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After *After Tiller*: the impact of a documentary film on understandings of third-trimester abortion

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ABSTRACT

Onscreen pseudo-experiences have been shown to influence public perceptions of contested social issues. However, research has not considered whether such experiences have limits in their influence and/or vary in their impact. Using the case of third-trimester abortion, an issue subject to high amounts of misinformation, low public support and low occurrence in the general population, we investigate how the pseudo-experience of viewing *After Tiller*, a documentary film showing stories of third-trimester abortion, providers and patients, might serve as a counterpoint to misinformation and myth. We interviewed 49 viewers to assess how viewing the film interacted with viewers' previously held understandings of later abortion. Participants reported that viewing made them feel more knowledgeable about later-abortion patients and providers and increased their support for legal third-trimester abortion access, suggesting the efficacy of this pseudo-experience in changing belief. Nonetheless, respondents' belief systems were not entirely remade and the effects of the film varied, particularly in regards to gatekeeping around the procedure and the reasons why women seek later abortion. Findings show the potential of onscreen pseudo-experiences as a means for social change, but also reveal their limits and varying impacts.

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Onscreen representations are a ubiquitous and immersive way of telling stories. Such representations have been shown to influence public perceptions on a range of topics (Kolker 1999), including changing beliefs about the government, military and public programmes (Franklin 2006; Ortega-Liston 2000; Pautz 2015; Pautz and Warnement 2013), challenging conservative attitudes toward gay men and non-traditional families (Mazur and Emmers-Sommer 2002; Riggle, Ellis, and Crawford 1996), and countering social myths about rape (Wilson et al. 1992). Such influence has been theorised to operate through film's capacity to provide 'pseudo-experiences,' or insights into experiences that differ greatly from the viewer's own, that shift the viewer's knowledge of the topic and elicit empathy (Pautz 2015). These pseudo-experiences are attributed to the immersive nature of film and its ability to occupy viewers' attention in a curated way for sustained periods (Champoux 1999; Dubnick 2000; Holzer and Slater 1995; Lee and Paddock 2001).

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Investigation into the role of television and movies in changing public perceptions has yielded a rich literature on the effects of onscreen representations. With respect to health and medicine, scholars have focused on how such representations can improve public health outcomes (Griffiths and Knutson 1960; McCool, Cameron, and Petrie 2001; Story and Faulkner 1990; Wallack et al. 1993). Largely, research has not engaged in whether and how pseudo-experiences impact beliefs, opinions, and myths about health issues (i.e., the cultural aspects of health and medicine). Furthermore, most previous research on the impact of pseudo-experiences has deployed survey methodologies, making it difficult to capture variation in viewers' evolving opinions and any limits to their changing views.

We use a documentary film on third-trimester abortion, a highly controversial subject characterised by strong beliefs and opinions, to examine the impact of onscreen narratives in greater detail, considering how this representation provides the pseudo-experience of being a patient (or medical provider) and how this pseudo-experience interacts with broader ideas about access to contested medical procedures. Abortion is a common medical procedure in the USA, with over 1.1 million procedures performed annually and the vast majority (91%) taking place before the 13th week of pregnancy (Jones and Jerman 2014). Third-trimester abortion is quite rare: less than 1.3% of all abortions take place after 21-weeks gestation (Pazol et al. 2011), and only a small subset of this fraction takes place after the 24th week of pregnancy (i.e., the third trimester), although exact numbers are not tracked. Public opinion polls show that support for abortion diminishes as gestational age increases: while most people (61% of those polled) support legal abortion in the first trimester, only a scant 14% say third-trimester abortion should be legal (Cohen 2013). In essence, support for abortion rights wanes as gestation increases. As public support wanes, so does legal access. In the USA, 43 states have enacted prohibitions at later gestational ages, with 39 states making exceptions for the health of the mother and 4 states limiting later abortions only to save the life of the mother (Guttmacher Institute 2015).

The stigma and secrecy surrounding all abortion (Kumar, Hessini, and Mitchell 2009; Norris et al. 2011), coupled with the rarity and inaccessibility of third-trimester procedures, mean that few people have direct experience with the procedure. Misinformation about abortion is common in US culture, particularly regarding its safety, risk, prevalence and legality (Bessett et al. 2015; Kavanaugh et al. 2013). While sources of misinformation include both interpersonal interactions and public discourses (online and in the media) (Littman et al. 2014; Purcell, Hilton, and McDaid 2014; Sisson and Kimport 2014), abortion misinformation has also been cultivated by those opposed to legal abortion access (Bryant and Levi 2012; Russo and Denious 2005). Because third-trimester abortion is an uncommon experience, misinformation has few counterpoints in first-hand knowledge of the procedure, patients or its medical providers. Its effects are real: misinformation influences political behaviour (Esacove 2004; Kavanaugh et al. 2013; Russo and Denious 2005). Simply put, with the public possessing little accurate information about abortion generally, and sparse first-hand knowledge of third-trimester abortion specifically, myths about later abortion dominate public discourse on the issue.

Using abortion as an example of a contested, little-experienced medical procedure, we examine how a documentary film provides pseudo-experiences to counter misinformation and deconstruct social myths. *After Tiller* (Shane and Wilson 2013) is a feature-length documentary that depicts four US abortion providers who offer third-trimester procedures, and several of their patients. The film uses footage from interviews with the providers,

Table 1. Sample characteristics.

	Number	% of sample	Estimated % of total audience*
Gender			
Female	36	72	74.8
Male	14	28	25.2
Age			
Under 25	10	20	24.7
25–40	23	46	47.2
40–55	9	18	15.5
55+	8	16	13.7
Race/ethnicity			
White	45	90	
Biracial	3	6	
Asian American	1	2	
Middle Eastern American	1	2	
Yearly income (US$)			
No income	16	32	
Below 25,000	4	8	
25–50,000	4	8	
50–75,000	10	20	
75–100,000	5	10	
100–125,000	3	6	
Over 125,000	7	14	

*Only gender and age – not race or income – estimates for total audience collected.

patient counselling sessions and general office conversations to depict lived experiences of third-trimester abortion patients and providers. Here, we investigate how viewers respond to onscreen pseudo-experiences of third-trimester abortion through qualitative interviews with 49 audience members from seven different screening locations through the USA. We find that the pseudo-experience provided by the onscreen representation increased support for and comfort with third-trimester abortion. However, we also find limits to the effects of these pseudo-experiences when considering third-trimester abortion outside the context of the film and variation in how the experiences depicted in the film affect respondents. Our findings add nuance to research on how pseudo-experiences contribute to culture change, highlighting the importance of attending to the complexities of their effects.

Methods

We conducted in-depth, open-ended interviews with people who viewed *After Tiller* between October 2013 and February 2014.

Recruitment

We received permission from the film's distributor to contact theatres screening the film about recruiting at their venue. We chose theatres for their geographical and urban size variation. We approached 10 theatres for permission to recruit: seven agreed, two did not respond and one declined. We were able to recruit at screenings in Columbus, Ohio; Dallas, Texas; Missoula, Montana; Philadelphia, Pennsylvania; Phoenix, Arizona; Richmond, Virginia; and Seattle, Washington – all states in which third-trimester abortion is not legally available.

Through professional networks, we identified local volunteers to conduct recruitment. Volunteers read a script describing the study to filmgoers and distributed cards for audience members to list their name, email address and age if they were willing to be contacted by

Table 2. Reasons Discussed by Participants for Third-Trimester Abortion.

Reason	Number of times mentioned	Number of participants who mentioned
Foetal anomaly	101	44
Financial difficulty	32	23
Maternal health	22	14
Sexual assault	11	10
Late discovery of pregnancy	5	4
Failure to use/failure of birth control	4	4
Unhealthy relationships/domestic violence	3	2
Sex selection of foetus	1	1
Difficulty accessing earlier abortion	1	1
Other*	13	9

*Other includes reasons not elsewhere mentioned, such as not wanting to parent and alcohol consumption during pregnancy.

researchers. Cards were collected at the end of the screening and mailed to the study team. Volunteers also estimated and reported the overall size of the audience and its age and gender breakdowns. Based on these estimates, the screenings were attended by approximately 336 people, with individual audience sizes ranging from 7 to 90 people. See Table 1 for estimates of overall audience gender and age breakdowns. More than half of the audience members (187 viewers; 55%) indicated their willingness to be interviewed.

Sample selection

We aimed to interview 10 audience members per location. For audiences with fewer than 10 cards returned, we contacted all responders. For audiences with more than 10 cards, we purposively sampled from the returned contact cards to represent the age and gender breakdown of that screening. Between four and eight weeks after the screening (to work around the fall/winter holiday season) we emailed the selected candidates, requesting an interview. If a candidate declined to participate or we were unable to schedule an interview after three follow-up attempts, we chose a new candidate of the same gender and similar age, if possible, until we were unable to find willing participants. We completed 50 interviews but note that clear themes emerged early, showing that saturation was achieved. Because 49 of the 50 respondents identified as 'prochoice' and initial analyses suggested that the 'pro-life' respondent had a qualitatively different experience of viewing, we restrict our analyses to the 49 self-identified 'pro-choice' respondents.

Participants ranged in age from 19 to 70 years old and included 35 women and 14 men. As shown in Table 1, the age and gender distributions of the sample were similar to the estimated distributions of the overall audience. The interview sample was racially homogenous, though we cannot know if this is reflective of the total audience. Regarding socioeconomic status, the sample was more varied: 15 participants (including 14 students) reported no earned income; the remaining participants were distributed skewing towards higher incomes. In terms of geographic variation, we observed no differences in participants' general responses based on the city in which they viewed the film.

A notable proportion of the sample had direct experience with either providing or obtaining abortion care. Of the 35 women interviewed, 8 disclosed having abortions. One man disclosed having been involved in pregnancies that ended in abortion. Of participants, 3

were abortion-providing physicians and 5 were medical students who intended to provide abortions in their careers. An additional 3 participants had previously worked in abortion care or advocacy, though not as clinicians. Of the 49 participants, 43 said they knew someone who had received an abortion.

Interviews

Interviews were conducted by phone by one of the two authors, both trained in qualitative methods. They took place 4–21 weeks after the initial screening, with an average time between screening and interview of just over 10 weeks. This time interval was intentional so that participants would have time to reflect, engage in conversations about the film and differentially remember or forget certain parts, so that we might know which aspects of the film were important to shaping longer-term thinking. Delays from our desired window of 8–12 weeks after viewing the film were rare and due to scheduling challenges, especially for respondents from low-attended screenings where we did not have alternatives we could contact instead. In the analyses below, we are sensitive to how this longer length of time between viewing the film and the interview may contribute to reduced recall and do not report findings from these interviews unless they are consistent with accounts from other respondents. Interviews ranged in length from 30 to 81 minutes, with an average of 54 minutes. Identifying information was collected to mail participants a US$25 gift card to compensate them for their time, but no identifying information was retained.

We pre-tested our interview guide on three individuals who had seen the film, which prompted us to add more open-ended questions about what participants remembered of the film and to re-order the interview guide to discuss respondents' memories earlier in the interview. After closed-ended questions covering demographic variables, participants were asked to describe which moments of the film stood out the most in their memory, which moments surprised them and any moments that they objected to or disagreed with. They were asked about their beliefs and knowledge on abortion, and specifically third-trimester abortion, as they perceived them before and after the film. Most questions were open-ended, allowing participants to speak at length and share personal experiences or reasoning that felt important to them. The one substantive closed-ended question was whether they believed third-trimester abortion should be legal in their state. As appropriate, we asked follow-up questions to probe answers in more detail. This research format allowed us to explore the complex issues in detail, giving participants room to describe their thoughts on the film and opinions on third-trimester abortion and to make connections between the film and their personal belief systems.

Analysis

Interviews were recorded, transcribed and analysed in Atlas.ti 6 according to grounded theory techniques (Charmaz 2006). Based on fieldnotes from conducting the interviews, the authors jointly developed a preliminary code list. Codes included experiential codes (e.g. abortion experience) and participant opinion codes (e.g. opinion on third-trimester abortion). The first author used this preliminary list to code the transcripts, in the process identifying additional emergent codes (e.g. emotional responses to film scenes, reasons for abortion) and nuances to existing codes (e.g. bifurcating participant opinion

on third-trimester abortion into pre- and post-viewing). As codes emerged, the two authors discussed whether they represented new codes or subsets of existing codes. All differences were resolved through discussion until mutual agreement was reached. Using this expanded code list, the first author recoded all 49 interviews, again noting any emergent codes. A handful of new, more analytical (rather than descriptive) codes were developed this round and incorporated into the code list (e.g. trust, abortion stigma). The first author coded the data for a third time using this full list and, finding no new themes or patterns, we considered coding complete.

Of specific relevance to this analysis, we coded for respondents' descriptions of their beliefs before and after seeing the film, opinions of the doctors and thoughts on abortion (especially in the third trimester). We also counted the number of times specific reasons for third-trimester abortion were mentioned, defining a single 'mention' as a discrete bringing up of the topic (either independently or in response to the interviewer's question) or as an exchange with the interviewer on that topic.

Participants are described here by their age, occupation and the city in which they viewed the film; in a few cases, they are indicated by a fictitious initial to help the reader track particular respondents. Due to the size of the majority of cities in which recruitment took place, these measures were determined to be sufficient to ensure anonymity.

Findings

Our findings show that pseudo-experiences have the potential to contest misinformation and counter widespread social myths. However, we also found limits to the effects of this onscreen pseudo-experience in terms of developing new belief systems around contested issues. Further, we found significant variation in how viewers experienced, identified with and understood the same onscreen content.

Pseudo-experience and contestation of misinformation

Many participants reported that they had not known a great deal about third-trimester abortion before seeing the film. Except for the interviewees working in abortion care, most had few sources of knowledge about later abortion. Participants cited the 2009 news coverage of Dr. George Tiller's murder, anti-abortion propaganda or political debates about later abortion restriction as their primary sources of information. Some described themselves as having 'limited knowledge' or even 'no clue' and being 'confused'. Respondents referred to procedures as 'late-term abortion' and 'third-trimester abortion', often in ways that were not precisely tied to a clinical definition. For the results below, we use a precise term when that reflects respondents' usage or the more general 'later abortion' when they were making a more fluid reference to gestation.

Overall, many participants described a profound discomfort with later abortion, as a concept and as a medical service, prior to viewing the film. Michael, a 36-year-old law student in Missoula, was typical:

> I have been pro-choice for probably 20 years. Pretty adamant about it. But, when the topic of late-term abortion would come up, I would generally shy away … I had always had an image in my head that late-term abortion was similar to the picture that the anti-abortion propaganda had, where it had these mangled foetuses …. When it comes to late-term abortion, it's one of those topics that a lot of pro-choice people feel very squeamish about.

Others echoed this idea of avoiding the topic of later abortion. Christopher, a 29-year-old temporary office worker from Richmond, said, 'It [third-trimester abortion] was very abstract for me, because people don't talk about it very much … I didn't really understand why there's a need.' Incomplete knowledge led many participants to feel uncertain about their opinions on later abortion. For example, Lisa, a 43-year-old therapist from Seattle, said, 'I would definitely, 100% identify as a pro-choice person, but when you get to the later-term it gets a bit more muddied.' Similarly, Linda, a 67-year-old nurse from Seattle, explained, 'I didn't really have any feeling at all because I guess, maybe I never cared about it …. It was out there, but I thought, who does this and why?'

Participants also reported that they had little knowledge about providers of third-trimester abortion before viewing the film, leading them to have no particular opinion on or empathy for these physicians. Matthew, a 27-year-old engineer from Seattle, said that he 'never thought about them as people'. Without such a framework, he and other participants reported feeling disconnected from the concerns later abortion providers face and the idea of a third-trimester abortion provider remained abstract.

Given the lack of information and abundance of misinformation, participants expressed confusion about women who seek later abortions. As Matthew asked, channelling his pre-viewing thinking, 'Why couldn't you just do it before the third term? Be smart about it.' He continued: 'They've had a couple months before that to try to make a decision, and then they kind of feel like, at the last second, "This is my last chance. What am I going to do?"' Jessica, a 19-year-old student from Missoula, explained her lack of sympathy for women seeking later abortions before viewing the film: 'I couldn't really imagine any good reasons why someone might have not gotten an abortion until that late in their pregnancy.' In essence, participants' lack of knowledge about potential reasons for later abortion contributed to their lack of sympathy for the women seeking them.

Across the sample, respondents reported that the pseudo-experience provided by viewing *After Tiller* improved their knowledge of third-trimester abortion and increased their support for patients and providers. Epitomising this trend, Michael, quoted above describing his initial discomfort with the topic, said he was convinced of the 'dignity' of the procedure. Most participants expressed favourable opinions about the providers, describing them as 'brave' and 'very compassionate and skilled'. Several also cited the film as educating them about the scarcity of physicians willing and able to perform the procedure and the conditions in which they work. Amy, 36-year-old community organiser from Seattle, explained, 'I think certainly there was useful information about the challenges around providing late-term abortion … and just the kind of climate they're all operating under was kind of confrontational and hostile.' Beyond simply learning these facts, which revised previously held opinions based on misinformation, respondents reported being emotionally affected by this knowledge. For example many were surprised and comforted to hear physicians describe the procedure as an induced 'labour and delivery', as their earlier discomfort with the procedure was at least partially derived from an expectation they sourced in anti-abortion literature that the foetus would be mangled by the procedure. Additionally, some said they were 'shocked' to learn there are only four physicians publicly known to provide third-trimester procedures. The pseudo-experience provided by the film allowed viewers to think differently about patients and providers and to develop new opinions.

This support for third-trimester patients and providers translated into support for the legality of third-trimester abortion. When asked if they believed third-trimester abortion should be legal

in their state, all 49 participants responded affirmatively. Many stated their support for legality unequivocally, like Patricia, a 60-year-old writer from Dallas: 'Absolutely [it should be legal]. I think it should be legal in all states. And there should be no question about it.' Often, respondents cited the complexity of the women's stories in the film to explain their support for legality, articulating the significance of the pseudo-experience provided by the film. For instance, Amanda, a 32-year-old university professor from Phoenix, said, 'This is where I think personal stories become so important. I think having hard-and-fast laws about, like, after 24 weeks or 26 weeks or 32 week it can't happen ever – I don't think that's the right way to go.' For many participants, the pseudo-experience provided by the film compelled these evolving beliefs.

Further, viewing the film caused participants to challenge the framework for talking about abortion that makes distinctions by trimester. After viewing the film, participants did not see such qualifications by gestation as important to thinking about their support for abortion. Generally speaking, they did not differentiate between their support for third-trimester abortion access and their – often increased and renewed – support of abortion access at earlier gestations. Some went so far as to explicitly counter the prevailing idea that third-trimester abortion is qualitatively different from earlier abortion. David, a 44-year-old mechanic from Dallas, described this sentiment clearly, explaining why he doesn't qualify his support for abortion based on gestation:

> For me, it's really all or nothing. The second you say, 'Ok, yeah, this is right, that makes sense', then the whole package comes with it. It's not to say that there aren't differences, obviously, between terminating a pregnancy at week four or six or whatever as opposed to third trimester…. But, from a philosophical standpoint for me, it's the same. Why would I say you can control your body if it's this far along, but not if it's that far along?

Similarly, Linda, the 67-year-old nurse from Seattle, refused to differentiate by gestation, said 'an abortion is an abortion'. Ashley, 21-year-old undergraduate student from Phoenix, echoed this with, 'I know its [the film's] focus is on late-term abortion, but I read it as a conversation about abortion in general.' For these participants, supporting later abortion was a natural extension of their support for earlier abortion and, after seeing the film, they did not see distinctions among abortions by gestational age.

Limits of pseudo-experiences

Although participants were supportive of legal third-trimester abortion after viewing the film, in general, they were not widely accepting of later abortion access for any reason. Largely, respondents' support was specific to the abortions depicted on screen and, our interviews revealed, did not extend to any hypothetical woman seeking a third-trimester procedure. Most pointedly, this was evident in respondents' emphasis on the importance of any hypothetical woman having a 'good' reason for seeking a third-trimester abortion.

In discussing under what circumstances they would support a third-trimester abortion, respondents repeatedly cited a need for abortion due to foetal anomaly or maternal health indications. They considered the legitimacy of these reasons unquestionable. Others, like Amanda, the professor from Phoenix, stated, 'In the case of most of these abortions, it was the mother who was at a health risk or the child who was at a health risk …. And, so, those instances, to me, are acceptable.' Fully 43 of the 49 respondents mentioned foetal anomalies during their interviews, and foetal anomaly as a reason for abortion was mentioned by respondents 101 times (Table 2). For comparison, the second most frequently mentioned

reason, financial difficulty, came up in fewer than half the interviews (23) and was mentioned only 32 times.

When pressed about other potential reasons a woman might seek a third-trimester abortion, participants offered more equivocal support for access. One respondent, a 46-year-old writer from Seattle, explained that:

> … if the foetus is viable and there are no risks to the mother, it seems to me that the baby could be given up to adoption. Again, I'm not sure what the reason for abortion would be in that case.

Although she did not say outright that she would deny access, the participant does not offer clear support either. Of the women depicted in the film, Melissa, a 33-year-old physician from Missoula, said:

> I might not have agreed with all of their reasons for doing it – you know, some of them are more just because 'I can't handle another child right now' … I don't know if I would disagree with that reason, but it would be harder for me to just be, like, 'oh, yeah, totally fine with that' rather than, [abortion because of] a child or a foetus with a terminal diagnosis.

Similarly, Heather, a 30-year-old unemployed woman from Seattle, articulated more support for reasons grounded in medical diagnoses than other reasons, saying, 'I agree less with women who just wait for whatever reason and there's no medical reason.' These respondents conveyed a preference for medical reasons for third-trimester abortion, such as the health of the woman or the foetus, over reasons that could be categorised as personal or social, like a woman's ability to parent, that only the pregnant woman herself could assess.

This pattern of full support for foetal or maternal health indications and cautious or lack of support for other reasons is not consistent with the depictions of the film itself. In the documentary, 5 of the 11 featured patients are seeking an abortion due to foetal anomaly; the remaining six are seeking an abortion because they do not wish to parent at this point in their lives, cannot afford a child, became pregnant as the result of sexual assault or, in two cases, for reasons not specified in the film. Although the film did not present a narrative that distinguished among reasons for abortion, marking some as more legitimate than others, that neutrality was not reflected in participants' interviews.

Instead, respondents explained their focus 'legitimate reasons' for later abortion in several ways. Some linked the importance of a reason to the idea that abortion is a morally fraught decision. Amanda, the professor in Phoenix quoted above, insisted that there be a good reason for abortion because 'I don't condone, you know, killing things for no reason.' For others, the desire for a persuasive justification emerged from concern that a woman might regret her abortion if there were no checks on her behaviour. As Christopher, the 29-year-old temporary worker from Richmond, said:

> When there is a third-trimester abortion there should be some explanation about why it's necessary, either medically, financially, emotionally just to be sure that you don't have cases where a woman … wakes up the next morning and says, 'What the hell did I do? Why didn't anybody try and stop me?'

Most commonly, however, respondents emphasised the legitimacy of women's reasons for third-trimester abortion as a counter to the perceived popular narrative about later abortion. Patricia, a writer from Dallas, for example, focused on the reasons for abortion depicted in the film because they refute popular assumptions. She said:

> The issue is not about someone casually deciding, 'Well, I'm six-and-a-half months pregnant, I don't think I want this kid, so get rid of it.' That's not what you see in the film. You see people who have made a deeply heartfelt, heart-breaking, gut-wrenching decision because the person – the

> foetus that they are carrying, the baby that they are carrying – is not going to have the quality of life that they feel they should have.

The 'good' reasons for abortion, in other words, emerged in our interviews in response to respondents' perception that the public narrative of later abortion presumes women make the choice irresponsibly, for selfish – that is, 'bad' – reasons. Kimberly, a 43-year-old university university from Dallas, explained:

> [In the film] you get to hear from women who are making these decisions with their families, and you hear why this is necessary. And these are the things that we never, ever hear, when we're just hearing: she just wanted to go to prom and wanted to fit into her prom dress. You get these opinions out there that have nothing to do with what's happening.

It was these stories that respondents focused on in articulating what they took away from the film – and what they wanted others to understand. These reports underscore how the film provided a pseudo-experience that participants found compelling and believed would persuade others. They also show the limits of this pseudo-experience to completely remake viewers' belief systems. The film was consumed in a broader context where third-trimester abortion is a deeply contested issue and, understandably, cannot fully revise that belief system. There are limits to the effects of pseudo-experiences.

Variation in the effects of a pseudo-experience

Our analysis reveals a further way in which the pseudo-experience did not completely remake belief systems: its effects varied across participants. We find that some respondents articulated a desire for extra-legal boundaries to who can access third-trimester abortion care, while others objected to any limits on access to care.

The first group identified the doctors in the film as appropriate gatekeepers to later abortion care. The doctors were described as 'vetting' patients and 'making sure that the women who are getting the procedures are at peace'. Participants were reassured by the providers' decision-making. John, 46-year-old writer from Seattle, said, 'I think [third-trimester abortion] should be up to the physician. I want a way of saying [to women] don't throw away a healthy baby.' While this participant considered the law too blunt an instrument to make decisions about who gets later abortion care, he believed doctors could make 'those fine-grain judgments'.

This first group of respondents found scenes in which the doctors were shown denying – or considering denying – a patient especially compelling. Of our 49 participants, 45 independently brought up the seventh patient depicted in the film, a woman who called the Albuquerque clinic seeking an abortion. The viewer learns little about this woman and the reasons she is seeking an abortion beyond that she is currently located in France and is 35 weeks pregnant (although her gestation is only conveyed through a brief shot of a page of notes on her). After much discussion with the counsellor who fielded the call, the doctor declines to do the procedure, offering only that the pregnancy is 'too far'. As Joshua, a 23-year-old restaurant server from Columbus, reflected, '[This denial] just shows that it's not something that they [the doctors] enter into lightly, that they really do consider the patient's welfare, and they have to grapple with these moral questions.' Such an understanding of this woman's case privileges the moral judgment of the medical provider over the decision of the woman, and is reassured by the physician, acting as a gatekeeper, having the final say.

Other respondents did not necessarily find this patient's individual case undeserving, but believed the refusal showed doctors were discriminating in which patients they served – and this was an important trait to highlight. As with the desire for women to have a 'good' reason for abortion, the gatekeeping by doctors was framed in opposition to popular narratives about abortion providers as undiscerning. Amanda, the university professor from Phoenix, explained:

> To me, [the refusal] was evidence that, see, these doctors don't just do them at any point at any time …. And in that instance, they're like, 'No, we're not going to do it. You're [35 weeks] pregnant. That's a baby.' That's why I liked that one. I liked that they showed that these doctors aren't doing every single case that comes across their desk, that they are making decisions.

Essentially, Amanda and others asserted the legitimacy of the doctors as ethical professionals *because* they refused to perform all abortions.

This legitimacy, in respondents' formulations, made doctors appropriate gatekeepers to abortion care, even as legal restrictions were unsupported. Some of this reliance on physician gatekeeping may owe to respondents' overall high esteem for the providers depicted in the film, as typified in the comment by Susan, an 54-year-old unemployed woman from Missoula: 'These doctors that do this are the most loving, compassionate doctors. I wish I could find one for myself for my regular medical needs that feel and act the way that they do.' Angela, a 37-year-old retail manager from Missoula, went further, identifying what she saw as the broad social contribution these physicians make: 'I came away feeling like these people are carrying a tremendous burden for all of us in society and I felt very appreciative of them and grateful to them.' Succinctly, Stephanie, a 38-year-old physician from Philadelphia, said, 'I see them as heroes.'

The second group of respondents, in contrast, disputed the idea that doctors should be the gatekeepers to abortion care and insisted that it should be women alone who make abortion decisions. Their support of access to third-trimester abortion was tied to an overall trust in women's ability to make choices about their pregnancies. When discussing the decision-making process, these participants focused on the patients. For example, Tiffany, the 32-year-old therapist from Seattle, said: 'I really want it to be a decision that women get to make for themselves …. It gets to be their [the women's] decision and that should be honoured.' When these interviewees brought up the woman in the film who was denied an abortion, they expressed reservations about the doctor's decision to turn the patient away. Even Susan, the unemployed woman from Missoula who spoke so fondly of the physicians, explained her reaction to the patient's desire for an abortion. Susan noted that she was uncomfortable with the late gestation but still believed that women can make an abortion decision independently:

> That part [her advanced gestation] did challenge me. It did. But, like I said, then I have to go through my mind and I have to realise once again, I don't walk in that woman's shoes so I can't understand how that's going to affect her life and so, I just have to trust that she knows that she's doing.

Brittany, a 23-year-old law student from Columbus, echoed this belief in women's ability to choose abortion without a gatekeeper, saying, 'I had some qualms about turning down the lady.' These participants ultimately felt that providers did not need to provide abortions for everyone who wanted one, but questioned whether there were legitimate reasons for turning women away.

We suggest that this variation in responses to the film may be owing to the fact that the film essentially presents two, sometimes competing, pseudo-experiences: that of the patients and that of the doctors. The first group of respondents, who endorsed extra-legal gatekeeping to care, appears to identify more readily with the doctors that the patients. The messages they interpreted receiving from the film included looking to the doctors to counter social myths related to later abortion by upholding medical authority, limiting 'casual' access and requiring objectively 'good' reasons to access care. The second group appears to focus on and internalise the patient pseudo-experience provided by the film, more so than the experience of the physicians, emphasising patient agency in the abortion decision.

Discussion

Participants' responses charted a general lack of knowledge about third-trimester abortion and shared a wide-range of social myths employed to form opinions in the absence of such knowledge. These myths included beliefs that later abortions are not necessary, that the reasons women delayed seeking abortion care were invalid or inadequate and that there were numerous physicians willing to provide third-trimester abortion care. Additionally, participants were generally unaware that third-trimester abortion is illegal in most states. According to the interviews, these beliefs contributed to an overall, often visceral, sense of discomfort with third-trimester abortion. Our findings illustrate how the pseudo-experiences provided by viewing *After Tiller* increased respondents' knowledge of and comfort with third-trimester abortion. After viewing, they stated increased – often unequivocal – support for the legality of later abortions, an increased respect for the physicians who perform them, and empathy for the patients who obtain them that was rooted in a greater understanding of the reasons third-trimester abortion patients seek care and the difficulty they have accessing that care. These findings suggest that such pseudo-experiencing can be a tool in countering misinformation.

However, our interviews also demonstrated the limits of immersive pseudo-experiences for entirely reframing a socially contested issue like later abortion and variation in its effects. After seeing the film, many participants' beliefs about third-trimester abortion were still constructed, in part, in response to pervasive social myths about such care. For instance, respondents focused on 'good' reasons such as foetal anomaly much more than reasons that were primarily subject to the woman's evaluation and control (e.g., financial difficulties, late discovery of pregnancy). Even as interviewees supported legal third-trimester abortion, thereby diverging from mainstream public opinion, the number who framed when and why it was legitimate suggested lingering concern over its use and a preference for a gatekeeper. This preference points to the cultural prevalence of myths about abortion patients as irresponsible – and shows how hard they are to undo. While participants could use the pseudo-experience of the film to more readily contest the misinformation, some myths about third-trimester abortion proved more resistant to the onscreen pseudo-experience.

There are several limitations to this study. Because we relied on respondents' after-viewing reports of their pre-viewing opinions and beliefs, we cannot validate what, if anything, changed in their perceptions about later abortion. This is different from much previous literature on the functioning of pseudo-experience, which has focused on before-and-after results. Nonetheless, for our purposes here, the research question

is about participants' subjective perception of whether their views changed, regardless of whether their views did or did not objectively change. We are also able to explore, in greater depth, the ways in which pseudo-experience does not simply change (or fail to change) a previously held opinion; we are able to explore how a pseudo-experience, and its many variations, interacts with misinformation and social myth to build new beliefs around a contested topic. As an additional limitation, our sample lacked racial diversity, narrowing the generalisability of our findings. Because our analysis is limited to respondents supportive of legal abortion, we cannot speak to how the pseudo-experience of viewing the film affects people opposed to abortion. That said, participants' range of responses, given their prior pro-choice political views, does help illuminate nuance among those supportive of abortion, highlighting that such support is neither monolithic nor static. Finally, without data on viewers who declined to complete the recruitment contact card, we are unable to evaluate any selection bias among audience members that would incline some but not others to volunteer to participate.

While previous literature on pseudo-experiences has focused on before-and-after knowledge and opinions, our findings reveal the importance of considering how such immersive onscreen portrayals contribute to underlying belief systems. While our respondents reported very similar opinions supporting the legality of third-trimester abortion, they varied in their thoughts on why later abortion should happen, how it should be regulated and who should be the primary decision-maker in accessing care. We posit that these variations are the result of differences in how individual viewers internalised the onscreen experience. Future research should explore how these differences impact the endurance of political opinions and ongoing involvement with an issue.

In terms of implications, our study reveals two considerations for advocates of abortion rights. First, we note that participants' limited knowledge about third-trimester abortion prior to viewing the film was often rooted in anti-abortion imagery and political debates around eliminating third-trimester abortion as a legal procedure. That these sources were the primary ones mentioned by participants – who did not subscribe to anti-abortion beliefs – is perhaps indicative that abortion rights advocates have over-ceded the conversation of third trimester abortion to those who wish to eliminate it. Indeed, many prominent advocates have responded to the lowered support for third-trimester abortion with strategic prescriptions for the abortion rights movement, suggesting that the movement concede support for abortions after the second trimester (Kissling 2011; Saletan 2010). These approaches have been largely reactive to public opinion, crafting a political response that takes public discomfort for later abortion as immutable, rather than contesting the social myths that contribute to that same discomfort. Second, our results question the utility of a cultural narrative of abortion based on trimesters. Contrary to the idea that support for abortion rights will inevitably wane with increasing gestation, our findings suggest that increasing support for third-trimester abortion strengthens overall support for abortion rights, as participants did not view later abortions as fundamentally different. This suggests that improving awareness of and challenging the social myths around third-trimester abortion leaves those already sympathetic to abortion rights more committed to issues of legal accessibility for all abortion procedures. Our results challenge political concessions around third-trimester abortion as a way in increasing abortion access more broadly.

We find that there is great potential for onscreen pseudo-experience to contest misinformation in a compelling way and remake viewers' belief systems. However, we also find limits to the effects of pseudo-experiences. Viewers often framed their new knowledge and beliefs in the context of existing belief systems (e.g. about reasons for third-trimester abortion). These findings add to the literature on how pseudo-experiences impact viewers' thinking about contested social issues.

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