



Challenging abortion stigma: framing abortion in Ireland and Poland

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Abstract: *Abortion stigma, while observable as a global phenomenon, is constructed locally through various pathways and institutions, and at the intersection of transnational and local discourses. Stigmatisation of abortion has been challenged in varied ways by pro-choice adherents. This article investigates strategies for identifying and opposing stigmatisation of abortion in Ireland and Poland, focusing on campaigns aimed in one context, at repealing a near total prohibition of abortion, and in another, on resisting further restrictions concerning reproductive rights. We examine how mobilisation on sexual and reproductive health (SRH) in both contexts worked to address stigma and discrimination in SRH, drawing on the concept of framing and showing similarities between these two national contexts. Our analysis explains how the logic of inclusion and exclusion works in efforts at destigmatising abortion.* DOI: 10.1080/26410397.2019.1686197

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Introduction

Abortion stigma has been defined as “a negative attribute that is ascribed to women who seek an abortion that marks them internally and externally as inferior to the ideals of womanhood, such as the inevitability of motherhood” (p. 625).¹ Anti-choice movements oppose access to reproductive health and rights drawing on broad transnational frameworks, but abortion stigma is also constructed locally through context-specific pathways. It is “perpetuated by systems of unequal access to power and resources, narrow and rigid gender roles and systematic attempts to control female sexuality” (p. 628),¹ which have both local and global dimensions. Although anti-choice organisations and groups have evolved in the forms of framing they use, stigmatisation remains a central component, where abortion is constructed as shameful, immoral and deviant.^{2–4} These forms of framing play out in distinctive ways in different contexts, though they often reflect pro-natalism, claims of concern for women's health and well-being, as well as increasingly populist driven reconstructions of older ideas that combine gender,

sexuality and the nation.⁵ Although often combined with and in the service of broader faith-based or right-wing agendas, abortion stigma is distinctive from other types of reproductive stigmas in its focus on women as procreators, who in seeking to end a pregnancy make an active decision to end a potential life, and in doing so rupture the moral order.⁶

This article investigates “narratives of abortion”² in Ireland and Poland, focusing on the ways in which pro-choice organisations responded to attempts to stigmatise abortion in campaigns aimed at reducing access or maintaining prohibition to reproductive care. In the context of Poland, the 2016 campaign was aimed at resisting further restrictions on abortion. In Ireland, between 2016 and 2018, the focus was on repealing a near total prohibition. Importantly, in both countries, women's mass mobilisations were successful. We thus present the cases of Ireland and Poland which, although having distinctive societal contexts, represent cases where reproductive rights have been historically restricted as a function of the influence of

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Catholicism, and where stigmatisation of abortion has played an important role in maintaining these restrictions.

We focus on how feminist mobilisations in both contexts worked to address stigma and discrimination in sexual and reproductive health (SRH). We draw on feminist research on abortion stigma and framing theory in social movement studies, analysing the main frames utilised by the women's movements in Poland and Ireland, and showing the similarities and differences between these two national contexts. Our analysis focuses on how *generalising* and *empathetic frames* were used in efforts to de-stigmatise abortion. These frameworks included consideration of women's experiences of abortion alongside maternal health and well-being and a de-emphasis of radical or intersectional frameworks. Our analysis suggests such tactics reflect efforts to resonate with the specific political and societal context yet raise questions as to how effective such frames are in reducing stigma and "normalising" abortion. Our assessment also highlights how logics of inclusion and exclusion shape resistances to abortion stigma.

Methodology

Our analysis is based on data derived from two empirical studies: the examination of the mobilisation against the abortion ban in Poland in 2016 (Black Protests and the Polish Women's Strike); and Repeal the 8th! Campaign in Ireland spanning across 2016 and 2018.^{7,8} This paper is based on a qualitative, reflexive comparison, comprising collective reflection on shared data, concepts and frames regarding the activities of social movements in the two different socio-political contexts⁹ of Ireland and Poland. Interviews, observations and secondary data sources are used to help understand public discourse on the topic, drawing from the authors' engagement with the work.

In both countries, we draw on secondary sources and primary data which we collected from publicly available sources, including governmental and non-governmental organisations, mainstream media, social media and organisational publications. In the case of Ireland, the data also included 12 semi-structured interviews conducted between 2014 and 2018. This timeline represented an acceleration of campaign activity on abortion in Ireland, the emergence of new groups of younger activists engaging on the issue

and shifts in the ruling political elites inclusive of allies. Interview participants were selected using purposive sampling from the staff and volunteers in the main organisations advocating for reproductive rights. Purposive sampling was based on the characteristics of a population and the objective of the study. Activists were chosen from a range of groups representative of those most engaged with, and in positions of influence, in the respective campaigns. Personal and professional networks were used to recruit samples. Interviewees included activists with the anarchist feminist Abortion Rights Campaign (ARC), leaders of pro-choice Action on Choice, the National Women's Council of Ireland (NWC), allied left-wing politicians and members of civil society organisations. The data also includes participant observation of three organising meetings for the pro-choice campaigns held during 2017 and 2018 and two "marches for choice" in September 2016 and September 2017.

As for Poland, the analysis focuses on the campaign against the abortion ban proposal took place between March 2016, when the Stop Abortion committee announced the project, and the end of October 2016, when the bill was rejected by the lower chamber of the Polish parliament (Sejm). Thus, over 130 articles published under this period in major Polish newspapers and online portals, including *Gazeta Wyborcza*, *Onet.pl*, *Gość Niedzielny*, *WP.pl*, *Do Rzeczy*, *Rzeczpospolita*, and *OKO-Press* were purposefully selected, on the basis that all reported on the activities of the proponents of the abortion ban and/or the mobilisation against this proposal. Data also included public statements by key activists in the anti-choice and pro-choice movements and materials published on the internet sites of groups and organisations which played a major role in the campaign, including feminist NGOs and networks, such as *Ogólnopolski Strajk Kobiet* (Polish Women's Strike), *Dziewuchy Dziewuchom* (Gals for Gals), *Federacja na Rzecz Kobiet i Planowania Rodziny* (Federation for Women and Family Planning), *Komitet Ratujmy Kobiety!* (Save the Women! Committee) and *Codziennik Feministyczny* (Feminist Daily), as well as organisations behind the abortion ban proposal: *Instytut Kultury Prawnej Ordo Iuris* (Ordo Iuris Institute) and *Komitet Stop Aborcji* (Stop Abortion Committee). A detailed textual analysis of those materials was conducted, focusing on how abortion and women seeking it were portrayed by the proponents of the abortion ban and the representatives of the feminist movement.

Elżbieta Korolczuk (EK) is both a researcher and a feminist activist involved in the Polish women's movement since 2001. She took part in almost all protest events organised in Warsaw throughout 2016 and was invited to speak on this issue in the media and during public discussions. Detailed notes and photographic documentation of protest events were used for the analysis. As an activist, EK also had access to internal discussions among some of the organisers both via social media groups and in meetings, but the present analysis is based solely on publicly available materials, in order to respect confidentiality rules. The analysis is largely based on publicly available sources as the main goal is to examine framing discourses in mass culture. Ethical approval for the data gathered in Poland was therefore not needed. Pauline Cullen (PC) is a researcher and feminist. She was not formally involved in the reproductive rights organisations; however, she supported the pro-choice campaigns. PC gained formal institutional ethical approval for interview data collection and gained consent from all interviewees. Attendance at mass protests was observational and did not include individual data collection or consent. The identities of participants were anonymised and kept confidential. Both researchers followed feminist ethical principles that acknowledge the diversity and complexity of women's voices and knowledge and responsibilities of the researcher to gain formal consent and provide options for anonymity and confidentiality.

In what follows, we review the literature on abortion stigma, specifically analyses that draw attention to the limits of efforts to de-stigmatise abortion. We build on the review to analyse prominent frames of abortion in Ireland and Poland, placing emphasis on the consequences of these frames for the de-stigmatisation of abortion. Using the background of both cases, we situate contemporary women's mobilisations on sexual and reproductive rights within a broader context, emphasising the role of feminist organisations and hegemonic discourses on gender and family that resonated in both countries. We conclude with a discussion of the implications of these mobilisations for the de-stigmatisation of abortion.

Framing abortion, challenging stigma

A central component of abortion stigma rests on the notions of concealment, secrecy and

shame.¹⁰ However, abortion stigma is a dynamic and complex social process, as Kumar⁶ states:

“The fact that access to abortion is so limited, that few providers are trained and prepared to provide safe abortion care, and that abortion laws are part of criminal codes in many countries could all be causes of abortion stigma. Or, they could be consequences of abortion stigma.”

Discrimination is a central consequence of stigma and is key to understanding how power dynamics in a specific context shape the differential impact of abortion stigma on women. Marginalised and disadvantaged women are in the main subjected to societal stigmatisation, which is exacerbated when they seek abortion care. Stigmatisation of abortion builds on these forms of inequality, while at the same time using them to maintain abortion stigma. This strategy has important implications for the (lack of) access to reproductive health care that disproportionately affects the most marginalised, including the poor, ethnic, racial minorities and migrants.^{11,12}

Abortion stigma also plays a role in broader anti-gender equality projects where feminism and multiculturalism are presented as challenging the social order.¹³ Resistance to the stigmatisation of abortion often focuses on the individual experience of labelling and internalised stigma,⁶ while it is also implicated in a complex, historically constituted yet increasingly globally articulated set of debates about women, the state and the nation. This is evident in how far-right, mainstream right-wing, and conservative gender and family ideologies are often united in their anti-choice stance that ties gender, sexuality, migration and race to the reproduction of the nation.^{13,p.173,5}

Abortion stigma may be articulated through different mechanisms, including in organisational and governmental spaces, as well as at community and individual level.^{1,14} Here, we focus on the role of public discourse and the ways in which stigmatisation of abortion plays out in mass culture. We employ the concept of frames, drawing on the theorisation of how social movements aim for cultural resonance to attain their goals with implications for their capacity to secure fundamental change.^{1,2,15} Framing refers to how activists produce meaning to bring resonance in a specific socio-cultural context, by highlighting some elements of reality, while keeping others out of view.^{16,17}

Social movements do not construct frames in a vacuum, but rather in a cultural context that renders some ideas more legitimate, recognisable and sensible than others.^{2,15} Marx Ferree's comparative analysis of abortion activism in the United States and Germany shows that feminist movements employ different frames regarding abortion as a function of the wider political, ideological and cultural context. The political and discursive context within which a movement emerges shapes how certain ideas are structurally and culturally advantaged or disadvantaged within society and social and political movements.^{18,19} This has implications for what is considered resonant and whose message is privileged in the frames that movements and activists use for change. In the American context, abortion was framed by the feminist movement mostly in terms of women's "autonomous choice" because such an individualistic frame gained the most social and cultural resonance. In Germany, on the other hand, frames that defined the state as the paternal guardian of women understood as mothers proved resonant and helped secure access to abortion.¹⁵

Feminist narratives on abortion can be understood as frames that invoke core principles, including self-determination and autonomy, yet may involve selective interpretations of other principles aimed at securing allies, maintaining public support and facilitating change.^{3,15,20} Fundamentally, for feminist claims, expediency often shapes choices around public framing, because enhancing the chance to influence policy requires public support and demobilisation of strong counter-movements. As observed by Marx Ferree¹⁵ American and German campaigns enjoyed success but the strategic ways of framing abortion marginalised alternative points of view and reduced the capacity of both movements to de-stigmatise abortion for many women falling outside of mainstream constructions.

The examples of Germany and USA suggest that cultural and social resonance may require a moderating and middle ground framing that captures public sentiment, speaks to deeper cultural constructions and ideologies, but may also marginalise the experiences of minority and/or marginalised women. The consequences of the "middle ground" strategy may be that hierarchies of deservedness are preserved and that ideas about men and women that are traditional and understand gender roles as fixed are reproduced

in ways that weaken the potential of movements to act as forces of fundamental de-stigmatisation.¹⁵

Nevertheless, radical efforts to reject liberal feminist or moderate forms of pro-choice framing are not without risks. Analysis of radical feminist or "unapologetic" abortion narratives in Australia revealed exclusionary implications, where attempts to counter anti-choice framing also worked to silence marginalised communities' experiences and struggles to access reproductive health care.² In Australia, as in many other countries, pro-choice counter narratives have arisen in the context of the "awfulisation" of abortion, understood as "a pattern of discourses that depicts abortion as an exceptional, morally-dubious procedure that damages women emotionally, a regime that stems from and further reifies the normative positioning of pregnant women as already mothers to autonomous children"^{2,21,22} Reviewing popular cultural accounts and clinical abortion centre advertisement of services, Baird and Millar² identified a range of frameworks that aimed to counter stigmatisation. A central element of those frameworks were "positive" representations of abortion portrayed as beneficial to women, both emotionally and in other ways. Specifically for radical feminist activists, slogans such as "abortion can be fabulous" were employed to challenge the view of women undergoing termination of pregnancy as deviant, unfeminine or depressed. Consistent with longer traditions of choice and autonomy within anti-choice activism, these frameworks were often reliant on individual abortion stories aimed at "forging alternative meanings for abortion where the autonomous fetal subject, repeatedly critiqued in feminist literature ... , is almost completely absent" (p.10).²

These "unapologetic" frames were assessed as useful in combatting false information promulgated by anti-choice groups and in challenging the stigma attached to abortion, yet they are also deemed reliant on a decontextualised discourse "where the key value is the right to choose" (p.10).² Calls to break the silence around abortion through first person accounts of "abortion stories" also made individual women responsible to provide their testimony to end abortion stigma. An emphasis placed on the emotional elements of such statements also worked to obscure economic and other constraints on choice. Ironically, focusing on the individual, autonomous and "unapologetic" subject's positive experiences "can support

rather than challenge an individualised and ultimately reductive abortion politics” (p.12).²

Framing abortion in Ireland and Poland: a comparative perspective

Framing abortion in Ireland and Poland takes place in the context of specific political culture, ideology and institutions. There are however some important similarities regarding the nature of discourse and practices concerning SRH. Both countries share turbulent histories of centuries-long struggles for independence from imperial powers, which feed nationalistic discourses on family and reproduction, and both are Catholic nations, where the Church has been an important religious and political institution. The regulation and control of sexual behaviour were deployed in specific ways in both contexts to consolidate the power of church, state and societal elites articulated through nationalist projects in line with their respective post-colonial and post-communist legacies.^{4,23} Today, both countries are members of the European Union and represent highly globalised economic regimes. Hybrid welfare systems combine strong liberal characteristics with conservative and Catholic features and a variant of the male breadwinner regime.^{24,25} Gender distinctiveness is coded both in Ireland and Poland in constitutional protections for family and women’s reproductive capacities, which sit in tension with neo-liberal activation of women in labour markets and the feminist agenda.

Socio-political context

As a relatively low tax economy, Ireland lacks the capacity to fund socially necessary reproductive and care work, and as a result, such work remains feminised in the sphere of the private household (and even more so after economic austerity initiated in budgetary policy between 2008 and 2012). Reductions in child benefit and family supplement payments since 2008 disproportionately affected women and specifically female lone parents with children.²⁶ Social disinvestment in the wider care infrastructure, exacerbated by continuing restrictions in social spending post 2012, also leaves women responsible for unpaid care work while many works in low paid sectors.²⁴

In Poland, the shape of social policies changed considerably in recent years. After 1989, consecutive governments introduced neo-liberal models of economy and social policy. In more recent

years, significant reforms were introduced, including an extension of maternal leave to one year and investments in a programme aimed to create new places for children under six years old in child-care facilities. In 2015, the right-wing populist party, Law and Justice, introduced the Family 500+ programme, under which parents receive a tax-free benefit of PLN 500 (ca EUR 120) per month for the second and consecutive children below the age of 18 years, which initially helped to decrease the rates of extreme poverty among children.²⁷ Despite some indications of gender-progressive social policy, Poland and Ireland remain states where gender inequality shapes women’s access to political power, economic independence, social status and cultural recognition.²⁸

Poland and Ireland also share important similarities concerning legislation, discourses and practices related to SRH. The relevance and political power of the Catholic Church in both countries underlined these similarities, although more recently in Ireland this influence has declined. This said, transnational organisations and networks aiming to oppose gender equality and sexual democracy have targeted both countries: longer operating, faith-based anti-choice movements and more recent right-wing xenophobic, sexist, racist populist political formations are evident throughout Europe, even though they may be more visible in Poland.^{5,29–31}

Despite shifts in both the global and transnational context of morality politics in both countries, what has remained consistent in cultural terms is the stigmatisation of abortion as immoral, ethically reprehensible and dangerous both to women’s well-being and to the survival of the nation. These constructions of abortion have forced women to seek reproductive healthcare abroad or in the underground.^{4,32–34} In Ireland, effective criminalisation of abortion under all circumstances was cemented in 1983 when the Eighth Amendment to Constitution, acknowledging the right to life of the unborn, was introduced. Ireland’s abortion ban began in 1861 under the Offences Against the Person Act, which specifically criminalised a woman who attempted to procure her own abortion (sections 58 and 59). It was further incorporated into Irish law following independence from Britain in 1922 and extended to a constitutional prohibition in 1983 when a referendum amended the constitution to include a specific right to life for the “unborn” (Article 40.3.3°). The eighth amendment, which became

article 40.3.3 of the constitution, was designed to copper-fasten the prohibition on abortion by equating, in legal terms at least, the life of a pregnant woman with that of a fetus. In the Polish context, restrictive laws concerning reproductive rights were introduced in 1993: abortion became illegal with three exceptions, which include severely damaged fetus, pregnancy caused by crime such as rape or incest, and danger to life or health of the woman.

Recent campaigns and mobilisation on abortion

Denied access to safe, legal and affordable termination of pregnancy, women in both countries mobilised to change the legislation and practice. In Ireland, the feminist movement had continually campaigned for a constitutional amendment to repeal the Eighth Amendment. An important catalyst to this process was the tragic death of the 31 year old Dr. Savita Halappanavar following the denial of her request for a termination of her pregnancy. In response to her death, 15,000 people marched in a “Never Again” protest in Dublin on 17 November 2012. In a break from past political consensus, a May 2017 Citizen Assembly recommended legislative and constitutional reforms to the government which, if enacted, would amount to safe legal abortion in Ireland.

A parliamentary committee began deliberation in September 2017 and made recommendations in December 2017 that called for a repeal of the amendment. The centre-right government duly accepted that recommendation and scheduled a referendum on the constitutional ban that took place on May 25, 2018. Repeal of the Eighth Amendment garnered governmental support, although polling in advance of the referendum indicated a close margin between both those supporting and those opposing repeal.³⁵ A decline in the moral authority held by the Catholic Church played a role in increased support for repeal and is, in part, a function of revelations of historic institutionalised child abuse and cruelty toward pregnant women, combined with the reluctance of the church authorities to provide for victims through reparations. At the same time, broader cultural shifts associated with the emergence of new feminist organisations encouraged women to speak out about their experiences of crisis pregnancy and abortion.^{7,36} Analysis also suggests that transnational networks of Irish pro-choice activists and the return of Irish emigrants from

more liberal countries had driven change.³⁷ Support for repeal of the amendment from centre-right ruling parties alongside abstention from other traditionally conservative political elites contributed to the outcome, illustrating the lessening of church control in political and public matters.

In contrast, the Catholic Church continues to have significant political influence in the Polish case and the ruling Law and Justice party firmly opposes any progressive reforms in the sphere of sexual and reproductive rights. Soon after the 2015 elections, religious fundamentalists and anti-choice groups launched the campaign for a total ban on abortion: the proposed bill liquidated existing exceptions and included the threat of criminal prosecution for both women and medical personnel conducting the procedure (up to five years in prison). The bill also raised the possibility of the prosecution of miscarriages and increased risks for women experiencing dangerous pregnancy with the stipulation that a person responsible for “fetal murder” face up to three years in prison. To oppose the introduction of the new bill, women’s NGOs, radical feminist groups and emerging women’s networks, facilitated by social media, joined forces. Throughout 2016, Polish women engaged in a continuous campaign against the proposal, which included mass protests, lobbying and dissemination of campaign information. The campaign culminated in so called Black Monday, organised by a new network called the Polish Women’s Strike on the 3rd of October 2016, when over 140,000 women and men marched on the streets of 140 cities and villages all over Poland.^{38–40} These efforts led to the rejection of the proposal by the Parliament in October 2016, and a significant change in public opinion regarding abortion. In 2016, 37% of respondents were of the opinion that the current law should be liberalised, but in 2018, 46% of respondents declared that abortion should be available “on demand”.⁴¹

The main challenge for both the Irish repeal campaign and the Polish mobilisation lay in countering the claims promoted by anti-choice exponents. This included stigmatising women undergoing abortion as murderers, portraying selective abortion as a threat to fetuses with Down’s syndrome and arguments that abortion negatively affects the fertility rates and by extension the nation, as well as women. These claims were often couched in medicalised discourses⁴² and drew on older ideas rooted in forms of state- and church-sanctioned social control that constructed

the state as the guardian of “unborn life” and women in need of protection from “choice”.^{3,32} At the same time, these narratives reflected newer strategies of anti-choice actors, who claim that abortion harms women physically and psychologically, thus limitations in access to abortion help to protect women.^{38,43–45}

There were also context-specific challenges in both women’s movements. While the cultural and social change in Ireland was evident, and the ruling centrist political party had agreed to support repeal, a masculinist political culture rooted in clientelism and localism suggested that rural and older voters would resist political and civil society framing that sought an expansive abortion regime.³⁵ Anti-choice mobilisations in Ireland also evoked nationalist argumentation, referencing the liberal abortion regime in England and warning against a form of colonial infiltration. While international anti-choice actors provided funding and campaigned in Ireland, the Catholic Church was less visible than in previous referenda on the issue. Anti-choice framing drew on stigmatising tropes of abortion, with the “Love Both” campaign promoting emotive images of the “unborn”, individual testimonies of women “harmed” by abortion or with children “saved” by the prohibition; warning that repeal would lead to “extremist” foreign abortion legislation in Ireland.⁴⁶

For Poland, the proposal putting a ban on abortion in 2016 was framed as an attempt to protect the society’s weakest groups: the women, who allegedly suffer from “abortion syndrome” and fetuses, especially those diagnosed with abnormalities. In line with such framing, the ban was interpreted in official documents and public appearances of *Ordo Iuris* Institute (an organisation behind the abortion ban proposal) representatives as part of a broader struggle for equality and human rights for all.³⁸ Simultaneously, members of the Stop Abortion committee propagated a very different frame portraying abortion as murder and women undergoing abortion as cruel and deviant. During demonstrations and online, the activists routinely promulgated photos of dismembered fetuses covered in blood with captions such as “Abortion kills unborn children” and “Hitler legalised abortion for Poles in March 1943”.

Mainstreaming the issue: generalisation frame

Key stages in the process of stigmatising abortion include portraying the procedure itself as an

exception and distinguishing women who undergo this procedure from “normal women”, depicting them as deviant from the norm “promiscuous, sinful, selfish, dirty, irresponsible, heartless or murderous” (p. 629).¹ Analysis of anti-choice frameworks in the United States indicates that abortion and women who obtain the procedure continue to be stigmatised. However, a more “pro-woman” rhetoric is also evident where women are framed as misled or misguided and irrevocably damaged by poor decision-making and the misleading information of pro-choice actors and interests.⁴⁴

To counteract such stigmatising discourses, the proponents of reproductive rights need to convince the public that abortion is not an exception and “women who abort” are not a separate category, but are “normal women”, accessing regular forms of health care and worthy of respect and love. The cases of Ireland and Poland show how feminist activists framed abortion as part of reproductive health care services and mobilised emotions such as compassion and solidarity in order to challenge stigmatisation.

The Irish coalition of feminist organisations and networks “Together for Yes” had deep roots in feminist knowledge and frameworks, yet in working to reach a broad constituency, eschewed radical feminist framing, potentially marginalising the perspectives of many young, working class and minority women. The framing efforts were aimed at demobilising morality-based arguments of anti-choice actors and interests while resonating with “middle Ireland” and retaining centrist-party political support, nominally in favour of repeal, yet reliant on rural and older voting blocs. Initially, the most radical element, the Abortion Rights Coalition (ARC) maintained demands for “free, safe, and legal” including late-term abortion, while the moderate National Women’s Council of Ireland (NWC) supported a 12 week limit for most cases, adopting a “safe, rare and legal” message. As the referendum neared, however, the coalition shifted to create a universalising framing that de-emphasised the specific provisions to replace the repealed amendment, emphasising instead the removal of the constitutional article. This was deemed essential to convince those undecided or middle ground voters (Interview with NWC leader of the Coalition to Repeal the Eighth December 2017). The Coalition to Repeal the Eighth launched its official campaign in March 2018, entitled “Together for Yes.” The launch statement read:

“Together for Yes is the National Civil Society Campaign to remove the Eighth Amendment from the Constitution. Together we are campaigning for a more compassionate Ireland that allows abortion care for women who need it.”⁴⁷

Emphasising care, compassion and change, showcasing carefully curated individual women’s experiential knowledge and testimony rather than the pro-abortion language of bodily autonomy or choice marked a break from past repeal campaigns. Overall a strong universalising strategy was put in place, aimed at cementing a winnable campaign. (“Trapped in Time”: a Repeal the Eighth event, October 2017) As a veteran pro-choice activist stated, “we must know when to de-emphasise specific identities, particularly those considered outside the mainstream, in order to make the campaign all Ireland” (Activist at “Trapped in Time”, a Repeal the Eighth event, October 2017).

A key aspect of the campaign was to anchor abortion in a generalised frame of obstetric and reproductive health care. The NWCI campaign launch included the statement “Our hope is to build a sensitive and inclusive consensus that acknowledges people’s experience of pregnancy and family life that requires excellent obstetric care” (p. 3).⁴⁸ Central to this was the testimony of pro-choice physicians arguing that current legislation undermined women’s general access to excellent and appropriate health care, as befitting a modern medical system. Potential criminal prosecution of physicians was framed by the campaign to inhibit sound clinical decision-making in situations of complex maternal health. The campaign also linked fears of criminalisation to risks for women who consumed abortion pills secured from online vendors without medical support and supervision.

While such framing elicited broad support, tensions arose as radical groups (e.g. ARC) maintained a quiet if persistent demand for a more liberalised regime and ethnic minority women registered discontent about their lack of visibility and voice in the campaign.⁴⁹ Minority women activists suggested that the “conservative” regime sought by the campaign would reinforce stigma for women outside of traditional “sympathetic” categories, including disadvantaged poor, migrant, asylum seeker and ethnic minority women; and maintain discriminatory logic in access to reproductive health services.⁴⁹

Mainstream frameworks were also evident in the Polish context, particularly during the early

stages of the campaign in 2016, when many representatives of the movement stressed that the main goal is to oppose further restrictions rather than to fight for the liberalisation of the current regulation. As the leader and one of the initiators of the Polish Women’s Strike, Marta Lempart, announced on Facebook in October 2016: “We joined together under one claim – we demand that the Polish parliament stop debating this inhuman, barbarian anti-abortion bill.” The bill equated abortion with “fetal murder” and stipulated that every person responsible for the murder, even unintentionally, may face criminal charges and up to three years in prison. Women’s rights activists argued this would result in prosecuting women who miscarried as well as doctors who conduct prenatal diagnostics that lead to miscarriage. Moreover, feminist activists and doctors warned against the implications of the proposed legislation that doctors would only evade punishment for treatment that led to the termination of pregnancy in cases where the life of the mother is in danger. Through this generalising frame, activists showed that the abortion ban would affect the health and lives of all women of reproductive age, not only women who would seek an abortion, challenging the separation of “women who abort” from the rest of society.¹

Polish activists and medical experts also defined abortion as a safe, short and uncomplicated medical procedure that many women underwent without any side effects. However, in similar terms to Ireland, many activists stressed that abortion should be “legal, safe and rare”. The bill proposed by the feminist coalition Save the Women! sought abortion services in public health care facilities for all women up to 12 weeks of pregnancy. Representatives from the coalition, however, often underlined in the media that abortion would be unnecessary if compulsory and comprehensive sex education and wide access to modern contraception were freely available. The main message was that abortion should be available, but better yet, prevented.

This framing emphasised SRH education and care as a norm, aiming to secure wide public support. Focusing on liberalisation might have resulted in alienating potential supporters, given that in September 2016 every other Pole was of the opinion that the current law should be retained, and only 37% declared that liberalisation would be a good solution.⁴¹ However, this stance was criticised by more radical factions of the

feminist movement who were of the opinion that stressing abortion as “rare” is conducive to the stigmatisation of the procedure, and implies that abortion damages women’s physical or psychological health. By the end of 2016, a group of activists established the Abortion Dream Team (ADT), with the aim to counteract stigmatisation and shaming of women who undergo an abortion. ADT continues to critique mainstream feminist messages that abortion should be rare and promulgates the view that it should be free, safe and legal, as well as guilt-free and free from any judgement. e.g. Knaś⁵⁰

Mobilising emotions: empathetic frame

In both countries, feminist framing focused also on tragic cases of women affected by the lack of access to abortion services. In Ireland, a combination of constituent support groups supported the campaign, including medical professions such as Doctors for Choice and Midwives for Choice. Medical professionals were prominent in arguing that the constitutional ban limited their capacity to provide the best care for patients. This was supported by several cases of maternal death, including that of Dr Savita Halappanavar.⁵¹

One of the central slogans of the campaign became “Sometimes a private matter needs public support”. Under this rubric, countless women relayed, through social and traditional media formats, their personal experiences with abortion, notably involving travelling to the United Kingdom to obtain the procedure.⁵² While younger women’s stories were recounted, efforts were made to highlight the stories of parents experiencing a pregnancy with a fatal fetal abnormality, or the predicaments of rape or incest victims.⁴⁷ Repealing the restriction on abortion in this context was framed not in an “unapologetic way” but as a merciful solution for those parents seeking termination of an inviable pregnancy. This was deemed particularly effective in “putting a face to the argument and pulling people towards the idea of mothers and families requiring better health care”.⁵³

Heterosexual couples and maternal bereavement were highlighted while the individual female choice was de-emphasised. Framing the current practice of illegal abortion as isolating and unsafe, and the journey to the United Kingdom as harrowing, especially for those returning with fetal remains, aimed to provoke empathy and de-

stigmatise the choice, especially for parents of fatal fetal abnormality.

Polish women’s movements also focused on the high price that women and families pay for the lack of reproductive care and restricted access due to conscientious objection, although only a few women went public with their personal stories. To stress the threat of inhuman treatment in health care facilities that a ban on abortion would bring to all Polish women, the opponents of the Stop Abortion proposal routinely referred to the bill as a “barbaric law” and invoked female suffering with slogans such as “Stop torturing women.” During demonstrations, many women expressed their anger and fear of losing bodily agency using slogans such as: “Women are not incubators!”, “We refuse to die so that you can keep a clear conscience!” or “I refuse to be your martyr”. Savita Halappanavar’s tragic death in Ireland had resonated also in Poland in 2012 (and once again in the context of the 2018 referendum). Polish activists also often referred to the case of Bogdan Chazan, a gynaecologist who mistreated a patient whose fetus was diagnosed with severe and irreversible malformations. Despite the fact that the Polish law allows for termination of pregnancy in such cases, Chazan delayed further tests and medical procedures. As a result, the patient passed the 24 weeks threshold and had to give birth, resulting in severe shock and long-term depression for the woman and her partner. Chazan’s behaviour was used in the campaign as evidence of the inhumanity existing in current treatment for women with unviable pregnancies. This case also evoked the misuse of religious ideology to distort medical care and increase the suffering of “vulnerable” women. Such framing gained wide resonance, evident at many protests where home-made posters were carried with slogans such as “Chazan – women’s executioner.”⁴⁰

As in the case of Ireland, a focus on families, heteronormativity and maternal and parental grief supported an empathetic framing aimed both at destigmatising abortion and securing the short-term political aim. The medical authority also played a role in both countries as a form of evidence for normalised abortion as a health care issue and abortion as part of saving women’s lives. In Ireland and Poland medical frameworks were evoked to illustrate the “chilling” effect of criminalisation that had been used to perpetrate gross violations of a woman’s health

and human rights in both the Halappanavar and Chazan cases.

Discussion

In the situations discussed here, women's movements employed framing that aimed to generalise and normalise abortion as a common aspect of SRH and sought empathy and solidarity. Wide resonance and mass mobilisation were achieved through a curated framing that proved decisive in repealing a prohibition on abortion in Ireland and defending against further restrictions in Poland. Notably, in both contexts, demand for liberalisation was not broadly evident, suggesting reticence among the general population, calculations of political elites and uncertain and hostile political contexts and discursive opportunities.

In Poland, during the struggle against the abortion ban in 2016, feminist framing emphasised how all women would suffer and some die if the ban was introduced. In Ireland, similar argumentation aimed to generalise the harms that a constitutional ban on abortion created for a range of women requiring access to SRH. Such framing was effective in neutralising the "moral" status of the fetus, shifting abortion debate from a moral to a clinical category³⁶ and reframing a highly politicised and divisive issue into an actionable political and social policy choice. In Ireland, such framing helped move the abortion into a moderate social and cultural space, while in Poland such framing dampened the resurgence of reactionary right-wing morality politics on the issue.

This form of framing the evidence base, highly emotive and affective in content, worked to destigmatise abortion for many, empowering some to share deeply marginalising experiences. These resonated in both Irish and Polish discursive contexts, primed by past historical abuses of women and children by state and church. While mobilisations in both contexts framed abortion in ways that challenged stigmatisation, generalised and empathetic messaging conformed to aspects of hegemonic discourse.¹⁵ In both cases, radical feminist framing was de-emphasised for narratives rooted in familial and maternal discourses emphasising compassion, care and empathy, especially for women portrayed as vulnerable or bereaved parents. While women's subjectivities were privileged, men also featured as bereaved fathers, supportive partners and/or empathetic medical professionals.

Frames that sought an expansive regime aimed at reducing the possibility of discriminatory treatment or challenging a hierarchy of "deservedness" in access to abortion were side-lined. While individual testimonies rooted in emotion and trauma were key, "unapologetic" abortion narratives² were downplayed. Instead, de-stigmatisation was attempted through normalising abortion as part of a suite of women's health care options (albeit one taken in rare circumstances). Linking the repeal of the ban in Ireland and the retention of the services in Poland to fatal fetal abnormality underlined the focus on rare rather than regular recourse to abortion. Such maternal and individualised framing on SRH rights can be costly for those whose claims and needs require more fundamental change, including women who simply do not wish to become mothers, or minority women, whose reproductive decisions are embedded in a complex matrix of cultural, legal and economic constraints. While neither campaign outlined here embraced "positive" or celebratory accounts of abortion,² the de-limited nature of the generalised and empathetic framing risked such exclusionary logics.

Analyses of the feminist framing in abortion debates in different countries reveal a series of strategically produced exclusions.^{15,20} Our analysis confirms suggestions that these exclusions reflect how feminists adapt their arguments to context-specific and more global hegemonic discourses on gender, family and reproduction. Seeking cultural resonance in Ireland and Poland, countries that share similar forms of patriarchal gender organisation, may have required the marginalisation of more radical formulations. Yet, the marginalisation of more radical voices highlights the tension between intersectional, long-term feminist perspectives and short-term political strategies aimed at securing success.

Despite successful outcomes for both campaigns, access to SRH remains problematic in both countries. In Ireland, legislation to install abortion care passed in late January 2019, yet services are spatially uneven, while a 12-week limit, conscientious objection, charges and other clinical and time restrictions pose specific obstacles for poor, rural, ethnic minority and asylum seeker women who continue to be stigmatised.⁵⁴ Anti-choice activists, supported by international anti-abortion groups, maintain their presence targeting abortion providers and intercepting women at clinics and hospitals.⁵⁵ Notably, criminalisation of

physicians that treat women outside the guidelines is maintained post-repeal. Criminalisation also continues to shape abortion access in Poland. The continued existence of criminalisation of abortion in both jurisdictions thus maintains abortion stigma in state policy. In Poland, anti-choice groups also continue their efforts to restrict access to reproductive care, focusing mostly on popularising the conscience clause and cases when the fetus is diagnosed with a serious and irreversible abnormality. Even though people's views on abortion have changed, the demand for liberalisation is still depicted in the mainstream discourse as extreme and controversial. In broader terms, paternalism and elements of Catholic ideology and control maintain a footprint across women's health care in both countries.

Ireland and Poland also represent sites of resistance for global efforts to undermine reproductive rights across Europe and the United States that include the discursive de-legitimisation of gender equality, dismantling or poor implementation of gender-progressive policies and the underfunding and marginalisation of women's organisations.^{56,57} In Poland this opposition to gender equality is explicit and reinforced through party political formations. In Ireland, extreme right-wing populism is less evident, yet "progressive neo-liberalism"⁵⁸ maintains elements of social conservatism and traditional gendered norms in both state and society.

Conclusions

Stigmatising discourse has political and social consequences: it allows policy makers to label women who have abortions as non-normative and separate them from the dominant culture, subject them to social control, discount their experiences and ignore their needs and rights. Polish and Irish pro-choice activism challenged elements of stigmatisation. The framing in part reflected movements' sensibilities around what they viewed as the underlying social conservatism and gendered logic of state and society in both countries. However, the emphasis on "safe, legal and rare" risked a separation of some women's decisions as being morally distinct from or morally superior to the choices of other women, with stigmatising effects. The de-stigmatisation of abortion requires it to be accepted as a commonplace, essential and life-giving decision for all who choose it.²

De-stigmatisation can be supported by structural change, including progressive and widely

available sexual/sexuality and reproductive health education that includes discussion of abortion and well-resourced, publicly funded abortion services, accessible to all but especially poor and marginalised women. In Ireland, where abortion services are novel, training and resources for health care professionals to identify and confront stigmatising discourse and practices are key. In Poland, there is a need for activism oriented towards securing access to existing services and a long-term strategy is necessary to push for liberalisation of existing law, in line with the change of public opinion on this issue. Combining these goals requires a nuanced and complex strategy, linking claims for access to existing health care services with demand for changing the way in which access to reproductive health and rights is structured.

As anti-choice activists regroup to undermine abortion care in both countries, it is also important to resist monolithic and reductive framing of abortion, particularly as a tragedy. While fatal fetal abnormality and narratives of the personal tragedy were used to strategic advantage in both campaigns, it is essential to open social and cultural space for many different experiences of abortion to exist as valid.

Longer term societal and cultural acceptance of abortion for all women will require an intersectional approach to mobilisation and a recognition of the differential experiences of the most marginalised women. Fundamentally, abortion rights are significant indicators of the state of society in terms of gender equality. Such rights, if partial or unevenly experienced, most likely reflect other forms of enduring and systemic gender, racial, ethnic, class, sexual and ableist forms of oppression. The generalised and empathetic frames discussed in this paper provided resonant and effective frameworks; however, longer term campaigns need to be rooted in organising practices that do not sublimate differences. De-stigmatisation of abortion will require expansive coalition-building locally, transnationally and globally, embedded in flexible and inclusive discursive and political frameworks.

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Résumé

La stigmatisation de l'avortement, si elle est observable comme phénomène mondial, est construite au niveau local par le biais de plusieurs voies et institutions et à l'intersection des discours locaux et transnationaux. La stigmatisation de l'avortement a été remise en cause de différentes façons par les adhérents du mouvement pro-choix. Cet article enquête sur des stratégies pour identifier et opposer la stigmatisation de l'avortement en Irlande et en Pologne, en se centrant sur les campagnes qui visaient, dans un contexte, à faire abroger une interdiction presque totale de l'avortement et, dans un autre, à résister à de nouvelles restrictions concernant les droits reproductifs. Nous examinons comment la mobilisation autour de la santé sexuelle et reproductive dans les deux contextes a fonctionné pour s'attaquer à la stigmatisation et la discrimination dans la santé sexuelle et reproductive, en faisant appel au concept de la formulation et la mise en évidence de similitudes entre ces deux contextes nationaux. Notre analyse explique comment la logique de l'inclusion et de l'exclusion fonctionne dans les activités pour déstigmatiser l'avortement.

Resumen

El estigma del aborto, aunque observable como fenómeno mundial, es construido a nivel local por diversas rutas e instituciones, y en la intersección de discursos transnacionales y locales. La estigmatización del aborto ha sido cuestionada de diversas maneras por quienes defienden el derecho a decidir. Este artículo investiga las estrategias para identificar la estigmatización del aborto en Irlanda y Polonia, y oponerse a la misma, centrándose en un contexto en campañas dirigidas a revocar la prohibición casi total del aborto, y en otro, en oponerse a más restricciones a los derechos reproductivos. Examinamos cómo la movilización en salud sexual y reproductiva (SSR) en ambos contextos abordó el estigma y la discriminación en SSR, y nos basamos en el concepto de enmarcar y mostrar similitudes entre estos dos contextos nacionales. Nuestro análisis explica la función de la lógica de inclusión y exclusión en los esfuerzos por desestigmatizar el aborto.