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The pleasure, joy and positive emotional experiences of abortion accompaniment after 17 weeks' gestation

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ABSTRACT

Research documents how abortion can be emotionally difficult and stigmatising, but generally has not considered whether and how involvement in abortion may be a source of positive emotions, including pleasure, belonging and even joy. The absence of explorations that start from the possibility of abortion pleasure and joy represents an epistemic foreclosure. Moreover, it highlights how social science literature has tended to emphasise the negative aspects of abortion care in ways that produce or amplify normative negative associations. In this paper, we investigate the positive emotions, pleasure and joy of abortion involvement by drawing on interviews conducted in 2019 with 28 abortion accompaniers in Argentina, Chile, and Ecuador about their experiences accompanying abortions after 17 weeks' gestation. Abortion accompaniment is a response to unsafe and/or inaccessible abortion whereby volunteer activists guide abortion seekers through a medication abortion. Interviewees described how the practice of accompaniment generated positive emotions by building a feminist community, shared intimacy among women, and witnessing aborting people claim their strength. Importantly, these positive emotional experiences of involvement with abortion were not distinct from the broader marginalisation of abortion but were, instead, rooted in its marginalisation.

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Introduction

Being involved in abortion care, whether as a provider, activist or otherwise, can entail uncomfortable interactions and tasks (Ludlow 2008; Foster et al. 2020) as well as exposure to social stigmatisation (Joffe 2010; Simonds 1996; Roe 1989; Martin et al. 2014; O'Donnell, Weitz, and Freedman 2011; Kimport and Freedman 2018; Cárdenas et al. 2018; Gantt-Shafer 2020; Giovannelli et al. 2023) and the risk of criminalisation (Joffe 1995; Payne et al. 2013). However, it can also offer a sense of purpose, pride and gratification (O'Donnell, Weitz, and Freedman 2011; Wolkomir and Powers 2007;

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Chiappetta-Swanson 2005; Fernández Vázquez and Brown 2019) and centre the empowerment and autonomy of abortion seekers in ways that may be meaningful to those involved in abortion care (McReynolds-Pérez 2017; Bercu et al. 2022). Often, however, these positive aspects are positioned as existing despite—or as something that counters—the emotional, professional, and social challenges and difficulties of abortion work, rather than as phenomena meriting independent consideration.

In this way, research has not broadly considered whether and how involvement in abortion may be an independent source of positive emotions such as pleasure, contentment and even joy. As scholars increasingly interrogate the possibility (and normative foreclosure) of people experiencing a ‘happy abortion’ (Millar 2017; Wollum et al. 2022), this oversight has become more conspicuous. The paucity of investigation into the possibilities of involvement in abortion as a source of pleasure, joy and other positive emotions is consistent with what scholars have identified as a ‘joy deficit’ in research on the lived experience of marginalised people (shuster and Westbrook 2022). Using the case of transgender people, shuster and Westbrook (2022) argue that joy is an understudied but crucial element of the lived experience of people who have been socially marginalised. Importantly, this use of ‘deficit’ is distinct from literature challenging the dominance of a cultural deficit frame—in contrast to an asset frame—for characterising groups and persons who are not White, cisgender, straight, and financially stable (e.g. urban Black Americans [Hunter and Robinson 2016])). Nonetheless, it echoes this latter literature’s critique of the predominance of scholarly interest in cataloguing marginalised populations’ failures, difficulties and problems rather than their novel responses, resistance and creative adaptations to structural constraints. Indeed, shuster and Westbrook’s analysis suggests that the contours of the experience of transgender joy are inextricably linked to the marginalised status of transgender people. In a similar vein, Higgins and Hirsch (2007) have highlighted a ‘pleasure deficit’ in research on sexual health, with the bulk of the research literature emphasising risk and negative health impacts and a general absence of pleasure and the positive health impacts of sexual activity. Here, we assert there exists a similar deficit in the research literature on people involved with abortion, positing that the field broadly has failed to start from the premise that involvement in abortion may engender positive emotions.

The dearth of research that starts from such a possibility represents a problem for the broader literature. As shuster and Westbrook (2022) argue regarding transgender joy, the failure of research to explore abortion pleasure and joy represents an epistemic foreclosure. Whole swathes of research questions remain unasked when the possibility of abortion pleasure and joy is unimagined. Moreover, when the literature only reports on some aspects of abortion and, specifically, aspects that demonstrate negative and burdensome properties of abortion, it risks essentialising abortion as negative and burdensome. As such, it is thus also at risk of participating in the production of what Baird and Millar (2019, 2020) call the performative nature of abortion scholarship. Baird and Millar have identified a trend in the social science literature on abortion of emphasising the negative aspects of abortion care in ways that may produce or amplify a normative negative association with abortion. Even as such scholarship may seek to debunk narratives and constructions of abortion as negative

and/or identify causes for those negative outcomes outside of abortion itself (e.g. in laws and regulations), its practical effect may instead be reification through repetition. Conceptualising and researching involvement in abortion primarily in terms of its burdens and negative effects, especially insofar as these are constructed as inherent to abortion, can operate as a normative constraint on knowledge, understanding and abortion discourse.

In this paper, we build on evidence which suggests that abortion involvement can engender feelings of pride and gratification (Wolkomir and Powers 2007; O'Donnell, Weitz, and Freedman 2011; Fernández Vázquez and Brown 2019; Chiappetta-Swanson 2005) to specifically investigate the positive emotions, pleasure and joys of abortion accompaniment. Abortion accompaniment is a response to unsafe and/or inaccessible abortion whereby volunteer activists guide abortion seekers through an abortion over the telephone, through texts or in person, relying on pregnancy-duration specific World Health Organization endorsed protocols (Bercu et al. 2022; Moseson et al. 2022; Braine 2020; Moseson et al. 2020). At the time of our data collection in 2019, abortion was illegal or difficult to access through the formal healthcare system in much of Latin America (Guttmacher Institute 2018) and fear of discrimination, fear of criminalisation and the broad stigmatisation of abortion served as additional barriers for people seeking abortion (Culwell and Hurwitz 2013). Importantly, however, legal restriction does not eliminate demand for abortion (Bearak et al. 2020; Ganatra et al. 2017). With the advent of medication abortion technology, abortion accompaniment has emerged as a feminist, activist-led strategy to enable abortion access even in highly restrictive settings (Moseson et al. 2022; Jelinska and Yanow 2018; Veldhuis, Sánchez-Ramírez, and Darney 2022). Although there is no one abortion accompaniment practice (Atienzo et al. 2023), the model's roots in feminism centre the aborting person (Veldhuis, Sánchez-Ramírez, and Darney 2022; Assis and Larrea 2020; Duffy, Freeman, and Rodríguez 2023; Bercu et al. 2022), with intended and empirically documented positive effects on aborting people themselves (Vacarezza and Burton 2023; McReynolds-Pérez et al. 2023)—including positive emotional effects (Wollum et al. 2022).

We add to this literature with an examination of interviews with abortion accompaniers in Argentina, Chile and Ecuador enquiring into whether and how accompanying abortions can be a source of pleasure, joy and other explicitly positive emotions. Our study takes the form of a secondary analysis of data collected to examine accompaniers' experiences of in-person accompaniment (Bercu et al. 2022), a less-common accompaniment practice (Gerdtts et al. 2018; Zurbriggen, Keefe-Oates, and Gerdtts 2018) that accompaniment groups typically reserve for abortion seekers later in pregnancy (i.e. after 17 weeks gestation) or who are particularly socially vulnerable (e.g. young people). Accompanied abortions after 17 weeks' gestation are generally multiday commitments that can be physically and emotionally intense for everyone involved and carry increased risk in restrictive settings (Zurbriggen, Keefe-Oates, and Gerdtts 2018). Using the case of a marginalised activity (in-person 17+ weeks' gestation accompaniment) within a marginalised practice (abortion accompaniment), we ask: how is in-person abortion accompaniment at 17+ weeks' gestation a source of positive emotions, including pleasure and joy?

Methods and materials

Setting

This project focuses on the work of three accompaniment collectives: *Collectiva Feminista La Revuelta* in Argentina, *Con Amigas y en la Casa* in Chile and *Las Comadres* in Ecuador. At the time of data collection, abortion in all three countries was allowed only in highly restricted circumstances: if the life or health of the pregnant person was at risk, or the pregnancy was a result of rape (no gestational limit for Argentina; only up to 12 weeks' gestation or to 14 weeks' gestation if the person was under 14 years old in Chile; and only if the pregnant person was mentally disabled in Ecuador). Chile allowed an additional exception if the foetus would not survive the pregnancy.¹

All groups initially provided abortion accompaniment *via* phone or messaging, and after some time, began to accompany some abortions in person as well, usually abortions after 17 weeks' gestation. *Collectiva Feminista La Revuelta* is a feminist collective that has operated a network for people who need abortion accompaniment since 2010. The group began accompanying abortions in person in 2016. *Con Amigas y en la Casa* was formed in 2016 and began offering in-person accompaniment in 2017. *Las Comadres* has operated since 2015 and began accompanying abortion in person in 2018. We conducted this study *via* a collaborative research partnership between members of a nonprofit research group Ibis Reproductive Health (Ibis), leaders of the three accompaniment group collectives and two university-affiliated researchers.

Recruitment

Details of the collaborative partnership formation between US-based researchers at Ibis and members of the collectives in Argentina, Chile and Ecuador have been previously described (Bercu et al. 2022). Briefly, during a global meeting of abortion accompaniment groups in 2018, the three feminist collectives approached Ibis researchers with a request for support documenting the model of in-person abortion accompaniment at later gestations. We formed a 12-person research team that included four members of staff from Ibis and two or three members from each accompaniment group. The collaboration was intentionally structured as a partnership committed to reducing hierarchical structures commonly present in research and, instead, creating space for collective decision-making and shared power among participants.

In early 2019, research team members invited eligible candidates to participate in a key informant interview about in-person accompaniment of medication abortions beyond 13 wk of pregnancy (i.e. the second trimester of pregnancy). Eligible participants were 18 years of age or older and had participated in at least two in-person accompaniments with one of the three accompaniment groups within the prior three years. When possible, we purposively recruited both newer and more experienced accompaniers to capture a range of experiences. All invited eligible candidates agreed to participate in an interview.

Data collection

Interviews utilised a semi-structured interview guide that included domains related to experience in accompaniment, how the participant joined the collective and personal history with the collective. The study was not designed to capture pleasure or joy specifically, but it was designed to allow participants to share expansive views of their accompaniment experiences. Relevant to this analysis, interviews elicited reflections on the most rewarding aspects of accompaniment, the impact of accompaniment on their lives, what had surprised them about accompanying abortions, lessons learned from accompanying and hopes for what abortion care could look like in an ideal world. Noting Shuster and Westbrook's (2022) methodological point about the broad absence of interview questions on marginalised subjects related to joy, we describe the specific questions whose responses were relevant to this analysis in Table 1.

Four members of the research team – two accompaniers from the accompaniment groups and two staff members at Ibis – conducted interviews after completing training in qualitative interview methods. In some cases, this meant that interviewers had a pre-existing personal relationship with the interviewee. Although this may have influenced the content of the interview, we opted to include accompaniers on the interview team given the sensitive nature of the topic, the necessity of trust between interviewer and interviewee and the difficulty outsiders could have establishing trust, and the access these specific interviewers had to potential participants. Given that discussion of positive emotions does not commonly cause discomfort in conversations, we were not generally concerned that these personal relationships negatively affected the data analysed here. All the interviews took place between February and April 2019 and were conducted in Spanish, in person or over the telephone, with a duration of 60–90 minutes.

At the start of each interview, the interviewer reviewed the informed consent materials and the interviewee provided verbal consent. We audio-recorded the interviews and had them professionally transcribed verbatim. Participants received approximately \$20 USD for their time and transport, distributed individually or donated to the accompaniment group. We ceased recruitment when we reached saturation on the primary research questions of the partnership (see Bercu et al. 2022).

Table 1. Interview questions relevant to this analysis.

Question in original Spanish	English language translation
¿Qué es lo más gratificante de tu rol como acompañante para situaciones de segundo trimestre?	What is the most rewarding part of your role as an accompanier for second trimester abortions?
¿Puedes contarme sobre tu primer acompañamiento de segundo trimestre in-situ? ¿Cómo fue, que sentiste, que paso?	Can you tell me about your first in-person second trimester accompaniment? How was it, what did you feel, what happened?
¿Qué significa acompañar para ti?	What does accompanying mean to you?
¿Cuáles son los aprendizajes o que es lo que te ha impactado más de las mujeres a las que has acompañado en segundo trimestre?	What have you learned or what has impacted you the most from the women you have accompanied in the second trimester?
¿Qué es lo que más te ha sorprendido durante los in-situ en segundo trimestre que has acompañado?	What has surprised you the most during the in-person second trimester abortions that you have accompanied?
¿De qué manera recibes apoyo para tu rol como acompañante?	In what ways do you receive support for your role as an accompanier?

The Allendale Investigational Review Board, based in the USA, served as the central institutional review board of record for this multi-country study, and reviewed and approved the study protocols (Approval Number: IBISSECT09021018). We followed all local guidelines and regulatory procedures for research with human subjects within each country.

Analysis

The first and second authors, both university-affiliated sociologists based in the USA, joined the project for the analysis phase, after the data collection was complete, bringing their qualitative analysis skills and expertise in abortion throughout pregnancy and/or abortion provision in Latin America. We analysed the transcripts in the original Spanish *via* an iterative, team-based coding process using MAXQDA software. Prior to reviewing transcripts, the research team developed a deductive codebook based on the interview guide questions. After the review of several transcripts, we updated and adapted this codebook to more fully capture leading ideas and sub-ideas that emerged in the interviews. Several team members then applied this updated codebook to all transcripts, meeting regularly with the full research team to discuss impressions of the data and to identify patterns. During this process, the experience of joy and positive emotions in abortion accompaniment surfaced in the transcripts and in multiple team conversations.

Using joy and pleasure as sensitising concepts (Charmaz 2006), the second author reviewed the coded data for excerpts relevant to the themes of interest here. The first author then conducted a grounded theory subcoding of all excerpts related to positive emotions to identify general themes. Consistent with the collaboration's principles of partnership, throughout this process and during manuscript drafting, the full author team met to discuss emerging findings, translating summaries and materials into Spanish as needed, including having a full draft of the manuscript professionally translated from English into Spanish.

For publication, one of the authors—a bilingual Spanish-English speaker—translated the quotations from their original Spanish into English. Two other bilingual authors reviewed these translations for accuracy. It is important to note that most but not all the people interviewees had accompanied identified as women and several interviewees noted that gender assigned at birth and binary gender do not adequately characterise the gendered experience of all aborting people. Nonetheless, interviewees often used the term 'women' to describe the social category of aborting people. Below, we use pseudonyms to identify participants.

Findings

We interviewed ten companions in Argentina, ten in Chile and eight in Ecuador. They ranged in age from 20 to 54 years and reported a wide range of experience levels accompanying in-person abortions as well as extensive experience providing abortion accompaniment by phone and/or text. Throughout the interviews, companions shared accounts of positive emotional experiences stemming from their accompaniment work. As Jessica, an companion in Argentina, said simply, 'I like

accompanying abortions. I like accompanying a woman at that moment, accompanying her emotionally or physically.' Below, we highlight three broad themes related to how participation in abortion accompaniment engendered positive emotions among companions.

Satisfaction in creating a feminist community

Accompaniment, for all interviewees, was fundamentally rooted in feminist practice. However, feminism and the goal of living their feminist values, several noted, can be abstract and difficult. In accompaniment, interviewees identified a concrete practice that enabled them to embody and enact their feminist beliefs. Juliana, an companioner in Argentina, explained, 'what else can bring down to earth everything we think, everything that we feel, everything we are constructing from feminism in our ideas and our feelings? Like bring it back down to earth in this concrete practice of accompanying ourselves.' Accompaniment was, as Carmen, another companioner in Argentina, explained, 'the way I found to live,' rendering it not simply an activity, but a way of life that brought purpose and meaning. Others echoed this sentiment: Mónica, in Argentina, explained that far from being ancillary to the way she moves through the world, accompaniment 'harmonises me with the world.'

Pointedly, interviewees did not live their feminist values in isolation: accompaniment was collective. By definition, accompanying meant not being alone—neither the aborting person nor those accompanying—and typically two or three companions were involved. This collective aspect of the practice was unlike many other aspects of respondents' lives and, thus, something some respondents had to learn to enact—and they found it refreshing. As Amelia, an companioner in Ecuador, explained, contrasting accompaniment work with her day job where she works on her own in a support role for others:

[My profession] is very solitary work because I provide one-on-one support. When you work as part of a network, it's nice knowing that accompaniment is collective. I had to learn that along the way, that I wasn't making decisions alone.

In accompaniment, Amelia was part of a team of feminists. Maribel, another companioner in Ecuador, elaborated similarly: 'I feel that [we] made a good team. There was a great synergy there, it was really lovely.'

Pointedly, this teamwork entailed activities which were informed by feminist praxis and that companions understood as contesting social norms. Valentina, a Chilean companioner, explained, abortion accompaniment had a political objective 'to facilitate access to safe abortion,' but this was not all. She continued, implicitly noting that most companions and aborting people identified as women,

it also has the objective of putting into practice a distinct kind of relationship between women and to show us how to love one another, to trust in each other, to be loving amongst ourselves, to be in solidarity and help each other, help ourselves to do something that no one else wants to help us to do.

For Valentina, part of the pleasure of engaging in in-person accompaniment came from the broader absence in her life of the collective feminist values of care

accompaniers enacted during and through accompaniment. As Amelia, the accompanier in Ecuador who worked in a solitary capacity, explained:

I think [it] is super gratifying to do it accompanied—in other words, to share the space between accompaniers. I feel that it is lovely to be able to have those spaces of shared complicity, knowing that we are doing something that's at the margins [of society], that we are transgressing and that we are not doing it alone.

Moreover, this shared space was one that was inclusive of people's full lives and identities—accompaniers were not present strictly in service of the abortion but as full humans. Amelia continued:

We end up sleeping alongside them [the aborting people], because you end up being there for more than 12 hours. So, you end up not only talking about abortion but about whether you like chocolate or not, of other things in life. That is lovely and I think we need more of that, of being able to enjoy accompanying, of moments of pleasure.

This fullness does not end with the completion of abortion. Vanessa, an accompanier in Ecuador, described accompaniment as both an activity and a practice of ongoing conversation: 'when we finish an accompaniment, we talk about it, and we make it common knowledge for everyone. Knowing we are together.' In accompaniment, interviewees were able to live their feminist values, which engendered positive emotions.

Pleasure in physical intimacy

Interviewees also highlighted the positive emotional impacts of the embodied practice of accompaniment. They described how accompaniment enabled and necessitated physical intimacy and trust, leading to emotional bonds between the people accompanied and accompaniers, as well as between the accompaniers. When interviewees accompanied second-trimester abortions, the abortions involved substantial physical processes: bodily changes, cramping, intense pain, and expulsion of the contents of the uterus, including blood and tissue, out through the vagina. Andrea, an accompanier in Argentina, described these experiences as 'intimate,' explaining that accompaniment 'implies sharing not only the bodies there and looking after the bodies, but also a moment that is so intimate.' She was amazed by this intimacy, sharing her appreciation and wonder 'that they [the aborting people] are allowing you to participate in such an intimate moment like an abortion.'

In-person accompaniment also entailed physical intimacy in the form of touch. Along these lines, Sandra, an accompanier in Chile, described a key moment when accompanying one aborting woman:

[She was] in a lot of pain, like she could not even open her eyes. She was very tense, with her body like very tight, and I began to caress her head and she began to relax. Then she began to thank me. It was like she had never had this type of contact with women, like [contact] based on affection, of doing things with affection.

As Sandra's account highlights, the intimacy of accompaniment occurred between strangers and among women.

Accompaniers asserted that the physical intimacy between women during accompaniment—whereby a woman gets to receive care and is not strictly responsible for providing it to others—is absent in most of the social spaces at the aborting people they served have access to. Sofía, an accompanier in Chile, explained:

Humanity doesn't offer women a space of complicity like the one offered by accompaniment. It's a different life experience [...] being with a stranger, looking into each other's eyes, committing a crime—it's all in one day. It's very intense and very profound and it can be a really extreme experience too, so I think that's why those of us who accompany abortions accompany abortions.

Against a backdrop of a cultural norm of non-intimacy or care for many people who were otherwise the primary caregivers of others, physically and emotionally journeying together—and being explicitly tied to others' lives—spurred deep feelings of purpose among accompaniers.

Accompaniers described the close connections forged through accompaniment as unique in their larger social spheres. Indeed, instead of providing space for these connections and this physical intimacy, accompaniers noted, dominant social norms associated these experiences and activities with revulsion and embarrassment. In accompaniment, by being present with the aborting person as they experience these physical changes, accompaniers felt they were rejecting those social norms. Celeste, the Chilean accompanier from above, described accompaniment as about 'wanting to get rid of the repulsion [associated with bodies], to stop feeling embarrassed to see somebody else's vagina, you get me?' Accompaniment, in other words, was about contesting more than forced continuation of pregnancy; it was also about challenging the expectations that underlie a social system in which women's bodies are not valued. Along these lines, Paula, an accompanier in Argentina, explained,

We always abort so much more than just a pregnancy. It's like also being able to break away from all this anguish and not be defeated, no? It's like, at least the sense that I have, of a much greater freedom because we also eliminate – we abort – a lot of prejudices in that moment.

For accompaniers like Paula, the pleasure of accompanying an abortion exceeded ending a pregnancy and extended to how accompaniment was practised emotionally and physically *with* the aborting person. Together, accompaniers and those accompanied refused not only legal prohibitions on the ability to end an unwanted pregnancy, but also a social system that did not value their bodily autonomy and eschewed physical intimacy between women.

As accompaniers conceptualised the accompaniment they offered as a corrective for the absence of spaces for women to care for each other, they also marvelled at the beauty of what they created. They were not simply motivated to fill a gap in abortion access. They also found the process of filling that gap through accompaniment and witnessing this intimacy and caregiving to be emotionally rewarding. Paula, from the prior paragraph, continued,

It amazes me how another person can find trust in someone who is a total stranger. That is, like being able to cry, scream, curse, say whatever to each other, laugh our asses off, or hug, you see? Like even walking around the house naked and we are total strangers,

and despite that this other person is sharing themselves and holding mutual trust. And that impacts me, it impacts me, yes, it impacts me, and it never ceases to amaze me.

As Paula's account details, with its dependencies on and production of trust and intimacy—whilst occurring in an unequal society—accompaniment was a source of pleasure and awe.

Joy in claiming strength and power

Finally, interviewees underscored the satisfaction they experienced from witnessing aborting people accomplish their abortion, especially when they seemed initially to doubt their ability to do so. Describing this experience, Beatriz, an accompanier in Chile, said, 'because it's like they learn it in that moment, like it's not— it is something that they discover there, like the power that they have, within themselves, of what they are capable of doing.' In so witnessing, accompaniers described feeling positive emotions. Ailén, another accompanier in Chile, explained,

The most gratifying thing [is] the gratitude of the women when they manage to abort, when they are able to finish the process, when they realise that they had enough internal and physical strength to be able to abort [for example] a 20-week foetus.

Accompaniers felt positive emotions about being able to help people who often came to them overwhelmed and desperate. As Marta, an accompanier in Ecuador, explained, she derived pleasure from being able to share her expertise and help those in need. She explained, 'Abortion has, in general, something super gratifying and that is that it's something you solve—these are life situations or problems that are solved. To me, it seems really lovely to solve them together, solve them while accompanied.' Nonetheless, Marta continued, there was an integral part of accompaniment that was not collective but rested on the individual aborting person. She said, 'That [is a] concrete situation in the life of a woman, it's a situation where she can decide.' Marta further noted that many of the women she has accompanied have few experiences of power and decision making. She said,

Many times, it is the first decision that many women make in their lives for themselves. That is why I do believe that it is a decision that can be empowering even if it doesn't modify the context of the woman, but it is the possibility of deciding, concretely. I think that's gratifying. It is also gratifying to feel that it is solved.

Referencing both the pleasure of being able to solve the problem of a pregnancy someone did not want to continue, and of witnessing someone with structurally constrained social power recognise their own strength and claim this possibility, Marta described the appeal of accompaniment as rooted in its collective effort to reveal and spotlight that aborting people have power and agency.

For several accompaniers, accompaniment was about sharing joy with the aborting person, including responding to and reflecting back the emotional expressions of those they accompanied. Victoria, an accompanier in Chile, described the people she accompanied as transformed from places of anguish and fear to, throughout the accompaniment, 'like with another face, of absolute joy.' The theme of joy following

the abortion resonated across the interviews. Paola, an accompanier in Ecuador, described witnessing aborting people 'cry but with relief, but also with joy, like that ambivalence that the abortion experience has.' Sofía, in Chile, explained,

The happiness of a woman who has an abortion is an indescribable sensation, how she passes it to you. I mean, that feeling of relief that she feels, and when she passes it to you, I think it is something that gives you happiness and that is why all of us do what we do. Sometimes I think we are- we don't even do it for the other person but for ourselves, because it's a pleasure, it truly is a feeling of freedom, autonomy, trust, complicity. It has a whole mixture of feelings that I think is very difficult to find in other spaces that humanity offers you—or in humanity.

This is not to say that accompaniment was easy or simple. In fact, interviewees stressed the emotional and physical toll in-person accompaniments could exact. Yet it was these very tolls—tolls which accompaniers paid voluntarily—that could make accompanying so rewarding. When asked if the accompaniment experience was tiring, Valentina, an accompanier in Chile, said,

Yes. But every time that an abortion is over, the joy that women feel, the relief—women tell us that we gave them their lives back, that they got their lives back, that they were so happy. That is when [the tiredness] passes. That is compensation enough.

Accompaniers contextualised the physical and emotional work they did with the recognition of the steep challenges many of the people they accompanied faced. Ailén, in Chile, explained, 'There are girls who arrive with advanced pregnancies in the second trimester, who do not want to give birth. And since they do not want to give birth, some are suicidal, they want to kill themselves. So, helping them solve the problem of an unwanted pregnancy is saving their lives.' Recognising their circumstances, she continued, made her cherish their expressions of gratitude for the accompaniment. She said, '[when they say] like, 'thank you for existing'. That's the most rewarding thing.' Indeed, Sofía, in Chile, described this feeling of exhausted satisfaction that came with accompaniment as almost addictive. She explained,

It does happen that it is like addictive ... that one says 'no, I don't want to anymore', and then it's the first thing you go and do. It's very addictive. Or you are super tired, you have a lot of things to do, but there is an accompaniment, and you have your only day off and you prefer to do that [to accompany].

Joy in abortion accompaniment was thus not fully distinct from the marginalisation of abortion in these same settings.

To this end, accompaniers also described the joy of their own transformations, of their own claiming of strength and power through their participation in accompaniment. Celeste, in Chile, reported of an accompaniment experience, 'I felt we were like she-wolves, there were some hidden she-wolves in our body, and I had not realised that power, because of course every woman has the power to perform her abortion. I had not noticed the most surprising thing, feeling myself capable.' Joy in accompaniment, in other words, happens *in the context of* social expectations that accompaniers and aborting people should not and will not claim strength and power.

Discussion

In this analysis, we investigated how the practice of in-person abortion accompaniment after 17 weeks' gestation can be a source of positive emotions for the accompanier. Interviewees described aspects fundamental to the practice of abortion accompaniment, including building a feminist community, sharing intimacy with other women and witnessing aborting people claim their strength, as engendering feelings of pleasure, joy and other positive emotions. These findings echo themes in the literature about the positive emotional experience of aborting people who are accompanied in their abortion (Wollum et al. 2022; Vacarezza and Burton 2023), underscoring the breadth of positive emotions connected to the accompaniment model of care.

Importantly, these positive emotional experiences of abortion were not despite, or even distinct from, the broader structural and cultural marginalisation of abortion in these settings. Instead, accompaniers described these positive emotional experiences as at least partially rooted in the marginalisation of this work. The pleasure of journeying together with other women, for instance, occurred against the backdrop of heterosexism and misogyny, with the intimacy, support and physicality of accompaniment rejecting the rules and expectations of a sexist culture. In this way, the positive emotions described are best understood through a lens attentive to how emotions are social and cultural practices (Ahmed 2004). Across Latin America, accompaniment takes place in a context that marginalises abortion, aborting people and aborting bodies. As accompaniers experience physical proximity, observe, and interact with each other and aborting people, emotions emerge in these relations. Emotions, including positive emotions, thus are not and cannot be distinguished from the marginalisation of abortion accompaniment itself.

Consistent with the roots of accompaniment as a feminist activist response to healthcare system and cultural failures to ensure access to reproductive bodily autonomy (McReynolds-Pérez et al. 2023; Braine 2020), our findings illustrate the centrality of the feminist underpinnings of accompaniment to these emotional effects. While other research has identified the pleasure of abortion work alongside 'like-minded' people and being present for aborting people at an often emotionally and physically intense time (O'Donnell, Weitz, and Freedman 2011; Chiappetta-Swanson 2005), feminism and feminist community have not surfaced as important to positive emotional experiences in these (US-based) findings. For the accompaniers in this study, however, pleasure in accompaniment was tied to a feminist politics that critiques cultural misogyny. Their experience of positive emotions stemmed from understanding accompaniment as a practice that rejects normative gendered constraints and offers a feminist alternative.

Limitations

While these findings offer clear evidence of how accompanying abortions can spur positive emotions, including pleasure and joy, our study has limitations. Abortion accompaniment in restrictive settings is not the same experience as outpatient clinical provision in contexts where abortion is legal. Additionally, within accompaniment experiences, our analytical focus on in-person abortion accompaniment at 17+ weeks'

gestation may also limit the generalisability of our findings. As several interviewees noted, some of the positive emotions they experienced were generated by the emotional and physical labour that an in-person multiday abortion accompaniment demands. Accompaniment of abortions in the first trimester and/or via text or phone may not be associated with the same emotional effects.

Conclusions

Overall, our findings echo the conclusions of Shuster and Westbrook (2022) on the importance both theoretically and methodologically of considering and investigating joy, especially among socially marginalised populations. By starting from the premise that involvement in abortion can engender positive emotions, and by examining how research can generate a fuller picture of the experience of engaging in a socially marginalised activity, new knowledge and new research questions can emerge. Moreover, doing so serves as a corrective to the largely performative nature of abortion scholarship, which (often inadvertently) produces and amplifies a normative negative association with abortion (Baird and Millar 2019, 2020). Although attention to pleasure and joy was not an initial study aim, the open-ended interview guide with questions about the positive aspects of participating in abortion accompaniment enabled evidence of these emotions to emerge. Future research on abortion—other kinds of involvement in abortion as well as the experiences of abortion seekers—should design for the possibility of positive experiences and investigate the mechanisms behind them.

Note

1. In 2020, after data collection was complete, Argentina legalised abortion through the 14th week of pregnancy. As of September 2023, the regulatory environment in Chile and Ecuador was the same as it was at the time of data collection.

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References

- Ahmed, S. 2004. *The Cultural Politics of Emotion*. New York: Routledge.
- Assis, M. P., and S. Larrea. 2020. "Why Self-Managed Abortion is So Much More Than a Provisional Solution for Times of Pandemic." *Sexual and Reproductive Health Matters* 28 (1): 1779633. <https://doi.org/10.1080/26410397.2020.1779633>
- Atienzo, E. E., V. Cruz, S. Garduño, S. Lomelí, M. Meza, R. Zurbriggen, S. L. Carbone, and A. Wollum. 2023. "Safe Abortion in Latin America: A Look at Abortion Accompaniment Collectives from the Perspective of Their Activists." *Culture, Health & Sexuality*: 1–17. Advance online publication. <https://doi.org/10.1080/13691058.2023.2233589>
- Baird, B., and E. Millar. 2019. "More Than Stigma: Interrogating Counter Narratives of Abortion." *Sexualities* 22 (7–8): 1110–1126. <https://doi.org/10.1177/1363460718782966>
- Baird, B., and E. Millar. 2020. "Abortion at the Edges: Politics, Practices, Performances." *Women's Studies International Forum* 80: 102372. <https://doi.org/10.1016/j.wsif.2020.102372>
- Bearak, J., A. Popinchalk, B. Ganatra, A.-B. Moller, Ö. Tunçalp, C. Beavin, L. Kwok, and L. Alkema. 2020. "Unintended Pregnancy and Abortion by Income, Region, and the Legal Status of Abortion: Estimates from a Comprehensive Model for 1990–2019." *The Lancet. Global Health* 8 (9): e1152–e1161. [https://doi.org/10.1016/S2214-109X\(20\)30315-6](https://doi.org/10.1016/S2214-109X(20)30315-6)
- Bercu, C., H. Moseson, J. McReynolds-Pérez, E. Wilkinson Salamea, B. Grosso, M. Trpin, R. Zurbriggen, C. Cisternas, M. Meza, V. Díaz, et al. 2022. "In-Person Later Abortion Accompaniment: A Feminist Collective-Facilitated Self-Care Practice in Latin America." *Sexual and Reproductive Health Matters* 29 (3): 2009103. <https://doi.org/10.1080/26410397.2021.2009103>
- Braine, N. 2020. "Autonomous Health Movements: Criminalization, De-medicalization, and Community-Based Direct Action." *Health and Human Rights* 22 (2): 85–97.
- Cárdenas, R., A. Labandera, S. E. Baum, F. Chiribao, I. Leus, S. Avondet, and J. Friedman. 2018. "It's Something that Marks You": Abortion Stigma after Decriminalization in Uruguay." *Reproductive Health* 15 (1): 150. <https://doi.org/10.1186/s12978-018-0597-1>
- Charmaz, K. 2006. *Constructing Grounded Theory*. London: SAGE.
- Chiappetta-Swanson, C. 2005. "Dignity and Dirty Work: Nurses' Experiences in Managing Genetic Termination for Fetal Anomaly." *Qualitative Sociology* 28 (1): 93–116. <https://doi.org/10.1007/s11133-005-2632-0>
- Culwell, K. R., and M. Hurwitz. 2013. "Addressing Barriers to Safe Abortion." *International Journal of Gynaecology and Obstetrics* 121 Suppl 1 (S1): S16–S19. <https://doi.org/10.1016/j.ijgo.2013.02.003>
- Duffy, D., C. Freeman, and S. Rodríguez. 2023. "Beyond the State: Abortion Care Activism in Peru." *Signs* 48 (3): 585–608. <https://doi.org/10.1086/723296>
- Fernández Vázquez, S. S., and J. Brown. 2019. "From Stigma to Pride: Health Professionals and Abortion Policies in the Metropolitan Area of Buenos Aires." *Sexual and Reproductive Health Matters* 27 (3): 1691898–1691874. <https://doi.org/10.1080/26410397.2019.1691898>
- Foster, A. M., S. Frappier, L. Crich, and K. Messier. 2020. "Evaluating the Impact of Working on the NAF Hotline: A Qualitative Study with Former Staff Members." *Contraception* 101 (5): 356–357. <https://doi.org/10.1016/j.contraception.2020.03.014>
- Ganatra, B., C. Gerdt, C. Rossier, B. R. Johnson, Ö. Tunçalp, A. Assifi, G. Sedgh, S. Singh, A. Bankole, A. Popinchalk, et al. 2017. "Global, Regional, and Subregional Classification of Abortions by Safety, 2010–14: Estimates from a Bayesian Hierarchical Model." *Lancet* 390 (10110): 2372–2381. [https://doi.org/10.1016/S0140-6736\(17\)31794-4](https://doi.org/10.1016/S0140-6736(17)31794-4)
- Gantt-Shafer, J. 2020. "They Just Went After Us:" Reproductive Justice Advocacy at an Abortion Fund." *Frontiers in Communication* 5: 501276. <https://doi.org/10.3389/fcomm.2020.501276>
- Gerdt, C., R. T. Jayaweera, S. E. Baum, and I. Hudaya. 2018. "Second-Trimester Medication Abortion Outside the Clinic Setting: An Analysis of Electronic Client Records from a Safe Abortion Hotline in Indonesia." *BMJ Sexual & Reproductive Health* 44 (4): 286–291. <https://doi.org/10.1136/bmjshr-2018-200102>
- Giovannelli, I., T. Mannarini, F. Spaccatini, and M. G. Pacilli. 2023. "Fighting for Abortion Rights: Strategies Aimed at Managing Stigma in a Group of Italian Pro-Choice Activists." *Feminism & Psychology* 33 (1): 105–125. <https://doi.org/10.1177/09593535221106653>

- Guttmacher Institute. 2018. "Abortion in Latin America and the Caribbean." Accessed on September 12, 2023. https://www.guttmacher.org/sites/default/files/factsheet/ib_aww-latin-america.pdf.
- Higgins, J. A., and J. S. Hirsch. 2007. "The Pleasure Deficit: Revisiting the "Sexuality Connection" in Reproductive Health." *Perspectives on Sexual and Reproductive Health* 39 (4): 240–247. <https://doi.org/10.1363/3924007>
- Hunter, M. A., and Z. F. Robinson. 2016. "The Sociology of Urban Black America." *Annual Review of Sociology* 42 (1): 385–405. <https://doi.org/10.1146/annurev-soc-081715-074356>
- Jelinska, K., and S. Yanow. 2018. "Putting Abortion Pills into Women's Hands: Realizing the Full Potential of Medical Abortion." *Contraception* 97 (2): 86–89. <https://doi.org/10.1016/j.contraception.2017.05.019>
- Joffe, C. 1995. *Doctors of Conscience: The Struggle to Provide Abortion Before and After Roe v. Wade*. Boston, MA: Beacon Press.
- Joffe, C. 2010. *Dispatches from the Abortion Wars: The Costs of Fanaticism to Doctors, Patients, and the Rest of Us*. Boston, MA: Beacon Press.
- Kimport, K., and L. R. Freedman. 2018. "Abortion: A Most Common Deviance." In *Handbook of Deviance*, edited by Stephen E. Brown and Ophir Sefiha, 221–231. New York: Routledge.
- Ludlow, J. 2008. "Sometimes, It's a Child and a Choice: Toward an Embodied Abortion Praxis." *NWSA Journal* 20 (1): 26–50.
- Martin, L. A., M. Debbink, J. Hassinger, E. Youatt, and L. H. Harris. 2014. "Abortion Providers, Stigma and Professional Quality of Life." *Contraception* 90 (6): 581–587. <https://doi.org/10.1016/j.contraception.2014.07.011>
- McReynolds-Pérez, J. 2017. "Abortion as Empowerment: Reproductive Rights Activism in a Legally Restricted Context." *BMC Pregnancy and Childbirth* 17 (Suppl 2): 350. <https://doi.org/10.1186/s12884-017-1498-y>
- McReynolds-Pérez, J., K. Kimport, C. Bercu, C. Cisternas, E. W. Salamea, R. Zurbriggen, and H. Moseson. 2023. "Ethics of Care Born in Intersectional Praxis: A Feminist Abortion Accompaniment Model." *Signs: Journal of Women in Culture and Society* 49 (1): 63–87. <https://doi.org/10.1086/725843>
- Millar, E. 2017. *Happy Abortions: Our Bodies in the Era of Choice*. London: Zed Books.
- Moseson, H., K. A. Bullard, C. Cisternas, B. Grosso, V. Vera, and C. Gerdt. 2020. "Effectiveness of Self-Managed Medication Abortion between 13 and 24 Weeks Gestation: A Retrospective Review of Case Records from Accompaniment Groups in Argentina, Chile, and Ecuador." *Contraception* 102 (2): 91–98. <https://doi.org/10.1016/j.contraception.2020.04.015>
- Moseson, H., R. Jayaweera, I. Ekwuatu, B. Grosso, I. A. Kristianingrum, S. Nmezi, R. Zurbriggen, R. Motana, C. Bercu, S. Carbone, et al. 2022. "Effectiveness of Self-Managed Medication Abortion with Accompaniment Support in Argentina and Nigeria (SAFE): A Prospective, Observational Cohort Study and Non-Inferiority Analysis with Historical Controls." *The Lancet. Global Health* 10 (1): e105–e113. [https://doi.org/10.1016/S2214-109X\(21\)00461-7](https://doi.org/10.1016/S2214-109X(21)00461-7)
- O'Donnell, J., T. A. Weitz, and L. R. Freedman. 2011. "Resistance and Vulnerability to Stigmatization in Abortion Work." *Social Science & Medicine* (1982) 73 (9): 1357–1364. <https://doi.org/10.1016/j.socscimed.2011.08.019>
- Payne, C. M., M. P. Debbink, E. A. Steele, C. T. Buck, L. A. Martin, J. A. Hassinger, and L. H. Harris. 2013. "Why Women are Dying from Unsafe Abortion: Narratives of Ghanaian Abortion Providers." *African Journal of Reproductive Health* 17 (2): 118–128.
- Roe, K. M. 1989. "Private Troubles and Public Issues: Providing Abortion Amid Competing Definitions." *Social Science & Medicine* (1982) 29 (10): 1191–1198. [https://doi.org/10.1016/0277-9536\(89\)90362-6](https://doi.org/10.1016/0277-9536(89)90362-6)
- shuster, S. M., and L. Westbrook. 2022. "Reducing the Joy Deficit in Sociology: A Study of Transgender Joy." *Social Problems* Advance online publication, 1–19. <https://doi.org/10.1093/socpro/spac034>
- Simonds, W. 1996. *Abortion at Work: Ideology and Practice in a Feminist Clinic*. New Brunswick, NJ: Rutgers University Press.
- Vacarezza, N. L., and J. Burton. 2023. "Transformar los sentidos y el sentir. El activismo cultural de las redes de acompañantes de abortos en América Latina." *Debate Feminista* 66: 1–30. <https://doi.org/10.22201/cieg.2594066xe.2023.66.2409>

- Veldhuis, S., G. Sánchez-Ramírez, and B. G. Darney. 2022. "Locating Autonomous Abortion Accompanied by Feminist Activists in the Spectrum of Self-Managed Medication Abortion." *Studies in Family Planning* 53 (2): 377–387. <https://doi.org/10.1111/sifp.12194>
- Wolkomir, M., and J. Powers. 2007. "Helping Women and Protecting the Self: The Challenge of Emotional Labor in an Abortion Clinic." *Qualitative Sociology* 30 (2): 153–169. <https://doi.org/10.1007/s11133-006-9056-3>
- Wollum, A., S. G. Huerta, O. L. Uribe, C. Garnsey, S. M. Gaddis, S. E. Baum, and B. Keefe-Oates. 2022. "The Influence of Feminist Abortion Accompaniment on Emotions Related to Abortion: A Longitudinal Observational Study in Mexico." *SSM - Population Health* 19: 101259. <https://doi.org/10.1016/j.ssmph.2022.101259>
- Zurbriggen, R., B. Keefe-Oates, and C. Gerds. 2018. "Accompaniment of Second-Trimester Abortions: The Model of the Feminist Socorrista Network of Argentina." *Contraception* 97 (2): 108–115. <https://doi.org/10.1016/j.contraception.2017.07.170>