

Towards a Poststructural Understanding of Abortion and Social Class in England

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Abstract

Despite previous research suggesting that social class influences experiences and attitudes to abortion, there is a dearth of research which studies the intersection of abortion and social class in England. Across the UK, abortion rates and experiences differ by region and socio-economic status, reflecting broader health inequalities. Contemporary austerity in the UK creates an imperative for new research which contextualises the experience of abortion within this socio-historical moment, and the worsening inequalities which have accompanied it. Whilst work on abortion and social inequality exists, it has often approached class as an *a priori* category. I argue that contemporary poststructural work on class provides a framework to go beyond this approach by examining how these social classifications occur; who has the power to classify; and how these classifications might be resisted. This framework is demonstrated with emerging findings from a life history study of abortion experiences in England. The applications of this to work on abortion are potentially rich, because the act of ending a pregnancy invites classification from many quarters, from the legal (legal/illegal) to the medical (early/late) to the moral (deserved/undeserved). This work therefore speaks to public health concerns about access to and stigma around abortion and social inequalities.

Key words: Abortion, England, social class, inequality, austerity

Introduction

The experience of ending a pregnancy in the UK has received limited sociological attention in the past decade. Recent events have prompted clusters of studies on, for example, the sex-selective abortion debate (Lee, 2013; Purewal, 2014; Dubuc & Coleman, 2007), but there is a particular dearth of research which focuses on the qualitative experience of abortion (for a review of existing research see Lie, Robson, & May, 2008). A comparatively large amount of sociological attention has been paid in recent years to a different issue, one that might seem entirely distinct from abortion but which I argue in this paper provides a useful theoretical framework for contemporary work on abortion in the UK. That issue is social class.

In the 1990s, social class was widely abandoned by sociologists as a useful or relevant concept (Beck, 1992; Giddens, 1991); however, since the global financial crisis in 2008 there has been a ‘striking renewal’ in sociological work on class (Savage et al., 2013). This includes a highly publicised collaboration between LSE and the BBC called The Great British Class Survey which produced a new model of social class made up of seven categorisations, rather than the traditional three-class model of working-, middle- and upper-class (Savage et al., 2013). These included new categorisations like the ‘Elite’, who represent 6% of the population and own huge reserves of wealth as well as social capital, and younger classes such as ‘Emergent Service Workers’ who trouble the traditional middle/working class distinction by possessing low income but a high number of university graduates with high social and cultural capital (Savage et al., 2013).¹

This attempt to map new class formations in the UK has prompted debate both in the academic and public spheres (BBC News, 2013; Mills, 2014; Routledge, 2013; Skeggs, 2015). One particular strand of recent sociological work on class, responding to projects like the Great British Class Survey, has argued that rather than creating new forms of categorisations, it is the act of classification itself which should interest sociologists (Skeggs, 2015; Tyler, 2015). This poststructural school of thought holds that the concept of ‘social class’ is useful because it describes not only a problem of material inequality, but draws

¹ The full seven categorisations are Elite, Established Middle Class, Technical Middle Class, New Affluent Workers, Emergent Service Workers, Traditional Working Class, and Precariat (Savage et al. 2013).

attention to the processes by which certain values are affixed to certain bodies, and subsequently how these bodies are regulated by constant acts of classification.

The contemporary landscape of ‘neoliberal times’ (Francombe-Webb & Silk, 2016; Phipps, 2014; Tyler, 2015) characterised by sweeping welfare reforms, austerity, and parallel academic and public discussions about class and inequality in the UK provides a new background with which research on abortion must engage. Whilst work on abortion and social inequality has been done before, it has often approached class as an *a priori* category, or defined class reductively as economic deprivation. I argue that contemporary poststructural work on class provides a framework to go beyond this approach by examining how these classifications occur; who has the power to classify; and how these classifications might be resisted. Using emerging findings from a life history study of abortion experiences in England, this paper argues that the application of this poststructural framework demonstrates that for women who consider themselves middle-class or came from ‘aspirational’, upwardly-mobile families, their abortion narratives are characterised by talk of self-regulation and control. The pressure to be the ideal ‘neoliberal subject’ – a role middle-class women are expected to play from a young age (Francombe-Webb & Silk, 2016) – means that pregnancy at the ‘wrong’ time is constructed as evidence of poor choices and failure of self-regulation. What results is a struggle over the meaning of life events like pregnancy and abortion.

I will first outline the medical, legal and social context of abortion in the UK, before exploring existing literature on abortion and social class, arguing that there is a gap for research which focuses on qualitative experiences and deconstructs, rather than makes use of, classifications like working- and middle-class. I will then go on to argue that the wider political context of austerity in the UK and its gendered implications creates an imperative for researchers to consider both issues – abortion and social class – together in a way that is firmly contextualised within this socio-historical moment. I will finish by demonstrating the usefulness of a poststructural framework for analysing abortion experiences in this way through the example of an ongoing study with women who have had abortions in England since 2008. Ultimately, I argue that it is essential for researchers interested in abortion in the UK and beyond to engage with these debates in order to produce politically-engaged and socially aware research in neoliberal times.

Abortion and stratified reproduction in England

Abortion was legalised in England, Scotland and Wales in 1967 with the passage of the Abortion Act. The Abortion Act requires two doctors to agree that an abortion request fulfils at least one of the seven grounds on which a legal termination can be performed, the most common (accounting for 98% of abortions in 2015 Department of Health, 2016) being ground C:

...the pregnancy has NOT exceeded its 24th week and that the continuance of the pregnancy would involve risk, greater than if the pregnancy were terminated, of injury to the physical or mental health of the pregnant woman (Department of Health, 1991).

However, provision of abortion across the UK is variable. Whilst it is part of the UK, in Northern Ireland it remains a criminal offence to induce an abortion except under strict circumstances, such as danger to the life of the mother. 833 Northern Irish women travelled to England or Wales in 2015 for an abortion (Department of Health, 2016). In Scotland, it is difficult to obtain an abortion for non-medical reasons after 16-20 weeks' gestation; anyone seeking an abortion in Scotland above that time limit must therefore travel to England or Wales (Beynon-Jones, 2012).

Within England, there are also variances in abortion provision regionally (Lee, Clements, Ingham, & Stone, 2004). The majority of abortions in England are now funded by the NHS, but this funding varied considerably historically and it has been suggested that funding disparities still exist (Lee et al., 2004). Other issues which affect abortion provision include accessibility of general practitioners (GPs), who are often the first port of call for abortion seekers, and differing local arrangements for abortion procedures, which can be performed in NHS hospitals, NHS-funded specialist providers, and private hospitals (Lee et al., 2004).

Social class is one of the issues which previous research has suggested affects abortion provision, attitudes and experiences in England. Much of this research engages with the concept of 'stratified reproduction', a term coined by Shellee Colen (Colen, 1995) and defined by Faye Ginsburg and Rayna Rapp as 'an idea...to describe the power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered (1995: 3). Class, alongside other issues such as gender, race, and sexuality, this literature suggests is one of the key ways in which reproduction is stratified in contemporary England. Marilyn Porter and Diana Gustafson (2012) argue that due to the

medicalisation of women's reproductive experiences, there is a tendency to compartmentalise events like pregnancy, abortion and miscarriage, treating them as pathology and severing them from the context of a woman's life, including experiences of race and class. They mobilise the term 'reproductive life' to reflect that these events occur in a 'complex web' of both bodily and social factors. It is clear from the data presented in this paper that women are often highly aware of the classificatory practices they are subject to both within and without the abortion clinic, and that there is great value in providing spaces for women to counter these practices with their own narratives which examine and deconstruct these practices.

In this section, I explore some of the key literature which has demonstrated how stratified reproduction occurs in the UK, before moving on to critiquing the way in which class is conceptualised within this literature. I then offer an alternative theoretical framework to conceptualise the intersection of abortion and social class which draws on contemporary poststructural sociological theory.

Previous research

Several studies have examined the effects of socioeconomic status on abortion experiences and attitudes (Lee et al., 2004; Social Exclusion Unit, 1999; Wilson, Brown, & Richards, 1992). This research indicates that high under-18 conception rates correlate with high deprivation; however, a lower proportion of pregnancies in deprived areas end in abortions. In order to examine the reasons for this, Lee et al. (2004) conducted interviews with 52 under-18s who had continued their unintended pregnancies, and 51 who had had abortions.

Young women's pregnancy decisions were found to be dependent on economic and social context, and the degree of social advantage or disadvantage at the time of pregnancy. For young women whose lives seemed insecure, continuing pregnancy was more likely, and many of them described motherhood as a positive force or a 'way out' of an uncertain or insecure future. In contrast, young women who were invested in continuing education and saw employment as a significant and likely part of their future lives were more likely to opt for abortion. This demonstrates that economic deprivation was a significant factor in the young women's decision making; however, previous work on the construction of middle-class and working-class girlhood suggests that social and cultural factors are intimately tied to economic ones when it comes to reproductive decision making.

For example, Walkerdine et al. (2001) have drawn attention to the inter-generational transmission of cultural values that characterise young women's reproductive decisions. The idea of 'responsibility', for example, meant something quite different to the middle-class girls and working-class girls in their study. Several of the middle-class girls explained they had ended their pregnancies because they were expected to finish their educations with stellar results, and having a baby would frustrate this ambition. In contrast, the working-class girls who chose to continue their pregnancies saw abortion as 'taking the easy way out', and expressed a commitment to 'seeing through' the pregnancy and accepting their new roles as mothers. In both cases, familial and cultural classed understandings of responsibility shaped the young women's decision making as much as their economic circumstances, and in both cases their reproductive agency was to some extent restricted.

Other research on teenage conception outcomes have demonstrated the ways in which women who have abortions are classified by medical professionals, and also how they resist this classification. Greene (2006) in her study of young teenagers' decision-making around abortion and motherhood found that in contrast to a dominant discourse which presents young working-class mothers as irresponsible, many of her working-class participants expressed the opposite view. Anti-abortion sentiments were a key way these women differentiated themselves from middle-class women, who 'just fall pregnant [and] go get an abortion,' in the words of one interviewee (p. 34). The type of dominant discourses these young women were positioning themselves against are explored in Hawkes' ethnography of a family planning clinic (1995). Despite appearing to give value-free advice and prescriptions to the young women who came into the clinic, in 'behind-the-scenes' interviews the health professionals were highly judgemental of their patients' decisions and class characteristics. Negative value was placed on the decisions of young women who wanted to have children whilst 'unmarried...without any savings, no money or anything,' in the words of one doctor (p. 268). Classifying women according to cultural, classed markers is therefore one of the ways medical professionals reproduce the inequalities which characterise stratified reproduction.

These studies have therefore laid important groundwork in demonstrating that social deprivation has a significant impact on teenage conception outcomes, from likelihood of continuing a pregnancy, to the treatment they receive from medical professionals. Beyond the teenage population, however, fewer studies have examined whether these effects remain the same throughout the life course. Recent literature would suggest not; health practitioners have said in interviews that they encourage middle-class or affluent women to consider

continuing their pregnancies, but only if they are of a certain age (Beynon-Jones, 2013). For example, the youth of some women who request abortions has been described by some practitioners as incompatible with motherhood (2013). This suggests that there is variation in the ways in which social class interacts with abortion provision (and, potentially, experience) throughout the life course.

Beynon-Jones' study suggested that whilst health professionals generally supported abortion requests from women they saw as working-class, or from deprived areas, they were less likely to do so for middle-class women they deemed of the correct age to be starting a family. Beynon-Jones links the health practitioners' discourse to wider political rhetoric about working-class women as irresponsible and unable to regulate their own bodies, in contrast to middle-class or affluent women who were implied by the medical practitioners to be more suitable for raising children (2013).

What is missing is further qualitative research which examines the experiences of the women being classified, and which deconstructs the designations of working- and middle-class they are subject to. This indicates that there are potentially rich insights to be gained from speaking to women beyond their teenage years about their experiences of abortion in the context of the political changes in the UK since 2010, a context to which I now turn.

Austerity

For instance, in the UK in the last few years there have been £18 billion cuts to the welfare budget, leading to the establishment of 423 food banks in Britain which feed 913,138 people including 330,205 children. How can the existence of class be denied when the real incomes for the poorest have fallen 40 per cent, and 33 per cent of families lack basic resources, and where the longest depression of wages since 1979 has occurred and the cost of living has risen by 25 per cent in last 5 years, and where the top 10 per cent of households in the UK are now 850 times wealthier than the bottom 10 per cent (Skeggs, 2015)?

In reaction to the global financial crisis which began in 2008 and prompted widespread recession across Europe, the UK government in 2010 began a programme of austerity. The government's plan to reduce the national deficit involved cutting public spending, and

included a wide-scale reform of the welfare state. What has particularly concerned sociologists in recent years is not only the material effects of austerity, but the accompanying political rhetoric which has sought to create a national consensus for reforming the welfare state.

For example, there has been a recurrence of public and political discourse which seeks to blame specific segments of society for the need for cuts to public spending (Jensen, 2014; Tyler, 2015). Whilst the global financial crisis was triggered by practices like the selling of sub-prime mortgages by a small number of people in the US financial sector, there have been moves to frame austerity as an inevitable consequence of ordinary people living beyond their means, and, furthermore, ‘playing the system’ by claiming benefits they do not deserve (Jensen, 2014; Tyler, 2015). This discourse is not new; the distinction between the ‘deserving’ and the ‘undeserving’ poor can be traced back to the early 20th Century (Beverly Skeggs, 1997; Todd, 2014). However, its re-emergence in recent years marks an attempt to individualise the justification of contemporary austerity measures to groups in society the welfare state was intended to support.

This has formed the basis of a new wave of sociological work on the concept of social class. Whilst some of this work has sought to update class categories from the traditional working-middle- and upper-class taxonomy (cf. Savage et al., 2013), other work has drawn attention to the very act of classification which lies at the heart of class inequality (Tyler, 2015). Work like Tyler’s has done two things: it has examined the scapegoating of the most deprived members of society in order to justify austerity, and it has demonstrated the ways in which class, gender and reproduction are all employed in this discourse of blame.

An example of this is the figure of the single mother. Imogen Tyler has analysed the ‘chav mum’ trope as a construct which allows others to define themselves against it – as respectable – whilst young, working-class single mothers are all assumed to be skiving women who should not reproduce, but who do (Tyler, 2008). These values, which revolve heavily around the body and reproduction, are assigned to working-class femininity as they allow middle-class femininity to be defined in contrast or distinction to it (Skeggs, 1997).

Whilst being demonised by public discourse, these same single mothers and working-class women are some of the greatest victims of austerity. It has been argued that the gendered implications of austerity mean that women are disproportionately affected; as the state withdraws, women tend to fill the gaps by taking on caring roles, and women are more likely

to receive job cuts, pay cuts, and to be more welfare dependent in the first place (Fawcett Society, 2012; Feminist Fightback Collective, 2011). Within this shifting landscape, women are making important reproductive decisions and negotiating these sometimes competing regulatory practices of medicine, law and state. It is this landscape which calls for new research to examine how this occurs, which uses the contributions contemporary poststructural theory has made to the field.

Towards a Poststructuralist Framework

One of the problems presented by researching abortion and class is how to do so without being complicit in classification and essentialising class categories. I argue that there is space for abortion research which abandons class as an *a priori* category by examining the act of classification itself. Sociologists like Imogen Tyler and Beverly Skeggs have pointed to this moment of classification as *the* key site for researchers interested in class and inequality because it avoids reifying class categorisations, instead examining how and by whom these classifications are made (Skeggs, 2015; Tyler, 2015). It is this poststructuralist approach I wish to argue is not only useful in understanding experiences of inequality, but is also useful in understanding and theorising the experience of abortion.

The application of a poststructural class framework to abortion research can be understood through three concepts: embodiment, regulation, and struggle. These concepts have been adapted from feminist poststructural work on class, which has not yet been applied to work on abortion specifically. First, the concept of ‘embodiment’ comes from Beverly Skeggs’ theorisation of the ways in which classed values become affixed to bodies and are misrecognised as innate (1997; 2004). Second, it can be argued that the regulation of abortion – both within and without the abortion clinic – is often justified by that process of affixing certain values to certain bodies (Beynon-Jones, 2013). Finally, using Imogen Tyler’s theorisation of class as a ‘struggle over meaning’, I will address the struggle against classification that women who have abortions are forced to engage in, and the lack of discursive space for them to articulate their experiences (Tyler, 2015). This framework applied to data from a qualitative interview study with women who have had abortions since 2008 in England reveals that the pressure to be an ideal, self-regulating neoliberal subject is felt keenly by these women.

Embodiment

In order to understand experiences of abortion, it is important to understand how bodies are inscribed with value based on systems of class, gender, race, age and so on *before* they enter the abortion clinic. The female body is designated moral values which often relate to reproduction and sexuality, meaning that the pregnant body is already inscribed with various and sometimes conflicting values, informing the experiences women encounter when they end pregnancies (Beynon-Jones, 2013).

This process has led to working-class and middle-class women's bodies being intimately associated with different concepts and attributes, misrecognised as 'truth' when they are in fact inscribed by systems of classification. Skeggs argues that working-class women's bodies are coded as 'out of control, in excess' and associated with 'the lower, unruly order of bodily functions' like sex and promiscuity (Skeggs, 1997, 99). In contrast, middle-class women are expected to differentiate themselves these figures by becoming the ideal neoliberal subject: self-regulating and hardworking, delaying childbirth until their educations are complete and they have become useful members of society (Walkerdine, Lucey, & Melody, 2001).

It is important to note that this process of discursively inscribing values onto women's bodies is closely related to reproduction. The immoral practices associated with the female working-class body are often associated with sex and pregnancy, and the defining feature of the 'chav mum' or 'chavette' is a person who should not reproduce, but who does (Tyler, 2008). These values are closely associated with moral discourses around abortion, which engage in similar distinctions between the 'deserving' versus the 'undeserving' abortion, or the 'responsible' or 'irresponsible' abortion

Pierre Bourdieu called this process of symbolic properties associated with class becoming fixed on the body a process of 'misrecognition': the belief that these properties are natural rather than attributes that have been affixed (Bourdieu & Wacquant, 2013). So, for example, working-class women are not only associated with attributes such as fecklessness and irresponsibility, they are seen to *embody* these traits (Skeggs, 2004). The conceptual link between cultural markers (clothing, accents) and morality are misrecognised as natural.

Skeggs argues that complex processes of inscription like this mean that certain attributes can be associated with bodies, and therefore fix them in place, whereas others are able to remain more mobile. The difference lies in where a person stands in the social hierarchy, and whether the values ascribed to them work in their interests; only certain dominant values can

be legitimised by wider society. However, this does not mean that middle- or upper-class women escape this process.

Returning to the work of Beynon-Jones, who interviewed health professionals about how they granted abortion requests, she argues that the doctors' classifications of women relied heavily on ideas about class and deprivation. By saying they would more easily grant abortion requests to women who appeared to be from deprived areas, she argued that they 'reproduced idealisations of middle-class maternity through their accounts of abortion provision' (Beynon-Jones, 2013). In other words, the health professionals constructed the 'good' mother as well-off, highly educated and able to give up work to raise children. By contrast, other women's bodies were read as working-class, and therefore synonymous with irresponsibility or a deficit in parenting ability. In this way, the misrecognition of values as fixed or natural can justify regulation of abortion, both inside the clinic as doctors differentiate between reasonable and unreasonable abortions, and outside it.

Regulation

Outside of medical regulation within clinics or GP surgeries, the narratives of women who took part in the life history study gave striking accounts of *self*-regulation. Lilly², a 30-year-old woman who had a first trimester surgical abortion after her long-term contraception failed, explained:

The internal pressure to make an excuse for why you were pregnant in the first place is really intense. For a while I was like, of course I had an IUD and it was completely a mistake, and I would think, why am I doing that? I would never expect someone else to explain an abortion to me, so why do I feel the need to explain my abortion to people who don't even care?

Her experience of having an abortion was entirely neutral – the most common word she used to describe the experience was 'fine' - and she was firm in her beliefs that if a woman is pregnant and does not want to be, she deserves a safe abortion, regardless of her reasons. Despite this firmly held belief, she was keenly aware that she ran the risk of being judged harshly if she did not present an acceptable or respectable reasoning for her abortion.

² All names have been changed

One of the ways, therefore, the women in this study performed self-regulation was in the carefully controlled manner in which they disclosed their abortion to others. They described choosing the most acceptable reasons to tell others, unlucky failure of contraception and medical conditions being two common examples. This indicates that women are very aware of the classificatory practices medical professionals are likely to engage in when considering their abortion requests. There was evident awareness amongst all of the women who took part in this study that there was a hierarchy of reasons for abortions, whether or not this reflected their own views (often, it did not), and the pressure to present their abortion narratives as 'respectable' to others was immense.

This effort to appear respectable echoes Skeggs' research with working-class women. The group of women she researched had limited capital (economic, social, and cultural; cf. Bourdieu, 1984) and found it difficult to trade in a social marketplace which symbolically delegitimised them at every turn and offered no positive representations of working-class womanhood (Skeggs, 1997). This made class a central concern in their lives even if it remained unspoken in their interviews and life narratives; the women were constantly negotiating the politics of respectability in order to move through the social spaces they inhabited. Class was similarly 'unspoken' in the life narratives of women who took part in the present study, regardless of their social location. In this sense, the processes of self-regulation the women in the present study described can be understood as a manifestation of class as a 'structuring absence' in their narratives (Skeggs, 1997).

One of the key ways in which this manifested itself was the ways in which the women in this study talked about their relationships with their bodies. Pregnancy was described by many as a moment when the physical body refused to be regulated by the will, and abortion was a method of bringing the body back under control (a finding corroborated by previous research, such as Harden & Ogden, 1999). Regulation of the body has historically been a prominent way of displaying ideal femininity, which in the eighteenth century was associated with the luxurious habitus of the upper-classes: ease, restraint, control, and calm (Skeggs, 1997, 99). This construction of ideal femininity as passive and controlled continued beyond the eighteenth and nineteenth centuries, and effectively blocked off access to working-class women who generally did not have the luxury of cultivating such a passive, restrained vision of femininity (1997). Ideal femininity, then, has been and still is associated with ideals like respectability, restraint, and chastity.

In this context, unwanted pregnancy and the loss of control over the body it represents can present a crisis for women invested in bodily regulation. The pregnant body bursts into many interviewee's narratives as a fleshy, messy, *real* entity which is somewhat alien from them. One woman for whom this was a particular issue, Karen, was 32 at the time of her abortion. Throughout her life, she had suffered from eating disorders, and described how they had allowed her to disassociate herself from any sense that she was 'really a sexual being, or a woman, like, that there was a possibility of having children.'

When she did fall pregnant unexpectedly, it was experienced as an eruption of the materiality of the body into her consciousness:

it's all about self-discipline and the power of my mind to such a degree that I think that I have just not given full acknowledgement to myself as an actual fleshy being, really [...] It almost felt like my body was saying, serves you right. I'm here, like (laughs) pay attention to me, this is what I can do, you know?

Having the abortion was experienced by many participants as going 'back to normal'. For Karen, however, the experience was more transformative in that it prompted her to treat her body 'more kindly':

...maybe the abortion made me feel like I needed to take care of my body more, to recognise it and be nice to it rather than punish it constantly. And I am still very disciplined in my relationship to my body, but the abortion reminded me that it was there in this really real way, if that makes sense.

For Karen, her material body erupting into her consciousness provided a way to disrupt some of the regulatory practices she had grown used to. For most other women, the abortion was a *continuation* of regulatory practices, and most of these women either identified as middle-class or had experiences that had made them feel somewhat in-between classes (for example, having gone to university). The regulation of middle-class women's sexuality and reproduction has been argued to be part of a wider construction of them as perfect 'neoliberal subjects' who are expected to reproduce (as all women are) but at the right time and in the right circumstances (Walkerdine et al., 2001). Pregnancy at the 'wrong' time is constructed as evidence of poor choices and failure, and these women are therefore caught between the expectation to reproduce and the expectation to carefully regulate their bodies (2001). What results is a struggle over the meaning of life events like pregnancy and abortion.

Struggle and resistance

Understanding abortion through the lens of class analysis should not stop at describing or explaining the processes of inscription and regulation women who have abortions are subject to, but should also identify the ways in which women actively negotiate, accept, or resist these processes. Tyler (2015) identifies struggle over meaning as the focal point of contemporary class analysis, and struggles over meaning were described many times during the narratives of women who took part in this study.

This is exemplified by the way some women narrated the experience of accessing their abortions. Most women who took part in this study went directly to private abortion clinics, and almost unanimously described staff as helpful, friendly, and non-judgemental. However, some women went first to their GP, an experience which was more variable. An example of this is Violet, who expressed annoyance at the way in which she was questioned by her GP:

It did annoy me that you have to justify yourself, you have to have these reasons for an abortion. Just saying I don't want kids doesn't cut it [...] I had to convince someone else that I was of sound mind and I knew what I wanted in my own life with my own body, and it's, I hate that.

She described being 'savvy' enough to realise that her GP 'needed more' from her in order to grant her the abortion request, so acquiesced to what she described as 'leading questions' about her financial situation and student status.

This questioning is described by Maxine Lattimer (1998) as a process which mirrors largely negative dominant constructions of abortion, and the hegemonic discourses around motherhood and sexual responsibility into which women are expected to assimilate. In these medical and legal discourses, abortion is framed as a 'last resort' which transgresses the expected behaviour of women, and which therefore requires justification (Lattimer, 1998; Sheldon, 1997). This framework does not necessarily reflect the lives or decision making processes of women who, previous research indicates, have already made up their minds about wanting an abortion before they consult a medical professional (Kumar, Baraitser, Morton, & Massil, 2004).

These discourses are effectively disrupted by Violet's narrative, which exposes the struggle over meaning she was engaging in. For Violet, her abortion meant very little other than solving a problem. The legal framework in which medical professionals must work framed

her abortion as aberrant and a problematic decision for a childless woman in her mid-thirties. This ‘classificatory struggle’ (Tyler, 2015) is the site where people who have abortions in contemporary England are both positioned by and contest dominant values and discourses about worth, respectability and self-regulation. To understand how this occurs, the processes of embodiment and regulation must also be examined together with these moments of struggle. The body appears in these women’s narratives not only as a social site of gendered and classed reproductive regulation, but also as a *real*, material entity which must be contained, and its reproductive potential controlled. These emerging findings demonstrate that analysing abortion narratives from a poststructural standpoint allows us to dismantle the classificatory practices which frame both abortion and social class, and to give voice to alternative narratives.

Conclusion

If reproductive matters offer an ‘entry point to the study of social life’ (Ginsburg and Rapp 1995) abortion does so in a unique way because of its transgressive nature. Imogen Tyler has argued that ‘Class is a description of a given place in a social hierarchy; it is also a name for the political struggles *against* the effects of classification’ (Tyler, 2015). As researchers interested in reproduction and inequality, it is pertinent for us to examine not only how women who have abortions are placed on the social hierarchy – as good mothers; as irresponsible working-class girls; as family-sacrificing career women – but also pick apart how these processes of classification are accepted or resisted. It is here that the importance of the abortion narrative becomes evident, in order to examine these processes in-depth. The conceptual framework I have presented here, which adapts feminist postructural theorisations of embodiment, regulation and struggle to work on abortion, offers a useful way to examine how women’s abortion narratives are shaped by class in neoliberal times.

Whilst contemporary sociologists have made a strong case for returning to the concept of class as a useful way of understanding inequality, as researchers we also have a responsibility to avoid reinforcing the oppressive or classificatory phenomena we study. Therefore, researching abortion in the landscape of austerity is not simply a case of adding the designations ‘working-class’ and ‘middle-class’ to our participants, but it entails problematizing these categories and the power some have to designate them. In doing so, we

can work towards deconstructing the restrictive binaries which structure women's abortion experiences: deserving/undeserving; responsible/irresponsible; early/late.

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