmatised aspects of health such as HIV, mental health, and pregnancy loss (Andalibi *et al.*, 2016; Greene *et al.*, 2011; Lazard *et al.*, 2021; Selkie *et al.*, 2020). Greene et al. (2011) suggest that potentially 'delicate' topics may be discussed with greater candour and frequency online. Feelings of embarrassment or shame – which are often associated with stigmatised experiences (Goffman, 1963; Ortiz and Jani, 2010) – may be felt less acutely within spaces with other users sharing similar experiences online, thus normalising the topic and encouraging others to share (Selkie *et al.*, 2020).

Similarly, the anonymity afforded within many online contexts has been suggested as one key way these platforms can be useful to those individuals with stigmatised attributes, reducing the possibility of negative experiences in 'real life' as a result from sharing their story (Lawlor and Kirakowski, 2014; Tidwell and Walther, 2002). Although identity-linked platforms – such as Facebook or Twitter – may be the most used platforms, evidence suggests that more anonymous online spaces may be sought out by users to share potentially sensitive information and access social support (Vornholt and De Choudhury, 2021). This signifies that individuals do consider anonymity a particularly desirable aspect of the online platforms in which they choose to share stigmatised identities or experiences. Therefore, the online spaces that participants in this study discuss are explored in terms of anonymity and links to

offline identity, to determine if this is a considered factor regarding abortion-related content.

Additionally the 'disembodied' character of remote communication may encourage the use of online spaces to access support, in that this form of interaction – at least in the written medium – circumvents nonverbal cues that may present a barrier to sharing particularly sensitive information, with no facial expressions, gestures, or physical appearance inherent in the communication style (Walther and Boyd, 2002). Also the asynchronicity of computer-mediated communication allows time for the individual to phrase their thoughts and responses in a way that enables self-reflection and allows for more control over how they present themselves (Krasnova *et al.*, 2010). Conversely, these same factors that are interpreted to be benefits of online communication (anonymity, lack of visual cues, asynchronicity) can also be perceived as a disadvantage to this remote communication, potentially contributing to misunderstandings and confusion. The duality of these online affordances is considered in the next section, and in data generation and analysis.

2.5.1 Potential limitations to online social support

Social support provided on social media platforms is associated with positive outcomes for the user, including: increased life satisfaction and psychosocial wellbeing, and decreases in physical illness and measures of depression (Meng *et al.*, 2017). However, online communication is not without its risks and barriers to access, however (Bevan, Gomez and Sparks, 2014). Requests for support, especially for stigmatisable health-related issues, may not be appropriate for the entirety of an individual's social network online. Therefore a tension exists between sharing and concealing information, while attempting to seek support (Vitak and Ellison, 2013). Evidence suggests that people are aware of the potential benefits for support seeking on social media platforms, but they are cognisant of risks in regards to privacy and presentation of self to their wider social network (Andalibi *et al.*, 2016). Sharing personal details and support seeking requires complex navigation between the benefits and costs to presentation of self, that must be considered in relation to the nature of the personal information being shared.

A significant barrier to sharing personal information in online contexts relates to the question of audience. Those whose online presence is more closely linked to their offline identity - by which I mean users with 'real-name' accounts, such as on Facebook - may experience the phenomenon of *context collapse*. Coined by Boyd (2007), context collapse is conceptualised as the integration and overlap of social contexts in which friends, family, co-workers are all represented in one (online) space with access to the same content, resulting from a lack of spatial, social, and temporal boundaries within said online contexts. This can be distressing, as social media combines the multiple facets of our identity to be presented for a single, diverse audience. Different social roles and relationships can have very different normative expectations of behaviour, making the idea of sharing potentially sensitive information across the entirety of one's social network an uncomfortable prospect for many (McConnell *et al.*, 2018). Therefore, deciding what content is appropriate to post and share with all these combined audiences online, can require strategies to manage the presentation of self on our social media accounts. Evidence suggests that users may share information only if it is viewed as appropriate for the broadest audience, in that it falls into the social norms of the most conservative subgroup of an individual's social network – a phenomenon termed the 'lowest common denominator effect' (Brady and Segar, 2016; Bullingham and Vasconcelos, 2013; Hogan, 2010; Papacharissi and Gibson, 2011).

The emotional tone of personal information may present another barrier to online communication. The enhanced self-disclosure model (Bevan *et al.*, 2015; Qiu *et al.*, 2012) proposes that individuals are more likely to reveal positive emotional experiences rather than negative, as this will aid in presenting a more idealised version of the self online. This concept has been utilised in describing online activity, and highlights a tendency towards sharing positive, rather than negative, information, experiences and emotions online. Researchers have proposed that this may have a protective function against negative online social interactions (Bevan *et al.*, 2015; Qiu *et al.*, 2012). However, support-seeking – particularly around potentially sensitive issues – may also be viewed as inappropriate on some online platforms, and that the context (audience, existing or typical content, tone of space) must be considered before posting (Hayes, Carr and Wohn, 2016a).

In sum, sharing personal information online may be perceived by some as a low-cost social interaction for stigmatised individuals, offering them more control and choice over how, when, and where they share their narrative. Yet, it may have associated costs and burdens. The pros and cons of sharing personal experiences online, just like any similar in-person interaction, likely requires conscious and deliberate decision-making. Given the potential emotional complexity of abortion experiences, and the associated stigma, the positive and negative aspects of seeking online social support are explored in my thesis.

2.6 Online support in specific relation to abortion: key issues for further exploration

The above literature regarding online activity and the decisions to share personal – even stigmatisable – experiences online, indicate that individuals' experiences within online contexts are often different than in-person communication. Particularly, these spaces online - in which identity can be navigated or concealed by users - may offer relief from in-person anticipated or enacted stigma. Thus, this ability to manage privacy and anonymity may present women with opportunities to seek support and/or share their abortion experiences when they may not choose to do so with in-person network members. However, little is known about how and why women explore online abortion accounts and share their own abortion experience within online spaces, with no research having been done into the Scottish context.

The existing research into the roles of online spaces that exists currently seems to be primarily directed towards the social media platform Reddit (Jacques *et al.*, 2021; Jump, 2021; Richards, Masud and Arocha, 2021). While the reasons that this particular platform is so popular with regard to abortion-related research is unclear, I suggest that this platform's high degree of anonymity (as Reddit does not have a 'real-name' policy like other social platforms such as Facebook) and the organisation of content into 'subReddits' (essentially acting as conversation threads) might make it an appealing online context on which to conduct research on a stigmatised topic. Exploration into the subReddit 'r/Abortion' has identified that this online space appears to be accessed by those who perceive inadequate in-person social support regarding their abortion (Jacques *et al.*, 2021; Jump, 2021; Richards, Masud and Arocha, 2021). This

subReddit was perceived as a relatively safe space in which to explore abortion-related queries, given the presence of thread moderators and the aforementioned anonymity of the Reddit platform. These studies have claimed to identify potential motivating factors for the use of online spaces in regards to abortion experiences, which were primarily to seek social support, echoing the points made earlier in this chapter. However, these studies analysed the content itself and did not speak to the users directly to explore their perspectives, reasons, or experiences (Richards et al., 2021, Jacques et al., 2021, Jump, 2021), meaning a significant gap in understanding persists. To address this ongoing gap, my thesis was not limited to one online platform and I explored how participants accessed spaces in which abortion-related content was available and how the technological affordances of these spaces (such as the ability to be anonymous or the size of the online audience) impacts the type of engagement that women report online. Additionally, this thesis engaged directly with those who have used these online spaces, rather than extrapolating from the abortion-related content itself - to provide for an in-depth analysis of this experience that explores both those who posted online and those who anonymously browsed this content.

Moreover, I explored how the stigmatised context in which abortion is framed may shape women's experiences in trying to find and utilise support online. The existing literature regarding in-person interactions recognises that abortion is often presented and experienced in terms of stigma (Cockrill and Nack, 2013a; Kumar, Hessini and Mitchell, 2009; Shellenberg *et al.*, 2011). Additionally, there is evidence that abortion-related content online is subject to stigmatising interactions (Ahmed, 2018; Jump, 2021). For instance, websites vary in terms of their neutrality (pro-abortion versus anti-abortion rhetoric) and trustworthiness; with one study indicating that approximately 35% of websites identified as abortion-related being classed as 'anti-choice' despite initial indications that they were neutral and unbiased (Han *et al.*, 2020). Thus, it may be difficult for women to access online spaces that honestly present pro-abortion information and support; women's experiences regarding the trustworthiness of online platforms and their perception of stigma or anti-abortion discourse are explored in this study.

In addition to the apprehension regarding the trustworthiness and veracity of the abortion-related content available online, the potential for harassment and abuse online may be of concern to women seeking support within online platforms. Previous research into online experiences more broadly have found that approximately 40% of users have experienced some level of harassment online, and evidence suggests that this abuse may be particularly gendered with women being directly targeted (Duggan, 2017; Megarry, 2014). The limited research into experiences of online harassment directed towards those sharing abortion-related content has reported that stigmatising interactions with other users are a common outcome – with 60% of those surveyed reporting negative incidents online (Woodruff *et al.*, 2020). However, despite these instances much of the sample described their experience in sharing their abortion narrative online as empowering. Given this research, my thesis addressed the possibility of online harassment and stigmatising experiences through qualitative methods, aiming to explore this issue in more depth with participants.

Existing literature indicates that abortion-related content exists online, both in more formal healthcare spaces and more informal, social media platforms (Aiken *et al.*, 2017; Guendelman *et al.*, 2020; Holten, de Goeij and Kleiverda, 2021). However, previous research has not investigated how and why these spaces are used by women. As highlighted above, first-hand accounts of experiences using online spaces to read and create abortion-related content are under-explored. This study sought to explore women's experiences and perceptions of using online spaces to read existing abortion-related content and share personal abortion accounts online, with particular attention paid to how these spaces are found and used by women to seek support and navigate stigma.

2.7 Review summary

This review identified significant gaps in the literature which my research aims to address. Primarily these were that, while it is established that personal accounts of abortion are shared online, little is known about: how these spaces are sought out and identified; how individuals choose to engage with this content and other users; why women are using online spaces to explore and/or share abortion-related content; and how they perceive these experiences online.

The answers to these questions are sought through this research, with specific focus on stigma and social support.

Conceptualisations of stigma and social support were explored in detail in this chapter, drawing primarily on sociological and psychological literatures. It has placed particular emphasis on how individuals decide to share personal information relating to stigmatised experiences, both in-person and online. These areas of scholarship were examined generally and in specific relation to abortion. I propose that stigma and social support are intertwined in relation to abortion experiences and use of online spaces. As stigma is noted as a factor in women's decision to conceal their abortions, thus limiting access to social support from in-person social network members, online spaces with key technological affordances (such as anonymity) may offer a unique way to explore experiences of abortion with reduced fear of personal consequences. Additionally, by exploring abortion-related content online and receiving social support through computer-mediated communication, perceptions of stigma may be lessened and abortion normalised. The relationship between stigma and social support is interrogated further in the course of my analysis.

This review was also used to inform my overarching research methodology, and the data production tools, which is the focus of the next chapter.

3 Methodology

3.1 Chapter overview

The purpose of this chapter is to detail the approach and research methods utilised in this study, from the project's conception to the analysis and writing-up phase. I begin by laying out the methodological and epistemological rationale that informed the study design. I then highlight the importance of reflexivity to my research process, regarding both the interviewer-interviewee relationship, and how the COVID-19 pandemic impacted this research. Next, I reflect on the research design and development process. Finally, this chapter concludes with a consideration of the process of data generation, ethical considerations, data management, and my approach to analysis.

3.2 Epistemological position

The approach that informed this project was derived from both my personal ethos and experiences as an academic. I position myself as a subjectivist researcher performing feminist research practices, and I unpack how I understand this as shaping my research, below.

Qualitative research practices have been associated with feminist research from the outset, as both approaches often emphasise that study participants are experts rather than resources for the researcher to simply draw on (Bogdan and Biklen, 1997; Liamputtong, 2007). Influenced by the power generated through 'women's collective talk' in 1970s feminist activism, feminist scholars stress that research practice should be informed by the authority of the experiences of research participants (Diamond and Edwards, 1977). In this context, in-depth qualitative methods are particularly appropriate, for the following reasons. I chose to conduct in-depth, semi-structured qualitative interviews - as opposed to structured or unstructured – in order to address my research questions I created which sought to understand individuals' decision-making processes (see 1.1), while also facilitating participants' autonomy to shape the interview and explore topics relevant to their experience (Hesse-Biber and Leavy, 2005). This in-depth interview style allows:

> "Researchers access to people's ideas, thoughts, and memories in their own words rather than in the words of the researcher. This asset is particularly important for the study of women because in this way learning from women is an antidote to centuries of ignoring women's ideas altogether or having men speak for women." (Reinharz and Davidman, 1992, p. 19)

My decision to operationalise a feminist research methodology was also shaped by the topic, and my own feminist socio-political orientation. Feminist research can be framed as a "set of perspectives that affirms differences among women and promotes women's interests, health, and safety, locally and abroad (DeVault and Gross, 2012, p. 3). My research concerns a stigmatised reproductive health practice that impacts people with uteruses, and thus falls beneath the umbrella of research on what might be loosely termed 'women's health'. A feminist methodology also appealed to me because, in taking such an approach, I need not disguise my own perspective on abortion. Instead, researchers are encouraged to engage in the socio-political sphere, and conduct studies that will benefit research participants and not just the researchers (DeVault and Gross, 2012). An implication of this was that I used my social media platforms (which are associated with both my personal and professional identity) to recruit participants to this study and to share pro-abortion content. In this way, my previous and contemporary social media activity in relation to abortion, was not a hindrance to using these same spaces in which to recruit participants.

With the acknowledgement that there is no singular 'feminist methodology', I set out here how a feminist approach was used in this study. Chiefly, my research has been informed by principles of knowledge production, reflexivity, and reciprocity. As a subjectivist-feminist researcher, the aim of my research was not to locate one objective 'truth', but to co-create data with my participants offering a representation of their experiences and the interview interaction. As Stanley and Wise (1990, p. 175) have emphasised, "research is a process which occurs through the medium of a person - the researcher is always and inevitably *in* the research. This exists whether openly stated or not". As such, I am cognisant of my impact as an individual and a researcher, and how these identities will shape not only the interview interaction but also my interpretation of the research findings (see section 3.4.1).

One of the key theoretical perspectives acknowledged across feminist methodologies relates to hierarchies of power in scientific (including social scientific) research. An awareness of power relationships highlights that the interviews in which data are generated for this study are not simple conversations, absent of power inequalities. Rather, my position as a researcher is associated with a prestigious academic institution, and the interaction is influenced by the disparities of power between myself and the participants (Nazneen and Sultan, 2014). I am also the individual asking the vast majority of the questions (although my intention was to create space for participants to query me and my research at the start and end of the interview process, which I reflect on further in the Conclusion chapter of this thesis) and setting the terms of the research interview. On the whole, while I believe it is not realistic to expect this hierarchal aspect of the relationship to disappear completely, my research practices have been designed to minimise this power differential when possible. Rejecting a positivist approach - in which researchers are presented as objective scientists in a unique position to identify 'the truth' - I presented myself to my participants as an individual with opinions and experiences, through the practice of self-disclosure (Moran-Ellis, 1996).

My study has been shaped by the above considerations throughout, including in my approach to qualitative analysis. My analytical approach of reflexive thematic analysis (Braun and Clarke, 2019; DeVault and Gross, 2012) is an appropriate fit for research which aims to incorporate researcher reflexivity into the process of data generation and analysis.

3.3 Methods of data production

3.3.1 Rationale for semi-structured interviews

Qualitative semi-structured interviews were used to address my research questions regarding women's decisions to share, or not to share, their abortion experience(s) online. In-depth interviews are especially appropriate to gather data on potentially sensitive issues. The design of the qualitative interview allows, in theory, for the establishment of trust and rapport between researcher and participant (Liamputtong, 2007). However, it is important to note that the qualitative interview does not automatically imbue a research interaction with

successful rapport, rather, the researcher must continuously strive to build and maintain trust with study participants. For this reason, qualitative interviews are common in research requiring acute sensitivity and empathy (Esposito, 2005; Purcell, 2015; Taylor, Magnussen and Amundson, 2001). While the framing of abortion as, by default, 'sensitive' is problematic (as I address later in section 3.7.1), I viewed it as necessary to approach the subject with care in this respect.

Semi-structured qualitative interviews have also been shown to be effective in exploring participants' attitudes toward online spaces and the practices in which they engage (Bullingham and Vasconcelos, 2013; Duguay, 2016). Qualitative, in-depth discussions of online activity contrasts with the tendency toward quantitative evaluations of online practices within computer-mediated communications research. While numerical indications of online activity such as page visits, views, and comments can be valuable in determining some aspects of online activities, they cannot answer why people engage in particular online spaces and practices. They also cannot capture relatively more 'passive' online activity - described in the literature as 'lurking' (Edelmann, 2013) - in which individuals consume content but do not create their own posts or interact further with other users. My qualitative interviews with women who have either shared their abortion experiences online and/or read posts made by others, were designed to capture a rounded understanding of these activities.

3.3.2 Rationale for remote interview methodology

While the original iteration of this research project was intended to involve in-person data collection, this plan was ultimately changed due to the COVID-19 pandemic and UK government-mandated lockdowns during the period of data collection. This unforeseen circumstance triggered a necessary shift towards remote interview methodology. Although not as initially proposed, remote data generation aligned well with this research project given my interest in online experiences, conducting interviews in an online manner seemed fitting from both a practical and an epistemological standpoint.

Given that participants were recruited online, in order to discuss online experiences, it was reasonable to assume that participants would be somewhat

familiar with Internet technologies (Martin, 2008). However, these remote methods of recruitment and interview, could also be considered a limitation in this study with an implicit bias against those who do not have access to the Internet or feel comfortable navigating study participation via these methods. This will be explored further in the Conclusion chapter of this thesis.

Interviews conducted via multiple remote methods (in this case: telephone, Zoom audio-only, or Zoom video-enabled) are also appropriate for feminist-positioned research. Participants were given the option of taking part in a way that they find most comfortable, enabling them to actively shape the study and the interview that they participated in, increasing rapport and shifting the power balance ever-so-slightly more towards the participant (Kazmer and Xie, 2008). The option of telephone interviews and audio-only Zoom interviews was important as participants may have been more comfortable discussing a stigmatised experience without the visual recognition that comes with either a face-to-face interview or a Zoom video call (Illingworth, 2001; Sipes, Roberts and Mullan, 2019).

Remote interviews have the added benefit that individuals who may not have participated in face-face interviews due to time constraints or isolated geography, may be more willing and able to be interviewed as it may reduce the burden of travel (McCoyd and Kerson, 2006). The time saved in remote interviews is another advantage to this method, particularly as this study involves women, who are in general disproportionally responsible for childcare and housework. Thus, scheduling an interview that required no travel and could be fit in amongst care responsibilities further enhanced accessibility.

3.3.2.1 Using video-enabled conferencing software

I conducted online remote interviews using the video conferencing program Zoom. With Zoom, participants were offered the choice of video-enabled calls or audio-only. Audio-only was chosen as an option as participants may feel uncomfortable with their image being recorded or they may simply feel more at ease conducting the interview with the increased anonymity that accompanies audio-only interview methods. The process of conducting audio-only Zoom calls is discussed in more detail below, given their practical similarity to telephone

interviews. Telephone interviews were offered as an additional interview option, or as a back-up should we experience technical difficulties with Zoom during the interview process (discussed below, section 3.3.2.2).

Online interviewing techniques -a subset of remote interview methodology- have become more common over the last decade in the social sciences (O'Connor and Madge, 2017). Interviews conducted online can be classified into asynchronous and synchronous categories. Asynchronous interviews are not conducted in real time, and responses are convenience-driven as participants have greater control as to when they access and respond to researchers, through such media as email or discussion boards. In contrast, in synchronous interviews, participants interact with the researcher in real time (Cheng, 2017). Synchronous interviews can be conducted in text-based Internet spaces through instant messaging programs (O'Connor and Madge, 2017); or facilitated using video conferencing software such as Skype, FaceTime, or Zoom (Archibald *et al.*, 2019).

As I was able to see and interact with participants in real time, it seemed unlikely that the data produced in online video interviews would be radically different than face-to-face interviews and so were a viable alternative methodology given the constraints of 'social distancing'. With any qualitative interview that varies from the 'traditional' face-to-face format, there is a consideration that the potential for rapport between the researcher and participant might suffer. However, research indicates that both researchers and participants do not view online interviews as being significantly less personal or intimate that face-to-face interviewing (Deakin and Wakefield, 2014). Moreover, the nonverbal communication available through video-assisted remote interviews improves data quality and supports participants' perceived connection with the researcher (Mirick and Wladkowski, 2019).

3.3.2.2 Telephone and audio-only Zoom interviews

Participants could also choose audio-only interview options conducted via Zoom (with participant and researcher cameras turned off) or via telephone. In addition to the physical separation of researcher and participant that is inherent in non-face-to-face interview methods, these voice-only choices reduced potential barriers to participation - where participants preferred not to interact

on screen - while maintaining synchronous communication. The increased anonymity presented in these methods (resulting from the lack of visual information), has been found to increase participant comfort in discussing stigmatised topics (AlKhateeb, 2018; Joinson, 2001; Sipes, Roberts and Mullan, 2019). By providing these voice-only interview options, I hoped that potential participants would feel more comfortable being interviewed about their experiences of seeking online support around abortion.

However, voice-only interviews are not without their limitations, and the absence of visual cues has been suggested as a potential hindrance in developing and maintaining rapport with participants (Sweet, 2002; Tausig and Freeman, 1988). Some researchers also propose that data production through audio-only interviews, and remote interviews more broadly, can suffer as participants may be distracted by their own environment (McCoyd and Kerson, 2006; Novick, 2008). My reflections regarding these issues will be explored further in the Conclusion chapter.

3.3.2.3 Technological considerations for conducting remote interviews

Video-enabled remote interviews: Despite the considerable overlap between face-to-face interviews and video-enabled remote interviews, technical difficulties can present a potential hurdle in conducting such research. While the population of interest in this study were comfortable with computer-mediated communication in some form, not all participants had used Zoom before and were therefore unfamiliar with the functions of the platform. To ameliorate this problem, I chose a platform that I am comfortable with, so that I could talk my participants through any technology-related queries they had throughout this process (Seitz, 2016). Participants were also able to engage in telephone interviews as an option for those who expressed some concern about navigating unfamiliar software.

In addition to my familiarity with the software, Zoom was chosen to be used in this project due to its built-in audio and video recording capabilities, therefore bypassing the need for additional third-party recording software, decreasing the likelihood of a breach in data and participant privacy (Archibald *et al.*, 2019). Participant privacy in relation to the data protection procedures I developed to

account for ethical concerns in conducting online remote interviews is explored further in section 3.7.1.1.

Another consideration in conducting remote video interviews is related to the quality of the video and audio data obtained. Video conferencing call quality can be affected by the stability of the individuals' internet connections, resulting in dropped calls, poor audio, and/or video connection (Seitz, 2016). To mitigate this obstacle, I instructed participants to find a quiet place for the interview, with minimal background noise to interfere, and to remain in one location rather that move around their home with a hand-held device.

In the infrequent instances where audio or video quality was significantly degraded, I made two attempts to re-start the call, in the hopes that the connection would improve. However, if this remained an issue, I concluded the Zoom call and switched to a telephone interview. During initial email communication and at the outset of the interview, I asked participants for their telephone contact details and their permission to contact them by this number should interviews need to move onto this platform. This happened infrequently (two interviews), and although this interrupted the flow of the interview, these technological difficulties were used to build rapport by mutually expressing our frustrations with remote video calls that had become more frequent during the COVID-19 related restrictions.

Audio-only remote interviews: As discussed above, technological difficulties may occur during remote interviews independent of the method of interview (telephone, video-conferencing software).

Audio-only Zoom interviews had the same potential for technological errors and call-quality concerns as the video-enabled interviews. Therefore, the same processes were used to address these issues should they have arisen. Although notably, none of the audio-only Zoom calls were subject to these problems –call quality was clear and constant.

Telephone interviews were conducted using a cell phone (provided by my institution) and were recorded using a telephone pick-up microphone plugged into my dictaphone. Degraded call quality was also a concern during some

telephone interviews. On the occasions that I was struggling to hear and/or understand the participant, I asked them to speak louder or reduce the background noise (if in their power) and this resolved the issues.

With telephone interviews, there was the additional issue of privacy when the interviews were conducted. Despite the guidance to choose a quiet and private place, two participants were in more public spaces (café, park) during the interview. I confirmed that they were happy to be interviewed given the lack of privacy and they assured me that they were. Although Zoom calls (video enabled and audio-only) could be conducted on a smart phone and thus in more public spaces, this did not appear to be the case with any video conferencing software interviews.

3.4 Reflexivity

3.4.1 Interviewer-interviewee relationship

Integral to qualitative research is the practice of reflexivity, by which I mean the process of reflecting on how the researcher, the social context in which the research is conducted, and the participants, all interact to produce the findings of the study (Finlay, 2002).

To effectively reflect on the fact that my findings were produced through the specifics of the interactions between myself and my participants, necessitates the consideration of my social location as a researcher (Reinharz and Chase, 2002). I am a white, American-British, middle-class, heterosexual, feminist woman, working in higher education; these elements of my identity must be reflected upon when carrying out my research. My current research involved participants with some similar and some different sociocultural characteristics to me in terms of, for example, socioeconomic status, education level, sexual identity, and ethnicity. I am also aware that my American accent suggests an 'outsider' status for research conducted with women in Scotland. I was aware that these differences between myself and participants in this study could impact rapport, thus I tried to use the initial period of contact with participants during interviews to get to know one another and allow participants to ask me questions as they saw fit.

However, we all identified as women, which is significant in the context of research on abortion. As my research focuses on a stigmatised reproductive healthcare practice impacting individuals with uteruses, the gender of the interviewer requires additional consideration (Anderson and Umberson, 2001). Feminist research methodologies typically encourage the flattening of hierarchal social dynamics within the research relationship (Oakley, 1981), in part via 'gender matching', suggesting that a shared experiences of 'womanhood' reduces power inequalities between the researcher and participant (Oakley, 1981). Therefore, our shared identity as women was salient in relation to interviewing participants about their abortion experiences, since abortion is a highly gendered phenomenon. However, I recognise that gender matching alone, does not automatically foster honesty, openness, and safety in an interview context, and as such I aimed to remain cognisant of the intersections of the other social locations that both the participants and myself inhabit (such as: nationality, ethnicity, social class, and my own relationship with abortion experiences [or lack thereof]) throughout the data generation and analysis phases of my research.

In order to conduct these interviews in a sensitive and effective manner, conscious of the power imbalances discussed above, I also considered the level of reciprocity I would engage in with my participants. Renzetti (1997) contends that feminist approaches to research can minimise potential exploitation of research participants by freely disclosing personal information, with the additional effect of increasing interview rapport and trust. Since the interviews were conducted remotely, I felt that, when relevant, disclosure of personal details could be an important way in which to engage with the participants (for instance, I forewarned the interviewees about the possibility that my dog would likely bark at some point during our interview). While this served to prepare participants for some background noise, it also in many cases resulted in us bonding about our pets and the difficulties we experienced working from home during the COVID-19 pandemic.

3.4.2 Context within the global COVID-19 pandemic

The COVID-19 pandemic likely influenced the data co-produced during this time. Both the participants' lives and mine were significantly disrupted as a result of

social distancing measures and full 'lockdown' implemented for several months in the UK. In addition to necessitating changes my research design (noted above), I anticipated that individuals' wellbeing may have suffered. Along with the general worry of contracting Coronavirus, there has been notable financial and social disruption, contributing to heightened anxiety (Sevelius *et al.*, 2020; Shevlin *et al.*, 2020). While it was unclear at the outset how this would affect study participants and myself during the course of this research, additional care was taken to ensure participant and researcher emotional wellbeing. Additional support services were listed on the participant information sheet for general mental health and wellbeing (Samaritans and NHS Inform). I reflect further on the impact of the COVID-19 pandemic on this research in the Conclusion chapter of this thesis (section 9.1.1).

3.5 Topic guide development and piloting

In order to inform the development of the interview topic guide, I referred back to my experiences and findings in conducting my master's research into abortion sharing practice, and the literature review presented in Chapter 2. Additionally, I explored existing abortion-related content within a variety of different online spaces: shoutyourabortion.com, womenonweb.org, Twitter (with Tweets tagged with #Youknowme), and a subReddit page relating specifically to abortion. These sites were chosen to represent diverse online spaces with different socio-technological functions and purposes.

Broadly, the knowledge gaps in the literature and thus key areas for exploration and for the topic guide were: what motivates women to go online in relation to their abortion experiences, how do women access these spaces, and how do women perceive their experiences within these online spaces featuring abortion-related content?

Following some brief introductory questions (tell me about yourself; social media use), the topic guide moved onto open questions related to: abortion experience(s); to whom they have spoken offline about their abortion; the creation os abortion-related social media posts; and experiences reading/interacting with posts created by others. Given my methodological interest in understanding any implications of the shift from face-to-face to

remote interviewing, participants were also asked why they chose to be interviewed via Zoom, audio-only Zoom, or telephone.

The guide was piloted with two of my social network contacts that met the recruitment criteria to participate in this study (listed in 3.6.1 below). In addition to piloting the actual content of the interview, this was an opportunity for me to get comfortable with online and telephone interview methods, as I had previously only conducted face-to-face research interviews. I conducted one pilot interview using Zoom (both video and audio recording), while the other was conducted by telephone. This allowed me time to work out some of the technological difficulties that could occur during the interview process associated with Zoom, the audio recorder, and the telephone pick-up microphone.

3.6 Data generation

This section sets out sampling considerations, which have been determined by the Scottish context in which this research was conducted, the study questions relating to the use of online spaces, and the eligibility criteria developed for recruitment. I then discuss my recruitment strategies and the spaces in which my recruitment information was shared and advertised.

3.6.1 Recruitment

I aimed to recruit 25-30 women with a range of experience posting and/or reading about abortions online. The size of the study was determined by practical considerations - such as the current timeframe of a typical full-time PhD - as well as the guidelines for sample size proposed by Clarke and Braun (2014) for studies using reflexive thematic analysis. Ultimately, twenty-three women participated in this study. Although the original target was slightly higher, this was reassessed after completing the scheduled interviews. Given the socio-demographic diversity achieved and the substance and quality of data already obtained, it was determined that additional recruitment was unnecessary.

My sample was not limited to those who had chosen to speak about their abortion extensively online. As I was interested in the decision-making process and the factors that influence online behaviour, my sample included women who had not disclosed their abortion online but engaged in relatively 'passive' online activity (such as consuming others' content), and women who have shared in a variety of online spaces. This 'passive' – what I term anonymous browsing – activity makes up a significant portion of online activity, yet, it is an under-explored practice within computer-mediated communication research as it is harder to observe and measure without speaking to users directly.

Based on the literature review, I anticipated that the following factors might shape online practices in regards to abortion-related content: age (at the time of abortion and at the time of interview), location, and socioeconomic status. These were considered during recruitment, with a cursory analyses of these potentially key demographic factors undertaken mid-way through recruitment (on a subsample of 14 participants) to ensure a broad range of experiences and sociocultural backgrounds were represented in the sample. This subsample of 14 participants was found to be skewed towards representation from more urban communities, and so additional recruitment was targeted towards more rural geographical areas in the north of Scotland.

Age: It was my intention to have as diverse a range of experience possible while maintaining a similar socio-political context regarding the legality of the procedure as it currently stands in Britain. Therefore, those women who had their abortion before the passing of the 1967 Abortion Act, and would be likely older than 68 were excluded from my sample. Additionally, depending on when the abortion(s) took place, I expected internet functionality and accessibility might vary, giving participants' age another implication. Furthermore, there may be challenges to recalling specific aspects of the abortion experience, both impacting older women in the sample and those who have had their abortion (or used online spaces in relation to their abortion) several years earlier. Also while the age of sexual consent is 16 in Scotland and abortion can be accessed at this age (and was by a participant in my sample, though when interviewed she was over 18 years old), I did not recruit below the age of 18 as different social media forums restrict the usage of individuals under this age. Moreover, there are a

number of addition ethical considerations regarding studies of individuals under 18.

Location: My literature review suggested that online spaces may serve a specific function for women in remote and rural areas in Scotland, in that accessing reproductive healthcare services and social support in-person may require lengthy travel times and significant financial resource in contrast to virtual communication (Lazard *et al.*, 2021; Purcell *et al.*, 2014; Ziebland and Wyke, 2012). Additionally, individuals are in theory offered access to a larger, more diverse social network online than may have been possible with only offline relationships, meaning that women may have access to a broader range of social support and experiential knowledge that in their proximal community, which may seen as a particularly valuable attribute to those who live in smaller communities (Allen *et al.*, 2016). The additional anonymity provided in many online spaces may also make online spaces desirable to women in smaller, more remote communities (Suler, 2004). Even in accessing reproductive health information and services through official channels locally, healthcare workers may be integrated into their social networks, whereas the likelihood that they personally know the healthcare professional may be smaller in larger, more urban areas.

This study aimed to be inclusive of the perspective of women in Scotland living in remote geographical areas, particularly as approximately one in six Scottish people reside in rural areas (Scottish Scottish Government, 2018). In recruiting women from more remote geographical locations, particularly outwith the central belt of Scotland, local women's organisations were contacted, to share the recruitment information within their networks (discussed further below). Additionally, recruitment advertisements on Gumtree were narrowed by geographical location.

Socioeconomic Status (SES): As indicated by Scottish Index of Multiple Deprivation (SIMD) quintile scores, abortion rates are approximately twice as high for women in the most deprived areas compared to women living in the least deprived areas (Information Service Division Scotland, 2019). In addition to patterning by deprivation, evidence suggests that abortions may be experienced differently by women depending on their socioeconomic status (SES) (Ostrach

and Cheyney, 2014). While women in a lower SES bracket in Scotland may not face the same financial barriers to paying for an abortion as those accessing privatised healthcare contexts - as the procedure is funded and provided by the NHS - they may face obstacles such as taking unpaid leave from work, finding low-cost childcare during their procedure, and/or paying for the upfront costs of accommodation and travel (such as if they live in a remote area or if having to travel to England for an abortion later in the pregnancy (Purcell *et al.*, 2014)).

The relative accessibility of the Internet could provide a socially and financially 'low-cost' opportunity to access other women's experiences of abortion. Social media platforms are often free to join and provide those individuals -with less social capital and power- to contribute to wider discourse unbounded by traditional geographical and political barriers (Suler, 2004). However, digital exclusion should be noted as a potential factor here. Almost one in 10 individuals surveyed as part of the annual Scottish Household survey (2020) report stated that they never use the Internet. This is related to both age and SES, with older individuals and the most deprived individuals less likely to use the Internet.

3.6.1.1 Eligibility criteria and gender

To be eligible to take part in an interview, participants had to:

- have had an abortion (after 1968),
- have written about their abortion online OR interacted with others' abortion experiences posted online
- live in Scotland at the time of the interview
- be age 18 or over
- be able to have a Zoom or telephone interview

The recruitment criteria were purposefully broad, so as to potentially include a variety of abortion experiences (including termination for fetal anomaly, abortions that took place outside of Scotland, and/or many years prior).

I acknowledge that not all individuals that have abortions identify as women, with trans-masculine and non-binary individuals potentially requiring this form of healthcare as well. While this study's recruitment information makes no specific mention of gender identity, thereby not excluding any particular group, the

absence of any explicit reference to trans-masculine or non-binary people may have served as a potential barrier to participation. Without explicit invitation to participate in the study, some individuals may have felt that this research would not be interested in their experiences of abortion (Moseson *et al.*, 2020). However, if a transgender man or non-binary person were to have come forward as potential participants they would have been welcome to participate in the study (and my language would have reflected that, using 'people with uteruses' rather than gendered terminology).

3.6.2 Recruitment and initial contact

Many studies of women in Scotland's experiences of abortion have recruited through the NHS (the primary provider of abortions in Scotland) at the time of their accessing abortion services (Cameron *et al.*, 2010; Purcell *et al.*, 2014; Reynolds-Wright, Norrie and Cameron, 2021), as this offers a ready pool of potential participants with recent experience of abortion. However, I was interested in how women share and read abortion experiences online, meaning the period at which they access these spaces may extend long after their abortion procedure itself. Additionally, I was also interested in motivations for reading and sharing abortion stories, which may change as distance from the abortion procedure increases. For instance, those accessing abortion prior to their abortion may be looking for practical information on what to expect from an early medical abortion (EMA), but those looking at these websites several years later would likely not benefit in the same way from reading specific advice on the procedure. I therefore wanted to recruit more widely in regards to the distance from time of the abortion. Another factor considered in the decision to not recruit using official NHS channels was the practicalities of applying for NHS ethics (an extremely lengthy process) during a PhD project.

My study instead utilised several recruitment strategies to reach individuals across Scotland, including via: social media, snowball sampling, and online advertisements. Recruitment information was posted in an infographic image (Appendix D) and shared alongside a description containing the details in text form to increase accessibility, including for those who use screen reader equipment. Potential participants were invited to contact me to express interest through my university email address, the dedicated mobile phone number

allocated specifically for the study, or via Twitter. The official twitter account from the University of Glasgow's MRC/CSO Social and Public Health Sciences Unit was used. This account has previously been successfully used in recruiting participants for research on potentially sensitive issues (including sexuality, sexual, and romantic practices). I also shared recruitment details with groups that particularly focused on promoting access to reproductive healthcare online, who then shared this across their accounts and platforms, such as: Women on Web, BPAS (British Pregnancy Advisory Service), and Marie Stopes. While none of these groups provide abortion services in Scotland, women looking for abortion-related information might nevertheless access these spaces.

I was also in contact with sexual and reproductive health (SRH) and women's charities and community organisations across Scotland, and obtained permission to share my recruitment information with their networks. Groups that agreed to share my recruitment information social media include: Sexpression, YWCA Scotland (The Young Women's Movement), Antenatal Results and Choices, Glasgow Women's Library, as well as other organisations who chose to retweet my call for recruitment.

I posted about study recruitment on the forum MumsNet, which is free to post on and, with over six million unique visitors to the site each month, has the potential to reach a large number of potential participants. This recruitment strategy was intended specifically to target women with children, as approximately half of women undergoing abortion procedures in Scotland have one or more children. I note that MumsNet has been criticised for being a platform for 'mum-shaming' behaviour and representing primarily middle-class women with above average incomes and education (Mackenzie, 2018). However, while it may not be a positive space for all parents, MumsNet offered a valuable potential opportunity for recruitment via a widely used, influential online platform.

A further recruitment strategy used was advertisements on Gumtree, an online space for free classified advertisements in the UK. This strategy has been successfully used to recruit participants for studies in the fields of social and public health within the Scottish context (Lucherini, Rooke and Amos, 2019; MacLachlan *et al.*, 2021). Advertisements could also be targeted to specific

geographical locations, which was particularly useful in recruiting more rural participants. Recruitment was conducted in two waves, with a second wave designed to enhance diversity in the sample through more targeted advertisements. After analysing a subsample of 14 participants at the mid-point of data production, geographical diversity –in terms of rurality and urbanity- was considered to warrant additional targeted recruitment strategies. Gumtree proved to be by far the most successful recruitment source, so additional advertisements were placed aimed at specific geographical areas, (namely northern Scotland).

Upon initial contact, participants were asked a series of screening questions for sampling purposes, including: basic demographic information (such as age and postcode); whether they had shared their abortion story online or only interacted with the stories of other women; and which online platforms they used (see Appendix F). Collating these data allowed me to monitor the variety in my sample during data collection, as well as providing background characteristics that I expected may be useful in my analysis. Following this initial contact, I provided potential participants with an information sheet via email, and encouraged them to ask any questions or voice concerns they might have about participating in the research. We also discussed which interview option they preferred (Zoom with/without video, or via telephone). If they were happy to proceed, we arranged a time for the interview.

A £25 Amazon voucher was provided (through funding study allowance) as a thank you for the participant's time. These were sent out to participants after the interview to the home address they provided.

3.7 Ethical considerations

This project was approved by the University of Glasgow's College of Social Sciences Ethics committee in January 2020 (ethics application reference number: 400190087). As a result of the COVID-19 pandemic lockdown, an amendment was submitted to enable a shift to remote data generation (approved on 9th June 2020, reference number the same as above). This section details considerations regarding participant safe-guarding, privacy, and data protection.

3.7.1 Participant safety and wellbeing

In addition to the due care paid to ethical considerations (firstly, do no harm) in all high quality social scientific research, participant wellbeing is particularly important in conducting research on 'sensitive' topics (Liamputtong, 2007). As my research focused on experiences relating to a stigmatised medical procedure, safety concerns related primarily to participant anonymity. If, for example, a potential participant was in an abusive relationship, and their partner were to discover the purpose of the research, the participant could be at risk of harm. Additionally, given that stigma generates silence, meaning many people choose not to talk about their abortion experiences even with close friends and family, they could be at risk of having their privacy breeched if the nature of the study was disclosed to anyone else. I therefore established practices to mitigate these risks in the course of my initial contact with participants and the data generation phase of my study.

To ensure their safety while conducting remote interviews, participants were advised to choose a private space within their homes to be interviewed, and a time of day at which they were less likely to be interrupted. A dummy questionnaire was available to draw from, should another person interrupt the interview, which would protect participants' privacy. As interviews were conducted remotely, procedures were established to respond to technical difficulties. These call-back protocols prioritised participant confidentiality and wellbeing. Also, information about services related to abortion support and general mental health services (particularly at the time of the COVID-19 lockdown, which may have exacerbated psychosocial stressors) were offered and provided on the Participant Information Sheet (see Appendix E).

While this research was framed as 'sensitive' by the University of Glasgow ethics committee, this arguably contributes to the exceptionalisation of abortion. Although it is obviously incredibly important to 'do no harm' to research participants, it is problematic to presuppose that abortion will be distressing to all women, or that interviewing women about this procedure may, in fact, cause undue harm. In presenting abortion research as something that poses significant risks to participants, ethics committees arguably contribute to the stigmatisation and silence around abortion (Kneale *et al.*, 2019).

However, this topic should nevertheless be approached with the sensitivity and empathy from the researcher, just as any potentially challenging experience. Hence, I have made an effort to frame my project, as 'potentially sensitive'; not every woman will have an emotionally charged response to a pregnancy and the decision to terminate.

I used several techniques to minimise the potential for distress. The Participant Information sheet and Consent form (see Appendix H) stated that they did not have to answer any question they chose not to. This was verbally reiterated at the time of the interview; this allowed the participant to avoid talking about specific areas of their experience that they preferred not to. Moreover, my questions were intentionally open-ended so that the responses were led by the participant and what they felt comfortable discussing. Extra care to obtain continuous consent was undertaken, in which I checked in periodically as to whether the participant was comfortable enough to continue their interview.

It was also important to consider that some participants may become upset but wish nevertheless to continue the interview (Liamputtong, 2007). In the event that the participant became distressed, I asked them if they would like to continue, take a break (by offering to stop recording on either the Zoom program or on my voice recorder, if it was a telephone interview), or would rather cut the interview short. In instances where participants chose to take a break, I remained on the call (with a pre-established upper limit of 20 minutes, though this amount of time was not needed during the course of the interviews) or we scheduled a second call if needed. However, if they had not re-joined me at this time, I planned to email them to confirm that they were alright, and asked if they would like to reschedule the interview.

As these interviews were not taking place face-to-face, I could not engage in the same comforting behaviours I have performed in my previous capacity as a researcher, such as getting tissues or a cup of tea. However, as women were in their own homes during these interviews, should they get upset and need a break, they were able to leave the interview space while remaining on the call and engage in self-care practices in a space that was comfortable to them without me virtually 'following' them into another space in the house.

3.7.1.1 Confidentiality

It was important to maintain confidentiality, as it was possible (likely even), that some of the study participants will not have told members of their social networks. Their desire to partake in this study does not imply that that they have shared their experience widely.

Interviews were audio recorded (and if the participant chose a Zoom interview, also video recorded) and transcribed verbatim by a professional agency, who received the audio files only. Following transcription, each interview was pseudonymised. Each participant was given a pseudonym, selected by the researcher to be culturally similar to the participants' actual name, and so that there was no overlap in other participants' names to avoid potential misidentification. Any other individuals mentioned in their accounts were labelled by their relationship with the participant (e.g., mother, partner, friend) rather than by name. Any other identifying information, such as workplace was removed. While every effort was made to protect the identity of participants through this individually tailored process, it is important to note that in-depth interview data cannot be truly anonymised without removing it entirely from its social context (Saunders, Kitzinger and Kitzinger, 2015).

Participants were asked on the consent form if they gave permission for their pseudonymised data being shared with other researchers. However, this was not a condition of participation. Any participant who did not agree to this would not have their data included in any shared dataset, although all 23 participants in this study consented to have these data included.

3.7.2 Researcher safety and wellbeing

Researcher safety and wellbeing are perhaps acutely relevant to those conducting research regarding potentially sensitive subjects (Liamputtong, 2007). My primary concern in regard to my own wellbeing was to anticipate and respond to potential emotional distress. Too often dismissed, the emotional work involved in sensitive research can significantly impact the researcher both in terms of professional burnout and personal conflict (Melrose, 2002). I have therefore, been careful to not underestimate the potential for psychological

distress, and have established procedures to safeguard against research overwhelm.

Although I was conducting lone 'fieldwork', due to the nature of online interviews I was in the safety of my own home. However, one measure that was taken to protect my anonymity and safety, potentially from anti-abortion extremists, was to use a separate phone (and contact number) that was solely for the purpose of conducting the study.

During the course of this research, I was aware that I may hear distressing stories that may have negatively impacted my own psychological/emotional wellbeing. My previous (MRes) research on abortion prepared me for some of the emotional work that I must engage in as a researcher of a sensitive subject. This kind of in-depth, qualitative research denotes that when conducting these interviews, I am managing both the participants' emotions as well as my own emotional response (Dickson-Swift *et al.*, 2009). The possibility of emotional exhaustion is very real as a researcher confronting potentially distressing participant narratives, and is linked to professional burnout, particularly when multiple interviews are conducted in a short period of time (Maslach, 1982). I thus limited myself to no more than two interviews per day and allowed for time to decompress after each interview. I also employed the practice of scheduling a debriefing period after an interview to reflect and write my field notes in my reflexive journal, which I found helpful in my previous research efforts to disentangle my emotions from that of participants' (Campbell, 2002; Dickson-Swift *et al.*, 2007).

As I was conducting remote interviews from home, I set up a designated office space. Since some interviews were conducted with video, I was conscious about what was within the eye line of my webcam; this allowed me to present a consistent identity to my participants. While this room represents an 'office' space, I would not consider it to be 'professional academic' space. Rather, it presented as a more casual space, with trinkets and ornaments associated with my personal taste. I believe that as this space does not read as stereotypically academic, this could have a flattening effect on the hierarchy between the participants and myself. This office also created a psychological space in which to debrief from interviews before entering the rest of my home and therefore,

my personal life. My supervisors also offered space to discuss and process my feelings with them as they have previous experience in coping with potentially distressing research topics.

3.7.3 Ethical considerations in conducting online interviews

Data security is a significant ethical consideration when using third-party video conferencing software to collect data, particularly when research involves potentially sensitive topics (Cheng, 2017). Researchers must carefully read video-conferencing software companies' privacy and data collection policies, to protect participants' anonymity and confidently inform participants about what information is gathered by the software in use.

Zoom security and privacy protocols differ from other video-conferencing technologies such as Skype or FaceTime, in that Zoom has user-specific authentication, real-time encryption of meetings, and the ability to backup recordings to either local computer drives or online remote server networks (also referred to as "the cloud") (Zoom Video Communications Inc, 2016) .

By using Zoom, with audio and video recording capabilities, I avoided the need to use additional programs, limiting potential security breaches. However, Zoom does gather users' data such as: users' names, IP addresses, meeting titles, shared files, and cookies. But it does not store audio and video meeting data, unless specified by the user (more details can be found here: https://zoom.us/privacy). Therefore, meeting titles did not use participants' full names or the topic of research to protect participants' identities. In addition, files were not shared through Zoom; rather they were transferred by email to my secure University of Glasgow account or shared via the screen-sharing capabilities in Zoom. Participants were also made aware of the information that Zoom does gather and store prior to the interview, to increase trust and transparency in online research.

For additional security and privacy within Zoom meetings, I utilised the password function within this video-conferencing program. When I set up the meeting in Zoom, I could create a password that needed to be entered to join the video-conferencing call. This password was randomly created (by the Zoom program)

and unique to each meeting, which enhanced the security for each individual participant. The password was be emailed to the participant, immediately after the interview was scheduled.

3.8 Transcription and data management

Data gathered from the demographic questionnaires during the initial contact with participants were input into a secure Excel spread sheet stored separately from the interview's audio and transcript data (which in turn are stored separately from each other). These files were labelled corresponding to the participant pseudonym to protect privacy and maintain confidentiality. The key for identifying participants from their pseudonyms, as well as their contact details, were kept separately from the audio and transcript data from the interviews.

All interviews were audio recorded, whether conducted via Zoom (with/without video) or by telephone. The video data recorded in Zoom interviews were not analysed for this project, and used only as a tool to facilitate interview rapport.

Audio files were securely transferred to a professional transcription company with an existing confidentiality agreement with my institution. Verbatim transcripts were requested, to include dialect nuance as well as filler words, so as to not lose the social and emotional context of the interviews. All 23 interviews were professionally transcribed to ensure consistency in the level of detail presented. Once transcribed, I checked the transcripts against the original recordings for accuracy and, where necessary, corrected mistakes. I also used this attentive listening as a chance to familiarise myself with the data - a key first stage in qualitative analysis (Braun and Clarke, 2006).

Transcripts were uploaded into the qualitative data analysis software program NVivo (edition 12). A case 'folder' was created to represent each participant, in which their interview transcript and the demographic information that was provided in the initial survey during recruitment were kept.

3.9 Analysis

The search for themes within a data set is fundamental to the process of qualitative analysis (Marshall and Rossman, 2014). The general aims of thematic analysis are to examine commonalities across the data, as well as the differences, and relationships between coding categories and individual participant characteristics (Gibson and Brown, 2009). While thematic analysis is widely used across qualitative social sciences, it is a broad, general term, and can be criticised for opaque processes, where researchers fail to provide detail on their approach (Attride-Stirling, 2001). In order that my approach to analysis is clearly defined and transparent, here I discuss my rationale for using reflexive thematic analysis (drawing on Braun and Clarke's (2019) work), what I understand that to mean, and the actual steps involved in my approach.

3.9.1 A rationale for reflexive thematic analysis

Braun and Clarke (2019) define reflexive thematic analysis as a flexible and organic process informed by the researcher's ontological and methodological rationale. This differs in comparison to other forms of thematic analysis, such as coding reliability thematic analysis and codebook approaches. For example, coding reliability thematic analysis stresses a positivist epistemological standpoint, asserting that high inter-coder reliability scores equate to 'more accurate' coding (Clarke and Braun, 2018). Braun and Clarke reject this notion that somehow the 'right' codes and themes can be pulled from a dataset. Instead, reflexive analysis embraces the influence a researcher has on the analytic process. Themes do not 'emerge' from the data, rather they are generated: 'at the intersection of the researcher's theoretical assumptions, their analytic resources and skill, and the data themselves' (Braun and Clarke, 2019, p. 594).

Reflexive thematic analysis emphasises the researcher's role in analysis and therefore fits within my broadly feminist methodology (Allen and Walker, 1992; Braun and Clarke, 2019). It requires the scholar to constantly consider their thought process during analysis and how their theoretical and social positioning shapes the development of themes.

3.9.2 Process of analysis

To describe the practical steps of analysis that were undertaken in this research, I draw on Clarke and Braun's (2018) six-stage approach for conducting reflexive thematic analysis. This process is not linear, rather is iterative and recursive. These stages are described as: familiarisation, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report (Braun and Clarke, 2006).

Like many forms of qualitative analysis, the first stage involves researchers familiarising themselves with the data. In this initial, relaxed immersion into the data, the researcher can note aspects of interest, quirks in the data, and allow for casual, thoughtful exploration (Clarke and Braun, 2018). In practice, the familiarisation stage of my analysis involved re-reading interview transcripts with a critical eye, making notes of my initial thoughts in the margins. Concurrently, I listened to the audio recordings during this process, so as not to miss details such as vocal tone and presence of pauses (which I then noted in the transcripts as [pause]). I also used this stage of analysis to review my field journal notes, which contained my impressions of the interview and contextual details that may be missing from the transcript itself.

The next stage in reflexive thematic analysis shifts to a systematic comb through of the transcripts. The content is broken down into chunks of texts that share similar meanings and substance, with concise labels or codes. Codes refer to: "the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon" (Boyatzis, 1998, p. 63). I approached this stage of analysis inductively. This is not to say that I came from a 'blank slate' - as this is incompatible with the self-referent nature of both feminist and reflexive thematic analysis orientations - but rather that my coding started from the data itself rather than applying a pre-determined framework informed by my literature review and topic guide (Terry *et al.*, 2017). For instance, the data would contain several descriptions of supportive activities provided by network members, which would be coded under the umbrella node of 'social support' that was then subdivided into material, informational, and emotional support –a framework that was informed by the conceptualisation of social support drawn on in the thesis as a whole.

After the transcripts were coded, I moved on to searching for themes. Braun and Clarke (2019) provide a clear conceptualisation of what constitutes a 'theme'. They argue that many researchers who claim to conduct thematic analysis do not actually construct themes, but rather halt the analysis process when they have identified domain summaries. Domain summaries essentially synopsise what participants have said on a subject and do not delve further than the surface level of meaning (Clarke and Braun, 2018). In contrast, themes are conceptualised as: 'patterns of shared meaning underpinned or united by a core concept' (Braun and Clarke, 2019, p. 593). Rather than one-word labels (more consistent with domain summaries), themes are more likely to be phrases or sentences describing an interpretative reframing of the phenomenon (Connelly and Peltzer, 2016). Reflexive thematic analysis looks beyond participants' references to existing theoretical concepts and develops links between cases or categories of experience to advance understanding (Braun and Clarke, 2006).

This process involved organising codes into potential themes based on their shared meaning determined by my research questions, the findings from my literature review, and points of commonality as identified in the coding process (Braun and Clarke, 2006). Searching for themes requires researchers to be flexible and adaptable, ready to shuffle codes around as they develop themes throughout the process. Candidate themes - essentially prototypes - were generated, but not all of these early analytic outputs were finalised (Clarke and Braun, 2018).

In 'reviewing themes', I refined key codes and eliminated those less useful. Some candidate themes did not have enough evidence to support them, while other needed dividing into separate themes (Braun and Clarke, 2006). In this process of defining themes, I compiled all the coded chunks of texts that were associated with a prototypical theme and confirmed that they all related to the central concept under which they sat. Additionally, themes were assessed in relation to the complete data set; this encouraged another check for missed codes during the earlier stages of analysis (Clarke and Braun, 2018).

This process can benefit from visualising the codes, subthemes, and candidate themes in a thematic map in which these items are connected by lines denoting a relationship and shared meaning (Braun and Clarke, 2006). My original

thematic map was divided into four sections, with each research question in the center and the themes off shooting this central bubble. However, the iterative nature of reflexive thematic analysis, and qualitative research in general, meant that how I organised my themes continued to evolve throughout the writing process. While the original thematic maps were useful to help consolidate my thoughts and analysis, ultimately a second version of the thematic maps in which key concepts from my data and the theoretical frameworks from the literature review (social support and stigma) were better organising concepts.

After producing a satisfactory thematic map with refined themes, it was important to carefully consider how these themes would be presented and referred to. Theme names should not be simple paraphrasing of the data, but rather comprehensively and succinctly demonstrate what is significant about the data, often relating back to the research questions (Clarke and Braun, 2018). Complex and overarching themes may need to be categorised into subthemes to structure how the analysis is presented (Braun and Clarke, 2006). In this study, theme names were refined well into the writing stage, with exemplar quotes chosen for section titles and additional reviews of the literature to further inform how the themes were presented.

The “final” step in this iterative analytic process is the actual writing up of findings. The themes, so carefully considered, must be bolstered by sufficient evidence to demonstrate their meaningfulness. Extracts from the dataset were chosen to reinforce the argument in relation to research questions and the aims of the study, rather than just describing the data (Clarke and Braun, 2018). I then applied the data to wider social theory (such as online activity, social support, and stigma in the case of this project) and identified the gaps in existing knowledge that my conclusions address. These associations and theories are then reported in the study’s findings and discussion chapters.

3.10 Sample characteristics

I recruited twenty-three participants for remote, semi-structured interviews (interview length ranged from 49-158 minutes, with a mean length of 104 minutes). As explored above, participants completed an initial demographic

questionnaire (Appendix F) prior to their interview, which captured key sample characteristics including: gender identity, postcode, age, sexual orientation, religious affiliation, education level, etc. The data derived from this questionnaire are present in Table 2 (below). Additional sample characteristics were obtained in the course of the interviews, where questions may have been perceived as more sensitive (i.e., relating specifically to their abortion experience(s)).

All participants identified as cis-gender women. All had permanent residences in Scotland (although one was temporarily staying in England with family due to the COVID-19 pandemic) and had undergone at least one abortion, which they had written about online and/or used online spaces to read informal (as in not 'formal' healthcare content, like NHS website) abortion-related content shared by others. Drawing on the interview data, within this sample there was a 25-year range in which the participants' abortions took place, from 1995 to 2020. Although the majority of participants reported that their abortion(s) took place after 2010 (n=20).

Six participants reported having surgical abortions, while the rest described abortions using medication. Two participants reported having had more that one abortion (two abortions each), each having used medication. Twenty-one of the depicted abortion experiences that would be classified as occurring under Ground C of the Abortion Act, in which doctors determine that there is a risk of injury to the physical or mental health of the pregnant person. Ground C provides the legal basis for most abortions in Britain, and can be interpreted as occurring for broadly social reasons. The other two participants described having an abortion for medical reasons, after receiving diagnoses of a fetal abnormality (Ground E).

Table 2 Sample Characteristics

Age (years)	Total (N=23)
18-24	4
25-34	13
35+	6
Range	20-54
Online activities	
Read content only	13
Shared and read	10
Rurality of residence	
Rural (remote and accessible)	2
Small towns (remote and accessible)	1
Other urban areas	2
Large urban areas	18
Ethnicity	
White: Scottish	14
White: British	2
White: Other (including Gypsy and Traveller)	4
Asian, Asian Scottish, or Asian British	2
Black: British, African, or Caribbean	1
Scottish Index of Multiple Depravation Score (Indication of socioeconomic status)	
1st quintile (lowest)	9
2nd quintile	6
3rd quintile	1
4th quintile	3
5th quintile (highest)	4
Religious Affiliation	
None/Atheist/Agnostic	18
Muslim	2
Christian	3
Sexual Orientation	
Bisexual	5
Heterosexual	18
Education Level	
High School	8
Trade/Technical/Vocational Training	2
Undergraduate degree	9
Further degree(s)	4
Employment Status (allowed multiple answers)	
Employed for wages	17
Self-employed	2
Out of work/Unable to work (at time of interview)	3
Student	3

All 23 participants reported browsing abortion-related content posted online by others, whereas only 10 described sharing their own abortion experience online.

Fifteen participants reported exploring online abortion-related content before and after their abortion(s), with eight seeking content only after their own experience. While the majority described using online spaces soon after their abortion, some (nine) waited a significant period of time (over a year later) before searching for abortion-related content online. Their delayed use was sometimes prompted by current events (such as the Repeal the 8th movement in Ireland) but was also motivated to seek out support albeit belatedly (Field, 2018).

3.11 Methodology summary

In this chapter, I explained how my position as a subjectivist researcher using feminist research practices shaped this study's research design, ultimately informing the decision to use semi-structured qualitative interviews to explore women's motivations and experiences related to their abortion and online spaces. My research methods were additionally shaped by the COVID-19 pandemic, with remote interviews determined to be appropriate given the research interests into virtual communication and the practical constraints of social distancing policies. Above, I explored how these remote interviews would be conducted, detailing my rationale to allow both video-enabled and audio-only interview methods with considerations relating to my ethos as a researcher and the study topic at hand (abortion).

I then detailed the eligibility criteria and recruitment strategy, before examining factors relating to participant and researcher safety and wellbeing. These considerations explored both aspects relating to the research topic of abortion and the remote interview methods that were used. Subsequently I discussed data management practices and the approach that I chose for analysis. Finally sample characteristics were presented. In subsequent chapters, I present my analysis of the interview data as it relates to key characteristics from above, particularly regarding their online activities and abortion experience(s). Where data excerpts are presented, participants are referred to using a pseudonym and their age (at the time of the interview), as well as when their abortion(s) occurred.

4 Searching online for abortion-related content

4.1 Chapter introduction

My previous research into women's practices of sharing their abortion experience(s) in-person, and my exploratory search of existing online accounts of abortion, suggested that women access online abortion-related content to share their abortion and/or to seek support from within these online resources, though this is explored in further detail in Chapter 6. However, little is known about how women find these spaces, given the vast scale of the Internet. The overall aim of this chapter is to address my first research question: 'How do women find and access online spaces featuring abortion-related content?'

This chapter introduces how interview participants talked about seeking out online resources to access abortion-related content. Through a descriptive analysis, I identified key factors which appeared to influence participants' online searches and their success in finding content that was relevant to them. Factors addressed in turn include: navigating search results and the search terminology used; the need to avoid anti-abortion rhetoric during the search process; negotiating the potentially highly varied source location of abortion accounts online; considering formal and informal online spaces; and any guidance towards resources they had received from others. This analysis suggested that the search for relevant abortion accounts and supportive content was not straightforward. Rather the onus to find support in relation to their abortion was on the women themselves, with varying levels of success reported. Participants' initial searches then informed their decisions on how and where they would explore, engage with, and create abortion-related content (discussed further in Chapter 5).

4.2 "I was just kind of like trawling Google": navigating search results and the impact of search terminology

Participants suggested they generally did not have a pre-determined search strategy to find abortion-related content online, instead relying primarily on search engines to direct them towards relevant resources. During their pursuit of information and support online, many participants described using quite general

search terms, such as ‘abortion’ or ‘termination’, and simply sorted through the results. Unsurprisingly, as might be the case with any internet search, participants said these very broad search terms generated a large volume of hits, which required significant effort to sift through. Participants described searching through ‘literally thousands’ (Margaret, 27, abortion circa 2013) of online spaces, examining resources.

> “It was on different types of websites around like abortion support or…it was really, I was just kind of like trawling Google, if I’m being completely honest, about anything that I could read, and any kind of like support.” (Melanie, 27, abortions in 2013 and 2017)

The search process could be additionally complicated for those who described having had specific queries about aspects of the abortion experience. These participants suggested their initial searches were sometimes constrained by a lack of knowledge regarding the technical jargon of the abortion process, such as: ‘early medical abortion’ (EMA) and ‘terminations for medical reasons’ (hereafter TFMR). Nora described her initial search for experiences of fetal anomaly diagnoses as unsuccessful.

> “But we were just using Google, just typing in. And I think I hadn’t heard the term ‘termination for medical reasons’. I only heard that later. I think probably if I’d had that terminology to Google I probably would have found different information. But when you’re searching ‘abortion’ you get different information.” (Nora, 36, abortion in 2016)

This suggests that limited familiarity with abortion-specific terminology was a constraint to participants’ online search strategies. Participants highlighted how their search terms evolved as they found more information regarding the abortion process and experience and drew on the language used therein.

However even with limited familiarity of abortion language, participants reported narrowing their search by using terms that were more conversant to them and which directly related to the support they sought. For example, when looking for support regarding the physical experience of the EMA process, participants discussed using search terms related to their physical symptoms (such as “pains”).

> "I could just search the symptoms and think about how to overcome it. So I did search for help on 'how to make myself feel better', 'how to ease the pains' and…yeah, so I did read about what other women do to help themselves." (Amina, 25, abortion in 2020)

Multiple participants also cited search terms relating to specific emotional states, to direct their search towards others who had similar experiences of abortion - such as "crying" and "depression". Donna and Fiba described their search strategies to find accounts of abortion as informed by emotional language.

> "I would just Google [..] 'depression after abortion'. And it would just come up and I would just click on all these different sites and just start reading and that was it really. There was no one website that I would go back to, or...I would just...I would just Google how I was feeling at the time, or what was going through my mind at the time, just Google to see if there was some, kind of, story that somebody had posted somewhere, or...that was...that was how I...how I went about it." (Donna, 33, abortion in 2012)

> "So late at night when you're crying, you want to find people that, especially when I was looking at images at five weeks, I was like, am I a dickhead for doing this, or does anyone else in the world do this? So, later on when people talk about it, you're like, oh, okay, so it's not just me that goes through the stuff. I was looking for particularly people that were going through similar things as yourself. […] I think one of the things that I Googled was, 'I've had an abortion and I can't stop crying'." (Fiba, 34, abortion in 2018)

By narrowing their search strategy using terms specifically relating to their experiences – be it corporeal or emotional language – participants reported finding first-hand accounts of abortion that resonated with them. This suggests that search strategies can play a pivotal role in guiding women towards those with similar experiences, which I argue later is an important factor in finding appropriate online social support (see section 6.3.2).

Though many participants described a very general and broad search approach, the level of search strategy specificity that participants reported did vary across the sample. Margaret discussed using the most deliberate search strategy of any of the women in this study, as informed by her initial scope of various online spaces (her considerations of these platforms are explored further in section 5.4) and by her familiarly with the online platform Reddit as a resource for

supportive exchanges and the search affordances available therein. Her search terms narrowed down the geographical location of the poster, the type of abortion procedure (surgical or medical), and how many abortions they had undergone.

> "The world's your oyster on Reddit, there's everything on there, and I think that's kind of what the creator intended, just to make a safe, anonymous space for people just to connect and share their experiences. […] There was a different SubReddit for, it was people who'd regretted abortions, just like every facet and nuance of the experience, there was something there, but I was on a very specific, I guess, pro-abortion thread, if that makes sense? So, it was very much kind of like-minded people on there.
>
> *RWL: And there were other abortion related subReddits, had you explored those any before?*
>
> There's literally thousands, there's so much on Reddit, you wouldn't believe it. But, I just sort of put in key words, so it was like 'first time procedure', 'non-surgical', I think, 'UK'." (Margaret, 27, abortion circa 2013)

Using the search functions built into the Reddit platform and specific abortion-related search terms, Margaret found a 'subReddit' that held a large selection of personal abortion experiences which matched with her interests. This more clearly defined search strategy directed Margaret towards what she described as a "safe, anonymous space". Posts in this space flagged specific health concerns that she then chose to discuss further with a health professional, ultimately addressing aspects of the abortion procedure and her own medical status that may have otherwise gone unexamined.

For those who said that they were unable to locate resources that they found relevant, there was a perception that the search strategies used - and the amount of time spent sifting through results - were limiting factors rather than the content simply not existing. There was an assumption proposed by some participants, that all angles or versions of the abortion experience must be out there because of the sheer scale of the Internet. For example, when asked for her view on why the majority of abortion-related content that she came across had been negative portrayals of abortion experiences, Fiba explained how her approach to searching might have contributed to this.

> "I don't know, 'cause I didn't maybe venture on enough forums. Actually, that's an interesting point. Maybe I didn't venture into enough forums myself […] so maybe I didn't look into it enough…" (Fiba, 34, abortion in 2018)

This quote suggests that some participants may have held themselves responsible for the success (or lack thereof) of their online exploration. It highlights the onus placed on women to successfully search, navigate, and locate relevant information. Effectively searching for abortion-related content that was perceived as relevant was complicated by the scale of the Internet and, in many cases, limited prior knowledge of abortion terminology. Despite these obstacles, women fashioned search strategies to address their individual abortion-related queries to the best of their abilities.

4.3 Navigating "pro-life stuff": anti-abortion rhetoric

In addition to a huge volume of search results, the search process described by participants was complicated by the presence of anti-abortion content online. Abortion negativity (discussed further in relation to stigma in Chapter 7) was highlighted by many participants as a feature of their online experience present at some point during their online activities, with anti-abortion rhetoric detected from initial searches onward. Participants noted that general searches could lead them to online spaces espousing anti-abortion rhetoric, which is not typically what they sought (although as I will explore in 7.2.2 some participants were drawn to this discourse). As Fiona (40, abortion circa 2009) described, "Because I think, again, if you Googled 'termination' or 'abortion', I think probably the more likely […] more negative and pro-life stuff comes up or came up at the time."

To limit their exposure to negative and distressing content, several participants tailored their search strategies to exclude certain websites, social media platforms, or types of abortion accounts that participants perceived as ineffective as a source of support or emotionally damaging.

> "But then I, kind of, stayed away from Facebook because Facebook had some horrific images and things like that when you searched...like if you searched termination or things like that there was some really horrific images came up and then you would get quite a lot of things that would either...like that would, kind of, then be like abortion is

> murder and this and de-de-de, and that wasn't helpful at that time. That's not what I needed to see." (Laurel, 25, abortion in 2014)

In this quote above, Laurel suggested that she limited her interaction with content that she felt would be emotionally damaging. This illustrates one way in which participants felt a need - and appeared able - to create protective boundaries within their search strategies.

However, even participants who used specific search strategies that directed them towards spaces that they described as "safe" reported perceiving anti-abortion rhetoric within these platforms.

> "It was your kind of, you know, real Bible belt folks I guess, sort of chirping in and, you know, just having a real go at the folks that had posted. And I think the idea was just to make a wee safe space, to just talk openly and anonymously about it and not be judged, so thankfully they were just took down by the moderators. It was mostly things like, you're all whores, or you're all going to hell." (Margaret, 27, abortion circa 2013)

While a more clearly defined search may have aided Margaret to identify a moderated online space with valuable information and support, it did not necessarily offer blanket protection from online negativity. Although these spaces offered participants an opportunity to find support from those with similar experiences, it appeared to require substantial effort to sort through the large volume of online resources and narrow search results to find relevant, supportive abortion-related content online, while simultaneously navigating the anti-abortion rhetoric present in the online context.

4.4 Negotiating the socio-political diversity of abortion experiences online

Participants' searches for useful and relevant abortion-related content online were additionally complicated by the socio-political diversity in the abortion experiences available online, as abortion-related content could be shared from anywhere in the world and thus may differ significantly from the participants' experience of abortion in Scotland. Much of the literature regarding online support focuses on how the lack of geographical boundaries within the worldwide web is a positive feature, in that users from across the globe can

benefit from supportive interactions and content (Wagg, Callanan and Hassett, 2019; Washington *et al.*, 2020). However, the women in this study highlighted that the diversity of posters' locations could obfuscate the search process given the variability in the legal status of, and cultural attitudes toward, abortion. They described the context of online spaces and content therein as a consideration during their search, in the recognition that accounts could be significantly shaped by the socio-political context of the content creator.

Participants often depicted a degree of difficulty in trying to find abortion accounts that felt representative of the Scottish context. Alice noted a proliferation of American posters in the forums and discussion boards that she reported visiting.

> "Although I'd say they were pretty much all American. There's definitely more discussion in American social media, and maybe London, I haven't really come across any Scottish or elsewhere in the UK, or European places for discussion, yeah." (Alice, 20, abortion in 2020)

Alice was not the only participant to highlight the abundance of American abortion experiences within the online context, with much of the sample making some reference to American abortion-related content during their interviews. As Alice highlights in the quote above, abortion appears to be more widely discussed by Americans online. This – along with participants' recognition that abortion is presented in terms of controversy within American contexts (protests, increasing legal restrictions) and the larger population – may explain why online spaces were seen as heavily influenced by American users (Castro Vilela, 2021).

While Alice said that many of the abortion accounts which she came across appeared to be related to the US, explicit reference to user location was reported as unavailable by many participants, leaving it up to individuals to determine where a post originated. In this way, the a-geographical landscape of online spaces may not be a constructive feature for women seeking abortion support online, rather it is just another aspect of their search for relevant abortion accounts online that they must manage. Participants described considering socio-politically relevant context clues within abortion-related posts

to help them identify poster location without explicit references provided by either the website or the content creator. One such indication that was mentioned was user word choice, with possible socio-political context identified through coded, region-specific language and symbols.

> "I remember I seen one girl, I can't remember where she was, but she was definitely in the US, because she said, mom, instead of like, mum, right." (Lydia, 26, abortion in 2013)

> "You can sometimes tell, this will sound really weird, but, you know, when people put either the dollar sign or the pound sign in front of their money costs, then you sort of know, it's limits what country you're coming from." (Fiba, 34, abortion in 2018)

Additionally certain narrative elements of the abortion process were identified by participants as likely to have originated outside of the UK. Anti-abortion protests, privatised healthcare, and the exchange of money were aspects of abortion experience most often taken as indicators that a poster had an abortion outwith the UK (although I recognise that these aspects of the abortion experience can occur in the UK context, they appeared to be interpreted as 'other' by many participants). As Grace explains:

> "So the handing money part, stands out, obviously, straightaway for me, because that's, you don't have to pay for it here. So that definitely sounds like that's been somewhere else, where either you pay for health care, or it's illegal. So I'm thinking like, you know, like Ireland or America. Which, well, aye, it mostly made me think of America." (Grace, 23, abortion in 2013)

Although many participants identified and filtered out these seemingly international abortion experiences which were portrayed as less relevant – and thus less effectual in providing social support - others only recognised this multiplicity *after* their own abortion experience. These participants described initially feeling unaware of how the socio-political diversity in abortion accounts online might affect the relevancy of the experiential knowledge they sought during the search process. Thus, it was only after their own abortion that several participants reported the realisation that the support that they had found online was not applicable in Scotland. For example, after reading American users' abortion posts within a forum, Laurel described thinking that she would be able to go home after having Misoprostol administered at a clinic. This was not the

case, as her abortion took place prior to this becoming common practice in Scotland.

> "Like I wanted to, kind of, know what it entailed and then...but I found some quite conflicting advice, because I had found like American stories and things, and there was quite a lot of American stories that had mentioned that they were allowed to go home after the second tablet and just allow it to pass at home and I thought see if I could do that like part of...going into hospital was part of the anxiety for me, where I thought if I could go to hospital, get the...like get what I need to get done, and then come home, like I can just be at...in the house and in my own space and be more comfortable." (Laurel, 25, abortion in 2014)

As such, the informational support Laurel described online was not especially relevant to her experience of abortion care within Scotland. So, although she had sought online support prior to her abortion, she reported feeling unprepared for her abortion experience. While she was unaware of the impact of abortion accounts' socio-political locations during the search process itself – and thus did not describe strategies to address this complication – the impact on her ability to find relevant support was nonetheless evident.

Some participants highlighted that - irrespective of where the content originated from - they still felt connected to posters' accounts. Emotional support could still be gleaned from socio-politically different abortion experiences, in that these accounts humanised abortion and in this, women could feel a sort of kinship with users from elsewhere in the world.

> "RWL: *Did you feel differently reading abortion related experiences from outside the British context?*
>
> I think that, like first and foremost, like I felt united with all these people, because it's such a unique, well not such a unique experience, it's just like, yeah, it's unique for us. The nationality doesn't matter so much. I probably would feel maybe a little bit more connected to someone who was the same age as me, and from the same area, just because our experiences are probably much more specifically similar. But I'd still feel interested in and united with an American who was posting on one of these blogs." (Alice, 20, abortion in 2020)

This space for engagement with others with whom they shared a broadly similar experience was reported by some to be a positive aspect of their online

exploration despite the difference in socio-political contexts of the poster and audience. I propose that these responses to the socio-political diversity of abortion-related content varied in part due to the type of support participants were seeking. When women sought informational support regarding access to and the practicalities of the abortion process, my analysis suggests that similarities in socio-political context were perceived to be more relevant than when searching for emotional support.

4.5 Utilising formal and informal spaces online to access support

This study focused on informal spaces online and social support provided by peers, rather than healthcare professionals, as per my literature review and definition of social support. Through the course of the interviews, however, some participants also described seeking formal healthcare websites regarding abortion access, and were thus included in my analysis. Framed as relatively 'official' spaces, these were discussed by multiple interviewees as a significant part of the online experience, the search for these spaces, and the role they played in women's exploration of abortion-related content is discussed below. Subsequently, I contrast participants' search experiences of more informal online spaces.

Broadly speaking, the analysis in the following sections suggests that women tailored their search strategies to aid them in seeking support relevant to their varied needs, be that more formal healthcare enquiries or the support provided from first-hand abortion accounts available in informal spaces.

4.5.1 Formal online spaces as a gateway to support

Several participants described using their search strategy to seek out what they perceived as more 'official' - or 'formal' - online spaces. Examples included NHS websites (both nationally and local service-specific webpages) and pregnancy-related charities.

These spaces were often used as an initial jumping-off point in the search process, providing general information about abortion access and the procedure.

Participants reported accessing these spaces most often before the abortion or immediately after to query specific health concerns.

> "At that point [before abortion] I think I did [look online] but probably more just the NHS guidelines as opposed to looking into too much detail. I guess I probably did but…yeah, simple things like at that […] So yeah, I think I just stuck to like the [sexual health clinic] page, if I remember correctly, and a couple of the NHS [webpages]." (Fiona, 40, abortion circa 2009)

In this way, formal online spaces served to aid individuals with limited prior knowledge of abortion to gain a necessary fundamental understanding of how to access this care and what the process will likely entail. These spaces were considered especially useful by participants who reported that the information within these contexts was perceived to be highly trustworthy. After describing her use of NHS websites prior to her abortion, which she framed as a useful introduction to abortion, Amina presented these formal spaces as a source of "accurate" information that she would recommend to others who sought support for their abortion.

> "Go to the NHS website, where there's actual…there's, like, legit information that's actually accurate and read around there to help you." (Amina, 25, abortion in 2020)

While some participants reported appreciating the medical information provided on these websites, others said that they found the information limited, in part because of they perceived a somewhat clinical tone. As Laurel (25, abortion in 2014) described, "the NHS website was the only one I seen that maybe had information, but it was very basic and clinical." Claire also reported the abortion guidance available on the NHS as insufficient to address her queries regarding the options of medical or surgical abortion.

> "I had done a bit of Googling, just to find out what the options were [for ending a pregnancy]. But there didn't seem to be a huge amount of information in regards to [the] NHS. It seemed to mainly be, you know, American sites that were coming up with various things, so, I wasn't necessarily sure, before I went for my consultation, whether I would be offered both options [medical or surgical], or whether, with dating, it would be one or the other." (Claire, 33, abortion in 2020)

In these cases, where formal online spaces were perceived as providing insufficiently comprehensive information on abortion, participants often continued their search for abortion-related content in more informal spaces, in which first-hand accounts of abortions were more prevalent.

> "*RWL: And so when you were looking at it online, it was more looking at personal experiences rather than medical, like, knowledge?*
>
> Yeah, yeah. I would say I read like the NHS medical knowledge more to realise that I might this time have to go through something surgical, but then it was more moving into other people's personal experiences." (Heather, 39, abortion in 2002)

These data suggest that participants' online searches were dynamic, changing over time as their support needs evolved.

4.5.2 Allowing a 'back and forth': the role of informal spaces

Informal spaces presented an alternative to the more official information provided within formal spaces, in that these webpages were suggested by participants to offer more first-hand accounts of abortion and the opportunity to engage directly with other users, aspects which were actively sought by women in this study. Thus, participants reported tailoring their search strategies towards more informal spaces in order to obtain experiential knowledge and interaction.

Melanie discussed her initial use of the NHS website; however, when this did not appear to meet her need for experiential knowledge of the abortion process, she described turning to un-moderated, informal platforms that allowed for more direct engagement with other users.

> "I was just…like the formal NHS stuff don't allow you to comment, so it's more the informal websites that allow the kind of back and forth. But there is a…there's definitely media articles and stuff that I would look at as well, but yeah, I would say they're [first-hand accounts] more again on the kind of not moderated sites that allow for people to post their experiences and opinions." (Melanie, 27, abortion in 2013 and 2017)

This “back and forth” between users, that Melanie described within informal spaces, created a more dynamic experience in which she could access experiential knowledge and engage more directly with this content should she choose. Melanie’s comment speaks directly to a key distinction between formal and informal spaces which was identified through my analysis, with informal spaces being associated with higher levels of interaction between users and containing more experienced-based posts.

Other participants echoed Melanie’s suggestion that informal spaces presented more first-hand knowledge of abortion than was perceived within more formal online contexts. Heather expressed a desire to read abortion-related content authored by “real people” with personal experience, and thus sought out informal online spaces rather than more formal, “official kind of advice”.

> “But I wanted real people with real situations and experiences, and their kind of input and advice, if you know what I mean, rather than the kind of…I suppose the kind of…I don’t know, the official kind of advice or information that they give you kind of…I always felt like you would get more real answers from the people that have been through it.” (Heather, 39, abortion in 2002)

As these informal online spaces were perceived to provide more personal abortion accounts, as well as the potential for interaction, they were specifically targeted in some participants’ search strategies. Rather than using formal spaces or using search terms directly related to healthcare such as ‘NHS’ or ‘sexual health clinic’, some interviewees reported using key phrases such as “my abortion story” (Donna, 33, abortion in 2012) or “abortion experience” (Claire, 33, abortion in 2020), which directed them towards platforms that highlighted personal abortion accounts. In searching for these first-hand accounts online, participants could compare their stories to other users.

> “I had read a really great article […] It was a really great article that somebody had written, a woman who had written, about her abortion experience and I’ve saved it and everything, I read it occasionally, when I have moments of, you know, have I done the right thing, ‘cause her experience is very like my own. You know, pretty complete family, older woman, by that I mean, not a teenager, or whatever. […] And that, I found that very reassuring and like I say, I refer to that, occasionally, when I’m deep in my thoughts about it, just to reassure me that, I’m not alone in it, and that other, potentially more

> together, women, have made the same decisions." (Claire, 33, abortion in 2020)

The analysis presented in this section and the previous suggests that participants searched for formal and informal online spaces to address different needs in relation to their abortion experiences. Formal spaces have a degree of trust and authority that many sought out prior to their abortion, looking for more practical details of how to access abortion care and what the process would entail, whereas informal spaces presented first-hand abortion accounts and provided the opportunity to find similar others outwith their in-person social network.

4.6 Online spaces suggested by others

While the majority of participants described relying on relatively broad search strategies driven by their own desire to find relevant abortion-related content, several women in this sample were directed to particular online spaces by healthcare professionals or friends.

Delilah and Nora, who both had a termination for medical reasons, described being guided towards online spaces. During the course of their care, they were directed by healthcare professionals to a pregnancy loss charity's website and forum. In this way, their use of online spaces appeared to be shaped by their reason for undergoing abortion and the management of their care, since no other participants reported being signposted to a source of support external to the NHS (either online or in-person). After being directed towards this charity's online forum, Nora expressed that her experience reading others' abortion accounts and sharing her own TFMR in this space made her feel less alone.

> "So it was through the [TFMR charity] forum, so maybe about four months after I had the termination I went back to them and said…because they'd said at the time come to us afterwards and we can add you into this forum, and I didn't, I just got on with my life. Then about four months later I was really struggling to come to terms with it all and I contacted them and joined the private forum. I just felt an incredible sense of relief when I logged on and read so many other stories that had so many similarities to my own. I think after a week or so of frantically reading as much as I could on there I then posted quite a long post about my whole experience around it and my feelings about it, and was met with unbelievable compassion and understanding. I think having felt like I was the only person in the world who had experienced this or had these thoughts or came to this

> decision, and even talking to other people about it them not having the same understanding of being in that position, then meeting other people who do, who completely got…and who had the same thoughts, the same feelings, the same worries was an incredible relief." (Nora, 36, abortion in 2016)

Both Nora and Delilah described this closed, invitation-only forum as a positive environment, and highly valued the experiential knowledge gained from other users. The forum was depicted as a "very safe space, very well moderated" (Delilah, 39, abortion in 2017) and both participants reported continued and frequent use, transitioning from the role of support receiver to support provider (discussed further in 6.6).

Although most participants who had undergone Ground C abortions (referencing those that were permitted under the 1967 Abortion Act if there is a risk of injury to the physical or mental health of the pregnant person, interpreted by many to be for broadly 'social' reasons) did not describe being directed towards any particular online spaces, one participant did. Alice described guidance from a friend towards a Facebook group for women in the UK, which pronounces itself as a safe, non-judgemental space for women to discuss sex, love, and relationships. Alice described struggling to find sufficiently detailed information on the NHS website about what the abortion process would entail and encountering abortion negativity around others' posts on other online spaces (namely Quora- an America-based question and answer website). As a result, a friend directed her towards a Facebook group for women in the UK, in which discussions of potentially sensitive and stigmatised experiences were discussed (for example: sexual assault, menstruation, and abortion).

> "Loads of women write on it [closed Facebook group page] about abortion […] Like they talk about the nitty gritty detail like, some people even send pictures of like, oh this is a blood clot I had this morning, some people say stuff, you know, they go into very vivid detail, very honest. But also stuff like, to me, like even just saying, oh I'm really depressed, is something that's really honest, to say that in a public forum like social media. It's something that I kind of learnt all my life, to kind of hide and people should try and keep a happy, perfect exterior on the outside, and it was refreshing to see people talk about stuff honestly, but also in a way where they were almost proud." (Alice, 20, abortion in 2020)

This grassroots online organisation appeared to offer a valuable space for Alice to find experiential knowledge with frank, detailed portrayals of abortion; a need that had not been met elsewhere.

In the above examples, direction toward online spaces by others led these women to positive environments in which they could interact with what they perceived to be similar others. There was a desire expressed by other participants, who did not receive any such guidance, that additional signposting towards useful online resources for abortion be provided by trusted healthcare institutions such as the NHS.

> "So I think it would be good to have somewhere where there was, like…even if it was just the NHS kind of pointed you in the direction of a website that had these experiences, that didn't even necessarily be facilitated by the NHS. But I feel like, you know, you go on Google and you're going to get such a huge, wide range of random stuff and it's like, we need signposting I think would be really helpful for people." (Fiona, 40, abortion circa 2009)

While some participants did find online spaces that they perceived as safe and positive, my analysis highlights that they often had to do so without guidance, with the responsibility for finding relevant and supportive resources resting solely on their shoulders. This onus to sourcing support from online contexts may be particularly stressful given that women who are seeking or have recently undergone an abortion may be feeling particularly vulnerable – felt acutely by those who lack in-person support in the first place.

4.7 Summary of key findings

This chapter explored how the women in this study sought and accessed abortion-related content online. My analysis suggests that searching for information and support regarding abortion was not a straightforward task, particularly as many participants emphasised their limited knowledge of abortion prior to their own experience. Most participants had to create their own search strategy to find experiential knowledge of abortion, in the absence of direction from trusted sources. Specifically, the search engine Google was explicitly named by twelve women in their efforts to seek out abortion content, which presented interviewees with a huge volume of search results to sift through. The

pervasive use of this search engine does raise questions about how individuals effectively access healthcare information and support online, with unknown algorithms shaping the search results and directing users towards certain spaces. Participants then had to navigate a plethora of search results to identify meaningful and relevant support. Additionally, this process was complicated by the presence of anti-abortion rhetoric in many online spaces, presenting a need to avoid potentially distressing subject matter.

The process of finding relevant abortion-related information was complicated by the socio-political diversity of abortion accounts available. Without obvious search limits, participants described using context clues to assess the relevance of abortion-related content to their own experiences. However, simply relating to another's abortion story, regardless of origin, could also have a positive impact.

Some participants prioritised more formal online spaces, while others navigated towards informal online platforms. While a few benefitted from being directed towards online spaces by healthcare professionals or friends, the majority reported little guidance. The onus appeared to be primarily on the women themselves to search for and navigate online spaces for support, with varying levels of success. In the next chapter, I explore how the spaces that they found impacted their use of online resources and the support.

5 Which online spaces did women access and why?

5.1 Chapter introduction

The previous chapter described *how* women searched for online spaces in which to explore abortion-related content. This chapter seeks to answer research question two concerning *why* participants chose to engage further within particular online spaces and not others that they identified. I begin by categorising the online spaces highlighted by participants in their interviews, based on the purpose of the online space – as classified within the human-computer interaction (HCI) literature - and public/private nature (essentially the extent to which content is linked with users' offline identity) of the platform. In later sections, I go on to describe these categories in turn, comparing the technological functionality afforded by these online platforms, and how this relates to the type of online activity reported (reading others' content or sharing their own abortion account).

A variety of online spaces were used to read and/or post about abortion experiences (see Table 3, below). In total, 18 different social media platforms and websites were named, suggesting that a wide range of online spaces were used by the women in this study.

In the aim of understanding where women sought abortion-related content, I draw on relevant social scientific literature, complemented by human computer interaction (HCI) scholarship (see literature review sections 2.3 and 2.5). Within the latter, it is recognised that the design of online spaces impacts user experience, in that a user's interpretation of those features shapes how they engage with content on that platform (Bucher and Helmond, 2017; Evans *et al.*, 2017). I classified the online spaces noted in the interviews on a post hoc basis, in relation to the general purpose of the online space and the relative privacy afforded within the platform (primarily regarding the identifiability of users).

The categories created were as follows: public and identity-linked social media; private or closed spaces within identity-linked social media; username-based forums or discussion boards; personal blogs (identity-linked or anonymous); and a miscellaneous 'other' category. Table 3 outlines the spaces identified as per these categories.

The categories of 'blogs' and 'other' will not be discussed in detail in this thesis, rather my analysis focused on public and private identity-linked social media and forums/discussion boards. This decision was in part because participants tended to not be able to recall specific blogs or unfamiliar website names. Additionally, some participants also described using online spaces that fell outwith my post hoc classification and were therefore categorised as 'other'-such as video-based platforms (YouTube and TikTok). However, these spaces were not as commonly explored by participants in these interviews and thus are not investigated in more detail in this chapter.

In the context of this study, I expected that platform choice would likely be influenced by perceptions and knowledge of the digital affordances of those platforms (such as the ability to post anonymously), as has been found in existing studies of social support for stigmatised healthcare issues (Andalibi *et al.*, 2016; Mo and Coulson, 2014). In this chapter, I frame participants' choices of online platforms through a lens of technological functionality, highlighting how web space affordances affected their experiences seeking support for abortion online.

Table 3 Online spaces used by participants

Types of online space	Online space	Number of participants reporting use	Number of participants reporting reading or interacting	Number of participants sharing abortion account
SNS: Identity-linked + public	Facebook (general)	7	5	2
	Twitter	4	4	-
	Instagram	3	3	-
SNS: Identity-linked + private/closed	Facebook (closed group)	6	6	4
Forum/discussion board: username-based identity	Mumsnet- parenting forum	5	5	2
	Reddit- discussion board based social media platform	2	2	1
	Quora- question and answer forum	2	2	-
	Netmums- parenting forum	3	3	-
	YikYak- question and answer forum	1	1	1
	Kiddicare- childcare retailer	1	1	-
	Gingerbread- parenting forum	1	1	-
	Antenatal Results and Choices (ARC)- pregnancy loss forum	2	2	2
	Unspecified forum	11	11	2
Blog: identity-linked or anonymous	Tumblr- blogging site	2	2	1
	Unspecified	4	4	1
Other	YouTube	2	2	-
	TikTok- video sharing platform	1	1	-
	NHS	6	6	-
	Marie Stopes- reproductive health charity	1	1	-
	Unspecified website	10	10	-

A broad example which highlights several of these considerations came from Margaret, who reported evaluating several online platforms, before ultimately engaging with Reddit.

> "I'd done a quick Google and saw what came up. Twitter was not very helpful. Facebook, you had to go and join the groups, I wasn't very keen on that. Instagram wasn't really a thing then, so that really wasn't there. Quite a few things on YouTube, but yeah, it was kind of, what's the word, you're less able to interact on YouTube, I mean obviously you can comment and stuff, but it's not quite as quick as Reddit, so that was definitely the easiest, and quite a few blogs as well, but again it's just one person sharing their experience, and I just wanted to get a large group to look at." (Margaret, 27, abortion in circa 2013)

Margaret described her rationale for using Reddit (more specifically the 'r/abortion' subReddit, described in the previous chapter in more detail), as informed by her observations and expectations of the online spaces she came across during her search. She alludes to issues of *anonymity* (identity-linked Facebook accounts and joining groups), *visibility* (perception of large audience within Reddit in comparison to blogs) and *control* (levels of interaction available within platforms) afforded by various online spaces. This example illustrates that the decision to access certain online spaces over others is complex and nuanced, informed by participants' perceptions of the affordances and design of platforms. These affordances of anonymity, visibility, and control will be examined further in sections below.

5.2 Public, identity-linked social media

The most frequently discussed online spaces (at least regarding named websites and platforms) in which women reported accessing abortion-related content were popular social media platforms, such as Facebook or Twitter- which are primarily identity-linked, public platforms. In this section, I describe how participants appraised the technological affordances of visibility and control in these spaces, and how these appraisals shaped their decisions around how to engage with abortion-related content in this context.

Although many participants highlighted these spaces during their experience online, the majority of those that discussed using these platforms primarily described engaging in online activities in which they read and/or interacted with others' abortion-related content rather than sharing their own abortion experiences. The decision to use these platforms in this way appeared to be informed by concerns regarding the high visibility of content – in that the entirety of one's online social network could view it and accounts were linked to offline identities. This was conveyed by other participants to be an impediment to using certain public, identity-linked social media, particularly as potentially stigmatising interactions were seen as a negative associated with these spaces. For example, having said she explicitly avoided Twitter, Niamh elaborated on why.

> "It's so public, anyone doing a search can find it and go into attack mode. I mean, it happens on Facebook and it happens in other places as well, but on the whole, it just seems so much more vociferous on Twitter. And it's not just around abortion and choice, it's also about trans issues, it's about… Some of the most racist stuff I've seen has been on Twitter, homophobic, you know, everything." (Niamh, 54, abortion in 1995)

In this case, the perception of Twitter as a platform saturated with negativity was not limited to the topic of abortion, but to its reputation in general for harassment and trolling. As Niamh described in the quote above, Twitter is relatively "public" in nature in comparison to other social media platforms which often use more defined social networking structure (like Facebook's use of 'friends'). This platform's design means that posts have potentially high visibility including, but not limited to, the poster's intended audience (Rains, 2019).[4] The public context of Twitter was perceived by Niamh to increase the likelihood of negativity within this online space. As such, she reported avoiding this social media platform – both in terms of reading and engaging with content - instead turning to less visible (and thus perceived as more private) online spaces to engage with abortion-related content. This data demonstrates that participants consider their pre-existing perceptions of online spaces, which can be mapped onto certain technological affordances and design features, when navigating

[4] Although within Twitter the visibility can vary – particularly if the account is private – but also in terms of the number of 'followers' an account has and, to some degree, the inclusion of hashtags within a post.

towards supportive abortion-related content and away from potentially stigmatising interactions.

As evidenced by my analysis above, activity within identity-linked platforms appeared to be shaped by concerns relating to privacy, perceived audience, and abortion stigma. While some participants (such as Niamh) avoided these types of platforms given these expressed concerns, others chose to engage with the abortion-related content within these spaces without sharing their own abortion accounts. These public, identity-linked social media allowed users to engage with content in a variety of ways, namely posting, commenting, liking. In offering multiple ways to interact with the content on these platforms, users are in theory offered a high degree of control over how they engage with content and manage their own link to the subject of abortion. For example, participants could choose not to create and share their personal abortion accounts in stand-alone posts, but rather could interact with existing content by commenting, 'liking', and sharing.

The control offered from the design feature of 'liking' content within public, identity-linked social media was perceived by some participants as a more equivocal way to demonstrate support for abortion without having to share their own story. Alice reported using her Facebook and Instagram accounts to explore feminist, pro-abortion content; while she did not share her own abortion account, she liked this content to publicly demonstrate her support for this reproductive health procedure.

> "*RWL: And did you interact with any of the stories you read, like liking them or commenting on them?*
>
> I'd like them, but I wouldn't personally comment or post anything, yeah. […] I feel comfortable publicly saying that abortion is something that I support, and I care about. I wouldn't necessarily want to identify myself as someone who'd experienced it." (Alice, 20, abortion in 2020)

As Alice described, she limited her abortion-related use of identity-linked social media to 'liking' content; in this way, she could support abortion more generally without revealing her own connection to the topic. Although posting their own abortion experiences was less commonly reported by participants within these

spaces highly visible to their online social networks, the technical affordances within public, identity-linked social media – such as liking and commenting - allowed women to engage with other users in a way in which they felt comfortable and in control of their own privacy.

However, the two participants who did describe sharing their own abortion accounts within these public, identity-linked social media (namely Facebook) both had terminations for medical reasons (TFMR). This type of abortion experience, though they make up a small proportion of all abortions annually (Public Health Public Health Scotland, 2022), was identified as a factor that appeared to shape how these women used online spaces in regards to their abortion. For example, Delilah described her decision to post about her TFMR on Facebook as a way of informing her entire social network about the end of her pregnancy. For her, using a personal, identity-linked social media account to share her abortion experience exploited the high visibility of the 'broadcasting' communication style that is a key feature of many social media platforms.

> "We had to end the pregnancy I think was the way I put it. Just again so that people knew. I mean, in the early days I probably wanted…again, I just wanted everybody to know so that I wouldn't bump into people and have to tell them. I remember, like, bumping into the first person in Tesco and having to tell them was quite awful. So it was, yeah, better to have said it that way. Yeah, Facebook's good for that kind of thing, it just gets it out to everybody." (Delilah, 39, abortion in 2017)

This quote suggests that the technological affordance of high visibility - in which content can potentially be observed by a large audience - was a motivating factor for Delilah's use of this public, identity-linked social media. Delilah reported that she had previously announced her pregnancy to her social network prior to her decision to terminate, so the ability to disseminate news of the end of her pregnancy to that same group was perceived to reduce the need for multiple painful conversations in the future. In this way, her use of a personally identified social media account was interpreted to have positively impacted her abortion experience. However, it is worth noting that Delilah's constructive experience of using a public, identity-linked social media may be suggestive of some of the differences between TFMR and ground C abortions (terminations for broadly 'social' reasons) regarding the perceived legitimacy of TFMR as a more

'acceptable' instance of abortion - though more research is necessary to explore online experiences in relation to the underexplored accounts of TFMR. This analysis suggests that online spaces appear to be utilised in response to individuals' circumstances around their abortion, with those who perhaps anticipate less stigma – such as Delilah – enabled to share their abortion within an identity-linked platform.

These data suggest that participants considered the high degree of visibility and control within these platforms during their decision to engage with abortion-related content. Ultimately their choice depended on their individual circumstances around their abortion and their assumptions concerning these spaces, with some choosing to engage within these platforms while others avoided further use.

5.3 Online activity in private, identity-linked spaces within social media

In addition to public, identity-linked social media, I examined use of private ('closed', invitation-only) identity-linked groups within the popular social media platform of Facebook as a distinct sub-set of online spaces. Participants highlighted the decreased visibility (in comparison to public, identity-linked spaces explored above), in that there was a smaller online audience to view the abortion-related posts they might make, as a positive feature of these types of spaces. These platforms also offered the additional benefit in that participants could use a pre-existing account (although some created a new account for increased anonymity as evidenced below) on a platform that they are familiar with. However, as I address in this section, the privacy that participants typically sought within these spaces required users to navigate technological design features that were framed by some as complex to use for their desired ends, to varying degrees of perceived success. In this section, I explore how private, identity-linked spaces were perceived by participants to limit the visibility of their abortion-related content and afford them additional control over the privacy - and thus the anonymity - of their online abortion accounts.

Visibility of posts was a key concern for some. Posting or interacting within specific Facebook groups limited the visibility of participants' use of these

spaces, narrowing their perceived audience to group members rather than the entirety of their online social network. Participants explained that they felt they could use these more private spaces to create abortion-related content, with a reduced likelihood that their accounts of their abortion experiences (and interaction with abortion-related content shared by others) would be seen by friends and family. Many participants expressed a particular reluctance to have these network members be aware of their abortion, in part because negative reactions from them would be of greater perceived consequences than any from unknown users online (as explored further in relation to anticipated stigma in section 7.3.3).

Nora (36, abortion in 2016) explained her choice to share her abortion within a closed Facebook group for mothers: "It's a private Facebook group, and I don't know anybody else in the group. I think if I knew people in the group, I wouldn't post there. I wouldn't comment on there." This data suggests that the relative anonymity provided by the distance from one's day-to-day life was a motivating factor to use private, identity-linked social media for Nora.

Despite the perception of reduced visibility, it was acknowledged by some participants that there was no guarantee that private group members would have no social connection to them, as Hannah explained. After posting about her own personal abortion experience in a private Facebook group for women in Glasgow through an anonymous question/answer feature, a friend of Hannah's replied to her post sharing her own abortion experience, without knowing that Hannah was the original poster. Hannah expressed conflicting emotions as a result:

> "Because of the situation when I posted anonymously, on the Facebook group, one of my close friends actually commented, and said that she had been through something similar, and that's why she chose to have an abortion. And I'd never known about that previously.
>
> *RWL: And when she had commented, you know, you had posted anonymously […] Did you ever talk about that with her?*
>
> No, I was still too terrified to say anything, to be honest. […] I think, in a way, it made me feel quite sad, that obviously she hadn't shared it with me, but then, I hadn't shared it with her." (Hannah, 24, abortion in 2014)

Even though, through this encounter, Hannah realised that she had a friend (from her in-person contacts) with experience of an abortion, she described holding onto the anonymity afforded within this private social media space for which she chose it in the first place. Hannah's experience demonstrates that the affordances of visibility and anonymity within these closed, identity-linked social media are not straightforward, and while users may perceive a certain degree of privacy within these spaces, they may still run the risk of identification.

In this vein, several study participants expressed misgivings regarding the navigation and management of the technological affordances within these nominally 'private' groups. Possessing a limited understanding of the privacy settings available on Facebook more generally - but particularly within closed Facebook groups - may discourage less technologically-informed women from using these platforms as a space in which to engage with abortion-related content, in case this activity could be observed by social network members. In Phoebe's case, she described feeling unsure of the privacy settings of the 'child-free' closed Facebook group in which she shared her abortion experience.

> "You see this is the thing, because my technology is not very good, I just use my personal account. But I never really know… Can I just ask you, because to be honest I don't really know, so see for my name is [participant's name] and I share that [in the] group, do you think other people [outside the closed group] can see that post?" (Phoebe, 29, abortion in 2014)

However, these concerns regarding privacy settings could be circumvented through creative use of platform design in which individuals could increase control over their content. Some participants described establishing anonymous, secondary accounts. Fiba used another account – separate to her primary offline identity-linked account - to search for closed Facebook groups pertaining to abortion experiences and read others' abortion accounts.

> "I have also a pseudonym Facebook, that's not, because sometimes when you look up something in Facebook, it brings it up through your feed. Like, when I look up, this sounds stupid, but when I look up skin care products, I notice they start appearing in my Facebook feed, what to buy. So, always a bit concerned about what will come up in my Facebook. 'Cause I don't know what other people can see, so I'm always a bit concerned. […] Yeah, I wouldn't put like abortion in my

> search bar, like let's see what we can find today guys." (Fiba, 34, abortion in 2018)

In this section I have explored ways in which design features of identity-linked, 'private' online spaces, were described as offering more control over the visibility of content while still using a familiar social media platform to browse and contribute abortion-related content. My analysis suggests that identity-linked private social media (such as closed Facebook groups) may have been perceived as a suitable location for some participants to share their abortion account, because it allowed them to find others with similar accounts of abortion, while protecting themselves from anticipated stigma from friends and family.

5.4 Use of username-based forums and discussion boards

The main distinction between forums/discussion boards and the previously discussed identity-linked social media (both public and private) is the greater anonymity afforded to users through non-identity linked usernames. With these usernames, individuals run a much lower risk of being linked with an offline identity (Leavitt, 2015). This opportunity to use online spaces with more perceived anonymity was described by some participants as offering a degree of protection from potential stigma (see also: section 7.3.4 on anonymity and felt stigma). For example, when Fiba discussed her decision to share her abortion account online - in which she wanted to support other women through posting her own abortion account - she chose to post with a username on a forum in which abortion was already being discussed. Fiba highlighted that she resorted to a previously used username when she wanted to remain anonymous.

> "*RWL: And what was your thought process on having a username rather than something that could be more associated with your identity?*
>
> I prefer it, because then no one can track you back. […] I was always worried that that might come back to bite me in the arse." (Fiba, 34, abortion in 2018)

Fiba reported feeling less worried about posting via a username within this forum: "it's fine, it's your hidden identity". Likewise, Hannah described her

decision – and indeed others' decisions – to post via username in forum settings as informed by concerns for anonymity, stating that "it's safer for them to hide behind a username than post under their own personal name, just in case somebody by chance happened to come across it". In this way, usernames appeared to function as a shield from potential negative consequences that may result from sharing personal abortion accounts online.

However, even with the anonymity provided by usernames, some participants still described feeling apprehensive that they might be recognised. This hesitation to post was overcome by some participants through the creation of even more anonymous, secondary accounts within these username-based forums and discussion boards – similarly described in relation to use of private, identity-linked spaces above. This tactic was reported by those participants whose username was known in their offline social network and thus was not perceived to be as anonymous as desired. In Margaret's case, she created a 'throwaway' account on Reddit, that is, a temporary account without any link to her primary Reddit username. This provided the anonymity that Margaret felt she needed to post freely about abortion.

> "I was going to do it [post her abortion experience] on my own [account], but my brother knows my real Reddit handle, so I just thought, oh, that could be a bit awkward, so I just made a new one and just put in on there, I thought that would be easiest, to be able to talk as honestly and fully as I wanted to, it might have been too difficult to do on my own handle." (Margaret, 27, abortion in circa 2013)

In Margaret's experience, anonymity was safeguarded using additional accounts; notably this tactic occurring both within private, identity-linked social media and username-based forums and discussion boards. This demonstrates the shared affordances across online spaces, suggesting that although these contexts differ, similar usage patterns can be observed.

Visibility was once again a consideration in the sense that participants considered the visibility of the platform itself. Though not always the case, many forums were organised around a particular conversation thread (like the aforementioned 'r/abortion' subReddit), which functioned similarly to the private spaces described above to limit the visibility of the content shared

within these spaces. In this way, forums and discussion board websites narrowed and/or focused the perceived audience of these spaces around a communal interest. The targeted audience of the platform (e.g., those who were using the 'r/abortion subReddit wanted to seek and offer support regarding abortion) was seen by some participants to reduce the possibly of negativity online and increase the potential for supportive exchanges.

> "I think it just depends where you're looking. So you'll get, I think you'd get a lot of people like, oh yeah, that's good, it sounds like the right thing for you. But then, if you're posting it on, like, a forum about abortion, where people were genuinely there to learn from other's experiences, I think you would get that. If you were posting it on other social media sites, like Facebook, or Twitter, I think you would get a bit of a mixed bag, I think you'd probably get, like, people being like, oh well you know, that was a child, and what you did was very selfish." (Grace, 23, abortion in 2013)

In this quote, Grace suggests that the perceived shared motivations of the audience within the forums in which abortion is discussed may result in relatively more positive, supportive interactions than in other platforms.

Username-based forums and discussion boards afforded participants additional anonymity, and often had the combined benefit of lower visibility in which discussion was based around a shared topic (such as abortion). This category of online spaces was proportionally the most often reported as being used to shared personal abortion accounts in comparison to public and private identity-linked social media. I propose that this tendency to use username-based forums and discussion boards is due to these affordances of anonymity and visibility, allowing participants greater control over their privacy which was framed as a major concern regarding abortion and online spaces.

5.5 Summary of key findings

This chapter sought to answer the question of why certain online spaces were chosen by women to access and explore abortion-related content online. I identified in the interview data a wide range of online spaces which participants reported using and highlighted how the technological affordances of said spaces influenced the decision to engage further within these platforms.

Participants considered the technological affordances, which I have framed as anonymity, visibility, and control, when deciding where online they would access and engage with abortion-related content. Identity-linked, public social media granted relatively low anonymity to users and content was generally visible to the entirety of participants' social network. Concerns regarding anticipated stigma limited most participants use of these online spaces, however, conversely those who had TFMRs reported choosing to share in these platforms because of the high visibility. In comparison, identity-linked, private social media – such as closed Facebook groups – offered reduced visibility of the content posted within these groups, narrowing the perceived audience from the entirety of one's online social network to just group members. However, the possibility of being identified online was perceived as significantly less likely if username-based forums and discussion boards were used.

Participants considered each online space on its own merits to inform their decision on where to access and engage with abortion-related content. Regardless of platform, participants' access and engagement with abortion-related content appeared to be informed by their perceptions of anonymity, visibility, and control, with participants navigating towards certain online spaces to seek support while negotiating potential abortion stigma - which will be discussed in further detail in the next two chapters (6 and 7).

6 Social Support around abortion

6.1 Chapter introduction

As examined in the previous chapter, participants chose to engage with certain online platforms as informed by their needs for privacy, anonymity, and control, but why they decided to use online platforms at all is explored in this chapter. This chapter (and the following) seeks to explore the research questions three and four concerning what motivates women to use online spaces in relation to their abortion experiences, and how they perceive these experiences online. Given that existing literature indicates that social support is a significant impetus to use online resources for healthcare conditions and stigmatised life events more broadly (Andalibi and Forte, 2018; Conrad, Bandini and Vasquez, 2016; Naslund *et al.*, 2016), this chapter explores social support as a motivating factor for accessing online spaces in regards to abortion.

In general terms, the concept of social support speaks to how social interactions and exchanges with other individuals can help in coping with stressful life events and negative emotional states. To revisit the detailed examination presented in my literature review (Chapter 2), my conceptualisation of social support is informed by Jacobson (1986) and Cohen et al.'s (2000) definitions, which classify key forms of social support as emotional (the provision of love and self-worth), informational (the exchange of knowledge and advice), and material (practical aid).

In this conceptualisation, I frame information-seeking as sitting within (rather than distinct from) social support-seeking. I argue that definitions of information-seeking which present it as distinct from social support are more appropriate in instances when knowledge is sought from more formal sources (such as healthcare professionals or official support groups). When this knowledge and advice is sought from individuals – either in-person or online – I constitute this action as seeking *informational support*. Furthermore, the conceptualisation of social support operationalised in this thesis focused on

participants' perceptions of what was or was not social support, rather than any objectively measured instances of supportive behaviour.

An association between social support and abortion has been identified (Kimport, Foster and Weitz, 2011; Major and Gramzow, 1999), suggesting a relationship between higher perceived social support and more positive abortion experiences. However, this literature focuses primarily on in-person social support, and does not address social support sought online, signifying a knowledge gap in the context of abortion and online environments. I therefore begin by exploring what motivated participants to seek out social support online, highlighting unmet support needs and a desire for privacy as major factors (6.2).

Participants' experiences are then explored in relation to the above conceptualisation of social support in section 6.3. I note, however, that while I used a tri-partite conceptualisation of social support, participants did not describe seeking or receiving material support via online contexts. This absence of material social support from their accounts is in line with existing research into online support, as the tangible nature of this form of support often necessitates that it is managed through in-person interactions. Thus, I have excluded this form of support from further analysis and instead focus on emotional and informational support in this thesis. I then compare participants' perceptions of online support and in-person support in Section 6.4.

My analysis of social support online identified two broad categories of related experiences. The first is dynamic, 'interactive' experiences of support, in which participants had a two-way exchange with another online user. The second was non-reciprocal, one-way activity, such as reading existing abortion-related content, which was interpreted by participants as having a supportive effect. The extent to which these online activities fit within current framings of social support activities is discussed in section 6.5.

Another factor which became apparent in my analysis was that, while interviewees described their motivations using online spaces primarily in terms of receiving support for their own abortion experience, many participants also described a desire to offer support to others. Experiences of providing online social support to others is explored in section 6.6.

The analysis presented here demonstrates the ways women in this study suggested online spaces were a valuable context in which to seek support from others with similar experiences, that may not have been easily accessible in their offline social networks. Ways in which online support was perceived to be less helpful are also explored, particularly in relation to anti-abortion rhetoric, which leads into the exploration of abortion stigma in online spaces presented in Chapter 7.

6.2 "It's just a sensitive issue, you can't always talk to people": motivations for seeking social support online

The predominant reasons for accessing online support identified through my analysis were: to address support needs that were perceived as unavailable from in-person networks; and to seek support without feeling obliged to make public that they had undergone, or were about to undergo, an abortion. However, as I go on to explore, women's motivations to continue using these spaces appeared to evolve over time, with many choosing to offer support online after their own abortion experience (discussed further below in 6.6). Motivations for seeking online support relate to the notions of privacy and information control discussed in the last chapter regarding which spaces participants chose to read and/or contribute abortion-related content.

There was a sense, for those who could not find the desired in-person support from friends and family, that online spaces could provide an opportunity to find support that better met their specific needs – particularly the need for experiential knowledge from those with similar experiences of abortion (expanded in section 6.3). For example, Anastasia reported that while she had told two of her friends about her abortion prior to the procedure, she did not know of anyone in her offline network who had had an abortion, in large part due to the perception that abortion is 'sensitive' and the resulting silence around the experience. She recalled going online to find the desired experiential knowledge that she felt was unavailable from her friends and family.

> "I wanted to be prepared as…you know, 'cause I knew that this was what I was going to be doing. And I think it's just a sensitive issue, you can't always talk to people. People don't openly announce always

> that they've had one. So you don't really know who you can talk to. […]
>
> So I think in a sense it's really vital for people to have that [online support] 'cause they'd be like I said…they don't even feel that they can really tell all to people, but here's a way that they can do, they can get it off their chest and maybe feel a wee bit better […] They maybe don't feel so alone and that's really, really important as well, especially for someone who doesn't have any support. And it's sad that we have to go online sometimes, but it's just how things are, isn't it." (Anastasia, 42, abortion in 2005)

Anastasia suggested that online spaces provided a welcome context in which to access this type of support. However, Anastasia's comment that it was "sad" that women must resort to online spaces rather than open up about their abortion to friends and family, suggests a perception that she viewed online spaces as a second choice to in-person support.

Another motivating factor to access online spaces was that it allowed participants to seek support from those outwith their social network and simultaneously allowed them to conceal their needs for this additional support from friends or family. For example, Nicole described her conception partner as a source of material and emotional support in the lead up to the abortion, however, Nicole recalled that he was less willing to talk through the abortion after the fact, when she described needing further support. Nicole recollected that at a time when she felt particularly upset about her abortion, she sought abortion-related content online. She described using the private (or 'incognito') browser function to conceal her use of online spaces. When asked why, she explained:

> "Because I didn't want my partner to know what I had been looking at. I didn't want him to know that I was looking into this, because his response was always the same. It was always… Anytime I brought it up it was you don't need to rehash this, [participant's name]. We don't need to go through this again. You just need to put it to rest. You need to put it behind you, you need to stop thinking about it. Put it out of your mind and those were the kind of responses that I got from him. And yeah, so it was easier to hide that from him than to actually tell him the truth about what I was doing." (Nicole, 30, abortion in 2012)

This quote suggests that for Nicole, the fact that her support went unmet by in-person sources is intertwined with a level of embarrassment that she needed additional support. Online spaces provided Nicole an avenue to pursue support that remained unmet by her in-person support network (particularly her partner) while simultaneously hiding this need for support.

This motivation to hide their need for social support, or indeed hide the abortion itself, was an incentive for many participants to go online to explore abortion-related content. Although Fiona had told some members of her social network about the abortion (friend and conception partner), she described feeling embarrassed and guilty regarding her abortion experience and expressed her reticence to share it with the majority of her friends and family, which prompted her to seek support online.

> "I certainly was embarrassed by it [her abortion], there's not many people that I've told about it. I mean, none of my family know about it at all and I've not intention of telling any of them, it's just a few close friends. My husband, I spoke to him obviously about it, he knows all about it.
>
> But yeah, I guess it [online forum] just gave you that kind of support that you probably were looking for but you couldn't really get because it would mean you'd have to talk to somebody. And by reading it, you could just kind of go, yeah. It's hard to explain actually I think. It's more, yeah, somebody else felt it, it wasn't just me, it's not just me." (Fiona, 40, abortion circa in 2009)

As Fiona explained, online spaces offered her a more private alternative to in-person support, in that she could read about others' experiences, relate to them and their story and, as a result, feel less alone. This quote from Fiona suggests that her online activity positively influenced her perception of the abortion by contextualising and normalising her experience amongst the stories of others. For those who experience negative emotions regarding their abortion such as shame, guilt, and embarrassment – which is interpreted as an indication of internalised abortion stigma – or those who anticipate stigmatising interactions if they were to share their abortion, online support offers an opportunity to relate to others with similar experiences without revealing their own abortion story or identity.

6.3 "It's not just me": online social support in the context of abortion

This section aims to explore *what* type of social support content was sought and found by participants using online spaces. Interviewees focused on experiences comprising of the seeking of informational support, and aspects of emotional support available in online spaces. Each is explored below.

6.3.1 Informational support: experiential knowledge and advice

Many participants described using online spaces to access informational support via abortion accounts, as this first-hand knowledge was perceived to be unavailable from their in-person network. Margaret conveyed that her use of online spaces was motivated by the desire to find informational support regarding applied advice about abortion from personal accounts. Having recently moved to a new city, she described a limited nearby in-person network and was cognisant of the taboo around abortion more broadly; Margaret discussed the benefits she perceived from going online to access informational support.

> "The internet is great for that, you've got millions of people sharing their experience, in a way that they never would face to face […]
>
> So, I was very grateful to have researched it a bit more. For example, Rhesus negative is my blood type, I'm AB negative. So, quite a few of the posts were talking about it, and they said you've got to ask for some antigen D [sic] injection otherwise you'll just keep bleeding and it's going to be a nightmare. So, when I was in there having it done, I said like just by the, you know, this is my blood type. And they were, oh right, we'll get you some antigen D, 'cause this can happen. So, it was just wee things like that, just so I knew. Talking about what to pack, they were like, it's going to be long and boring, make sure you bring your laptop, a couple of snacks. It's going to be a full day in there. Just practical things like a change of clothes, wear something comfortable, you know, all that? Just things that I certainly wouldn't have thought about, if I hadn't read about them, which was very helpful." (Margaret, 27, abortion circa 2013)

Margaret suggested that the informational support that she reported finding positively contributed to her abortion experience. She expressed that she gained relevant knowledge about the abortion process that she felt she might otherwise not have known, had she not read these first-hand accounts. Given her recent

move and her belief that abortion experiences were likely unavailable from her limited in-person contacts, Margaret presented online spaces as an opportunity to access this kind of first-hand knowledge that she sought prior to undergoing the abortion.

Similarly, Amina described feeling well prepared for the physical experience of her medical abortion as a result of the informational support she read online derived from the experiential knowledge contained in other users' abortion-related content.

> "I read experiences that spoke about the different stages so when I… or certain stages or even, like, having the medication, I was just like, okay, so I can relate to it, especially when the second tablet that you have and you have the really bad contractions, the pains, I could relate to that. I think as somebody's experience it's quite nice and it's quite helpful because you know what you're getting yourself into and then you can prepare yourself as well. So, if something happened and I didn't know anything about abortion I'd probably panic, but because I knew, okay, this is part of the process, it kind of really helped." (Amina, 25, abortion in 2020)

Describing herself as "very indecisive" Amina discussed her broad search for informational support, utilising in-person network members, healthcare professionals, and online resources, combining these sources of support as "every little bit helps". She stated that friends and family provided primarily emotional support, and that she appreciated the targeted medical advice from the healthcare staff, but the first-hand experiences online provided relevant informational support about the abortion process that she could use to prepare herself.

Both Margaret and Amina described appreciating the detailed accounts of abortion experiences that they found online. Participants who reported finding comprehensive descriptions of abortion online prior to their own experience - thereby accessing informational support from these first-hand accounts - often described feeling more prepared for the abortion process than those participants who only read these experiential accounts afterwards.

For instance, Grace (23, abortion in 2013) reflected on her use of online spaces regarding her abortion and expressed regret that she had not gone online prior

to her experience; she was thus unaware that nursing staff would be recommending contraception. Without this prior knowledge, she described feeling unprepared and pressured into having an intra-uterine device (commonly referred to as 'the coil') fitted, stating, "I would have liked the chance to have found out more about that [contraception options], though. So that would have probably been a good thing to know about, like, beforehand."

Nevertheless, participants still described obtaining valuable informational support relevant to their experiences after the abortion process itself. Several interviewees highlighted informational support obtained online which provided them with practical strategies to process their emotions regarding the abortion afterwards.[5] Several months after her termination for medical reasons (TFMR), Nora described struggling with her emotional wellbeing and reached out to a username-based forum for pregnancy loss to seek suggestions of how to commemorate her pregnancy. Comparing her story with others' abortion accounts within this forum, Nora expressed the realisation that she was left without physical keepsakes from her pregnancy, which she had not considered collecting before her abortion. During her procedure, Nora said that nurses had offered to provide mementos or photos, but at the time she "felt sick at them asking me that" and refused. Later recognising this lack of mementos as a source of emotional distress, Nora reported reaching out to others online, and read (and followed some of) their suggestions on how to commemorate her pregnancy.

> "I think maybe a week or two later I then said we didn't have a funeral and we didn't take any photographs and we don't have any mementos and we don't have any memories, and has anybody got any ways that I can…what should I do sort of thing or has anybody else been in the same position, and people came back and said, well, I've planted a tree in my garden or I've got a necklace made or I've got a little box or I write in a journal or I paint pictures. People came back with ideas of things that they had found helpful…" (Nora, 36, abortion in 2016)

Although most participants who highlighted instances of accessing informational support described this as taking place before the abortion itself, as Nora demonstrates, this form of support was not always limited to a particular period.

[5] Note: I interpreted this data as falling under my conceptualisation of informational support (rather than emotional support) because it constituted specific advice on how to navigate emotional distress.

Searches for informational support after the fact tended to relate to more specific queries that participants had in response to their abortions, whereas those who sought informational support prior described gaining broader experiential knowledge about more general aspects of the abortion experience.

Online spaces were framed as opportunities to access informational support directly from "the horse's mouth" (Anastasia, 42, abortion in 2005), from posts highlighting aspects of the experience that were important to participants and, in some cases, where users could ask questions directly of others on that platform. First-hand online accounts were thus described as useful sources of informational support, providing the personal experience of abortion that were perceived by many participants to be absent otherwise.

6.3.2 Emotional support: finding those with similar experiences

In addition to the informational support available online, participants reported finding emotional support in online spaces. For conceptual clarity, in this analysis, I use 'emotional support' to signify an interaction with a user or engaging with pre-existing content (including simply reading posts) that was perceived by participants to normalise and validate their abortion decision and emotional experience.

One perspective highlighted in interviews was the loneliness and isolation participants often described in relation to their abortion. In Lydia's rural island community, she described a perception that abortion was not a valid resolution to pregnancy; abortion was presented as "you've made the mistake, why should somebody else suffer because you've messed up […] you have to face up to your problems and deal with them, end of." Within this small community, Lydia highlighted an absence of privacy and discretion, with her pregnancy and subsequent abortion depicted as common knowledge. The circumstances of her pregnancy also created isolation: she was living in temporary accommodation and was in a relationship with an emotionally abusive conception partner. She described these factors as barriers to continuing with the pregnancy, whereas most of her in-person network labelled her decision as selfish and immoral regardless. Lydia spoke of how her conception partner ended their relationship

after the abortion, meaning what little in-person support she had perceived from this psychologically abusive partner was no longer available.

> "So that's like, when I kind of looked at it [online], more when I was feeling really low about myself, and just wanting to see that there was…that's probably what it was, just reassurance that there was somebody else out there, that felt the same as me." (Lydia, 26, abortion in 2013)

In response to the emotional distress that she described feeling after her abortion, she identified online spaces where she could access other women's accounts of abortion experiences - outwith her small community - that in a sense validated her decision to have an abortion.

In Nora's interview, she discussed feeling hesitant to share her pregnancy and TFMR with her in-person network (though she eventually did so within Facebook). Though she described intense pressure and stress during the period and recognised that social support could ease these feelings, she anticipated judgement from others, particularly regarding her decision to seek abortion as a result of the fetal diagnosis of Down Syndrome. She reported that during both the decision-making process and the immediate aftermath of the abortion, she intentionally shut out the emotional side of the pregnancy loss in an effort get "on with her life". However, several months later she joined a pregnancy loss forum as she acknowledged how much she was struggling.

> "It felt very lonely. I think that was the other thing. You kind of feel like you're the only person in the world going through this. I'd never met anybody, or I had never knowingly met anybody at that stage. It felt like something very unusual and something that didn't happen very often, and something that you were unlikely to ever meet somebody else to have gone through that, and, as it turns out, I've now met lots of women who've gone through it. But at that point I felt very, very lonely. […]
>
> I just felt an incredible sense of relief when I logged on and read so many other stories that had so many similarities to my own." (Nora, 36, abortion in 2016)

Nora highlighted that the compassion she received within this online space was particularly effective because this support was provided by others who had undergone TFMR. Nora described being able to read others' experiences that

mirrored her own feelings of loss and loneliness, leading her to feel that she could share her story with this group free from the fear of judgement that she anticipated from her in-person social network.

Online accounts were described as comforting to Lydia and Nora, in that they could see that their experiences and feelings were not anomalous; rather, they were one of many who had undergone this process and had similar feelings. Both women, and many of the other participants who described similarly feeling "lonely" or "isolated", highlighted their hesitation to share an abortion experience with in-person network members because of the judgement that they anticipated. Participants presented online contexts as a space in which to find others, who were perceived to be like themselves (in that they too had an abortion) and thus relieved some of the tension women felt anticipating negative social interactions as a result of sharing their abortion experience.

The diversity of abortion experiences available online were described by some participants as validating their decision to undergo abortion and reducing feelings of isolation, particularly for those whose situation did not fit their pre-existing idea of the 'typical' abortion narrative. For example, Heather was 22 when she had an abortion, and had recently moved in with her partner, but expressed that they "certainly weren't ready [to have children] at that point". Her decision and experience of undergoing abortion were described as 'very matter of fact" with "no emotion in it at all". However, the conflict between these feelings and her expectation that abortion would or should be a guilt-ridden experience itself subsequently became a source of negative emotions, highlighting a tension between experienced and expected feelings towards abortion. Heather discussed feeling these emotions acutely, several years afterwards, when she was trying to conceive with her new partner, viewing her past abortion experience through a new lens of forthcoming motherhood. She then described going on to parenting-related forums in search of others' abortion experiences to compare to her own and seek emotional support.

> "Yeah, so I was kind of reassured in a lot of ways, because there was other mums that felt the same or other women that had been through it, and they were very…again very matter of fact about it, and I could really relate to those, but it also reassured me that I was not the only one out there that, you know, was like that, that it was just very kind

> of black and white, you know, and unemotional. So that was a relief, and certainly it helped me kind of, I suppose, put these kind of thoughts and things in their place and, I suppose, find closure with that a little bit, that everything's okay, I am normal and I'm not like a psycho or whatever it is." (Heather, 39, abortion in 2002)

Earlier in the interview, Heather made reference to how abortion had been portrayed in the media and by her friends as "an emotional thing that you were going to go through". She also perceived herself to be a "sensitive and emotional person". Thus, when she did not have these expected feelings, this dissonance between her expectations of abortion and her own lived experience was distressing. However, the presence of many different kinds of abortion stories online appeared to assuage Heather's sense that her experience had diverged from any perceived norm of abortion, and normalised her experience as one example in a vast array of possible experiences.

In these ways, online spaces offered first-hand accounts from those with personal experience of abortion, which was perceived by participants as normalising and validating their own experience. The complex emotions described by participants were echoed in the accounts they found online, with participants noting the commonalities with their experiences through language such as "similarities" or "the same as me". Whether they felt guilty, sad, happy, or ambivalent, participants felt that they were in some way represented online. It is this echoing and representation that I have interpreted as constituting emotional support in an online context. For the women in this study who described feeling isolated in their abortion experience – be that because of an unsupportive offline social network, a fear of judgement, or experienced feelings that are perhaps underrepresented in existing mainstream abortion discourse – online spaces provided emotional support in the form of accounts which reflected their own. With their experiences mirrored back to them, these women described feeling more assured that they were neither anomalous nor alone.

6.4 Comparing online and in-person support

Perceptions of online support were not universally positive or negative, with participants highlighting both how online support could be preferable to in-

person support, and how it was perceived to fall short. This section explores how factors such as the temporal contexts of online spaces, the perceived trustworthiness of support online, and the generalisability of abortion-related content, affected participants' perceptions of online support.

6.4.1 Timing of online support

One of the proposed benefits of online support in comparison to in-person support is that individuals can access online spaces whenever they choose and can respond when it is convenient for them (Rains and Wright, 2016; White and Dorman, 2001). This led me to examine the impact of this 'available any time' facet of online support.

Delilah described her experience of emotional difficulty after her TFMR and compared her perceptions of the in-person and online support she received (both of which were moderated by a charity catered specifically to individuals who had TFMRs) and portrayed both contexts as valuable in processing her experience. When asked about her use of the online support group forum, she suggested that online spaces offered her an additional degree of control over how and when she shared her abortion experience that was particularly valuable when she was emotionally vulnerable.

> "I couldn't say very much without crying so much to begin with […] so I had time to write it out and think about it. And literally in the first few weeks I wouldn't be able to say it out loud […]
>
> I think in-person offers something different but it's easier to take a longer time to write things and to formulate things. So on one hand, yeah, it's easier to write things online and write your story down, but to actually connect with people is much easier face-to-face." (Delilah, 39, abortion in 2017)

Delilah's comment suggests that in-person and online support involve different processes; with face-to-face communication encouraging a different level of connection between individuals, while the written medium of online spaces allowed her the opportunity to carefully construct her account at her own pace, even while experiencing intense emotions. By giving users the space (and time) to formulate their thoughts on online 'paper', individuals can reflect and make sense of their experience before sharing their story online. As Delilah's

experience indicates, online contexts can be perceived as having some advantages over in-person support because users can take their time to create and/or respond to content while reflecting on the abortion experience.

Temporality also shaped experiences of social support around abortion via online spaces with regard to the archival nature of online platforms (that is to say content is available for viewing/interaction long after it is initially shared). Participants described accessing abortion-related content (and the comments underneath these accounts) long after it was originally posted, and the effect of being able to access these older posts was two-fold. On the one hand they provided a record of supportive interactions, allowing users to access one-way support by reading this content. Rather than personally ask questions online, Anastasia recalled finding answers from existing posts.

> "I actually had enough information [from content that she read online] and thank goodness people are going on forums and going into a lot of detail. If people are just really open and honest, I don't think others really…I don't think people appreciate how much that can really help someone, because you might have a question. And it gets answered without you even having to ask." (Anastasia, 42, abortion in 2005)

The archival style of these spaces enables content to be read and utilised by future users, allowing them to perceive support without direct interactions online (discussed further in regard to one-way social support, section 6.5.1).

On the other hand, the age of the content (and the fact that some discussions were no longer 'live') was perceived negatively by some. For instance, Brianna recalled finding supportive comments available underneath requests for advice on various abortion-related queries in older forum threads. However, she explained that there was often no response by the original poster to let others know which advice had been helpful.

> "A lot of them… a lot of them were, like, a long time ago. So even if you wanted to comment, it would just be a bit pointless 'cause most of them were just so out-dated […] You can understand if they're going through such a big decision in their life, perhaps coming back to update some people on the Internet is not going to be on their top priority. But it, kind of, just made me feel, like, a little bit more confused.

> You know, did they take the decision or did they take all the advice that people are giving them, is it actually helpful? Did they actually, like, take it in to reality and use it. Did someone just think, okay, like, we've got all this advice, isn't, like, helpful if someone doesn't really come back and say, oh actually I took the advice and it worked out, and it was fine, and didn't go ahead or I went ahead with it. It, kind of, makes you feel a little bit more like alone 'cause it's like, I'm reading all of this but still this is still up to me to make the decision 'cause no one has, kind of, come back to say that they have not done it and used this advice and it's helped me." (Brianna, 23, abortions in 2015 and 2019)

While Brianna described finding potentially supportive information in these contexts, the absence of feedback and the inability to interact with a user who had since stopped responding was a key limitation. I propose that Brianna's negative perception of the archival nature of online spaces was in part informed by her lack of in-person support. In comparison to Anastasia who discussed her abortion with friends in addition to going online, Brianna explained that she concealed her abortion from her friends and family due to the stigma she anticipated. Therefore, for Brianna, the interactive capabilities of forums/discussion boards may have been perceived as particularly important given her lack of in-person supportive interactions; the archived and discontinued conversations within forums could not provide the social element that she was missing from within her own network.

In these ways, social support in online contexts appears to be impacted by temporal factors – namely the asynchronous and archival nature of these spaces – which were interpreted by participants to both positively and negatively contribute to their experience in seeking abortion-related support online.

6.4.2 Perceived trustworthiness of online support

For social support to have a positive impact, the existing literature asserts that it must be perceived as trustworthy and sincere (Hether, Murphy and Valente, 2014). While online support – especially first-hand accounts of abortion – was generally presented as valuable, participants' perceptions of the sincerity and trustworthiness of online content and interactions varied.

The source of the online support (i.e., who specifically was offering it) appeared to influence some women's perceptions of its sincerity, and thus how likely they

were to use the advice. Hannah suggested that online support provided by friends or family was more likely to be taken on board than that provided by an unknown individual.

> "I think, you know, when someone you know comments, it kind of makes you feel more inclined to accept the advice. In a sense. Whereas, if it's a total stranger, you kind of go, okay, and then you pass it away, and you wait for someone else to kind of comment." (Hannah, 24, abortion in 2014)

Yet despite this perception that support from in-person network members is more trusted and therefore useful, Hannah still discussed seeking support from these unknown users online. Although Hannah recalled speaking about her abortion decision with trusted network members – a family member with previous abortion experience and her local religious leader – she still described a need for "more information" and wanted to know "what everyone's experience was". So, while Hannah highlighted her preference for support from known individuals, she still used online spaces to access a wider number of perspectives and abortion accounts.

Other participants questioned the sincerity of comments made online more broadly, regardless of who provided them.

> "I would never dream of discussing [abortion] on Facebook, where it is people you actually know. I don't think people want to hear it; I don't think people are interested, other than, you know, you get nosey people, but that isn't genuine interest. That isn't care, that's just, intrigue into somebody else's life. […] And, I think that, if you were to put a post on, as much as you get the people on social media, and if somebody expresses upset, or, concern, you know, you get the people of, you know, oh I'm here for you. I don't necessarily believe that that's particularly, sincere." (Claire, 33, abortion in 2020)

Claire suggests that the provision of online support may not be motivated by altruism, even if known network members on an identity-linked, public social media offered it. Despite expressions such as "I'm here for you", which align with emotional support, these same interactions may be viewed as performative sincerity without follow-up (especially given the broadcast communication style of many online platforms). Whereas face-to-face support is generally provided in a one-on-one context, online support is not often shared in this way. As such,

some participants (like Claire) suggested that online support may not be sincere, and therefore reported that they were less likely to seek two-way supportive interactions with other users, instead choosing to read others abortion accounts for one-way support (this distinction is explored further in section 6.5). Claire's perspective speaks to the broader tension in online interactions, that there is simultaneously the opportunity for fleeting, surface-level gestures that are not interpreted as supportive by the receiver, while also presenting prospects for more in-depth communion around shared experiences.

Additionally, Claire's distrust of online support may be in part informed by her own use of social platforms. Earlier in the interview, she described her use of social media to be primarily as a repository for positive life events – a "catalogue of nice parts of my life", to the exclusion of more difficult experiences – "I very rarely put the negatives on social media". Therefore her own behaviour online, leaning towards a positivity bias that is elsewhere documented in the HCI literature (Qiu *et al.*, 2012), may influence her perception of others' offers of support online as less than genuine.

The perceived trustworthiness of online support was influenced by those who provide the support but also the online medium of the support more broadly. However, in both the cases presented here (Hannah and Claire) their perception of online support was complex and multi-faceted. So, while the aforementioned source and medium were considerations, other contextual factors such as their desire for a wide range of opinions on abortion or their online behaviour more broadly also impacted on how support was viewed within the online environment.

6.4.3 Generalisability of online support

Participants framed abortion as an intensely individual experience, in that the process differed widely in terms of the physical aspects of the procedure (medical or surgical, how their body felt during this), the emotional experience of having an abortion, and the context of the pregnancy. While the online interactions with participants in response to a post may have been provided with good intention, participants reported that they did not always interpret the

content to be relevant or useful if their abortion was significantly different from what they read online.

Having encountered abortion accounts that differed greatly from their own eventual experience, some participants discussed having taken what they described as superfluous precautions as a result. Margaret discussed several strategies she employed to manage her abortion experience (such as taking multiple days off work) informed by experiential accounts online in which abortion was presented as extremely demanding on the body. However, given a physically uncomplicated abortion, she described these measures as largely unnecessary.

> "It kind of makes me think, well certainly it made me plan for things that I didn't really need, which was great, but I suppose ultimately it [the various posts she read] was just people first-hand telling their experiences, and I'm sure everyone's is different, so you've just got to take that at face value." (Margaret, 27, abortion circa in 2013)

Several participants conveyed a similar view, in that their own healthcare needs and abortion experiences had been considerably different to those that they had read about online, and thus the experiential knowledge that they gathered online was perceived as unconstructive. Lydia suggested that her experience of a later-gestation medical abortion (in which she physically passed the fetus in a process similar to giving birth) was significantly dissimilar from those accounts of surgical abortions that she read prior to her procedure. In comparison to the relatively short surgical procedure that other women described online, Lydia recalled being in hospital for two days.

> "And like, when I was reading about it, it seemed quite straightforward, like, you were just going to be put on this bed, they were going do some, like, vacuum, and that would be it.
>
> And then I realised I was a bit later on, and it wasn't as simple as that, but it didn't actually say anything in too much explicit detail. And the women that I had seen on the forums that had written about it, they hadn't explained, like they hadn't gone through the same experience as what I had." (Lydia, 26, abortion in 2013)

Without any reference points, Lydia suggested she was unaware that the experience of an abortion would be impacted by the gestational stage of the

pregnancy. This contrast between participants' experiences of their abortion and the accounts accessed online may also speak to the issues related to the geographical diversity of online content (as discussed in section 4.4) particularly as later medical abortions are used more often in Scotland than in other healthcare contexts (such as the United States) (Purcell *et al.*, 2017; Purcell *et al.*, 2014).

The information gathered online, often from informal spaces with little to no categorisation of the abortion experiences that women undergo (such as: the type of procedure, reason for termination, etc.), may require women to do the work of finding support that will be most relevant to their abortion. As I highlighted in Chapter 4, doing so effectively necessitated a level of familiarity or knowledge as they tried to locate this information with little guidance. So, while the experiential knowledge of other women presented online may have the potential to provide useful informational and emotional support, abortion experiences were diverse, and the experiential knowledge garnered online did not always reflect participants' experiences.

6.5 Support activity in online spaces

Online platforms provided many opportunities to engage with other users and content, with varying degrees of privacy available and technological proficiency required. In the process of analysis, I broadly categorised the activities reported by participants as either 'one-way' or 'two-way' online activity, as it was quickly apparent that participants' motivations for and experiences of engaging in these two types of activity were significantly different from the other. One-way online activity involved actions that did not have a response, either because that activity goes unseen (as is the case with anonymous browsing of content) or could not be directly responded to such as 'liking' content). Online activity that involved more reciprocal interaction with other users, such as: the creation and sharing of a post, comments on others' content, or private messages; are categorised as two-way online activity. These types of online activities, and how participants used them to access social support relating to abortions, will be explored in this section.

6.5.1 "I didn't need to talk to anyone. I didn't need to put my two pence in": seeking one-way support online

Detailing their day-to-day online activities on social media platforms, in which most participants described creating and sharing content on a regular basis, different usage patterns of online spaces regarding abortion-related content were described.

Thirteen participants indicated that they had only read abortion-related content online and did not interact further with other users. Yet they still described feeling supported through accessing the accounts and stories of others. Through what I have termed 'anonymous browsing', (elsewhere referred to as 'lurking'[6]), participants could remain unseen by others online. Interviewees in this study described such action as a way of successfully accessing social support without engaging (or feeling obliged to engage) with others or leaving an obvious trace of their online activity.

Several participants highlighted that engaging in anonymous online browsing activities was, in part, driven by their feeling that interaction was unnecessary. Heather described accessing this abortion-related content while residing in "quite an isolated kind of area" in rural Scotland, and she used existing posts and threads on Mumsnet to address her queries regarding her unemotional abortion experience, appreciating the "community feeling" of that website.

> "It was enough for me to read a post or to read the comments in a post and be like, ah right, okay, I'm not alone, that's fine, or, ah, that's normal, okay, that is normal, so it's not un-normal or it's not weird for me, other people have went through it, so it's fine." (Heather, 39, abortion in 2002)

[6] The term 'lurker' or 'lurking' was first defined in the human computer interaction (HCI) literature (Whittaker, S., Terveen, L., Hill, W. and Cherny, L. (2003) '*The dynamics of mass interaction*', in Lueg Dipl-Inform, C. and Fisher, D. (eds.) *From usenet to cowebs*. New York: Springer, pp. 79-91.) to describe the behaviours of discussion board users who did not respond or contribute content. Although the concept of this behaviour has been discussed since the 1980s, the conceptualisation and implications are not clearly defined (Rafaeli, S. (1984) The electronic bulletin board: A computer-driven mass medium, *Soc Sci Micro Rev,* 2(3), pp. 123-136.)(Edelmann, N. (2013) Reviewing the definitions of "lurkers" and some implications for online research, *Cyberpsychol Behav Soc Netw,* 16(9), pp. 645-649.). I feel that this term perpetuates abortion stigma. The word lurking has a negative connotation, and is associated with nefarious intentions and shame. I believe the term anonymous browsing is less emotionally loaded and also better encapsulates the variety of reasons for this online activity.

As Heather expressed, the emotional support she felt from online content was more linked with reading others' similar experiences and the normalisation and validation that she felt in response, and thus interaction was perceived as superfluous. This analysis suggests that the perception of an online space as a community does not appear to require each users' input, but rather simply by reading similar accounts participants could reduce feelings of isolation.

For those who struggled to find the relevant support online, due to being uninformed about abortion more generally, anonymous browsing could be used as an initial step to identify areas of the abortion experience that they needed more informational support to address. Alice recalled initially finding out that she was pregnant and pursuing an abortion during the early stages of the COVID-19 lockdown in spring 2020. She described a rushed, impersonal appointment at the sexual health clinic, in which she did not feel she had time to ask questions of the healthcare professionals. Alice then described using online spaces to address this gap of knowledge, which arguably was particularly needed given her atypical experience of abortion care during the pandemic.

> "I think that prior to the termination, I didn't know what questions to ask, more than anything, which is why these blogs and stuff are so useful, because people are asking questions that you might not have thought of, and then you're like, oh yeah, I do want to know that. And then that way, it's really useful to go to places where the questions are already asked, and I guess me personally wouldn't have felt comfortable asking them with my own profile, or anything like that. (Alice, 20, abortion in 2020)"

While Alice highlighted her lack of knowledge around abortion as part of the reason that she read others' abortion-related content, she also expressed that she would not have felt comfortable asking for this support herself. In this way, anonymous browsing could serve as a way to seek support while avoiding the vulnerability associated with sharing abortion experiences online. This could be related to experiences of felt stigma, in which anonymous browsing can be utilised to reduce the potential for negative reactions. Online anonymity and links to stigma will be discussed further in Section 7.3.4.

Additionally another type of one-way support that was described by participants was what has been termed 'click speech', namely actions such as 'liking' or

'sharing' content (Wu, Oeldorf-Hirsch and Atkin, 2020). I considered how participants who had posted their own experiences described their perceptions of click speech in response to their own abortion-related posts. Paula recalled that her decision to post about her abortion several years after the fact was in response to finding out more about anti-abortion protests and her opposition to this. She then reported sharing her abortion account on Tumblr (a username-based, microblogging platform) as a form of stigma reduction, or in her words acting as a "total keyboard warrior". Paula stated that she primarily received 'likes' rather than comments, and that this type of interaction was suggested to be indicative of support.

> "And I remember, I don't think anybody commented on my blog at all, on that post, but I remember a lot of girls liked it, a lot of silent… well, not silent, but a lot of passive support, I guess, where they're not vocally saying, I agree, but obviously the likers are… it is a form of support. So I remember a lot of girls liked it […]
>
> I just thought, okay, there are people with the same… I guess it's like this validation of the thought process that I was having, and they were supporting the process that I was going through…" (Paula, 28, abortion in 2010)

While a one-click action such as 'liking' may allow for a degree of ambiguity regarding intent, Paula - and others who recalled receiving similar responses - did perceive 'likes' to be supportive. Thus, as I explore in this section, support was sought and perceived to be available in online spaces without the obligation of direct interaction with other users. My analysis suggests that this represents a key distinction between online support and in-person support, which is currently underexplored in the social support literature; this difference will be examined in more detail in the Discussion chapter.

6.5.2 Two-way online activities and social support

Several participants described seeking support by overtly reaching out to other users online, instead of (or indeed as well as) seeking one-way support. These interactions more closely resembled existing conceptualisations of in-person social support (in comparison to one-way support activity explored above), in that they involved social contact between at least two individuals. These interactions were in some cases more public, utilising the high visibility of many

online spaces, but could also be more private in nature if a platform had private messaging capabilities.

A few participants recalled reaching out using the private messaging capabilities of online platforms. Laurel reflected on the decision-making process of continuing or ending the pregnancy; she said her conception partners' support was contingent on her getting an abortion. Still unsure of her decision, Laurel contemplated what her life might look like if she continued with the pregnancy and raised the child alone, and so expressed a desire to talk to someone who had experienced single-motherhood at a young age. To meet this need, Laurel described using her identity-linked social media account to reach out to a distant social network member that had this life experience.

> "It was [through] Facebook messenger. We weren't even friends on Facebook at the time. […] Like I messaged her, and I was like I hope you don't mind, did this [abortion] ever cross your mind? Like how hard is it [parenting]? Like how...like how hard is it? How does it work for you? I just, kind of, asked her, kind of, all the questions. I spoke to her about it, and, yes, so we, kind of, talk every day, best friends. Like she supported me through it, and then, actually, last year I had to support her through the same." (Laurel, 25, abortion in 2014)

While Laurel expressed some unease at initiating this contact, this online connection ultimately led to an exchange of support - both online and in-person. In this way, an online space enabled private, direct communication between acquaintances who did not often cross paths in person. This facilitated social support to be sought from individuals with relevant experiential knowledge that may have been perceived as unavailable otherwise.

While private messaging was used by some participants to access support from specific users, others who sought social support using two-way online activities reported doing so in more public spaces using a broadcast communication style. Posting and commenting on abortion-related content in more public online spaces was presented as an online activity that enabled participants to seek support from multiple users simultaneously. In this way, participants could pose specific questions to the entire audience of the platform in which they were posting.

Several participants described shifting from one-way anonymous browsing to two-way activity as they continued to use online spaces for social support. Anastasia discussed using online spaces to access abortion accounts in preparation for her own experience, acknowledging that she is "a really, really squeamish person" and so was particularly concerned with preparing herself for the physical aspects of the process. In response to viewing other users' requests for informational support, Anastasia recalled querying forum members about the after-effects of abortion.

> "I'm glad that I did, sort of, stumble on that [Mumsnet], you know. It is a really, really good resource. Really good. And you feel for all these people, you really do. And then I just thought, well, you know, that takes guts to do that [post about abortion]. There's also people maybe, like, posting different questions, looking for answers or looking for advice or whatever. And that's when I thought, you know what, just go on. So it started just asking someone a question like, how bad is it afterwards, or whatever, how am I going to feel afterwards, and stuff like that, you know." (Anastasia, 42, abortion in 2005)

The admiration and connection that Anastasia described feeling for other users who posted was highlighted as a factor in encouraging her to post her own questions regarding aspects of the abortion process that were of particular interest to her. In this way, two-way online activity could be prompted by witnessing other users' interactions, and in witnessing this online support seeking, some interviewees then modelled this behaviour. This analysis suggests that as users become more familiar with an online space, and perhaps witness the success of support seeking experienced by others, online activity can be adjusted to better address support needs.

6.6 "It's nice when you can tell someone something that can help them": offering social support to others

This section explores the experiences of providing social support to others after their own abortion. While participants reported initially using online spaces to seek support, a significant portion of interviewees described changing their use of these platforms to provide social support to others in a similar situation after their own abortion experience.

Some interviewees – particularly those who described negative abortion experiences - proposed that sharing their story could prevent others from struggling in the same way they had. A perceived absence of support around their own abortion (either online or in-person) was presented as a driving factor in the decision to offer support to others online. Fiba discussed anticipating stigmatising reactions from her family regarding her pregnancy and abortion, informed by their Muslim faith in which abortion is condemned, as a reason that she felt that she could not reach out to them for support. Although Fiba found first-hand accounts of abortion online useful in her own abortion experience, the residual unmet support needs from her in-person network members were described as a prompt to share her abortion account online so that other could benefit.

> "'Cause I find people are so negative about the whole approach [to abortion], that it's nice when you can tell someone something that can help them. I didn't have anyone that would have helped me, if that made sense. I had no one to talk to. In my opinion, I didn't have that kind of support network, and if I can help someone else out, why not?" (Fiba, 34, abortion in 2018)

Fiba reported that negativity and stigmatising rhetoric regarding abortion limited her ability to find supportive others in her own life, so she proposed that she could be a positive force for someone else by sharing her own account online.

As well as a perceived gap in support from in-person network members, some participants also highlighted inadequate online support as a factor in their decision to share their account online in efforts to support others. Rebecca recalled that she felt unprepared for her abortion after her experience differed from what she had read online prior to the procedure. Whereas the majority of accounts that Rebecca described concerned medical abortions at an early gestational stage or surgical abortions, she did not encounter abortion-related posts that matched her experience of a later medical abortion. Thus, she reported using her experiential knowledge to support others who were about to undergo abortion.

> "I've taken it upon myself to ensure that girls know that it will sometimes take a lot longer, that it will sometimes be way more

> realistic than they thought it would be in terms of water breaking and actually passing something pretty sold through, not just a blob, depending on when it happens, talking about the pain, talking about the emotions that I felt as well. […] Talking about that aftermath of it and the depression and those kinds of feelings with girls being, like, I'm going through this, you might go through this as well, it's okay if you do, don't beat yourself up […]
>
> I'm really open about [my abortion] ensuring that nobody ever…trying to ensure that nobody ever has the same feelings I did because it's pretty horrible and you don't wish that on anyone." (Rebecca, 27, abortion in 2015)

As a result of her own abortion experience, in which she described feeling ill-equipped for the physical and emotional realities of the process, Rebecca suggested that there exists a gap in the information and support available to women prior to undergoing this healthcare procedure. In identifying this missing informational support, and motivated by feelings of altruism, participants framed their experience of abortion as a valuable resource that could be passed onto others through sharing their acquired experiential knowledge in abortion-related posts.

In addition to altruism, participants also described a perceived notion of responsibility to reciprocate the support that they gained online as a motivating factor to share their account with others. Nora discussed her experience within a pregnancy loss forum, highlighting the support that she received from people with a similar experience from several years prior. As time passed, her use of this space transitioned, logging on less frequently and offering her account to those earlier on in the process.

> "I suppose I feel like there were women there that supported me and I feel like I owe it back to them to support other women who are coming on and their new experience and just be that light of hope that others were to me, that it does get better and you do get through it." (Nora, 36, abortion in 2016)

As Nora suggested that she had received valuable knowledge and support online, she described a feeling of responsibility to reciprocate this support. This speaks to a kind of social 'contract' of reciprocity that is perceived by those who have benefitted from the posts of others or who identified a gap in available information, continuing the cycle of online support for future users (Andalibi,

Morris and Forte, 2018; Barak and Gluck-Ofri, 2007). In sharing their abortion accounts in response to the support that participants perceived themselves to receive, these acts can also be framed as a form of online community building. It is likely that multiple users will read (and potentially benefit from) their experiential knowledge, rather than these posts being directed towards one individual (as the term reciprocity might convey).

This desire to reciprocate support could also be framed as complex, and not fitting into a neat conceptualisation of altruism or generosity. Margaret, who portrayed her abortion as uncomplicated and primarily positive, reported that this style of abortion account was not represented in the online spaces she visited. Although she discussed her experience of reading others' abortion accounts in mostly positive terms, she suggested that sharing her story online could benefit others and normalise a different kind of abortion story, in a sense addressing a gap in the available abortion discourse. Margaret expressed a desire to "do my bit" and share her story within the forum that she had accessed prior to her abortion.

> "Yeah, it was more, I guess, selfish, 'cause I couldn't find what I'd personally been looking for, and I just thought if there's someone else who's in a similar boat to me, that that's what they'd be looking for, so I just thought, you know, since I got information from the thread itself, found it helpful, I just thought I'd do my bit and post honestly about how it was." (Margaret, 27, abortion circa in 2013)

Given what might be seen as broadly altruistic intentions, and the presentation of her post as providing support reciprocally, it is interesting that Margaret also framed this action as 'selfish'. This choice of language could be read as reflecting self-consciousness around responding to the support gap she perceived during her own abortion experience. By posting content she wished she had seen during her initial experience online she was, in a sense, providing support to her past self, perhaps more so than offering support to other users. So, the decision to provide support, and her feelings towards that decision, is not necessarily straightforward.

Ultimately, participants reflected on their own unmet needs to shape the account that they posted within online spaces; with notions of altruism and

responsibility prompting them to share their own abortion account, continuing the cycle of support for future users of their platforms and webpages.

6.6.1 "There might be a little bit of backlash": fear of misunderstanding

Several interviewees reported a hesitancy to interact or offer support online in the ways detailed above. These women described feeling unsure as to how others would respond if they made comments on their posts. They suggested that it was occasionally unclear as to whether online users were seeking further interaction, and whether replies would be welcome.

As Hannah, who had posted about her abortion online in an effort to seek support, explained:

> "And it's a tough thing, for these people who have been through these sorts of things [abortions] and are posting about it. Because you can say one thing and it can get taken the wrong way. Some people, although they are making a post, they're not necessarily wanting your opinion on it, they're just kind of voicing their concerns." (Hannah, 24, abortion in 2014)

This hesitation regarding being welcome to offer support was also related to the type of online activity and privacy barriers. Reaching out using available private, one-to-one communication (as described in by Laurel in section 6.5.2) was perceived by some participants as inappropriate. Wanting to provide support to another user after reading their abortion narrative was not seen as justification for reaching out in this more direct manner, particularly if that user had made an effort to maintain privacy and anonymity.

> "So most of them I would say are throwaways, so they'll make a throwaway account for it [posting about abortion] […] But I've never then gone on to message someone. I don't think I've ever had anyone message me afterwards, it would always be kept to that, wherever the conversation started, and I would never go and directly message somebody else after that [reading their abortion post], unsolicited, or anything like that. […] I just don't think it's my place. I think if they want to speak to me in that way, then… Like if somebody messaged me, I would talk to them, but I don't think unsolicited advice or support is necessarily… Like, I think if you're in a thread asking, fine, but I would never go into DMs and ask or tell or solicit, I guess." (Paula, 28, abortion in 2010)

As Paula describes, offering support privately in the forum of Reddit (identified elsewhere in the interview) when users had posted via 'throwaway' accounts was interpreted to be unwelcome. Therefore, particularly for those users had posted anonymously, interviewees expressed that private, two-way communication may be perceived as undesirable for that user rather than a supportive, positive interaction.

This fear of supportive actions being "taken the wrong way" was not limited to the recipient of said support, but participants also expressed a concern that other audience members would view their comments as controversial, particularly given the subject matter of abortion.

> "I just felt like I'm someone that doesn't really, I feel like if you make a comment, I wonder what that person's going to think. So sometimes, I always look at it two ways: if I comment, they might think, oh, that's really nice, or they might take some kind of, I don't know, people take little bits out of something, and change it and twist it. And I didn't want them to think that I had a different view, or felt like I needed to say something. I sort of prefer to just leave it where it is, and just read it." (Fiba, 34, abortion in 2018)

> "I probably did think, oh, there might be a little bit of backlash for what I've said, and I always tried to keep it quite positive and quite reassuring. So I don't think I ever said anything controversial, but I was always aware that, oh, somebody'll probably not like what I've said." (Heather, 39, abortion in 2002)

Both Heather and Fiba acknowledged how the difference of opinions of users online (and the public more broadly) regarding abortion impacted how they chose to (or chose not to) interact with others online. I suggest that the presence of anti-abortion rhetoric online (discussed further in the next chapter), played a hugely significant role in how participants interacted with/around abortion-related content online. Participants described feeling hesitant about expressing views that might be construed as different or controversial, potentially because of anticipated stigma that they foresaw. Whilst some of the women in this study posted and shared regardless, whilst both seeking and offering support, for others the presupposition that abortion is contested effectively served to silence them in online spaces as a form of self-protection. I examine the forms in which this stigma manifested in this context in the next

chapter, and the intersections between abortion stigma and the analysis of social support presented above in the Discussion chapter.

6.7 Summary of key findings

This chapter explored participants' experiences of seeking online social support in relation to abortion, and in some cases offering it in return. Participants said that they were motivated to go online for support to address perceived unmet support needs that were not adequately addressed from in-person networks. Online contexts also afforded access to support without an obligation to share their own abortion experience, reducing the likelihood of experiencing stigmatising interactions (explored further in 7.3.4).

Many of the women I interviewed suggested that online contexts fostered positive environments in which they could access informational and emotional support from those with similar life experiences. Nonetheless, some said that online platforms did not facilitate the support they sought out and were perceived as inadequate. Factors such as the asynchronicity of online communication and perceived insincerity of online support led some to have complex perceptions of the support available online.

Online spaces enabled a wide variety of activities that users could engage in to obtain support. My analysis identified one-way online activities as potentially valuable mechanisms in support garnered within online mediums, allowing participants to address gaps in knowledge concerning abortion without further engagement. This uni-directional framing of online social support will be explored further in the Discussion, in regard to how current conceptualisations of social support should be expanded to include these one-way online activities. Additionally, participants engaged in two-way online activities, and could choose to access support from specific users or from a larger audience.

Offering support online, through stand-alone posts or comments on others' content, appeared to address participants' own unmet needs for support in that they could provide support that they expressed as missing from their own experience. The provision of support was framed as a reciprocal act that continued the cycle of abortion-related support available online. Though social

support was a valuable aspect of women's online experiences regarding abortion-related content the next chapter explores the ways in which stigma was influential, and sometimes harmful, factor present in these accounts of online contexts.

7 Abortion stigma and experiences in online spaces

7.1 Chapter introduction

In order to answer research questions three and four pertaining to why participants choose whether or not to share abortion-related content online and how they perceived their encounters within these spaces, it was important to explore participants' perceptions and experiences of abortion stigma. I anticipated that abortion stigma would constitute a significant factor in women's activities in online spaces, shaping how and why they discussed, read, and created first-hand abortion accounts. While my analysis in the preceding chapter illustrates ways in which online spaces were a source of social support, I expected that the abortion-related content with which participants interacted could also *negatively* frame their abortion experience.

As introduced in Chapter 2, 'stigma' as a sociological concept describes the social process and form of power in which a certain characteristic or life-event is categorised and treated as 'deviant' or 'abnormal', serving to marginalise and oppress its targets (Goffman, 1963; Link and Phelan, 2001b; Tyler, 2020; Tyler and Slater, 2018). Abortion is consistently framed as a stigmatised life event, both in academic literature and in broader public discourse (Kumar, Hessini and Mitchell, 2009; Weitz, 2010). Previous research has identified that women manage their abortion(s) by selectively sharing this experience with friends and family to balance their need for social support, while limiting potentially stigmatising interactions (Kimport, Foster and Weitz, 2011). To date, these findings have focused on in-person interactions.

I begin here by revisiting the conceptualisations of abortion stigma upon which I draw in this chapter, and then discuss my participants' descriptions of their experiences and interactions online that I have categorised as relating to stigma.

As set out in Chapter 2.2, I have drawn on Cockrill and Nack's (2013a) framework of stigma which categorised manifestations of stigma as 'internalised', 'felt', or

'enacted'. Internalised stigma, relates to an individual's adoption of negative stereotypes and stigmatising beliefs towards the life event that they themselves have experienced (Goffman, 1963; Ortiz and Jani, 2010). Felt stigma – further sub-categorised as 'perceived' and 'anticipated' stigma – comprises an individual's appraisal of others' attitudes towards abortion and the anticipation of how these opinions of abortion may translate into social interactions respectively (Scambler, 2009). Enacted stigma describes acts of prejudice and discrimination that are directed at stigmatised groups or individuals; for example: threats of violence, refusal of services, and loss of friendship (Pescosolido and Martin, 2015). In this chapter, I use this framework to structure my analysis of participants' descriptions of abortion stigma in online spaces.

I also draw on Millar's (2020) and Shellenberg and colleagues' (2011) work - in which abortion stigma is framed as a social process - to inform my interpretation of the subtypes of enacted stigma, which maintain and perpetuate the stigmatised status of abortion. By framing it as a social process, my conceptualisation of abortion stigma reasons that, rather than stigma being a static attribute residing solely within individual interactions, the objectification and subjugation of women as reproductive vessels is created and maintained through pervasive and dynamic social forces (Millar, 2020). However, stigmatised individuals are not passive observers to their experience, and can resist and reject stigma (Hoggart, 2017); and my analysis of how my participants talked of doing so is included in this chapter. These frameworks help me to explore how stigma manifested in individuals' accounts of their experiences, and how this informed participants' exploration of abortion-related content online.

These subcategories of stigma do not stand alone as separate from one another. The figure below (Figure 7) illustrates the stigma framework drawn on in my analysis as interconnected concepts, with manifestations of stigma (internalised, felt, and enacted) impacting one another, as well as feeding into the stigma management strategies of resistance and rejection. For example, it might be expected that those who understand abortion as something which is stigmatised by the broader public (where stigma is 'felt') may also interpret their own experience of abortion more negatively as a result, leading them to express feelings of guilt and shame regarding their abortion. Alternatively, those who

are subject to or witness enacted stigma, may then choose to resist or reject in response to those discriminatory actions.

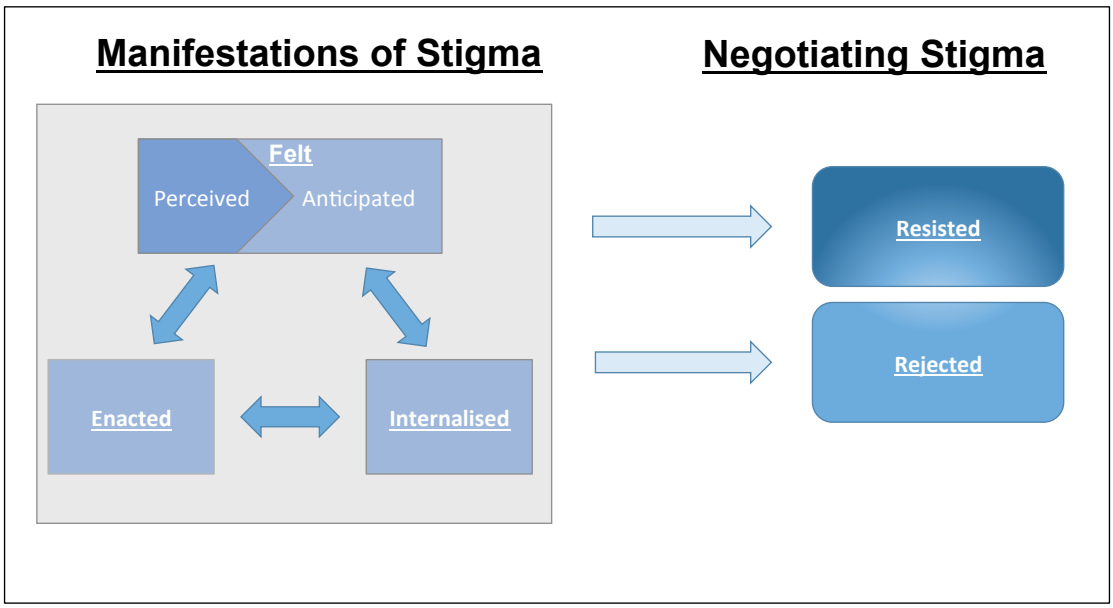


Figure 7 Interconnecting elements of stigma

The analysis presented in this chapter explores how these aspects of abortion stigma, and participants' experiences of online spaces, intersect. In the sections that follow, I describe participants' experiences of stigmatising content (internalised, felt, and enacted), before discussing how they navigated anti-abortion rhetoric online, resisting and rejecting this discourse.

7.2 "I'm just a nasty, evil person": internalised stigma

The following section addresses several key issues. Internalised stigma was often indirectly suggested in interviews, in that almost all participants expressed feelings of guilt or shame regarding some aspect of their abortion experience(s). While a majority of participants described elements of what can be understood as internalised abortion stigma, this does not imply that all interviewees expressed (exclusively) negative emotions regarding their abortions – indeed my data and previous research suggest that ambivalence and complexity of feeling are common experiences after abortion (Kero, Högberg and Lalos, 2004). I therefore present data in which participants framed their abortion experience as something that they felt particularly remorseful about, exploring these indirect

expressions of negative opinions or self-perceptions. I describe how these recollections and interpretations of internalised stigma shaped online activity. Specifically, I address how negative self-perceptions relating to abortion were described as constraining what participants posted and which content they focused on.

7.2.1 Constraints on content creation

Some participants suggested that they did not post about abortion online specifically because of their explicitly negative perceptions of abortion, which can be seen as evidence of internalised abortion stigma. For example, Nicole presented a general perception that abortion is "wrong" (evidenced in her comparison of abortion to an act of violence), informed by her earlier experiences within fundamentalist Christian summer camps. As a participant with pronounced negative feelings towards abortion more generally, and as someone who described significant difficulty in deciding to have an abortion and feelings of intense guilt afterwards, Nicole expressed that women would be unlikely to discuss their experience on identity-linked social media accounts.

> "Well, because even today, even now, people still view abortion as murder. And even now no one wants to admit that they… It would be the same if, for example, you found out that your friend had drowned a bag of kittens in a creek when they were younger, do you know what I mean? They didn't know any better because they were young and they didn't have anyone telling them that it was wrong. But at the same time, they still not going to post that online and revel in it, are they? Because now they do know that it's wrong.
>
> So I think it's the same with abortion as well. I think there's still that stigma attached to it that even afterwards, that guilt that you feel because of it, I think that still makes you feel like you're wrong. It still makes you feel like you've done something bad. You've done something that you shouldn't have done and so no one's ever going to cop to that to their friends online. You might talk about it with close friends, but you're never going to cop to it on your social media where everyone's going to be able to see it. Every one of your friends is going to be able to see it." (Nicole, 30, abortion in 2012)

In this extract, Nicole highlighted that it would be undesirable for her (or indeed anyone) to have broad swathes of her online network know that she had undergone an abortion, presenting identity-linked online spaces as inappropriate places in which to share personal abortion accounts. In this way, internalised

stigma – as interpreted from her interview – may have acted as a restriction in how she used online platforms to explore abortion-related content.

Even in non-identity linked spaces, some participants still reported feeling reticent to share their experience, which I interpreted as a result of the shame that they articulated regarding their abortion. Donna expressed that prior to her abortion experience she was against abortion, that she "didn't believe in it". But after discovering her pregnancy, and fearing for herself and her two young children within a physically abusive relationship, Donna described a reluctant desire to end her pregnancy. Although Donna had told her conception partner about the abortion, she explained that she initially did not share her experience widely, either in-person or online.

> "I couldn't really [post about abortion] …not to strangers online. I always felt ashamed that I didn't want anybody to know what I'd done almost, but now like I don't...I don't feel...especially, how young I was.
>
> I mean, like, nobody that I had known roundabout me - because I had quite a lot of friends back then - but nobody had had an abortion, and it just...it was like I had murdered somebody, and I didn't want anybody to know that I had done that." (Donna, 33, abortion in 2012)

Donna depicted her abortion experience as exceptional in comparison to the personal experiences of her social network and likened the abortion to an act of violence which was to be hidden. The internalised stigma evident in the quote above appeared to prevent her from sharing her abortion account online, even in contexts with unknown audiences - in which potential negativity from unknown users is unlikely to have offline consequences (in comparison to stigmatising interactions with friends and family).

As evidenced by the data presented above, those participants who described particularly negative opinions of abortion and expressed feelings of shame and guilt were discouraged to share their own experience online, regardless of the type of online space and the anonymity afforded.

7.2.2 A focus on anti-abortion rhetoric

In addition to the restrictions on sharing their own accounts as described in the previous section, internalised abortion stigma impacted how women explored, read, and interpreted content shared by others. While many participants described feeling supported as a result of reading others' abortion experience online (explored in Chapter 6), exposure to anti-abortion rhetoric online could reaffirm some participants' internalised abortion stigma. Rather than focusing on what might be viewed as positive, affirmative abortion-related content, these participants reported gravitating towards, and ruminating on, negative posts and comments online, reinforcing their perceptions of internalised stigma.

After discovering her pregnancy - with little support offered to her by her conception partner - Fiona expressed resignation in relation to her options, recalling that the decision to have an abortion felt pressured by her conception partner and she experienced a "constant battle" within herself to justify ending her pregnancy. Fiona described experiencing a certain level of depression after her abortion, recalling that her world felt "black" in the months after her experience.

> "Because I think it's easy when you're feeling down and you're feeling guilty to then go into that site to read what they're saying, and you then absorb the more…like, you make yourself feel worse because they're saying I'm a bad person and all these kind of things. I think it can do that too. And I guess that's probably sometimes probably what I did more I think actually, now that I think about it, probably looked at the bad stuff and make yourself feel bad about it.
>
> *RWL: And when you say the bad stuff, like, what kind of stuff would you look at?*
>
> Just more like, you know, that was…it was wrong to do, you'll go to hell. But even though I'm not religious, you're still thinking, oh my god, yeah, that's like I'm just a nasty, evil person, this is…you know, just like that was a human being, how could you do that." (Fiona, 40, abortion circa 2009)

Already experiencing feelings associated with internalised abortion stigma, Fiona described being drawn to and absorbing the anti-abortion rhetoric she found online. For those experiencing emotional distress, the stigmatising content that exists online could be the focus of their online experience, forming a sort of

negative feedback loop. So, while affirming abortion content may exist, this quote demonstrates that women who present abortion experiences coloured by internalised stigma may not seek them out or absorb their messages.

As the analysis presented here and in the preceding section demonstrate, for some participants, internalisation of negative perceptions of abortion does appear to have impacted their experiences of online support-seeking, with participants in some ways limiting what they shared online and being drawn to content that reaffirmed their negative self-perceptions of abortion. For those who did recall experiences that were suggestive of internalised stigma, online spaces did not necessarily reduce these negative feelings, rather anti-abortion rhetoric online could uphold negative self-perceptions.

7.3 Felt stigma

Felt stigma describes the *perception* that a trait or action is associated with stigma and the *anticipation* of stigmatising interactions if the individual is linked with that attribute (Cockrill and Nack, 2013a). The recognition that abortion is framed as a controversial issue within wider discourse, and the anticipation that they would be judged if they were revealed to have had an abortion, discouraged many of the women I interviewed from sharing their abortion experience, either in person or online. This continued silence represents what has been framed as 'stigma power', by isolating women from similar others, the effects of which include limiting opportunities for social support and making abortion appear to be exceptional (Link and Phelan, 2014). In the context of this thesis, the perception and anticipation of abortion stigma influenced how and why participants used online spaces to explore and share abortion experiences.

7.3.1 Ways in which perceived stigma informed the decision to explore online contexts

For some participants, abortion stigma was perceived to be evident within their own in-person network. As such, online spaces were presented as an opportunity to explore their abortion experience and seek support, without risking stigmatising interactions with friends or family.

Throughout her interview, Hannah referred to her Catholicism and her understanding that abortion was framed as a moral transgression within that religious group. She described her decision to use online spaces to seek informational support regarding abortion as informed by her reticence to share her abortion experience with friends and family.

> "Well, I didn't want to tell my friends, because three quarters of them are Catholic. And I didn't feel like it was a good idea to let them know, just because I knew already the view that we'd all been brought up with, and I didn't want to be judged, this was already a situation for me. I didn't want to tell my sister, just because when my cousin had hers, my sister didn't react well to that. And so, I didn't want, you know, I didn't want my sister to be looking at me with disappointment and judgement, either. I was also frightened she would tell my parents, because she's closer to my parents than I am, and that was a big concern for me. Obviously, I didn't want my parents to know. So I think it [her decision to go online] was more, it was all focused around the fact, I didn't want people that were really close to me to know." (Hannah, 24, abortion in 2014)

Similarly, Fiba reported feeling that her in-person social network would not be supportive of her decision to have an abortion. She interpreted that she would receive judgement from Muslim family members due to both the circumstances in which she became pregnant and her decision to have an abortion.

> "So we're [people of the Muslim faith] a bit like the Catholics, we don't believe in abortion. And also that we don't believe in having sex outside of marriage. So, it's two cumulative taboos already, that you're having sex when you're not married. Also, my partner was a Christian which was is also a taboo, to marry someone that's not Muslim is taboo, having sex outside of marriage is taboo, and having abortion is a no way […]
>
> I didn't have anyone that would have helped me, if that made sense. I had no one to talk to. In my opinion, I didn't have that kind of support network. […] And I didn't really want to ask, yeah, I didn't know who to ask, so I found on the forums, women were able to open up with far more information." (Fiba, 34, abortion in 2018)

Other participants had perceived anti-abortion views among their in-person network in the past. For instance, Anastasia highlighted her reticence for sharing her abortion experience amongst certain family members given their previously expressed qualms about abortion.

> "I did feel a bit of secrecy was needed […] I actually have an aunt who was unable to have children, so her views on termination can vary […] She doesn't agree if it's just been an accident and someone's not been taking care of things… I didn't really want to say to anyone in the family […]
>
> There's maybe things that you can't say to people, maybe things that you keep to yourself, you can't say to people, but on a forum you can just let it all out." (Anastasia, 42, abortion in 2005)

In these examples, participants reported concerns with how friends and family would react to their abortions, informed by religious affiliations and more general anti-abortion views. In this way, for some, stigma perceived in offline contexts appeared to be a critical factor in the decision to use online spaces, particularly those that were not linked to their offline identity. Therefore, for those acutely aware of abortion stigma, digital platforms were viewed as alternative spaces in which to explore abortion experiences while managing and minimising anticipation of abortion stigma.

7.3.2 Perceived stigma in online spaces

The preceding section suggests that some participants used online spaces in an effort to limit in-person experiences of abortion stigma. However, perceived stigma was not absent from participants' accounts of online spaces, as demonstrated in Chapter 4 (see section 4.3). Some participants conveyed a sense that online spaces were generally associated with conflict, regardless of topic. My analysis suggests that this characteristic of online contexts was perhaps exacerbated by the dichotomised rhetoric of abortion discourse.

Nicole, for example, suggested:

> "Any website is… And you look at the comments on it, you'll see messages of support, you'll see messages of negativity. I mean even look at the Black Lives Matter thing that's going on at the minute, you look at anything, any topic that's been raised in response to it online, go onto any forum where there's been information posted about this, you'll see the messages of support. You'll see the negative messages up there. You just have to grow a thick skin towards it to be honest with you. […]
>
> Especially when it comes to abortion, because abortion is one of those black and white things. Either you agree with it or you don't agree

> with it. There is no middle ground. You can either agree with it or disagree with it." (Nicole, 30, abortion in 2012)

In this quote, Nicole highlighted the broad-spectrum polarisation of online contexts, and indicated that is especially true of online abortion-related content, which she suggests was unquestionably dichotomised as either pro-abortion or anti-abortion.

In a similar vein, Paula (28, abortion in 2010) expressed that, "[it's] the same with all social media, there's a lot of…like, you see the really opposite polar scales of things." Paula chose to share her abortion online regardless, albeit she highlighted that she posted at a time where she felt particularly 'thick-skinned' and able to manage potential negativity. Ultimately though, Paula reported that she did not receive any negative feedback on her abortion account, which she attributed to the relatively limited audience of her Tumblr account. Paula's experience demonstrates that some participants perceived – and in some ways accepted- that stigmatising interactions could be part of their online experience, and chose to engage with online abortion-related content anyway. For others, this perception and anticipation of stigma was presented as a barrier to posting abortion-related content online, as I explore further in section 7.3.3.

While some participants presented all online contexts as typically polarised, others, in contrast, perceived stigma as context-specific, with stigmatising interactions more likely to be encountered on some platforms than others. Particular online spaces were associated with a relative absence of perceived stigma and were considered by some participants to be relatively safer spaces in which to discuss abortion, especially those that were moderated, subject-specific, and female-led. Examples of which were highlighted by Alice and Delilah when discussing their experiences using a closed Facebook group and a TFMR charity-based forum respectively.

> "And it's like a discussion forum on Facebook for women, about anything, about sexual assault, about abortion, about periods. […] And for me, I just scrolled down the page, and I read stuff like, oh, I found it really painful, and stuff like that, and I felt it was a lot more honest and it seemed like, because it was all women, it felt like a safe place online. And for me that was really interesting to read." (Alice, 20, abortion in 2020)

> "It's a very safe space, very well moderated and you're not going to get in unless you've been through something like that, yeah. Predominantly women funnily enough. I think there's been the odd man on it." (Delilah, 39, abortion in 2017)

These participants described finding spaces in which abortion stigma was perceived to be less of an immediate concern given the characteristics of the platform. Notably, both these spaces were also sites to which they had been directed by others - guided by a friend in Alice's case and by healthcare staff in Delilah's - with both participants highlighting supportive responses to their abortion accounts and an absence of judgement from users. So, although abortion stigma is perceived in some online spaces, other platforms were highlighted as 'safe' spaces. However, the question remains: without guidance towards these spaces, how do women find supportive online environments without having to navigate through the anti-abortion rhetoric present online? I return to this issue in the thesis Conclusion.

7.3.3 Anticipated stigma as a factor in decision to not share online

As explored in Chapter 6, the decision to share abortion experiences online was complex, with participants considering factors such as their feelings towards their abortion, and their need for support and interaction with other users. One additional consideration that was discussed by many participants was the anticipation of abortion stigma. While in-person abortion stigma was a concern that directed some participants away from in-person networks and towards online spaces (explored above in 7.3.1), interviewees also expressed apprehension that sharing their abortion experience online would result in anti-abortion rhetoric to be directed towards them.

Where many participants said they would typically have posted about life experiences within their identity-linked online accounts, abortion was presented by women as something exceptional and not to be talked about within these spaces. Informed by a fear of negative responses, interviewees often chose not to post about their abortion and instead pursued anonymous browsing. This anticipated negativity was presented by several participants as an impediment to sharing their abortion account online, particularly by those who conveyed

some sense of internalised stigma through rhetoric of guilt and shame. For example, Amina (25, abortion in 2020) highlighted her emotional distress concerning her abortion experience, describing the guilt in that she should have "been grateful" for the pregnancy in the light that some individuals struggle to conceive. When asked about her decision to (not) share her abortion, she expressed that she did not post because of her concern regarding, "being judged and stuff like that". My analysis suggests that internalised and anticipated stigma combined were significant factors in the decision to not share abortion-related content online, with many of the sample instead choosing to browse anonymously or engage with content from non-identity linked accounts.

In a way that is indicative of this anticipated stigma, participants used the language of fear to describe their decision not to post about their abortion online. Melanie discussed her opinions towards abortion that she held prior to her own experience as being informed by her father's Catholic beliefs that abortion was wrong and the stereotyped view that only certain irresponsible women needed them. Although her views changed after her abortion, in that abortion was then presented as a necessary healthcare procedure that allowed women – like herself - to take control of their futures, she described feeling apprehensive about sharing her account online and potentially receiving negative reactions.

> *"RWL: And you haven't really talked about your own experience online in its own post, but would you ever, and why or why not?*
>
> I honestly don't know. I wouldn't on…the only reason I wouldn't is because again it's the kind of fear of judgement or going into the hands of people that don't need to know, and for me I think it was both…I probably wouldn't […]
>
> I think also I don't…like I'm comfortable with my decision, so I don't need to hear people's opinions on it, so yeah, maybe it's like a kind of fear of the opinions of people or the opinions of people of me after reading, […]
>
> I don't think it would make me regret my opinion, but I still think it's quite a sensitive topic, and it's not something that I want people to judge." (Melanie, 27, abortions in 2015 and 2019)

As Melanie described, anticipated stigma was a contributing factor in her choice not to post about her story within these spaces. However, she also referred to feeling comfortable with her abortion decision and therefore did not desire to open herself up to others' opinions, either supportive comments or stigmatising interactions. Therefore, this quote suggests that although some women may choose not to share their abortion online, in part due to felt stigma and perceived sensitivities around it, this does not imply that they feel negatively about their abortion specifically. Their decision to share (or not) could relate more to the recognition of potential abortion stigma rather than being indicative of participants' feelings towards their abortion otherwise.

7.3.4 "What keeps it anonymous is the fear that your life and choices are undermined": anonymity and anticipated stigma

As demonstrated in the preceding section, anticipated stigma was a consideration for some in the decision to not share abortion-related content online. However, the anonymity afforded in online spaces appeared to ameliorate participants' fears somewhat, providing some participants with the opportunity to speak about abortion more publicly than they would otherwise, while possibly mitigating the potential offline consequences of being identified as having undergone abortion.

For example, Hannah highlighted the emotional distress she felt regarding her abortion, informed by her beliefs that abortion is morally wrong and thus expressed significant concern that the knowledge of her abortion should remain extremely limited. While she conveyed that posting about her abortion from an identity-linked account was unthinkable from her perspective, Hannah utilised more anonymous spaces – such as a closed Facebook group with anonymous 'question and answer' functionality - to explore her queries regarding the abortion process and access social support.

> "But they have an anonymous post-box kind of thing, that you can post your comment into and then it gets posted to the group anonymously, and then everyone can kind of comment on it. And at the time, I felt like that was the best decision for me, because again, I didn't want anybody to know what I was going to do, or you know, judge me for it, that kind of thing." (Hannah, 24, abortion in 2014)

In this way, anonymous spaces served to facilitate online support while simultaneously addressing women's concerns of potential stigma should they be linked to abortion.

It is worth noting that, as with the decision not to share, posting anonymously was not always framed by women as indicative of regretting an abortion or of experiencing significant emotional distress, but rather could be understood as an acknowledgment of the prevalence and power of abortion stigma, and its potentially negative impacts in the present and longer term.

In Margaret's account, her decision to use an anonymous, so-called 'throwaway account' was presented as being informed by her awareness that her original account username was known by friends and family. Although Margaret conveyed her lack of an emotional response, and an absence of guilt and shame, throughout her interview, she limited who she told about her abortion. This decision to keep her abortion experience private from in-person network members was informed by the desire to remain unjudged.

> "I just don't want to feel kind of coloured and judged by it […] I wouldn't think there's anything wrong posting it [about abortion] personally, but talking about a career, you'd be worried if your colleagues, your family, folks would judge you. I think that's what keeps it anonymous, is the fear that your life and choices are undermined, you know?" (Margaret, 27, abortion circa 2013)

Although Margaret expressed, earlier in her interview, that abortion had been the right decision for her, she acknowledged here a concern around potential 'real-life' consequences that could come from identifying herself online as someone who had undergone abortion. In this quote Margaret also speaks to reproductive autonomy in that abortion stigma is framed as undermining her choice to end her pregnancy, in a way demonstrating an exercise of stigma power – anticipations of stigma can function to silence individuals, even those who felt assured of their decision.

In fact, anonymity was framed by some participants as such a desirable characteristic in relation to discussion of abortion, that they reported assuming (prior to their engagement with abortion-related content) that all abortion-related content would be posted anonymously as a preventive measure against

anticipated stigma. This assumption was subsequently found to be incorrect in many instances, with several participants expressing surprise that other women chose to post their abortion experience from a named account. Alice reported that she felt astonished that women would share this experience publicly because of what she saw as the potential consequences.

> "I guess to me, it's just a fear of being demonised. It's just something that, obviously, I think, in the UK, you can really be judged for. And it's not something I particularly want to advertise about myself, particularly when you see, well if you became a prominent politician or high up in a company or something, if these are the sort of things that people can dig up about you and use against you. Also, I do view it as a private thing, so to me, I was shocked that people were sharing their experiences, and letting people know that it was their own experiences." (Alice, 20, abortion in 2020)

Although Alice indicated that she did not experience emotional distress regarding her abortion decision, this quote illustrates the impact of the negativity with which she saw abortion as being framed in the UK context, including the potential for an individual's abortion being weaponised against them in the future. This quote highlights women's consideration and fear of long-term consequences, and anticipation of stigma in future scenarios when contemplating sharing their abortion experience online. It appears that this fear could in part exacerbated by the perceived permanence of information made public in the online context. Unlike face-to-face communication, online content leaves a digital trail, which could prove discrediting in future.

7.4 Enacted stigma

The third key element of stigma that I explored in my data was enacted stigma, which is the prejudice and discrimination experienced by those associated with a stigmatised characteristic or action. In the case of abortion, this functions to enforce norms of femininity, by exceptionalising this form of reproductive choice, labelling those undergo abortion as deviant, and strongly discrediting them in response (Link and Phelan, 2001b; Shellenberg *et al.*, 2011).

Some women referenced witnessing instances of negative abortion attitudes or harassment online, while others described being at the receiving end of enacted stigma in online spaces. I argue below that these differing experiences

nevertheless had similar impacts on participants and their subsequent use of online spaces. I highlight here participants' descriptions of enacted abortion stigma, which demonstrate the social process of stigmatising those who have undergone abortion online. I present these under two subheadings derived from Shellenberg et al.'s (2011) work on enacted stigma: misinformation; and stereotyping, discrimination, and harassment.

7.4.1 Online misinformation as a means of enacting stigma

The presentation of inaccurate information on the risks of abortion, and misconceptions about the women who have them, together serve to negatively label anyone undergoing abortion (Shellenberg *et al.*, 2011). Several participants highlighted their perception of this by referring to online posts that arguably perpetuated myths and misconceptions about abortion which could, in turn, provoke anxiety. Participants recalled various posts suggesting that all women will regret their abortion, suffer psychological difficulties, are likely to develop cancer, or even die as a result of the procedure.

One misrepresentation, noted by several participants, concerned a negative impact on the ability to conceive following an abortion, these women highlighted their future fertility as a concern, making direct links back to content they had read online. Amina emphasised her desire to have children eventually, and referenced her job working with children and her love for them, framing future parenthood as an important part of her identity and imagined life plans. During her exploration of online abortion accounts, Amina described references to possible infertility as having left an impression.

> "I think it was quite emotional, I was quite upset, thinking, oh what am I doing? Would I be able to conceive again after this when I'm ready? […] I think I read a lot about women that had the fear of going through the abortion and then scared to get pregnant again or struggling to get pregnant after that. I think that's a concern that women tend to have.
>
> *RWL: So, were you concerned about that before reading, or do you think that came about because you had read these other stories?*
>
> I think because I read these stories." (Amina, 25, abortion in 2020)

This concern could be long lasting and acutely distressing, particularly for some women who did experience difficulty conceiving and carrying to term after their abortion. Hannah expressed anti-abortion sentiments during the interview, framing abortion as something morally wrong, mirroring the presentation of abortion that she described being exposed to throughout her religious upbringing. She described the guilt that she felt for having an abortion, which was exacerbated by her later experiences of miscarriage.

> "I had read up so much information about the abortion [online], and one of the things that I'd saw was, that if you'd had an abortion, and then you go on and have a pregnancy, you can actually end up having problems conceiving again. And if you do conceive, it can lead to things like miscarriage. So my first though when I had the first miscarriage afterwards, was that maybe my choice doing that has now impacted, you know, my ability to carry a child. […]
>
> So it kind of added more guilt to me. I had three miscarriages after the abortion, and they were all at different stages. So, I kind of have it in my head just now that maybe, I don't know, maybe it's karma, or maybe physically, having that abortion has physically ruined my uterus in some way, you know, like maybe the lining, it's damaged it or something." (Hannah, 24, abortion in 2014)

This is a clear example of the highly negative impact of abortion misinformation. Although the association between safe, legal abortion and future fertility issues has been discredited (Rowlands, 2011), this misinformation was described by several participants, suggesting its persistence in discourse online. The perpetuation of such myths stoked fears concerning difficulties conceiving and maintaining pregnancy, which were framed in some women's accounts as punishment for what might be seen as the 'transgression' of abortion. In this way, misinformation in online spaces functions as a mechanism of stigma power, using fear to deter women from deviating from the 'norm' of uninterrupted pregnancy.

7.4.2 Harmful stereotypes, discrimination, and threats

Stigma was also enacted in the form of harassment, specifically: negative comments that perpetuated harmful stereotypes and threats of violence.

One stereotype levelled at posters (or at women who had abortions more broadly) that was discussed by participants was that of being 'irresponsible' for

becoming pregnant. For example, Brianna described other forum users implying that women who became pregnant and wanted to pursue an abortion were reckless and immature.

> "Sometimes they [other forums users] would just downgrade or belittle the situation. And, yeah, just, kind of, not really make it feel as important as [other] situations […] Especially if the person was young. It was just a lot of assumptions on, yeah, if they were young, then maybe they were just being irresponsible and they're just saying, perhaps they should keep it because they're going to get responsible. Sometimes if the person seems a bit older and they're mature and the username is a bit more [inaudible], are you not old enough to manage properly, or, you're, kind of like, older now so you should have enough judgement…like, wisdom to find someone to have a baby with." (Brianna, 23, abortions in 2015 and 2019)

Accounts of enacted stigma also contained descriptions of harassment and threats of violence towards the participants who shared their abortion experiences online. Margaret, who framed her abortion as uncomplicated, discussed her experience having posted her abortion account on an abortion-related subReddit. While she received a large amount of positive feedback, Margaret also noted a particular instance in which she was threatened by another user who spread anti-abortion rhetoric within the space.

> "His [another user] view basically was that if a woman was going to have an abortion, they should just have a hysterectomy, because they clearly don't want kids and it'd be better for the world, you know, instead of killing multiple babies, just sterilise yourself and you won't have this problem. I was like, wow, very interesting thought, but I'm sure you've seen from reading this, there's many different stories and reasons why people do this. So, you know, that's not really a one size fits all, but I hope you can learn some information on here. And then he got very [inaudible] he was going to come to the house and kill me. I was like, ha, ha, and then quickly got him deleted." (Margaret, 27, abortion circa 2013)

Despite this direct intimidation, Margaret did not express intensely negative emotions in response. She had previously witnessed similar exchanges within this space, and although she disliked this encounter, she was unsurprised, framing it as "free speech", and inevitable in online spaces. Although Margaret reported dismissing this encounter and went on to describe the user as "one crazy voice", this quote demonstrates an example of the hatred that could be levelled at women online who discuss experiences of abortion. In some ways, these

accounts of enacted stigma vindicate those who did not post, suggesting that they were correct in their anticipation of stigma, as harassment could very well be the result.

Participants who had pre-existing negative perceptions of abortion appeared to be more vulnerable to the deleterious impacts of enacted abortion stigma online. After Hannah (a practicing Catholic who framed abortion as morally wrong) posted about her pregnancy and consideration of an abortion, she recounted receiving primarily negative feedback from other users.

> "I hate myself for making the decision. So in a way, I agreed with the people that were making the bad comments. But I was also thankful that someone stepped in, because obviously, too many bad comments, you know, that would have really, you know, hurt me. But I agreed with what they were saying, it's a really difficult kind of thing to explain, unless you go through it, your mind is kind of half and half. You agree with what people are saying about you, but obviously, you know, you've made your decision." (Hannah, 24, abortion in 2014)

Stating that there were a minority of individuals who provided positive and supportive comments, Hannah nevertheless appeared to agree with the negative interactions given her existing views that abortion was morally wrong. The combination of her established internalised abortion stigma and the damaging responses that she received from other users, she believed these contributed to the guilt and shame that she felt after the procedure.

While not every participant had been the target of such overt negative exchanges, the majority had some example to hand when interviewed, with this witnessed enacted stigma appearing to impact participants' anticipation and perception of stigma. For example, several participants described seeing posts in which users advocated for women's sterilisation, for women who had abortions to kill themselves, and other acts of violence to be performed against women who shared abortion-related content online. In the quotes below, Zophia and Rebecca highlight examples of this harassment and discrimination that they witnessed towards other women online.

> "They just said, yes, I had an abortion, I don't regret it. And there were other, like, millions of comments saying how horrible you are

> and that God will punish you, things like this that were just crazy." (Zophia, 29, abortion in 2011)

> "I saw a girl posting about her abortion, and the comments she was getting back were just horrific […] And then it was just, like, you murderer, you horrible person, you deserve to die, you deserve to get raped, you deserve this, you deserve that, in her comments." (Rebecca, 27, abortion in 2015)

Rebecca went on to describe that, although the harassment she witnessed was not directly aimed at her, it shaped how she felt about herself and her abortion. Despite her explicit support for the right to have an abortion, and her description of herself as a "staunch feminist", she expressed some emotional difficulty after her abortion that was exacerbated by the anti-abortion rhetoric she encountered online.

> "Then you hear 'murderer', you hear horrible derogatory terms towards women and threats and that sort of thing, they stand out and they're really scary, and that's kind of what warps your idea about all these things.
>
> Or do you not know whether to go through with this or not because you have seen all these horrible comments, you have convinced yourself that they're right, that you are doing the worst thing in the world because that's not the case, because that's how I felt for a really long time afterwards. I genuinely, with all the comments that I saw, I felt like a murderer…" (Rebecca, 27, abortion in 2015)

Although not the direct target of this harassment, the exposure to stigma enacted toward others through online platforms did appear to influence Rebecca's internalisation of stigma. Similarly, witnessing negativity directed towards other women who shared their abortion online impacted participants' perception of felt stigma. Brianna initially suspected that her friends and family – particularly her mother – would be less supportive of the abortion, in what she saw as a cultural divide between her Jamaican family and her perspective as a first-generation UK resident. This awareness of potential stigma was exacerbated through reading anti-abortion rhetoric online, as Brianna explained:

> "On the Internet […] people, kind of, say more honest opinions. […] Maybe that's what my mum is thinking inside of her head and that's what my friends will be thinking inside their heads. […] It made me, kind of, feel like, this is what everybody seems to really think in their head." (Brianna, 23, abortions in 2015 and 2019)

I argue that the enacted stigma in online contexts affected not only those who shared their story and received negative comments, but also those who engaged in anonymous browsing. In witnessing negativity, women who are accessing abortion-related content may internalise these messages in much the same way as those who were directly stereotyped or threatened, and thus anticipate further stigmatising interactions if they were to share their abortion (either online or with friends and family). My analysis shows ways in which instances of enacted abortion stigma, ranging from online misinformation to threats of violence, negatively impacted many participants' interpretations of their abortion experiences.

7.5 Navigating abortion stigma

Goffman (1963) and others drawing on his work describe how stigma might be managed, through remaining silent or hiding the relevant trait or experience (Cockrill and Nack, 2013a; Quinn and Chaudoir, 2009). However, these perspectives imply that stigmatised people or groups accept this stigmatised status rather than challenge it.

My conceptualisation of stigma is informed by more recent re-workings of stigma (which draw on Foucault's (1982) conceptualisation of power) in that stigma is not an a-political concept, but rather that it is a social process which is used to oppress a group, by exceptionalising some aspect of their experience and positioning them as othered. In this way, a group can be marginalised and controlled, and thus pose less threat to existing systems of power (Tyler, 2020; Tyler and Slater, 2018). In the case of abortion stigma, by shaming and discriminating against women who exercise this form of reproductive agency, patriarchal forces are perpetuated through stigma power (Millar, 2020).

This perspective on stigma frames those associated with a stigmatised trait not as passive victims of this marginalisation, but as able to actively resist and reject stigma (Tyler and Slater, 2018). Hoggart's (2017) work on resistance and rejection of abortion stigma informed my analysis, although I propose below a number of ways in which the mechanisms Hoggart proposes might differ in an online context. This section will explore participants' efforts to negotiate stigmatising content within these online platforms, and confront stigma through

promoting pro-abortion discourse that validates and normalises the decision to have an abortion and the experience around the process itself.

7.5.1 "You just have to grow a thick skin": resisting stigma through avoidance

In resisting abortion stigma, women described avoiding content or spaces in which they anticipated negativity, or by indirectly supporting abortion through click-speech without revealing their own connection to the procedure. This sits in contrast to Hoggart's (2017) conceptualisation of resistance in which women framed their abortion as 'good' (not the result of sexual promiscuity with careless contraception use or as a choice informed by the needs of their existing children) in comparison to instances of 'bad' abortions had by selfish and reckless women. Rather my conceptualisation of abortion resistance highlights instances where women did not actively confront abortion stigma, or challenge existing discourse of abortion in which it is framed as wrong. Instead, participants framed online anti-abortion rhetoric as a harmful and misguided, however this negativity was an impediment to sharing their story online despite this perspective.

One way that participants could be seen to resist abortion stigma was to not respond to negative content when they came across it online, and instead navigate towards supportive exchanges. This choice to ignore stigmatising abortion posts appeared to be informed by some interviewees' framing of abortion negativity as a fixed, permanent presence that could not be challenged, meaning the safest strategy for them was avoidance.

> "Yeah, and just maybe look for areas of support that you could get post-abortion I think and try and steer away from…and it's always going to happen because you're always going to see your anti-abortioners and your pro-lives, it's always going to be out there, but try and avoid being drawn into their views." (Fiona, 40, abortion circa 2009)

> "You're still going to find hate messages. I mean this is why we've still got people protesting outside of abortion centres. And I mean I know that's one of the points that you move onto further down. But you can't stop hate speeches. It doesn't matter how much you try. Freedom of speech is a thing and no one's going to take that away from anyone. So you just have to skim over the nasty messages and try

> and focus on the positive ones, not that I was ever very good at that." (Nicole, 30, abortion in 2012)

Interestingly, Nicole equates abortion negativity with freedom of speech (as Margaret did in section 7.4.2), and thus as something that cannot be restricted. Instead, the women in this study felt they were responsible for changing their online activities to manage and resist stigmatising interactions. One such participant, Delilah, explored her awareness of the potential for stigmatising interactions. While she herself did not report negative interactions, Delilah spoke about the negativity that she came across around the time of the Repeal the Eight movement,[7] with a continuous debate around the legalisation of abortion in Ireland in the news and social media. Delilah explained how she attempted to avoid potentially stigmatising material on social media by deliberately not reading comments under abortion-related content.

> "Yeah, it's trying to avoid reading the comments isn't it, you know, that's where it all happens. Yeah, just don't read the comments because people are just trolls, aren't they, and if they've got a forum to say something, they'll say it just to provoke a response really. So yeah, try not to go too deep into it. I probably went off Facebook at that point, not reading it, just going in and posting my things and not saying much more." (Delilah, 39, abortion in 2017)

In addition to limiting her online activity by avoiding engagement with certain content - Delilah here frames those posting negative comments as 'trolls'. This in itself can be seen as an act of stigma resistance by presenting these users as insincere and manipulative, posting inflammatory anti-abortion rhetoric just for a reaction. While a strategy of avoidance enabled Delilah to distance herself from the abortion stigma that she anticipated in the comments sections, it also inhibited her freedom to use social media as she might otherwise wish. This can be interpreted as placing the onus on those subject to stigma to adjust their actions, rather than expecting those with anti-abortion opinions to remain silent. Thus, this represents a clear illustration of stigma power in action,

[7] The Repeal the Eighth movement describes the campaign to repeal an amendment of the Irish constitution that in essence criminalised abortion. The public of Ireland voted to repeal this amendment in 2018, with new practices permitting abortion in the first 12 weeks of pregnancy and later in cases where the woman's life is at risk or instances of fatal fetal abnormality (Field, L. (2018) The abortion referendum of 2018 and a timeline of abortion politics in ireland to date, *IPS,* 33(4), pp. 608-628.)

making those who undergo abortion a contested and othered group, who change their activities and self-expression to limit hostility from those disapprove.

Though many participants chose to ignore online negativity, this is not to say that this process was easy. Several participants expressed that while they had a desire to actively confront and reject abortion stigma online, they ultimately chose to ignore negative content, acknowledging that the potential ensuing conflict might likely cause themselves more harm than good. Nicole - who described experiencing particular emotional difficulty after her abortion - expressing feelings of guilt and shame for several years afterwards – later shared a desire to intervene if she came across anti-abortion rhetoric directed at others, to support them and validate their experiences. However, despite this drive, Nicole reported that she did not step in and contribute her thoughts, rather she was cognisant of a previous vitriolic exchange online (not concerning abortion), describing the negative interaction as “not healthy”. Informed by this experience, Nicole explained her decision to ignore negativity online even though part of her wanted to engage.

> “And I will admit to it, when I see things like that, I do feel the need to respond and you find yourself typing something else. And then you stop and look at what you're writing and go no, you don't want to get into that kind of thing online. You have to stop yourself from replying and saying something nasty in response to what this person is saying. […] All it would've done was made me feel horrible. All it would've done was made me feel awful. I would've ended up putting my own experiences up there and had them thrown back in my face. And I don't need that […]
>
> So that's why you stop yourself from replying, it's because you start typing it out and then you read over what you're saying and you're sitting going why are you getting in the middle of this? Why are you punishing yourself in that kind of a way?” (Nicole, 30, abortion in 2012)

This quote illustrates the process that Nicole went through when deciding whether to engage with stigmatising comments online, and the relative harms and benefits she weighed up in deciding whether to publicly reject stigma. By choosing instead to resist stigma - in ignoring negative content - women may be prioritising their long-term wellbeing over the short-term satisfaction of confronting those with anti-abortion views. However, this decision to ignore

anti-abortion rhetoric appeared to be a difficult one for some participants, who presented conflicting desires to protect themselves from this negativity online but also expressed wanting to engage with said negativity for the purpose of rejecting notions that abortion is wrong. In ultimately choosing to not interact further with anti-abortion rhetoric online and open themselves up to this hostility, this highlights how stigma functions to control women's online activities, influencing their decision against making their views and experiences known, even when women have the desire to reject stigma.

7.5.2 Resistance through 'click speech'

Participants also discussed resisting abortion stigma through what I have framed earlier in this thesis as 'click speech', which is, liking and/or sharing abortion-related content posted by others. For Grace - who acknowledged that her friends and family held conservative social views contrary to her own (and thus may hold anti-abortion sentiments) - sharing abortion content unrelated to her own experience was a positive action that she could take to resist abortion stigma, without identifying herself as someone who had undergone abortion. In this way, she reported that she could "draw more attention" from those on her social media who might disagree with abortion, presenting them with a different, pro-abortion perspective that they may not otherwise see.

> "I remember in particular, there was one video, it was like a spoken word piece, of this woman, I think BBC Three actually ended up posting it. She was talking about the whole experience of getting on the plane, and ordering a drink, and when she was coming home, and how awful it was. And that was one thing, when I still had Facebook, I actually shared it there, because I was like, maybe some of you will actually watch this. Yeah, yeah
>
> *RWL: And how did it feel, sharing that on your Facebook?*
>
> Erm, it felt, like, good, sharing it. Because for all I wasn't sharing my experience, like, it sort of, it felt good to be like, yeah, abortions happen, and I know all of you know about it, even though yous don't talk about it, or you would pretend you don't approve. And sort of, maybe be able to draw more attention to this for people who wouldn't really engage with it, normally." (Grace, 23, abortion in 2013)

So, as in this case, while some participants' online activity may have been limited by anticipated stigma, these women demonstrated an alternative way to resist abortion stigma – and potentially support other users in the process – by liking and sharing content that advocated for abortion.

7.5.3 "Not everybody's ashamed anymore": rejection of stigma through personal accounts

While some participants resisted abortion stigma by choosing to not engage with negativity online, other participants chose to reject abortion stigma by sharing their own abortion account online to "break the taboo". In this way, my conceptualisation of the rejection of abortion stigma was closely aligned with Hoggart's (2017) in that both positioned rejection of stigma as standing in contrast to feelings of blame and shame, with women sharing their abortion experience more widely (either online or in-person). In the online context, I conceptualised the rejection of abortion stigma as the action of speaking out about abortion in online platforms through sharing a personal connection with abortion with a wider audience and framing the decision as a positive and valid choice.

Laurel, who had received support from her friends and family regarding her abortion, and had provided in-person support to friends who also had undergone abortions, recalled encountering anti-abortion rhetoric posted by an acquaintance on their Facebook profile. In response to this content, she confronted the user and shared her own abortion account in an effort to normalise abortion. Although she described an ensuing argument, Laurel reported that she felt compelled to challenge this discourse regardless of the potential social fallout.

> "I just sometimes see these things and feel the need to like counteract it a bit and be like not everybody's ashamed anymore. Like, not everybody's ashamed and, I think, I, kind of, want to break the taboo a wee bit sometimes when I see it." (Laurel, 25, abortion in 2014)

This example suggests that the sharing of personal abortion accounts can be seen as an active means of rejecting stigma, in that those who did so broke an expected and pervasive silence around experiences of abortion. In the sections

below, I discuss how intentional acts of sharing their abortion accounts online were framed by participants, and explore the consequences some women described in response to sharing their story online. I end the chapter by looking at how the rejection of abortion stigma through online activity positively impacted some participants' abortion experiences.

7.5.3.1 'Bravery' and the rejection of stigma

Although women in this study had all read about others' experiences of abortion online, they often did not consider posting their own story. As discussed above, this was in some cases for fear of negative reactions from both online and offline contacts. The act of sharing one's abortion experience online, and rejecting abortion stigma, was thus framed by many participants as both "brave" and in some way exceptional.

In reference to those whose abortion stories that she read online, Nora (36, abortion in 2016) considered, "I just thought oh my god, how are they so brave?" Anastasia similarly framed those users who shared their abortion accounts online as courageous. She recalled instances where she had witnessed enacted stigma directed at others online and her own experiences of being shamed by medical professionals regarding her decision to end the pregnancy. In acknowledgement of this enacted stigma, Anastasia emphasised that to share personal abortion accounts online "takes guts", particularly for those who shared without the guise of anonymity.

> "I noticed a couple of forums. And started reading other people's experiences. And it was really, really helpful. It's extremely brave of these people that are just really open and honest about, like, physically what it was like." (Anastasia, 42, abortion in 2005)

Lydia, who recalled feeling particularly stigmatised by members of her rural island community regarding her pregnancy and abortion, suggested that those who share their abortion account in online spaces associated with their offline identity (which could be interpreted as a public rejection of abortion stigma) would likely receive high levels of interaction, simultaneously supportive and discouraging.

> "But actually, revealing my identity, I don't, because I think that's a huge…see anyone that does that, I take my hat off to them, because they're taking on a huge responsibility. They're taking on hate mail, and they're taking on love mail, and like, you know, thank yous. They're taking on so much, to put themselves out there, and it's a really strong and brave thing for an individual person to do that. And like I said, it's like, I take my hat off to them. For me, I don't have that inner strength, like some people probably do. Because I think, although I'm mentally a lot better now, I don't think I could deal with, like the hate mail that would definitely come with that. Because like I said, there is a huge stigma on it." (Lydia, 26, abortion in 2013)

While Lydia conveyed admiration for those who posted about their abortions through identity-linked accounts, she herself did not feel "strong" enough to do so.

These sentiments of strength and bravery were not presented as static and unchanging. Rather, participants suggested that, given time, they may be willing to share their abortion account online more widely. Nora described posting about her abortion within a closed pregnancy-loss forum, although she recognised the potential value of sharing her story more widely online. Although she currently was unprepared to discuss her abortion outwith the forum that she had already used, she imagined a future, 'braver' version of herself, in which she spoke openly online about her abortion.

> "I can't believe they're [users who shared abortion account online] talking about that in a public space. Not that I think they shouldn't, but I would be like oh wow, they're so brave to say that in a public space. […]
>
> *RWL: Would you ever consider posting it elsewhere online?*
>
> Probably not at the moment, but then at the same time I don't know. I might feel differently in five years. Five years down the line I might feel even more brave and more determined to speak up and be vocal. I suppose I feel conflicted in that way at the moment that I feel it's important that people understand it and have sympathy, but at the same time difficult for me personally to open up about it. But I suppose if people don't feel brave enough to do that then how is it going to help anybody else? But it's about being ready I think." (Nora, 36, abortion in 2016)

Despite her current apprehension, Nora did not present this future sharing as an impossibility: rather, she hypothesised that she may feel differently down the

line. Nora suggested that her rationale for wanting to post in the future is to support other women, to continue the cycle of support available online, that relies on the replenishment of abortion accounts. There is a sort of self-reproach that she described, in having not been brave enough already to share her story and reciprocate support. However, she highlighted the view that the poster needs to be "ready" to share online, and ready to make themselves vulnerable to the negative interactions that many anticipate.

In telling their abortion story, and rejecting the normative silence that surrounds the topic, women open themselves up to potential stigmatising interactions and thus need to reflect on their own ability to process said negativity before doing so. In framing this as an action requiring bravery, participants appeared to acknowledge to some degree that sharing abortion stories online is an act of resistance to a form of power that may have consequences in the form of enacted stigma. Thus, to share in spite of this potential harassment requires strength and fortitude that not all participants felt they possesses, at least at the time of interview.

7.5.3.2 Consequences of sharing abortion online

While many participants viewed the sharing of abortion accounts online as an act of bravery, this does not imply that the experience of doing so was intrinsically positive or without distress for those sharing. Several of the women who recalled stigmatising interactions as a result of sharing their abortion account expressed a hesitancy to share again in the future and a level of regret for having posted about their experiences online.

In the immediate aftermath of her abortion, in which Claire described feeling "overwhelmed" and "very guilty", she reached out to Mumsnet users to enquire about other women's experiences in adjusting to hormonal changes after ending a pregnancy. She reported receiving mainly negative responses, with users labelling her as selfish and uncaring, and Mumsnet moderators moved her post to a more hidden part of the site that Claire interpreted as an effort to hide her post, essentially "pandering to the mob". Claire described confronting the moderators and ultimately asking that her post be taken down rather than have

it hidden from view. She expressed a degree of hesitancy about subsequent engagement in online spaces.

> "It certainly made me less willing to share on it, going forward.[…] I wouldn't open myself up, by sharing my whole story and asking for other people to comment on my story. Because I think, you're then opening the doors for more opinions and that's, I wouldn't do that again. I'm not asking for people's opinion on my situation anymore." (Claire, 33, abortion in 2020)

Sharing abortion experiences online and having negative interactions as a result, made some more hesitant to share again in the future. Participants made themselves vulnerable to stigmatisation by being identifiable as someone who has engaged in a practice, which is seen to transgress gender norms of motherhood and uninterrupted pregnancy. As Tyler (2020, p. 44) highlights in regards to gendered stigmatised experiences, "even when women are not silenced, they still pay a very high price for being heard." So, for those who shared their abortion experiences online, and rejected notions of abortion being wrong or something not to be spoken about, there could be consequences in the form of online hostility. For some of these women, this negativity significantly coloured their experience of posting online, and was thus framed as unconstructive. In this way, stigma power was not only a factor in the original decision to share an abortion experience online, rather it continued to influence subsequent engagement within online spaces functioning as a sort of negative feedback loop discouraging future interactions.

7.5.3.3 Rejection of stigma and processing the abortion experience

While some participants viewed their experience within online spaces as unconstructive, and the rejection of abortion stigma (through the act of sharing online) appeared to help others process their abortion and ultimately feel more comfortable with their decision.

For instance, as discussed in section 7.5.3, Laurel (25, abortion in 2014) came across an acquaintance's post on her Facebook that espoused anti-abortion rhetoric. She commented back with her own abortion experience in an effort to, "maybe give her a different way of thinking for a bit." Despite Laurel's account in which she received stigmatising interactions in response to confronting

abortion stigma online – in that she was the target of personal attacks - she described a positive overall perception of this experience.

> "Now, it's made me more confident about speaking about it, and it's, probably, helped with the whole process. Like the, kind of, the guilt and things like that I used to feel." (Laurel, 25, abortion in 2014)

As Laurel highlights here, talking about her experience online served to lessen the guilt that she initially felt regarding her abortion. Other participants echoed this idea that contributing personal abortion accounts to online discourse helped them process their emotions. Paula described some initial distress over not feeling particularly guilty or emotional regarding her abortion decision, an expectation which had been informed by media representations of abortion which framed abortion as an inherently negative experience. This dissonance that she highlighted, between her lived experience and these fictional scenarios, was something that she explored online. Paula discussed sharing her experience in several posts as well as commenting on others' content that aligned with her account, expressing solidarity with those who felt similarly unemotional.

> *"RWL: So how, if at all, do you think talking about your abortion online has impacted you?*
>
> Just the talking, I think it's made me more confident with sharing my story and has helped me move past that initial guilt that I felt about not feeling guilty. Because there was definitely a moment where I was like, maybe I'm like a psychopath where I just don't feel emotions and I should be really upset about this. But then looking through other people's experiences, it's kind of validated my own. And then being able to share and have people saying, yeah, this is along the same lines as mine, yeah, it's just been very validating and it's encouraged me to talk about a lot more things." (Paula, 28, abortion in 2010)

Both Paula and Laurel were ultimately encouraged to share their abortion story more widely after discussing it online, and their experiences helped them to process negative emotions around their abortion. In this way, first-hand story-telling functioned as a means of rejecting anticipated abortion stigma publicly, but also was a rebuff of internalised abortion stigma, ultimately helping some participants to have more positive overall perceptions of their abortion experiences.

Rejecting abortion stigma through the sharing of personal accounts could be particularly cathartic for those who experienced stigmatising interactions in the past. Rebecca described several instances coloured by anti-abortion rhetoric in the immediate aftermath of her abortion. She emphasised the perception that no one in her in-person network would be supportive and anticipated significant persecution should anyone find out. Eventually Rebecca shared her own account online, highlighting the aim to support others by provided experiential knowledge that she felt was missing from her own preparation. Echoing the earlier point on the othering of 'trolls', Rebecca's experience illustrated the potentially positive impact of sharing abortion experiences online.

> "Posting about it has really helped, and reading about it and seeing other women's experiences and learning to ignore the mass ignorance, learning that they are trolls, that they are so strong-willed and will shout so loudly but actually most people are normal." (Rebecca, 27, abortion in 2015)

In this way, Rebecca encapsulated the complex experience of exploring and sharing abortion-related content online. Although anti-abortion rhetoric and stigmatising experiences are present within these spaces, abortion stigma can be rejected through the sharing of personal narratives, normalising abortion for themselves and for those that may read these posts. This interplay between the supportive, positive interactions that occur online and the potential for negativity will be explored further in the Discussion chapter.

7.6 Summary of key findings

In this chapter, I have demonstrated that stigma was a significant factor in participants' online experiences. The analysis presented here highlights how the various elements of stigma interconnect and influence one another. Negative self-perceptions and preconceived notions of abortion stigma (both internalised and felt) affected how participants engaged (or chose not to engage) with online abortion-related content. Conversely, experiences in online contexts (such as witnessing or being the target of enacted stigma) were seen to influence how participants viewed their abortion experience.

A perception of stigma in offline contexts appeared to motivate women to explore online spaces, thereby avoiding potentially stigmatising interactions with

in-person networks. Nevertheless, anti-abortion rhetoric was not entirely avoided online, with participant accounts highlighting instances of enacted abortion stigma, as either witnesses or targets. Stigma functioned to intimidate them and control their activities online. Both the internalised stigma that many participants described and the felt stigma that was perceived and anticipated in online spaces, made it difficult to share abortion experiences online.

However, many of the women in this study did not passively accept stigma, with participants using multiple tactics to resist and reject abortion stigma. One such approach was to avoid negative, stigmatising content as a self-preservation measure. Additionally, participants could resist abortion stigma by supporting pro-abortion discourse online and engaging in click-speech activities, which were more ambiguous and did not reveal their own abortion experience.

Some participants described instances where they rejected abortion stigma, speaking out about their own experience in online spaces. While not all of these women reported positive experiences in sharing their abortion accounts online, several participants found that by expressing themselves in this online context they could process their abortion and view it as a constructive experience. In this way, by confronting and rejecting abortion stigma online, they were able to some degree to effectively combat their own internalised stigma and positively impact their overall abortion experience. By sharing personal experiences of abortion online, stigma –and the silence that accompanies it- is rejected, but this action also contributes to the normalisation of abortion with the online 'record' of abortion experiences, ultimately continuing the cycle of support for future users.

8 Discussion

8.1 Chapter overview

This discussion chapter draws out my key findings regarding how women found online spaces in which to explore online content, why certain spaces were chosen over others, what motivated women to seek out and/or share abortion-related content, and how they perceived these experiences online, as presented in Chapters 4 to 7. These findings are contextualised in relation to the existing literature. I revisit and further unpack conceptualisations of stigma and social support as they relate to online contexts (Goffman, 1959; Goffman, 1983; Link and Phelan, 2014; Suler, 2004). This discussion then builds on this analysis in order to draw out the novel contributions of this study to understand women's engagement with abortion-related content online. Broadly, I explore ways in which stigma and social support can be seen to function as two sides of the same coin, motivating women to use online platforms and enabling them to benefit from that use, yet also contributing to potentially harmful experiences. I argue that both stigma and social support can significantly shape women's abortion experiences, through direct and indirect means. I expand on existing understandings of felt stigma, as something which can be informed by witnessing acts of enacted stigma, and propose a novel contribution to the conceptualisation of social support as applicable to online contexts.

8.2 Abortion stigma as a driver of, and deterrent from, use of online spaces

An established body of literature on abortion stigma has suggested that women's perceptions and anticipations of stigmatising interactions impact their decisions to share their abortion experiences with others, and thus limit their access to social support (Astbury-Ward, Parry and Carnwell, 2012). What has until now been missing from abortion stigma scholarship is an understanding of how the availability of online communication technologies may be used to seek social support for abortion and how abortion stigma emerging from online contexts is experienced. The analysis I have presented in this thesis details a paradox where there is an impetus to go online (in attempts to avoid potentially negative reactions from in-person networks), but where the online context is also conduit

to negativity, which can in turn hinder use of these spaces to effectively access social support. This section explores some of these complexities and tensions in greater depth, including: how stigma and online affordances influence online platform use; the prevalence of enacted abortion stigma online; the interplay between enacted and felt stigma online; and the rejection of abortion stigma online through sharing abortion experiences.

8.2.1 How stigma shapes platform choice and use

Whilst previous research has explored the presence and content of abortion-related content online, highlighting the use of particular websites and platforms (such as: Women on Web, Reddit, Twitter), these analyses of the content itself have not directly addressed how and why users chose to engage within these particular online spaces from the users' perspectives (Ahmed, 2018; Holten, de Goeij and Kleiverda, 2021; Jump, 2021). My research sought to address this gap by exploring women's accounts of their experiences online through interview methods, seeking to answer my second research question.

As evidenced by my analysis, use of online spaces was shaped by perceptions of potential stigma and the technological affordances (visibility, anonymity, and control) therein. For example, anticipation of stigma was cited as a reason why many participants had not used their personal, identity-linked social media platforms. This evidences stands in contrast to research on the use of online spaces to seek informational and emotional support after miscarriage (another stigmatised pregnancy outcome), which found that users' personal Facebook accounts were most commonly used by women in sharing this experience (Alqassim *et al.*, 2019). Such social media platforms have the benefits of a wide, personalised audience and women are more likely to have existing accounts with these websites, they are thus familiar with their functionality and purpose. However, many women in my study explicitly avoided these identity-linked platforms when deciding where to share their abortion account because of these very factors, and how this visibility was tied to concerns of anticipated stigma.

Notably, the only women in the sample who chose to share their abortion openly on their personal Facebook profile, were those who had terminations for medical reasons. These women did not generally conceptualise their experience as an

abortion, preferring the language of 'termination', and they did not describe anticipating primarily negative feedback from their online social network members in response to sharing their experiences within these spaces. Since friends and family knew about these pregnancies prior to the abortion, sharing their experience in these spaces was also framed as a public announcement of this event to large numbers of people, done with a view to minimising potentially distressing future social interactions. Those who had described their reasons for undergoing abortion as more broadly 'social' (such as perceived financial instability or strained relationship with the conception partner) tended to have told fewer friends or family about the pregnancy in the first place. Considered alongside Alqassim's (2019) work, this finding points to potential differences in how online spaces are used for different pregnancy outcomes. Whilst abortion, TFMR, and miscarriage are analogous to one another, in that they stand in contrast to the idealised pregnancy outcome of giving birth, previous evidence suggests that TFMR and miscarriages are viewed as somewhat more acceptable than abortions occurring for other reasons (Bommaraju *et al.*, 2016; Sheldon and Wilkinson, 2001). This tolerability of TFMR and miscarriage in public discourse links to how these women are presented as responsible or well-meaning, in choosing to prioritise the well-being of the fetus (in essence trying to avoid future suffering) or not intending the end of the pregnancy as is the presumption with miscarriage (Bommaraju *et al.*, 2016; Millar, 2017). As suggested in this thesis, use of online spaces may be intimately linked with the kind of pregnancy outcome, how they are framed in wider discourse, and the perceived stigma as a result.

Fear and anticipation of stigmatising interactions could also be seen as driver *towards* certain online spaces. My analysis identified a perceived sense of 'safety' within some platforms, where users could share personal accounts of abortion with limited fear of judgement or backlash. While the literature exploring the concept of 'safe spaces' online is sparse with specific regard to abortion, previous studies have identified private online groups, in which the audience is primarily users who share similar characteristics, as valuable spaces to discuss personal, potentially stigmatising experiences (Clark-Parsons, 2018; Fraser, 2010; Pruchniewska, 2019; Scheuerman, Branham and Hamidi, 2018; Younas, Naseem and Mustafa, 2020). However, it should be acknowledged that

these ‘safe spaces’ may still facilitate acts of discrimination (Fadrigon *et al.*, 2020). This appeared to be the case in relation to abortion: despite spaces being initially seen as ‘safe’, abortion stigma could emerge and, without careful moderation, proliferate the platform. Thus, women may need to continually navigate anti-abortion discourse and stigmatising sentiment even in those spaces that might have been framed as the most ‘abortion positive’.

8.2.2 The pervasiveness of enacted abortion stigma in online contexts

While the use of online spaces was partially fuelled by a desire to avoid stigmatising interactions (as well as to seek social support), experiences of interpersonal enacted stigma were nevertheless prevalent in many participants’ accounts impacting their decisions to share or not share their own experience online, in part answering my third research question. Referring back to my conceptualisation of abortion stigma, enacted stigma (at the micro-level) denotes acts of discrimination or prejudice experienced as a result of having had an abortion; actions might include violence, discrimination, or abuse (Pescosolido and Martin, 2015). These kinds of interactions represent an important part of the stigma production process (Shellenberg *et al.*, 2011), with these sorts of potential consequences serving as a form of stigma power, harming those who have had (and spoken out about) abortions and warning others to remain silent about their experience (Link and Phelan, 2014). The pervasiveness of enacted stigma within the participants’ accounts of their online experiences stands in contrast with existing literature which proposes that enacted abortion stigma is a relatively uncommon occurrence (Cowan, 2017; Millar, 2020; Shellenberg *et al.*, 2011). It may be significant, however, that these studies explored in-person, rather than online, experiences of stigma. My findings suggest that it is worth considering that while minimal enacted abortion stigma may be reported by women who have shared abortion experiences in person with social network members, certain aspects of online sharing may increase the likelihood of experiencing enacted stigma.

As suggested in my analysis (Chapter 7), online spaces were associated with a general polarisation and, with this, stigma was an anticipated, and somewhat accepted, as part of ‘normal’ online interactions. Previous research has

highlighted that hostility is prevalent online, with some platforms regarded as particularly antagonistic (Fadrigon *et al.*, 2020; Jane, 2016; Walsh and Baker, 2021). I argue that this conflict can be explained with reference to what Goffman (1959) termed 'region behaviour', that is, that there are variations in behavioural norms between different social contexts. The anonymity of many online spaces is thought to contribute to the prevalence of negativity online, conceptualised as the 'online disinhibition effect' (Suler, 2004). Additionally, the lack of physical presence in online spaces is thought to contribute to the heightened hostility observed in online spaces even in cases where anonymity is not achieved. In the absence of visual cues from others, this potentially dehumanises other users, making negativity more likely (Lapidot-Lefler and Barak, 2012; Suler, 2004). Without more direct links to the 'offline' self, be it through anonymity or physical disembodiment, users may feel emboldened to act in ways dissimilar as to how they might present themselves within in-person social contexts. This 'toxic disinhibition' resulting from the anonymity and disembodiment of online spaces has been linked to an increase of anti-social behaviour, such as bigotry, aggression, and threats, that would be uncharacteristic of an individual's offline identity (Bylieva, Lobatyuk and Safonova, 2019; Suler, 2004). Moreover, the social influence of other users online may contribute to a sort of positive feedback loop, wherein acts of initial aggression online are not challenged and subsequent users conform to this established normative behaviour and thus contribute their own negative content (Rösner and Krämer, 2016). I propose that these characteristics of online spaces contribute to the prevalence of enacted abortion stigma in participants' accounts, with behavioural norms differing significantly in online 'regions', with some participants acknowledging this hostility as an expected part of online interactions (Goffman, 1959).

Online hostility is particularly relevant in the context of abortion. As a form of healthcare which primarily impacts women, the topic of abortion may attract online negativity as a result of the misogyny and 'gendered cyberhate' that is prevalent, and to some degree normalised, online (Jane, 2016; Tyler, 2020). Instead of the radically inclusive space proposed by early Internet theorists, cyberspace mirrors (and arguably amplifies) existing constructions of gender and the patriarchal oppression of women's reproductive autonomy (Powell, Scott and

Henry, 2020). While online threats may not necessarily present an immediate physical danger, this harassment functions as a form of power by intimidating women, silencing speech regarding reproductive agency, and delegitimising the choice to end a pregnancy. My analysis has highlighted the potential for emotional and psychological harm that such enactments can have in this context. The significance of enacted stigma should thus not be discounted as a serious potential consequence of using online spaces to seek social support and share abortion experiences.

8.2.3 Understanding the relationship between enacted and felt stigma in online contexts

Abortion stigma appeared to play a pervasive part in participants' accounts of exploring and creating abortion-related online content, with experiences of felt stigma appearing to significantly shape participants' activities online and influence perceptions of their abortion experiences more broadly. Whilst all three aspects of stigma comprised in the conceptualisation used in this thesis (internalised, felt, and enacted) were evident in their accounts, my analysis suggests that, within online contexts, experiences of felt stigma were particularly common: that is, experiences which highlight an individual's awareness of the stigmatising views that others may hold toward a particular attribute they possess (Scambler, 2009). Current explanations of felt stigma tend to refer to individuals' knowledge of a stigmatising attribute as something that is shaped by wider discourse (such as the stereotyping of women who have abortions as irresponsible or the predominant portrayal of abortion as a negative experience in media) in the stigma production process, rather than informed by occurrences of observed hostility directed at another (Purcell, Hilton and McDaid, 2014; Shellenberg *et al.*, 2011). While the existing conceptualisation of felt stigma explains some aspects of felt stigma in the present context, I propose that felt stigma can also be inextricably linked to incidences where enacted stigma is witnessed, an all too common occurrence online as highlighted in the section above, and thus impact how women feel about their abortion experience and how they choose to engage (or not) further in online spaces.

This connection between felt stigma and observations of enacted stigma has not previously been investigated in regards to abortion stigma, which may in part be

due to the apparent relative infrequency with which enacted abortion stigma appears within in-person interactions (as noted above). Given the substantial enacted stigma described by participants, of which they witnessed and were the targets of, stigma was acutely felt by these participants. My analysis highlighted an intense awareness of the probable stigmatising rhetoric online, and its apparent influence on their online activities (choosing to limit activity to online browsing or only engage in certain types of online spaces perceived to be more 'safe'). So too did this felt stigma appear to negatively influence perceptions of their abortions more broadly, as something shameful or wrong, in response to the enacted stigma that they witnessed online. This connection between witnessing enacted stigma and experiences of felt stigma is supported by Jump's (2021) analysis, in which Reddit users explicitly referenced stigmatising online content that they had witnessed as a source of anxiety and an obstruction to further engagement. I propose that witnessing stigmatising interactions can function online as a means of stigma power (by which I mean the ways that stigma is weaponised to marginalise or control the impacted group), wielded to silence others who might have otherwise spoken up, had they not seen the antagonism directed at those who had shared their abortion accounts (Link and Phelan, 2014). In this regard, these findings answer my fourth research question regarding how the online experience was perceived by participants.

In response to the anti-abortion rhetoric that participants described encountering, my analysis highlights that the women in this study went on to use online spaces differently to how they normally would by, for example, limiting their future contributions and interactions within these platforms. This self-censoring can be likened to the historic practice of public shaming and punishment of women for breaking gendered norms in which, "the scolding of women functioned as a warning to other women to hold their tongues" (Tyler, 2020, p. 48). At the individual level, this reported change in online activities is troubling. This silence may serve to further emboldened anti-abortion online discourse, contributing to a feedback loop in which more women may avoid sharing personal abortion accounts for fear of being discredited, and thus limit the social support available online. At a wider societal level, the discouragement of women from posting about their abortion experiences in online spaces further perpetuates the silence around abortion, and thus to its stigmatisation. This is

particularly troubling given the growth of online communication, and its now fundamental role in how we interact with others and construct our perceptions of life events (Auxier and Anderson, 2021; Schlosser, 2020). It follows that academic conceptualisations of stigma need to expand to consider and incorporate how indirect experiences of stigma emerging in online contexts impact felt stigma more broadly.

8.2.4 Rejection of abortion stigma as a motivation for online engagement

Conversely to the barriers it can be seen to create, perceptions of abortion negativity online were also seen by some women as a motivation to share their experiences online. Despite an awareness of this negativity, participants posted about their experiences anyway, in a denunciation of stigma that has elsewhere been framed as 'political disclosure': that is, a stigma management and reduction technique with the aim of educating others and normalising the event's occurrence (Thoits, 2011). Doing so may also serve to reclaim a sense of power and agency in response to these attempts to shame and silence women (Jane, 2016). Such responses to abortion stigma have been previously identified in both in-person and online contexts (Hoggart, 2017; Jump, 2021). My analysis suggests that, even in instances where abortion negativity is perceived to be a likely reaction, some women may view online spaces as an opportunity to share their account as a tool to shift abortion stigma and rally through personal storytelling.

8.3 Social support in an online context: the case of abortion

Online spaces offered the potential for women to have supportive experiences in relation to abortion: presenting a space to share abortion experiences, whether they echoed or ran counter to the norm; enabling control over the visibility of online activity; and offering space for reciprocal support. These aspects of online social support in the context of abortion are further explored below. However, my analysis highlighted that current conceptualisations of social support do not encompass the range of supportive activities that were present in the data. Thus, I will therefore suggest a re-working of the social support

taxonomy which considers both 'two-way' interactions and comparatively more 'one-way' activities. Finally, I explore how stigma complicated women's experiences of seeking support online, in a way which suggests that social support and stigma are entangled in participants' experiences of using online spaces.

8.3.1 Ways in which online spaces facilitate support for abortion experiences

Despite the challenges and limitations noted above, online spaces offered unique opportunities for women to access social support that may otherwise not be perceived as available from in-person support structures. In this way both, stigma and social support were motivation factors to use online spaces (research question three).

Finding similar accounts appeared to be especially beneficial to women whose abortions did not fit within common narratives of abortion, such as it being an inherently distressing experience (Purcell, Hilton and McDaid, 2014; Sharma *et al.*, 2017). My analysis highlighted ways in which participants' experiences often differed from those commonly shared in media portrayals of abortion, both fictional and nonfictional. Rather than regretting or fretting over their decisions, it is apparent from my analysis (and supported by previous literature) that some women felt confident that abortion was the right choice for them, and did not feel regret or agonise over the decision (Millar, 2017). This dissonance could itself be a source of anguish, but exploring the abortion accounts of others online that reflected their own, in fact facilitated feelings of relief. In this way, I suggest that online spaces could make available an abortion narrative counter to prevalent discourse that may have been inaccessible from in-person networks. In so doing, it created an opportunity for women in this position to feel supported and their experiences to be normalised through an awareness of a range of possible narratives.

The public/private distinction (whilst over-simplistic, is useful here to explain the major differences between more visible and less visible online spaces) also appeared to play a significant role in how woman interacted. Social support could be sought relatively privately in many online platform settings. In addition

to the broadcast communication style of many online platforms, private messaging allowed women greater control in their ability to access social support while circumventing potentially stigmatising interactions. This echoes evidence suggesting that users interact differently in 'one-to-one' online spaces, and are more likely to share in-depth and emotive personal information privately than in larger, more 'public' platforms (Bazarova *et al.*, 2015).

However, my analysis highlighted an apparent tension between a tendency to share and support others in private messages and the perceived appropriateness of initiating this kind of interaction unsolicited. This hesitation to engage privately online speaks to norms of interaction that may be unique to the context of online social support (Goffman, 1983; Rettie, 2009; Serpa and Ferreira, 2018). Although the existing literature is sparse regarding the distinction between public and private online social support, there is evidence that offers of support made online can be perceived as unwelcome and potentially harmful (Vayreda and Antaki, 2009). I argue that this form of interaction (and potential support) could be seen as overstepping tacit privacy barriers – particularly when the users are unknown to each other offline. My findings suggest that there is a certain balance to be struck around privately communicated online social support for abortion: to both be respectful of users' privacy (which may be of more acute concern given the stigmatising anti-abortion rhetoric online), while also facilitating supportive interactions between users within the relative safety of private online conversations. As I suggested above, Goffman's (1959) work on 'region' behaviours is a useful explanatory tool here to explore the apparent differences between in-person and online settings. However, in the continually emerging format of virtual interaction where the rules and expectations of behaviour are still being established, and individuals may be less well-versed in the intricacies of communication online, may beget this tension that participants described. Thus, as women engage in support-seeking activities that in many ways may still be novel to them, they must negotiate rules of these interactions without a well-defined 'situation' (Goffman, 1983; Rettie, 2009; Serpa and Ferreira, 2018).

My analysis suggests that *offering* social support online was also a positive factor in experiences of these online interactions. Initially motivated to *seek* social

support, there was often a shift towards offering this same support to others after their own abortion. This transition from the 'supported' to the 'supporter' was framed as a responsibility to help others, closely aligning with existing concepts of 'reciprocal disclosure' and 'reciprocal support', where an individual responds to others' sharing by contributing their own connection with an experience (Mann and Carter, 2021; Tichon and Shapiro, 2003). This responsibility was not presented as burdensome, rather the opposite. Although not specifically explored in the online context, the rewards of returning social support to others have elsewhere been reported (Brown *et al.*, 2003; Inagaki and Orehek, 2017). The findings from my research suggest that, in offering social support online, with the potential to positively impact another's abortion experience, some women may be able to frame their abortion as a constructive experience that could benefit someone else. In this regard, this finding responds to my fourth research question regarding how participants perceived their online experience, with providing social support positively effecting their own experience.

8.3.2 Re-imagining conceptualisations of social support for online contexts

Current conceptualisations of social support do not distinguish between in-person and online forms of support, a distinction which my findings suggest may be key and have notable implications for future research regarding online social support. As my analysis highlights, online content was perceived to offer support, even where there were varying levels of interaction with that content or the original poster. This suggests that interaction with other users does not appear to be a necessity to foster a sense of feeling supported. However, this more indirect, one-way 'absorption' of support that occurs without dyadic online engagement is not considered in current definitions of social support.

Anonymous browsing activities account for a large proportion of all online activity (Edelmann, 2013), and represented a significant proportion of support-seeking activity in this study as well. Yet this type of activity is unaccounted for in current conceptualisations of social support which primarily focus on in-person interactions (Alloway and Bebbington, 1987; Holt-Lunstad, Smith and Layton, 2010). I propose that existing conceptualisations of social support have been

transplanted into online contexts without accounting for this different type of engagement and its implications.

Whilst online social support might mirror in-person interactions in some respects (via commenting on posts or direct messaging), my analysis demonstrates that social support can be perceived from other, uni-directional activity. This follows for both emotional and informational forms of social support. Reading accounts from similar others could serve to normalise women's abortion experiences providing valuable emotional support. Online accounts also often provided detailed descriptions of accessing abortion services, what the process entailed, and how they managed the experience overall, meaning those reading this content could gain informational support without having to interact further. This suggests a need for a conceptualisation of social support which accounts for factors unique to (or at least more pronounced in) online contexts.

This is not to say that more conventional two-way, interactive forms of social support were absent in this study. Rather, my analysis suggests that such exchanges are not the only way in which users can perceive support in online contexts. Although not generalisable more broadly, two-way supportive interactions were not the dominant support activity described by participants in this study, and one-way support appeared to be more prevalent. I propose that this may be due to the pervasiveness of anonymous activities more broadly online and the stigma related to abortion in that this type of support-seeking activity represented a low social cost for many participants. By not interacting with other users, supportive interactions did not need to be navigated in the same way as a two-way exchange nor was there as much fear in being linked to the stigmatisable experience of abortion. The non-dyadic online activities that were interpreted as supportive could be framed as particularly valuable in the context of a stigmatised phenomenon. Support 'received' via anonymous browsing arguably minimised risk of women being labelled with a discrediting attribute. Thus, these one-way activities utilised an inherent difference between face-to-face and online contexts, with affordances of anonymity and 'click-speech' serving as a protective mechanism from stigmatising interactions while enabling users to seek support in a way that that they could not or did not want to do through dyadic interaction. Whilst this one-way support could be perceived

as useful, and perhaps less exposing, for those with stigmatisable traits, it arguably represents another example of stigma power, functioning to control users' activity online in a way that may not be necessary in seeking support for a non-stigmatisable experience. Use of online spaces in this way is indicative of an interconnection between support and stigma in an online context online, which I explore further below.

As this one-way support was so prevalent in this study's data, and the prior knowledge that anonymous browsing activities constitute a large proportion of online activity (Edelmann, 2013), I propose that conceptualisations of social support that are applied to online contexts should account for this type of support-seeking activity. Without this addition to current conceptualisations, research exploring social support online will fail to account for the many individuals that do not choose to seek support in observable, two-way interactions, thereby excluding a significant share of online users and activity.

8.3.3 Stigma as a complicating factor in online support-seeking

My findings in Chapter 4 established the significant work required to find and access abortion-related content and support online that met the needs of the women in this study, answering my first research question regarding the searching process. The search process itself could be seen as arduous, complicated by the link between abortion and stigma, in that search results were infiltrated with anti-abortion rhetoric, a lack of clear direction towards supportive spaces online, participants' limited familiarity with the search terms which might prove most useful to them, and so I touch on these issues in turn.

The process of sifting through search results was often reported to be demanding, both in terms of their sheer volume and the potentially unwanted or distressing content that might be included in search results. This onerous and potentially overwhelming process has been identified in relation to seeking healthcare-related support online more broadly (LaValley, Kiviniemi and Gage-Bouchard, 2017). In the context of abortion, I would argue that searching for online social support was additionally complicated by the often expressly anti-abortion rhetoric returned in search results, despite this not being what they intended to seek. My analysis illustrates that while online support-seeking has

been presented as a complex process in the existing literature (Cohen, Underwood and Gottlieb, 2000), it is significantly more so at the nexus of support-seeking and stigma, as this examination of the context of abortion demonstrates.

My analysis does not imply that an extensive and difficult search process is experienced universally: rather, those that receive signposting to supportive resources may, to some extent, be exempt from this. That this was noted primarily by those who had terminations for medical reasons demonstrates the potential for healthcare professionals to play a guiding role in accessing supportive online spaces. Negative experiences of searching online for women undergoing abortions could be ameliorated with more effective initial signposting, and clear identification of sources of information and social support. However, there may be reluctance or anxiety amongst healthcare staff and services to direct women to external resources online, due to concerns over the validity of the information on the Internet (Lorence and Greenberg, 2006; Morahan-Martin, 2004; Xiao *et al.*, 2014). Yet, for other stigmatisable health conditions (such as poor mental health) NHS staff have directed patients to non-affiliated websites, and thus there is basis for healthcare professionals to provide signposting towards online resources (Johnston *et al.*, 2021).

Additionally, a lack of distinct, established charities or third-sector organisations dedicated to abortion more broadly, as opposed to existing support structures for TFMR, may contribute to absence of direction towards supportive online resources by healthcare professionals. A factor in this dearth of abortion-relation support organisations is likely the stigma that continues to surround abortion for reasons other than severe fetal abnormality or risk to the pregnant woman's life (Millar, 2017). The divergence between how TFMR is framed as pregnancy loss and referred to in terms legitimising the procedure as 'medical', and is thus distinct from abortions more broadly, may reveal key factors in why support for TFMR has a more established and formal online presence that women can be directed towards.

Limited familiarity with abortion-specific language also appeared in my analysis as a barrier to support, with initial searches consisting of general abortion terms, and becoming more specific over the course of this process. This echoes

previous studies which have identified vague search terminology as a barrier to accessing online healthcare information and support (Buhi *et al.*, 2009; Morahan-Martin, 2004; Pang *et al.*, 2014). In the context of abortion, I suggest that this may be exacerbated by the general silence around abortion which perpetuates a lack of readily available language with which to frame it (Purcell *et al.*, 2020). This, in turn, arguably limits women's ability to seek and obtain appropriate online support.

As well as practical barriers to finding and accessing support, my analysis highlights a tendency for participants be critical of their own perceived (in)ability to find the information or support they sought online (though, notably, the self-reflection encouraged in the interview process may contribute to or exacerbate this). This self-critique regarding search strategies may be in part explained by the stigmatised context of the abortion experience, in that women may already fault themselves for needing abortion care to begin with. This self-implication is only intensified by the practice in the UK in which women are obliged to offer a reason (and justify their need) for pursuing an abortion so that two doctors will sign off on the procedure (O'Shea *et al.*, 2020). It follows that struggles in the search process might similarly be framed as their own fault, rather than linking this experience to larger structural forces which make it harder to do so, which manifest in a lack of signposting, anti-abortion rhetoric/misinformation, and cultural silence around abortion. While online spaces can provide valuable information and support around abortion, the onus currently lies heavily with those seeking support. As such, rather than straightforwardly easing the burden women might experience in seeking in-person support, effectively obtaining online support requires different or even additional cognitive-emotional resources, in conjunction with those required by the process of seeking and undergoing the abortion itself.

8.4 Chapter conclusion: The interplay between social support and stigma online

The exploration of my key findings and their implications that I have presented in this chapter suggest two key things, that: experiences of stigma and social support are inextricably linked in participants' accounts of exploring abortion-

related content online and that existing conceptualisations of stigma and social support do not adequately lend themselves to online contexts.

On the one hand a desire for social support drives women towards online spaces in search for supportive interactions that are not perceived to be available otherwise. As abortion is a stigmatisable experience, online spaces offer users the possibility to anonymously browse or engage further with content, which is perceived to prevent the consequences of enacted stigma offline. Additionally, there is the opportunity to find social support from others with first-hand knowledge of abortion, which may be difficult to obtain from in-person social contacts given the general silence around abortion experiences (Cockrill and Nack, 2013a). On the other, a fear of stigmatising interactions steers women away from certain online spaces and towards others, controlling and limiting their online activities. The presence of stigmatising rhetoric online complicates women's ability to find the desired social support online, requiring additional energy to navigate away from said content. This anti-abortion discourse online appears to shape women's willingness to engage with abortion-related content, and their readiness to share their own abortion experience within these spaces, with this enacted stigma weaponised against women and silencing them in virtual contexts. But as with previous explorations of in-person interactions (Hoggart, 2017), some women reject this stigmatising rhetoric, and share their abortion experiences online despite the potential hostility that they may face. This then continues the cycle of social support online, replenishing the available abortion-related content for future users and contributes further to the normalisation of abortion in available discourse.

Furthermore, existing understandings of social support and stigma do not fully encapsulate experiences within online spaces. My analysis indicates that direct, dyadic interactions with either supportive or stigmatising exchanges are not the only way for users to feel supported or stigmatised. Rather, by engaging in more indirect, one-way online activities - such as anonymously browsing content – the same benefits or drawbacks may be perceived by users. Thus, conceptualisations of social support and stigma applied to online contexts should be expanded to consider this one-way activity, so as not to ignore the effects of anonymous

browsing and the impact it may have on an individual's perception of social support or stigma.

9 Conclusion

This study has provided a novel contribution to the understanding of how and why online spaces are used by women to read and share abortion-related content. Where previous studies have explored this topic through examining the content itself, this study was, to my knowledge, the first to speak to women directly about their experiences online.

In doing so, this study explored my first research question pertaining to the ways in which women found and accessed online spaces that contain abortion-related content. This process was identified by my analysis to be complex, given the vastness of the Internet and limited sign-posting to supportive resources. Additionally, choice of platforms were investigated addressing my second research question, with my findings highlighting the interplay between stigma and the technological affordances within platforms, with participants navigating towards spaces which met needs unique to their abortion experience.

In regards to my research question concerning women's motivations to use online spaces in relation to abortion, my analysis primarily centred on experiences of stigma and social support. These two concepts seemed to represent a duality in these online spaces: in that they can offer opportunities for positive encounters with others who describe similar experiences and address unmet support needs from in-person sources, while potentially also exposing users to stigmatising attitudes that they generally sought to avoid in the first place.

My final research question addressed women's perceptions of their online experience, and again social support and stigma were principal forces in shaping how they felt about engaging online and their abortion more broadly. When relatable content was found, participants commonly highlighted this content as a force to normalise and validate their own abortion experience. That said, stigmatising experiences, as either a witness or a target, were prevalent in participant accounts, and the stigmatised discourse around abortion was

arguably more virulent online than in-person contexts, exacerbated by the anonymity and wide-reach afforded in online platforms.

Additionally, I have proposed in this thesis that existing conceptualisations of social support and stigma have paid insufficient attention to experiences in online settings. I have suggested that social support and stigma do not have to be experienced through direct, in-person social interactions to have an impact on the user. While these findings have been explicitly demonstrated in the context of social support around abortion, I believe that this has implications for other areas of research, and to how these concepts are theorised more broadly.

9.1 Strengths and limitations

One of the notable strengths of this project is the originality of the research. My study is, to my knowledge, the first qualitative investigation of women in Scotland's (and internationally) experiences of exploring and/or sharing accounts of abortion online. While recent studies have examined online abortion accounts through content analysis of posts (Ahmed, 2018; Jump, 2021) my study used qualitative interviewing to gain a deeper understanding of the decision-making process behind abortion-related content, and included the experiences of those who read content shared by others but did not create their own. In this way, the experiences of those who engaged in these practices (those reading but not interacting) - which constitute most internet use - were represented in this study.

Another strength of this study was the diversity of experiences represented. There was a wide range of ages represented in this sample (30 years between the youngest and oldest participant), and dates when the abortions occurred (1995-2020), thus impacting when participants would have been accessing online spaces in relation to their abortions. These factors may have influenced how online spaces were used given the potential for changes over time in technological functionality and participants' digital literacy (Munger *et al.*, 2021). While the sample had a high proportion of women (nine of 23) who lived in areas of high deprivation, this is consistent with national data regarding abortion trends in Scotland (Public Health Public Health Scotland, 2022). My sample was slightly more ethnically diverse than the most recent Scottish

population reports (Krausova and Vargas-Silva, 2013), with more representation from women of colour.

Despite efforts to recruit women from across the rural-urban spectrum - particularly as I had expected that online social support might be especially useful to those in remote and rural communities - the sample had a lower proportion of people living rurally than the national Scottish average (Scottish Scottish Government, 2018). On the whole, however, and given that generalisability is not the aim of qualitative research, I judge the diversity of characteristics of my sample to be a strength of the study.

Whilst the range in participant age and time of abortion can be viewed as a strength of this study, it can always be framed as a limitation due to the potential impact of recall bias, since accounts of internet activity and the motivating factors behind them were gathered retrospectively. Several participants described difficulty in remembering exact websites or how they found them online. While these accounts are limited by the passage of time, real-time data on information-seeking approaches was not the focus of this research. Although observational online-tracking has been used in studies specifically interested in the intricacies of online health information-seeking (Buhi *et al.*, 2009), this method is used primarily for searching hypothetical healthcare information rather than an individual's personal present or past healthcare needs. Participants in this study were able to recall their own experiences online in enough detail to describe general search strategies and, more importantly, the emotional and practical impact of the online content that was found.

Another methodological consideration is the impact of my personal characteristics and worldview as the researcher on the generation of these findings. The conclusions drawn from this study are based on my interpretations from the accounts presented during an interview process which I designed. The experiences recounted as part of this process have also been influenced by participant-researcher interactions and participants' perceptions of me. For example, my association with an academic institution, as well as my American accent, for example, may have 'othered' me in participants' eyes, shaping what aspects of their experiences were shared with me. As an individual who hasn't

used many of the websites and forums mentioned by participants, I was able to ask more detailed questions about those online spaces that they initially did not go into. Existing as both insider and outsider allowed me some degree of shifting between these two positions to better connect with participants, while as ever remaining reflexive of my social positionality (Acker, 2001). Additionally, my pro-abortion and feminist political leanings may have influenced how participants communicated their own abortion experiences and their perceptions of the ethics of abortion more broadly. So, when interpreting these findings it is critical to consider that these have been generated by my understandings of the accounts shared with me through the qualitative interview process.

9.1.1 The impact of the COVID-19 pandemic and remote interviewing

This study was fundamentally impacted by the COVID-19 pandemic, as data were generated at the height of lockdown restrictions in Scotland. As described in the Methodology chapter (Chapter 3), my original plans for in-person data collection were shifted to remote interviews via telephone and Zoom calls. Remote interviewing does not fit neatly into a strength or a limitation of the study, as it had both positive and negative effects.

As recruitment and data generation took place remotely, there is the potential impact that the study sample was biased by issues related to the accessibility of internet-enabled technology. Individuals without access to digital devices or internet likely would not have seen the recruitment information or been able to participant in study further. While it is not known how this inaccessibility has impacted the study sample, as noted above there was ample representation from individuals residing in highly deprived areas, so it does not appear that the remote methods of this study excluded this population based on financial resources.

However, concerns regarding the technological accessibility of this study were not the only potential reason that the sample may be biased or shaped by remote methods. As explored in the Methodology chapter, relating to participant safety, remote interview methods focusing on a potentially sensitive topic such as abortion may be complicated by the issue of establishing a private and safe

space in which participants felt comfortable being interviewed. The difficulty in finding this appropriate space may likely have been influenced by the impact of COVID-19 lockdown policies, in which private space was often limited within the home (Carr and Tatham, 2021). Thus, some potential participants may have chosen not to engage with this study for concerns over the issue of privacy in domestic interview spaces during the pandemic.

As interviews were conducted remotely, developing and maintaining rapport was a concern. To support the development of a connection with participants within the remote interviewing context of this study, which would traditionally be built through in-person introductions and general small talk, I exchanged several emails with my participants prior to interviews to build rapport. Additionally, as part of my strategy to develop rapport while simultaneously trying to address the hierarchical dynamics to the researcher-participant relationship, I included a space at the beginning and end of each interview for participants to ask questions of me.

Prior to the interviews, I considered a specific question regarding what personal details I would disclose about my abortion history (or lack thereof). Based on my previous experiences interviewing women about abortion (Wilson-Lowe, 2018), I was prepared to be asked about my interest in the topic and why I was conducting this study (a sub-text of which I took to be a curiosity about my personal experience with abortion). When presented with these questions – as I was during several interviews - I openly disclosed that I have never had an abortion. But I explained why I am passionate about reproductive healthcare: I grew up in the deeply conservative southern United States (where abortion is now all but inaccessible) and was exposed to pervasive abortion stigma generated by individuals and institutional structures. The fear that I would potentially need to access abortion care and suffer consequences in my community for this perceived indiscretion, motivated me to engage in reproductive healthcare research.

I also engaged in small talk with my participants before launching into the topic guide. This tactic was successful in that I felt participants were engaged from the start of the interview, and we discussed the study and more broadly got familiar with one another. While this practice in itself was not radically different

than face-to-face interviews, the current events of the COVID-19 pandemic and strict social distancing measures at the time of data generation were used as initial topics to bond with participants.

Also, the widespread shift to video-conferencing software and the inevitable technological hiccups that come with online and telephone remote interviews were an acute source of rapport between myself and participants. Our mutual frustrations with the technology (video-conferencing software or telephones) – both as a result of the interviews and our experiences with this equipment more broadly - resulted in laughter and bemused exasperation. The context of the pandemic and the need for creative solutions to social distancing established a connection between myself and the participants more quickly than I have previously experienced with face-to-face interviews.

Despite the potential drawbacks to remote interview methods, I do not feel that my data suffered in regards to a lack of richness in the absence of physical presence or visual cues (as was the case with the audio-only interviews), rather it encouraged more active listening to signals that otherwise could have gone unnoticed during in-person interviews.

While remote interviews (and audio-only interviews in particular) presented some challenges to interviewing that are absent from in-person contexts, the option to not have a researcher with them in the room was expressed by some participants as a factor making them more comfortable to take part, both in regard to practicalities (such as not feeling the need to put on makeup and not needing to arrange childcare) and to their emotional vulnerability (feeling more relaxed talking about a potentially distressing event without someone watching). Technological difficulties (such as dropped calls and audio/visual quality issues) were uncommon, but they did interrupt the interview flow when they occurred and caused me significant stress at the time – although in retrospect the issues did not cause any major disruptions.

Given the potential sensitivity of abortion, the emotional distress expressed by some participants at times felt acutely overwhelming to me as a researcher, despite process in place (described in Methodology chapter) to manage this. Although participants were able to move on and continue with the interview, I

felt particularly awkward and clumsy in my efforts to check in with them emotionally without being physically in the room. With the perception that some of this tension was unresolved (because I did not feel that I could adequately respond to participants distress online), the debriefing process after an interview was particularly important. I was generating data from within my own home and thus did not have the same delineation of work and home space that I have previously found beneficial in conducting emotionally demanding research. While conducting research during the COVID-19 pandemic was challenging, the impact of the pandemic has, however, potentially made my findings all the more relevant, as I go on to explore below.

9.2 Implications for policy, practice and future research

In addition to the contribution to scholarship on abortion stigma and social support, this study's findings have potential relevance for individuals, designers and moderators of online community spaces, healthcare organisations, and charities, who might have in interest in facilitating opportunities for supportive interactions and limiting the proliferation of stigma in online contexts. The primary implications of my findings relate to: the increased use of telemedicine; use of online spaces more broadly; and the need for trusted institutions to signpost towards or develop their own online abortion support resources. I go on to suggest some future avenues for research relating to gender inclusivity, time of data collection, and audience perception of abortion-related content.

The COVID-19 pandemic combined with the general trend towards computer-mediated communication have made my findings more pertinent, with the shift toward home self-managed abortion in Britain (Bojovic, Stanisljevic and Giunti, 2021). Although the majority of participants reported undergoing abortion prior to COVID-19 restrictions, the new policies enacted during this period regarding at-home abortion care and telemedicine have been accompanied by a shift towards online resources. Analyses of online spaces containing abortion-related content (Women on Web and Reddit) revealed increased use of these spaces in comparison to pre-COVID use, with individuals accessing these platforms to support their at-home, self-managed abortions (Reissner *et al.*, 2022). Thus in this post-COVID age, as abortion access has changed, so too may have abortion-related use of online spaces.

The public stigmatisation of abortion has arguably increased recently in Scotland, and elsewhere in the UK, as demonstrated by the growing presence of anti-abortion protestors outside Scottish hospitals and clinics (Graham, 2022). The 2022 over-turning by the American Supreme Court of Roe v. Wade (the landmark decision that permitted abortion federally) threatens abortion access and may impact the perceived availability of in-person social support in the US (Lewandowska, 2022; Smith and Cameron, 2019), with the potential for effects to be felt further afield. In this landscape, in which telemedical care is also on the rise, use of online spaces in relation to the access of abortion care and social support may continue to grow. Thus, further exploration of how its limitations – such as online harassment and enacted stigma – can be mitigated would be beneficial.

9.2.1 Recommendations for policy, practice, and research

Whilst a significant portion of the analyses and findings presented in this thesis focused on abortion stigma at a more individual, interactional level, stigma is perpetuated and reproduced through community, organisational, and national action (or inaction) (Millar, 2020). Thus, my recommendations for future policy, practice, and research (outlined in Table 4, below) extend past individuals themselves, towards action that could be taken at a wider level to encourage supportive spaces online that women can access with confidence and limited hesitation for fear of anti-abortion rhetoric.

The difficulties in finding relevant and useful online abortion-related content highlighted in my analysis, spotlight a need for trusted, 'official' health resources including the NHS, to provide some guidance on potentially appropriate online support resources. Policies enacted across NHS Scotland health boards could advise practitioners to guide patients towards predetermined online spaces in which to gain further information and support relating to the abortion experience. The current policies in which support is offered through professional counselling may not meet the support needs of every patient, as my findings highlight the temporal variation in when women may choose to seek support; for some this is several years later. Online support is beneficial in this regard because users can choose to access support when it suits them. I recognise the potential challenges for the NHS in recommending

online spaces in this context. However, the NHS already provides direction to informal supportive spaces for a wide variety of other healthcare issues, including stigmatised healthcare topics such as mental health difficulties (Johnston *et al.*, 2021). Efforts can and should therefore also be made to signpost patients to online resources relating to abortion. This current gap arguably further exceptionalises abortion care within the NHS. Thus, at a Scotland-wide level (thereby reducing possible variation in care between boards), clinical guidelines for abortion care should highlight online resources that clinicians can signpost to, with this offer of online support to be embedded in their individual practice.

Table 4 Key recommendations for practice and research

Key Recommendations	
Abortion care providers	• Identify online spaces which contain accurate information regarding abortion access and practical information on what individuals can expect during the abortion process • Direct patients to said resources as standard
Third sector organisations	• Host community spaces within platforms that enable sharing and user interactions, utilising such functions as 'liking' or commenting • With this functionality, moderation would be needed to reduce stigmatising interactions
Online space moderators	• Clearly state 'rules of engagement' within the platform, with emphasis on: reducing stigmatising interactions, how to report objectionable behaviour to moderators, and guidelines regarding the acceptability of private messaging functions
Researchers	• Explore and compare various socio-political contexts, with particular attention on accessibility of abortion • Conduct research with gender minority populations • Engage in strategies to obtain more 'real-time' data regarding use of online spaces and abortion to reduce issues of recall bias • Explore audience perceptions of abortion-related content

Charities and organisations relating to abortion care and access, such as ‘My Body, My Life’ or ‘Abortion Talk’ may consider hosting a community space on their platforms in which individuals can interact with other users. While ‘My Body, My Life’ currently offers users the ability to share their own story and to read others’, enabling one-way support, interactions between users which some women seek are unavailable. However, I acknowledge that these spaces would have to be carefully vetted and undergo consistent moderation if interaction was enabled between users, in order to reduce risk of harm caused by anti-abortion rhetoric or ‘trolls’ more broadly. This need for moderation within online spaces does pose some significant considerations regarding the financial and social resources to available to do so.

Within online spaces that already host abortion-related content (especially those that enable user interactions), moderation in some form could likely positively influence the rhetoric surrounding abortion on these platforms. Providing users with clear instructions and guidelines on expected behaviour can establish defined norms of behaviour, highlighting what is and is not considered appropriate. Moderators should focus on preventing anti-abortion rhetoric and harassment of other users, to the extent that this is possible. When inappropriate behaviour does occur, guidelines and standards should be in place to address this. This could include ‘blocking’ a user, in which that account is unable to contribute further, or escalating behaviour to the wider platforms’ reporting team. What actions would be taken will be dependent on the functionality of the space.

Future research could expand outwith Scotland, exploring other socio-political contexts, with focus on how abortion accessibility and legal restrictions influence online usage. Additionally, since this study’s findings are only relevant to cisgender women, given the absence of gender minority experiences in this research, future work is needed to expand the knowledge base regarding trans, non-binary, and gender-queer individuals’ experiences of abortion more broadly (particularly as the Scottish national statistics on abortions do not report the gender identity of individuals accessing these services), and online abortion-related content.

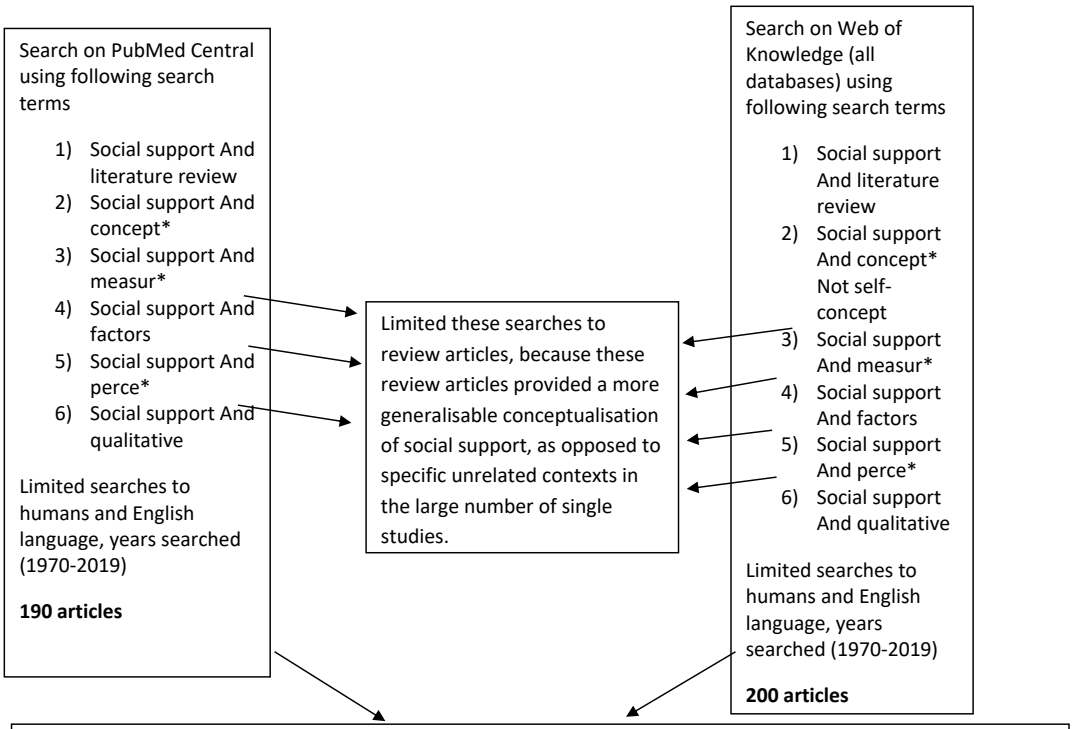
Furthermore, exploration of this topic at – or in closer proximity – to participants' abortions could potentially add more specificity into the websites and platforms used by women during this experience to combat the limitation of recall bias acknowledged as a weakness of this study. It could also be interesting to explore online audiences' experiences of encountering and engaging with abortion-related content, to gain a deeper understanding of the reactions to said content, and potentially ameliorate stigma and increase supportive interactions within these online spaces.

9.3 Final thoughts

This thesis has highlighted both the potential benefits and drawbacks to exploring and sharing first-hand abortion-related content online. Existing methods of searching for and navigating towards supportive content often fall short, exposing women to unwarranted abortion stigma despite going online in attempts to avoid this negativity. Supportive experiences could be more easily available if women were directed to previously evaluated spaces that were designed with the technological affordances that this study highlighted as factors that encouraged the sharing abortion accounts and better moderated to encourage positive communication between users while limiting harassment.

In addition to findings specific to abortion online, this study has also interrogated the applicability of some key social scientific concepts (namely stigma and social support) within online contexts more broadly. Rather than purely mirroring in-person interactions, this mediated environment enables a kind of digital absorption of both supportive and stigmatising interactions in a way that significantly differs from face-to-face contact. Therefore, I propose that these findings be applied to the wider literature, informing future research into how stigma and social support are conceptualised in online contexts.

Appendix A: Social support conceptualisation search strategy



Assessing for eligibility, removed upon review of abstract:

- Removed articles exploring a particular health condition (mental or physical) in relation to social support, including articles focusing exclusively on social support related to pre and postnatal maternal health. This review was interested at overall wellbeing in relation to social support conceptualisations. (**101 removed**)
- Removed articles with participant groups such as the elderly, children, the disabled, prison populations. Conceptualisation of social support to be based on a reasonably generalizable sample to an adult UK context (**45 removed**)
- Removed articles testing a specific intervention or the promotion of specific health behaviours. This review was interested in conceptualisations of social support rather than specific strategies aimed at improving health through manipulating individual's social networks and support. (**16 removed**)
- Excluded articles focusing on online support or SNS (social networking sites). This will be explored in an upcoming literature review specifically exploring online contexts (**7 removed**)
- Related to occupational stress or specific healthcare profession (**8 removed**)
- Removed those that did not meet the search criteria (human study, published in English, etc.) upon further assessment (**1 removed**)

96 articles remaining

However, **24 articles** were identified to have explicit definitions/conceptualisations and were accessible through the University of Glasgow library and Open Access; these were then explored in further detail (as shown in the Table of definitions and conceptualisations). Articles published before 2001, containing explicit definitions were identified in 2 reviews (Hupcey 1998 and Williams et al. 2004). Articles published after these reviews were conducted were reviewed by myself for original definitions of social support. Of the articles reviewed after this date, all that explicitly provided a definition for social support referred to previously published work. Many of the articles review did not provide any definition of social support; this trend has been observed in other authors' reviews of the social support literature.

Appendix B: Conceptualisations of social support and the type of supportive behaviours specified

Author (Year)/ Times cited	Definition	Type of support specified?				
		Emotional	Cognitive	Material	Other	Notes
Caplan (1974)/ 2654	"Both enduring and short term supports are likely to consist of three elements: the significant others help the individual mobilise his psychological resources and master his emotional burdens; they share his tasks; and they provide him with extra supplies of money, materials, tools, skills and cognitive guidance to improve his handling of his situation" (p. 6). It is not intended as an "all-inclusive analysis of the meaning and significance of social ties and groupings" (p. 5).	✓	✓	✓		Tripart classification
Cobb (1976)/ 9446	"Social support is defined as information leading the subject to believe that he is cared for and loved, esteemed, and a member of a network of mutual obligation" (p. 300).	✓				Cobb describes support as information that promotes outcomes related to emotional support
Gottlieb (1978)/ 387	Informal helping behaviour (social support) includes emotionally sustaining behaviours (unfocused talking, provides reassurance, provides encouragement, listens, reflects understanding, reflects respect, reflects concern, reflects trust, reflects intimacy, provides companionship, provides accompaniment in stressful situation, provides extended period of care), problem-solving behaviours (focused talking, provides clarification, provides suggestions, provides directive, provides information about source of stress, provides referral, monitors directive, buffers from stress, models/provides testimony of own experience, provides material aid and/or direct service, distracts from problem focus), indirect personal influence (reflects unconditional access, reflects readiness to act), and environmental action (intervenes in the environment to reduce source of stress) (pp. 110, 111).	✓ emotion-ally sustaining behaviour	✓ problem-solving behaviour	✓ problem-solving behaviour	Indirect personal influence and Environmen-tal action	4 part classification system. He includes two typologies of support not found in the tripart classification system commonly used in social support conceptualisations: indirect personal influence which could be interpreted as a general availability of support, and environmental action.

Lin, Simeone, Ensel and Kuo (1979)/ 1040	“social support may be defined as support accessible to an individual through social ties to other individuals, groups, and the larger community”(p.109)					No classification breakdown within this definition of social support
Kahn and Antonucci (1980)/ 2412	"Social support has been defined as interpersonal transactions that include one or more of the following: affect (expression of liking, love, admiration, respect), affirmation (expressions of agreement or acknowledgment of the appropriateness or rightness of some act, statement, or point of view), and aid (transactions in which direct aid or assistance is given including things money, information, advice, time, or entitlement)." (p. 175)	✓ Affect	✓ Affirmat-ion	✓ Aid		Consistent with the tripart classification of social support.
House (1981)/ 7047	"Social support is an interpersonal transaction involving one or more of the following: (1) emotional concern (liking, love, empathy), (2) instrumental aid (goods or services), (3) information (about the environment), or (4) appraisal (information relevant to self-evaluation)” (p. 39).	✓ Emotional concern	✓ Informat-ional support	✓ Instrum-ental aid	Appraisal support	A four-part classification system
Schaefer, Coyne, and Lazarus (1981)/ 1573	"Social support involves an evaluation or appraisal of whether and to what extent an interaction, pattern of interactions, or relationship is helpful. [...] Social support can have a number of independent components serving a variety of supportive functions. Emotional support includes intimacy and attachment, reassurance, and being able to confide in and rely on another-all of which contribute to the feeling that one is loved or cared about, or even that one is a member of the group, not a stranger. Tangible support involves direct aid or services and can include loans, gifts of money or goods, and provision of services such as taking care of needy persons or doing a chore for them. Informational support includes giving information and advice which could help a person solve a problem and providing feedback about how a person is doing." (p. 385)	✓	✓ Informat-ional support	✓ Tangible support		Tripart classification of social support
Pilisuk (1982)/ 118	"Social support refers to those relationships among people that provide not only material help and emotional assurance, but also the sense that one is a continuing object of concern on the part of other people." (p. 20)	✓		✓		Two-part classification of social support
Thoits (1982)/ 2099	"Social support will be defined […] as the degree to which a person's basic social needs are gratified through interaction with others. Basic social needs include affection, esteem or approval, belonging, identity, and security. These needs may be met by either the provision of socioemotional aid (e.g., affection, sympathy, and understanding, acceptance, and esteem from significant others) or the provision of	✓ Socioemot-ional aid	(see notes)	(see notes)		Two-part classification of social support in which Instrumental aid combines Material and Cognitive supportive

	instrumental aid (e.g., advice information, help with family or work responsibilities, financial aid). (p. 147)					behaviours into one category
Barrera and Ainlay (1983)/ 837	"When social support is conceptualised as behavioural transactions provided by natural social support systems, these transactions can be classified into meaningful categories. These categories can be described as follows: 1. Material Aid and Behavioural Assistance: providing tangible materials in the form of money and other physical objects, and sharing of tasks through physical labour; 2.Intimate Interaction: traditional nondirective counselling behaviours such as listening; and expressing esteem, caring, and understanding; 3. Guidance and Feedback: offering advice, information, or instruction, and providing individuals with feedback about their behaviour, thoughts, or feelings; 4. Positive Social Interaction: engaging in social interactions for fun and relaxation. " (p.140)	✓ Intimate interaction	✓ Guidance and feedback	✓ Material aid and behaviour -al aid	Positive social interaction (behaviour that is not specifically aimed at moderating a stressor, but supports overall wellbeing through fun)	Four-part classification system
Leavy (1983)/ 748	"Social support must therefore be seen as the availability of helping relationships and the quality of those relationships-both the structure and the content of the phenomenon." (p. 5)					No classification breakdown within this definition of social support
Procidano and Heller (1983)/ 2501	“the extent to which an individual believes that his/her needs for support, information, and feedback are fulfilled”(p. 2)	✓	✓			Describes supportive behaviours that fall into the categories of Emotional and Cognitive support
Shinn, Lehmann, and Wong (1984)/ 378	"Social support is part of a transactional process. […] The term “social support” should be reserved for exchanges of resources intended by the donor or perceived by the recipient as beneficial to the recipient." (p. 56)					No classification breakdown within this definition of social support
Shumaker and Brownell (1984)/ 1482	“as an exchange of resources between at least two individuals perceived by the provider or the recipient as intended to enhance the well-being of the recipient”(p.13)					No classification breakdown within this definition of social support

Cohen and Syme (1985)/ 2766	“Social support is defined as the resources provided by other persons. By viewing social support in terms of resources— potentially useful information or things— we allow for the possibility that support may have negative as well as positive effects on health and well-being . . . meaning and significance of social support may vary throughout the life cycle” (p. 4).					No classification breakdown within this definition of social support
Heller, Swindle, and Dusenbury (1986)/ 357	“A social activity is said to involve social support if it is perceived by the recipient of that activity as esteem enhancing or if it involves the provision of stress-related interpersonal aid. " (p. 467)	✓ Esteem enhancing behaviours				Two-part classification system: esteem enhancing support behaviours (Emotional support) and a nonspecific category of supportive behaviours aimed at moderating stress
Jacobson (1986)/569	"Social support is defined in terms of resources that meet needs…Emotional support refers to behaviour that fosters feelings of comfort and leads an individual to believe that he or she is admired, respected, and loved, and that others are available to provide caring and security. Cognitive support refers to information, knowledge, and/or advice that helps the individual to understand his or her world and to adjust to changes within it. Material support refers to goods and services that help to solve practical problems. [...] it is necessary to consider support in its temporal dimension, because one type of support takes the place of another; that is, it is useful to think about support sequences because support unfolds over time." (p. 252)	✓	✓	✓		Tripart classification of social support
Thoits (1986)/ 2232	"Social support most commonly refers to functions performed for a distressed individual by significant others such as family members, friends, co-workers, relatives, and neighbours. These functions typically include instrumental aid, socioemotional aid, and informational aid. Instrumental aid refers to actions or materials provided by others that enable the fulfilment of ordinary role responsibilities. Socioemotional aid refers to assertions or demonstrations of love, caring, esteem, sympathy, and group belonging. Informational aid refers to communications of opinion or fact relevant to current difficulties, such as advice, personal feed-back, and information that might make an individual's life circumstances easier." (p. 417) [...] Social support might be usefully	✓ Socioemot-ional aid	✓ Informat-ional aid	✓ Instrum-ental aid		Tripart classification

	reconceptualised as coping assistance, or the active participation of significant others in an individual's stress-management efforts. [...] Problem-focused coping and instrumental support are both directed at changing or managing the stressful situation. Emotion-focused coping and emotional support each attempt to ameliorate the negative feelings that typically accompany stress exposure. Perception-focused coping and informational support are attempts to alter meaningful aspects of stressful situations.					
Cutrona and Russell (1990)/ 1729	"Social support is a multidimensional phenomenon. A broad range of interpersonal behaviours by members of a person's social network may help him or her successfully cope with adverse life events and circumstances. Direct assistance, advice, encouragement, companionship, and expressions of affection all have been associated with positive outcomes for persons facing various life strains and dilemmas" (p.319)					Cutrona and Russell do not specifically breakdown supportive behaviours into typologies. However, one can argue that material, cognitive, and emotional supportive behaviours are all mentioned.
Dunkle-Shetter and Skokan (1990)/259	"Social support is further conceptualised as dyadic interactions in which one person attempts to provide information, assistance, or emotional support. […] and a 'recipient' may be helped or benefited by the attempt." (p. 437)	✓	✓ Informat-ional support	(see notes)		Dunkle-Shetter and Skokan explicitly describe Emotional support and Informational support (elsewhere referred to as Cognitive support). But their inclusion of 'assistance' could arguably reference Material support behaviours.
Tilden et al. (1990)/ 161	"Social support was defined as the perceived availability or enactment of helping behaviours by members of a social network." (p. 338) However they did include reciprocity of support and relational conflicts within the IPRI measure (Interpersonal Relationships Inventory), as concepts separate from					No classification breakdown within this definition of social support

	social support, but still involved in mediating the relationship between wellbeing and an individual's social environment.					
Vaux (1990)/ 155	"By viewing social support as a metaconstruct with three distinct conceptual components: support network resources, support behaviour, and subjective appraisals of support. Support networks resources may be defined as that set of relationships through which an individual receives assistance in dealing with demands and achieving goals. Support networks may differ in size, structure, composition, quality of relationships, and the diversity of wisdom they embody. Supportive behaviour includes the wide range of specific acts generally recognised as intentional efforts to help someone. Modes of supportive behaviour include emotional, feedback, guidance, practical, material, and socialising. Support appraisals are subjective evaluations, global or focused, that people make of their support network resources and the supportive behaviour that occurs within these relationships" (p.508)	✓	✓ Feedback and guidance	✓ Practical and material support	Socialising (similar to Barrera and Ainley's (1983) concept of 'positive social interaction')	Four-part classification of supportive behaviour
Thoits (1995)/ 4096	“A social ‘fund’ from which people may draw when handling stressors. Social support usually refers to the functions performed for the individual by significant others, such as family members, friends, and co-workers. Significant others can provide instrumental, informational, and/or emotional assistance. These various supportive functions usually are highly correlated and often form a single underlying factor, summarised as perceived or received social support.” (p. 64)	✓	✓ Informat-ional support	✓ Instrum-ental support		Tripart classification of social support
Hupcey (1998)/ 187	‘a well-intentioned action that is given willingly to a person with whom there is a personal relationship and that produces an immediate or delayed positive response in the recipient’ (p. 313)					No classification breakdown within this definition of social support
Cohen, Gottlieb, Underwood (2000)/ 1369	“the social resources that person perceive to be available or that are actually provided to them by non-professionals in the context of both formal support groups and informal helping relationships” (p. 4)					No classification breakdown within this definition of social support
Coffman and Ray (2002)/ 46	“The phrase ‘being there’ summarised the women’s definition of support. Support was further described as ‘caring,’ ‘respecting,’ ‘knowing,’ ‘believing in,’ ‘sharing information,’ and ‘doing for’ the other. . . . These categories provided the structural description of support from the view of women and support providers . . . support was a reciprocal process, and helpers described receiving support from pregnant women” (p. 486), from the women’s definition. The authors developed a theory of					No classification breakdown within this definition of social support

	mutual intentionality “initiated by awareness of a need and completed as a transactional process. In this process, both the pregnant woman and her helper mutually agreed to meet the woman’s need. At the same time support givers supplied resources needed by the women, they enhanced their own well-being, and the quality of their relationships with the pregnant women was enhanced” (p. 483).					

Appendix C: Conceptualisations of social support and characteristics of development and perception

Author (Year)/ Times cited	Development of definition	Validation/empirical use of definition	Perceived support	Implied positive outcome	Source of support specified
Caplan (1974)/ 2654	Draws on evidence from community healthcare contexts (within the UK) and applies to the promotion of health more generally by healthcare professionals and informal social network members.	This definition was not empirically validated in this work consisting on 10 unpublished lectures presented by the author.	No	Yes	No
Cobb (1976)/ 9446	This definition emphasised the stress-buffering effect of social support, supported by studies involving some measurement of an individual's social resources throughout the life course.	This definition was not empirically validated in this article.	Yes	Yes	No
Gottlieb (1978)/ 387	Definition derived from study of informal helping behaviours and experiences of 40 single mothers using interview methodology.	Conducted content analysis on the 40 interview transcripts coded by three researchers to increase reliability. Authors propose that their categorisation of helping behaviours are similar to Caplan's (1974) conceptualisation of social support. However, they recognise that their methodology does not allow for objection measurements of these supportive behaviours, rather they are relying on subjective recollection. This is significant considering their conceptualisation does not include perceived support as a central construct.	No	Yes	No

Lin, Simeone, Ensel and Kuo (1979)/ 1040	This definition of social support was developed using both the main effect hypothesis and stress-buffering hypothesis in which social support is related to health.	Incorporated this definition of social support into a model in which social support and stressful life events moderate illness more so than just including stressful life events alone. This was then empirically tested using quantitative methodology with a sample of Chinese-Americans in Washington D.C. assessing social support in a 9 item scale. This scale did have several items related specifically to participant's experiences within and out with Chinese-American culture, therefore the generalisability is limited. They did find that social support was significant in their model of illness etiology.	No	No	Yes
Kahn and Antonucci (1980)/ 2412	Developed from existing research using a life-course perspective and highlights this as a useful future research context in which to consider social support's relationship with health.	This definition, and the author's push for social support to be viewed from a life-course perspective, were not empirically validated in this chapter. However, they do suggest that future research utilise a cross-sequential design to distinguish age from cohort and period effects, to better understand social support and wellbeing across an individual's life course.	No	Yes	No
House (1981)/ 7047	Definition developed from existing literature although the search strategy employed was not explicitly stated.	This definition was not empirically validated in this article. However House does propose that future studies exploring social support should aim to provide a more expansive concept of social support, measuring '*who* gets *how much* of *what kinds* of support *from whom* regarding *which problems*' (p. 39)	No	No	No

Schaefer, Coyne, and Lazarus (1981)/ 1573	Developed from existing literature and typologies of social support.	Their tri-part classification was then compared to structural social network measures in relation to health in a sample of 100 individuals aged 45-64 years old. Social network size was statistically separable from perceived social support. Functional measures of social support were more closely associated with wellbeing than structural measures of an individual's social network.	Yes	Yes	No
Pilisuk (1982)/ 118	Developed from existing literature, although the strategy for under which articles were reviewed was not explicitly stated.	This definition was not empirically validated in this article.	Yes	Yes	No
Thoits (1982)/ 2099	Derived from existing literature (House 1981, and Kaplan et al. 1977). Thoits developed this conceptualisation for the purposes of better operationalising social support.	Despite Thoits expressed aims, this study does not use a functional measure of support (that would be related to the types of supportive behaviour mentioned in this definition) but instead uses a structural measure of 'married vs. single' in relation to the buffering effect of social support on the wellbeing of 720 American adults (the New Haven cohort).	No	Yes	No
Barrera and Ainlay (1983)/ 837	Barrera an Ainlay conducted a review of 10 'key' existing definitions of support, from which they identified 6 commonly shared characteristics of these conceptualisations. Articles were select for review detailed descriptions of social support functions and if they explicitly used the term 'social support' (however, this was relaxed in three of the cases upon further review).	They then used these characteristics to develop the Inventory of Socially Supportive Behaviours (ISSB), which was completed by 370 psychology undergraduates. A factor analysis was then used to combine related behaviours to identify the 4 categories of social support that are present in their definition.	No	Yes	No

Leavy (1983)/ 748	Informed by House's (1981) definition, as well as the field of social network analysis. This conceptualisation argues for the integration of functional and structural perspectives on social support.	Leavy conducted a review of 46 studies exploring support (both network size and specific helping behaviours) and psychological wellbeing. The search strategy was not explicitly stated. The relationship between social support and health can be inconsistent; Leavy hypothesises that this may be due to the varying conceptualisation of social support and the weakness of assessment tools in this field.	Yes	No	No
Procidano and Heller (1983)/ 2501	This definition distinguishes between social networks and the functions of social support, emphasising the perception of socially supportive behaviour. Although it is unclear which literature was reviewed and critique in the development of this definition	This article describes a study in which this definition used to develop and inform two scales Perceived Social Support from Friends (PSS-FR) and Perceived Social Support from Family (PSS-Fa). These measures appear to be internally consistent and measured valid constructs that were distinct from each other and other from more structural measures of social network measures, when assessed in a sample of 222 American undergraduate students.	Yes	Yes	No

Shinn, Lehmann, and Wong (1984)/ 378	Developed from Shumaker and Brownell's (1984) definition, as well as a broad informal review of the social support literature	This definition was not empirically validated in this article.	Yes	Yes. However they do make the distinction that although supportive behaviours may be perceived as positive, they may have deleterious effects on wellbeing.	No
Shumaker and Brownell (1984)/ 1482	This definition was developed from existing research, but specifically addresses gaps in social support research that the authors identified, such as: the role of reciprocity, the prosocial intention of the supportive behaviour, how that behaviour is perceived, and that social support exists as an interaction between two or more actors.	The authors of this paper did not gather empirical evidence to directly support their definition. However, they do present existing evidence to support the concepts present in their definition of support such as reciprocity, intentionality, interaction of social support rather than a resource, etc.	Yes	Yes	No
Cohen and Syme (1985)/ 2766	Cohen and Syme deliberately provided a very general conceptualisation of social support, based on their desire to review a broad portion of literature that relates to social support and its association with wellbeing.	The authors did not explicitly define their search strategy. And while they did provide evidence from the existing literature supporting a context specific perspective of social support, this definition was not empirically validated within this review.	No	No	No

Heller, Swindle, and Dusenbury (1986)/ 357	This definition, developed from existing literature, emphasised the perception of social support as informed by Procidano and Heller (1983) and social support as an aid to coping informed by Thoits (1986).	From this conceptualisation, a model was created, distinguishing between the functions supportive behaviours serve and the perception of said support, it also highlights the reiterative effect of social support via a feedback loop. However, his model was not empirically tested.	Yes	Yes	No
Jacobson (1986)/569	Informed by literature that is derived from the 'specificity model' of social support (Shumaker and Brownell, 1984) that emphasises the classification of supportive behaviours. Jacobson's conceptualisation of support also highlights the timing of social support, theoretically informed by 'griefwork' studies.	This definition was not empirically validated in this article.	Yes	Yes	No
Thoits (1986)/ 2232	Informed by Cobb (1976) and House (1981) classification of support behaviours, but Thoits reconceptualises the function of these acts as coping behaviours to a stressor, addressing either the problem itself or the negative internal state resulting from stress.	Thoits emphasises that social support behaviours act as coping mechanisms to stressful experience, and as such may require multiple coping techniques at various points in time, and may be more successful when the provider is similar to the individual. While she does reference existing literature that supports these claims, this article does not describe any empirical evidence undertaken to directly validate this conceptualisation of social support.	No	Yes	Yes

Cutrona and Russell (1990)/ 1729	Cutrona and Russell compare existing multidimensional models of social support, concluding that empirical studies are needed to identify and validate typologies of social support.	This study reviewed 42 studies that specified specific components of support and particular stressful events, to empirically test their model of optimal matching between stress and social support. They were not particularly explicit in their search strategy, but they do state that all of the studies in which specific supportive behaviours and specific stressful events were studied, were included in their review. In reviewing this empirical evidence, they identified the desirability and the control-ability of the stressor to be factors that determine the suitability of particular supportive behaviours that promote wellbeing.	No	Yes	Yes
Dunkle-Shetter and Skokan (1990)/259	Their definition is derived from House's (1981) conceptualisation of social support, however they emphasise social support is 'enacted' behaviour within a dyadic interaction, rather than the perception of support.	Dunkle-Shetter and Skokan developed a model, "in which support attempts result directly from the intention and degree of motivation to help, which is influenced in turn by a variety of factors within the stressful situation, the distressed person, the support provider and their relationship." (p. 444). They conducted a pilot study in which to test out the hypotheses within their model, however they provided online no detail on how this was conducted. They did report that their pilot study found that emotional distress of an individual increased the likelihood of social support provision, but the type of stressor did not moderate the propensity to provide support. Also past experience with certain stressors influenced subject's willingness to provide support.	No	Yes	No

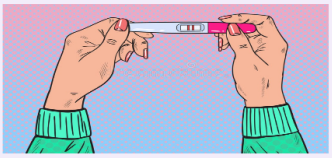
Tilden et al. (1990)/ 161	The IPRI (and therefore their definition of social support) was developed using semi-structured interview methodology with 44 American adults experiencing some sort of stressful life events (homelessness, cancer, etc.). Interview data was used to develop items to represent social support, reciprocity, and conflict. Content validity was then assessed by a panel of 11 judges, resulting in a 74 item Likert style questionnaire.	The inventory was then assessed for reliability and validity with a sample of 43 undergraduate students, given out 2 within a 2 week period. All three subscales (social support, reciprocity, and conflict) were internally reliable over this 2 week period, although long-term reliability was not assessed. The validity of the reciprocity scale require further review as it correlates very highly with social support scale, and doesn't appear to moderate health. Social support and conflict subscales appear to be valid, as they correlate highly with existing scales; the authors also found significant associations between these subscales and wellbeing.	Yes	No	No
Vaux (1990)/ 155	Vaux developed this definition from existing social support literature, highlighting the distinction between support resources, networks, and behaviour. Although it is unclear what literature informed this author's distinction between these concepts, as they did not describe the search strategy employed.	The author argues for social support to be understood within an ecological context taking into account micro and macro level factors that may shape the provision and acceptance of social support. Although these socioecological factors are not empirically tested in this article, Vaux does provide a number of studies that provide evidence that these factors at various levels within an ecological model does influence experiences of support.	Yes (as the concept 'supportive appraisals')	Yes	No
Thoits (1995)/ 4096	Thoits definition was informed by House's (1981) and House and Kahn's (1985) work on social support.	This definition was not empirically validated in this article. A broad review of the literature was conducted however, to identify major findings and gaps in the social support scholarship.	Yes	Yes	Yes

Hupcey (1998)/ 187	Definition developed from existing literature identified by a review of 200 studies with social support as one of the study's variables, identified from a search of MEDLINE, CINAHL, Clinical Medicine, and Life Sciences from 1978-1996. Social support was then conceptualised from commonly shared characteristics mentioned in the articles reviewed. This study highlighted that of the articles reviewed a theoretical definition was not included in the majority of studies (72%).	This definition was not empirically validated in this article.	No	Yes	No
Cohen, Gottlieb, Underwood (2000)/ 1369	Informed by a review of existing social support literature, emphasising the varied structural, functional, and evaluative aspects of social support. They identified perceived social support a distinct from actual support, as a concept that is more associated with wellbeing.	This definition was not empirically validated in this book.	Yes	No	Yes
Coffman and Ray (2002)/ 46	Coffman and Ray's definition developed using grounded theory from a study of high-risk pregnant African-American women. They argue that conceptualisations of social support must take into account the cultural context of the population of interest, as macro-level forces may significantly shape how an individual defines and experiences social support.	Interviews were conducted with 10 women, 3 social network members, and 11 healthcare providers. Validity and reliability were achieved through rich descriptions and accurate data analysis in line with grounded-theory practices. Their findings, and the development of mutual intentional theory, demonstrate that social support is not simply a resource, but part of a dynamic social process in which two actors (recipient and provider) shape the experience of supportive behaviours. This is supported by existing literature that posits social support is a reciprocal transaction.	Yes	Yes	No

Appendix D: Recruitment graphic

Talking about abortion online: sharing and reading personal experiences

- ✓ Have you had an abortion?
- ✓ Have you EITHER: Written about your own abortion online?
  AND/OR
  Read, shared, or commented on another woman's abortion experience online?
- ✓ Do you live in Scotland?
- ✓ Are you 18 years old or over?
- ✓ Can you be interviewed using Zoom or by telephone?



Contact **Rachel Wilson-Lowe** for further details

Email: r.wilson-lowe@sphsu.mrc.ac.uk

Appendix E: Participant information sheet

MRC/CSO Social and Public Health Sciences Unit

Primary Researcher: Rachel Wilson-Lowe, PhD Candidate
Supervisors: Dr Ruth Lewis, Dr Carrie Purcell, and Professor Lisa McDaid

Talking about abortion online: sharing and reading personal experiences

You are being invited to take part in a research study as a part of a postgraduate research project. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask your interviewer if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Why carry out this study?

Research suggests that a third of women will have an abortion in their lifetime, and that women may choose to talk to friends and family about their experience. It is also known that some women talk about their abortion experiences in online spaces, although little research has focused on why they choose to do so, where, and how. By interviewing women in Scotland who have talked about their abortion online, or read other women's stories, we hope to better understand these experiences and the motivations behind them. We are also interested in hearing from women who have not shared their own abortion experience online, but have read and/or interacted with other women's abortion experiences in online spaces. We hope this study will help to shape Scottish health services, public policy initiatives, and future research in this area.

Why have I been invited to participate?

You have been invited to take part in this study because you responded to a recruitment message on social media or through an online advertisement, and are eligible to take part. You have valuable insight into what aspects of abortion experience are shared online and how it is talked about. In this study 25-30 women will be interviewed about their experiences.

What is involved?

We would like you to take part in an online or telephone interview with the primary researcher (Rachel), in which you will talk about your abortion and your experience(s) sharing your abortion story online and/or reading about other women's abortions online. You will have the choice between three interview methods: a video Zoom meeting, a Zoom meeting using only audio, or a telephone call. Should we have technical problems with Zoom, online interviews may continue over telephone. It is important to consider where and when might be the best place for you to take part in the interview. It is best if you have a quiet, private space where you can speak freely. Interviews will be scheduled around your working and caring commitments.

Prior to the interview, we would like you to think about some of the online content on abortion that you have viewed online, which we can then talk about during the interview. Over the course of the interview, you will also be asked to read some hypothetical women's abortion posts and we will discuss these further. These will be sent to you via email prior to the interview, but will also be available via screen-sharing capabilities in Zoom.

It will take 60-90 minutes to complete the interview. If you agree, it will be audio recorded so that we get an accurate account of what you say. If you choose to take part in a Zoom call with video, the interview will be audio and video recorded. Following the interview, the audio recordings will be sent securely to be transcribed by a company which has been approved by the University of Glasgow and who have agreed to keep your information private.
We will provide a £20 Amazon shopping voucher to thank you for you time and contribution to the study. This will be posted out to your home address.

Do I have to take part?

You do not have to take part in an interview if you do not want to. You can also leave the study at any time, and do not have to give us a reason for doing so. There is unlikely to be a direct benefit to you of taking part in the study, but some women find it beneficial to talk about their experiences.
As these interviews will be taking place via Zoom or telephone calls, there are some risks to data security but the primary researcher has designed this study to address these risks. Your recorded data will be not be stored on Zoom's cloud-based storage, instead it will be kept on a password-protected computer and moved securely to safeguarded University of Glasgow servers.
Also, as I will not be physically present during these interviews, I will not be aware if there are other persons in the home that could overhear our conversation. So it is important that you consider whether you feel comfortable talking about this in your home, and choose a time and place for the interview in which you feel you can speak freely.

Will my taking part in this study be kept confidential?

Any information that is collected about you in this study will be kept strictly confidential. We will not use your name in any reports or presentations of the study findings or reveal that you were interviewed. Your name and any other information that might identify you will be removed from the interview transcript and from the online content you share. If you are referred to in any study outputs, I will use a pseudonym.
Confidentiality will be respected unless there are compelling and legitimate reasons for this to be breached, for instance a disclosure suggests danger to participants or others. If this were the case we would inform you of any decisions that might limit your confidentiality. Should you consent to the capture of your online personal disclosures of abortion discussed in this study, your posts will be regenerated and reworded to protect confidentiality, however anonymity may be impossible to guarantee.

What will be done with the findings from the study?

Your interview will be compared with the experiences of other women. The findings of the study will be used in a PhD thesis and potentially used in academic papers and conference presentations. Your interview data will be deposited in a data archive to be potentially be used by select researchers (approved by the research team) for future projects. We will not use your name at any time. Your personal contact information will be destroyed at the end of the study after the research summary has been sent out. If you would like to be sent a summary of our findings, we can arrange this at the end of your interview.

Who has approved the study?

This study has been reviewed by the University of Glasgow College of Social Sciences Research Ethics Committee.

What will happen next?

If you have any questions or comments on the study or, having agreed the day/time for the interview, you are unable to do it or want to change your interview appointment, you can contact the primary researcher (Rachel Wilson-Lowe) at : r.wilson-lowe@sphsu.mrc.ac.uk

Queries can also be directed to study supervisor Dr. Carrie Purcell at carrie.purcell@glasgow.ac.uk or on 0141 353 7628.

Any questions/concerns regarding the ethical approval of this study and where to pursue any complaint: Dr Muir Houston (College of Social Sciences Ethics Officer) email:Muir.Houston@glasgow.ac.uk

Many thanks for your time and help

Information on pregnancy and abortion, including where to get further help or counselling, can be obtained from the following:

Sexual Health Scotland: 0800 224488 or www.sexualhealthscotland.co.uk/pregnancy/abortion

BPAS (British Pregnancy Advisory Service): 08457 304030 or www.bpas.org

Corona Virus and mental health (NHS Scotland): tiny.cc/xa4inz

Samaritans: call 116 123

Appendix F: Demographic screening questionnaire

College of Social Sciences

MRC/CSO Social and Public Health Sciences Unit

Talking about abortion online: sharing and reading personal experiences

Demographic Questionnaire

Please complete this questionnaire by either responding on the line provided or highlighting the multiple-choice answer you wish.

1. What is your gender?

   _____

2. What age are you?

   _____

3. What is your postcode?

   _____

4. Education: What is the highest degree or level of school you have completed? *If currently enrolled, highest degree received.*
   a) High School
   b) Trade/ technical/ vocational training
   c) Undergraduate degree
   d) Further degree(s)

5. What is your current employment status?
   a) Employed for wages
   b) Self-employed
   c) Out of work, and currently looking for work
   d) Out of work, and not currently looking for work
   e) Homemaker
   f) Student
   g) Military
   h) Retired
   i) Unable to work

6. What social class do you self identify as? (*i.e. working class, middle class, etc.)*

   _____

7. Please specify your ethnicity:
   a) White: Scottish
   b) White: other British
   c) White: Irish

d) White: Other (including Gypsy/Traveler)
e) Asian, Asian Scottish, or Asian British
f) Other ethnic groups (please specify)

_____

8. Please specify your religious affiliation:

_____

9. Please specify your sexual orientation:

_____

10. What online platforms do you use? Please check all that apply:
    a) Facebook (not including Facebook support groups)
    b) Facebook support groups
    c) Twitter
    d) Reddit
    e) Instagram
    f) YikYak
    g) Snapchat
    h) other forums, groups, websites? Please specify

_____
_____

11. Have you:
    a) shared your own abortion experience online?
    b) read/interaction with other women's abortion stories online?
    c) both

Appendix G: Interview topic guide

Talking about abortion: support from family and friends

Introduction: *Hi I'm Rachel and I am the lead researcher conducting this study. This project is interested in how women are using online spaces to share their abortion experiences and read other women's stories. By talking to you and other women, I hope we can understand how online resources can be better used to suite women before, during, and after undergoing an abortion. I also wanted to thank you for participating in this study. I understand that some of this conversation may bring up complex emotions for you, so I just want to let you know that we can take a break if you need to or stop the interview entirely. Please let me know if there is anything I can do to help. This is YOUR interview and we can take it at your pace. There are no right or wrong answers and you can choose to withdraw from the study or not answer a specific question at any time. To protect your identity a pseudonym will be assigned by random name generator and this is how you will be referred to in my writings.*

Transition: So first I am just going to ask you a wee bit about yourself so I can get to know you better.

General background

- Name
- Can you tell me a little about where you grew up?
- Tell me about your family and friends: who is in your social network? Where do they live? Are you close?
- Current life circumstances (i.e. do you have a partner?)
- Current living circumstances (with who and where); do you have any children? (if so, how many?)
- Have you had any other pregnancies?
- Employment status / education (where did you go to school? Did you do college/uni? where do you work?)
- What social media platforms do you use? And what do you use them for? (Keeping up with your friends/family? Professional networking? Self-expression?) Are their certain people you don't have on social media for privacy?
- Why did you choose to be interviewed using this method? (zoom or telephone)

Transition: So now that I know a little bit more about you, we are going to move on to talking about your abortion experience.

Most recent abortion experience

- Tell me about when you first found out that you were pregnant?
- Can you describe where you were living at time?
    - With a partner? (if they discuss a partner, whatever term they use, i.e. boyfriend, husband, person I was dating, will be used throughout the rest of the interview)
    - Family?
- How did you feel when you decided to have the abortion?
- What was your experience of process
    - How did you find out about the clinic? (Were you referred or did you go online?)
    - Was the abortion medical or surgical (if medical, was this administered in the clinic or at home?)
    - How did you get to and from the clinic appointments?
    - Was there anyone with you at the clinic appointments? If not, would you have preferred to have someone with you?

- Before you had the abortion, did you research it at all online? Did you come across any personal experiences? If not, why not?
- What are your opinions of abortion? Did your perception of abortion change after having had one?

Transition:

Who did you tell?

- Who else did you talk to about your experience? List
- How did you tell them? (in person, over the phone, online?) And why did you choose that method of communication

**This series of questions will be asked for each person they have told (i.e. friends, family, partner, work, etc)*

- Tell me about that conversation…
- When did you talk to them about the abortion?
    - Before or after the procedure? (And if after, how long after? Why?)
- Tell me about their reaction.
    - How did you feel whilst you were telling them?
    - And how did you feel after telling them?

Transition: As we talked about earlier, I'm interested in discussing your experiences talking and reading about abortion in online spaces. So we are first going to talk about whether or not you shared your abortion experience online, and your motivations for doing so

Talking about abortion online

- If you talked about your abortion experience online can you tell me a little bit about it?

If not, why not? Would you ever consider doing it in the future?
If so:

- Why did you want to talk about it online?
- What aspects of your abortion experience did you include in your post?
    - Social support (received and sought)
    - Medical details
    - Emotions during abortion
    - Stigma
    - Reason for abortion
- Were there any aspects of your abortion that you didn't/wouldn't want to share?
- In which space did you talk about it (Facebook, Twitter, forum, etc) and why?
- Did you consider posting on any platforms?
- Was your post linked with your offline identity or anonymous?
- Who did you think might see your post? Would your offline social network see the post?
- Did you take any actions to limit who might see your post?
- Did anyone interact with your post? (comment, share, etc.) How did you feel about it?

**Repeat if necessary (more than one post)*

Transition: In addition to sharing (not sharing) your story online, I am interested in whether or not you read other women's posts and how you felt about them? And if you interacted with them.

Reading about abortion online

Have you read another woman's abortion experience online?
If so:
Tell me about how you came across it. What website was It on? Did you go looking for other women's stories or did you just happen across them?

How did it make you feel reading it?
Did you interact with any further (other than reading it) such as: liking, sharing, commenting?
Were the posts you read anonymous or with a name? Did that impact how you viewed the story?

Previous abortion(s) IF NEEDED depending on earlier answer

- Was this you first abortion? If not can you tell me about your previous experiences?
- How did this experience differ from the other experience you told me about?
- Did you discuss this experience online? Or read about other women's experiences online at the time?

Transition: So we have just about reached the end of our interview, I've just got a few final questions for you.

Final questions

- How (if at all) do you think that talking about your abortion experience online affected you?
- How (if at all) did reading other women's experiences affect you?
- If you haven't talked about your own experience online, would you ever? Why or why not?
- Is there any one else you would like to tell in the future?(any reasons that they haven't yet?)
- Reflecting back, how do you feel about the abortion now?
- How do you feel the interview went? Was it what you were expecting?

Closing Transition*: All right, that's all the questions I have for you. Thank you so much for participating in my study. Is there anything you'd like to add that you feel didn't get addressed? Or do you have any questions for me?*
Also, I am going to write a brief summary of my findings for my participants. Would you like to receive a copy? If so, how would you like to receive it: email, post, other?
Also may I please have your address so that I can send you the Amazon gift voucher to thank you for taking part in the study? And when you receive it, if you could just send me an email and let me know that you got it, that would be great.

Appendix H: Consent form

Consent Form

Title of Project: Talking about abortion online: sharing and reading personal experiences

Name of Researcher: Rachel Wilson-Lowe

Please read the following statements, initial each box and TYPE YOUR NAME BELOW if you agree.

(Please initial)

1 I confirm that I have read and understood the study Information Sheet. I have had the opportunity to think about the information and ask questions. ☐

2 I understand that it is my choice to take part in the study and that I can withdraw at any time without giving any reason. ☐

3 I agree to take part in an interview via:
Zoom conferencing software with AUDIO and VIDEO recorded ☐
OR

Zoom conferencing software with AUDIO recorded only ☐
OR

A telephone interview (AUDIO recorded only) ☐

4 If technological difficulties occcur, I agree to be contacted by telephone by the researcher to continue the interview via telephone or to reschedule. ☐

5 I confirm that I understand that I do NOT need to answer any question if I do not wish to and that any information I provide will be treated in strict confidence by the research team. ☐

6 I understand that the interview will be recorded (with video and/or audio depending on what I have agreed to above), and that my answers to the questions in this form have also been audio/video recorded. ☐

7 I understand that any information I provide will be stored securely (accessed by only the researcher and her supervisors). Personal data (such as contact information) will be destroyed upon the completion of this project. Whereas anonymised data will be destroyed in line with University of Glasgow policy, which is currently 10 years after the study ends. ☐

8 I agree that what I say will be anonymised and can be used for research purposes (including PhD thesis and journal articles) and deposited in a data archive for future use (by researchers approved by the study team), and understand that my name will not be used at any time. ☐

Participant (type name): DATE

Person taking consent (type name:) DATE

Questions/concerns regarding the ethical approval of this study and where to pursue any complaint: Dr Muir Houston (College of Social Sciences Ethics Officer)
email:

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