

The Abortion Pill and Other Myths: Medication Abortion on Screen

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Abortions are more prominent in popular culture than they have ever been. While abortion used to rarely feature on mainstream television and was frequently viewed by producers and channel executives as risky and polemical, recent years have seen an increase in abortion storylines.¹ This is beginning to reflect the fact that abortion is a common event with an estimated one in four US women having an abortion,² and television narratives are more frequently showing abortion as a positive decision.³ However, inaccuracies in how abortions are shown still exist. In this chapter I address one specific inaccuracy: the rarity of medication abortions on television.

There are two broad types of induced abortion: medical and surgical. A surgical abortion is a minor physical procedure that directly terminates a pregnancy while a medication or medical abortion is the taking of medications to end a pregnancy. Most abortions in the US are now performed using medications,⁴ but abortions shown on screen have been disproportionately surgical.⁵ Here, I examine a selection from the minority of television plotlines that do portray medication abortions in order to explore how they represent them, with a specific focus on the accuracy of the portrayals. The television programs analyzed are *Vida*, *Standing Up*, and *Scenes from a Marriage*, which are all recent television programs that show a main character accessing a medication abortion. First, I give an overview of medication abortion followed by a summary of why abortion misinformation on screen matters and a description of the methodology used to analyze the plotlines. The chapter then presents an analysis of the above television programs' abortion plotlines through

two themes: accessing the abortion and experiencing the abortion. I then conclude the paper by considering the future of the representation of medication abortion, particularly in a post-Roe world.

Medication Abortions

Medication abortions are common, safe, and supported by major international medical organizations, including the World Health Organization.⁶ The standard procedure is the taking of two medications, mifepristone and misoprostol, which is around 95% effective,⁷ but where mifepristone is not accessible then a misoprostol-only regimen is also highly effective with efficacy rates of 88-93% and the chance of serious complications very rare at 0.2%.⁸ Medication abortions are appropriate for most patients within 70 days of gestation, and they are “said to be successful when the medication achieves complete expulsion of the products of conception, without the need of any surgical intervention.”⁹

There are three main ways that people access medication abortions. First is in-person clinical medication abortions where a patient interacts with a medical professional who prescribes them the medications that they take either in a clinical setting or can take home to use. Second is telemedicine, whereby video and/or other technologies are used to provide healthcare by a trained provider at a distance.¹⁰ This is particularly beneficial for people in remote areas who would otherwise experience geographical barriers to care and is appropriate for abortions, which require minimal hands-on assessment.¹¹ The third way is self-managed abortion, defined as the ending of one’s own pregnancy outside of a formal medical setting, and in some global contexts these make up the vast majority of abortions.¹² With accurate information and guidance, self-managed abortions are safe and the satisfaction levels are high, and people may go through the abortion alone, with a partner, friend, or

family member, or with an ‘accompanier;’ someone who supports people through the abortion process either in person or virtually outside of a formal medical system.¹³

Medication abortions are simple and do not need to be administered by a medical professional but there are numerous barriers to access including legal, economic, geographic, and informational obstacles.¹⁴ While abortion medications are typically only officially accessible with a prescription from a medical provider, people obtain the pills in a variety of ways, including from online providers, from pharmacies that are willing to sell them without a prescription, by traveling to a place where the pills are more accessible, or from online telemedicine providers.¹⁵ In spite of the frequency and efficacy of medication abortions, they are rarely represented in popular culture. The following section explores abortion misinformation and why the underrepresentation and inaccuracy of medication abortion matters.

Abortion Misinformation on Screen

The representation of abortion in popular culture reflects and reinforces public perceptions of abortion and can therefore reproduce stigma and misinformation.¹⁶ Understandings of what an abortion is, how abortions are experienced, and who accesses abortions are influenced by the messaging that people receive through popular culture.¹⁷

Misinformation about abortion is rife, and popular culture portrayals of abortion emphasize scenarios that are statistically highly unlikely. For example, US television storylines about abortion commonly show the abortion seeker dying or experiencing major complications even though this is incredibly rare.¹⁸ In addition, in their study of 96 television plotlines between 2008 and 2018 in which a character obtains or discloses an abortion, Herold and Sisson found that only seven abortions portrayed medication abortions, although

the years since then have seen a noticeable increase in the number of medication abortion on screen.¹⁹ The problem with the underrepresentation of medication abortions is that it suggests that abortion is necessarily a surgical procedure and requires hospitalization. The authors also found that the few existing representations of medication abortions were inaccurate in that they showed abortions as easy to access, uncommon, and dangerous. When abortions outside of formal medical spaces are shown, they are more likely to be ineffective, despite the proven efficacy of self-managed abortions.²⁰

Onscreen abortion storylines also inaccurately represent who accesses abortions. US television disproportionately shows those who experience abortions as young, white, and childless, thereby failing to represent people of color who do access abortions.²¹ Through their research on Black women, Latinas, Asian women, and biracial women accessing abortion on screen, Stephanie Herold, Gretchen Sisson, and Renee Bracey Sherman typically use full name of authors in first mention found “that these plotlines often simultaneously center race on an individual level and deemphasize race on a structural level.”²² This means that television programs erase the racialized barriers to abortion care that people of color experience.²³ This is within a context where barriers to abortion care for any abortion seeker are rarely shown and barriers that do exist can usually be overcome fairly easily.²⁴ In reality, people face numerous barriers to abortion access, and these are stratified, with rural women, poor women, and women of color most affected.²⁵ One recent exception is the rise in abortion road trip stories that center the narrative on the legal, political, financial, and geographical obstacles to seeking abortion care in the contemporary United States, but these representations all center white women.²⁶

Abortion misrepresentation on screen matters because it can exacerbate stigma and fear. Abortion stigma is “a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood.”²⁷

Popular culture representations of abortion that show abortions as shameful, exceptional, and dangerous can fuel this negative stigma.²⁸ For those considering an abortion, these representations can suggest that an abortion will put their life at risk and create unnecessary fear.²⁹ As Alison Patev and Kristina Hood have argued, people seeking an abortion need access to accurate information because “[e]xposure to misinformation may impact patients’ ability to make the best choice for themselves.”³⁰ Misinformation is prevalent in US society despite the wealth of scientific research challenging specific falsehoods such as that abortion is more dangerous than childbirth, that it may impact fertility, that it can lead to breast cancer, and that it leads to negative mental health outcomes.³¹

The negative consequences of misinformation about abortion are real, but popular culture can also be a space for challenging misinformation and offering more progressive and accurate representations of abortion. There is evidence that watching one specific medication abortion storyline improved audience knowledge about the procedure.³² More broadly, Sisson and Kimport have argued that television “could potentially create positive frames that counter real stigma”, and Sisson has stated that “the potential of popular culture to communicate new, progressive, feminist stories about abortion, rooted in reproductive justice, is real and urgent.”³³ Herold and Sisson spoke to TV creators who worked on abortion plotlines and found that “two primary reasons for including abortion plotlines were responding to specific political moments, and normalizing or adding complexity to existing abortion narratives.”³⁴ Accurate representations of abortion and showing abortion as normal, common, safe, and as an overall positive decision can help to combat stigma surrounding abortion and there is clearly will from TV creators to play a part in this.³⁵

However, these ‘progressive’ storylines should not be viewed uncritically. As I have argued elsewhere, purportedly ‘feminist’ portrayals of abortion can “frame the ‘choice’ to seek an abortion as highly individualized, as a decision to empower women particularly in

terms of their career and independence, and as disparate from the complex and unequal power structures that affect how women make reproductive choices.”³⁶ Patev and Hood call for further research into specific sources and examples of misinformation to understand what inaccurate medical information is feeding into societal understandings of abortion.³⁷ Therefore, in this chapter I focus specifically on medication abortion to explore what types of information are being disseminated about the procedure on television and whether the storylines are showing abortions accurately or not. Next, I introduce the abortion storylines analyzed and explain my methodological approach.

Methods

This chapter analyzes the following three television programs and their medication abortion storylines: *Vida*, *Standing Up*, and *Scenes from a Marriage*. These programs were selected by inputting ‘medication’ into ANSIRH’s Abortion Onscreen database and filtering by ‘television,’ which yielded 14 results as of August 2022.³⁸ These were reduced to a more suitable number for qualitative analysis by narrowing the search parameters to: being released within the last five years, where the person who has the abortion is a main character, and being accessible to stream in my location (the UK). Using these selection criteria will therefore not provide an exhaustive account of how medication abortions are represented. Rather, they provide a snapshot of some recent representations. Briefly, the medication abortion storylines in each program are as follows:

Vida is a US drama television series that premiered in 2018 on Starz. It follows the story of two Mexican-American sisters, Emma (Mishel Prada) and Lyn (Melissa Barrera) Hernandez, who return to where they grew up, Boyle Heights, Los Angeles, when their mother dies. In season three, episode five,

Emma has a medication abortion after becoming pregnant after a casual sexual encounter.

Standing Up is a French comedy-drama television series on Netflix that began streaming in 2022 and follows four young stand-up comedians as they pursue their careers. One of them, Aïssatou Gambaré (Mariama Gueye), has a medication abortion in the series finale after becoming pregnant with her second child.

Scenes from a Marriage is a US drama television miniseries that premiered on HBO in 2021 and is a remake of Ingmar Bergman's 1973 series of the same name. It focuses on the relationship between a couple, Jonathan Levy (Oscar Isaac) and Mira Phillips (Jessica Chastain), the latter of whom has a medication abortion in the first episode.

My analysis of these medication abortion storylines comes from the understanding that what we watch on television is not neatly separated from our 'real lives.'³⁹ Cultivation theory begins from the premise that exposure to television messaging influences the audiences beliefs and perceptions about what is being shown.⁴⁰ This has led to the general consensus that television is an important cultural influence that informs and educates viewers, whether or not the messaging is accurate.⁴¹ Societal understandings of topics such as abortion, then, may at least in part be shaped through popular culture, including television storylines about the procedure.⁴² Research suggests that fictional representations of abortion impact audience opinion on and beliefs about abortion, perhaps even to a greater extent than the liberalization of abortion laws.⁴³

I utilized narrative analysis in order to analyze how the chosen storylines represent medication abortion. This began with a pilot watch of the programs to confirm that they all showed a medication abortion storyline suitable for inclusion and to create a draft set of

codes. These codes covered a range of narrative themes (where the character accessed the pills, pain, who supported the character) as well as more technical codes to create data around camera shots, music, and lighting. This process resulted in two themes that are used to structure this paper: accessing a medication abortion and taking the medications, and experiencing the abortion in both physical and emotional ways.

Accessing and Taking the Medication

Vida, *Standing Up*, and *Scenes from a Marriage* are three recent television programs that made the decision to show a central character accessing a medication abortion. Given the rarity of medication abortions in television in comparison to surgical abortions, it is useful to explore how these programs portray how the abortion is accessed and how the procedure is explained and managed. The three characters all go to medical facilities rather than self-managing their abortions outside of the formal healthcare system, and they all have mifepristone-misoprostol abortions. In this section, I detail how the medication abortion is accessed and examine how accurate these representations are.

In *Vida* season three, Emma becomes pregnant after having sex with Baco, a man who works as a handyman at the bar Emma co-runs. Emma is a queer Latina whose relationship with her girlfriend, Nico, had recently ended. Emma tells her sister Lyn that she thinks she is pregnant, and in the fifth episode of the series we see Emma in a medical clinic that is so pink that the viewer will likely understand that it is a gynecology clinic or ‘women’s health’ center.⁴⁴ Emma is standing at the reception desk talking to the nurse who says, “The first pill is mifepristone. That one you can take right away, and the second one is misoprostol [sic], and that one you have to wait after 24 hours, and the side effects are heavy

bleeding, cramping, um, nausea, vomiting, and maybe dizziness.” Emma barely registers what the nurse is saying and immediately swallows the mifepristone and misoprostol. She hands over her bank card with a straightforward ‘thank you.’

The creator of *Vida*, Tanya Saracho, addressed the approach they took to the abortion storyline in an interview. Saracho brought in Caren Spruch, the Senior Director of Arts & Entertainment Engagement at Planned Parenthood, to advise on the storyline and explained that everyone in the writer’s room for this episode had had an abortion previously, but only a surgical one; “We hadn’t used the pill. And Caren [from Planned Parenthood] was like, “Please, can they use the pill?” We thought that was brilliant because there’s not a lot of information out there about it, so we said yes, and then we stayed in constant contact and showed them scripts to make sure we were saying and doing everything right.”⁴⁵ Saracho explained Emma’s failure to follow the nurse’s instructions, saying, “Because of character stuff, she didn’t follow the directions, and what she suffered was physical, not emotional.”⁴⁶ Therefore, the mispronunciation of ‘misoprostol’ and the lack of response from the nurse when Emma takes the medications incorrectly, are surprising when Planned Parenthood was involved. The mifepristone-misoprostol combination is highly effective when taken correctly, but the nurse failed to explain or ensure that the misoprostol tablets were taken properly. While the mifepristone pill is swallowed, the misoprostol tablets need to be placed under the tongue, between the cheek and gum, or inside the vagina and left to dissolve for thirty minutes. With Emma swallowing them at the same time, and seemingly only one misoprostol pill, the chances of the abortion being effectively completed are lower, and side effects are more likely.⁴⁷ While taking the medications incorrectly is in keeping with Emma’s character, the inaccuracies and lack of a response when Emma takes them in this way may lead to confusion for the audience about how abortion medications should be administered.

In *Standing Up*, Aïssatou, known as Aïssa, is a Black stand-up comic who begins to achieve career success after a video she made goes viral. This is particularly important to her, as she had taken time out of her career to have a child and had been struggling to regain traction. In the fifth episode of *Standing Up*, Aïssa realizes her period is late and rushes to a pharmacy late at night to buy a pregnancy test.⁴⁸ Earlier, in episode three, Aïssa and her husband, Vlad, discuss their plans for trying for a second child, but due to her stand-up career taking off, Aïssa tells her partner, “I don’t think I’m sure anymore” because “What’s happening right now is crazy... I’ve waited so long for this. I sacrificed so much for this. Another baby right now... I don’t think the time is right.”⁴⁹ After buying the test, Aïssa and Vlad anxiously wait for a result, and from the look of fear in her eyes and joy in his, we know it is positive. Aïssa and Vlad see a doctor and explain that they would like to know their options before they make a decision. Their doctor, who appears unconfident and checks his statements with the silent nurse standing behind him, explains that abortions are legal in France within the first 12 weeks of pregnancy and that Aïssa is eight weeks pregnant. Vlad cheerfully tells the doctor, “so we’ll talk in nine weeks, okay. Let’s go.” When Aïssa asks for more information on her options, the doctor explains that “we can offer the abortion pill” that has “two possible complications. One, the fetus doesn’t go away. And two, uterine perforation or synechiae of the uterine walls.” The nurse comes to stand by the doctor at this point, and he looks up at her and adds “but it’s very rare.” Aïssa asks if having an abortion can affect her future fertility, and the nurse reassuringly answers, “No, that’s a myth,” a phrase repeated by the nervous doctor. The misconception that abortions affect the ability to become pregnant in the future is common, so this is an important point to refute.⁵⁰ Aïssa and Vlad later argue about the pregnancy and Aïssa says that he pressured her to have another child. In episode six, Aïssa tells her manager that she will be having “a little operation... but it’s not a big deal.”

In terms of the accuracy of this abortion storyline, the doctor was likely correct on the legal limit for an abortion in France at the time of filming. In February 2022, the French parliament voted to extend the time limit from 12 to 14 weeks in order to bring France in line with other European countries and reduce the number of people having to travel abroad for an abortion after 12 weeks. The doctor was also correct that there is a chance that the abortion may not be successful, in which case it can be attempted again, or a surgical abortion can be performed, but he was incorrect in stating that uterine perforation can occur in rare cases. This is a potential scenario during a surgical abortion, but not a medication abortion, as nothing is entering the uterus to perforate it. Another point of potential misinformation is the term ‘abortion pill,’ which can give the impression that just one pill is taken, rather than it being a regimen of pills. However, the nurse was correct when she reassured Aïssa that her ability to become pregnant in the future will not be affected by having an abortion.

The first episode of *Scenes from a Marriage* sets out the relationship between Mira, a tech executive, and Jonathan, a university professor.⁵¹ They are being interviewed by a PhD student who is researching monogamous relationships, and through the interview we learn that Mira is a high-earning and high-powered executive who works long hours, while Jonathan is the primary caregiver to their four-year-old daughter during the week. One night while getting into bed, Mira tells Jonathan that she has something to tell him: she’s pregnant. “What?!... Wow.... Mira...How?” he exclaims, clearly surprised. She explains that she had forgotten to take her contraceptive pills when they went away for a weekend and she didn’t think she would become pregnant because, at 39, “it shouldn’t be so easy to get knocked up at my age.” She says she has an appointment booked in with the doctor the following week and asks Johnathan if he’s happy, to which he says “Yes of course I’m happy! Yes! I’m just a little... I’m stunned.” Mira says that she is too and that she didn’t know what to do, going on to say “*If we do this, so much is going to fall on you.*” They have a discussion about their

feelings, and they both agree that they ‘think they want this.’ They begin to embrace excitedly until Jonathan has an asthma attack, which Mira ascribes to his panicking. Mira laments that because they both know the challenges of having a baby, neither of them can be ‘completely happy and confident’ about the decision to have another child. They discuss their ambivalence and Mira says, “It’s painful wanting something and not wanting it at the same time.”

We next see the couple at the doctor’s clinic ten days later where the doctor says:

As I said, you’ll take the mifepristone here today, and that blocks your progesterone, effectively ending the pregnancy. And then I’ll send you home with four pills of misoprostol, and that’ll bring on contractions. So, that can be not so fun. You’ll have cramping and heavy bleeding. You’ll pass some large clots and you might have nausea, vomiting, diarrhea, dizziness, and in rare cases, fever. It’s like a stomach virus.

“Great,” Mira laughs nervously. The doctor tells Mira to call if she has any side effects that worry her and checks that this is something she still wants to do. Mira affirms and looks at Jonathan, who gives a small smile in response. When the doctor leaves to get the medications, Mira tells Jonathan, “She has to warn us about the symptoms. But it’s the simplest procedure.” Jonathan excuses himself to get a drink from the vending machine in the corridor, and we are given the impression that he is struggling with the abortion, although they both then agree that they are making the ‘right decision.’ The doctor returns to give Mira the mifepristone pill, which she swallows, and the misoprostol to take at home the next day ‘in her cheek.’

The information provided by the doctor in *Scenes from a Marriage* stands out for two reasons. First, this is an unusual level of detail for a medical procedure when the focal point of the program is not the procedure as in a medical drama. The doctor explains the precise

number of medications, how to take them, and what the expected side effects are. Second, this information is correct. This should not stand out but in comparison to the misinformation in *Vida* and *Standing Up*, among other inaccurate television representations, this is a notable achievement.

A commonality between the three programs is the lack of barriers to abortion access, which is consistent with the representation of abortion on television.⁵² In all three storylines we know that abortion is an option for the characters, and the abortion scene begins in the doctor's clinic, with no mention of the journey taken to access the clinic or option to have an abortion. But this does not mean that barriers do not exist in reality. Emma in *Vida* has her abortion in California, and Mira in *Scenes from a Marriage* likely has hers in Massachusetts. At the time of filming, abortion was legally accessible in these states, and given that Emma and Mira are financially independent adults with access to private transport, they are less likely to experience the barriers that exist in reality for so many people. *Standing Up* does not portray any barriers to access for Aïssa. However, in France, before an abortion can take place, the pregnant person must attend two medical consultations but this is not shown in *Standing Up*. Aïssa does not experience any financial barriers, which is true for most people, as anyone registered with the French social security system receives an abortion free of charge. Moreover, Aïssa is Black and Emma in *Vida* is Mexican-American and their racialized identities form a significant part of their non-abortion plotlines. However, despite well-documented barriers to abortion access for people of color,⁵³ their race or ethnicity do not play any part in their abortion experiences. Again, this is consistent with other television plotlines that downplay the structural barriers to abortion access faced by people of color and where white characters' racial identities fail to play a meaningful role in abortion narratives.⁵⁴

Overall, the accuracy of accessing and taking abortion medications in these three programs is patchy. *Vida* and *Scenes from a Marriage* give good information about the side

effects of the procedure, and the latter does an excellent job of explaining what the medications are and how they are administered. Unfortunately, *Vida* is otherwise inaccurate, and the doctor in *Standing Up* gives erroneous information about side effects, while all fail to show any barriers to access.

Experiencing the Abortion

For many audiences, watching people on television take abortion medications is the closest they will come to the procedure. Therefore, what is shown and how it is represented is important. In this section I look at how the three characters experience the abortion physically and emotionally.

Medication abortions differ from surgical abortions in one key way: they can take place anywhere and not just in a medical clinic. In *Vida* and *Scenes from a Marriage*, Emma and Mira are told to take the first dose, mifepristone, in the clinic and take the misoprostol at home, which is common practice and often legally required. In *Standing Up*, we do not see Aïssa take any medications but we are given the impression that she has taken the misoprostol while at home. In France, before the pandemic, mifepristone had to be taken in the presence of a medical professional, but this was relaxed with the provision of telemedicine abortion during the COVID-19 pandemic.⁵⁵ *Standing Up* appears to take place in the present day but where the COVID-19 pandemic never took place, making it difficult to know whether this change in legislation applies in the fictional world of the television show. What this does mean is that all three characters will experience the abortion outside of a medical space. We see Emma in *Vida* go through the abortion at home and at the bar where she works, and Aïssa in *Standing Up* is at home. We do not explicitly see Mira in *Scenes*

from a Marriage experience most of the effects of the abortion. The fact that the three abortions are successful is important given that television representations of abortions in non-medical spaces are more likely to be shown as ineffective, which can reinforce the idea “that abortion must take place within a medical context to be trustworthy and effective.”⁵⁶

The three characters all experience physical pain after taking the abortion medications. This reflects reality given that common side effects of mifepristone are abdominal pain, nausea, vomiting and diarrhea,⁵⁷ and effects of misoprostol are nausea (43–66%), vomiting (23–40%), diarrhea (23–35%), headache (13–40%), dizziness (28–39%), and thermoregulatory effects such as fever, warmth, hot flushes, or chills (32–69%).⁵⁸ Initially, Emma in *Vida* does not experience these effects. Emma and her sister Lyn are having a conversation and Lyn mentions that Emma may want to “wait to take that pill” until after that evening’s event at their bar. Emma waves her away, saying that she already took it. Lyn is shocked and says “What? This is you on the pill?” Emma shrugs and says “yeah” to which Lyn replies, “Oh, my God. I’d be totally green by now if I were you. The one time I took it, I got so sick. I literally had to curl up in bed with *caldo* for two days, almost three.” Emma explains that she’s doing fine because “well I have a rock for a stomach, so...” Emma’s tough constitution only lasts so long as later that day we see her bend forward and wince in pain, explaining to her ex, Nico, that she feels lightheaded and needs a minute. We later see her in the bar toilets on two occasions, looking unwell, and then vomiting in the back alley behind the bar. The episode ends with Emma vomiting into her bathroom toilet while Nico strokes her hair. Emma’s side effects may have been exacerbated due to her incorrect administration of misoprostol, but these are all common.⁵⁹

It is a similar story in *Standing Up*. Aïssa’s abortion scene begins with her reclining on her bed with Vlad sitting on the side. She’s reading the information pamphlet that comes with medications when Vlad says “It’s strange, isn’t it?” and Aïssa responds, “I don’t know. I

took the second pill half an hour ago,” suggesting that she is feeling no effects. Vlad asks if it scares her, to which she responds, “No. A little”. Aïssa is lying in Vlad’s lap when she suddenly doubles forward in obvious pain. Vlad embraces her, rubs her stomach and kisses her, telling her that everything will be fine. Later, while waiting to perform at a stand-up show with her friend and fellow comic Nezir, Aïssa is distracted and pacing. Nezir asks if she’s in pain due to her abortion and she says, “No. Don’t worry. I’m fine. It’s just that my hormones are crashing. I just feel like crying all the time... I’m not sad.” **Is this a common experience?**

Immediately after swallowing the mifepristone in *Scenes from a Marriage*, Mira stands up and groans, saying “I feel a little nauseous.” The doctor comes back in, and Mira says she’s fine and that she’s sure it’s just “the power of suggestion.” The doctor tells her to rest and that if she vomits she will have to take the medicine again. Alone in the doctor’s office with Jonathan, Mira tells him that she feels awful, and it is left ambiguous whether she means physically or emotionally. She says she wants to be alone for a while, so Jonathan goes outside to the waiting room. Mira covers her face with the bedsheet and cries. We do not see Mira experience the abortion after this, so it is unknown whether she experiences the physical effects that the other two characters experience.

The majority of television abortions take place off-screen,⁶⁰ but these three representations all show some element of the physical effects of medication abortions. These abortions are often painful, so it is appropriate that this is portrayed in the storylines. What these storylines do not show is the universal effect of a medication abortion: heavy bleeding. It is perhaps unsurprising that the programs shy away from showing vaginal blood given the discomfort and queasiness that surrounds it,⁶¹ with the creators preferring to show more common and less polarizing physical effects such as vomiting, nausea, and cramping.

As is common in many television storylines, plot is furthered and emotions are explained through dialogue. It is through conversations and relationships that we learn about much of the emotional experiences of the three characters as they have their abortions. In *Vida*, Emma remains emotionally detached from the abortion, which is in keeping with her character. We only see Emma talk about the abortion with her sister, who is supportive and matter-of-fact, but she also opens up to her ex-girlfriend Nico and accepts her support, which marks a moment of closeness between them. Emma does not tell Baco, the man she became pregnant with, and when her sister asks if she's sure she doesn't want to tell him, Emma curtly responds "Why would I tell Baco?" *Standing Up* and *Scenes from a Marriage* are markedly different from this. Both Aïssa and Mira are married, and their husbands play an important role in the decision to have the abortion (both are in favor of having another child) and in being present during the procedure.

In *Standing Up*, during the abortion Vlad reassures Aïssa that they are doing the right thing and 'saving France' because the child could have grown up to be an influencer, a stripper, or an arms dealer. Aïssa goes on to perform a sold-out headline show, suggesting that the abortion was the right decision for her career. In *Scenes from a Marriage*, in the episode following the one where Mira has the abortion, Mira tells Jonathan that she has been having an affair and that she has been wanting to leave him for eight months.⁶² This gives an additional reading of why Mira wanted to have an abortion. The subject of the abortion becomes part of their discussion about the future of their relationship and how they will parent their daughter while separating, and Mira tells Jonathan that she believed the abortion "was going to protect what we had. It was for us." She then replays a conversation with a friend that made her reflect that she was not happy in the relationship because "What kind of marriage needs an abortion to save it?" She continues, "I was terrified that if I had another kid then I could never leave." While Aïssa and Mira therefore have very different outcomes

after the abortion, this is consistent with other television programs that show the abortion as a turning point for the person having the abortion.⁶³

The experiences of the medication abortion are more accurate than the details of how to take the medications. The physical effects that all characters experience are probable, and between the three representations there is a range of emotional effects and consequences, which reflects real life where people have all sorts of feelings when having an abortion. However, all of the characters are glad that they had the abortion which accurately replicates the 95% of women who feel relieved after their abortion.⁶⁴

The Future of Medication Abortion on Screen

The fact that *Vida*, *Scenes from a Marriage*, and *Standing Up* show medication abortions as opposed to surgical abortions is significant given the predominance of the latter on television.⁶⁵ Moreover, while these three representations cannot be representative of all abortion storylines on television, it is notable that they buck the trend of showing young, white, childless women accessing abortions.⁶⁶ Emma in *Vida* is Latina and Assaï in *Standing Up* is Black, all are in their late twenties to late thirties, and Assaï and Mira in *Scenes from a Marriage* are both parents. Any conclusions drawn from this are speculative, but it is possible that television programs that more accurately depict the most common method of abortions (i.e. medication) are also more likely to be accurate in other ways by showing racial diversity, parents having abortions, and people at a variety of ages having abortions.

The problem of accuracy in two of these programs is not with demographics, then, but with the specificities of how medication abortions work. In *Vida* and *Standing Up*, the characters speak to medical professionals who give them incorrect guidance on how to use abortion pills for a medication abortion. This is a problem when the general public does not

know the technical details of medication abortion procedures and so will likely not know that these representations are inaccurate. In addition, these two further the myth of ‘the abortion pill’ as if there is one medication that someone takes one pill of in order to have an abortion. In contrast, *Scenes from a Marriage* is exemplary for the level of detail and accuracy of its medication abortion storyline.

If all of these three programs are sharing some inaccuracies about medication abortion or are failing to fully represent the average abortion-seeker’s experience, then they may be contributing to misinformation and misunderstanding about abortion. But, popular culture can contribute to the destigmatization of abortion, so what should the future of medication abortion representations look like? As above, there are elements of the representation analyzed here that deserve to be celebrated. Showing abortion-seekers of color, people who are queer, who are parents, and who are not teenagers helps to challenge inaccurate stereotypes about who has abortions. These elements should certainly be carried into future representations of abortion, and barriers to access should be addressed, not to scare those who require abortions, but to inform people that barriers do exist, and that they affect certain people disproportionately. Fictional storylines should also be accurate in how they describe how a medication abortion works, how to administer the medications, and what the likely effects are, and *Scenes from a Marriage* is commendable in this respect. Other US television shows such as *Station 19* and *A Million Little Things* are likewise giving accurate information about medication abortions and describing the procedure in close detail. At the very least, if writers decide they do not want to go into the level of detail that these storylines do, they should at least make sure they are not spreading misinformation around risks and what the procedure looks like. Working with abortion experts is an ideal way to avoid these inaccuracies and is increasingly common,⁶⁷ but as the example of *Vida* shows, even with this, the resulting representation can still reproduce misinformation.

While these three programs, amongst others, are helping to diversify the types of abortions we see on television, there remains work to be done. The representations of medication abortions that we do see predominantly take place in North America and Western Europe in medical facilities, which means audiences rarely see portrayals of the parts of the world where self-managing an abortion with pills is common. This is perhaps particularly important for the post-Roe United States, where more people will be searching for ways outside of the formal medical system to have an abortion, and so accurate information about medication abortions is paramount. It is also important to research and show abortions outside of the US for the simple fact that the vast majority of abortions in the world take place outside of the US. Popular culture will remain a key site where people's understandings and beliefs about abortion will in part be formed. Singular depictions are unlikely to significantly change audiences understanding of abortion, but multiple storylines over time may have a cumulative effect that shifts beliefs and perceptions.⁶⁸ It is therefore imperative that the representation of medication abortions is correct, accurate, and destigmatizing.

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