

The workplace as a site of abortion surveillance

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Abstract

Analysis of the experiences and resulting inequalities in reproductive health in the workplace has generated studies of pregnancy, miscarriage, menstruation, fertility and menopause. One issue that has remained outside of this literature is abortion. How abortion is talked about (or not talked about), experienced and perceived as a workplace issue were the central questions in our research undertaken in the Republic of Ireland and Northern Ireland in 2017. Our study comprised a survey (3180 respondents) followed by a series of online focus groups (61 participants) with trade union members from a broad range of workplaces, with the aim of investigating how abortion was positioned in workplaces within legally restrictive regimes. We conceptualize how self-disciplining, silence and abortion stigma are reproduced in workplaces, drawing on a feminist Foucauldian framework to examine disciplinary power. We examine evidence of how, in conservative societies, abortion talk is suppressed, and we generate new theoretical knowledge on how disciplinary power undermines resistance to anti-abortion norms and demonstrate the function of the normalizing gaze in the workplace. We conclude by offering avenues for future research on abortion stigma and disciplinary power, to extend further knowledge and conceptual framing of abortion as a workplace issue.

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KEYWORDS

abortion, abortion stigma, Foucault, trade unions, workplace

1 | INTRODUCTION

Scholarship on reproductive health in the workplace within organizational studies has focused on various stages of the reproductive lifecycle including menstruation (Sayers & Jones, 2015), pregnancy (Gatrell, 2019; Gatrell et al., 2017), miscarriage (Boncori & Smith, 2019; Porschitz & Siler, 2017), fertility (Cervi & Brewis, 2022; Mumford et al., 2022) and menopause (Grandey et al., 2020; Jack et al., 2016; Whiley et al., 2022). Understanding of abortion as a workplace issue has not been interrogated in organizational studies, with the exception of Middlemiss et al. (2023) which examined employment leave entitlement to early pregnancy endings including abortion. In feminist scholarship broadly a wealth of attention has been paid to the positioning of abortion, including examining at societal levels (Bloomer et al., 2017b; Herzog, 2018; Lowe & Page, 2022); institutional levels (Bloomer et al., 2018; Erdman & Cook, 2020; Fletcher, 2018; Lombardo, 2017); and by abortion seekers (Cockrill & Nack, 2013; Hoggart, 2017; Purcell, 2015; Purcell et al., 2020). Abortion as a workplace issue however has yet to be examined as a specific focus within feminist scholarship. Elsewhere, within socio-medical studies, examination has been dedicated to settings providing abortion care, on the stigmatization experienced by abortion providers (Harris et al., 2013; Martin et al., 2014; O'Donnell et al., 2011); and healthcare professionals' attitudes about abortion (Carvajal et al., 2022; Maxwell et al., 2020; Uaamnuichai et al., 2023). Whilst a small number of individual organizations have developed abortion leave policies, policy attention on abortion as a workplace issue remains negligible (Hodson, 2021; Middlemiss et al., 2023). Thus, there exists a distinct gap in knowledge of abortion as a workplace issue within organizational studies, feminist scholarship and outside of those involved in abortion care.

Abortion is one of the most common health procedures for women and pregnant people, with 29% of all pregnancies ending in abortion (WHO, 2021). Like all aspects of the reproductive life cycle, many women workers will experience abortion, yet little is known about the dynamics of abortion experiences and how (if) abortion is talked about in the workplace. This paper contributes knowledge on this interaction in three ways. First, it presents evidence of abortion as a workplace issue, second, it examines the factors influencing workers' views on abortion, and third, it offers a new theoretical understanding of how disciplinary power operates regarding abortion norms in the workplace. The theoretical framing of the study is situated within a Foucauldian feminist framework (Macleod & Durrheim, 2002). It is designed to contribute to growing a Foucauldian feminist conceptualization of abortion (Beynon-Jones, 2017; Bloomer et al., 2017b; Lawley, 2022). This framework was selected as it allowed for examination of *how* the underlying patriarchal norms about abortion are positioned in society, specifically the operation of disciplinary power in the workplace.

Women's bodies in the workplace have been the subject of academic study, with reproductive health a recent prevalent theme (Cervi & Brewis, 2022; Grandey et al., 2020; Middlemiss et al., 2023). Workers, like citizens, are culturally assumed to align with an unencumbered masculine norm (Berns, 2002). This means that workers who do not fit this norm (e.g., women, people with disabilities) must "discipline" their bodies to align with workplace expectations to avoid appearing to lack control (Trethewey, 1999). Our study aimed to address how trade union members from a broad range of workplaces experienced and spoke about abortion in the workplace. The unions approached the research team seeking an opportunity to co-produce an academically rigorous study which they could use to inform campaigns and policy development. Within the study context, the Republic of Ireland and Northern Ireland, trade unions are the largest civil society organizations with over 800,000 union members across the island. The broader role of trade unions in both jurisdictions has extended beyond issues related to terms and conditions of employment to include social justice issues such as challenging welfare cuts, sectarianism, and racism. Whilst trade unions in the UK and the Republic of Ireland have sought to create policy and support on gendered issues such as

domestic violence and reproductive health broadly (ICTUNI, 2021; Unison, 2017), abortion remains an issue considered to be private, and outside workplace concerns.

The data from this study was gathered in January–March 2017 from participants in the Republic of Ireland and Northern Ireland at a time when abortion was highly restricted. Within 2 years, both jurisdictions would witness historical reform, albeit through different mechanisms. In the Republic of Ireland, reform followed sustained activist campaigns, a Citizens Assembly, government committee, and a public referendum (Fletcher, 2018). In Northern Ireland, decriminalization of abortion was introduced by the UK parliament following sustained activist campaigns; legal cases; an international inquiry conducted by the Committee for the Elimination of all Discrimination Against Women (CEDAW), a national inquiry by the UK House of Commons Women and Equalities Committee and persistent parliamentary activities by Stella Creasy MP (Aiken & Bloomer, 2019). However, in early 2017 whilst momentum was building for change, both jurisdictions were morally and legally conservative settings regarding abortion, with anti-abortion sentiment dominating political, legal, and media discourse (Bloomer et al., 2018). Consequently, alternative perspectives on abortion were marginalized, with those holding more nuanced or liberal views toward abortion positioned as a minority group (Bloomer et al., 2018). Dominant power holders (politicians, judiciary, media) ignored the evidence base demonstrating the need for legal reform, and support for reform amongst the public. Health professional organizations remained silent, with exceptions including the Royal College of Midwives (Northern Ireland) and Doctors for Choice Ireland. Human rights organizations intervened in the debate relatively late in campaigning terms (Pierson & Bloomer, 2017), reflecting the disciplinary power of the anti-abortion narrative to negate the participation of pro-choice groups in public discourse (Herzog, 2018). Prochoice voices were limited to small NGOs, activist organizations, and some trade unions. High profile cases of those denied abortions served as trigger points in the public debates leading up to reform in both jurisdictions. This included the story of Savita Halappanavar who died in 2012 in a hospital in Galway (Republic of Ireland) following complications arising from a miscarriage. She was denied an abortion by staff (Enright & De Londras, 2014). In Northern Ireland Sarah Ewart came to public attention in 2013 when staff denied her an abortion on grounds of fatal fetal abnormality. Ewart went public with her story and, alongside her mother Jane Christie, became a vocal campaigner for legal change (McKay, 2022).

Whilst legal change occurred in 2018 (Republic of Ireland) (Fletcher, 2018) and 2019 (Northern Ireland) (Aiken & Bloomer, 2019), barriers to accessing abortion services remain in both jurisdictions. Service commissioning by the Department of Health in Northern Ireland has been subject to ongoing delays (NIACT, 2022). Barriers to accessing care in the Republic of Ireland include uneven geographic provision of services, a lack of clarity around abortion access in the case of fatal fetal abnormality, and legislative provisions such as a mandatory 3 days wait and a 12 weeks limit (Conlon et al., 2022). Negative attitudes toward abortion persist, resulting in protests outside facilities that provide abortion, and attempts to limit the law (Conlon et al., 2022; NIACT, 2022). Many of the issues raised by participants in our study are still prevalent and will also apply to other jurisdictions where abortion access is limited.

In this paper, we interrogate qualitative data from focus groups, from a broad range of trade union members and workplaces and advance knowledge of how abortion is positioned as a workplace issue. We illustrate how systems of discipline and surveillance are reproduced, resulting in the silencing of pro-choice views in the workplace. In Foucauldian terms, disciplinary power regulates the beliefs, behaviors, and actions of individual members of society. Its success stems from “the use of simple instruments, hierarchical observation, normalizing judgment and their combination in a procedure that is specific to it, the examination” (Foucault, 2003 p. 189). Here, examination refers to the techniques of an observing hierarchy.

First, we ground our analysis within literature on reproductive health and the workplace, focusing on concepts of disciplinary power, surveillance, normalization and resistance. We extend the discussion to the positioning of abortion in morally conservative settings and abortion stigma. Next, we provide the methodological approach, detailing how data were collected through online asynchronous focus groups and then subjected to thematic analysis. In the findings section, we advance understanding of experiences of abortion in the workplace. Before specifically considering the impact of disciplinary power in workplaces in the form of abortion stigma. Here we identify how surveillance and normalization are used and experienced and the potential role of trade unions in establishing abortion as

a workplace issue. In the last section of the findings, we consider the impact of those participants with anti-abortion views drawing on the use of the normalizing gaze and surveillance before outlining the potential role for trade unions. We conclude with a discussion of the absence of resistance to persistent anti-abortion norms in workplaces and offer avenues for future research.

1.1 | Reproductive bodies in the workplace

Organizational studies literature has demonstrated that whilst the workplace is seen as “gender neutral”, inherent in this is the assumption that “the normatively defined male body is viewed as possessing neither sexuality nor a gender, and it is the female body alone that is seen as introducing the burden of gender and sexuality into the workplace” (Brunner & Dever, 2014, p. 463). Understandings of the ideal worker are thus largely through the lens of a cis-male, whose bodily functions and caring responsibilities are suppressed in the workplace and relegated to the private sphere. Embodied experiences and needs such as reproductive health which have been viewed to be “private” matters are slowly making their way into workplace policy and support, however this remains in a context of largely negative assumptions about maternal bodies. Gatrell et al. (2017) identified how the medicalization of maternal bodies served to marginalize senior-level women at different stages of their career. Hostility to maternal bodies and anxiety about their performance were evident in workplaces. The stigmatizing of the maternal body serves to discredit and devalue it (Whiley et al., 2022).

The importance of analyzing reproductive experiences and their relation to workplaces is inherent within the literature, including discussions on pregnancy and maternity (Gatrell, 2019; Gatrell et al., 2017), miscarriage (Boncori & Smith, 2018; Middlemiss et al., 2023), fertility (Cervi & Brewis, 2022) and 3 Ms (i.e., menstruation, maternity, and menopause) (Grandey et al., 2020). Much of this literature points to similar issues as our abortion study, in particular on menstruation, miscarriage and menopause, with silence and stigma evident, yet as discussed below, there are important reasons why abortion must be studied independently.

Sayers and Jones (2015) argued that menstruation remains repressed in organizational settings. Analyzing a social media outcry that emerged when a political figure in New Zealand made negative comments about menstruation, they observed that the repression of menstruation talk brings with it an assumption that it must be excluded from our discussion of the lives of working women. When the social media outcry subsided, no significant changes to menstruation talk in society were observed. This silence, the authors argue, is a form of violence (Sayers & Jones, 2015, p. 108). Hope is provided in the alliances formed as part of the outcry, demonstrating commonality in bodily experiences across wider society.

Studies of miscarriage in the workplace have some similarities with abortion (Boncori & Smith, 2019). Miscarriage often takes place in the workplace, whilst abortion often happens in clinics or at home, in both instances bleeding may last for days therefore possibly continuing whilst at work. There may also be limited support or policies in place such as specific miscarriage leave. Studies on miscarriage and the workplace, often autoethnographic in nature, illuminate some of the stigma behind the issue (Boncori & Smith, 2019; Porschitz & Siler, 2017). These accounts illustrate the stark difference between miscarriage and completed pregnancy or other forms of loss. Those experiencing miscarriage may remain silent or tell limited colleagues, opportunities are missed to challenge and resist dominant masculine discourse (Boncori & Smith, 2019). Middlemiss et al. (2023) identify significant policy gaps on employment leave in their examination of early pregnancy loss, including miscarriage and abortion, observing that existing and proposed policies do not adequately reflect the complexity and diversity of pregnancy endings.

Research on menopause demonstrates that stress or lack of support can worsen the experience of symptoms in the workplace (Jack et al., 2019) whilst fear of disclosure and how this may be treated (e.g., performance management or criticism) can make it difficult for women to discuss menopausal symptoms at work (Grandey et al., 2020; Jack et al., 2016). The taboo nature of menopause is further compounded by gendered ageism (Atkinson, et al., 2021) and hegemonic masculinity, serving to discredit and devalue (Whiley et al., 2022). Some women positioned this phase

of their reproductive lives as an opportunity to resist societal norms of femininity (Whiley et al., 2022, p. 15). Menopause serves to highlight the positive role that trade unions can play. Atkinson, Beck, et al. (2021) cite the UK Trade Union Congress' publication on health, safety and the menopause as ground breaking, facilitating a range of trade unions activities in supporting members experiencing menopause.

1.2 | The stigmatized positioning of abortion

Whilst the literature on reproductive health in the workplace has developed, workplace abortion remains under-studied. The literature cited in the previous section illustrates some of the issues which may arise in researching abortion. However, there are factors affecting abortion which do not occur with other aspects of reproductive health, including, its status within criminal law, societal views and abortion stigma. Abortion is contained within the criminal law in almost every legal system (Centre for Reproductive Rights, 2023), even those which have liberal access. For example, while the British 1967 Abortion Act provides exemptions when abortion can be performed, it continues to be a crime if performed outside the legal limits (Bloomer et al., 2018; Thomson, 2022). Abortion is problematized, set within legal framings, and over-medicalized, with those seeking abortion facing multiple barriers to achieving bodily autonomy (Erdman & Cook, 2020; Erdman et al., 2018).

Often the topic of abortion is considered contentious, dominated by those who are extremely anti-abortion, often vocally so, whose views emanate from conservative interpretations of religious belief (Adamczyk et al., 2020; Kozłowska et al., 2016; Lowe & Page, 2022). Abortion stigma arises from these (and other) factors, with those who have abortions being viewed negatively by society (Cockrill et al., 2013; Kumar et al., 2009; Ratcliffe et al., 2023). Central to this is how understandings of bodily autonomy and abortion are positioned as "part of an ideological struggle about the meaning of family, motherhood and sexuality" (Kumar et al., 2009, p. 628). As Pierson and Bloomer (2017, p. 56) observed, "in societies where motherhood is synonymous with womanhood, abortion becomes viewed as an abhorrent transgression". Those in conservative societies holding hostile anti-abortion values present abortion as a violent act by individual women against their unborn children (Palm, 2019; forthcoming). Persistent in such settings is abortion stigma, "a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to the ideal of 'womanhood'" (Kumar et al., 2009, p. 628). Stigma can be a powerful force, impacting women seeking abortion (as well as providers), leading to concealment, resulting in isolation and negative judgments of self-worth (Hoggart, 2017). The outworking of stigma as a form of self-regulation may limit women's help-seeking behavior and contributes to societal silence about abortion (Cockrill & Nack, 2013) resulting in gaps in abortion discourse, with those who resist stigma struggling to find positive words to describe their experiences (MacNamara et al., 2020).

For these reasons, abortion is treated differently to other reproductive health issues within the workplace. We provide here substantial empirically driven research on how abortion is perceived, experienced and responded to in a broad range of workplace settings in the Republic of Ireland and Northern Ireland, identifying how abortion talk is suppressed in workplaces and how anti-abortion norms are reinforced and replicated with resistance being undermined through disciplinary power.

1.3 | Disciplinary power and the positioning of abortion

Foucault (1977, 1978) argued that power relations are constantly reproduced through discourse. The discourses we use enable understandings of who we are ourselves, and who we are in relation to others and to the world around us. Paying attention to the assumptions underpinning how we talk about something allows us to better identify the effects of our talk. We can question who is centered, who is marginalized, who or what is rendered invisible, and why. This is particularly relevant for feminist work, which seeks to better understand underlying patriarchal and

heteronormative structures in order to deconstruct and transform them. As Macleod and Hansjee note, “discourse has a dual character in that it is the mode through which the world of “reality” emerges, but at the same time it restricts what can be known, said or experienced at any socio-historical moment. It is this duality that links knowledge to power” (2013, p. 1000). For Foucault “social norms are constructed through a power/knowledge nexus of discursive and social practices” (Pierson and Bloomer, 2017, p. 713). Dominant social norms frame that which is “normal” and underpin a certain configuration of power relations (Phelan, 1995). We know what is acceptable or unacceptable, what can be spoken about, what is never spoken of, and the social penalties we will suffer if we take a stand outside of, or against, dominant social norms.

Our examination of how abortion is positioned in workplaces sits within a feminist Foucauldian framework in which we apply the concept of disciplinary power, as an aspect of biopower, to elucidate an understanding of abortion as a workplace issue. For Foucault, disciplinary power mechanisms operating on the individual body, and regulatory mechanisms at the population level, are the complementary elements of biopower (Cisney & Morar, 2015). Macleod and Durrheim (2002) defined Foucauldian biopower in terms of interrelated aspects operating at two distinct levels—control of the population (macro-level) and control of the body (micro-level). At the individual level, “bio-power divides the body into units that are taken up separately and subjected to precise, calculated and repetitive training. The aim is control and efficiency of operation both for the part and the whole” (Macleod & Durrheim, 2002, p. 50), reinforcing political obedience. Discipline produces what Foucault (2003) referred to as subjected and practiced bodies, or docile bodies.

Han (2017) has argued that biopower and disciplinary power are concerned with regulating bodies and seek to produce subjects that are regulated and normalized. For Lawley abortion “regulation by the state is a clear expression of the governance of gender through the limitations it puts on female autonomy” (2022, p. 83). Disciplinary power, “functions at the level of individual bodies and aims at normalizing practices and behaviors so as to produce docile subjects” (Alphin & Debrix, 2023). In the workplace, we argue that the success of disciplinary power is derived from the application of hierarchical observation and the normalizing gaze. Disciplinary power is a mechanism that relies on observation to produce coercion. It is “exercised through its invisibility; at the same time, it imposes on those whom it subjects a principle of compulsory visibility [which] assures the hold of the power that is exercised over them” (Foucault, 1995, p. 187). In this study we argue that in the workplace disciplinary power stigmatizes anyone who raises abortion as an issue and prevents potential Allies from raising it as an issue.

In this paper, we employ a feminist Foucauldian theoretical framework to examine abortion as a workplace issue from the perspective of trade union members. In doing so, we draw on a number of Foucauldian insights (Foucault, 1977, 1978, 1980a, 1980b, 1988, 1991), and on the work of Foucauldian feminists who have examined how concepts of disciplinary power, regulation, surveillance, normalizing gaze and resistance can be applied to elucidate an understanding of gendered oppression in society (Macleod & Durrheim, 2002; Macleod & Hansjee, 2013; Phelan, 1990). Whilst Foucault himself does not engage substantively with feminism in his theorizing of power and knowledge (Foucault, 1980a, 1991) feminist scholars have highlighted the potential value of Foucault to the development of feminist theory (Phelan, 1990), and extended Foucauldian concepts. Specifically, we draw on the work of scholars Macleod and Durrheim (2002) and Beynon-Jones (2017) and develop further the work of Pierson and Bloomer (2017) in examining the positioning of abortion in a morally conservative society. Our feminist Foucauldian framework examines how disciplinary power negates and undermines resistance to anti-abortion norms and demonstrates the function of the normalizing gaze in the workplace.

2 | RESEARCH DESIGN

This paper draws on qualitative data collected from our 2017 mixed methods study that explored abortion as a workplace issue (Pierson and Bloomer, 2017). Five trade unions provided funding for the study: XXXXXX. The study was overseen by a steering committee comprising senior staff of each participating union and two activist groups, X and

X. Ethical approval for this research was granted by the Research Ethics Committee of the X University. Participants were recruited via trade union membership lists, allowing us to reach a significant number of people across a broad spectrum of workplaces and across a range of levels within organizations.

The original study comprised a large-scale online survey targeted at trade union members in Northern Ireland and the Republic of Ireland, followed by a series of asynchronous online focus groups. Specifically, the study sought to obtain trade union members' views on legislative reform in both jurisdictions and how restricted access to abortion affected them as workers. The survey identified that 20% of respondents (from 3180 respondents) had direct experience of abortion as a workplace issue (themselves, their partner, their colleague). For these respondents, this experience included: 42% struggled to pay for the costs of obtaining an abortion (treatment and travel); 23% wanted time off after the abortion but could not afford to lose wages; 11% needed time off and received sick pay; 10% needed time off and received unpaid leave; 28% needed time off and used annual leave (Pierson and Bloomer, 2017). The survey data provided clear evidence that abortion is a workplace issue.

Upon completion of the survey, participants were invited to participate in focus groups, conducted over a 3-week period in March 2017. Sixty-one participants took part in five focus groups, 49 of whom were active contributors. The participants generated substantial and rich data (Geertz, 1973), illustrating a broad range of views and experiences. Asynchronous focus groups were chosen for data collection as they allow for a deeper exploration of issues, with the approach being sufficiently flexible to deal with participants' varying shift patterns and a wide geographic spread of participants. The asynchronous, text-based structure helps participants connect in a multi-faceted way; reviewing previously asked questions; offering their answers; reflecting on these, facilitating a deeper engagement with the topic. This method allowed participants to contribute at a convenient time and place for them (Fox et al., 2007; Hesse-Biber & Griffin, 2013), whilst the text-based structure provided relative anonymity (MacNamara et al., 2020). This is a critical component when discussing sensitive issues such as abortion in highly restricted legal settings. The platform used to facilitate the focus group, Discourse, was chosen for its ability to provide enhanced security. The moderators comprised three of the paper's authors, MacNamara, Pierson and F. Bloomer. Disadvantages of the method are recognized; participants need Internet access, and to fully engage they need to be IT literate (Fox et al., 2007). From a participant safety perspective, distress, dissatisfaction, and disconnection are more challenging to detect. Moderators addressed these particular limitations via direct messaging to participants (MacNamara et al., 2020).

In the analysis that follows, participants are women unless indicated otherwise. Each participant was assigned a code; P = participant number; Y=Yes, has experience of abortion in the workplace (e.g., P4-Y). Participants were given detailed guidelines setting out the rules for engagement, including how inappropriate interactions would be managed, such as use of hostile language, and personalized comments about other participants' views (MacNamara et al., 2020). The discussions explored participants' views on three key areas: abortion, legal reform, and abortion as a workplace issue. Participants were encouraged to respond to key questions and to discuss responses with other participants.

Once the focus groups had concluded, the transcripts were downloaded and a Foucauldian informed thematic analysis completed (Bloomer et al., 2017a; Vivaldi, 2020). Through focused multiple readings of the data the authors identified key themes and explored the assumptions and values which underpinned participants' abortion talk, applying Foucauldian concepts, thus allowing a deeper understanding of the data, illustrating how power operates and identifying power dynamics. For instance, in our analysis, we sought to identify instances within the data of the operation of surveillance, whether they be explicit forms, or more particularly subtle forms of workplace surveillance. By analyzing themes related to surveillance, we sought to uncover and illustrate how individual behaviors, identities, and narratives are influenced by the knowledge that they are being watched or monitored (or perceive themselves to be). This approach provided an understanding of how surveillance practices contribute to the exercise of power and control over certain groups, and by certain groups. Thematic analysis allowed for the generation of key analytic questions for examination of the implications of socio-cultural positioning of abortion within the study context (Millar, 2023; Purcell et al., 2017). Authors F. Bloomer and S. Bloomer led the analysis, with regular meetings

with the remaining authors taking place to discuss the findings, allowing the team to reflect on assumptions made and interpretations of the data (Hogan et al., 2021).

A number of steps were adhered to in order to enhance the rigor of the methodology. The prolonged engagement with focus group participants helped both to ensure an in-depth understanding of the developing issues and assisted the researchers in gaining trust with the participants (Polit & Beck, 2017). The research team monitored the data to identify aspects of the conversations that were relevant to study aims (Lincoln & Guba, 1985; Morse, 2015). The first tranche of data analysis was presented to stakeholders and international experts to discuss the implications of the research findings (Lincoln & Guba, 1985). The research team also reflected on our feminist position on abortion as a counter-balance to any potential conscious and unconscious bias present in the analysis, informed by an approach of critical and reflexive engagement with qualitative data as advocated by Varpio et al. (2017).

3 | FINDINGS

In the subsections that follow we apply a feminist Foucauldian framework to three themes identified in the focus group data. First, we examine how the positioning of abortion is experienced in the workplace. Secondly, the manifestation of abortion stigma in the workplace is elucidated. Finally, we explicate the disciplinary power of anti-abortion views in the workplace.

Amongst the focus groups 17 participants had experience of abortion as a workplace issue (themselves, their partner, or a colleague), and 23 had no experience of abortion in the workplace (the remainder did not declare either way). Participants' experience of abortion decision-making and abortion more generally included supporting a colleague with their own or their partner's abortion experience (P7, P13, P22 P32, P34); nursing patients who had an abortion (P47); having had an abortion themselves (P10, P14, P43, P46, P35); knowledge of the experience of someone close to them with direct experience of abortion (P12); and obtaining a diagnosis of fatal fetal abnormality and deciding to continue with the pregnancy (P41, P51).

3.1 | Abortion as a secret act in the un-supportive workplace

This theme illustrates how abortion was positioned as a secret issue, for some an experience in which women ultimately regulate their own behavior. The largely illegal status of abortion brought with it a sense of potential criminality and the threat of the carceral state. Participants experienced unsupportive work environments which made sharing abortion experiences unrealistic. This resulted in reinforcement of social norms about abortion being a taboo subject in the workplace.

Participant narratives demonstrate the complexity, and individual-specific context, of both abortion decision-making and abortion experiences. Participants who had abortions while in paid work did so largely in silence, modifying their behavior by refusing to engage with employers or trade union representatives; they took annual or general sick leave, and incurred significant financial costs. They *knew* their employers would be unsupportive and would lack empathy. Focus group discussions illustrated that norms in relation to abortion and reproductive rights were clearly in flux, yet there was no impact on participants' workplace experiences.

I did not disclose to anyone in the work place. This was not through any shame over my decision. It was because my case was very complicated due to fatal fetal abnormality and I was very low and could not face the several questions disclosing the information would entail. I also understood there would be judgement so I wasn't in a strong enough position to have to explain my actions nor did I feel I should justify them as it wasn't anyone's business... I was put under a lot of pressure to return to work after a short spell off. There [sic] response was what I expected. They told me they would get help and

support for me but nobody to this day ever contacted. Therefore there was no point in me telling them as it made no difference to anything. (P35)

I'm so sorry for your loss @Participant35...I had an abortion last year, and it never once occurred to me to tell my employer. I work for an independent, owner run business, with no HR dept. The owner is far from approachable in any matter, let alone something so sensitive and personal. I found my employer to be very unhelpful throughout my pregnancy with my second child the previous year, regarding time off due to sickness and time off my feet throughout the day. I wasn't a union member back then ... I wouldn't have thought to tell my union rep. about the abortion. (P46)

That Participant 35's employer had no provision in place to support employees who had suffered pregnancy loss and Participant 46's employer could not even put provision in place to enable time off her feet during pregnancy, speaks to the widespread denial of women's embodiment in the workplace (Gatrell et al., 2017; Grandey et al., 2020; Sayers & Jones, 2015). In this context, it makes sense that women regulate their behavior and are reluctant to talk of their own abortion experiences. Dominant social norms frame that which is "normal", in effect underlying a certain configuration of power relations (Phelan, 1995). Dominant social norms ensure participants know what talk is acceptable or unacceptable in the workplace, which subjects can be raised, and which potentiality comes with social penalties for those straying beyond implicitly accepted social norms. These norms were typically framed as abortion stigma, explored in the second theme.

3.2 | Abortion stigma, disclosure and self-discipline

In this second theme there were abundant examples of abortion stigma in the workplace, which limited disclosure and help-seeking behavior. The potential for stigma also hampered discussions about abortion with colleagues, with self-discipline evident, for fear they would be tainted with abortion stigma. The positioning of abortion as a transgressive act against the societal norms of motherhood, meant that speaking out about abortion was a significant risk to participants. Participants observed too how taking part in the study allowed safe spaces to talk about abortion, to address abortion stigma and consider the role of trade unions in challenging stigma.

3.2.1 | The potential taint of abortion stigma in the workplace

Participants identified how abortion stigma was a key component of self-discipline, preventing women from raising the issue of abortion in the workplace, and a major barrier to engaging with employers.

I worked with a colleague who made the decision to have an abortion ... they did not disclose this information to our employer as they were so worried about the stigma. Instead my colleague took sick leave to travel to England for their procedure ... the associated stigma with abortion means very few people would go to an employer and tell them that's why they need time off. This then adds to the pressure of an already stressful situation. Lying to your employer, taking sick leave, having to make travel arrangements while worrying if you get 'caught' how will you explain yourself. Then the financial implications are another added pressure. (P34-Y)

Participant P22-Y confirmed the disciplinary power of abortion stigma when considering her experience of supporting a colleague who took annual leave when she traveled to England for an abortion, suggesting that "there's no way she would have told her supervisor why [she took leave] ... she just said she was visiting relatives in England".

Very similar negative experiences in the workplace were reported, with pregnant women typically restricting their behavior to confiding only in one colleague. In this example the person confided in reflects on the support that might have been offered from colleagues.

As I said, the employer didn't know that she had an abortion, however, she took time off to go to England and she was acting so differently when she came back, that I've since wondered if anyone guessed. Nobody said anything to her as far as I know, but I suppose I wish someone could have helped her. (P13-Y)

As Kumar et al. note, having an abortion transgresses three archetypal constructs of the feminine namely "female sexuality solely for procreation, the inevitability of motherhood and instinctual nurturance of the vulnerable" (2009, p. 628). They identify three processes of abortion stigma. In the first process, although the decision to have an abortion is complex and context- and individual-specific, it is over-simplified, and its frequency is denied through under-reporting and misclassification. In the second process, given this simplification and under-reporting, abortion is presented as exceptional and women who have abortions can be constructed as deviant from the norm, that is, selfish, irresponsible, a murderer, or vulnerable and misguided. Finally, discrimination is the final process of abortion stigma, this includes the denial of information, abuse, public shaming and expulsion from school or employment (Kumar et al., 2009, p. 630).

Participants recognized that the impact of abortion stigma in the workplace was a significant factor, in that it "leaves the voice of the thousands of women who have been affected by poor access to abortion, out of the discussion" (P46-Y). Other participants observed that with the influence of the Church waning and with the opening up of public talk facilitated by high-profile cases (Savita Halappanavar, Sarah Ewart), for a time abortion was positioned at the forefront of social and political debate, serving to provide opportunities for discussions about abortion. Though relatively rare, these cases illustrate that it is possible for pro-choice voices to overcome the strong disciplinary power (Foucault, 1977, 1980a) of conservative anti-abortion hegemony.

Within the workplace, however, participants clearly observed the impact of workplace surveillance, whereby people leave themselves out of abortion discussions in case they become marked with the stigma of abortion. Stigma, allied to the threat of criminal punishment, which was present at the time of the study in 2017, combined with a lack of support, results in many women who have experience of abortion shying away from raising abortion as a workplace issue. That the abortion experience remains a private and personal matter was confirmed by P55, reaffirming that "maybe women don't want to disclose that they have had the procedure done, probably because there is still so much stigma surrounding abortion in Ireland", an impact of silencing magnified for women in male-dominated settings.

I work in a male dominated work place and have noticed that they seem afraid to discuss abortion and don't like when it is brought up. Maybe unions getting involved would open up the conversation more in the work place, because the stigma definitely needs to be challenged. (P59)

The impact of social surveillance (Foucault, 1977, 1980a) was evident within participants' discussions about abortion at the micro level (Rogan, 2017). The disciplinary power of surveillance and normalcy produces secrecy. The process of normalization ensures that workers do not speak up so that their actions are not visible, and not opened up to judgment. This normalization leads to internalized forms of self-discipline and to (self) silencing. The inspecting gaze, the assumption of being watched all the time, leads to individual workers modifying their actions.

3.2.2 | Providing safe spaces for abortion talk

Due to the nature of workplace surveillance and the disciplinary power of the workplace many participants confirmed that if they were seeking an abortion they would keep their experience secret, yet they publicly advocate for the trade

union movement to support reproductive rights in the workplace, which necessarily will promote open discussions. Aligned to this was the observation that the opportunity to discuss abortion as a workplace issue with fellow trade unionists in the focus groups was welcomed as an antidote to the secrecy demanded by abortion stigma. Following the focus group activity, some participants modified their perspectives on the issue, with open discussions viewed as a key component in “normalizing and de-stigmatizing abortion” (P13-Y) and in broadening the remit of the trade union movement.

I found the forum useful in the sense of clarifying for myself as a trade unionist what I think the correct political position of the union ought to be in this complex issue. Until the forum I had not considered abortion as a workplace matter. However now I do see it as a workplace matter that deserves union acknowledgment. (P47-Y)

Other participants with experience of abortion in the workplace, reported that they had not considered the trade union as a resource at the time—abortion was regarded as somehow beyond the workers' rights paradigm (P58-Y). The dilemma for trade union activists aiming to establish abortion as a workplace issue is complex: support and welfare for those seeking abortion can only come about when the issue is addressed by unions and employers, yet abortion stigma necessitates that abortion is a private matter for individual workers.

To overcome the disciplinary power of the workplace, what is required in the first instance is the time and space to engage with colleagues in the trade union movement with a view to constructing narratives that resist hegemonic norms (Foucault, 1991). As demonstrated by the ongoing work of the activist organization XX (MacNamara & Connor, 2022), such interventions need to be conducted with appropriate preparation, to include myth-busting, and raising awareness within a reproductive health context before addressing abortion.

3.3 | Anti-abortion views in the workplace

The third and final theme of the analysis focuses on the expression of anti-abortion views and their impact in the workplace. Evident here was a sense of being under surveillance, coupled with self-discipline amongst prochoice participants. For participants who might need to seek workplace support, advice and guidance, from colleagues or managers, there was a clear and present danger of potentially encountering someone with forceful anti-abortion views.

Just under a third of focus group participants stated that they were anti-abortion. The judgmental element evident in anti-choice participants, and the sense of entitlement to proselytize and dissuade others from seeking an abortion, distinguishes abortion in the workplace from the three Ms—menstruation, maternity and menopause (Grandey et al., 2020). Whereas these all bring embodiment into the workplace in ways that disrupt the status quo and incur penalties, abortion both foregrounds embodiment, and deeply held patriarchal views of women as untrustworthy and even in some instances selfish and wicked (Bloomer et al., 2017b; Kumar et al., 2009). Framing abortion as murder differentiates it from the 3 Ms whilst these may be stigmatized and silenced, they are not considered criminal activities or “murder”—the penalties for raising them as issues are much higher for the individual—so whilst someone might not like talking about the menopause or menstruation in the workplace they are unlikely to actively shun them or report them. Here we also observe the framing of the fetus referred to as “child” and “baby” and the act of abortion as “murder”.

I'm also not judgemental... I honestly believe though that abortion is being pushed to be normalised in society lately—women's right over her own body etc... As a young woman myself I agree with the principal of women having rights over your own body. What I disagree with is when it's at the cost of murdering a child who can't protect itself ... Having a baby bump, feeling the baby kick, just a few weeks off delivering and suddenly deciding you don't want the baby anymore so you will kill it—I just don't understand that. (P12)

The analysis of abortion experiences in the workplace has highlighted the impact on individual workers of disciplinary power and the effect of the normalizing gaze and surveillance. Abortion experiences are silenced, with pro-choice participants very familiar with, and wary of, anti-abortion positions. They navigate the negative framings of abortion generated by anti-abortion campaigners which are underpinned by an assumption of fetal personhood (Macleod and Hansjee, 2013). The anti-abortion position amongst participants traversed a continuum that included those who would deny abortion in all circumstances, wherein any relaxation of the abortion legislation as likely to lead to a “slippery slope” of abortion on demand (P56–Male; P23–Male; P7–Male; P24–Male). Outright opponents of abortion positioned abortion as “murder”: “murdering a child who can't protect itself” (P12).

So you [the researchers] are asking for views of “normalisation” of abortion. The question itself appears biased as you thinking abortion is “normal”. It is not normal to murder defenceless individuals because it is “trendy”. (P7–Male)

Anti-abortion participants repeated abortion myths such as abortion is detrimental to women's mental health, and most women regret their abortion (P12; P24). As examined by Bloomer et al., 2018 and others, multiple studies have clearly demonstrated that there is no evidence base for any of these beliefs (Charles et al., 2008; Coleman, 2011; Guo et al., 2015; Kelly, 2014; Major et al., 2009, 2011; Steinberg et al., 2019). One participant drew on the experience of being coerced into abortions to explain the adoption of an absolutist opposition,

It was the ABORTION that traumatized me. Getting up onto a trolley to have my child murdered within me left me a total spiritual, emotional and physical mess... People waken up, this is murder of the unborn in a brutal bloody way...its MURDER and is so damaging to women's physical, emotional and spiritual health. Why is the media not telling women the truth about abortion?? (P14–Y)

The absolutist viewpoint characterized abortion clinics as “human abattoirs” (P24–Male). Any relaxing of legislative restrictions would begin “normalizing abortion as a form of contraception”, the demand for which is driven not by reproductive rights but “to protect lifestyles, imagine sacrificing a baby's life to protect a lifestyle” (P24–Male). The view of abortion as a lifestyle choice is common in abortion mythology and presents women who have abortions as selfish and typically young and reckless. In this mythology, pregnancy is a punishment for sexual behavior.

Here we return to abortion stigma and the judgment placed on those who contravene the stereotype that all women should be mothers (Kumar et al., 2009; Palm, 2019, *forthcoming*). The intense hostility to these women is evident and ensures the ongoing silencing of abortion as a workplace issue. During the focus group discussions, other participants challenged the myths about abortion in relation to the negative impacts on mental and physical health and the use of abortion as a form of contraception. However, these challenges were in vain, with no acknowledgment from those who were anti-abortion as to the validity of the evidence base to counteract the myths. The minimization of abortion talk is the source of disciplinary power in the workplace, wherein systems of (self) discipline and surveillance (Van der Meulen & Heynen, 2016) are reinforced. Those with anti-abortion views are rarely, if ever, engaged in debate. In this sense the power of the gaze is itself a repressive character generating forms of self-restraint and self-discipline (Manokha, 2018), and operates at the level of the abstract unknown. The *perceived* power of the gaze ensures each individual exercises this surveillance over and against themselves (Foucault, 1980b). The evidence indicates that support structures, including workplace policies on abortion, are a starting point to normalizing abortion as a workplace issue and breaking down self-regulation.

4 | DISCUSSION

This study, conducted in 2017, prior to significant legal change in Northern Ireland and the Republic of Ireland, took place in a context where anti-abortion positions dominated at the macro level (legislative), the meso level (Church,

culture, media) and the micro level (individuals in workplaces) (Bloomer et al., 2017b). Anti-abortion norms proliferate, normalizing the view that abortion is “bad” (Ells, 2003). Abortion stigma flourishes, misinformation thrives, and in workplaces those with prochoice views and lived experience are silenced, exemplifying what Kumar et al. described as the positioning of abortion as “part of an ideological struggle about the meaning of family, motherhood and sexuality” (2009, p. 628).

This study contributes to the body of work in organizational studies on the reproductive life cycle (e.g., Boncori & Smith, 2019; Cervi & Brewis, 2022; Gatrell, 2019; Middlemiss et al., 2023; Mumford et al., 2022; Sayers & Jones, 2015; Whiley et al., 2022), and extends this to include a primary focus on abortion. We build on the understanding of the workplace being labeled as gender neutral but instead being characterized by cis-hetero, masculine norms (Brunner & Dever, 2014; Grandey et al., 2020).

The application of a feminist Foucauldian framework (Beynon-Jones, 2017; Bloomer et al., 2017b; Macleod & Durrheim, 2002) provided the means to examine how constituent elements of biopower, surveillance and disciplinary power, the normalizing gaze and resistance (Foucault, 1977; Macleod & Durrheim, 2002) can elucidate an understanding of the regulation and control of the gendered body in the workplace. Foucault's concept of biopower, highlighting the impact of power structures, norms, and policies on individual reproductive choices and how these are shaped within the broader context of societal expectations and institutional frameworks, including workplaces, offers a framework to understand how power operates within societal institutions, influencing individual decisions, behaviors, and the regulation of life processes (Foucault, 1977). Systems of surveillance and discipline are closely connected to Foucault's (1977) concept of disciplinary power, a form of social control that attempts to discipline the body through processes of regulatory power (Foucault, 1980a; Macleod & Durrheim, 2002).

Disciplinary power ensured the participants modified their conduct in the workplace as if under constant (real or perceived) surveillance. As P35 noted she “could not face the several questions...I also understood there would be judgment”. Surveillance generates the “internalized anticipation of being watched, which influences behavior and enforces compliance” (Simpson & Amsler, 2020, p. 41). For those with direct experience of abortion, the confiding of stories was strictly limited on a one to one basis. These individuals relied on masking tactics to generate alternative and acceptable narratives to explain absences from work, with the need to “act out” cover-stories, adding a further element of stress to the situation. This was exemplified by P34's recollection of “lying to your employer, taking sick leave, having to make travel arrangements while worrying if you get 'caught' how will you explain yourself”. The threat of criminality, prevalent at the time of the study, contributed to this oppressive tension. Participants, fearful of judgment, remained self-disciplined (Foucault, 1977; Gormley, 2020).

Foucault defined the normalizing gaze as a form of “surveillance that makes it possible to qualify, to classify and to punish. It establishes over individuals a visibility through which one differentiates them and judges them” (1977, p. 184). In response to the normalizing, gaze “we watch, judge, and control our own behavior ... in all our activities, public and private, and at all times” (Ells, 2003, p.215). As Participant 59 observed, it was evident that abortion discussion was not welcomed “... I work in a male dominated work place and have noticed that they seem afraid to discuss abortion and don't like when it is brought up”. The power of the gaze engendered participant self-restraint and self-discipline (Manokha, 2018). This surveillance was also observed by menopausal women experiencing symptoms in a male dominated workplace, where they visibly transgressed masculine norms (Atkinson, Beck, et al., 2021). Under the weight of the inspecting gaze, each individual exercises “this surveillance over, and against himself” (Foucault, 1980b, p. 155).

The value of Foucault for the feminist purpose, especially the inherent struggle for a social change, lies in the possibility of resistance (Bloomer et al., 2017; Macleod & Durrheim, 2002; Wolf, 2020, p. 124). The concept of resistance is the lens through which the research attempted to explore ways in which the participants might have attempted to challenge dominant norms around abortion as a workplace issue. This includes asserting the right to abortion, because as P19 noted, “a woman has the right to access safe and appropriate health care for whatever reason she sees fit”. This accords with recent studies on menopause, whereby the women positioned this phase of their reproductive lives as an opportunity to resist societal norms of patriarchal hegemonic femininity (Whiley

et al., 2022:15). In our research, evidence of resistance to disciplinary power in the workplace was largely absent, emphasizing the dominance of surveillance and the normalizing gaze.

Our study demonstrates that in workplaces, there was an almost overwhelming silence on abortion. In contrast, beyond workplaces, abortion stigma and anti-abortion norms which had been collectively saturated at the macro level of religion, culture and politics, were resisted by a progressive counter narrative in wider society (Bloomer & Campbell, 2022). These counter narratives, resulted from a myriad of factors including, historical and current Church scandals, high-profile stories about denial of abortion, and prochoice activism (Bloomer & Campbell, 2022). Macro level resistance allowed challenges to the ideology surrounding family, motherhood and sexuality (Bloomer et al., 2018; Kumar et al., 2009). Trade unions have a vital role to play here. Private life reproductive matters such as fertility, menstruation, pregnancy and pregnancy loss, and menopause must be supported, and workplace policy has been championed by trade unions (ICTUNI, 2021; Unison, 2017). As Middlemiss et al. (2023) identify employment leave entitlement on early pregnancy loss is often inadequate, failing to meet the needs of those experiencing miscarriage and abortion. As our research has shown abortion is a workplace issue, and issues such as sick pay, managerial support and awareness raising are key to ensuring workers are supported. Much work has been done to gender the laboring body through research and policy work on aspects of gendered work experience, including domestic abuse and reproductive health (Cervi & Brewis, 2022; ICTUNI, 2021; Unison, 2017). Abortion needs to be included in this framework to normalize discussion and in support of an aspect of healthcare which is a part of many women's experiences (Maxwell et al., 2020).

5 | CONCLUSION

Our research provides new knowledge on an under-explored area in organizational studies that of abortion as a workplace issue. The research extends understanding of how anti-abortion norms proliferate in morally conservative societies and in workplaces specifically. We began by acknowledging that abortion is a common occurrence (WHO, 2021), yet it is understudied as a workplace issue. We demonstrate how the embodied experiences of participants were set within the silencing of abortion as a workplace issue, and stigmatized positioning of abortion. This silencing on abortion, mirrors silencing in workplaces of other reproductive life events examined in organizational studies, such as the repression of menstruation talk (Sayers & Jones, 2015), miscarriage (Boncori & Smith, 2019) and menopause (Whiley et al., 2022).

The study demonstrates how the application of a feminist Foucauldian framework can elucidate understandings of biopower operating at two distinct levels, concerning the control of the population (macro-level) and control of the body (micro-level) (Macleod & Durrheim, 2002). The effect of biopower in morally conservative societies is to reinforce the status quo. In turn, and in parallel, we emphasize the operation of discourse at the public (politics/legislative/Church) and private level (workplace/home), and we argue that a key impact of public discourse is how it delineates the potential for discourse at a private level. At the macro level more high profile progressive voices are required to normalize abortion discussions, giving trade unions more freedom to lead, and empowering workers, individually and collectively, to resist disciplinary power in the workplace.

The study provides a starting point on examining abortion as a workplace issue within organizational studies. Further research, drawing on a feminist Foucauldian framework, can extend how abortion as a workplace issue is experienced in different jurisdictions; in settings where abortion stigma is less prevalent; comparing different types of organizations and different levels within organizations.

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CONFLICT OF INTEREST STATEMENT

No conflict of interests have been declared.

DATA AVAILABILITY STATEMENT

Data will be archived for further use once the current project has completed. Requests for access in the meantime can be made to the research team via the lead author.

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