Doctors and Witches, Conscience and Violence: Abortion Provision on American Television

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CONTEXT: *Popular entertainment may reflect and produce—as well as potentially contest—stigma regarding abortion provision. Knowledge of how providers are portrayed on-screen is needed to improve understanding of how depictions may contribute to the stigmatization of real providers.*

METHODS: *All abortion provision plotlines on American television from 2005 to 2014 were identified through Internet searches. Plotlines were assessed in their entirety and coded for genre, abortion provision space, provider characteristics, method and efficacy of provision, and occurrence of violence. Inductive content analysis was used to identify themes in how these features were depicted.*

RESULTS: *Fifty-two plotlines involving abortion provision were identified on 40 television shows; a large majority of plotlines appeared in dramas, particularly in the subgenre of medical dramas. Medical spaces were depicted as normal and safe for abortion provision, and nonmedical spaces were often portrayed as remote and unsafe. Legal abortion care using medical methods was depicted as effective and safe, and legal providers were presented as compassionate, while providers operating outside of medical and legal authority were depicted as ineffective, dangerous and uncaring. Fictional providers were largely motivated by the belief that abortion provision is a necessary and moral service. Plotlines linked abortion provision to violence.*

CONCLUSIONS: *The differing ways in which legal and illegal abortion are portrayed reveal potential consequences regarding real-world abortion provision, and suggest that representations situated in medical contexts may work to legitimate and destigmatize such provision.*

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Even though abortion is common in the United States—1.1 million abortions are performed by 1,720 abortion providers each year[1]—the procedure, abortion patients and providers are subject to stigma.[2–13] Stigmatization is the social process through which an individual or practice is discredited and devalued by broader society because of an attribute deemed to be outside of social norms.[14,15] Norris et al. theorized that stigma against providers is rooted in ideas of fetal personhood; legal restrictions that frame abortion as dangerous and morally wrong; and perceptions of abortion as dirty, unhealthy and unsafe.[2] Furthermore, because abortion providers perform stigmatized work, their entire identity is encompassed and devalued by that work.[14,15]

Stigma has very real consequences for abortion providers. It can lead to professional repercussions (e.g., strained collegial relationships, fewer job opportunities)[2,8,9,12] and plays a role in trained physicians' unwillingness to perform abortions, often more so than fears about their own safety and antiabortion violence.[9] Stigma can also lead to harassment and violence, and so contribute to risks faced by abortion providers.[11,16,17] Finally, abortion stigma begets more stigma: It increases secrecy and silence, which isolate and marginalize those involved in abortion care, thus making care more likely to be viewed as uncommon and unsafe—which, in turn, heightens stigma and makes it more difficult to reframe public discourses regarding abortion.[2,3]

Social theorizers of abortion stigma have identified mass media as playing critical roles in the reflection and production of stigma.[2,3,18] Communications research supports this contention: Analyses of television content have found that media frames[19] communicate inaccurate information about providers and medical practice,[20–22] and that frames regarding reproductive health are particularly stigmatizing[23] and inconsistent with evidence-based medical care.[24,25] On-screen depictions have been shown to influence public perceptions and increase stigma related to other health issues, including mental illness,[26,27] obesity[28] and infertility.[29] Such negative frames exist regarding on-screen representations of abortion: Abortion is consistently depicted as more dangerous than it truly is,[30] and characters who obtain abortions differ from real women getting abortions both demographically and in their reasons for doing so.[31] This body of research suggests that television's depictions of fictional abortion providers might contribute to the stigmatization of actual providers.

Media may not be all bad, however. Norris et al. have identified media channels—and "popular entertainment" specifically—as potential tools for normalizing abortion within public discourses.[2] This suggests that television

could potentially create positive frames that counter real stigma.

Understanding the role that popular culture plays in the production and contestation of provider stigma is contingent on understanding how providers are portrayed on-screen. In this study, we analyzed fictional representations of abortion providers on American television to identify patterns in these portrayals and to theorize how such patterns influence stigma toward abortion providers.

METHODS

Sample

Between December 2012 and February 2015, we performed multiple searches of the Internet Movie Database (IMDb), an industry- and crowd-sourced online catalog of film and television titles, searching for plotlines tagged with the keyword "abortion" or using the word "abortion" as a plot descriptor. In addition, we conducted a search using Google with the string "abortion on television" to find previously gathered lists of abortion stories on television, and to ensure that we identified recently aired titles that might not yet be tagged within IMDb, as well as long-running shows with a single abortion plotline that might not be tagged accordingly. We restricted our sample to English-language shows appearing on American television between January 2005 and December 2014 that depicted abortion provision. Further detail on these searches appeared in an earlier study.[30]

Data Coding

A trained research assistant coded the content of all plotlines. For some plotlines, this meant watching multiple episodes to view the entire story arc. The two authors jointly created a codebook, using both data- and theory-driven code development based on previous research.[30,31] The first author and a research assistant pretested the codebook to confirm that the codes were mutually understood. The codebook evolved throughout the coding process, and was revised periodically with the consensus of the entire study team, which consisted of both authors and the research assistant. As changes to the codebook were made, previously coded plotlines were recoded accordingly.

The codebook included show-related codes, as well as ones specific to the depiction of abortion provision. Show-related codes captured general characteristics of the program—type of distribution (i.e., network or cable television, subscription channel), time period, geographic location, legality of abortion and genre (e.g., drama, comedy). Abortion provision codes were variables related to abortion spaces, or the places where an abortion was offered, attempted or occurred; and to providers, characters who directly helped or offered to help another character end a pregnancy, regardless of whether an abortion actually occurred. Characters who attempted to self-induce an abortion were not coded as providers, and were excluded from this sample. Plotlines were coded for the specific type of space (e.g., clinic, outdoors), whether it was a medical setting, which parts of the space were shown on-screen (e.g., parking lot, operating room) and, in light of research finding an association in on-screen depictions between abortion and danger to the characters seeking one,[30] whether the space was subject to violence (e.g., breaking and entering, bombing). In-depth notes were taken to describe the appearance of the space, including the presence or absence of medical instruments, decor, lighting, cleanliness and comfort.

The research assistant coded plotlines that included a provider character for occupation and motivations for providing care, as well as for whether the character appeared in a single episode or was recurring, was a onetime or continual provider, and succeeded in performing an abortion. Given research finding that on-screen abortions are often depicted as dangerous,[30] the researcher also coded for depictions of safety precautions at the abortion space (e.g., use of bulletproof vests, security guards) and of violence toward the provider. Detailed notes were taken on the provider's appearance, demeanor, level of experience and method of provision (e.g., surgical abortion). When needed, the researcher gathered additional information about the overall program or characters' backgrounds from online episode summaries and critical reviews (e.g., to determine a character's medical credentials).

The study team met weekly to discuss coding questions and reach decisions by consensus. A handful of programs featured the same provider or space over multiple abortion plotlines. We merged these plotlines into single examples (e.g., a character who provided abortions in multiple plotlines was analyzed as a single provider) to avoid inaccurately inflating the counts of provider characters.

When coding was complete, a second research assistant independently coded 10% of the sample of plotlines. We achieved 95% intercoder reliability. For the findings presented below, the first author viewed all episodes of the plotlines included as descriptive examples during the writing process to ensure precise accuracy of detail. We did not require institutional review board approval for this research, as it included no human subjects.

Analysis

We computed descriptive data in Microsoft Excel, and used inductive content analysis to assess the qualitative descriptions of spaces and providers and to identify themes across the representations. Broadly, two themes emerged with regard to spaces: linkages between type of space and legitimacy of care, and the salience of nonprocedure spaces (e.g., waiting rooms). For providers, the emergent themes were efficacy, safety, legality and method of provision—and the relationships among these features—as well as motivations for providing care. All themes were discussed and agreed upon by the two authors throughout the analysis.

RESULTS

We identified 52 abortion provision plotlines on television over the period 2005–2014, depicting 44 unique spaces and 36 provider characters. The depiction of an abortion space or provider did not mean that these plotlines

TABLE 1. Percentage distribution of television shows and plotlines that included depictions of abortion provision, by genre and distribution, United States, 2005–2014

Genre and distribution	Shows (N=40)	Plotlines (N=52)
Genre		
Drama	72.5	75.0
Comedy-drama	7.5	7.7
Horror	7.5	5.7
Science fiction	5.0	5.7
Comedy	5.0	3.8
Soap opera	2.5	2.0
Distribution		
Network television	42.5	46.2
Cable television	37.5	32.7
Subscription channel	20.0	21.1
Total	100.0	100.0

Note: Percentages may not add to 100.0 because of rounding.

portrayed an abortion procedure: Only 11% of provider characters performed abortions on-screen.

Plotlines were found on 40 television programs, spanning a variety of genres (Table 1). Most plotlines (75%) appeared in dramas—specifically, in the subgenre of medical dramas, both historical and contemporary—and the remainder were spread across the genres of comedy-drama, horror, science fiction, comedy and soap opera. Twenty percent of the shows in our analysis, most often medical dramas, featured abortion provision multiple times. Forty-six percent of plotlines were in programs that aired on network television, the most accessible outlets for television viewers; 33% aired on cable television, and 21% on subscription channels.

Abortion Spaces

•***Medical abortion spaces.*** The most frequently depicted abortion spaces (75%) were medical facilities—for example, hospitals or private offices. Designated abortion clinics accounted for most (58%) of these medical spaces.

In 54% of the depictions of medical spaces, the scene showed the examination or operating room in which an abortion would take place. Most of these spaces were portrayed as clean, safe and comfortable, with visual counterpoints to the stigmatized framing of abortion as dirty and unsafe.[2] In the legal drama *The Good Wife* (2014), protagonist Alicia imagined an abortion clinic: The patient sat on an examination table in a well-lit room awaiting her abortion procedure. Jars of tongue depressors, gauze and other medical accoutrements lined the counter; hand soap and sanitizing wipes were shown on the shelf. These items signaled that the abortion was happening in a medical context; the soap and wipes communicated cleanliness and, consequently, safety. Other depictions of exam spaces were similar, with visual markers of medical legitimacy, such as charts of the reproductive system on the walls and clipboards with patients' records.

The horror program *Hannibal* (2014) was an exception to this pattern, and included a plotline involving abortion via a coerced hysterectomy. In this show about sadists and serial killers, the medical space was depicted ominously: Margot, the character who was about to receive a forced abortion, was strapped to the table, the room was dark, the characters performing the surgery wore red scrubs and the scene faded to black with eerie music playing. This depiction presented abortion as coercive and detrimental to the woman's well-being. Such a portrayal, however, must be contextualized within the show's genre. As a horror show, *Hannibal* regularly included gruesome events or objects, such as a meal made of human lungs and a tapestry made of human skin.

In some cases, medicalized settings were the main settings for the entire series in which the plotline appeared. In several medical dramas *(ER; Grey's Anatomy; House, M.D.;* and *Private Practice)*, abortions were presented within hospitals and physicians' offices, which were the shows' primary settings. This pattern normalized abortion spaces, both within the context of the shows' other plotlines and within the provision of other medical care.

Programs that did not depict the room in which an abortion would occur instead showed other parts of the clinic's space, including a parking lot or, most commonly, a waiting room. On-screen waiting rooms typified what one would expect from an American doctor's office, reinforcing the idea that abortions occur within an accepted medical context. In *Masters of Horror* (2007), in which an abortion story veered toward gore and violence, the waiting room conveyed a sense of normalcy, with purple walls, a large painting of lilies and magazines available for patients waiting to be seen. On *Parenthood* (2013), the clinic was identified as a Planned Parenthood facility by the sign above the receptionist's desk. The waiting room was full, but the space was quiet and separated from the medical professionals wearing scrubs. There were indistinct pamphlets laid out, and a bowl of condoms for the taking. Some on-screen waiting rooms were more luxurious, such as the one in *Dirty Sexy Money* (2009), which portrayed a room with large cushioned chairs, orchids and panoramic windows featuring a view of the Empire State Building.

Medical waiting rooms were also shown for two abortion spaces depicted in shows set in periods when abortion was illegal, and served to reinforce ideas of professional legitimacy even within a context of illegality. These facilities were identified as medical spaces by the titles and uniforms of the providers working there. On *Downton Abbey* (2013), the waiting room featured Victorian-era embossed wallpaper, floor-length curtains and Oriental rugs, all markings of respectability for its setting in 1920s London. Similarly, the historical drama *Mad Men* (2010) portrayed a waiting room with light green walls, office plants and—once again—a painting of flowers. These waiting rooms communicated the acceptability and propriety of an abortion space.

•***Nonmedical abortion spaces.*** Depictions of abortion were not restricted to formal medical spaces. Fantasy and historical shows, as well as the contemporary comedy-drama *Orange Is the New Black* (2013), portrayed nonmedical

spaces for abortion provision that were less clean and implicitly less safe than medical settings. In contrast to depicted medical spaces, the presentation of nonmedical spaces was consistent with stigmatized frameworks of abortion as being dirty and unsafe.[2] The 25% of depicted abortion spaces that were nonmedical spaces included bedrooms, a women's prison, a kitchen, a bar and the outdoors. For example, in *Reign* (2014), set in a fictionalized 16th-century French royal court, lady-in-waiting Lola traveled through the snow to a remote cabin in the middle of a forest to obtain an abortion. The cabin's door was made of wooden slats that allowed in the winter air. Inside, a table lined with crude, cast-iron tools was shown in the foreground, implying that these would be the instruments used in the abortion. Similarly, on *Salem* (2014), set in the 17th-century American colonies, Tituba attempted to perform an abortion on Mary deep in the woods outside of town, in the middle of the night, so that members of their community would be unaware of their actions. Finally, *True Blood* (2010) featured an attempted abortion via a Wiccan ceremony, which was also set in the woods at night. These nonmedical spaces were situated on the edges of the fictional worlds in which they took place, apart from the shows' typical settings, suggesting that abortion should be secretive and that such spaces should be isolated.

Abortion Providers

The majority (61%) of provider characters were featured in a single episode of the shows. Among recurring characters involved in abortion plotlines, most performed or offered to perform an abortion just once. Only 14% were both recurring characters and ongoing providers.

•***Medicalization of effective providers.*** On-screen, effective abortion provision—meaning care that conclusively ended a pregnancy—was squarely situated within a medical context. Three-quarters of abortion providers were doctors or nurses, most working in contemporary medical settings. Nearly all completed abortions were done using surgical methods (94%) and performed by a physician (87%). Furthermore, all physician characters who unambiguously attempted to perform an abortion succeeded in ending the pregnancy, thereby presenting doctors using medical methods as effective practitioners.

Notably, a character did not need to be a medical professional in order to perform an effective abortion, as long as the methods and practices employed were similar to ones that a medical professional might use. For example, on *Call the Midwife* (2013), Mrs. Pritchard failed as a provider when she used herbal methods. However, when she used a surgical method, she was able to end the pregnancy. Sister Harriet, the nun on *The Knick* (2014), also used surgical methods successfully. In addition to using medical methods, these nonphysician characters were established providers, not onetime providers helping friends in need.

In contrast, nonmedical providers were shown as ineffective. A number of characters attempted, but failed, to perform abortions through "supernatural" methods: Holly, the waitress and Wiccan on *True Blood* (2010); Tituba, the enslaved woman and witch on *Salem* (2014); and Gloria, the incarcerated woman and Catholic mystic on *Orange Is the New Black* (2013). (Both Holly and Tituba lived in fantasy worlds, in which supernatural methods might be reasonably expected to work.)

These providers were not merely ineffective, but also deceptive. Gloria knew that the tea she prepared for Daya would not actually end her pregnancy, and Tituba knew that Mary's son was alive after their demonic ceremony (though she hid his existence from Mary). It bears noting that these nonmedical providers may have been ineffective by intent, rather than inability; the viewer cannot know if they could provide abortions if they intended to. This pattern reinforced the framework that abortion must take place within a medical context to be trustworthy and effective.

A final exception to this pattern linking medical practitioners with efficacy was Dr. Luka Kovac on *ER* (2006). In this plotline, Luka inserted laminaria into a patient's cervix without intending to remove the contents of her uterus; they both hoped the insertion would be sufficient to induce a miscarriage without further medical management. Luka described this approach as "a medical way we have of giving God a chance to reconsider." In this statement, we see a merging of the medical and supernatural approaches, with ambiguous efficacy. The plotline did not reveal whether this method worked.

•***Legal provision as safe provision.*** On-screen, safe abortion provision most commonly occurred in a setting where abortion was legal. However, more than a quarter of plotlines involved illegal provision, either because they took place in a historical setting in which abortion was illegal or because illegal providers were functioning in settings in which abortion was otherwise legal.

Most illegal abortions were depicted as unsafe, and fears over safety led several characters who were seeking abortion in illegal contexts to change their minds. Illegal providers were depicted with skepticism regarding their credentials and ability to provide a safe abortion. On *Downton Abbey* (2013), when told that the doctor will see the patient shortly, Edith's aunt aggressively responded, "As long as he *is* a doctor," as if to challenge his qualifications. On *Reign* (2014), an abortion was abruptly halted when Mary, Queen of Scots, dramatically entered and told Lola she could die if she proceeded. Finally, in *Call the Midwife* (2013), Mrs. Pritchard's surgical procedure left Nora with severe blood loss that put her into a coma.

There were exceptions to the pattern of linking illegality and unsafe abortion: Both Sister Harriet on *The Knick* (2014) and Dr. Harold Hollis on *Boardwalk Empire* (2012) provided safe abortions in 19th-century New York. In both shows, however, it was understood that illegal abortion was generally unsafe, and that these providers—able to perform safe abortions—represented exceptions. On *The Knick,* Sister Harriet provided abortions precisely because she could perform them more safely than other illegal

providers. On *Boardwalk Empire,* Margaret was able to knowingly seek out Harold as a provider who would perform a safe abortion because she had witnessed a botched abortion and had worked to provide reproductive health information to other women.

In contrast, legal providers were portrayed as offering safe abortions, with no insinuations made regarding their qualifications or ability to perform the procedure safely. All of these legal providers were depicted within medical settings. In *Grey's Anatomy* (2011), the doctor explained the procedure to Cristina and, after Cristina confirmed that she was completely sure of her decision, matter-of-factly proceeded. On *The Fosters* (2014), the provider succinctly told Lena that continuing the pregnancy would jeopardize her life and health, unequivocally communicating the risk at hand.

In a related manner, and consistent with varying depictions of safety, illegal providers were portrayed as having little concern for their patients' well-being, while contemporary, legal providers were depicted as being more compassionate. Negative portrayals of illegal providers were tied to safety; because they were performing unsafe procedures that would be risky and detrimental to patients' health, they could not be overly concerned with their well-being. For example, the provider on *Reign* was unsympathetic to Lola's fears, and told her: "Did you expect this to be easy? Think hard before we begin." Mrs. Pritchard on *Call the Midwife,* though understanding of Nora's nervousness, offered no reassurance. In contrast, legal providers were portrayed as being compassionate. Cristina's doctor on *Grey's Anatomy* offered her medication to help her relax and to ensure her comfort. Lena's doctor on *The Fosters* showed sympathy in a conversation with Lena's wife: "I know, it's scary. But let's give her a little time to process this." Such patterns relate directly to the theory that abortion restrictions themselves work to produce abortion stigma.[2]

•***Abortion in relation to other medical care.*** On-screen, most medicalized abortion care was provided in the same spaces and by the same characters as was other care, contesting that abortion should be marginalized. Although abortion clinics were the single most frequently depicted type of space, for plotlines in which the provider was shown, the majority (52%) were set in facilities that provided other medical care. All recurring provider characters who were physicians were shown providing other types of care in addition to abortion, and none worked in a designated abortion clinic. These representations, in fact, integrated fictional abortion care into other medical care more often than actually occurs in the real world, where 70% of abortions are performed in specialized abortion clinics and the majority of providers have high abortion caseloads.[32]

•***Motivations for providing care.*** Characters expressed a variety of motivations for providing abortion care, including financial, demonic, political, personal and humanitarian. One-quarter of provider characters articulated their motivations for providing care; these reasons portrayed them as courageous, even heroic, and as performing a social good, thereby countering provider stigma. For example, for Sherman Cottle, on the science fiction program *Battlestar Galactica* (2006), the commitment to abortion provision evolved as a political story. When Rya, an alien woman, came to their spaceship seeking abortion care, Sherman was very matter-of-fact about it: "I get a note that a girl's on the way. She arrives. I do my work. And then she leaves. I don't ask a lot of questions." Later, however, he revealed himself to be more committed to abortion provision than this simple statement suggested, as he advised Rya to seek political asylum so that she would not be returned to her home community (where abortion was illegal) before obtaining care. Similarly, Sister Harriet, on *The Knick* (2014), who provided safe, illegal abortions, viewed her work as saving lives. A cynical ambulance driver described a call in which he picked up a young woman who had had an unsafe abortion: "I have seen some crazy bad shit, but the look in that girl's eye, the terror, that was too much, even for me." Sister Harriet responded simply, "Now you know why I do what I do for these girls."

Consistent with these portrayals, Addison Montgomery, on *Private Practice* (2011), explained her commitment to abortion care as being partially rooted in her own abortion experience, but also in a sense of obligation regarding the scarcity of providers and of bravery in the face of the risk of violence. In recounting that experience, Addison said, "I was embarrassed and scared. I was everything a woman shouldn't be." Her experience was presented as a legitimate professional motivation, which also personalized her stance. She was not without ambivalence about abortion, but her commitment to provision trumped any personal discomfort. For example, when performing a second-trimester abortion, she stated emphatically: "I hate what I'm about to do, but I support Patty's right to choose. It is not enough just to have an opinion, because in a nation of over 300 million people, there are only 1,700 abortion providers. And I'm one of them." Later, she commented on abortion-related violence: "Even after you make the most difficult and personal decision that there is, [abortion's] still not safe. Because you have some fanatic who claims to value life who can walk into an abortion clinic and blow it up." These motivations challenged the stigmatization of abortion providers by presenting Addison as heroic and presenting abortion provision as a necessity.

Two characters were portrayed as providing abortion for more dubious reasons, hence legitimating the stigmatization of abortion providers by presenting them as greedy or evil. Neither character was a physician, and both provided services illegally. First, Mrs. Pritchard, on *Call the Midwife* (2013), was depicted as being motivated primarily by money. She did not show concern for Nora when her initial herbal treatment failed, shaming Nora for needing an abortion and provoking a physical altercation between them. She refused to perform a surgical procedure until Nora paid a hefty price, and when Nora managed to raise the money by selling her belongings, Mrs. Pritchard was primarily concerned with collecting her fee. Second, Tituba,

on *Salem* (2014), was depicted as offering abortion services for immoral reasons. Tituba is a witch, and the abortion she performed on Mary was Mary's initiation into witchcraft; this demonic initiation was Tituba's primary motivation.

Violence and Abortion Care

Violence was another theme in television depictions of abortion provision; 10% of plotlines included violence against a provider or a clinic (four murders of providers or other clinic staff, and one clinic bombing). The occurrence of violence produces stigma by linking abortion to danger and, often, by framing such violence as a consequence of abortion's being a moral wrong.[2] In these plotlines, the inclusion of violence presented abortion work as inherently dangerous and signaled a consequence for characters for their abortion provision; yet, at the same time, it underscored providers' bravery.

In three shows—*Law and Order* (2009), *Copper* (2012) and *Orange Is the New Black* (2013)—the plotline was set in the aftermath of a provider's murder. The *Law and Order* episode was about the murder of a provider who performed later abortions and who was killed in church. During the investigation, the fictional Dr. Walter Benning was revealed to have killed a baby who was born alive after a failed procedure; thus, Walter was both a victim and a perpetrator, and the police officers and district attorneys involved in the case were portrayed as morally anguished over their responsibility to bring his murderer to justice. Similarly, when the body of abortion provider Madame Grindle was found in *Copper,* the police officer simply stated, "She'll rot in hell" and referred to her as "godless." In their deaths, these on-screen abortion providers were villainized.

Beyond the actual incidence of violence, plotlines tied abortion provision to danger by depicting providers who took measures to ensure their safety. Such measures suggested that these characters anticipated violence and prepared for it in their daily lives, in a way accepting it as an expected part of abortion provision. In *Law and Order,* Walter wore a bulletproof vest and carried a gun, although neither prevented his murder. The providers on *Masters of Horror* (2007) had bulletproof vests, guns, a security guard, a restraining order against a protestor and an established safety procedure for when they heard gunshots—but none of these measures kept dangerous intruders (both human and demonic) from entering the clinic. In our sample, the only abortion provider shown taking safety precautions without encountering violence was Audra, from *Weeds* (2009), who wore a bulletproof vest. In this plotline, the safety measures and impending threat of violence were used to portray Audra as noble and self-sacrificing.

DISCUSSION

Overall, our sample of on-screen representations of abortion provision upheld medical authority in abortion care. For the most part, effective, safe and compassionate abortion care was provided by physician characters working in legal, medical settings, and hence these portrayals contested the stigmatization of contemporary abortion providers. However, portrayals of nonmedical and illegal abortion care were consistent with a stigmatized understanding of abortion provision. That legal and illegal abortion providers were portrayed so differently suggests that while abortion provision remains stigmatized, modern medical contexts work to contest stigma.

As theorized by Norris et al.,[2] these representations illustrate why provision is stigmatized. The omission of providers and clinical rooms in abortion plotlines contributes to the invisibility of the actual procedure. The portrayal of illegal abortion spaces as unclean and risky reinforces the idea that abortion is detrimental,[2] which is a central premise of abortion stigma. In addition, the overall negative depiction of illegal provider characters supports Norris et al.'s contention that legal restrictions on abortion not only are a consequence of stigma, but also contribute to stigma.[2] Such restrictions, and in some cases prohibitions, on abortion provision reinforce the idea that abortion is dangerous and morally wrong, and so work to produce stigma.

However, as Norris et al.[2] proposed, we find that on-screen depictions contest the stigmatization of abortion provision, particularly when stories are set in medical spaces and when providers are physicians. The portrayal of these spaces as clean and of medical provision as safe is a direct challenge to stigmatized understandings of abortion as dirty and risky. Provider characters are shown practicing medicine other than abortion care, and working in spaces other than designated abortion clinics. This contests the isolation of abortion from mainstream health care and the marginalization of abortion providers within medicine (consequences of stigma that real providers face[2]). This also counters the fundamental idea that abortion provision devalues a provider's identity,[14] as characters are depicted providing other meaningful types of medical care.

Most characters whose motivations for providing care could be identified framed abortion as a legitimate and needed service. Furthermore, most medical providers were portrayed as compassionate and committed to their patients' well-being, which contests the stigma-supported concept of abortion providers as "murderers" committing a moral wrong. In many ways, the motivations of these fictional providers reflect the motivations of real providers, who feel compelled to provide abortion care out of concern for women's health, lives and ability to control their own reproductive futures.[10,33,34]

The contributions and challenges these plotlines make to the stigmatization of abortion provision must also be understood within the context of their shows' genres. Given that the majority of the shows including an abortion were dramas, it was unsurprising that plotlines portrayed abortion provision in dramatic ways—for example, by highlighting risk and illegal behavior. A similar argument could be made for explaining why so many on-screen abortion providers operated in illegal contexts: Many of the shows with

abortion plotlines were historical dramas, set in periods when abortion was, indeed, illegal and more dangerous than it is today. Just as the genres and settings of these shows affected how abortion provision was depicted, we must also consider that the shows came from a fairly narrow band of genres. Although television horror programs are far fewer than comedies,[35] abortion provision appears more often in horror shows than in comedies, suggesting some preexisting association between horror and abortion—or lack thereof between comedy and abortion. Indeed, Jones[36] found that abortion was a recurring theme within the horror genre. This pattern begs the question of why such shows are portraying abortion provision in the first place, and how this may contribute to the stigmatization of abortion.

This pattern has potential consequences in regard to real-world abortion provider stigma. First, these depictions may contribute to suspicion of abortions that take place in settings viewed as too removed from medical authority—namely, care provided by practitioners other than physicians or by physicians working remotely via telemedicine, or abortions induced by medication that a woman takes without a physician present. Second, as legal restrictions impose mounting constraints on abortion care, procedures that fall outside of the law—and the providers who perform them, or did perform them when they were legal—might be viewed more dubiously.

Limitations

This research is limited by our inability to know whether aspects of stories that appear to be stigmatizing (or destigmatizing) are intended that way by content creators or understood that way by audiences. For example, abortion care is more integrated into other medical care on-screen than it is in real life. This pattern could reflect either a creator's intent to normalize abortion care or a creator's not understanding the reality of abortion provision in the United States. For audiences, the impact of a depiction could either challenge the marginalization of abortion care or communicate that abortion care is easier to access than it actually is. In addition, depictions of abortion as unsafe in settings where it is illegal might be intended or understood to portray abortion as fundamentally dangerous, but might also highlight the importance of legal protections for abortion provision. Since real-life illegal abortion is less safe than legal abortion,[37] a viewer's interpretation of fictional depictions will depend on the creative choices employed by the content creator. This is also true regarding aspects of abortion other than legality: If a space and provider are portrayed as medically legitimate, but characters within the story view abortion as a moral wrong, the story could overall be understood as stigmatizing abortion provision. While our analysis of aspects of plotlines that contest and produce stigma took into account the creative elements (e.g., tone, setting, genre) and overall content of the abortion plotline, the question of how viewers understand what they watch remains open. Future research examining creators' intent and audiences' understandings will provide further insight into whether and how on-screen stories influence stigma toward abortion providers.

Conclusions

Ultimately, while we identified a small number of on-screen portrayals that reflected and produced stigma regarding abortion care, we largely found that portrayals of provision challenged ideas that serve as root causes of stigma. These findings indicate that there is indeed potential within popular culture to contest stigma and contribute to improved cultural narratives about abortion provision specifically, and abortion care and access more broadly.

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