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Issues presented in Facebook posts about abortion”

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## Introduction

Abortion is a controversial and emotional topic that reveals a gap between pro-life and pro-choice positions. All around the globe, opinions clash and both philosophical and ethical questions about the beginning of life and personhood that are inherently linked to this topic, result in conflict and disagreement. Some people are opposed to the idea that women should make decisions over their own bodies, arguing that abortion is equal to ending a human life. At the same time, health and human rights experts criticise these attitudes, because they ignore the harsh consequences women have to endure if they have to continue an unwanted pregnancy.

The Republic of Ireland voted to decriminalise abortion in a referendum with an approval rate of 66% in May 2018. Due to the lack of an operating Northern Irish Parliament, the British Government voted to extend British abortion laws to Northern Ireland in July of 2019. Since the Northern Irish Executive was not reinstated until 21 October 2019, the existing abortion laws were changed. In most other European countries, however, abortion has been legalised for many years which raises the question: What makes the island of Ireland so different from the rest of Europe when it comes to the termination of pregnancies?

The answer lies in Ireland's unique history and the way it has and continues to be shaped by the teachings of the Catholic Church. Women who failed to conform to Catholic teaching were frequently confined in Church-run institutions called "Magdalen asylums". In a conservative country such as Ireland, these places were associated with a strong sense of shame. Significant events, including the famous Kerry babies investigations from 1984, or the death of Ann Lovett in 1984, provide anecdotal evidence of the mistreatment women had to experience if their lifestyle did not comply with the teachings of the Church. Similarly, cases such as that of Savita Halappanavar, whose death in 2012 is attributed to the vague formulations in the controversial 8<sup>th</sup> Amendment, caused the Irish public to question the ideas, values and beliefs underlying Irish abortion legislation and led to a slow but steady shift in public opinion. Ireland's status as the "last bastion of morality" has been slowly declining. People have become more aware of the extensive influence of the Church and conservative politicians on their decisions, and young women especially have started to understand how this could pose a threat to their own health. The history of abortion in Ireland exposes the hypocrisy of both Church and the state. Even though

Ireland used to present itself as a morally pure country, thousands of women were forced to travel to the U.K. each year to seek legal abortion care. Those who did not have the financial means to travel were kept out of sight and sent to institutions such as the “Magdalen asylums”, where they had to live and work under poor conditions. Unmarried motherhood was stigmatised, and affected women found themselves at the margins of society. Many of them turned to great lengths to terminate their pregnancies, and often did not receive proper medical treatment.

On 25<sup>th</sup> May 2018, the Irish public decided to rewrite history, and legalised abortion.

Both pro-life and pro-choice advocacy groups tried to convince people, not only by protesting in the streets, but also via the communicative functions of social media platforms, such as Facebook.

The main, analytical part of this thesis focuses on issues which arose in Facebook posts published by both pro-life and pro-choice advocacy groups on the social media platform Facebook. To identify the characteristics of the content of these issues, I analysed Facebook posts and the meanings conveyed by their communicative modes, including written text, images, videos, links. The results showed that both pro-life and pro-choice groups on Facebook focused on issues such as the role of women in modern society, the legal status of the foetus, women’s mental health and the impact the topic of abortion has on the Irish public. However, the way the two groups framed these issues was different. On the one hand, pro-life groups condemn the existence of what they see as an “abortion culture” which actively promotes abortion and financially exploits women who struggle to recover from the traumatic procedure for the rest of their lives. On the other hand, pro-choice groups challenge these claims by presenting abortion as an integral part of healthcare that allows women to make independent choices about their careers or desired family size. The pro-life discourse is characterised by straightforward labels grounded in common sense reasoning and is therefore at an advantage compared to the pro-choice framings. The latter requires scientific reasoning and raise ethical questions whose answers take up more space than Facebook and its underlying materiality through laptops, smartphones or tablets can provide. Nevertheless, pro-choice groups attempt to compensate for these weaknesses with increased posting behaviour, appealing for perseverance, urging their supporters to continue the “ongoing fight” for abortion rights.

My thesis provides an overview of exemplary court rulings and cases which serve as anecdotal evidence. These stories aim to illustrate how Irish abortion laws have changed over time and give an insight into women's struggles and efforts to obtain the right to legally access abortion care in Ireland. Moreover, the changing role of Irish women throughout Irish history is an integral part of my thesis. The status of women was shaped by a particular Irish form of patriarchal, nationalist discourse. Therefore, women used to be positioned in the domestic sphere and were excluded from public and political life (Smyth, X-Case 64). Their main role was to ensure the reproduction of the population and therefore the continuation of national identity.

This raises questions about what it means to identify as Irish. This is why this thesis also discusses related issues, such as the displacement and oppression of women under the guise of protecting Ireland's status as a morally pure country. Furthermore, I compared the evolution of the abortion debate in Ireland with the one in the U.S. Ever since abortion was legalised in the U.S. in 1973, there has been a powerful pro-life movement. The combination of an increasingly conservative Supreme Court and the pro-life president, Donald Trump, led to the introduction of restrictive requirements imposed on abortion clinics or people trying to access abortion care. This backlash additionally aimed to overturn the landmark case of "Roe vs. Wade", the 1973 Supreme Court decision. The precedent established in the case gave women the constitutional right to access abortion care. These U.S. liberal approaches to the topic of abortion significantly influenced the decision to hold a referendum on abortion in Ireland in 1983.

The final part of my thesis consists of a teaching project, with classroom material focusing on the topic of abortion. This project is targeted at upper-secondary students and aims to introduce them to the issues presented in the polarised abortion debate. They are provided with insights into both pro-life and pro-choice discourse, as well as different representations of womanhood. Furthermore, it allows them to work with multiple forms of communication, such as newspaper articles, podcasts, videos, movies etc. and to engage in various activities such as researching the Internet, participating in a debate or writing an "agony-aunt response letter".

## 1 The history of abortion law in Ireland

In Ireland, abortion was first criminalised in 1861. Prior to the referendum held in 2018, multiple legal decisions had a significant impact on the situation of abortion jurisprudence in Ireland. Following the decision in “Roe vs. Wade” in the U.S. which legalised abortion, conservative forces in Ireland called for a referendum to reconfirm the ban on abortion. In 1983, the 8<sup>th</sup> Amendment was added to the Constitution after it was approved by the referendum. A selection of the events leading up to the repealing of the 8<sup>th</sup> Amendment serving as anecdotal evidence will be given in the following chapter.

During the 1960s and 70s, Irish society was increasingly influenced by the U.K. and the U.S. People’s attitudes started to change and brought about a transformation in various areas such as music, fashion and sexual liberation. Ireland was influenced by the international focus on the liberation of reproductive rights, which challenged existing assumptions about women and their role in society (Maguire 336). In Britain, the case “R vs. Bourne”, where a doctor performed an abortion on a 14-year old girl who had become pregnant after being raped by five soldiers, caused a public outcry (Galligan & Buckley 69). The gynaecologist was convicted of conducting an illegal abortion. The charges were later dropped as Justice MacNaughten justified the doctor’s actions by declaring the following:

If the doctor is of the opinion, on reasonable grounds and with adequate knowledge, that the probable consequence of the continuance of the pregnancy will be to make the woman a physical or mental wreck, the jury are entitled to take the view that the doctor is operating for the purpose of preserving the life of the mother<sup>1</sup>

This decision represents the first time a woman’s health has been taken into consideration in an abortion case. Despite its importance, uncertainty about the law prevailed until the introduction of the “Kingdom Abortion Act” of 1967 (Galligan & Buckley 69). Before the enactment of this legislative reform, the existing uncertainty meant doctors only offered abortion care in cases which showed a clear risk to the woman’s life. These developments resulted in increased numbers of “Backstreet abortions”, which frequently resulted in serious injuries or death (Stauch, Wheat & Francis 380). According to the “Kingdom Abortion Act” of 1967, abortions were legalised in the event that the continuation of a pregnancy would harm the mother’s

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<sup>1</sup> Rex vs. Bourne (1938) United Kingdom Central Criminal Court, 3 All E. R. 615.

physical and mental well-being. In the U.S., the decision of “Roe vs. “Wade”, which will be outlined in more detail in another chapter, entitled women to make their own choices about their bodies and therefore allowed them to have an abortion (Galligan & Buckley 70).

Many countries including Finland, Italy, Sweden or Austria followed the British example and made abortion care accessible as well.

In Ireland, the case “McGee vs. The Attorney General” (1973) declared that the right to privacy in a marriage allowed the use of contraceptives (Galligan & Buckley 70). McGee was a young mother living in a mobile home together with her four young children and her husband. Having another child would have been a substantial financial burden and would also have represented a considerable health risk. Following the advice of her doctor, she bought spermicide as a form of contraception, which was then confiscated. The court later ruled in her favour, arguing that her marital privacy had been invaded<sup>2</sup>.

However, the new law still did not permit the public sale of contraceptives. Only in 1979, the “Health (Family Planning) Act” came into force, which entitled married couples to purchase contraception on prescription. These contraceptives could only be supplied for medical or family planning purposes to people with a medical prescription<sup>3</sup>.

The liberalisation of the abortion laws in the U.S. and the U.K. triggered opposition in Ireland. Conservative groups were opposed to treating the American and European judgement as a model to be followed in Ireland (Galligan & Buckley 70). After legalising access to contraception under certain conditions in Ireland, conservative Catholics were scared that the next step would be the legalisation of abortion. The Archbishop, John Charles McQuaid noted in his pastoral letter of 1971 that the newly acquired ability to purchase contraceptives was “gravely damaging to morality, private and public and would remain a curse upon our country” (Hug 92).

In this way, both the Church and the state tried to shift the focus back to protecting the life of the unborn by ensuring that the concept of privacy could not be exploited to

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<sup>2</sup> 'McGee vs. The Attorney General' (1973) Supreme Court of Ireland, IR 284 at 298.

<sup>3</sup> Health (Family Planning) Act 1979



make abortion legal as it had been in “Roe vs. Wade”. The “Pro Life Amendment Campaign” (PLAC) obtained written confirmation that a referendum would be supported by both the Prime Minister and Garret Fitzgerald, the leader of the opposition, within two weeks following their launch.

PLAC was able to mobilise a number of different right-wing Catholic groups under the same name and for the same purpose (Bogdanor 82). This unification of various Catholic groups happened after Pope John Paul II’s visit to Ireland in 1979. During his visit, more than 1 million people in Dublin alone participated in an open-air mass. The messages conveyed by the Pope were characterised by “moral and doctrinal conservatism” (Cronin 89). In Limerick, he expressed his opposition towards all forms of sexual behaviour that did not align with the Church’s teaching on this matter. Moreover, he described abortion as “modern evil”. Deviations in people’s behaviour, especially in the area of sexuality, were seen as a major threat to Irish identity. Consequently, there was a strong focus on the issue of abortion. Smyth (X-Case 65) argues that dominating the topics of women’s reproductive and sexual autonomy played an integral role in their overall aim of maintaining the existing hegemonic structure of a conservative patriarchy. Since modernisation had continually altered Irish society and led to changes in the perception of the role of women, the pro-life campaign attempted to associate abortion with the discontinuity of the existing national Irish identity and the alleged consequential disruption of the existing social order.

Smyth (X-Case 65) further explains that the legalisation of abortion in the U.S. and the development of the “women’s right to choose groups” in Ireland might have led to the formation of PLAC. Consequently, the government decided to let the Irish people decide whether abortion should be legalised by conducting a referendum (Bogdanor 83). Pro-choice and pro-life groups emerged, and the Catholic Church publicly encouraged people to vote in favour of the amendment which denied the right to have an abortion. However, only 53,67% of eligible voters participated in the referendum. According to the results obtained, two thirds supported the imposition of a constitutional ban on abortion. Following the result, the 8<sup>th</sup> Amendment was signed in on 7 October 1983.

## 1.1 The 8<sup>th</sup> Amendment

The 8<sup>th</sup> Amendment had serious consequences for women who did not want to continue with an unwanted pregnancy. According to this referendum,

the state acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable by its laws to defend and vindicate that right (Carolan 12).

The regulations in place in Ireland forced women to turn to “abortion tourism” (Gillmartin & White 276). While the term “tourism” denotes a positive form of mobility that is based on individual choices and opportunities, abortion tourism arises when women are denied the right to have an abortion in their home country and are forced to seek abortion care abroad. Until the Irish abortion referendum of 2018, Irish women predominantly travelled to the U.K., where abortion had been legal since 1967. Those who provided informative material on clinics offering abortion in the U.K. were immediately targeted by the “Society for the Protection of Unborn Children” (SPUC) (DeLondras & Enright 5). The “SPUC” considered the sharing of such information a threat to the foetus’ life.

Women who could not afford to travel were frequently overwhelmed by the financial challenges or societal stigma they suffered if they became a single-mother. In their desperation, many turned to dangerous methods to terminate their pregnancies on their own. Women threw themselves off stairs or tables, or even inserted knitting needles into their vaginas (Amnesty International, Not a criminal 93).

As mentioned above, the 8<sup>th</sup> Amendment gave equal right to life to both mother and child, but this effectively put them on opposing sides. If a mother sought an abortion because her life was at risk, this automatically created a threat to the life of the unborn child (Amnesty International, Not a criminal 44). If the rights of both the pregnant woman and the unborn child were deemed to be at risk, courts needed to decide which life to prioritise. According to Amnesty International’s report on Ireland’s abortion laws, published in 2015, Irish healthcare providers denied women necessary medical care or even forced medical treatments upon them under the guise of protecting the unborn child in compliance with the 8<sup>th</sup> Amendment (Amnesty International, Not a criminal 44,45).

## 1.2 The X-Case

The “X-Case” is considered one of the key events in the history of the Irish abortion legislation. It demonstrated the interconnectedness of the state, the nation and women and revealed how much power the Irish state had over Irish women’s bodies. In 1992, a fourteen-year old female rape victim and her parents were denied permission to travel to the U.K. to seek an abortion after they had asked whether tissue from the foetus could be accepted as evidence in the girl’s rape trial (Smyth X-Case 62). The case sparked national and international interest and resulted in media coverage all around the globe after the girl expressed the wish to take her own life (Smyth X-Case 62).

The Supreme Court later overturned the attorney general’s ruling, stating that the threat of suicide needed to be taken seriously and represented a valid justification for an abortion (Buckley & Galligan 73), and therefore, the girl could no longer be prevented from going abroad.

Following the “Protection of Life During Pregnancy Act”<sup>4</sup> (PLDPA), which came into force 21 years after the “X-Case” in 2013, the Supreme Court created a test that allowed a pregnant woman to seek an abortion if their life was at risk. This also included the risk of committing suicide. This “suicide exception” was highly criticised by anti-abortion campaigners, who attempted to overrule it twice (1992 and 2002). However, neither attempt to change the Constitution to remove the suicide exception, proved successful (De Londras & Enright 4).

In 1992, a constitutional amendment in the form of the 13<sup>th</sup> Amendment was introduced, to protect the right to cross the Irish border to have an abortion (Gillmartin & White 277). In addition, the 14<sup>th</sup> Amendment was added to the Constitution, giving people the right to access limited information about having an abortion abroad, (De Londras & Enright 5).

According to De Londras and Enright (1), the 8<sup>th</sup> Amendment viewed the unborn child as a “constitutional person”, separate from its mother. This meant that the foetus had the right to be legally represented and that its life was worth as much as the mother’s. According to the amendment, both mother and child were given “equal right to life”.

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<sup>4</sup> Protection of Life during Pregnancy Act 2013

The philosophical question of when life begins continues to be controversial. Moreover, the concept of “life” denoted by the 8<sup>th</sup> Amendment can be described as somewhat restrictive. De Londras and Enright (2) argue that it exclusively protected the condition of being alive and not life “in all its richness and depth”, pointing out that other rights “confer dignity and meaning on life”. Therefore, the amendment did not in fact protect life, only the condition of being alive. De Londras and Enright (3) claim that other rights that are connected to the concept of life, such as privacy or being able to decide over one’s own body, were ignored by the 8<sup>th</sup> Amendment. According to its restrictive interpretation, the state only had to guarantee the survival of both mother and unborn child.

Other aspects such as the psychological well-being of the mother-to-be were not taken into account. De Londras and Enright (4) point out that giving equal rights to the foetus and the mother was almost impossible in actual practise. A mother who was trying to seek an abortion had to prove that her own health was equally at risk as the unborn baby’s, therefore, having an abortion would be considered a crime, unless continuing the pregnancy posed a “substantial” threat to the pregnant woman’s life. If no such risk could be proved, they had to find a way to circumvent the ban. Many women did this by travelling to other countries to have an abortion. Those who could not afford to travel frequently tried to import abortion pills to induce an abortion in their own homes without any medical assistance (De Londras 5). Doctors’ decisions of whether or not to offer abortion care to a pregnant woman had to have a legal as well as a medical basis, since both client and doctor could face legal consequences if an abortion was performed without legal justification. Nevertheless, doctors held the power to accelerate or prolong the decision-making process, which could result in increased psychological strain for women or even prevent them from accessing abortion care, if they had already reached the later stages of pregnancy by the time a decision was made (De Londras & Enright 6). Even if the foetus was diagnosed with fatal foetal abnormality, a condition which frequently results in stillbirth, this would not be considered grounds to terminate the pregnancy. This case raises the question of whether a non-viable foetus has the same right to life as its mother.

### **1.3 Miss A, B & C vs. Ireland<sup>5</sup>**

On 15<sup>th</sup> July 2005, Ms A, B complained to the European Court of Human Rights, about the Irish prohibition of abortion “for health and well-being reasons”. Ms C issued a complaint about Ireland’s alleged inability to provide her with the required abortion in the case of “a risk to the life of the woman”. These complaints concerned Articles 2, 3, 8, 13 and 14 of the “Convention for the Protection of Human Rights and Fundamental Freedoms”.

Applicant A, who was living in poverty and already had four children in foster care, sought abortion after she had become pregnant unintentionally. During her previous pregnancies, she had suffered from depression. Ms A claimed that continuing the pregnancy would cause significant danger to her health and would significantly affect her chances of regaining custody of her four children. As she was unsure about if she was entitled to abortion care in Ireland, she borrowed money and travelled to the U.K. (A, B and C v. Ireland Fact Sheet 1).

Miss B, who had also become pregnant unintentionally, sought an abortion for similar reasons, and also travelled to the U.K. to terminate her pregnancy. After returning home from the trip, she started to pass blood clots but was too afraid to go to a hospital for fear of legal prosecution (A, B and C v. Ireland Fact Sheet 1).

Applicant C sought to terminate her pregnancy due a risk to life, rather than for reasons relating to health and well-being, and therefore her case was treated separately. Ms C found out that she was pregnant at the same time she was receiving treatment for cancer. She sought medical advice about whether the tests she was undergoing and were contraindicated during pregnancy and would therefore represent a threat to her own or the foetus’ life. Since she was not given a conclusive answer, she researched the potential dangers privately and decided to go to the U.K. for a termination (A, B and C v. Ireland Fact Sheet 1).

Even though Ms A and B tried to extend the grounds on which abortion could be allowed in Ireland, the European Court of Human Rights arrived at the conclusion that the Irish State could not be found guilty of the violation of Article 8 as the women would have needed an abortion for “health and well-being reasons” which was not

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<sup>5</sup> ‘A,B and C vs. Ireland’ (2005) European Court of Human Rights, 25579/05.

permitted under Irish law<sup>6</sup>. Applicant C, however, complained that the Irish State failed to provide the criteria to enable her to determine whether she qualified for an abortion based on the risk to her life. The Court agreed that there was a lack of predetermined procedures for providing guidance to measure the risk to life<sup>7</sup>. The Court pointed out the discrepancy between the existing right to an abortion based on a substantial risk to a woman's life in Ireland, and the actual, practical implementation of that law. Therefore, the Court held the state accountable of the violation of human rights with respect to Article 8 of the Human Rights Convention as it failed to implement article 40.3.3 of the Constitution (A, B and C v. Ireland Fact Sheet 4). Following this decision, the Court recommended a specification of the conditions that had to be met for a patient to be granted access to an abortion under Irish law, and additionally recommended introducing procedures that would make it easier for a judgement to be made<sup>8</sup>.

Some of the judges involved gave their opinion on the issues raised in the case, which differed slightly from its final outcome. The judges Rozaki, Tulkens, Fura, Hirvela, Malinverni and Poalelungi stated that they considered the the Irish state's conduct towards Ms A and B a violation of Article 8 of the Human Rights Convention<sup>9</sup>. These cases raised the question of whether the "equal right to life of both mother and child" formulation in the Constitution's 8<sup>th</sup> Amendment needed to be revised. According to the dissenting judges, the Court was dealing with the issue of whether there might be cases where the life of the mother, and her right to personal autonomy and development might be considered more important than the life and interests of the foetus. Regardless of "scientific, religious or philosophical questions of the beginning of life", in the majority of other European countries, by contrast, there was a consensus that the well-being of a pregnant woman was more important than the interests of the foetus'.

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<sup>6</sup> 'A,B and C vs. Ireland' (2005) European Court of Human Rights, 25579/05. E239

<sup>7</sup> 'A,B and C vs. Ireland' (2005) European Court of Human Rights, 25579/05. E263, 264, 267, 268

<sup>8</sup> 'A,B and C vs. Ireland' (2005) European Court of Human Rights, 25579/05. E266

<sup>9</sup> 'A,B and C vs. Ireland' (2005) European Court of Human Rights, 25579/05. E266. Joint partly dissenting opinion of judges Rozakis, Tulkens, Fura, Hirvela, Malinverni and Poalelung

#### **1.4 The death of Savita Halappanavar**

In 2012, the death of Savita Halappanavar, a dentist from India who was 17 weeks pregnant, led to protests not just in Ireland, but also around the globe. Even though the rate of maternal deaths in Ireland was low, the Irish government failed to ensure that the necessary care was provided to prevent the woman's death. According to medical experts, Halappanavar would not have been able to carry her pregnancy to term, because her cervix was dilated, rendering her pregnancy non-viable (HSE, Final Report 30). The baby would have had to be born alive at 17 weeks and would not have survived. Despite the fact that Halappanavar's life was the only one at risk, a termination of her pregnancy was not provided. On the basis of the existence of a foetal heartbeat, the termination she needed was repeatedly delayed, even though doctors suspected that a miscarriage would be inevitable (HSE, Final Report 26). According to the report, despite the fact that Halappanavar was "distressed", very upset and described the pain as "unbearable" (HSE, Final Report 25), medical staff decided to "wait and see what would happen naturally" (HSE, Final Report 26). Halappanavar contracted an infection during the miscarriage which consequently led to her death. Investigations revealed that the response to Halappanavar and her husband's enquiries about an abortion was that terminating a pregnancy at a stage when there was still a foetal heartbeat was illegal in Ireland (HSE, Final Report 5). The Irish National Health Service, which was in charge of the investigations into Halappanavar's death, reported that confusion about Irish legislation on abortion played a substantial role in her death (HSE, Final Report 5). At the time of Halappanavar's death, it was legal to terminate a pregnancy to save a pregnant woman's life under the Offences against the Person Act, which was passed in 1861. However, the 8<sup>th</sup> Amendment's vague formulation about the "right to life of the pregnant woman and the unborn" led to differing interpretations (Berer 11). As a result of the investigations of Halappanavar's death, the Irish National Health Service recommended the implementation of "administrative, legal and clinical guidelines concerning the management of inevitable miscarriage" (HSE, Final Report 6).

Following the case of Savita Halappanavar, numerous women who had experienced similar situations to the Irish dentist came forward. Berer (12) cites the case of a woman carrying a non-viable pregnancy, who called the RTÉ Liveline in 2012 to report that she had not received the abortion care she needed and had instead been secretly advised to go to the U.K. for a termination. These and many similar cases

reveal how, even after the ruling of the European Court from 2010, the Irish State failed to provide clarity and guidance about the lawfulness of abortion in Ireland (Berer 12). The events leading to Halappanavar's death were a wake-up call for many young women in Ireland, who realised how the formulations in the 8<sup>th</sup> Amendment could easily threaten a pregnant woman's life. Protests formed outside the Irish Parliament in 2012 and Halappanavar's name and image were extensively used for campaigns to repeal the 8<sup>th</sup> Amendment (Specia, The New York Times).

The "Protection of Life during Pregnancy Act" of 2013 marked the first time a legal framework for accessing legal abortion was developed. Under the Act, doctors were required to determine whether there was a substantial risk to life, due to psychological and/or physical conditions. If there was a risk of suicide, additional procedures were required. Doctors had the right to refuse to offer abortion care when he or she had a "conscientious objection" to it (De Londras & Enright 8). De Londras and Enright (8) add that only those unable to go abroad to receive abortion care turned to the 2013 Act. Under the Act, those who travelled to other countries did not receive any assistance with the arrangement of their trip. Irish politicians were no longer able to ignore the fact that abortions were taking place in Ireland despite the existing regulations (De Londras, Oxford Human Rights Hub). The Irish Prime Minister, Leo Varadkar even said that there had to be an end to "exporting problems and importing solutions".

### **1.5 The Irish Citizens' Assembly**

Following the recommendations by the United Nations Human Rights Committee, Ireland was under pressure to make changes to the law on abortion. Establishing the "Citizens' Assembly" was the first major step towards a liberalisation of Ireland's abortion laws (Farrell 114). Citizens' assemblies can be described as "mini publics" that consist of a random sample of citizens who review a nation's constitution and provide recommendations for legislative amendment (Farrell 113). In 2012, the first Citizens' Assembly was set up to support the planned referendum on marriage equality in 2015. A Citizens' Assembly focusing on the abortion referendum was set up by the Irish government in October 2016, and 99 members were selected to take part in five meetings which took place over a period of five months. The meetings included presentations by legal, ethical and medical experts. The members of the Assembly were briefed on the topics under discussion. Additionally, advocacy groups



were invited to come and speak and women affected by the issue were invited to come and give accounts of their stories (Farrell 116). Judge Mary Laffoy, who chaired the Assembly, was satisfied that the members of the Assembly had a “comprehensive understanding of abortion” by the end of the five month period (Suiter 31). In the final vote, 87.3% voted in favour of abolishing the 8<sup>th</sup> Amendment entirely and more than 64% voted for to legalise abortion up to 12 weeks (The Citizens’ Assembly Result of Ballot 1). Many of those participating in the Assembly stated that their opinion on the issue of abortion had changed after hearing reports by experts. Despite these results, those who were opposed to repealing the 8<sup>th</sup> Amendment argued that the Assembly did not constitute an authentic representation of the Irish population (Suiter 31). The Assembly called for a referendum, which was held in 2018, and published several recommendations for possible reforms of the existing abortion laws (The Citizens’ Assembly B9). Subsequently a parliamentary committee, consisting of members from all parties, was established to come up with a legislative framework. The results obtained in the referendum turned out to be similar to those from the Citizens’ Assembly. On 25<sup>th</sup> May 2018, 66.4% voted in favour of repealing the 8<sup>th</sup> Amendment. Campaign Opinion polls indicated voter consistency: 82% did not change their mind over the course of the campaign (Suiter 32). According to results obtained by the RTE, Universities Exit Poll, up to 70% of all voters were aware of the Citizens’ Assembly and knew that its members were Irish Citizens from various backgrounds randomly selected from the general population.

Direct democracy, and referendums in particular have come under criticism, especially since the Brexit referendum in the U.K. in 2016. Experts claimed that the British general public had lacked the necessary information to engage in a proper decision-making process. The Irish Citizens’ Assembly was deemed a positive model for other countries aiming to improve democratic processes (Suiter 32).

### **1.6 A landslide vote**

On 25 May 2018, the Irish people voted in favour of repealing the 8<sup>th</sup> Amendment in a landslide victory, with 66.4% voting in favour. Even though polls conducted a few days before the referendum indicated the victory, experts did not predict that the repeal vote would win by such a large margin. The Irish prime minister Leo Varadka referred to the results as “a quiet revolution”, and Green Party Councillor Roderic O’Gorman said that a change towards openness and understanding in Irish society

could be perceived (White, The Green Journal). Particularly young people aged 18-24 (87%) and women voted in favour of repealing the 8<sup>th</sup> Amendment. Campaigners and politicians were surprised by the outcome on an issue that had long been considered too “politically sensitive” (White, The Green Journal). 64.5% of the Irish population participated in the referendum, one of the highest turnouts in Irish history recorded. The referendum bill was signed into law by President Michael D. Higgins in September 2018. The newly introduced legislation legalised abortion up to 12 weeks. The existing laws, permitting abortions in case of a risk to life or serious risk to the woman’s health were maintained.

## **2 Abortion in Northern Ireland**

Since October 2019, after abortion had been illegal for over 150 years, it was legalised in Northern Ireland. Northern Ireland is part of the U.K., where abortion was decriminalised in 1967, however, the devolution of government meant that the abolition of the “Abortion Act” (1967) was not enforced in Northern Ireland (Baillie 131). Until 22 October 2019, Northern Ireland abortion law was based on the “Offences against the Person Act”<sup>10</sup>, which was passed in 1861. According to this Act, women who “procured a miscarriage” or people who carried out a termination risked imprisonment for life. At the time the Abortion Act was signed in the U.K., Northern Ireland had its own parliament.

In 2018, the Irish population repealed the 8<sup>th</sup> Amendment, however women from Northern Ireland were still forced to go abroad to receive abortion care. On 24 July 2019, two amendments, one to legalise same-sex marriage and the other to legalise abortion, were added to a bill, which was passed by the British Parliament. Since Northern Ireland has not had a functioning government for over two years, the British members of parliament signed the amendments into law. This was the result of a ruling by the British Supreme Court and the United Nations Committee, according to which Northern Ireland’s abortion laws were classified a violation of women’s rights (U.K. Government Response. Tenth Special Report, Abortion law in Northern Ireland). The new law came into force on 22 October 2019. Following the decriminalisation of the abortion bill, any pending prosecutions were suspended with

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<sup>10</sup> Offences against the Person Act 1861

immediate effect (U.K. Government Response. Tenth Special Report, Abortion law in Northern Ireland). As expected, the Church in Northern Ireland was diametrically opposed to the change in legalisation. They referred to the legislative amendments as a “matter of grave alarm for every citizen in Northern Ireland and all those who cherish the right to life as the most fundamental of all human rights” (Burki 290). Formerly, in the debates about abortion rights, Northern Ireland’s population was united in their opposition towards the termination of pregnancies. Northern Irish culture was a “moral, Christian one” that was “highly gendered” (Smyth, Northern Ireland 670). These attitudes revealed a close association with the rest of Ireland, which Unionists viewed as contradictory. Despite the coexistence of two nations on the same territory, Northern Ireland frequently described itself as a pro-life nation. Following the violent years of the Troubles, the argument that Northern Ireland had a “tradition” of supporting a pro-life approach turned out to be highly debateable. People from different faiths came together to “campaign for life” and joined forces to have a greater influence on existing policies and laws at that time (Smyth, Northern Ireland 672).

In Northern Ireland, abortion care was only provided if the continuation of the pregnancy posed a risk to the woman’s life or her physical or mental health. The Attorney General advised all obstetricians and gynaecologists in Northern Ireland to practise “within the law,” which resulted in uncertainty regarding the laws’ wording and meaning (Bailey 131). Many doctors who were not sure about the interpretation of the law sought legal advice, especially in order to clarify the circumstances under which an abortion could be procured. As a result of these concerns, the number of abortions significantly decreased between 2013 and 2014. In 2012 and 2013, the numbers of abortions obtained was 51. One year later, the number had dropped to 23. As the table below shows, between 2006 and 2012, the number of abortions carried out in Northern Ireland fluctuated, with a tendency towards decline. In 2018, 12 terminations were recorded in HSC hospitals (Hillen & Mallon 1).

Year	Medical Abortion	Termination of Pregnancy
2007/08	76	47
2008/09	71	44
2009/10	64	36
2010/11	73	43
2011/12	56	35
2012/13	75	51
2013/14 <sup>B</sup>	25	23
2014/15	22	16
2015/16	30	16
2016/17	20	13

Table 1

Medical abortions and terminations of pregnancy, 2007/08-2016/17 (Mallon 2)

These resulted in large numbers of women travelling to England, Scotland and Wales to have an abortion. Prior to the legalisation of abortion in 2019, the number of women seeking abortion care had significantly declined, which might have been linked to the use of methods such as abortion pills (Baillie 131). Northern Irish women who were unable to go abroad were the most vulnerable to the existing abortion laws, as they had been prior to the 2018 referendum. Additionally, those who suffered from complications following the use of abortion pills often waited too long before they requested medical assistance as they were too afraid of facing prosecution if discovered. Health Care Officials in Northern Ireland also risked high penalties if they did not report women who had purposely tried to self-induce an abortion (Baillie 131).

The N.I. Assembly has been under intensified pressure to introduce a reform to abortion law since 2015. The Northern Ireland Human Rights Commission issued a complaint to the High Court, stating that the constitution violated Article 8 of the European Convention of Human Rights (Committee on the Elimination of Discrimination against Women 12). The high court ruled that the law on abortion did not comply with the U.K.'s obligations under the Human Rights Act. The Northern Ireland Attorney General rejected the ruling, stating that it was the devolved National Assembly at Stormont that had the authority to make a decision about the matter (Bailey 132). The devolved government voted against introducing abortion in cases of fatal foetal abnormality, and a working group was established to review the existing law was established. However, after the collapse of the Northern Ireland government in 2017, the report was not reviewed. According to the 1998 Good Friday Agreement, the Democratic Unionist Party and the Republicans of Sinn Féin were

supposed to share power (Burki 290), however, since the devolved government collapsed, Northern Ireland has remained without an elected parliament for over two years.

Abortion in Northern Ireland is now safe, legal and free and can be obtained when there is a serious risk to the woman's physical and mental health, when the foetus has been diagnosed with fatal foetal abnormalities as determined by a doctor, or when the pregnancy results from a sexual crime, such as rape or incest<sup>11</sup>. If a woman opts for the termination of her pregnancy in any other circumstance, her travel expenses and accommodation are to be covered by the state. Additionally, the purchase of abortion pills is no longer punishable as a criminal offence, and medical assistance can be sought without fear of legal repercussions.

### **3 Abortion and the Role of Women in Irish history**

In order to understand why Ireland was one of the last European countries to legalise abortion, one must examine the historic role of women in Irish society. This chapter will examine key events that shaped the status of women in Ireland.

Between 1845 and 1850, the population of Ireland suffered a major famine, which resulted in a patriarchal social reformation (Smyth, X-Case 64). Gender inequality in work forced numerous women into sex work. During the second half of the 19<sup>th</sup> century, many women emigrated, not only due to poverty, but also because of increasingly patriarchal society structures. As land became increasingly scarce and the number of landowners continuously declined, many women were forced into arranged marriages. Whereas the custom of arranging marriages had been restricted to the colonial aristocracy and wealthier farmers before the famine, afterwards, it was also adopted by the lower classes. Additionally, the practise of dowries became increasingly common as well (Jackson 1009). Under the new marriage law, a family could only have one inheritor, which meant that only one child could definitely marry. Women required a "transfer of wealth and land" to get married. They had to work in domestic service or other forms of service to earn money to increase their agricultural capital. This agricultural capital was of great importance for their dowry (Jackson 1011). For women, these arranged marriages and the dowry that came along with it

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<sup>11</sup> Northern Ireland (Executive Formation etc.) Act 2019

represented a great strain and was one of the main reasons for the rise in female emigration numbers.

Overall, the number of marriages during and after the famines decreased substantially. Additionally, people got married later, and the age gap between husband and wife increased. This considerable difference in age gave men greater power and status (Jackson 1012). This explains why the Irish post-famine society became increasingly patriarchal. These developments were further supported by the Catholic Church, which made a lot of money issuing marriage and funeral certificates. The Church also imposed celibacy on its members and declared sexual intercourse for any other purpose than reproduction in a marriage sinful (Jackson 1012). Unmarried women who became pregnant fled the country for fear of being publicly shunned and ostracised by the community. The mortality rate of illegitimate children was more than 70% higher than that of legitimate children, which may have been linked to infanticide, concealed births or mothers living in poverty who could not feed their babies (Jackson 1014).

Redmond (163) refers to the narrative of the “fallen women,” mainly used to refer to women that had unwanted pregnancies. The role of men was usually not addressed, and it was predominantly the women who had to face the harsh consequences of being a single mother. As previously mentioned, stigma was attached to being or having an illegitimate child. This stigma not only affected members of the upper and middle classes but also women belonging to the lower classes. Poor women had the additional burden of having to deal with financial constraints, which was one of the main reasons for infanticide (Farrel 208). One way of dealing with an unwanted pregnancy was “premature” confinement,” also referred to as abortion. According to Farrel (213), there is little evidence available of professional doctors carrying out abortions in the 19<sup>th</sup> century. The majority of women were not able to afford professional abortion care, which is why many turned to abortifacients, a drug which induces abortion. These abortifacients very often ineffective because the companies that manufactured them were aware that high dosages could kill the mother as well as the foetus (Farrel 214).

### **3.1 Devotional revolution**

During the “devotional revolution”, a term coined by Emmet Larkin (626), which occurred after the famines in Ireland, a campaign was launched to promote

faithfulness and obedience. Following centuries of British colonial politics, the number of Catholic priests in Ireland was particularly low. Two archbishops from Ireland, Paul Cullen and John Hughes, were the leaders of the “devotional revolution” and founded seminaries to increase the quantity of priests and improve the quality of their training (Larkin 625). There was evidence of greed and a desire for personal financial gain in the clergy. Many priests neglected even basic tasks such as preaching and poor members of society were treated disrespectfully. Cullen believed that the clergy needed to be more disciplined.

Moreover, pre-Christian customs had been eradicated, resulting in practising Catholics who knew nothing about their faith. People were required to go to confession and regularly attend mass (Breathnath 334). Larkin (638) further highlights the importance of the Parish movement, which took place between 1850 and 1880. Missionaries belonging to different religious orders visited the Catholic parishes, which led to a revival of national religiosity. Cullen and Hughes managed to establish a conservative Catholicism in Ireland which subsequently became deeply embedded in Irish culture and identity.

After the famines, many Irish people believed that what had happened to them was God’s punishment for their wrongdoings. Consequently, many turned to God and Catholicism, which focused on morality, piety and sexual puritanism (Larkin 639). The “devotional revolution” promoted devotional practises and resulted in the development of a new Irish national identity. Prior to the famines, Irish people had been steadily losing everything that distinguished them as being Irish, such as their language and culture. Catholicism offered a source of common identification. Larkin (649) refers to the support for Catholicism in Ireland in this period as the creation of a “new cultural heritage” and argues that, since then, “Irish and Catholic have become almost interchangeable terms.” The Catholic hierarchy imposed hegemonic power on Ireland and promoted the idea of “idyllic, rural households,” considering a woman’s proper place and role in the home as wives and mothers. In contrast, life in urbanised areas was portrayed as sinful and “demonic” (Breathnath 334).

Both Breathnath (336) and Smyth (X-Case, 64) point out that the rise of Irish nationalism and the creation of the Irish free state following the War of Independence and the Civil War had a great impact on the concept of family and the status of women in particular. The Irish Constitution of 1937 was greatly influenced by Catholic

teachings. Despite the growing influence of modernity, the Irish state placed particular importance on a gender based Constitution, aligned with the predominant patriarchal, nationalist discourse (Smyth, X-Case 64). A women's place was considered to be in the domestic sphere, excluded from the public. Their main role was to ensure the reproduction of the population and the "transmission of national identity" by being good mothers (Smyth, X-Case 64). The 1937 Constitution preserved existing and gave rise to new, highly restrictive and discriminating policies. Homosexuality, divorce, abortion and contraception remained criminal offences. Opportunities for women to work outside the domestic sphere were limited. Breathnath (336) explains that this type of legislation was not only adopted by Ireland, but also many other countries, as a strategy to control modernisation within the framework of their own national agenda.

The Church and the State in Ireland viewed the family units as one of the key mechanisms of the social and moral control of their members. The Catholic Church substantially influenced regulations related to family formation. Girls who engaged in sexual activities outside marriage were sent to "Magdalen asylums", where they had to work long hours and lacked basic rights (Breathnath 336). Therefore, families made considerable efforts to discipline their daughters and sisters and prevent sexual transgression (Breathnath 336). If young girls gave birth to illegitimate children, families either tried to conceal the birth or claimed that the child was its mother's younger sibling.

Even though these restrictive regulations no longer apply, the history of Irish abortion legislation is characterised by the subordination of women.

### **3.2 Irish Identity and Abortion: Us vs. Them**

The "Pro Life Amendment Campaign" (PLAC), an association founded following Pope John Paul II's visit to Ireland in 1979, argued that Irish identity needed to be protected in the face of the growing voice of feminism in the 1970s (Smyth, X-Case 65). The PLAC considered the changes in perceptions of women's place and purpose in life as a threat. In order to maintain the existing hegemonic order, pro-life groups created a discourse that revolved around Irish identity (Smyth, X-Case 65). Those pushing for a referendum were conservative politicians and Catholic leaders



who feared that Irish law might be adapted to the laws in place at the time in most European states and the U.S., which would have led to an imposition of prevailing abortion legislation on Ireland (Maguire 335). According to those opponents to liberal approaches to abortion, a constitutional amendment was the only way to demonstrate opposition to the increasing cultural, political and moral influences from other countries following Ireland's entry into the European Union, and protect Ireland's "distinctive moral foundation" in a time of secularisation. The use of the term "foreign" by politicians and Catholic leaders usually referred to the U.K., which was of course by far the most popular destination of the thousands of Irish women who travelled abroad each year to legally receive abortion care (Maguire 335). Smyth (X-Case 65) cites an Irish protest poster from 1981, which stated: "The Abortion Mills of England Grind Irish Babies into Blood that Cries Out to Heaven for Vengeance". This message casts Ireland as the bloody victim of the U.K. and portrays the U.K. as a place of industrial capitalism. It also draws on the history of British colonial oppression. By creating linking the issue of abortion closely with rationality and identity, Ireland distanced itself firmly from the U.K. and from British beliefs and morals, establishing an opposition between the "[g]od-fearing Irish" and the "barbarous English" (Smyth, X-Case 65).

The Irish pro-life lobby repeatedly communicated their convictions on behalf of "the people". They constructed a sense of community that supposedly included all Irish people, who had to defend themselves against the foreign threat of abortion which was trying to attack Ireland and its values. In doing so, the pro-life advocates engaged in the building of an "imagined community", a term coined by Ben Anderson (49). Anderson (49) argues that nations have limitations. Given the existence of other nations, or other lobbies with different attitudes such as the pro-choice one, in the case of the abortion debate, nations have boundaries. Moreover, Anderson (49) classifies them as "communities". Regardless of any societal inequalities or differences, a nation is always perceived as a "deep, horizontal comradeship" (Anderson 50). This also applies to the pro-life lobby and the messages they convey. Even though Irish people expressed varied opinions on the issue of abortion, those opponents of abortion often claimed to speak on behalf of the Irish people as a whole.

### 3.2.1 The X-Case

Smyth (X-Case 68) examines how the handling of the “X-Case” led to a major identity crisis in Ireland. The Irish public was shaken by the Irish state’s lack of empathy towards a fourteen-year old rape victim. The Irish Times editorial on 18 February 1992 called the Irish state’s conduct into question and likened it to that of “totalitarian” states. The reaction to a teenage rape victim’s attempt to seek abortion care abroad was compared to what was viewed as the primitive and uncivilised treatment by non-western states. The incident acted as a catalyst for a debate about what kind of state Ireland wanted to be. Other newspaper articles argued that by preventing X from going abroad, the Irish state was legitimising child abuse and rape, and claimed young girls were becoming “prisoners of the state”. The leader of the labour party at the time claimed that similar situations would be handled as a private family matter in any other Western country (Smyth, X-Case 68).

Pro-life groups condemned these reactions and argued that Ireland represented the “last bastion of humanity in a barbarous world”. These groups tried to preserve the image of Ireland as a Christian country with exceptional values. Smyth (69) cites a newspaper article from the Irish Independent that was published on 21 February 1992, in which a journalist argued: “We must have the pride and the courage to be ourselves and instead of us becoming like the rest of Europe (...)”. Here again, the distinction is made between Ireland, “the last bastion of morality”, and the rest of Europe, whose methods and rules are judged to be barbaric.

The “Society for the Protection of the Unborn Child” (SPUC) accused the pro-abortionists of exploiting young, unwillingly pregnant girls for their own purposes. They were accused of belonging to a British capitalist machine which made a profit exploiting these women and their suffering (Smyth, X-Case 69). “SPUC” supporters even claimed that the X-Case was only made public because it served a feminist cause. Feminism was seen as capitalist construct brought into Ireland by the British and became the symbol of a new kind of colonialism that was invading Ireland. The “SPUC” and its supporters emphasised that Irishness and feminism were not compatible and that anybody who embraced feminist arguments could no longer be regarded as an Irish citizen (Smyth, X-Case 70). Feminism was regarded as a threat to Irishness, because it rejected the view that women had to subordinate themselves to the interests of a patriarchal nation. The conviction that a woman’s place was

restricted to her home and domestic environment was deeply embedded in Irish history.

In the debates surrounding the “X-Case”, the differentiation between “Us vs. Them,” based on the idea of the “barbaric others,” proved increasingly difficult to maintain. International media coverage of the “X- Case” portrayed Ireland as a cruel state that refused to grant a young, innocent girl an abortion (Smyth, X-Case 70). Now, Ireland was itself facing the international critique of invading its own people’s private space. As mentioned previously, Ireland protested the British government’s policy of internment without trial, which was enforced in Northern Ireland in 1971 and continued until 1975. During operation “Demetrius”, people who were suspected of supporting the IRA (Irish Republican Army) were arrested and faced internment. The IRA promoted the idea of a “United Republic of Ireland” against the British State. Media coverage following the Irish High Court’s decision about the “X-Case” picked up the reference to internment and depicted Ireland as brutal regime that put their own interests before everything else. The Ulster Unionist Party members of parliament distanced themselves from the Irish state’s decision in the “X-Case”. As The Irish Times reported on 20 February 1992, the Ulster Unionist Party members expressed their opposition, saying that Ireland was still living in the “dark ages” (qtd. in Smyth, X-Case 71). This opinion was shared by many in the Republic of Ireland and public disapproval was growing. The case and its aftermath led to an identity conflict in Ireland. As a result of the “X-Case”, Irishness was suddenly associated with violence and unjust behaviour (Smyth, X-Case 71). The Irish public felt ashamed of the portrayal of their nation by international media as a place with out-dated ideas.

Nevertheless, the prevailing position still held sway. The “pro life Amendment” of 1983 was implemented, and determined the outcome of the “X-Case”. Irish politicians argued that “the people” had been misled and had not intended the consequences brought about by the handling of the “X-Case” (Smyth, X-Case 72). The idea that “the people” as decisive force in political debates is still deeply embedded in Irish identity, and is again contrasted with the U.K. and British politics, which, the Irish portrayed as characterised by class division and dominated by the interests of the aristocracy. Irishness thus opposed itself to international capitalism, frequently linked to the U.K., and was shaped ideas of national identity. Irish national identity was based on its supposed homogeneity and the strength of local communities. Political debates were believed to develop and be negotiated due to a division between urban and rural

areas, whereas the British were said to rely on a division between social classes. Someone who belonged to a local community, adhered to its rules and behaved according to its beliefs and morals was perceived to be a fully-fledged member of the Irish nation (Smyth, X-Case 72). This explains why the terms “pro-life” and “pro-choice” were avoided in the debates on abortion legislation in Ireland. The reference to these two opposing groups would not have fostered the image of a united and homogenous Ireland. The aim was to make Irish people feel connected due to their shared past and common interests.

### **3.2.2 Savita Halappanavar**

In the case of Savita Halappanavar, the Irish population and the Irish state were again confronted with accusations of cruelty. According to Mark O’Halloran (qtd. in Specia, The New York Times), this event caused people to feel shame in their identity and the values and convictions associated with being Irish. He argued that the responsibility they felt for people who had come to live in their country, like the Indian dentist Savita, “weighed heavily on the conscience of the nation” (Specia The New York Times). The young woman was confronted with the fact she was in a “Catholic country” when she sought an abortion in a life-threatening situation.

People in Ireland felt a great sense of shame because the case was strongly associated with Irish ideology and how this ideology led to an innocent woman’s death. Consequently, many people felt the time had come to speak up and Savita’s image was frequently used for the campaign to repeal the 8<sup>th</sup> Amendment.

### **3.3 Old vs. New Ireland**

Even though pro-life campaigns centred around a professed desire for a “united nation”, the referendum debate during the 1970s and 80s revealed the range of attitudes which existed in Irish society. The 1960s gave rise to foreign influences, particularly with regards to the role of women, challenging traditional assumptions about their social role in society (Maguire 335).

The Catholic Church in Ireland, which was seen as the main moral authority, was undermined by these new liberal trends. The abortion referendum movement reinforced Irish conservative values and was a reaction to the feminist ideas behind the legislative initiatives of the 1970s. Women were reminded that being married and

having children was their primary function in Irish society (Maguire 336). Despite the arrival of liberal movements and ideas in Ireland, most people initially continued not to question the Church's moral authority or the moral beliefs on which the state was built. Catholic conservatism persisted until the 1960s, however, liberal forces were started to come into play in the course of the 1970s (Maguire 336).

In 1984, two events revealed tensions between the fiction of a morally pure Ireland and the harsher reality. While "Old Ireland" feared the new feminist ideas and promoted blind obedience to the Catholic Church and its views on morality, the "New Ireland" welcomed the changes which had occurred in the 1960s and 1970s, and believed in the individual's right to privacy, especially in terms of sexuality and family planning (Maguire 337). The first event was the death of Ann Lovett in 1984. Ann was a schoolgirl from the Irish town Granard, County Longford, who got pregnant at the age of fifteen. On 31 January 1984, the girl went to the local grotto where she gave birth to her child at night. Her baby was stillborn, having of asphyxia in childbirth. Lovett spent hours in the cold, unprotected from rain and wind and was only found by school children the next day. She was taken to hospital where she died later that day. People in her home town and all around the country were shocked by what had happened. Following her death, many members of her community claimed to have not been aware of her pregnancy and insisted that she would have received help if anybody had known. However, investigations into her death revealed that many people had been aware of her pregnancy. Given the extensive interest by the media, the people of Granard had to publicly deal with issues such as teenage sexuality, unmarried mothers and incest. There were rumours that Ann had been sexually assaulted and raped by a family member, and that this had led to her pregnancy (Maguire 337). Investigations also revealed that the Church had played an important role in covering up the story of Ann Lovett and silencing those who knew anything about the circumstances regarding her death.

In April 1984, the body of a dead baby boy was discovered in Cahirciveen, County Kerry. The body showed stab wounds and was found on a beach, and it was presumed that he had been thrown into the water. One week later, another baby was found within 50 miles away from the first one. These two babies were frequently referred to as the "Kerry babies" by the media and sparked enormous public interest (Maguire 337). The second one was the baby of a woman called Joanne Haye's, which she claimed had been stillborn and which was therefore buried at her family's

farm. The unmarried Joanne had had a relationship with a married man and got pregnant. Joanne Hays became a suspect in the murder case of Baby John, despite the fact that forensic evidence confirmed that she was not in fact the baby's biological mother (Maguire 338). Nevertheless, the government tribunal, which handled the case, portrayed her as a "baby killer" and a "fallen woman" with loose morals. She was reported to have been asked overly intimate questions about her sexual encounters and about her menstruation, and was even accused of having given birth to twins from two different fathers. After the charges against her were eventually dropped, she filed complaints against the detectives who had been involved in her questioning. She reported having been harassed and forced into confessing to the killing of the baby found in Chirciveen (Maguire 347). The fact that Hays had also been the victim of police brutality during the investigations following the discovery of the "Kerry babies", meant her case became cited by feminist campaigners as an example of the treatment of "transgressive women" (Maguire 338). Her case illustrates how women who did not follow the rules of the Catholic Church and the Irish state were treated in Ireland.

The stories of Lovett and Hays forced Irish people to think critically about beliefs and values established in the Irish society which acted to exclude and marginalise women (Maguire 338). The magnitude of the public's reaction to these events reflected the fact that attitudes towards questions of morality in Ireland were slowly changing. Many people rejected the idea that the state or the Catholic Church in Ireland was entitled to interfere with people's private lives and question their individual moral behaviour (Maguire 348).

In the case of Joanne Hays, people were shocked by the abuse of power and the invasion of a woman's privacy during police investigations. The media covered both stories extensively and contributed to fuelling the debate about "Old" and "New" Ireland. Even though Hays' treatment in the course of police investigations was founded on pervasive and commonly accepted harsh Catholic beliefs, the amount of support and sympathy she received from many Catholics was a sign that Irish society was slowly becoming increasingly progressive and tolerant (Maguire 350).

In regard to Ann Lovett, the Irish public reacted sensitively and questioned their own complicity in the traditional, Irish attitudes towards sexual morality and the view of the lack of respectability of unmarried mothers which resulted in her death (Maguire

338). The people of Granard, who had viewed the Lovett family with suspicion, were criticised for not wanting to get involved in the girl's pregnancy and leaving her to her fate. Instead of being critical in terms of their own role in Ann's death, townspeople suspected that her father might have molested the girl or pointed out that, at her young age, she had a boyfriend whom she visited also at night (Maguire 342). Maguire (342), however, points out that root of the problem was not the people of Granard themselves, but their ideas and values. Granard could easily have been any town in Ireland which all choose to prioritise Catholic obedience and silence any potential scandals rather than follow true "Christian principles of compassion and tolerance" (Maguire 342). One of Lovett's classmates pointed out the hypocrisy of the community of Granard, who had left Ann to give birth alone and die but later mourned her (Maguire 343). She said she felt deeply ashamed the the hypocrisy exposed by the public reaction to Ann's death. In contrast to the case of Joanne Hayed, where people were able to blame institutions such as the Church or the police, this was not possible in Ann Lovett's case. Maguire (344) suggests Lovett may not have been considered worthy of compassion and assistance because her behaviour did not conform to Irish morals and beliefs. She argues that discussions about morality and reproductive rights give the impression that Ireland was trapped in the "dark ages" at that time.

The changes which occurred in the 1970s, relating to the concept of equality or the right to privacy in marriage, clashed with the persisting, highly restrictive definitions of female sexuality and motherhood imposed by the Irish Catholic Church and the state. Joanne Hayes' humiliation during the investigations into the murder of Baby John clearly illustrated what could have happened to any woman at that time. Many women who supported her were not opposed to the Catholic Church but condemned its failure to hold men accountable of misconduct and its demonisation and shaming of women (Maguire 351).

By commenting on Joanne Haye's case, the journalist Nell McCafferty (qtd. in Maguire 352) gave a voice to the outrage feminists felt at the remarks made by Judge Lynch during the trial, in particular, calling the Hayes family members liars when their version of events contradicted his, which did not surprise her considering the context in which the trial took place. She also refers to Bishop Cassidy's description of a woman's womb as "the most dangerous place in the world" (McCafferty qtd. in Maguire 352) gives this as an example of how Catholic Church

viewed women as entirely culpable for the actions and consequences of sexual behaviour. The treatment of Joanne Hayes, a woman who was not convicted of any crime, could be seen as a model for how women were treated in Ireland in the 1980s (Maguire 352). Male involvement allegedly stopped at the “entrance to the womb”. Men were neither held accountable in cases of sexual misconduct nor was there a debate about the treatment of unmarried men in Ireland. Like Maguire, McCafferty (Maguire 352) draws on the concept of two different Irelands. She differentiates between the “old” Ireland, a country in which the Church had a moral monopoly, from the “new”, secular Ireland, which was striving to become more liberal, more sympathetic and more accepting to unmarried mothers throughout the 1990s.

### **3.4 Abortion in Ireland and the Politics of Place**

Therborn (1) argues that politics are always associated with places, because they are “strategic sites of action and [the] creation, development, or destruction (...)”. Politics concern a specific place and the needs and concerns of those who inhabit it. Places are fixed, physical spaces, and also act as sites where people get together and have face-to-face conversations (Therborn 2). Places are also associated with the concept of distinctiveness and can be defined in opposition to other places. The political significance of place becomes most evident when they are the setting of social action. Therborn (2) argues that place is an outcome of actions and can be the result of specific political or cultural actions. This leads to the production of meaning that can be associated with a specific place and further contributes to its distinctiveness (Therborn 8).

Women played a significant role in the generation of national symbolic meaning and were in charge of continuing the Irish nation. Those who did not meet the expectations about this symbolic role were “physically removed” and kept in institutions (Fischer 39).

“Magdalen asylums” functioned as prisons for women who manifested sexual behaviour that did not comply with the Catholic Church’s moral code (Titley 1). Putting “fallen women” under religious supervision has been a tradition in Ireland since the thirteenth century. Public sinners were kept in refuges that were named after a popular saint of the Middle Ages, Mary Magdalen. She was a symbol of



female sexuality and, since most of the imprisoned sinners were prostitutes, they were also referred to as “Magdalens”. Throughout the 1800s, “Magdalen asylums” collaborated with other custodial institutions such as orphanages or workhouses. They functioned as disciplinary institutions for social problems, such as promiscuity, criminality or poverty (Titley 2). Ever since the anti-Catholic British Penal Laws were introduced, which had the primary purpose of preventing a resurgence of the 17<sup>th</sup> century rebellions, the Irish Catholic Church had grown stronger, resulting in increasing numbers of priests and nuns in Ireland. These priests and nuns took over the running of custodial institutions, and soon, the Church was in charge of many social aspects of Irish life. The “Magdalens” were conducted by congregations of nuns who relied on donations and the profit from their own laundry businesses. Those who lived in the asylums had to wash and iron the laundry brought in by hotels, hospitals, wealthy families etc. without pay (Titley 4). This labour was intended to symbolise the washing away of their sins and was viewed as a form of both punishment and prayer. Working hours in the Irish laundries were unregulated, as the “Factory and Workshop Act of 1891” excluded the “Magdalen asylums” (Titley 6). The long working hours, new machinery, and hot and humid conditions rendered the work in the “Magdalens” dangerous.

In 1895, an Amendment bill by Herbert Asquith, the British Home secretary, with the aim of improving the working conditions in the convent laundries was introduced. Following complaints by the nuns governing the Irish asylums, who argued that the work was done for charitable and religious purposes, the changes were not implemented (Titley 6). Inspections of institutional laundries continued to be considerably constricted. For example, governmental departments were allowed to inspect machinery or sanitation but could not verify whether the inmates’ working hours or wages complied with the existing regulations. By the end of the 19<sup>th</sup> and the beginning of the 20<sup>th</sup> century, the number of prostitutes in Ireland declined significantly. At that time, it became easier for women to access education, many emigrated and the number of employment opportunities for women rose (Titley 8).

Although originally, the majority of the asylums’ inmates were prostitutes, when their numbers started to decline, the institutions’ focus started to shift towards single women, unmarried mothers and any women who engaged in sexual activities considered immoral. Putting these women in “Magdalens” concealed them from the public. Many families were encouraged to bring their daughters to these institutions

to protect the family from scandal and a loss of respectability (Tittley 8). In this way, both the Irish state and the Catholic Church engaged in a politics of place that kept women out of sight to create the “fiction of a morally and sexually pure Ireland” (Fischer 39).

The newly emerged, independent Irish state had been shaped substantially by the teachings of the Catholic Church. The Church received support from the state, thus increasing its political influence. The Irish Free State and the Catholic Church increasingly worked together “as the self-appointed guardians of the nation’s moral climate” (Smith, 208). The new nation was characterised by an unprecedented degree of conservatism, especially in regard to sexual morality. Lawmaking was based on Catholic doctrine, according to what the Church regarded as sinful. This form of national identity formation greatly affected women since their behaviour had to comply with what the Catholic Church believed to be appropriate for them (Smith 210). The greatest achievement for a woman was to become a nun and dedicate her life to the Church. Another way to be deemed respectable by the Church was to become a mother, raising one’s children according to Catholic teaching (Tittley 8). Unmarried mothers were considered dishonourable, but it was believed they could be “reformed” with the help of moral instruction. “First offenders” were distinguished from “repeat offenders”: there was still hope for them to become devoted members of the Church (Smith 210). Unmarried mothers were reportedly denied painkillers when giving birth in the refuges, and they were allegedly often detained for periods between one and three years (Goulding qtd. in Tittley 8). These women had to attend the daily mass, engage in devotions and confessions and had to adhere to a rule of absolute silence. The aforementioned repeat offenders were kept in “Magdalen asylums” as they were believed to represent a threat to society and there was little hope that they could be reformed. Frequently, unmarried mothers were first detained in mother-and-baby homes before they were separated from their babies and sent to other institutions (Tittley 10).

On 17 June 1930, the “Carrigan committee” was appointed to investigate whether the existing legislation concerning the “Criminal Law Amendment Act” of 1880 and 1885 was sufficient in terms of restricting juvenile prostitution. In 1931, the committee presented its final report, which included different recommendations on the adaptation of laws (Smith 214). Proposals included raising the age of consent and prohibiting the sale of contraceptives. The committee emphasised what they saw as

the “general, moral degeneration” in Irish society. The committee based their proposals on their findings on increased illegitimacy rates and cases of child abuse, rape and incest (Smith 214). The report revealed there was persistent secrecy and silence about crimes committed against women and children (Titley 10). The results published by the “Carrigan Committee” significantly worried those in power in Ireland. The information given in the report painted a different picture from the one the Irish politicians and members of the Church wanted to present to the public. As a result, the Committee’s work was censured. The Department of Justice accused the committee members of presenting a distorted version of reality, and undermining Catholic teachings on morality (Smith 215). The Church feared that the public might support the committee’s conclusion that the teachings of the Church had failed and that police action needed to be taken. Therefore, the report’s findings were not made public, and the state was able to continue its policy of condemning and punishing sexual immorality after gaining its independence from the U.K..

Many women continued to be sent to “Magdalen asylums” without reasonable grounds. Others were imprisoned after being raped, seduced or even if they were deemed “likely to cause trouble” (Titley 12). According to former inmates, escape was hardly ever successful, because the asylums were surrounded by high walls. Therefore, escape was only possible if relatives came to look for female family members or if inmates resisted over a longer period of time.

The “Reformatory and Industrial Schools Systems Report” (The “Kennedy Report”) revealed systematic, institutional abuse by both the Catholic Church and the State, and discovered that the women sent to the asylums had not been given a fair trial, had no rights and did not know for how long they had to stay. According to the report (Kennedy 39), many of the girls who were kept in “Magdalen asylums” did not receive a proper education, which was linked to a lack of teachers in the institutions. Additionally, the long periods the women spent in these refuges rendered them “unfit for re-emergence” into society, and some women spent the remainder of their lives in there. The report argued The nuns in charge of the rehabilitation of the girls were not trained for this purpose, and concluded that the asylums were not fit to address the serious problems the girls presented with, and that better institutions needed to be established (Kennedy 40). Even though the Kennedy Report judged the quality of the asylums to be inadequate, it did not result in their closure or more careful

surveillance: questioning the moral and clerical authorities was not appropriate in Ireland at that time (Tittley 12) .

In the following decades, however, religious power started to crumble, a process which reached its peak during the 1990s, when the Church faced multiple scandals. Stories of abused children, paedophilia, and cases of sexual assault in Catholic institutions proved a considerable setback for the Church. The public was shocked to learn that many Irish women who had spent all their lives in “Magdalen laundries” as penance for sexual wrongdoings of their youth. These revelations resulted in the closure of all of the Irish laundries by 1996. People were outraged by the Church’s persistent policy of silence and secrecy about the treatment of women and their children kept in the asylums and about their own misconduct (Tittley 13). A commission to compensate the victims of church-run institutions was set up, however the women who had been confined in the “Magdalen laundries” never received compensation. Under the “Residential Institutions Redress Act”<sup>12</sup> of 2002, they were regarded as adults who had chosen to stay in the asylums voluntarily.

Women who could afford to travel went to the U.K. to receive abortion care, and in doing so, avoided being sent to an asylum.

With women free to travel abroad for abortion care, Ireland was able to preserve its image as a morally pure country free from the sin that abortion represented. Fischer (39) refers to this process as the “gendered circumscription of place” which enabled Ireland to present itself as a “morally superior nation”. Therborn (9) divides places into “places to defend or liberate”. He argues that modern nationalism resulted in the conferring of sacredness to certain places which, consequently, needed to be defended or liberated. In the case of Ireland, it could be argued that it had to be protected from the influence of former colonial powers, which posed a threat to the restrictions imposed by Irish abortion legislation. Despite the issue of abortion in Ireland being a homegrown one, Irish legislation simply removed women who could not meet the expectations of the Ireland that was “immaculate” and therefore abortion free (Smyth, X-Case 66).

In order to maintain this strategy, women needed to be guaranteed the right to travel. Travel for abortion was often referred to as the “abortion trail”, “exile” or “abortion

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<sup>12</sup> Residential Institutions Redress Act 2012

tourism,” terms which reflect the variety of sometimes conflicting views of the nature of the reasons, and degree of freedom, which characterised women’s decisions to seek abortion care abroad. Their displacement reflected the perception of their unworthiness to be found a place to meet their needs in the country which was their home. The refusal to provide abortion care in Ireland was referred to as “the Irish solution to the Irish problem” (Fischer 40). Irishness was characterised by the purity of its women, and those who sought an abortion would be denied a legitimate place in the country (Fischer 40). In this case, “place” is meant both in a physical and metaphorical sense, which, for example, refers to a person’s social position.

### **3.5 The power of shame**

Fabian, Proshansky and Kaminoff (qtd. In Bernardo and Palma Oliveira 36) use the concept of “place identity” to refer to the development of someone’s personality as an outcome of both individual, interpersonal and social processes, as well as the physical environment in which a person finds themselves. Therefore, the place a person calls home plays an important role in the formation of an individual’s identity. By deliberately displacing Irish women who sought abortion care, the state was denying them their Irish identity. Fischer (41) cites the case of a woman who went to the U.K. to receive abortion care and describes “this feeling of being let down by this place that I’ve grown up in, this country that I love – I love Ireland. And I feel like I have to get across this huge body of water to be treated ... as a human being.” Women felt ashamed, hurt and mistreated by the behaviour of the country they called their home. Fischer (41) argues that the “mobilisation of shame” is strongly connected to the concepts of “gendered displacement” and the politics of place in Ireland.

According to Brené Brown (Web), the word “shame” is frequently used interchangeably with “guilt”. However, unlike shame, the way she defines guilt can be regarded as helpful because it might lead to positive change in a person. Guilt is predominantly associated with the development of awareness of having hurt others and having created discomfort by one’s actions. Shame, however, is deeply connected to one’s self and the feeling of being flawed. The condition of being flawed, consequently, does not render women worthy of love and connection. Fischer (41) compares feeling shame to developing the assumption of being a moral failure that needs to be covered. In the case of Ireland, the shaming of women therefore

legitimised the displacement of women. Shame is usually connected with some form of concealment, for example in order to protect a relationship, or maintain the image a person wants to convey to others.

Consequently, “transgressive women” associate Ireland with shameful behaviour, and, therefore, threaten the image of a morally pure country or of the pure, innocent Irish woman that Ireland wishes to project. These considerations explain the perceived need to hide “transgressive women”, because they have failed to preserve and continue Ireland’s national identity (Fischer 42). Women who went abroad in order to seek abortion care were shamed by the Irish state, the Church as well as society (Fischer 42). The invisible burden of secrecy and silence was systematically placed on these women. The many cases of women being prevented from seeking abortion in other countries despite being legally entitled to do so reveals how women’s occupation of place was inherently linked to policies that both dislocated and restricted women’s movement (Fischer 43).

#### **4 Abortion in the U.S.**

U.S. abortion law is based on the U.S. Constitution, which does not provide clear legal guidelines, but rather restricts the U.S. states in their power to introduce legislation on abortion access (McBride & Keys 1). On the basis of case laws, the Supreme Court decided that states cannot restrict abortions that are carried out for medical reasons before the foetus is viable. As soon as a baby is viable, meaning that it is able to live outside the mother's womb, abortion law is under federal jurisdiction. This means that the state has the authority to decide whether or not to prohibit abortion. On a national level, the U.S. constitution allows abortion after the foetus is viable, if the mother's health or life is at risk (McBride & Keys 2).

These abortion laws are similar to those introduced in the U.S. in the 18<sup>th</sup> century. The abortion legislation in place throughout the 18<sup>th</sup> until the mid 19<sup>th</sup> century did not intervene in the process of women seeking abortions (McBride & Keys 11). In the U.S., English common law was adopted, which regarded abortion as a crime as soon as the pregnancy entered the "quickening" stage. The term "quickening" referred to the stage at which a foetus' movements could be felt by the mother in her uterus. The debate about the "quickening" stage as a cut-off point for abortion originated in Ancient Greece (McBride & Keys 3). There was the belief that the foetus' movements signalled that the baby had been given a soul and, therefore, a change of status had taken place. At that stage, people were more likely to perceive the foetus as a baby and human being which, according to the prevailing opinion of the time, legitimised the introduction of punishments for those who had an abortion.

The process of criminalising abortion was gradual, brought about by the economic and social development and modernisation of the United States (McBride & Keys 5), which led to significant changes in medicine practice and the overall status of education and the professions. In 1847, the "American Medical Association" (AMA), which also had the aim of professionalising abortion, was founded. At that time, an increasing number of white, Protestant and middle class women sought abortion care, contrary to the assumption that only poor women sought abortions (McBride & Keys 5). Providing abortions slowly became a lucrative business, and the practice was even publicly advertised. Therefore, the professionalisation of abortion was a way of keeping undesired competition out of the market.

In 1859, the AMA put forward a resolution which condemned the practice of abortion

and declared that physicians' primary concern to "save human lives", referred to as a "sacred responsibility" and a "grand and noble calling". In accordance with the resolution, the Association asked the state governments to revise existing laws on abortion. The purpose of this resolution was to stop the development of abortion as a profitable business (McBride and Keys, 7). The idea was that the competition between those who were not qualified to practise any form of medicine and physicians who had credentials would stop.

By the 1900s, the abortion debate had changed substantially, and those seeking an abortion were no longer perceived as women struck by poverty but rather as immoral people who were choosing to kill a human being (McBride & Keys 7). By the end of the 19<sup>th</sup> century, the newly implemented policies led to the disempowerment of women, which was supported by the collaboration of the state and doctors. The regulations on 'quickening' no longer applied, and abortion was deemed justified only if was necessary to save a mother's life (Greenhouse & Siegel 2036). As the decision about whether a woman should be granted access to abortion lay with doctors, many acted sympathetically and carried out the procedure either in their offices or the patient's home in secret (Luker 45). Luker (41) refers to this period of secrecy as the "Century of Silence". Physicians framed abortion as a medical rather than a moral or ethical issue and, in doing so, managed to counteract any potential opposition from "the outside world" (Luker 42).

During the years of the "Great Depression", many women sought abortion care because their financial means were significantly limited and they were unable to support a family. Individual doctors took the social conditions into consideration when deciding whether or not to provide the medical procedure (Luker 41). Wealthy women were more likely to know a sympathetic doctor and could afford the procedure which was referred to as a "therapeutic abortion" at the time (Greenhouse & Siegel 2036). The majority of women, however, could not afford these doctors, and as a result, many women tried to terminate their pregnancies using unsafe and dangerous methods (McBride & Keys 12), for example attempting to trigger miscarriages using coat hangers. Others were forced to carry their pregnancy to term and give up their baby for adoption.

In contrast to Ireland, the Catholic Church did not intervene in the abortion debate in the U.S. until the beginning of the 20<sup>th</sup> century. This might have been due to the great



“invisibility” of abortions (McBride & Keys 9). Even though by 1965, most of the 50 states had introduced laws that criminalised abortion, there was a perceptible change in public opinion. The 19<sup>th</sup> century laws were regarded as very restrictive, and advocacy groups started to work on models to adapt the laws regulating the conditions in which someone would be granted access to an abortion (McBride & Keys 15). The repeal movement continued to grow and by 1973, more than 64% of the American public expressed their support for the legalisation of abortion. In contrast to the present day, a greater proportion of Republicans (68%) than Democrats (59%) supported the belief that the decision to have an abortion should be made by the pregnant woman and her doctor (Greenhouse & Siegel 2031).

Public Health arguments in favour of legalising abortion referred to the many deaths that resulted from self-induced abortions, as well as pregnant women who knew that their baby would be born with several developmental problems (Greenhouse & Siegel 2037). In 1962, a model statute that allowed access to abortion under specific circumstances, was issued by the “American Law Institute” (ALI). According to the ALI, a termination should be granted if the mother’s life or physical and mental health were at risk, if the pregnancy was the result of rape or if significant birth defects were diagnosed. According to this model, two doctors needed to confirm that an abortion was justified. By 1967, many states had changed their abortion legislature, or had introduced “conditional abortions”, which conformed with the model proposed by ALI. Sex outside of marriage, access to abortion and contraception were increasingly debated publicly and no longer only in a medical context (Greenhouse & Siegel 2041).

Nevertheless, what was formerly a small opposition started to gain strength, influenced by Pope Paul VI’s encyclical “*Humanae Vitae*,” which once again underlined the Catholic Church’s zero-tolerance policy on abortion (McBride & Keys 19). The states that upheld their restrictive abortion laws believed that state interests such as “the potential to become a person” or “the universal belief in the sanctity of human life” overruled a woman’s constitutional right to privacy (Luker 134). The courts, therefore, had to decide whether this right should be considered superior to the foetus’ right to life or the states’ potential interests.

In contrast to the Protestant clergy, which supported women’s safe access to abortion, or the more conservative Southern Baptist Convention, which decided not

to participate in the debate, the Catholic Church started to publicly express their opposition to the move towards more liberal attitudes towards abortion (Greenhouse & Siegel 2048).

Following the introduction of the ALI's model, a pastoral letter, which regarded the model as a violation of the baby's right to life, established by "God [h]imself", was issued by the "National Conference of Catholic Bishops". "Humanae Vitae," released in 1968, not only expressed the Church's absolute opposition to abortion, but also condemned the use of contraception, which its members considered an unlawful form of birth control. Like Ireland, hostility towards abortion was considered deeply integral to Catholic identity.

Consequently, in a bid to appeal to Catholic voters, the Republican party slowly shifted their stance towards the Catholic position to abortion. In the 1972 election campaign, President Richard Nixon was advised to adopt a pro-life position on abortion. He stated that unrestricted abortion policies did not fit with his belief in "the sanctity of human life of the yet unborn" (qtd. in Greenhouse & Siegel 2053). The Republican party's strategists tried to win the goodwill of both Catholics and socially conservative U.S. citizens and at the same time divide the Democratic party. During the presidential campaign, Nixon restated his support for the reintroduction of the criminal prohibition of abortion in a letter to New York's Archbishop Terence Cardinal Cooke (Greenhouse & Siegel 2055).

The debate intensified over the constitutionality of state laws on abortion and the distribution of power amongst doctors, women and the legislators culminating in the case of "Roe vs. Wade" in the U.S. Supreme Court.

#### **4.1 Roe vs. Wade**

"Roe vs. Wade" represents a landmark case in which "Jane Roe", a single, pregnant mother, took legal action against the Texas abortion regulations. "Jane Roe" was chosen as a pseudonym for Norma McCorvey, who claimed that her pregnancy was the result of a gang rape, which later turned out to be a lie (McBride & Keys 21).

In Texas at the time, abortion was only permitted on condition it would save the mother's life. Sarah Weddington and Linda Coffee, Jane Roe's attorneys, aimed to change Texan law with her case. The federal court decided that the law in Texas was "unconstitutionally vague" and violated women's right to reproductive freedom

(Beckwith 38). Therefore, the State of Texas appealed to the U.S. Supreme Court.

The Supreme Court ruled that accessing abortion care was a constitutional right, basing its decision on a woman's right to privacy. In their ruling, the judges also took into consideration that "zones of privacy", which cover marriage or contraception and do not allow the government's interference, had been recognised in past cases (McBride & Keys 22). In its ruling, the High Court had to balance the different interests involved in the process of a woman obtaining an abortion. It recognised the concerns raised by the woman, the doctor and the government by developing a trimester framework which divided the pregnancy into three parts. According to this framework, legislative interference during the first trimester of pregnancy would not be permitted. A woman's decision to have an abortion during the first trimester fell into the "zone of privacy", which was restricted to her doctor and herself (McBride & Keys 22). During the second trimester, the state could introduce regulations in the interest of the pregnant woman's health. After the beginning of the third trimester, the state was allowed to "regulate, or even proscribe abortion except where necessary, in appropriate medical judgement, for the preservation of the life or health of the mother" on the basis of "promoting its interest in the potentiality of human life"<sup>13</sup>.

This Supreme Court decision obliged many U.S. states to change their statutes and resulted in a change in the abortion debate. After the "Roe vs. Wade" ruling, the focus of the debate shifted from the medical dimension to a woman's right to privacy, where it conflicted with the government's interests. The Court ruled that the decision about whether or not to have an abortion was one of private morality that allowed no interference by the state, unless a woman's life or health was at risk (Luker 140). In addition, the foetus was categorised "a potential person", not in need of institutional protection, which stood in direct opposition to pro-life opinions (Luker 140). Therefore, the state was not given the sole authority to determine which approach to abortion was right (McBride & Keys 24).

After the "Roe vs. Wade" ruling, the debate intensified. The "Right to Life movement" gained momentum as a result of the High Court's decision to protect the right to abortion on a national level (Luker 137). Furthermore, abortion was thought to be a deciding factor in determining a person's allegiance to a political party. This led to a polarisation in society (Greenhouse & Siegel 2073). The decision made in the "Roe

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<sup>13</sup> 'ROE vs. WADE' (1973) United States Supreme Court, No. 70-18

vs. Wade” case might have “prevented a compromise” and might be considered an example of “juridical overreaching” (Greenhouse and Siegel 2074). At the time of the “Roe vs. Wade” ruling, the abortion debate was still in its infancy and, instead of enabling a democratic-based decision about the change of abortion legislature, the ruling gave the electorate the impression they had been overruled. The ruling was criticised for depriving democracy of its most fundamental task, thus resulting in an anti-abortion backlash in the national abortion debate (Greenhouse & Siegel 2075). Greenhouse and Siegel (2076) argue that the polarisation which characterised the abortion debate might have been additionally encouraged because of the Catholic Church, which represented a well-organised opposition, had the financial means to support campaigns to convince the American public to base their vote on a single issue. In addition, in the years after Roe, feminism, which was considered a threat to traditional images of the family or partnership, was increasingly linked to the ruling from 1973 (Greenhouse & Siegel 2085).

#### **4.2 Planned Parenthood vs. Casey**

In 1992, in the “Planned Parenthood vs. Casey”<sup>14</sup> case, the Supreme Court decided that, “to protect the central right recognized by Roe while at the same time accommodating the State’s profound interest in potential life”, states were not allowed to introduce any legislation that would put an “undue burden” on pregnant people seeking an abortion (Planned Parenthood vs. Casey 837). Like the ambiguous formulation in the 8<sup>th</sup> Amendment in Ireland, experts criticised the “undue burden” formulation for lack of clarity. State governments were allowed to introduce rules and regulations that could have a significant impact on pregnant people’s decision to have an abortion, as long as the policies introduced did not result in an “undue burden” on the pregnant woman. Federal governments were allowed to impede access to abortion by creating obstacles in the form of additional requirements or conditions (McBride & Keys 4), for example, demanding parental consent for pregnant minors or obliging women to seek counselling prior to the procedure. These measures often made accessing abortion significantly more difficult.

Over the last few decades, the abortion rate has continuously fallen, with no significant disparities across geographic regions or ethnic groups. However, access

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<sup>14</sup> Planned Parenthood vs. Casey (1992) United States Supreme Court, No. 91-744.

to abortion care has become increasingly determined by geographic, socioeconomic and ethnic factors (Beckman 103). Similarly, the rates of pregnancies, births unintended pregnancies and abortions have decreased, particularly teenage pregnancies. According to the Guttmacher Institute, the number of abortions provided in clinics decreased in most states between 2014 and 2017. The 2017 abortion rate was the lowest recorded since abortion was legalised in 1973, a 7% decline from 2014 (Jones, Witwer & Jerman 7).

Beckman (106) concludes that the falling numbers of births and pregnancies are in large part attributed to women's increased access to effective contraception. Between 2014 and 2016, the number of women between the age of 15 and 44 using "long-acting reversible contraceptive methods" increased by 23% (Jones, Witwer & Jerman 10).

The decline in abortions might also be linked to decreasing numbers of abortion providers, a direct consequence of restrictive policies on women's reproduction rights. While in the Northeast, the total number of clinics providing abortion increased by 16%, the number of clinics in the Midwest and South declined substantially between 2014 and 2017. As the following table shows, whereas in the Midwest, six clinics were closed, in the South more than 19 clinics stopped operating (Jones, Witwer & Jerman 18). Although the Supreme Court suspended the Texas ruling requiring abortion clinics to obtain admitting privileges at a nearby hospital, many clinics did return to operation (Jones, Witwer & Jerman 7,8). According to the Guttmacher Institute, in 2017, 89% of counties in the U.S. registered no abortion clinics, despite the fact that 38% of American women aged 15-44 lived in these counties (Jones, Witwer & Jerman 7). In the same year, the percentage of counties without a clinic was 98% in Kansas, West Virginia, South and North Dakota. In Kentucky and Mississippi, the figure was as high as 99% (Jones, Witwer & Jerman 17).

**Number of reported abortions and abortion rate in 2014, 2016 and 2017; and percentage change in rates between 2014 and 2017, all by region and state in which the abortion occurred (continued)**

Region and state	No.			Rate*			% change, 2014–2017
	2014	2016	2017	2014	2016	2017	
<b>South (continued)</b>							
Maryland	28,140	30,190	29,800	23.4	25.3	25.0	7
Mississippi	2,290	2,510	2,550	3.8	4.2	4.3	13
North Carolina	29,960	26,990	29,500	15.1	13.5	14.6	-3
Oklahoma	5,330	4,380	4,780	7.0	5.7	6.2	-11
South Carolina	6,040	5,730	5,120	6.4	6.0	5.3	-17
Tennessee	13,880	11,990	12,140	10.7	9.2	9.2	-14
Texas	55,230	53,780	55,440	9.8	9.2	9.4	-3
Virginia	21,080	19,590	17,210	12.5	11.7	10.2	-18
West Virginia	2,020	1,700	1,430	6.0	5.2	4.4	-26

Table 1 Total number of abortion-providing clinics, 2014 and 2017; percentage of counties without a clinic and percentage of women living in those counties; all (Jones, Witwer & Jerman 18)

<b>Midwest</b>	138,940	133,410	133,120	10.6	10.2	10.2	-4
Illinois	42,270	41,740	42,080	16.3	16.4	16.6	2
Indiana	8,180	7,630	7,710	6.3	5.9	5.9	-6
Iowa	4,380	4,250	3,760	7.5	7.2	6.3	-15
Kansas	7,240	6,820	6,830	12.9	12.2	12.2	-5
Michigan	29,120	27,280	26,630	15.4	14.6	14.2	-8
Minnesota	9,760	10,150	10,740	9.3	9.6	10.1	9
Missouri	5,130	5,290	4,710	4.4	4.5	4.0	-8
Nebraska	2,280	1,950	2,020	6.3	5.3	5.5	-13
North Dakota	1,260	1,150	1,160	8.7	7.9	7.9	-9
Ohio	22,730	20,520	20,630	10.3	9.3	9.4	-9
South Dakota	550	470	500	3.5	3.0	3.1	-10
Wisconsin	6,050	6,170	6,360	5.6	5.7	5.9	6
<b>South</b>	308,060	289,730	295,290	12.9	11.9	12.1	-6
Alabama	8,020	6,630	6,110	8.3	7.0	6.4	-23
Arkansas	4,590	3,300	3,200	8.0	5.7	5.5	-30
Delaware	3,010	2,240	1,900	16.7	12.5	10.5	-37
District of Columbia	5,820	1,910	5,630	32.7	10.4	30.2	-8
Florida	75,990	70,130	71,050	20.6	18.5	18.6	-10
Georgia	33,000	34,870	36,330	15.7	16.4	16.9	8
Kentucky	3,530	3,280	3,200	4.1	3.9	3.8	-9
Louisiana	10,150	10,500	9,920	10.8	11.2	10.6	-2

\*Abortions per 1,000 women aged 15–44. NOTE: Numbers of abortions are rounded to the nearest 10. SOURCE: 2014 data—reference 1.

Table 3 Total number of abortion-providing clinics, 2014 and 2017; percentage of counties without a clinic and percentage of women living in those counties; all (Jones, Witwer & Jerman 18)

Despite the Supreme Court’s repeated recognition of the right to an abortion, which is incorporated in the U.S. Constitution, several states have continuously produced strategies to impede the process of accessing abortion. According to the Guttmacher

Institute, between January 2014 and June 2019, more than 227 additional restrictions were introduced (Jones, Witwer & Jerman 3).

Following the election of the current U.S. president Donald Trump, there was a trend towards more restrictive abortion legislation. Many states introduced laws to make it more difficult for women to access abortion care. However, some have argued that these new requirements do not impose an “undue burden” on women, even if they are now subject to longer waiting periods for treatment (Beckman 104). An increasing number of states are manifesting a hostile stance towards abortion. The majority of these states are located in the South and Midwestern parts of the country. Beckman (104) argues that the “Affordable Care Act” (ACA), established by the Obama administration in 2010, might have contributed to the trend towards more restrictive abortion legislation. The aim of the ACA was to provide access to health services for the population as a whole, however it sparked a debate about the use of state funding to cover abortions (Beckman 104). As a result, different federal restrictions on insurance coverage for abortion were introduced in different states.

During his election campaign, Donald Trump demonstrated his support for the pro-life movement, by appointing the openly anti-abortion Brett Kavanaugh as a Supreme Court judge. In October 2019, the U.S. Supreme Court announced that the case “June Medical Services vs. Gee”, which is similar to the 2016 landmark case “Whole Woman’s Health vs. Hellerstedt”<sup>15</sup> would be discussed in March 2020 (Millhiser & North, Vox). In the latter case, the Supreme Court declared the former Texas law unconstitutional, which required abortion doctors to earn admitting privileges at a nearby hospital in order to be entitled to perform abortion procedures, (Millhiser & North, Vox). At that time, the Supreme Court’s composition differed significantly from its current one. The conservative Justice Anthony Kennedy, who was considered moderate, was replaced by Kavanaugh, who is likely to vote in favour of upholding the restrictive Louisiana law. The “Gee Case” reveals the importance of the Supreme Court’s composition, which usually changes when a new administration comes into power. Its members’ rulings on many key issues have a substantial impact on the development of the U.S. society and also on its value system (Beckman 110).

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<sup>15</sup> Whole Woman’s Health et al. vs. Hellerstedt, Commissioner, Texas Department of State Health Services, et al., No. 15-2174.

The introduction of this controversial law is likely to result in the closure of nearly all remaining abortion clinics in Louisiana, leading abortion advocates to refer to rulings of this kind as “TRAP” laws. Their underlying goal is to impose a greater number of obstacles to abortion clinics on the pretext of making abortions safer (Millhiser & North, Vox). The requirement introduced by the Louisiana law that abortion practitioners obtain admitting privileges violates the “Planned Parenthood vs. Casey” ruling, which says that “unnecessary health regulations that have the purpose or effect of presenting a substantial obstacle to a woman seeking an abortion impose an undue burden on the right” (Planned Parenthood vs. Casey 878). Millhiser and North (Vox) even argue that the Supreme Court decision in the “June Medical Services vs. Gee” case could herald the beginning of overturning the “Roe vs. Wade” ruling. The case might facilitate the introduction of similar “TRAP” laws in other states, as, if the proposed laws are accepted by the Supreme Court, federal legislators no longer fear legal challenges by any courts (Millhiser & North, Vox). These laws particularly affect low-income people who do not have the means to travel to another state to access abortion care. Long travel times result in financial hardships, which are exacerbated if they need to take time off at work for the journey. Additionally, many health insurance providers restrict financial coverage for abortions. Lack of Medicaid coverage creates a significant barrier for women who want to have an abortion. According to a study carried out in Louisiana, 29% of women who had originally wanted an abortion but were not covered by Medicare, chose to give birth (Roberts, Johns, Williams, Wingo & Upadhyay 4).

Significant abortion restrictions resulting from the current developments and a greater hostility towards abortion affect a large number of people trying to access abortion care in a clinical setting (Jones, Witwer & Jerman 3). These trends have led to an increase in the number of women trying to self-manage an abortion. As it is difficult to verify the exact number of women turning to these methods, cases of women seeking medical care following an attempt to induce an abortion provide more detailed insights. In 2014, 12% of non-hospital facilities admitted patients who had tried to self-manage an abortion. In the South, the rate was the highest with more than 21% (Jones, Witwer & Jerman 3).



### **4.3 U.S. backlash culture and its impact on Ireland**

In contrast to the U.S, Ireland never had legal access to abortion before 2018. In the U.S., abortion has always been a particularly controversial issue. Like Ireland, the Church tried to appeal to people's sense of national identity and created a link between the unique history of the U.S. and its religious teachings about abortion. Following the 1977 rejection of the challenge to the "Roe vs. Wade" ruling, American bishops invoked the country's past saying: "Only four days before our country prepares to celebrate the 200<sup>th</sup> anniversary of its commitment to the defence of the unalienable rights to life, liberty and the pursuit of happiness...[the Court's decision] further imperils the right to life of the most helpless of God's creatures" (Dillon 31).

Peterson (Origins) argues that views on abortion began to diverge between Europe and the U.S. by the later decades of the 19<sup>th</sup> century. Earlier, women who obtained abortions were met with sympathy because they were believed to be driven by poverty and desperation. Ireland's distinctive history, which resulted in the development of different attitudes than the rest of Europe, was similar to the U.S., whose legislators believed abortion was immoral. Even during the socioeconomic hardship of the Great Depression in the 1930s, abortion was not decriminalised. Both in Ireland and the U.S., women had no choice other than accept unsafe abortion methods which caused the deaths of many women. In the rest of Europe, social democratic parties grew stronger which emphasised political solutions to abortion which focused on the socioeconomic dimension of the issue (Peterson, Origins).

During the 1980s and 1990s, the Catholic Church, Evangelical Protestant Groups and "New Right", conservative political activists collaborated to join anti-abortion forces in the U.S. Thanks to its wealth, the Church was able to have a significant impact on public opinion (Dillon 34).

Nevertheless, the Catholic Church both in the U.S. and in Ireland started to lose the public's trust and subsequently its power following reports of child abuse, which were made public starting in the 1990s. The "Fern's Report", an official inquiry into the child abuse cases published by the Irish government in 2005, found that the Catholic Church in Ireland had deliberately covered up clerical child abuse (Beesley, Financial Times). As a result, the influence of the Church, an institution which formerly controlled every aspect of people's lives, has been steadily diminishing. Scandals about child molestation and the treatment of women and their children in the

“Magdalen asylums” have shaken the institution to its foundation. Its authority on sexual morality has now been now lost.

While religious faith is deeply embedded in both the Irish and the U.S. national identity and history, religion arguably has a greater political influence in the U.S. than in a more secular Europe. This is reflected in the fact that the president of the U.S. asks God to bless America in the majority of his speeches. The Church has had a significant influence on U.S. politics since the 1970s and has been associated with the Republican Party and its voters ever since (Haberman, *The New York Times*). In addition, it can be argued that Christianity is particularly present in the society of the U.S. following the election of a populist president who draws on the “re-invention” of a Christian past which is under attack by the arrival of immigrants who are primarily Muslims. The U.S. is portrayed as a Christian country with high values that is opposed to the barbaric traditions and ideas allegedly supported by Muslim people (Haberman, *The New York Times*). Throughout his election campaign, Donald Trump repeatedly talked about America’s “Christian heritage” and stated that he was going to “protect Christianity” as the president of the United States.

The first U.S. presidential electorate to publicly integrate religion into his politics was Jimmy Carter, who later lost the faith of the U.S. public after he had prioritised liberal concerns such as racial equality or human rights issues. White Evangelicals elected Ronald Reagan who expressed his opposition to the landmark case of “Roe vs. Wade”. In their support for Ronald Reagan, who shared their rejection of liberal and modern changes that society was undergoing, Evangelicals no longer remained silent on political issues (Haberman, *The New York Times*).

Trump represents a symbol for the backlash culture in the U.S. The legalisation of same-sex marriage, the increased recognition of LGBTIQ rights and the rights of immigrants have resulted in a fear that American and, therefore, Christian values were at risk, resulting in the rise to power of a populist candidate such as Donald Trump. The increasing number of laws passed to further restrict access to abortion reveal the on-going backlash following the “Roe vs. Wade” decision in 1973. Post and Siegel (373) argue that judicial action can result in a backlash that affects both a country’s politics and culture and, therefore, does not serve progressive values. In this case, they define “backlash” as the free people’s wish to change the content of the country’s constitution (Paul & Siegel 376). As explained in the chapter “Roe vs.

Wade”, the Supreme Court’s ruling is believed to have contributed to the growth of the pro-life movement. The Supreme Court represents an authority that can serve to protect social values. Those adhering to the pro-life movement expressed anger following the ruling, and felt that they had been overruled and silenced.

Since Christian values are similarly intertwined with national identity in Ireland, there is the possibility that the Irish public, and more recently the Northern Irish public might respond to the legalisation of abortion in a similar fashion.

On 30 October 2019, the author Caelainn Hogan (Guardian) argued that Ireland’s battle over abortion was “far from over” and that Ireland might suffer the same fate as the U.S. Ever since abortion became legally accessible in Ireland in January 2019, pro-life advocate groups have stationed themselves outside of hospitals and clinics offering abortion services. Patients report on having been verbally abused by the protestors, and as a result, pro-choice supporters are now demanding “safe-exclusion zones” around clinics in order to “stop the shaming of women” (Hogan, The Guardian). Additionally, pro-life activists have already expressed opposition to the law requiring doctors who refuse abortion care if it conflicts with their moral values to refer the patient on to another physician. The abortion legislation now in place only allows women to seek an abortion until the twelfth week of pregnancy (Hogan, The Guardian). Waiting periods between appointments have been introduced which represent a particular burden for women who live in remote areas. Additionally, many women try to obtain an abortion report being provided with false information about their pregnancies by crisis-pregnancy agencies. Some were told that they were past the twelve-week limit, even though they had not in fact reached this stage of their pregnancy. Crisis-pregnancy agencies were further accused of providing pro-life groups with their patients’ data and contributing to women’s physical and psychological suffering by requiring them to endure lengthy physical examinations, forcing them to look at graphic abortion images or providing them with incorrect information on potential health risks associated with abortion procedures.

Despite the tragic history of the “Magdalen asylums” and the countless number of stories about women forced to give their babies away to new families, pro-life groups still consider giving one’s baby away for adoption as a possible alternative to abortion. The article “Why Ireland’s battle over abortion is far from over” (Hogan, The Guardian), quotes a man who was born in a Catholic mother-and-baby-home and is

now unable to find his mother:” We just grew up with shame in Ireland, we didn’t know how to question it until recently, but I’m worried about the backlash.”

According to the British Times article, “Lord help us and save us from the fallen women and the silly, stupid girls”, not much time has passed since the Kerry Babies case or the horrific death of Ann Lovett (O’Connel). People started to question why the women concerned were not helped or who the men were who were responsible for their pregnancies, however there was pressure on the media not to report on the cases. O’Connel (The Irish Times) criticises that the attitudes exposed, which prevail until this day. Women who seek abortions are still perceived as “fallen”, “silly” or “unfortunate” beings that do not deserve compassion and deserve to be punished. O’Connel argues that an additional problem that it continues to be predominantly men who regulate women’s bodies and restrict their choices. O’Connel (The Irish Times) concludes “[...] we still prefer rhetorical questions about, say, the moment at which life begins to awkward ones about the human rights of those living, breathing women.”

Ireland is a “creatively disrupted society undergoing rapid evolution” that is no longer perceived as driven by Catholicism as it was when the 8<sup>th</sup> Amendment of the Constitution Act came into effect in 1983; however, the narrative of the “traditional family” still plays an important role in the discourse on the Irish nation (Carrol, The Guardian).

## **5 Analysis**

### **5.1 Methodology**

The aim of my analysis is to study Facebook posts created by both pro-choice and pro-life organisations between 11 October 2019 and 5 November 2019, looking at the content characteristics of the discussed issues. The chosen time frame is intended to capture the current climate of the abortion debate in Ireland, and provide an insight into raised issues relating to the topic of abortion in general, and, in particular, the legalisation of abortion in Northern Ireland on 22 October 2019. By determining how combinations of different modes of communication produce meaning, the posts selected will be analysed from a multimodal perspective (Bateman, Wildfeuer & Hiippala 7). In order to identify the relevant issues, there was a focus on the textual features of Facebook posts. The visual elements, including images, videos or emojis and the aspect of intertextuality were also taken into account. The study further examined the combination of these modes, and the resulting increase in their meaning-making capacity. As discussed in closer detail in the “Results” section, combining photos of a baby with first-person written accounts of a 7 to 8-week old foetus reinforces the idea that an embryo is indeed similar to a person. Given the scope of my analysis, the individual multimodal features of these items were only taken into account if they had a major impact on the meaning-making processes.

Moreover, I examined whether the groups in focus relied on communicative functions, such as the reposting of other Facebook group’s texts/videos/photos etc. to pursue communicative goals, such as motivating followers to become active outside of social media platforms, or make users aware of the issues presented (Bateman, Wildfeuer & Hiippala 360). Even though Facebook is equipped with several communicative features, including the comment function or the option to like or share posts, which foster interaction and allow both the production and consumption of posts, this analysis exclusively focuses on the producers’ perspective.

### **5.2 Facebook and Multimodality**

On the “cultural stage”, Facebook and other social media platforms play a significant role, because they allow users to be both producer and consumer, which has a considerable impact on online communication processes (Bateman, Wildfeuer & Hiippala 355). Bateman, Wildfeuer and Hiippala (355) point out that despite the fact

that Facebook users are free to engage in numerous communicative activities, both as consumers and producers, the genres and discursive contexts of these activities in Facebook's various communicative situations are restricted. Furthermore, Facebook acts as a producer when it provides content that informs users about other people's activities and "likes", or suggests profiles of people a user might know, or pages they might like based on their interests, which are based on their 'liking' behaviour (Eisenlauer qtd. in Bateman, Wildfeuer & Hiippala 356). Content can be easily generated or consumed on smartphones, laptops or tablets. Communication on Facebook allows users not only to interact with friends, comment on their posts or send messages, but also to engage in personality management and construct an online identity by reposting or creating content (Bateman, Wildfeuer & Hiippala 356).

Bateman, Wildfeuer and Hiippala (357) further argue that communication via Facebook does not happen in isolation, but is frequently linked to outside communicative situations, such as TV shows, which serve as a basis for interaction. As such, Facebook adopts the role of a "second screen" (Bateman, Wildfeuer & Hiippala 357). Hashtags are referred to as "crucial navigational aids" which establish a connection between communicative situations, both on Facebook or other social media platforms, additionally helping to structure the data (Bateman, Wildfeuer & Hiippala 357).

When analysing Facebook posts, the social media platform's "underlying materiality" also needs to be taken into consideration (Bateman, Wildfeuer & Hiippala 359). Nowadays, users access content on Facebook on various devices with various screen sizes, which has had a significant impact on how communicative situations are experienced. My analysis reveals that the Facebook's materiality plays an important role, as it determines how much layout space is provided to pro-life and pro-choice advocacy groups to discuss issues related to the abortion debate. Communicative situations that are based on a "page-like organisations" require different page layouts, which are designed to best support the situations' communicative goals (Bateman, Wildfeuer & Hiippala 263). Even though a screen itself has physical limitations, it can extend beyond its layout space (Bateman, Wildfeuer & Hiippala 263). Nevertheless, social media platforms, which belong to the group of screen-based media, generally base the organisation of their content along the two dimensions of height and width (Bateman, Wildfeuer & Hiippala 263). Facebook arranges its mobile and desktop versions according to what it wants its

Facebook wants its users to see and engage with first. The layout space is intended to enable people to navigate easily and have quick access to the most popular communicative functions. However, my analysis revealed that the layout space provided by social media platforms, such as Facebook, does not offer the ideal environment for scientific reasoning or lengthy explanations which are often required for multi-faceted topics such as abortion.

Facebook and its communicative functions and underlying materiality impose restrictions on communicative situations taking place on this social media platform. With regard to the abortion debate, my analysis showed that social media platforms can both benefit and restrict political advocacy groups in their communicative goal of informing their followers about the issues brought forward. In contrast to political groups which need more space for including background reading or relevant data in their posts, groups whose messaging relies on simple and straightforward messages are likely to profit from the layout space and the included communicative frameworks provided by Facebook.

### **5.3 Facebook and digital activism**

The way societal issues, such as abortion, are presented on social media has the power to shape people's views which present an important issue regarding "digital activism". Definitions of "digital activism" revolve around the use of various media for political purposes (Gerbaudo qtd. in Kaun & Uldam 2100). Bennet (XIV) chooses the term "media activism" to refer to the different ways political activists employ "media and communicative strategies" to advance various causes. Kaun and Uldam (2102) mention different forms of "digital activism", such as volunteering, organised online, cybernationalism, or online feminism. They underline the importance of situating the interplay of digital technologies and activist practices in their socio-historical contexts to see how they operate in each individual case (Kaun & Uldam 2102).

Kaun and Uldam (2102) support the aforementioned idea that material devices define and predetermine people's ability to engage in communicative activities and in this way convey meaning. Similar to activism, digital media are shaped by societal context, needs and practises and therefore determine "the possibilities for [...] political participation and activism" (Kaun & Uldam 2102). However, Kaun and Uldam emphasise that activists have the ability to "develop particular practises as they

appropriate the material artefact [...]” for their own purposes (Kaun & Uldam 2102). Bennet (XIV) demonstrates that the use of media allows activists to draw national, or even global attention to their issues of interest and to consciousness of such issues. For example, during the Arab Spring of 2011, social media platforms, such as Twitter or Facebook, represented important digital, communicative tools which were used for a democratising purpose. Given the geographical reach and impact of some movements, it has become increasingly difficult to shut them down (Bennet XIV). Furthermore, communication technologies allow political movements to be less bureaucratic and to rely on fewer resources (Bennet XV). Moreover, they promote leadership structures that are less hierarchical. In addition, digital communication enables social justice movements to build their community, interact with like-minded people and to generate funds. In the case of the Irish abortion debate, pro-life and pro-choice campaigns were run both on and offline. According to Rees (Reset), social media platforms allow activists to address multiple people at the same time without having to talk to each of them personally. Moreover, the “interconnected nature” of these platforms facilitates the sharing of information which positively contributes to the reach of online movements (Rees, Reset). Additionally, social media platforms are a useful tool for reaching people whose attention cannot be captured by traditional media outlets such as television or newspapers. Moreover, social media platforms allow anyone who is able to access social media sites or other forms of digital tools to spread their ideas and ask for support. This has become indispensable for those who are rarely given a voice to call for change (Rees, Reset).

However, social media platforms remain an especially controversial communicative tool in the context of digital activism. Platforms such as Facebook or Twitter have continuously been facing criticism due to the impact that their communicative frameworks have had on users’ opinion formation. Facebook in particular was in the spotlight due to its role during the 2016 U.S. presidential election and the debate leading up to the yes vote in the Brexit referendum in the same year. Facebook provided space for promoted propaganda and automated accounts were able to consistently produce misleading posts (Vaidhyanathan 2). False narratives emerged and were regularly reproduced by multiple sources until they were perceived as reality by social media users (Hemsley, Jacobson, Gruzd and Mai 2). Thus, Facebook and its communicative functions have arguably given rise to authoritarian leaders and facilitated the “[undermining of] trust in institutions and experts”, which



influenced political discussions online and had an impact on users' opinion forming processes (Vaidhyanathan 2). Consequently, Facebook has been criticised for the way they have handled misinformation online.

Given Facebook's communicative reach and its absence in terms of regulating content uploaded and shared on its platform, "pseudo-knowledge", which is defined as "false narratives that have become accepted within a community as a plausible reality" (Introne, Gokce Yildirim, landoli, Decook, Elzeini 2) can easily be spread on this social media platform.

Even though communicative, digital tools have the advantage of enabling anyone to become politically active while expending little effort, such as liking a pro-choice group's post on Facebook. This sort of activism is frequently not taken seriously and sometimes even referred to as "clicktivism" (Rees, Reset). However, the analysis of Facebook posts dealing with the topic of abortion shows that pro-choice groups even exploit this aspect to encourage their followers to engage with similar pages or shared articles. They explicitly refer to this sort of political engagement as "sofa night activism" (e.g. AFC10)

#### **5.4 Framing issues on Facebook**

Rohlinger (480) defines framing as "the process of constructing and defining events for an audience through the control of agenda and vocabulary." Rohlinger (480), adds that frames function as organisational tools that are supposed to define an issue's or a debate's boundaries. The framing of a story determines its possibilities for interpretation. The framing of an issue has a substantial impact on whether developments or situations are perceived as ethically acceptable or not (Hopkins, Reicher and Saleem 539). Since the framing of abortion evokes the development of movements and creates a shared terminology amongst them, it has significant strategic importance and is used in different ways by both pro-life and pro-choice advocacy groups (Hopkins, Reicher & Saleem 539). For example, regarding the Irish abortion debate, pro-choice advocacy groups frame the issue of abortion by drawing on the concept of rights. They assert that pregnant people have a right to access abortion as a normal part of healthcare. The pro-life advocacy groups, however, frame the issue as a moral one which is linked to Christian values. It poses the question as to whether the Irish people can accept the killing of innocent children.

For the analysis, the following organisations were chosen:

Pro-life groups	Pro-choice groups
<p style="text-align: center;"><b>Pro-Life Campaign Ireland</b> <b>Code: PLC</b></p> <p>The organisation was founded by former members of the Pro Life Amendment Campaign, which played a key role in adding the 8<sup>th</sup> Amendment to the Irish Constitution 1992. The Pro-Life Campaign describes itself as a "non-denominational human rights organisation" that receives support from a wide cross-section of the Irish public. Its members believe that human life starts at conception. Ever since abortion was legalised in Ireland in 2018, the Pro-life Campaign has been trying to reinstall "the full legal protection for unborn babies in Ireland".</p> <p>The Pro Life Campaign created its Facebook account in 2010.</p> <p>Likes on Facebook: 51.823 Number of collected posts: 38</p> <p>Source: "About Us" &lt;<a href="https://prolifecampaign.ie/main/about/">https://prolifecampaign.ie/main/about/</a>&gt; (8 November 2019)</p>	<p style="text-align: center;"><b>Abortion Rights Campaign</b> <b>Code: ARC</b></p> <p>The Abortion Rights Campaign was founded in 2012 and describes itself as a "grassroots all-volunteer group" which fights for the right to access free, legal and safe abortions on the island of Ireland. Its members promote a stigma-free approach to abortion and try to make pro-choice issues visible both in the media and in public education. Its supporters want to ensure that abortion remains legal in Ireland and Northern Ireland by educating policy makers and dismantling "anti-choice rhetoric". In 2019, the Abortion Rights Campaign organised its 8<sup>th</sup> Annual "March for Choice", which took place in Dublin.</p> <p>The Abortion Rights Campaign created its Facebook account in 2013.</p> <p>Likes on Facebook: 28.000 Number of collected posts: 94</p> <p>Source: "About ARC" &lt;<a href="https://www.abortionrightscampaign.ie/about-arc/">https://www.abortionrightscampaign.ie/about-arc/</a>&gt; (8 November 2019)</p>
<p style="text-align: center;"><b>Love Both Project</b> <b>Code: LB</b></p> <p>The Love Both Project was founded in 2016. This "grassroots campaign" is supported by numerous organisations such as the Pro Life Campaign, Students for Life, Women Hurt by Abortion or One Day More. Its supporters are convinced that the decriminalisation of abortion in Ireland in 2018 has done "shocking damage" and will result in a significant loss of life. It is their aim to restore the necessary laws to guarantee protection for all unborn babies in Ireland.</p> <p>The Love Both Project's Facebook Account was created in 2016.</p> <p>Likes on Facebook: 26.531 Number of collected posts: 11</p>	<p style="text-align: center;"><b>Alliance for Choice</b> <b>Code: AFC</b></p> <p>The organisation "Alliance for Choice" was founded in 1996. Its members predominantly focus their efforts on Northern Ireland. They have been trying to provide women who had to travel to the U.K. to receive abortion care with visibility in the abortion debate. They aim to put an end to the stigma surrounding the access to reproductive health services and believe that everyone should be able to have an abortion in their own country. Alliance for Choice collaborates with the Abortion Rights Campaign and numerous other sister organisations.</p> <p>The Alliance for Choice Facebook Account was created in 2010.</p>

Source: "About Us" <<https://loveboth.ie/about/>> (8 November 2019)

Likes on Facebook: 8.588  
Number of collected posts: 134

Source: "About AFC"  
<<http://www.alliance4choice.com/meet-the-team>> (8 November 2019)

**Total number of collected posts = 232**

## 5.5 Research question

What are the content characteristics of the issues presented in the collected Facebook posts about the topic of abortion?

- Do these issues point towards the existence of a backlash culture following the U.S. model?

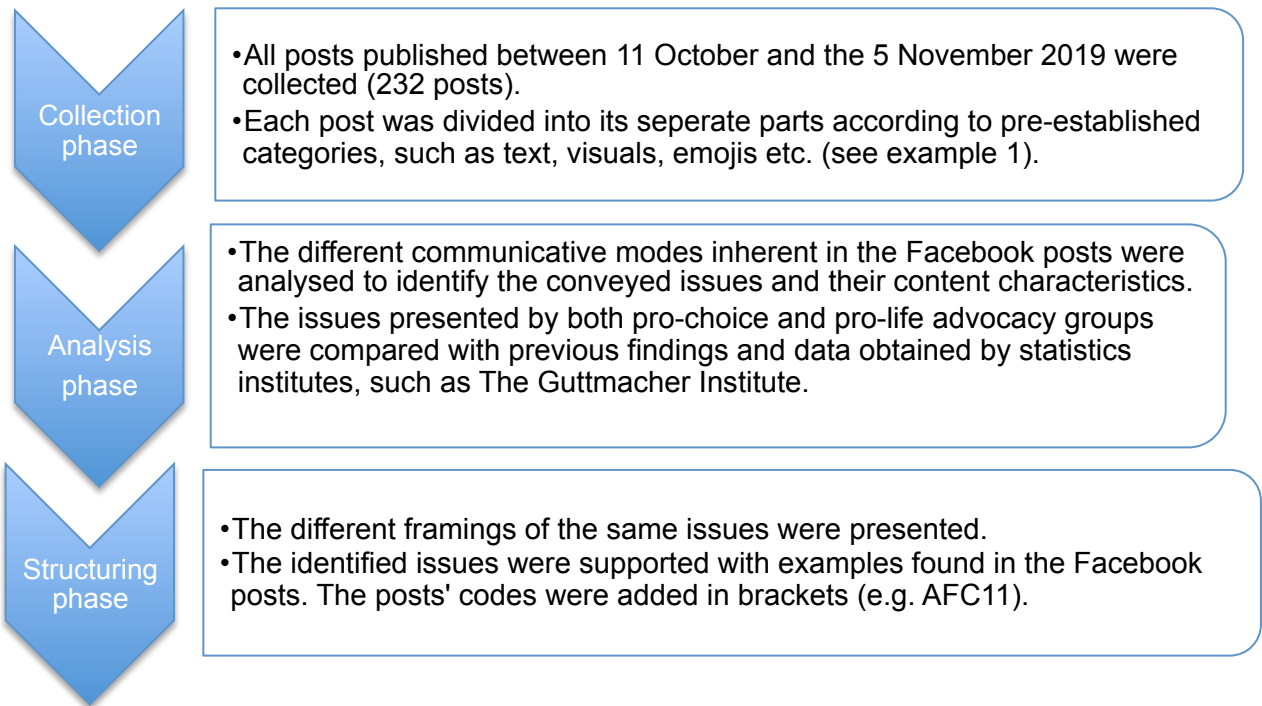
## 5.6 Hypothesis

Rohlinger (485), who analysed pro-choice and pro-life advocacy groups in terms of how they frame the topic of abortion, found that the pro-choice side of the debate relied on a "rights frame", which discusses issues such as women's right to make decisions about their own bodies. The pro-life discourse makes use of a "morals frame" which addresses issues such as Christian values, sin and the sanctity of human life (Rohlinger 487). Crawley, Willman, Clark and Walsh (229) add that issues presented in the pro-life discourse focus on the protection of all forms of life which includes both the mother and her unborn child. Abortions are presented as traumatic events that cause women to feel guilt (Crawley, Willman, Clark & Walsh 230). Moreover, a combination of medical and philosophical aspects such as conception or definitions concerning the beginning of life represent key elements in the pro-life discourse (Crawley, Willman, Clark & Walsh 229). The pro-choice discourse, by contrast, perceives abortion as a "personal decision". Similar to the pro-life discourse, pro-choice advocacy groups discuss issues such as personhood or medical aspects, for example foetal viability (Crawley, Willman, Clark & Walsh 231). Based on what can be found in the literature already, it can be assumed that both pro-life and pro-choice Facebook groups examine the above-mentioned issues in their posts about abortion.

Even though Ireland's public voted in favour of legalising abortion in 2018, public activism against it has continued to gain strength throughout the past months

(Hogan, Guardian). Anti-abortion campaigners have started to line up outside Irish abortion clinics with the aim to convince pregnant people not to have an abortion; they have also tried to obstruct clinic access. Similarly, in the U.K., there have been reports on increasing numbers of protestors outside clinics trying to discourage women to seek medical support regarding abortion (Lowe & Page 166). However, pro-choice supporters have been calling for “safe exclusion zones” close to abortion clinics to stop the shaming of women (Hogan, Guardian). In the U.S., some clinics have created safety zones or even employed “escorts” to accompany women inside (Shah, Guardian). Irish pro-life campaigns might use the U.S. and the way women and their constitutional right to obtain an abortion are treated as an instructive example. As explained in chapter 4, U.S. laws on abortion are becoming increasingly restrictive. State governments introduce “Heartbeat” bills, which can also be referred to as six-weeks abortion bans. The naming of these bans has been continuously criticised by medical experts as it is “out of step with the anatomical and clinical realities of that stage of pregnancy” (Glenza, Guardian). Likewise, additional requirements are imposed on abortion clinics, which consequently experience difficulties in continuing to offer their services. Consequently, volunteers have been hired as “guards” that help women enter without having to engage with “sidewalk counselling”, as protestors refer to their work (Shah, The Guardian). The analysed Facebook posts might reflect the development of a backlash culture following the U.S. model.

## 5.7 Process



### Example 1 (Alliance for Choice)

Code	Date	Text	Hashtags	Visuals	Emojis	Intertextuality
AFC7	4/11/19	'Two weeks on from the historic victory for women's rights in Northern Ireland, Naomi Connor, Co-Convenor of Alliance for Choice, tells us what abortion decriminalisation means in reality and why the battle isn't over yet.' #freesafelegallocal #decriminalised <a href="https://buff.ly/36H02oa">https://buff.ly/36H02oa</a>	#freesafelegallocal #decriminalised	Includes picture of protestors holding signs that say "The North is next" or "Airfare" (crossed out). In the background Graffiti that says "Belfast"		Link to article titled "The North is Today: Two Weeks On" published by the Brook blog

## 5.8 Results

### 5.8.1 #freesafelegallocal vs “Backstreet abortions”

Alliance for Choice repeatedly employs the hashtag #freesafelegallocal, which highlights that abortions are frequently neither free, nor safe, nor locally accessible in Ireland. This is pointed out on signs during pro-choice rallies and also Head of HSE Paul Reid, on their Facebook, frequently emphasises this in posts (AFC6) and on signs during pro-choice rallies. An article shared by both pro-choice groups reported that only half of Ireland’s 19 maternity units were offering a full abortion service (AFC98, ARC40, ARC41), which still causes numerous women to go abroad to terminate their pregnancies. The Abortion Rights Campaign highlights that “conscientious objection” is affecting people in rural areas and the most marginalized” (ARC40). Similarly, Alliance for Choice posted (AFC104) that, despite the legalisation of abortion in Ireland last year, women who reside in rural and less populated areas especially struggle to get access to the procedure. The same applies for those who are homeless, placed in detention centres for asylum seekers or find themselves in critical situations such as a violent household. Despite the expressed criticism, the Abortion Rights Campaign acknowledges “conscientious objection among staff and infrastructural problems“ as reason for denying healthcare to women in need (ARC41). The Pro Life Campaign offers advice to health care workers who do not want to participate in carrying out an abortion by sharing links to pages such as “Freedom of Conscience” (PL2) and recommending events organised by “Doctors For Life Ireland” (PL3) . These posts come along with the appropriate hashtags, such as #freedomofconscience and #supporthealthcareworkers, as well as the picture of a woman that seems to be very distressed or worried. She presumably portrays a healthcare worker that is forced to carry out an abortion even though it does not comply with her morals (PL2).

Pro-choice supporters<sup>2</sup> calls for safe, legal and local abortions for all people living in Ireland online are further undermined by sharing articles such as “Teen Girls Need Access to Safe and Legal Abortion”, which was published by Human Rights Watch and reposted by Alliance for Choice (AFC96). In the article, a WHO report, according to which complications from pregnancy and childbirth represent the major global causes of death for girls and young women aged 15 to 19, is cited. Girls who get pregnant at a young age are particularly likely to drop out of school or are even forced into arranged marriages. Alliance for Choice further addresses the fact that

black, migrant and ethnic minority women account for 40% of maternity deaths in Ireland and are five times more likely not to survive pregnancy or giving birth than white women (AFC131).

In AFC2, the example of Argentina's presidential candidate Alberto Fernández, who said that he would make an effort to legalise abortion as a president in order to "give poor women the opportunity to have an abortion under aseptic conditions, as rich women already do in private clinics" is drawn upon. He further continued that the criminalisation of the procedure makes it go "underground" and pointed towards the argument of "Backstreet abortions". During a radio interview, he added that he would no longer accept "putting the lives of young women at risk". To underline the need for decriminalisation, the example of Andorra, where "women who receive an abortion within the country's borders can face up to six months of house arrest; doctors who perform the procedure can be sentenced to up to three years in prison and barred from practicing medicine for up to five years", is drawn upon (AFC19). Likewise, Alliance for Choice describes the former Northern Irish abortion law as one of the "most restrictive in the world" since caretakers who provided information about abortions and women who had one or were only trying to inform themselves about the procedure risked criminal charges (AFC65). The Abortion Rights Campaign employs the example of the U.S. state Missouri, which has 6.1 million inhabitants and could become the first state with no functioning abortion clinic, to make Facebook users aware of the importance of #freesafelegal access to the procedure. In general, the obtained results show that the two analysed pro-choice groups relied on cautionary examples like the latter to educate people about a potential backlash's negative consequences.

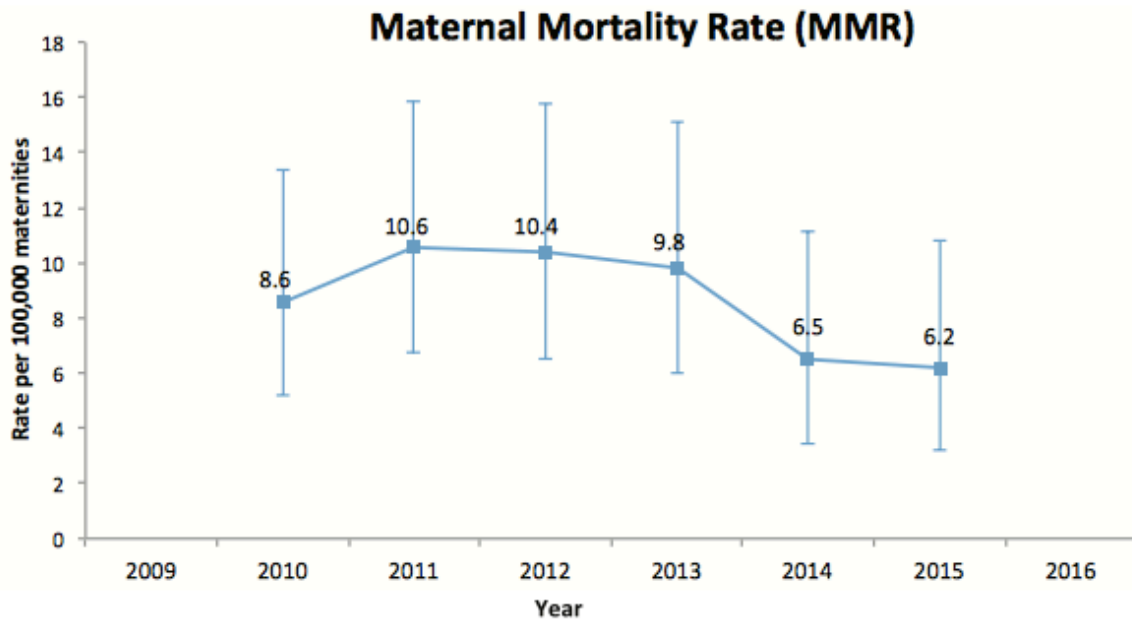
Both pro-life and pro-choice groups employ the concept of "Backstreet abortions". This type of abortion was seen as a "source of morbidity and mortality"; prior to the 1967 Abortion Act, hundreds of women died as a consequence of illegal termination procedures. Ever since, abortion has become increasingly safer, which is why pro-choice activists have started to distance themselves from the "Backstreet" narrative. Instead, they address it exclusively by pointing out that abortion carries similar risks as any other medical procedure (Pollitt 148 & Lowe 204). Pro-life groups, however, have rediscovered it and used it to resist further liberalisation and decriminalisation. The adoption of this narrative aligns with pro-life campaign's greater narrative of abortion being a significant risk. Anti-abortionists portray abortion clinics as

particularly filthy places where women are exposed to considerable violence or even death (Politt 147). “Backstreet abortions” are perceived as being unsafe as well as carried out by “unscrupulous practitioners” who benefit from women’s despair (Lowe 204). Doctors are presented as if they were acting in the interest of a, as they call it, “abortion industry” that seeks to make profits from the procedures and will be discussed in more detail in the chapter “Abortion industry” (Politt 147). Even though pro-life campaigns still puts a great focus on aspects of morality, activists increasingly try to adopt a scientific approach to the issue of abortion. They argue that even accessing medically supervised procedures is potentially risky. Similarly, the purchase of abortion pills online to self-induce an abortion presents a health risk. Although pro-choice supporters do not rely on the “Backstreet abortion” argument anymore, it is still argued that imposing restrictions on women to access abortion gives rise to illegal forms of pregnancy termination. Therefore, it is criticised that pro-life groups do not live up to their name but rather place women’s life at a significant risk (Pollit 10).

The framework of “harm” and “protection of society’s most vulnerable individuals” was perceived to be very inclusive unlike frameworks centring on religion or morality (Lowe 209). Pro-life campaigns claim to raise awareness for the necessity to develop a “risk consciousness”, which means that people needed to understand that the risk presented by abortion harmed not only individuals but also a wider population, so that an increased political intrusion into people’s private affairs, such as the use of contraception and family planning, was justified.

Irish scholars argue that despite the former ban on abortion, the maternal mortality rate in Ireland was consistently among the best in Europe between 2013 and 2015 (O’Hare, Manning, Herlihy, Greene 1). Countries where abortion was legally accessible performed similarly with no significant differences. Deviations between the figures of the U.K. and Ireland were not considered statistically relevant. While the U.K.’s MMR (maternal mortality ratio) accounted for 9.78 per 100.000 maternities, the Irish MMR accounted for 6.2 per 100.000 maternities in 2015, as shown in the following graph. Pro-life activists employed the data obtained by the Confidential Death Inquiry Ireland to support their claims that the low mortality rate was inherently linked to the restrictive policies on abortion in Ireland. However, it can be argued that mortality rates in Ireland would have been significantly higher if there had not been the possibility to go to the U.K. to access legal abortion care.





Note: Three-year moving average rates are plotted in middle year of triennium

Fig. 2: MMR per 100 000 maternities in Ireland between 2010 and 2015 (O'Hare, Manning, O'Herlihy, Greene 2).

### 5.8.2 Abortion as an industry

The Pro Life Campaign Ireland posted a video recorded in which Abby Johnson, the former Planned Parenthood director, who changed her mind about abortion and is now one of the leading figures in the pro-life community, says that the “abortion industry” is only successful because they “thrive on misinformation and fear” (PLC11, 1:12). In the video, which seems to be captures with Johnson’s laptop’s webcam, she directly addresses her audience, smiles repeatedly and uses her voice in a way that is uplifting and engaging. She explains that people need to know that there are “better options” and pro-life supporters need to “eliminate that fear” (1:26) by “walking along with them no matter what situation they are in” (1:33). She concludes by saying that she truly believes that one day, abortion will be “unthinkable” (1:58) again in Ireland. During an interview on the Niall Boylan show, Abby Johnson reaffirms that “abortion is hurting women“ and that abortion clinics exclusively use them for “profit and political exploitation“ (PL33, 8:02). She describes that those who work in Planned Parenthood clinics are provided with scripted answers for any objections pregnant women might raise when seeking consultation (11:00) and that workers need to reach specific “targets” (12:50). In so doing, Johnson refers to her claim that

specific numbers of abortions need to be carried out to guarantee that employees at Planned Parenthood keep their jobs. The pro-choice group Alliance for Choice rejects these accusations and its members argue that their efforts of supporting women in getting the adequate healthcare they need are not motivated by financial interests. They draw attention to the fact that they consider abortion procedures a normal part of healthcare that must be provided to those who do not feel ready to be mothers, those whose baby is not viable etc. (ARC33). The Abortion Rights Campaign shares the story of model Daisy Lowe, who sought abortion care, since she “wasn’t ready to be a mother”, and explains that abortions “can be a normal part of a person’s reproductive health” (ARC10). Both Alliance for Choice and the Abortion Rights Campaign’s posts frequently include links to their homepage where users can find detailed guidelines on how to proceed if they need an abortion. These links are accompanied by text such as: “Don’t panic there are many ways we can make sure you get a free, safe and legal abortion, we’ve put together this information and contact details, someone will be able to get you the healthcare you need” (AFC9).

#### **5.8.2.1 Pro-profit vs. pro-women**

Within the anti-abortion discourse, abortion providers are frequently perceived as being part of a big abortion industry or machinery (Lowe 213). They claim that clinics lose money every time a woman chooses to keep her baby, which creates the image of doctors that are primarily motivated by greed. Abortion tourism to the U.K. was strongly condemned as a sign of profit-making. Pro-life campaigners clearly distanced themselves from this profit-oriented business and claimed to concentrate their efforts on the woman’s position (Lowe 213). Cannold (173) states that according to a more women-centred approach the potential mother is coerced by family members, partners, husbands or counsellors to accept an unwanted abortion which indirectly supports the “abortion industry” and additionally promotes patriarchal values. Pro-life supporters purposefully adopt the term “unwanted”, which is usually employed by pro-choice activists to refer to unwanted pregnancies (Cannold 173). Pro-life groups have been increasingly trying to align their arguments with ideas originally brought forward by feminists. This “destigmatisation strategy” has the aim of attracting women who reject the belief one has to support pro-choice ideas to be “pro-women”. By claiming that women are lacking the rationality and autonomy needed to make decisions about their reproductive freedom, they are stripped of their

agency (Cannold 173). Pro-abortionists, however, emphasise that women have the capacity to make autonomous, rational and informed decisions (Cannold 173).

### **5.8.3 Abortion culture**

Pro-life activists argue that due to the adoption of a more liberal approach towards abortion, an “abortion culture”, as they say, has been established that represents a significant threat to the life of the unborn. After it had become public that more than 9.300 calls were made to the HSE’s (Ireland’s Health Services) My Options helpline in the first eight months of 2019, the Pro Life Campaign issued a news statement on their homepage in which they describe these numbers as “alarming and tragic”. According to the Pro Life Campaign, the “absolute failure to promote and provide realistic alternatives to abortion” seems to be exemplary for the newly established abortion culture in Ireland (PL38).

Furthermore, the Pro Life Campaign posted a press release as a reaction to the incident that a woman had received a pre-natal misdiagnosis at Dublin’s Rotunda Hospital. Doctors at two different hospitals had reassured the pregnant women that her fears were unfounded since her unborn child was “perfectly healthy” (PL29). Therefore, as the Pro Life Campaign put it, she “narrowly avoided aborting her healthy unborn child.” The Campaign’s spokesperson said that the case represented a perfect example for the “prenatal genetic diagnosis lottery” (PL29) women have to endure under the current “abortion regime”. It was further argued that the media was to be held responsible of supporting “Ireland’s new abortion regime” by providing them with a “protective cover and free pass”, which was referred to as “scandalous” by the Pro Life Campaign (PL30). Hence, the existence and negative consequences of an abortion culture were again underlined.

In general, pro-life activists strongly condemn pro-choice supporters’ behaviour such as the one exposed by the Irish President, who, as it was ironically described by the Pro Life Campaign’s Facebook page, “recently honoured and entertained the Irish Family Planning Association at taxpayers’ expense in Áras an Uachtaráin” and, in doing so, “[paraded] his partisan support for the pro-abortion movement” (PLC6). This Facebook post clearly reflects the common pro-life argument that abortion culture is funded by hard-working taxpayers’ money. Moreover, they see their convictions to be deeply rooted in the teachings of the Church, which acts in opposition to the described abortion culture. A couple of days after the legalisation of

abortion in Northern Ireland, the Abortion Rights campaign posted a video that includes a statement released by Northern Ireland's bishops that goes as follows: "Abortion is a brutal violation of the precious gift of life. The right to life is not given to us by any law or government. Any human law that removes the right to life is an unjust law and must be resisted by every person, every voter, every political representative" (PL10, 0:02). In this way, pro-life supporters straightforwardly condemn the newly introduced legislation saying that it is an act against God's will.

Lowe and Page (172) describe that the term "abortion culture" is frequently explained by drawing on the disruption of a traditional and natural framework, which promotes conservative gender roles. It is claimed that a pro-choice stance leads to drastic changes in terms of the basic ideas governing today's society. In a patriarchal society, women are located in the domestic sphere and motherhood is seen as their central concern. Lowe and Page (174) explain that, according to the pro-life discourse, women are naturally inclined towards the task of being a mother. Abortion-culture puts pressure on women not to follow their supposedly natural instinct and questions society's traditional gender roles (Lowe 214). According to the pro-life discourse, abortion culture is to blame that women no longer feel automatically attached to their allegedly natural role as mothers. They lack the knowledge to consider themselves as mothers, which depicts women as immature individuals who, as soon as they have been exposed to the correct education, will easily slip back into their anticipated role (Lowe & Page 174).

#### **5.8.4 Women as natural mothers**

The idea that a woman's primary role in life is to be a mother is mainly conveyed by the pictures shared by the Love Both and the Pro Life Campaign. After the PLC National Conference, they added the images of women holding their children and smiling at the camera to their Facebook albums (e.g. PL9). Within the selected time frame, Alliance for Choice addressed the fact that also women who already have children seek abortion care. In contrast to the pro-life discourse, which does not believe that motherhood and abortion go together, Alliance for Choice shared posts which provide these women with a voice. "In Her Shoes – Northern Ireland" featured a woman's story, which included the following statement: "Some people pretend we don't exist. We do. Some of us are mothers. And we love our children. And throughout our lives we can mourn the loss of miscarriage and we can feel the relief

of ending a pregnancy” (AFC74). Statistics prove these women to be right. In 2014, 59% of abortion patients in the U.S. had at least one previous birth (Jerman, Jones & Onda 6).

Within the pro-life discourse, women’s primary goals in life centre on their task of being a mother. Mothers are expected to subordinate their hopes and dreams related to other aspects of their lives to motherhood and everything that comes along with it. Therefore, pro-lifers support a traditional view in regard to the concept of family and gender roles. Women are only depicted as self-governing members in regard to the decision of not opting for an abortion (Lowe 210). Nevertheless, there is the fact that two doctors need to certify an abortion in Britain, which is presented as a necessary safeguard for women. This argumentation introduces the image of doctors as women’s protectors, in contrast to the idea of a doctor as a “villain”, to communicate that women are supported in making “informed choices”. Medical professionals are, on the one hand, presented as “unprofessional profiteers”, and, on the other hand, as “trusted gatekeepers” (Lowe 214) within the anti-abortion discourse. In the latter case, women are deprived of the ability to make their own choices, given the existence of a “medical paternalism” (Lowe 213).

Being a “real” woman means adopting a sacrificial stance, which justifies the introduction of policies that control women’s bodies and behaviour (Lowe & Page 166). Women who are expecting a child are supposed to continue their pregnancies regardless of any hardships they might encounter during the process. A proper woman always has to put her child’s welfare before her own. Therefore, pro-life campaigns depict a woman who seeks abortion care as both someone that kills a child and is failing at womanhood (Lowe & Page 167). At the same time, pro-life activists claim that they put women and their babies at the centre of their efforts. Women’s lives are supposedly damaged by obtaining an abortion which is usually not their own wish but rather a decision forced upon them by unspecified others (Lowe & Page 171).

#### **5.8.5 Setting the bar high - Virgin Mary as a role model**

Assumptions about what a woman has to be like are deeply rooted in Christianity and based on the figure of the Virgin Mary. According to Christianity, women were given little space where they could act freely. Giving birth and dedicating one’s life to the family and one’s husband represented everything a woman was allowed to be aiming

for (Warner 194). They were taught to follow the image of Virgin Mary and be “gentle, innocent and humble” (Lowe & Page 167). During the Middle Ages, which were times of poverty and humility, Virgin Mary represented virtues such as obedience, gentleness, forbearance, long suffering etc. (Warner 193). These virtues played a central role in a woman’s life and needed to



Fig. 3  
Pro-life protestors carrying a picture of Virgin Mary during the Rally for Life in Dublin, on the 6th July 2019

be strictly followed to be accepted by society at that time. Warner (193) refers to the Virgin’s version of femininity as a “cult” that is characterised by the emphasis on her “sweetness, submissiveness, and passivity that permits her to survive, a goddess in a patriarchal society.” Similarly to women with unwanted pregnancies, Virgin Mary had to face a similar situation but made the right choice of providing Jesus with the right to live (Lowe & Page 173). This narrative not only sanctifies the concept of the mother but also the one of the child representing Jesus as the incarnation of God.

As it was the case in Ireland, there was no tradition of women actively contributing to public life, as they were devoted housewives who, as Mary of Nazareth, silently accepted their fate (Warner 194). The Christian view of women originates in the interpretation of the story of Creation and the Fall which depicts Eve as the one who believed Satan, who entered the garden of Eden disguised as a serpent, and ate from the tree of the knowledge of good and evil which caused “original sin”. This interpretation depicts Eve as the one being responsible for sin to enter the world. In its teachings, the Church continuously limited women in their ability to become active and adopt independent roles (Warner 194). Instead, women’s active involvement was restricted to them being mothers or nuns serving their children and men, such as their husbands or priests, in their lives.

### **5.8.6 The use of images in the pro-life and pro-choice debate**

Within the selected time frame, pro-choice groups repeatedly shared the picture of Savita Halappanavar which was accompanied by the hashtag #Neveragain, which is related to her tragic death in 2011 (AFC35). To remember her story and how it is linked to the 8<sup>th</sup> Amendment, events were organised and shared online (AFC36,

AFC39, AFC44, AFC55, ARC13, ARC14, ARC15 etc.). At the time Savita died, the Irish public was shocked by the impact of the abortion laws in place and how they could result in the death of a young woman. Her pictures are supposed to create a surge of those feelings from 2011. The story of Savita is repeatedly linked to the many barriers that migrants, people of colour or other women adhering to society's most marginalised groups, are facing when trying to seek abortion care. Furthermore, both Alliance for Choice and the Abortion Rights Campaign shared "In Her Shoes – Northern Ireland", pictures, which usually show a pair of legs with shoes and a quote taken from a story told by a woman who had an abortion. The various pairs of shoes inherent in these images supposedly represent the diversity of women seeking a termination and the complexity of situations they find themselves in.

Images and the emotions they might evoke in the people seeing them play an integral role in the promotion of pro-life ideas. These pictures are supposed to convince the public to support a ban on abortion. My analysis shows that graphic images of fetuses covered in blood are only displayed during rallies, since Facebook does not allow sharing images of this kind. When the Pro-Life Campaign shared The Sun's article titled "PREGNANCY NIGHTMARE: Mum considered aborting baby after Dublin's Rotunda Hospital said it had serious health issues – but tot was born perfect at another hospital" (PL30), the rather sensational text is only accompanied by a picture of the mother and her baby as well as two ultrasound images.

Debates around the fetus address various perceptions of personhood. Images employed by pro-life advertisements are selected in a way that any difference between a child and the fetus is minimised and equip the unborn with the notion of personhood (Hopkins, Reicher, Saleem 540). The frequent portrayal of the unborn as a baby will be discussed in more detail in the next chapter.

Anti-abortionists claim that personhood starts inside the womb at a very early stage and even seem to erase the mother from pregnancy pictures. As it is apparent in the following two pictures, the fetus is presented separately from the mother, which gives it the status of an individual, which accordingly has access to a number of rights (Palmer 174). Ultrasound images were even attempted to be used in the British Parliament to change legislation in terms of the time limit for abortions in 2007 (Palmer 182). Since researchers had not yet examined the importance of 4D images



to draw conclusions about foetal development and consciousness, the images were not taken into consideration by the British Parliament.



Fig. 4  
Pro-life protestor carrying a sign depicting a foetus inside the mother's womb during a protest march in Phoenix (Arizona, U.S.) in May 2019.



Fig. 5  
Pro-life protestor holding graphic images of foetuses covered in blood.

One of the pro-life narratives depicts the unborn baby and its mother as enemies that show different interests. On the one hand, the woman who wants to have an abortion is regarded as an external threat that presents a substantial danger to the baby's life. On the other hand, the baby is seen as a vulnerable human being that is defenceless against the stronger mother and is therefore in need of protection (Smyth 70). As it has been stated earlier, images showing the foetus seem to exclude the mother almost entirely. It seems as if the womb is exclusively used as an "incubator", where the foetus resides", as Boucher (16) puts it. Lowe and Page (176) add that training materials for pro-life activists even employ the argument that women only provide the perfect environment for the baby to grow to emphasise that there is no substantial difference between a real person and the foetus inside the mother's womb. Likewise,



Pllack-Petchesky (272) introduces the image of the baby as a “patient” that is distinct from the mother and more closely associated with the doctor instead.

Palmer (173) explains that current debates revolve around new technologies that are able to produce three-dimensional ultrasound images, which have considerable impact on how abortion is perceived. Ultrasound images showing fetuses sucking their thumb are used by pro-life activists to contribute to the idea that life begins at the moment of conception. Boucher (8) agrees that new visualisation technologies lead to changes in regard to how women experience their own pregnancy and how societies imagine the development of a foetus inside a womb. Nevertheless, she points out that access to the mother’s womb does not mean that the outside world is provided with the ultimate truth or reality about the origin of life. Rather, ideas about a single cell being equivalent to an entirely developed person are conveyed (Boucher 8). Fannie Sosa commented that “[t]he technologies around the pregnant person, birthing or motherhood are burdened with the most ridiculous prejudices, and tainted with speciesism, white supremacy, and gender terrorism.” What she is referring to has been partly addressed by other feminist cultural theorists who claim that the visualising or gazing inherent in the process of producing ultrasound images is specifically masculine. The information provided is meant for predominantly male physicians, researchers, judges or reporters. In the images, the woman is visually obscured, passive and the one who is, again, looked at. The male participation in this discourse, however, is perceived as the active one, which is taking control over women’s bodies and is engaged in “foetal management” (Pollack-Petchesky 276). Pollack-Petchesky (278) regards this as a typical feature of patriarchal control over reproduction, which used to be a matter solely for women. In contrast to pre-modern times when women were the ones providing evidence about their pregnancies, nowadays, they are not only discredited but very often entirely cut out of images showing the various stages of a pregnancy. While technology has rendered the foetus, which is clearly dependent on its mother, visible, the pregnant woman has fallen victim to technological advancements (Pollack-Petchesky 277). Fannie Sosa’s statement might also address the issue that those who find themselves in positions of power are usually not affected by the negative consequences of their policies which are linked to their gender, geographic position and the socio-economic circumstances they find themselves in. Those, by contrast, whose lives are directly influenced by restrictive policies, resulting from employing ultrasound images that

exclude the mother's position in the process of child-bearing, are those women who do not hold power and are therefore considered the most vulnerable to the policies.

Given the growing importance of technological advancements in regard to ultrasound screenings, pro-life activists employ strategies such as asking pregnant women to "see the scan" of their unborn baby to "remind them of their position as mothers" or telling them to think about themselves and their wishes (Lowe & Page 171). This conceptualisation of women frames them as individuals who are on the wrong path as they have been misled. According to pro-life supporters, women never choose to terminate their pregnancy simply because it is their own free will. Rather, they opt for it because they are scared or put under pressure (Lowe & Page 172). According to Michel Foucault (1976), medicine has managed to contribute to the objectification of bodies by putting them under close, institutionalised surveillance. He coined the term "biopower" to refer to aspects of disciplinary power such as managing the births, deaths, reproduction and illnesses of a population. Especially the female pregnant body is regarded as an object that needs to be controlled and examined.

### **5.8.7 The foetus as a baby**

In a video shared by Alliance for Choice (AFC82), pro-life supporters are interviewed during a protest close to Stormont in Northern Ireland. A man refers to abortion as the "killing of babies" and adds that he and all other protestors "believe in life" (11:33). He further explains that aborted babies could be future doctors and scientists that, one day, "could cure cancer". Similarly, the Love Both Campaign shared an article published by the Daily Mail, which tells the story of a preborn baby that was only given a 50% survival chance who then "[became] a neonatal doctor 32 years later to help other troubled newborns" (LB2). The Pro Life Campaign shared the story of a pregnant woman who received a misdiagnosis during a pre-natal scan at a hospital in Dublin and said that she "[would] have killed a healthy baby", if she had not sought a second opinion at two other hospitals (PL30). By creating posts (PL30, PL31) about the dangers related to pre-natal testing, the pro-life campaigners argue that every life, regardless of what disability a child might have, is important and needs to be defended is clearly demonstrated. It is declared that "EVERY unborn baby whether healthy or not is unique and valuable and deserving of protection" (PL30). In a different post, it is pointed out that "[p]arents of kids with Down Syndrome are the lucky few" without mentioning the various challenges many

families have to face while raising a special-needs child. Posts dealing with disability are accompanied by the hashtags: #celebratedifference #disabilityawareness.

Moreover, the Love Both Campaign regularly posts first-person accounts of unborn babies that include statements such as “I start to kick and jump and now mammy can feel just how excited I am to be alive” (LB4), “I love growing”(LB4), “(...) I’m the size of a penny (11mm) in this stage (...)” (LB9), “I love being able to move my hands, I use them to communicate with my mammy (...)” (LB9). In this way, the anonymous foetus, which is not given a voice within the pro-choice discourse, suddenly turns into a real person with emotions, expectations and dreams. The comparison of the baby’s size with a real-life object such as the penny provides people with a concrete, no longer intangible idea of the foetus. By sharing these “diary entries”, pro-life groups want Facebook users to regard the unborn as a proper human being that is endowed with rights and must not be “murdered”.



Fig. 6  
First person accounts of a foetus are accompanied by photos of babies (LB9)

This term is usually employed on purpose, as it is associated with violence and evokes particularly negative emotions within the reader. Posts of this kind are accompanied by the hashtags #ProLife #ChooseLife #Life #Journey #Baby #Mama #Motherhood #Mammy #SevenWeeksOld #Pregnant #Pregnancy #Facts #Growth #BabyGrowth #FactOfTheDay #BabyGirl #Growing, a “heart” or the “pregnant woman emoji”, as well as different images of babies. By showing the picture of an already born baby, while including an unborn baby’s personal account in LB4, the pro-life’s “foetus as a baby” argument is clearly reflected. Even though a baby that is six weeks old is sharing its experiences of its time in the womb, and is therefore recognised as a real person in LB9, the photo’s blurry background might point towards the fact that, within the pro-choice discourse, a foetus at this stage of cognitive development is presented as something that is not entirely comparable to a “real” human being.

Pollack-Petchesky (274) explains that images of younger fetuses became increasingly popular within the abortion debate even though the majority of experts believe that babies are not able to survive outside the womb earlier than twenty-four

weeks. In this way, the boundaries between foetus and baby are blurred and the unborn child is presented as a person separate from its mother. In abortion debates, the morality of abortion is usually linked to the decision at which stage a foetus can be referred to as a person. Among scholars, a consensus concerning the status of the unborn has not yet been found. Some philosophical debates revolve around the views that a person is a rational and self-conscious being that is capable of experiencing, and has the wish to continue, its own existence. Sheldon (351) argues that the demonstrated moral respect for the foetus must be equal to the respect expressed towards women's autonomy, equality in society and their ability to make decisions about their reproductive health. Pro-life supporters, however, argue that the foetus is already a person at the moment of conception. Until the 19<sup>th</sup> century, the traditional Catholic view was that the foetus turns into a human being at the stage of "Ensoulement" (Himma 48). The term "Ensoulement" refers to the time when the soul enters the human body and is related to "quickening", when a mother first feels her baby move in the uterus. Only later, in 1869, Pope Pius IX introduced the view that personhood starts at the moment of conception. In the Church's teaching, definitions of personhood used to rely on keywords, such as "consciousness" and "rational".

In regard to the religious understanding of childbearing, the U.S. democratic presidential candidate Pete Buttigieg said that the bible did not offer only one understanding of when life begins and could therefore be interpreted in the way that life starts at first breath, which he expressed publicly (AFC60). Following this statement, he had to face criticism among religious leaders, Evangelicals and other conservative Christians. AFC60 includes a link to the article titled "When the 'Biblical View' for Evangelicals Was That Life Begins at Birth", published by Rewire.News, which explains that this view used to be at the centre of Evangelical thought for a long time.

Abortion rights opponents are convinced that the termination of a pregnancy should be treated equally to homicide. They regard the foetus as a person that has the right to life, which is considered more important than the woman's right to make decisions over her body (Himma 51). By employing scientific language, and therefore a secular approach to prove that life and therefore personhood starts at the moment of conception, pro-life supporters are able to support their Catholic ideas. This strategy has been adopted to expand a discourse that was originally based on Catholic teachings, to a secular audience. Lowe and Page (176) argue that anti-

abortionists use selected pieces of scientific information to draw the image of a “pseudo/quasi science”, that supports their claims. The narrative that a foetus is a person from the moment of conception is employed to undermine the belief that motherhood starts at the same moment (Lowe & Page 176).

Cannold (171) argues that a new strategy that centres on post-abortion concerns has been created by anti-abortionists. A more women-centric approach has been developed following the frequently expressed hostility towards a foetus-only approach. Numerous women felt their needs were not addressed and perceived pro-lifers as judgmental (Cannold 172).

### **5.8.8 Protecting Women (from shameful choices)**

Alliance for Choice integrated women’s accounts about the difficulties encountered when trying to access an abortion. These accounts are supposed to depict the impact the former abortion law used to have on women’s lives. These stories are always accompanied by an image that shows either a pair of legs or shoes as well as text such as “I know I would not be where I am today if I was forced to go through with my unwanted pregnancy” (AFC95) or “As a 16 year old, I had to secretly travel to England to have an abortion. I have never regretted my decision. I am now 56” (AFC90). These pictures additionally include a “noshame – Stories without stigma” writing as well as the labels of “In Her Shoes – Northern Ireland” & Alliance for Choice. Alliance for Choice justified using the hashtag #noshame saying that “people should not be ashamed of making the choice that's right for them” (AFC83). In doing so, the argument that the pro-life debate does not endow women with a real choice and protection, but rather presents their decision to have a termination as shameful, is introduced. The term “anti-choice” repeatedly occurs throughout Alliance for Choice’s posts and is regularly used in the context of pro-life supporters’ “anti-choice harassment” (AFC50), women need to endure when trying to access an abortion clinic. Therefore, the need for a Public Spaces Protection Order and the introduction of “buffer- or safe- zones” (AFC50) in front of abortion clinics, which have the purpose of guaranteeing women the safe access to medical institutions without being harassed by pro-life supporters, was raised. The Abortion Rights Campaign observes that the constant presence of anti-abortion protestors continuously adds shame and stigma to a procedure which “besides being completely legal, is a fact of life” (ARC12) and explains that “[p]atients & healthcare

workers alike deserve safe access zones to protect their privacy when seeking or providing abortion care” (ARC34). In doing so, pro-choice advocates once more underline the fact that women do not need to be protected by the “abortion industry” or partners that force them into an abortion but by anti-abortionists themselves.

Additionally, “anti-choice” comes up in combination with “anti-choice politicians” (AFC53), “anti-choice propaganda” (AFC128) and the “anti-choice lobby”, whose work is described as the “continuation of the grave and systematic abuse of the human rights of women, girls and pregnant people”(AFC89). Alliance for Choice reposted two longer texts that clearly illustrated how pro-life legislation caused women to suffer and are supposed to invalidate the argument that restrictive laws have the purpose of protecting women. One woman tells her story of having had six miscarriages and of how she had been treated by medical staff throughout the never-ending process. Once she was told that her baby was not viable, the miscarriage started a little later, which caused her to lose large clots of blood. When the bleeding got worse after a few days, she was taken to hospital. A couple of days later, she had another appointment at the early pregnancy clinic, and it was found that the miscarriage had not been completed naturally. Only after begging for the whole process to be over, she was given abortion pills, which caused her to experience unbearable cramps, bleeding and resulted in the deterioration of her mental health. In her text, she includes the following statement: “These out-dated and disgraceful policies and laws have never stopped abortion they have only made things more difficult, more problematic and more shame for countless of women”(AFC84) and underlines that women in Northern Ireland not only needed the right to choose but also better protection from violence and controlling behaviour that many of them are facing in their homes on a daily basis. It is added that doctors should provide the right advice and extensive information regarding sex education and all forms of contraception that are available. Interestingly, she adds, “How can the government call themselves a pro-life movement when my life is quite obviously so worthless to them.” The hashtag #ImALife emphasises women’s need for their lives to be regarded as valuable and worth protecting as the unborn’s. This argument links back to the 8<sup>th</sup> Amendment’s formulation of “right to life to both the mother and the foetus”, which ultimately subordinates a woman’s life to that of the foetus.

Alliance for Choice shared a VOX article in which reproductive justice activist Renee Bracey Sherman states that the formerly used expression “Safe, legal and rare” is

increasingly condemned by pro-choice advocates as it places the blame and shame on women who had an abortion. Instead, she calls for an examination of the “systemic issue as to why someone might not be able to have access to consistent health care or contraception” (AFC31). The Abortion Rights Campaign points out that the “[r]efusal to provide care violates the medical ethical principle of “do no harm” and damages the health and wellbeing of the people medics are supposed to care for” (ARC8). They call for patient-centred care, which prioritises the needs of people asking for treatment.

Pro-life organisations, however, do not react to the aforementioned accusations and describe their campaign as “pro-women, pro-baby, pro-life“ based on the reasoning that they focus their efforts on society’s weakest members (LB7). This slogan appears on Love Both’s cover photo (LB7), which shows a woman from behind that is holding up a smiling baby. The woman’s face cannot be seen. Given the trees and grass in the background, it can be assumed that the photo was taken outside which creates associations between motherhood and nature. The scene is plunged in a warm, yellowish light, which produces a cosy and homelike atmosphere.

After the publication, more than 9.300 calls were made to the HSE’s (Ireland’s Health Services) My Options helpline in the first eight months of 2019, the Pro Life Campaign issued a news statement in which they describe these numbers as “alarming and tragic“ (PL38). The following statement once again reflects the common argument that women need special protection and assistance during the early stages of pregnancy, a time when they are particularly vulnerable: “This is a horrific outcome by any measure in terms of the loss of unborn human life and the damage being done to vulnerable woman” (PL38).

Moreover, pro-life organisations are convinced that those who believe in the necessity of abortions can still be persuaded to reconsider, as it was the case with Abby Johnson, who experienced a “change of heart” (PL20, 0:28). The story of Abby Johnson, who used to be a director of an abortion clinic for Planned Parenthood and then became one of the leading pro-life voices in the United States, was turned into a movie that was particularly successful not exclusively in the U.S. but also in Ireland. The Love Both campaign calls her story “compelling” (LB5) and both pro-life organisations repeatedly ask their supporters to watch the film and attend the Pro Life Campaign Ireland National Conference to participate in a screening and hear the

actress Ashley Bratcher, who portrays Abby, talk (e.g. LB6, PL21). As it is presented during a radio interview with Abby Johnson on the Niall Boylan Show, pro-choice advocates refer to the movie as a “dangerous piece of anti-choice propaganda that contains multiple medical and factual inaccuracies” made by “Christian extremists” (PL33, 0:57). They further continue that it “stigmatises abortion and those trying to access it” (1:12). Abby Johnson, however, claims that there is nothing in the movie that is supposed to make women feel bad about having abortions (29:50).

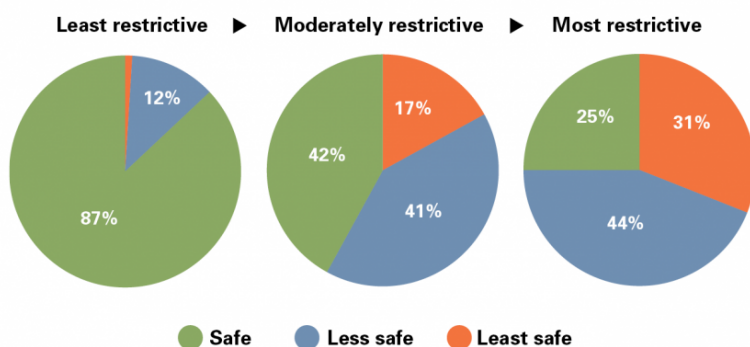
Pro-lifers present themselves as advocating for the rights of the “weakest members” of a society who are violated by adults seeking an abortion (Hopkins, Reicher & Saleem 542). At the same time, they choose to portray women as the victims of abortion that need to be protected. The Offences against the Person Act was introduced at a time when abortion was still a considerably dangerous procedure that claimed many women’s lives. By the time the Abortion Act came into effect in the U.K. in 1967, terminations have become increasingly safer so that carrying a pregnancy to term carries more risk than having an abortion (Sheldon 348).

Pro-life advocates repeatedly claim that inducing a pregnancy is accompanied by several negative consequences for a woman’s physical and mental health, which explains why she needs to be protected from such a procedure. Sheldon (349) explains that unsafe abortion practises lead to substantially more deaths in countries that introduced particularly restrictive abortion laws. It is further argued that a woman’s psychological health can be greatly harmed due to the fact that abortion is highly stigmatised which becomes evident in many countries’ legislations. The fear of having to face legal prosecution following the termination of a pregnancy is more likely to cause a decline in a woman’s mental health than the procedure itself (Sheldon 349). Sheldon (352) poses the question whether imposing restrictive abortion laws and putting additional pressure on women serves the purpose of protecting both the women and the foetus.

In countries, where abortion is banned, the practise of terminating pregnancies does not vanish. Instead, illegal abortions are still taking place and maternal mortality rates are more likely to rise. Usually, a small number of abortions is linked to a low rate of unplanned pregnancies, which is directly associated with the availability of



**2.4 The proportion of all abortions that are estimated to be least safe increases as abortion laws become more restrictive.**



• **NOTES TO FIGURE 2.4** Least restrictive consists of countries in abortion legality category 6; moderately restrictive, categories 4 and 5; and most restrictive, categories 1–3. Safe abortions are those performed using a safe method with an appropriately trained provider; less-safe abortions meet only one of those criteria; and least-safe abortions meet neither. *Source: reference 7.*

[www.guttmacher.org](http://www.guttmacher.org)

**Fig. 7**  
Correlations between abortions' safety and the restrictiveness of abortion legislation (Singh et. al 12)

contraception in the respective country (Sheldon 352). According to the Guttmacher report (Singh et. al 4,5) about the incidence of abortion and unintended pregnancy worldwide in 2017, abortion rates significantly dropped in Eastern Europe as well as Central Asia, where the availability of effective contraception has increased significantly over recent years. Furthermore, it was found that countries with the most restrictive abortion legislation displayed similar abortion rates as countries where abortion is legalised. Even though the report's results show that more than 55% of all abortions are considered "safe", it is explained that restrictive laws correlate with a low level of safety, as becomes apparent in the following pie charts (Singh et. al 12).

The left table below shows the estimated number of abortions (in millions) and abortion rates (number of annual abortions per 1000 women aged 15-44) between 2010 and 2014 (Singh et. al 51). In countries where abortion is prohibited altogether, or allowed only under the circumstance that it can save a woman's life, the abortion rate accounts for 37%. Similarly, in countries where abortion is permitted without restriction as to reason, the abortion rate accounts for 34%. The right table provides insights concerning the distribution of abortion percentages according to their level of safety. While 87.4 percent of abortions are considered safe in countries where terminations are available without restriction as to reason, in places where abortion is banned or allowed only to save a woman's life, safe abortions account for only 25.2%.

LEGAL STATUS OF ABORTION								
Prohibited altogether/ save life only	u	16.0 (14.4–21.4)	u	37 (34–50) (ref)	25.2 (14.5–41.0) (ref)	43.6 (27.6–54.2) (ref)	31.3 (21.0–41.9) (ref)	100
Save life/physical health	u	6.3 (5.9–7.9)	u	43 (40–53)				
Save life/physical health/ mental health	u	2.5 (2.1–3.7)	u	32 (27–48)	41.2 (35.9–46.7)	40.8 (34.6–47.1)	17.1 (13.3–22.0)§	100
Any health/socioeconomic	u	10.3 (7.5–15.6)	u	31 (22–47)				
Without restriction as to reason	u	20.7 (17.3–27.3)	u	34 (28–45)	87.4 (79.2–92.0)§	11.9 (7.3–19.8)§	0.7 (0.5–1.8)§	100

Table 4

number of abortion and abortion rates between 2010 and 2014 (left table), distribution of abortion percentages according to level of safety (right table);

The majority of unsafe terminations take place in developing countries; however, numerous countries where abortion is actually legal show increasing hostility towards the procedure. These attitudes can result in restricted access to safe and affordable services. In regions where stigma is attached to abortion, many women opt for secrecy instead of safety and clinics refuse to offer procedures (Singh et. al 28). The authors of the report explain that the legality of abortion is a prerequisite for its safety. It is added that existing laws need to be fully implemented instead of continuously limited, as it is the case in many states of the U.S., where additional requirements are imposed on abortion clinics. As it has been stated earlier, the Guttmacher report confirms that unsafe abortions are more likely to occur in regions where abortion legislation is highly restrictive. More than 42% of the world's women of reproductive age live in countries where abortion is highly restricted (Singh et. al 42). Those who are able to overcome restrictions to gain access to safe abortion are typically wealthy and well connected. Abortion providers who have not received any training are usually approached by low-income people since their services are significantly cheaper than those of medical professionals (Singh et. al 26). Relying on information provided by non-experts frequently leads to failing abortions and results in delays during the abortion process, which imposes increased health risks on the pregnant woman. The Guttmacher report (Singh et. al 25) concludes that abortion can be considered the safest in places where it has been legalised the longest. These places' abortion providers additionally approach women in need of abortion care in a supportive and non-judgemental way as the procedure is included in the services offered by a state's public health service and frequently paid for by national health insurance.

Nevertheless, restrictive laws have a measureable impact on the number of abortions as there are women who carry their pregnancies to term after being refused an abortion. However, Sheldon (352) draws attention to the financial and emotional cost as well as moral, social and physical harm that comes along with imposing the

continuation of their pregnancy on women. As it was the case in Ireland, numerous women had to additionally face financial hardships since the existing legislation forced them to travel to the U.K. to seek abortion care (Sheldon 352).

### **5.8.9 Abortion as a traumatic experience**

Alliance for Choice reposted women's accounts on "In Her Shoes – Northern Ireland" which included the following statements: "I didn't want an abortion. I needed an abortion. I have never regretted that abortion for a single minute" (AFC64), "Some people pretend we don't exist. We do. Some of us are mothers. And we love our children. And throughout our lives we can mourn the loss of miscarriage and we can feel the relief of ending a pregnancy. And if you don't understand that then maybe take a seat and listen until you do" (AFC74) or "'I am not ashamed, nor have any regrets about my decision to have an abortion... it should be a shameful decision to be exported and that this government propagates this by denying the women of NI the services other women in the U.K. can access" (AFC83). These stories show that women did not feel terrified or ashamed but were rather relieved or very sure about their decision to terminate their pregnancy. Furthermore, instead of women's behaviour, the former legislation that caused women to travel to other parts of the U.K. to seek abortion care is presented as shameful. Hence, it is pointed out that having an abortion is not a black and white issue and that abortions are pursued by both women with and without children; there are times in a woman's life when accepting and carrying a pregnancy to term is not the perfect choice for someone. These posts are usually accompanied by the hashtag #noshame, which links back to, as Alliance for Choice describes it, "anti-choice propaganda" that tries to "frighten people into believing abortion causes emotional or physical harm" (AFC128) and that having the procedure is something they will regret their whole lives.

Alliance for Choice reposted "In Her Shoes – Northern Ireland's" story (AFC112) of a woman and her partner who, at the 20 weeks scan, were told that their baby had multiple heart abnormalities so that the baby boy's chance of survival at birth was particularly low. Their decision to terminate is being described as a very hard one, but the couple did not receive the necessary two signatures by medics which would have allowed them to have an abortion in Northern Ireland. Ultimately, they were able to find a clinic in England that carried out the procedure. Still, she had to give birth to her "much wanted baby boy" in a Northern Ireland clinic a couple of days later. After

delivering the boy and being able to grieve, the woman and her partner were “ushered down the dark back-stairs” to not upset other mothers. She describes how she is hoping that “no other women have to experience and/or overcome the circumstances that I endured.” In this case, it becomes evident that the experience of having an abortion was only traumatising due to the way she was treated by medical staff. The pregnant woman was shamed for her decision to terminate, even though this decision was neither “selfish, cruel, an easy way out, a form of contraception, an unwanted ‘accident’” etc. In this way, the argument that having an abortion can be a traumatising event for women is not rendered invalidate, but it is argued that the reasons lie within the pro-life discourse and its systematic stigmatisation of the procedure (AFC112).

Moreover, Alliance for Choice posts videos to educate their followers about surgical and medical abortions to break the myth that they are violent and come along with both physical and psychological suffering. It is pointed out that a surgical abortion is a “minor” procedure that is very efficient and leads to “minor pain and discomfort” (AFC21). Additionally, it is explained that women who undergo the procedure can return to their daily business already a couple of days later. The video which informs about medical abortion includes links to additional medical information and strategies to ease the pain. Women receive further reminders to schedule an appointment with a healthcare provider even if complications do not occur and talk about contraceptive methods with an expert (AFC29). The videos include moving visuals, such as an animated uterus that is emptied, and subtitles that appear simultaneously to the voice-over. The speaker talks considerably fast but has a modulated and pleasant voice. There is calm music in the background which contributes to the videos’ de-dramatising approach to abortions.

Likewise, Alliance for Choice warns users that “late-term or partial-birth” abortions, terms frequently employed within the pro-life discourse” (AFC92), simply do not exist. It is explained that the term “late-term abortion” has no medical definition and is not used in a clinical setting or to describe the delivery of abortion care later in pregnancy”. The Abortion Rights Campaign quotes a woman who had a “late-term abortion” and says: “I Am Not a Monster.” (ARC6). It is further emphasised that, within the pro-life discourse, the issue of this type of termination is frequently isolated and the valid reasons ignored to justify the overall criminalisation of abortion.

The Love Both Campaign and the Pro Life Campaign promoted the film “Unplanned”, which is based on the memoir of former Planned Parenthood director Abby Johnson. The movie has received an R-rating due to its depictions of violent abortion procedures. As it can be seen in very short film excerpts inherent in videos shared by both pro-life Facebook groups, the main protagonist Abby witnesses the termination of a pregnancy and sees how the foetus is allegedly fighting for its life (PL20). The woman who is undergoing the surgical abortion is visibly under considerable stress and tears are streaming down her cheeks. At the same time, she is surrounded by an insensitive doctor and a nurse that both seem indifferent to the woman in pain. The same scene features a treatment room that is stuffed with tubes and fear-inducing medical instruments, which reinforces the idea that abortion is a traumatic and brutal experience. The frequent motif of blood further contributes to the effect. The movie has been criticised for promoting medical inaccuracies regarding the intake of abortion pills, which is falsely depicted as a very painful experience that comes along with immense blood loss and includes inaccuracies in terms of the featured length of the procedure or provided counselling (Jeltsen, HuffPost). Not to mention, medical staff is portrayed as inhumane and uncaring, which turns abortion clinics into a horrifying environment, where doctors “accidentally” hurt women during the procedure, to then drug them instead of calling an ambulance.

The American Psychological Association’s Report (11) on mental health and abortion explains that pro-life associations frequently frame abortion as a highly traumatic experience for women. The adopted approach perceives abortion as a frightful experience that involves the death or murder of a person that actually deserves parental protection. Within the pro-life discourse, it is argued that women need to witness how a baby is intentionally deprived of its right to life and exposed to great violence. Women are believed to experience feelings of guilt, loss and grief, which are followed by depression. This led to the assumption that the traumatic experience provoked by abortion can result in the development of mental health problems such as the post-abortion syndrome (PAS), which is not listed as a mental illness by the Diagnostic and Statistical Manual of the American Psychiatric Association (APA 11). It is claimed that symptoms include anger, shame, guilt, etc., similar to what is experienced by patients who suffer from a post-traumatic stress disorder. Nowadays, many people automatically assume that having an abortion represents a deeply troubling experience for women and do not allow any other conclusions. Other

possible consequences of abortion frequently mentioned by pro-lifers are an increased risk of breast-cancer or infertility (Cannold 171).

Pro-choice activists, however, point towards the numerous women who felt relief after seeking an abortion and did not regard the event as a traumatic experience (Pollitt 118). Pro-abortionists rather identify the stigma attached to abortion as responsible for the significant psychological implications that are usually attributed to the traumatic experience of witnessing an abortion. APA (12) mentions cognitive and performance deficits, as well as avoidance and withdrawal strategies as possible effects of stigma and points towards the significant impact of “internalised stigma”. This means that members of a marginalised group consider themselves flawed since they believe in the existing societal assumptions and stereotypes about themselves, as these are deeply rooted in their awareness (APA 12). Making women believe that they will have a particular, prevalently negative reaction to abortion might result in self-fulfilling prophecies. According to the American Psychological Association’s Report (12), encouraging women to assess their abortion in more positive terms prior to the procedure results in “improved emotional responses”.

Despite scientific evidence that suggests that abortion does not result in an increased mental health risk to women, U.S. states have developed policies that are based on the assertion that inducing the termination of a pregnancy is a mental and emotional strain for women. According to APA (93), politics exploited the fact that no clear consensus about the effects of abortion on a woman’s mental health will ever be reached given the “diversity and complexity of women and their life situations”. The fact that ambiguities in the obtained research data exist plays into the hands of some governments that pursue pro-life interests.

#### **5.8.10 Female empowerment**

During an interview on the Niall Boylan show, Abby Johnson, whose story is told in the movie *Unplanned*, rejects the idea that abortion is empowering for women. She justifies her claims by explaining that the way women were talked about in the Planned Parenthood clinics was degrading (PL33). Moreover, she says that she has talked to numerous women who report on “being treated like cattle” in abortion clinics (PI33, 23:40). The two analysed pro-choice advocacy groups, however, encourage women to publicly speak about their abortions and share their stories as a form of empowerment. Alliance for Choice posted the following: “[i]t is vital that we are

trusted and supported to make our own decisions and that our authentic voices are heard. For too long we have been silenced” (AFC106).

According to Pollit (122), opposition to legal abortion centres on an “anti-feminist, anti-modern view of relations between the sexes.” Women are supposed to sacrifice their lives for the cause of bearing children while men are the traditional breadwinners. Sex is exclusively needed for reproductive purposes and not for pleasure. This approach neglects the fact that women have benefitted a great deal from the social changes brought about by the introduction of effective contraception, such as the pill. Women were able to pursue their careers instead of following the traditional model of getting married and having children at an early stage in their lives (Politt 123).

Pollit (3) explains that the legalisation of abortion enabled women to see themselves as mothers by choice and not because laws forced them to be one. Throughout history, women’s bodies have not belonged to them but to their husbands, the community etc. Controlling women’s bodies was a measure of keeping them under control and restricting their agency as well as political participation. Within the pro-choice debate, it is argued that women need to be allowed a “self”, a right to make decisions about their own life and not dedicate it entirely to others (Pollit 9). Character traits such as confidence or ambition, which might be ascribed to women who wish to pursue a career, are considered to be selfish, aggressive and egoistic. It is explained that women are entitled to a self, privacy and equality. The criminalisation of abortion imposes constraints on women and deprives them of their say in political debates.

Pro-choice campaigns accuse the anti-abortion movement of fighting against women acquiring power and freedom. Pollit (45) argues that restricting women in their reproductive freedom has not always been as common as it is today. Rather, self-inducing terminations were considered part of women’s private affairs along with childbearing or menstruation. It was only when women started to emancipate themselves from their ascribed role of being a devoted mother and housewife that politics initiated to limit their power of making decisions over their own bodies (Pollit 46). Legalising abortion represents an example of substantial social change that challenges existing hierarchies, power relations and conservative values societies are built on. Letting women decide about the number of children they would like to

have, poses a threat to society, as people once knew it. A society where power lies in the hands of a selected few that do not intend to share it.

Pro-choice supporters claim to put their focus on women in contrast to anti-abortionists who tend to provide the future mother only with little space within their abortion discourse (Pollit 126). It is criticised that doctors and the unborn get to have a greater say than the one who is immediately affected by restrictive abortion laws. An argument introduced by pro-choice supporters is that providing women with a choice in terms of reproduction and family planning will lead to their empowerment. It is explained that in order to pursue the equality of men and women, women should be in charge of making decisions about their own bodies. Supreme Court Justice Ruth Bader-Ginsburg (4) justified her diverging opinion in the case “Gonzales vs. Carhart” in 2007 by stating that challenges to existing restrictions on abortion centre on “a woman’s autonomy to determine her life’s course, and thus to enjoy equal citizenship stature”. The Guttmacher report (Kwok, Remez, Sedgh & Singh) on worldwide abortion in 2017 states that being able to decide when and how many children to have is an important human right that must not be violated by a country’s legislation. It is added that providing women with the power to make choices about their body and reproductive health benefits not only themselves but also their families as well as society as a whole.

Women are encouraged not to ask for apology when seeking abortion care but to stand behind their decision. Stigma attached to abortion is strongly condemned as it limits women in their ability to speak up or access medical care if a self-induced abortion turns out to be problematic. Women ought not to feel guilty about pursuing a career or simply not wanting to have children (Pollitt 116). A feminist approach to abortion refuses the opposition of children and women by explaining that someone can enjoy motherhood also by determining that bringing an additional child into this world would be an unreasonable thing to do. Moreover, it is emphasised that motherhood is not for everyone and that women are able to find plenty other fulfilling tasks apart from bearing and raising children (Pollit 116).



### 5.8.10.1 Trend for smaller families

Providing women with reproductive rights enables them to have a say in the shaping of their families and lives. Birth control allows them to focus on education, start businesses, become part of the workforce, go abroad etc. Pollit (135) argues that great amounts of female talent were lost when early and numerous pregnancies forced women into marriage and limited their ability to act in their own interests to the domestic space. The pro-life claim that all women wish to be mothers at some point in their lives, since it is their “natural role” and societal duty, can be contested by stating that there is an on-going global trend for smaller families (Pollit 137).

The fertility rate in Europe can be considered low as no country displays rates above 2.0 children per woman (CSO Vital Statistics Annual Report 2017). Ireland’s rate of 1.77 was among the highest rates in Europe in 2017 but not sufficient to replace its population in the long term. The EU’s TFR (period fertility rate) has declined by over 23% in the past 30 years. Reasons for these declines in fertility rates can be attributed to the increasing age of first-time mothers, which accounted for 32.8 years in the case of Ireland. As it is evident in the following graph, the average age of Irish mothers at birth has consistently risen since 1977.

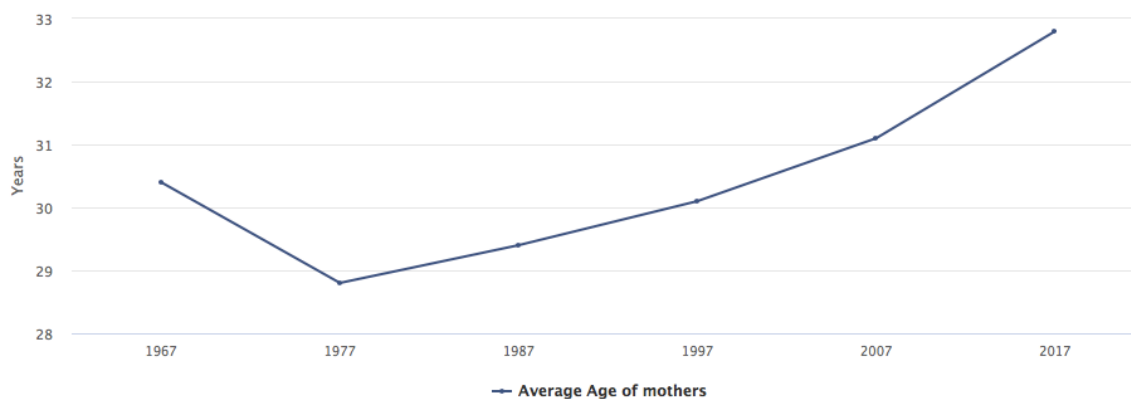


Fig. 8  
Average age of mothers at birth in Ireland between 1967 and 2017 (CSO Vital Statistics Annual Report 2017)

Additionally, lower numbers of births can be attributed to policies that prevent flexible work options and keep childcare disproportionately expensive. Statistics show that one-parent families are less likely to be at work in Ireland. In 2016, 19,8% of one-parent mothers were homemakers and 13,1% of one-parent families were

unemployed as opposed to 6,9% among couples with children (CSO Vital Statistics Annual Report 2017).

Anti-abortionists regard the small family model as society's downfall and numerous conservative governments refuse to introduce policies that provide women with the necessary economic and social support to make decisions about the number of children they would like to have on their own (Pollit 137). The needs expressed by single mothers and parents raising their children together need to be equally accepted and supported by state governments which has to become evident in their legislation (Pollit 138).

#### **5.8.11 Sex (education) for pleasure**

The analysed pro-life group's posts reveal that sex-education that can be accessed by everyone is one of the matters that is very dear to their hearts. The Abortion Rights Campaign emphasises that education "must be based in facts" and should be "inclusive, evidence-based & autonomy-focused". It is underlined that young people must be equipped with standardised and unbiased information that must not be influenced by their "school's ethos or their teachers' beliefs" in any way (ARC20). Its members participate in podcasts such as the Irish Times' "Women's podcast", (AFC16, AFC45, AFC63) or discussions which inform about the history of abortion, contraception or media's representation of reproductive health on the island of Ireland (AFC14). Furthermore, they frequently share that stalls are organised and that people are invited to "chat about decriminalisation and what abortion access in Northern Ireland could look like [...]" (AFC15). However, the aspect of sex being something that is desired and enjoyed by people and should not be anything women should be ashamed of, is not mentioned explicitly. The Abortion Rights Campaign only shared the news that the Irish Minister of Health has agreed to provide free contraception, which is to be made available from 2021 onwards and added that everyone should be endowed with "true autonomy in their reproductive choices", without clearly mentioning why access to free contraception is desperately needed (ARC47).

Likewise, in all of the "In Her Shoes – Northern Ireland" reposts, women explained how they and their partners were "overjoyed beyond words" (AFC112) when they found out that they were finally expecting. It can be noticed that, within the chosen timeframe, "In Her Shoes – Northern Ireland" tended to share stories of women who

explain how the original aim was always to have a child and carry the pregnancy to term. The idea that the exclusive purpose of sex is to reproduce seems to be prevalent also within the pro-choice discourse. Additionally, one could gain the impression that the fact that abortion was a heart-breaking decision which was made due to serious medical conditions in these accounts is used as a kind of excuse that renders the abortion “ok” in the eyes of pro-life supporters.

Online, websites that are designed similarly to “How-to” blogs provide readers with pro-choice arguments that hardly ever feature the aspect of sex. Pollit (126) clearly states that pro-abortionists should not be reluctant to portray sex as a significant part of everyday life. Having sexual intercourse does not mean that having a baby nine months later is its inevitable consequence a woman has to accept and deal with. She further explains that the concept of “sex for pleasure” is majorly attached to shame within the pro-life discourse and reinforces the need to make contraception widely accessible at a reasonable price (Pollit 127). It is further criticised that the process of getting access to contraception is too medicalised, since a prescription is needed to receive contraception, such as the Pill. Numerous women feel inhibited to see a gynaecologist, which leads to them using no efficient birth control at all. Pollit (127) calls on pro-choice advocates to focus their efforts on changing the way female sexuality is framed in today’s society. Women’s sexuality is constantly monitored and regulated by a state’s legislation mainly made by men (Pollit 127).

By explaining that the debate about abortion needs to expand and also consider issues such as contraception and the need to provide the general public with accurate information about sex, pro-choice activists seek to stop the prejudice that they are in favour of abortion. Instead of increasing the number of abortions, their primary aim is to reduce the number of unplanned pregnancies (Pollitt 17). Talking about abortion requires a bigger conversation about concepts such as shame, power, violence or shyness in relationships as well as about norms concerning women that are deeply rooted in society’s mindset. Pollitt (18) asks the question why society demands women to fulfil the role of being a devoted mother, a sexy seductress as well as a successful career woman.

#### **5.8.12 Abortion – A question of Irishness?**

In the article titled “Growing Up In Northern Ireland, Abortion Law Shaped All My Relationships” published by Refinery29 and reposted by Alliance for Choice (AFC49),

the author Anna Caffolla explains how the sex-education she received at her Northern Irish school was “abstinence based and shrouded by religion”. The article quotes several women who report on how their pro-choice convictions led to conflicts about their national identities. By starting to campaign for pro-choice rights, many left their Catholic upbringing and identity behind. They say that their sense of self is now shaped by feminism instead of “the national question” and explain that “[r]eproductive justice is the cornerstone of freedom for women, and neither the Catholic Church or Irish Nationalism [...] has this goal at their core”. The Abortion Rights Campaign observes how a “future-facing, feminist perspective has changed our sense of our own identities” (ARC18) following the procedure’s legalisation in Northern Ireland.

Within the selected time frame, one woman in the article (AFC49) is the first to mention that the “anti-choice” perspective should not be part of the debate since “the objective of anti-choice fundamentalists is to go against EU law, WHO recommendations and to violate the human rights of women and girls”. The article highlights that many people involved in the Repeal campaign started to question their Irishness. Prior to the referendum on 25 May 2018, Irish people who believed that women should be given the right to decide about their own bodies experienced an identity crisis when the Church’s misogyny was fully revealed. As it has been explained earlier, Irishness and Northern Irishness have always been inherently linked to the Church. The abortion debate in Northern Ireland, however, showed that new connotations of Irishness had been established; Irishness was consequently associated with the legalisation of abortion. People then started to talk about recognizing themselves as “Irish” instead of “Northern Irish”, considering that the issue of abortion is one that spans across the whole island. The two hashtags “NowforNI” or “TheNorthisNow” cater to those people who believe that the feeling of Irishness is not restricted to the ones living in the South. The Abortion Rights Campaign showed its solidarity and unity with its supporters living in Northern Ireland by stating that they have always been an “all-Ireland campaign” (ARC25) and saying: “We are proud to stand with our siblings in Northern Ireland who deserve access to the same rights as everyone else on this island” (ARC23).

There are overlaps between people’s social, national and political identities and those who were born and raised in Northern Ireland feel that their identities are

inherently political given their country's historical background. Politics in Northern Ireland have been greatly influenced by "the residual trauma of a conflict that polarised communities" (ARC49). Nowadays, however, polls confirm that people are having more liberal ideas about issues such as abortion or LGBTIQ rights in general than it used to be reflected in Northern Irish law. A survey carried out by Amnesty International in November 2018 found that 65% of adults in Northern Ireland agreed that abortion should not be classified a crime (Amnesty International Web). When Northern Ireland's restrictive abortion laws were repealed on 22 October 2019, Alliance for Choice reposted the Guardian article titled "The end to Northern Ireland's abortion ban is a triumph for grassroots activism" (AFC53), which says that the Democratic Unionist Party, anti-choice politicians and religious leaders in Northern Ireland failed at their "attempts to play on religious and national identity" and that "[t]he cries of 'partisan issues' or 'Westminster intervention' proved obsolete" (AFC51). The DUP is described as "staunchly socially conservative and largely opposed to reform on both issues (same-sex marriage and abortion)" (AFC51). Ashleigh Topley, who had joined a Supreme Court challenge to the abortion ban, explains that the legalisation in Northern Ireland represents "catching up with our neighbours in the rest of the U.K. and Ireland" as well as "not being left behind any longer" (AFC72) to her. It is noted that "[the] Northern Irish government failed to legislate for women...so they turned to Westminster" (AFC80).

## **5.9 Contextual parameters**

The next section will draw conclusions about aspects inherent in the analysed Facebook posts that could not be assigned to the aforementioned main issues occurring in pro-choice and pro-life groups' Facebook posts. I decided to include them as well since they reveal important information on the contextual parameters of the abortion debate. Both groups not only engage in framing issues concerning abortion in a particular manner, they equally attach considerable importance to the framing of the opposing group. What both groups have in common is that they claim to proclaim the truth about abortion and its implications for women; however, they base their arguments on different types of resources.

Given the selected time frame, discussions linked to the 22 October 2019, the day abortion and same-sex marriage were decriminalised in Northern Ireland, were

particularly prominent. The differing examinations of the events leading up to the deadline set by the U.K. government will therefore be addressed as well.

Finally, all analysed groups are dependent on financial support to fund their campaigns. In the following, I will briefly discuss the strategies pursued by pro-life and pro-choice groups to generate money (e.g. merchandise sales).

### **5.9.1 Portrayal of the other**

Pro-life activists call pro-choice supporters' claims that abortion would be safe, legal and rare following its legalisation in Ireland "absurd" (LB38). In a radio interview on the Niall Boylan Show, Abby Johnson says that pro-choice advocates' claims to support women in crisis are "all lies" (PL33, 23:40). She further accuses them of shutting down any dialogue with people who do not agree with their beliefs (31:40). The former Planned Parenthood director points out that she is regularly trying to inform herself about "the other perspective" in the abortion debate and therefore asks pro-choice supporters to let people "educate themselves" (31:40) instead of imposing beliefs on them by, for example dissuading them to not watch the movie *Unplanned*, which tells the story of her change of heart concerning abortion. Eilís Mulroy, the Pro Life Campaign's spokesperson, demanded Simon Harris, the Irish Minister of Health, to "reconsider the inflammatory language he is using regarding pro-life advocates" in an interview with Spirit Radio, an Irish Christian and religious radio station (PL34). Harris had issued information sheets to clinics to inform them about existing laws in regard to "unlawful infringements" (0:10) by pro-life activists. Mulroy, however, refers to activists' behaviour that impedes women from accessing abortion clinics as "peaceful pro-life witnessing" and criticises Harris for reinforcing "public resentment" (1:08) of pro-life people. Moreover, pro-life advocates called a pro-choice protest outside a cinema in Galway "bizarre and intolerant". People had come together to express their displeasure over the extension of the film 'Unplanned' to run for another week since they believe that the depiction of Abby Johnson's story clearly "dramatises" the issue of abortion (PL33, 25:33).

The two pro-choice groups portray pro-life supporters such as the DUP's Member of the Legislative Assembly as "ignorant" (AFC14). Moreover, it is posted that they open up "bizarre" academies where anti-abortionists are trained with regard to protesting, being successful in a debate and targeting pro-choice advocates (AFC18). The article that accompanies the latter post is titled "Satanic conspiracies and Brexiteers:

inside a bizarre ‘academy’ for anti-abortion activists”, which further contributes to their depiction as people that are far away from reality that not only support a “draconian abortion law” (AFC84) but also the U.K. leaving the European Union.

Pro-choice advocates, however, are striving for a very positive depiction of themselves which becomes apparent as they share articles where they are described as campaigners that have been “working consistently, loudly and courageously for decades” to promote their “powerful” campaigns by relying on “medical evidence, research, women’s stories, and health and human rights arguments to make their case” (AFC43). Additionally, they have been praised for providing “beautiful, moving videos and impossible-to-ignore social media campaigns” (AFC54) and their “unwavering dedication and determination” (AFC66, ARC26) in newspaper articles they shared.

Moreover, the campaigns of both Alliance for Choice and the Abortion Rights Campaign can be described as “inclusive”, since they make an effort to link the issue of abortion to several other social issues, such as marriage equality, LGBTIQ rights (AFC53, ARC9) or disability rights (AFC58) and invite anti-abortionists to approach them as well (AFC88). Both pro-choice organisations acknowledged the needs of those who cannot afford transport to various rallies, so that they provided a free bus people could sign up for to take them to Stormont (ARC30, ARC32 etc.). The Abortion Rights Campaign combines the topic of abortion with the one of period poverty, which affects both young girls and women. Globally, numerous women lack access to sanitary products, menstrual hygiene education, toilets, and/or proper washing facilities. Similarly to abortion, the Abortion Rights Campaign believes that “period products should be made freely available in places which are easily accessible, especially for those who can least afford to buy them” (ARC46). In addition, they draw attention to the needs of society’s marginalised groups when it comes to abortion care. The NUS (National Union of Students) is supported by Alliance for Choice and affirms that “any access barriers for trans and non-binary students, international students, refugee and asylum seeker students, and disabled students” (AFC111) must be considered in the formulation of Northern Ireland’s new abortion laws.

### **5.9.2 Informing one’s audience**

My analysis found that pro-life groups are interested in informing their audience about their beliefs; however, they rarely rely on scientific data or articles published by respected papers. Instead, they invite their supporters to attend free communication workshops without adding further information about what will be discussed during these trainings (PL27), share videos or articles by ICatholic, The Irish Catholic Newspaper or other Catholic Facebook groups, their own homepage or less respected newspapers such as The Sun or Metro U.K. Even though the Catholic news platform ICatholic does not provide objective news reports, its presentation comes across as professional as all requirements for news broadcasting are met. It is equipped with a television studio with a large screen where guests are interviewed by a female presenter and high-quality recordings are made (e.g. PL20). A Catholic news broadcaster might choose this modern design in order to contest the common assumption that religion itself and people closely associated with religion are old-fashioned and their approaches out-dated.

Pro-choice activists recommend making informed decisions on the basis of research data provided by scientists instead of ideas, beliefs and opinions conveyed by the teachings of the Church or particular politicians which is reflected by the inclusion of the call-for-action “Educate yourself!” (AFC120). Within the selected time frame, Alliance for Choice and the Abortion Rights Campaign equipped its readers with useful information about the issue of abortion. They shared WHO reports, articles about Human Rights Issues, explained different kinds of abortion and shared “fact-checks” (AFC120), such as in the case of the newly introduced guidelines concerning abortion following its legalisation in Northern Ireland. Moreover, these organisations regularly participate in discussions and emphasise the need to talk about sensitive issues such as abortion. Alliance for Choice posted the following after presenting at a high school: “We hope that more schools and organisations take lead from such events and create spaces for abortion discourse” (AFC134).

### **5.9.3 Specificity of the historical conjunction: The re-instalment of Stormont**

Pro-life supporters tried reinstalling the Northern Irish executive last minute in order to stop the legalisation of abortion. When they failed to do so and abortion was decriminalised on 22 October 2019, the persecution against a woman who had ordered illegal abortion pills for her daughter was dropped (ARC49), Love Both changed its profile picture to an all black image that includes the hashtag



“#DarkestDay”, which expresses the disappointment felt by all pro-life activists. The accompanying text says the following: “Our hearts are with the unborn of Northern Ireland today” (LB10), which is complemented by a broken heart emoji.

Alliance for Choice referred to the moves of restoring Stormont as “political theatrics of the highest order” (AFC81), a “dodgy backroom deal” or “stunt”, which would be “heart-breaking” for everyone who had been affected by the restrictive laws in the past (AFC49). Following the decriminalisation, charges against a mother who had been prosecuted for buying abortion pills on the Internet for six years were dropped; nevertheless, the Abortion Rights Campaign expressed their continuous anger about her unjust treatment by writing: “She was treated like a criminal & dragged through the courts for something that is broadly available in the rest of the U.K.” (ARC49). Similarly, the Abortion Rights Campaign chooses an ironic approach to condemn the sudden attempts to recall Stormont saying that “nothing motivates certain politicians better than controlling people’s bodies” (ARC36).

Briefly before the deadline set by Westminster, pro-life groups, however, explained that pro-abortionists’ attitudes exposed their “reckless disregard” for the right to life (PL24). Mulroy, who was interviewed by the Catholic digital content platform ICatholic (PL10) and Michael Reade from the Irish radio station Lmfm Radio (PL22), further says that it was “deeply offensive” (PL10, 0:10) and “insulting” (PL22, 2:49) to describe the pro-life supporters’ attempt to reinstate the parliament in Northern Ireland as a “stunt” (PL10, 0:10). Mulroy further explains that by trying to get Stormont running again, people were only exercising a democratic function. She adds that, similarly to the Republic of Ireland, amendments need to be introduced to make the legislation “less barbaric and less extreme” (0:59). Referring to the current legislation as the “most extreme”(1:19) and employing emotionally loaded words such as “barbaric”, contribute to the negative framing of abortion that creates associations with concepts such as violence. During the radio interview with Michael Reade (PL22), she refers to the 22 October 2019 as a “dark and sad day” multiple times, repeatedly refers to the new legislation as the removal of “the right to life of the unborn” (5:16), who are the “most vulnerable” members of society. She regards the fact that abortions are now taking place in an unregulated environment “worrying” (1:05). When the radio presenter Michael Reade explains that, as polls have indicated, the majority of Northern Ireland’s public is in favour of decriminalisation, Eilís Mulroy responds that there is no evidence to prove that these polls are true and

she does not agree that, as suggested by Reade, opinions in Northern Ireland are unlikely to deviate a great deal from the ones in the Republic of Ireland. She justifies her argument saying that there were “thousands and thousands” (8:57) of people at Stormont in an attempt to reinstall the parliament.

#### **5.9.4 Support**

Both pro-choice and pro-life groups promised to keep up their work and repeatedly asked their followers for continuous support. On Facebook, Alliance for Choice made their users aware that “the battle isn’t over yet” (AFC7, ARC48) and that their fight for women’s rights needs to continue in order to counteract a potential backlash similar to the one in the U.S. The analysed pro-choice groups repeatedly ask their supporters or anyone who is opposed to the “continuation of the grave and systematic abuse of the human rights of women, girls and pregnant people”(AFC89) to directly contact politicians that represent their district in the Legislative Assembly and therefore insert the call-for-action “MAKE YOUR VOICE HEARD” (ARC35). By referring to this sort of engagement with the name “Sunday night sofa activism” (AFC79), its simplicity is emphasised in order to reduce people’s reluctance to participate. They additionally provide a thorough guide concerning which topics to include and provide a pre-given text to copy and insert into their mails directed at politicians. Similarly, the Abortion Rights Campaign asked its followers to, for example submit their views on relationships and Sexuality Education to the National Council for Curriculum and Assessment (ARC20).

Following pro-life groups’ failed attempts to restore the Northern Irish Parliament, the Pro Life Campaign asks its supporters to keep up the work instead of being disappointed and angry. Their newly established leading figure Ashley Bratcher, who plays the main protagonist Abby Johnson in the movie 'Unplanned', “encourages pro-life advocates to keep working to protect moms and their unborn babies” (PLC1) during the Pro Life Campaign’s National Conference.

Pro-choice Facebook groups repeatedly ask for financial support by advertising their merchandise, such as sweaters, T-shirts, necklaces, badges etc. or selling tickets for events such as “Teasorama”, organised by Alliance for Choice (AFC30, AFC48, AFC97, ARC21).

## **Conclusion**

This analysis shows that pro-choice and pro-life Facebook groups discuss the same principal issues but frame them very differently.

Pro-life supporters' claims tended to rely on a religious discourse to promote their ideas about abortion and the role of women as natural mothers. Since the number of those people who consider themselves religious has decreased continuously over the years, the pro-life discourse has changed leading to the employment of scientific language to include a more secular approach. Many women felt stigmatised and excluded by the teachings of the Church, which predominantly focuses on the unborn and its presentation as a human being. Women are primarily seen as mothers who would never choose to end their pregnancy out of their own free will.

The current pro-life argument, by contrast, is based on the labels “pro-women, pro-baby, pro-life”, which demonstrates their newly established focus on both the mother-to-be and her baby. Even though mothers are increasingly provided with visibility within the pro-life discourse, it should still be recognised that employed images still prioritise the foetus and present it as distinct from its mother. Likewise, advancements in regard to ultrasound technology are exploited to put pressure on those who want to terminate their pregnancies or deprive women of their agency with regard to the policies governing their bodies. Pro-life activists present themselves as the ones whose only aim is to protect troubled women from a harmful decision they are allegedly pressured into by others. Within the pro-life discourse, motherhood is presented as incompatible with abortion which neglects the fact that roughly half of all terminations are sought by women who already have children.

Claims are made about the negative consequences of abortions, which include mental health problems as well as traumatic experiences that supposedly haunt women for the rest of their lives. This contributes to the victimisation of mothers who are allegedly forced into having an abortion. Doctors carrying out the procedure are presented as “villains”, who recklessly provide women with abortions so that women's lives are put at a significant risk. Pro-life groups use provocative vocabulary, adhering to the semantic field of violence, to talk about abortion and in doing so evoke feelings of discomfort and fear. The latter issue is particularly obvious in the film “Unplanned”, which clearly illustrates the power of graphic imagery and claims to expose the truth about the, as they call it, “abortion industry”, which

allegedly exploits and generates profit from vulnerable women. Even though the film has been endorsed by both the public and conservative leaders, it received criticism from pro-choice advocates and scientists who stated that it contained numerous inaccuracies. This is part of a series of criticisms about the unprofessionalism and unreliability of pro-life productions which both the Pro Life Campaign and the Love Both Campaign seemingly try to counteract by, for example, sharing ICatholic's professionally produced news broadcasts and interviews, as well as organising large conferences.

Issues inherent in the pro-choice discourse seem to be rooted in scientific observations and consider women as independent beings capable of making choices over their own bodies. Abortion is portrayed as an integral part of healthcare that should be provided to those in need without imposing stigmatising restrictions on them. Pro-abortionists refuse to accept that a woman's most important purpose is to be a mother; instead, they encourage various representations of womanhood which are also represented in the "In Her Shoes – Northern Ireland" images they share repeatedly. The diversity and complexity of women and their life situations are rendered visible by both analysed pro-choice groups' Facebook posts. Even though women who did not feel ready to be mothers are given a voice, the depiction of sex as something pleasurable or enjoyable is lacking entirely. Some of the shared stories leave the impression that women should still apologise for engaging in sexual intercourse or for not wanting children despite being of child-bearing age.

However, it should be noted that pro-choice issues are rarely discussed independently from pro-life claims. Pro-abortionists rather react to what is argued by the anti-abortionists by breaking down their claims and referring to data that supports their reasoning. It becomes clear that pro-life arguments are put at an advantage in the abortion debate since their labels are simple and straightforward. Simplified arguments such as "Abortion is killing", "A foetus is a human being with rights", "We protect women from terrible choices" seem very strong due to their simplicity and easy, common-sense logic.

Pro-choice groups however fail to provide equally simple claims. Their arguments are more complex and revolve around philosophical questions such as "When does life begin?" or "At what point can someone be considered a person?" and concepts such as the female body or equality. Frequently, their arguments are based on prior

knowledge and are therefore less accessible for people that are new to the subject. Audiences who are looking for simple messaging and reasoning will find the pro-life approach more appealing. Nevertheless, it can be observed that pro-choice advocacy groups have been making an effort to create straightforward labels such as “My body, my choice”, mainly used for protest signs, “Abortion is safe!” or “Abortion is a normal part of healthcare”. Unlike pro-life labels, the pro-choice ones still either evoke many questions or opposition as they lack immediate plausibility, which renders their effective communication particularly challenging.

Nevertheless, it has to be noted that pro-life arguments do not stand up to close and critical examination, since their messaging only proves to be logical and straightforward on a rather superficial level. The statistics I employed revealed that pro-life groups’ choice of scientific evidence to support their claims is very selective. They exclusively include data that serves their argument or entirely base their debate on opinions or teachings of the Church, which can rarely be tested against scientific findings. In regard to pro-choice claims, it was found that critical examination of their arguments, on the contrary, served their communicative purpose.

In order to understand the complexity of abortion and pro-choice messaging, Facebook users need to engage in critical thinking and be patient. Given the nature of social media platforms and the fact that they are frequently consumed via smartphones, pro-choice framing of the identified issues, which requires more space and longer attention spans, are significantly disadvantaged. Based on the number of produced posts, it could be argued that pro-choice groups try to compensate this factor by being more active and posting more regularly. The idea of an on-going fight is supported by the use of images that show protestors participating in marches and holding up signs (AFC5, AFC7, AFC13, AFC17, AFC23, AFC34, AFC36, AFC38, ARC1, ARC2, ARC3, ARC7, ARC23 etc.).

On this basis of the identified issues, one could gain the impression that trends observable in the Irish abortion debate are derived from the discourse in the American abortion debate. Similarly to the situation in the U.S., pro-life supporters have recently started to occupy space, protest or even intimidate patients outside abortion clinics in the U.K. Additionally, pro-life advocates in Northern Ireland have already announced that their efforts will focus on introducing amendments to the new abortion laws, which could ultimately result in the introduction of abortion restrictions

and clearly reflects the American pro-life strategy of exploiting the boundaries of valid law to ensure that their interests are legally represented to a certain degree.

Nevertheless, my expectation that a backlash following the American model might be noticed online has not been confirmed, as it was rather pro-choice pages which proved to be surprisingly active and posted multiple times per day. The two analysed pro-life Facebook groups were significantly less active, which is clearly reflected by the number of collected posts. While the number of pro-life posts only accounted for 49, pro-choice groups produced 183 within the same time frame. As aforementioned, this data indicates that pro-choice groups might be actively trying to counteract a ban on abortion as they are aware of the current U.S. backlash culture. An increasingly conservative orientation of the U.S. Supreme Court as well as the introduction of “Heartbeat” bills have imposed additional pressure on pro-choice advocates, who are fighting to defend people’s constitutional right to access abortion. The absence of academic literature on this issue in Ireland meant that it was important to explore the international perspective by drawing on newspaper articles and journalists’ comments.

In general, it can be said, that despite its legalisation, abortion remains a controversial and highly emotional topic that is inherently linked to the U.K.’s and Ireland’s unique history. Especially with regards to the older generation, the teachings of the Church are still deeply embedded into the Irish mindset. This explains why the stigmatisation of abortion still exists today even though support for the Church has continuously been in decline.

Irish identity formation permitted the displacing and silencing of women who did not meet the requirements established by the Church to be an accepted, worthy Irish citizen. Women were either kept in institutions in Ireland or forced to go abroad to undergo a termination of their pregnancies. In Ireland, reproduction and sexuality have a long tradition of being perceived as controversial and problematic so that the detainment or movement of women has been a common response to this issue and was justified by arguing that it was exclusively trying to protect the Irish identity. The notion of Irishness has been enduringly synonymous with the criminalisation of abortion. However, the recent abortion debate in Northern Ireland appears to have been provoked by the increasingly liberal attitude of Irish citizens. These

observations allow the conclusion that abortion remains a divisive issue that makes people question their sense of identity and belonging.

I propose that future research should be carried out with regard to the role of men in the debate, as it has been entirely neglected in my observations. Hardly any posts deal with the involvement of men or address how they feel about the topic of abortion. Pro-choice and pro-life groups did not include references to articles that dealt with the “male perspective” and did not feature them in any advertisements or personal accounts. Those who read the posts attentively might notice that some of them include hidden criticism of male politicians striving to make decisions about women’s bodies (e.g. ARC27). Moreover, the issue of women suffering from male violence in relationships has been addressed as well. I hope that future studies will examine why men are rarely given a voice in this debate.

In addition, it is imperative that future research investigates the associations between pro-life claims and their lack of critique in regard to social politics on the island of Ireland. Although many pro-life advocates condemn the small family model and want women to pursue their intended vocation of being a mother, they do not ask for the needed policies, which would allow women to care for multiple children or raise them on their own.

## **Abstract (English)**

Given the recent legalisation of abortion in both the Republic of Ireland and Northern Ireland (U.K.), this paper aims to provide an overview of Irish abortion laws and how they have been linked to the changing role of women throughout Ireland's history. Ireland's past and collective memory has been irreversibly shaped by the teachings of the Church, which created the concept of the "fallen women". Many of them were forced to go abroad to seek abortion care, others stayed in "Magdalen asylums", where they had to work under humiliating conditions and were frequently forbidden to see their own children. Ireland was supposed to remain a morally pure country despite more liberal approaches sweeping over from the U.S. in the 1960s and 70s. However, the wrongdoings and cruelty of the Church were revealed in 2011 and led to a shift in people's opinions, which ultimately resulted in the decriminalisation of abortion.

The purpose of this research is to paint a picture of the current mood towards abortion on the isle of Ireland and to determine whether a backlash culture following the U.S. model could be the legalisation's consequence. By analysing 232 Facebook posts, published by two pro-life and two pro-choice groups, various arguments employed by both advocacy groups could be identified. It was found that the same topics are selected, however, they are framed differently. The results suggest that pro-life support groups offer straightforward and simple labels that rely on common-sense reasoning, pro-choice groups' posts evoke complex and philosophical questions that require scientific reasoning and do not result in clear answers. Nevertheless, the assumption that Ireland might be subject to a backlash culture similar to the one in the U.S. could not be confirmed. Pro-choice groups post more regularly than their pro-choice counterparts and convey notions of an on-going fight for women's reproductive rights. Abortion remains a particularly controversial and emotional topic in Ireland that still invokes stigma. Additional research concerning the role of men in this debate and the mismatch between pro-life claims and their lack of critique in regards to social politics in Ireland needs to be carried out.

## **Abstract (Deutsch)**

Erst in den letzten zwei Jahren erhielten irische, als auch nordirische Frauen das Recht auf Abtreibung. Aufgrund der Aktualität der Debatte beschäftigt sich diese Arbeit mit der Geschichte rund um die irischen Abtreibungsgesetze und analysiert inwiefern diese mit der Entwicklung der Rolle der irischen Frau im Laufe der Zeit in Verbindung stehen. Irlands Vergangenheit und das kollektive Gedächtnis der Iren sind unumkehrbar durch die Lehren der Kirche, welche das Konzept der „fallen women“ hervorgebracht hat, geformt. Zahlreiche Frauen sahen sich gezwungen im Ausland Abtreibungen durchführen zu lassen, andere wiederum wurden in sogenannte „Magdalen asylums“ teilweise freiwillig eingewiesen. Bei den asylums handelte es sich im Großteil der Fälle um Anstalten geführt von Nonnen in welchen die Frauen unter unmenschlichen Zuständen meist Arbeiten in Wäschereien



verrichten mussten und es ihnen oftmals verboten war ihre eigenen Kinder zu sehen. Trotz zunehmender liberaler Einflüsse aus Amerika in den 60er und 70er Jahren hielt Irland an dem Grundsatz fest ein moralisch reines Land zu sein, in dem Abtreibungen keinen Platz haben. 2011 kamen die Fehlritte und Grausamkeit der katholischen Kirche schließlich ans Tageslicht und führten zu einem Meinungsumschwung in der irischen Bevölkerung, was schlussendlich in der Entkriminalisierung von Abtreibung resultierte.

Das Ziel meiner Forschung ist es die aktuelle Stimmung in Bezug auf Abtreibung in Irland einzufangen und festzustellen, ob eine „Backlash-Kultur“ ähnlich dem amerikanischen Modell die zu erwartende Konsequenz der Gesetzesänderung darstellt. Durch die Analyse von 232 Facebook Posts produziert von zwei „pro-life“ und „pro-choice“ Gruppen konnten verschiedenste Argumente identifiziert werden, welche sich regelmäßig in den Diskursen der jeweiligen Interessensgruppen wiederfinden. Es wurde festgestellt, dass grundsätzlich die gleichen Themen gewählt, jedoch unterschiedlich geframed werden. Die Ergebnisse zeigen, dass pro-life Gruppen vielfach direkte und simple Labels verwenden welche auf „vernünftigem Menschenverstand“ basieren. Pro-choice Gruppen hingegen verlangen nach wissenschaftlichen Erklärungen und werfen weitere komplexe und teilweise philosophische Fragen auf, für die es keine einfachen Erklärungen gibt. Trotzdem zeigen die Ergebnisse, dass sich die Annahme bezüglich eines zu erwarteten Backlash in Irland, ähnlich der Entwicklungen in Amerika, nicht bestätigt. Pro-choice Gruppen zeigen ein aktiveres Postingverhalten als ihr pro-life Pendant und vermitteln trotz der jüngsten Legalisierung die Idee eines fortlaufenden Kampfes für die reproduktiven Rechte für Frauen. Abtreibung bleibt weiterhin ein höchst kontroversielles und emotionales Thema, welches bis heute mit Stigma behaftet ist. Durch zusätzliche Forschungsarbeit könnte die Rolle von Männern in der Abtreibungsdebatte sowie die Diskrepanz zwischen den pro-life Forderungen und deren fehlende Kritik bezüglich der irischen Sozialpolitik beleuchtet werden.

## **6 Teaching Project – Abortion**

Since I am enrolled in the teaching program at the University of Vienna, I developed a teaching project for Austrian upper-secondary classes that deals with the particularly sensitive and politicised topic of abortion. Abortions are common also in Austria and might be needed by one of my learners in the future. As a teacher, I am aiming to provide students with factual and non-judgemental information on abortion, a topic that is frequently not addressed in class.

A group of learners consists of numerous individuals whose opinions might be very different from one another. Depending on the students' age, some of them or a person very close to them might have had an abortion themselves or will be in need of one in the future. To ensure that nobody is shamed for his/her beliefs, the IPPF Guide "How to educate about abortion" (16) recommends creating a safe-space that is characterised by a respectful atmosphere. This can be achieved by establishing group rules such as "Feel free to pass on a specific topic or activity if you aren't comfortable with it" (IPPF 16). I would further advise teachers to put a focus on society's instead of each of the learner's personal beliefs about abortion in order to reduce their vulnerability for attacks. Moreover, the students this project presents students with a broad range of issues discussed by both pro-choice and pro-life groups, my analysis identified.

In general, the project's approach is an inclusive one, as it not only addresses girls but also boys and is not supposed to cater an exclusively heterosexual audience. Throughout the project, students need to be made aware of the fact that pregnancy can also be experienced by transgender people. Depending on the audience, terms such as "transgender" might require further explanation.

### **6.1 Reference to the Austrian curriculum**

The Austrian curriculum for upper-secondary schools attaches importance to providing students with knowledge about "gesellschaftliche (insbesondere politische, wirtschaftliche, rechtliche, soziale, ökologische, kulturelle) Zusammenhänge" (Lehrplan, Allgemeines Bildungsziel 2004: 11) as they play an integral part in students' development to lead independent lives in the future. Furthermore, learners should develop the skills that allow them to contribute to the fulfilment of societal tasks. Young people, regardless of their social, religious or cultural origin, need to be

supported in identifying societal structures that further inequality, gender roles, gender inequality etc. which play a significant role in the abortion debate.

The curriculum mentions that students are supposed to develop “Achtung vor den unterschiedlichen menschlichen Wegen der Sinnfindung” (Lehrplan, Allgemeines Bildungsziel 2004: 11), which means that everybody employs different strategies to lead a meaningful life. This aspect is particularly relevant when it comes to the issue of abortion, since there are numerous people who base their beliefs on the teachings’ of the Church and their interpretation of what is written in the bible, whereas others rather rely on scientific data to justify their claims.

It is further explained that most cultural phenomena are the result of historical processes and that it makes sense to address these developments and find potential solutions for conflicts of interest. In the case of Ireland, the country’s historical background of being a Catholic nation has had a great influence on people’s attitudes towards abortion. According to the curriculum, teaching has the purpose of contributing positively to a “Menschenrecht verpflichtende Demokratie” which is highly important during a time when our society is becoming increasingly diverse and in particular in regard to a human rights issues such as abortion. The curriculum’s part “Didaktische Grundsätze” contains a paragraph on the importance of teaching intercultural awareness, which is covered by the following teaching project (2004: 12). Learners should be able to develop mutual understanding for different cultural groups and their traditions and beliefs. This evokes questions relating to students’ individual identity and their adherence to different groups.

## **6.2 Lesson plans**

The students will work with various text types, such as articles, quotes, personal experience reports and summaries (Lehrplan, Lebende Fremdsprache 2004: 505). In addition, they will use the target language for various purposes such as participating in a debate, commenting on visual/oral and written input or presenting newly acquired information to their peers. When preparing for the debate, they will be made aware of the interplay of speech, body language and facial expressions and how these can all contribute to conveying a message (Lehrplan, Lebende Fremdsprache 2004: 507). This project enables students to work with authentic materials such as the film “Philomena”, a Guardian article, a podcast etc. that additionally expose students to the Irish English accent. Furthermore, this project aims to improve

students' media competence as they are required to do research with the help of laptops or tablets and work with a Google Doc, which can be accessed via Google Drive.

Altogether, I created five lesson plans that are accompanied by the required material, which includes worksheets and links to homepages. The last plan entails potential follow-up exercises. Even though I designed my own material, I can highly recommend the guide for peer educators, teachers and trainers provided by IPPF (International Planned Parenthood Federation). It contains factual information on abortion and offers many activities and material that can be used in class.

### 6.3 CEFR descriptors

**Listening (B2):** "I can understand most TV news and current affairs programmes. I can understand the majority of films in standard dialect" (CEFR 27).

- LP1: Youtube Video: Abortion debate Ireland
- LP5: Film "Philomena"

**Understanding discussion between native speakers (B2):** "Can with some effort catch much of what is said around him/her" (CEFR 66) + **(B1):** "Can generally follow the main points of extended discussion around him/her" (CEFR 66).

**Listening to Audio, Media and recordings (B2):** "Can understand most radio documentaries and most other recorded or broadcast audio material delivered in standard dialect and can identify the speaker's mood, tone etc."(CEFR 68).

- LP5: Women's podcast

**Reading (B2):** "I can read articles and reports concerned with contemporary problems in which the writers adopt particular attitudes or viewpoints" (CEFR 27).

- LP2: Guardian article
- LP3: In Her Shoes – NI statements and story

**Reading for orientation (B1):** "Can scan longer texts in order to locate desired information, and gather information from different parts of a text, or from different texts in order to fulfil a specific task"(CEFR 70).

- LP2: Guardian article

**Spoken Interaction (B1):** "I can enter unprepared into conversation on topics that are familiar, of personal interest or pertinent to everyday life (e.g. family, hobbies, work, travel and current events)" (CEFR 26).

- required by all lesson plans

**Spoken Interaction (B2):** “ I can take an active part in discussion in familiar contexts, accounting for and sustaining my views”(CEFR 27).

- LP3: Participating in a debate

**Informal discussion (B1):** “Can compare and contrast alternatives, discussing what to do, where to go, who or which to choose, etc”(CEFR 77) + **(B2)** “ Can account for and sustain his/her opinions in discussion by providing relevant explanations, arguments and comments”(CEFR 77).

- LP1: Why is abortion such a stigmatised topic? Why is it frequently not addressed in school?
- LP3 + 4: Participating in a debate, reflect on debate
- LP3: Comment on In Her Shoes – NI- statements and story

**Turntaking (B2):** “Can initiate, maintain and end discourse appropriately with effective turntaking” (CEFR 124).

- LP3 + 4: Participating in a debate

**Sustained monologue (B1):** “Can develop an argument well enough to be followed without difficulty most of the time”(CEFR 59).

- LP1: Why is abortion such a stigmatised topic? Why is it frequently not addressed in school?
- LP3 + 4: Participating in a debate, Reflecting on debate;

**Addressing audiences (B1):** “Can give a prepared straightforward presentation on a familiar topic within his/her field which is clear enough to be followed without difficulty most of the time, and in which the main points are explained with reasonable precision”(CEFR 60)

- LP2: Post Reading – Presenting part to colleagues

**Watching TV and film (B1):** “Can follow many films in which visuals and action carry much of the storyline, and which are delivered clearly in straightforward language. Can catch the main points in TV programmes on familiar topics when the delivery is relatively slow and clear”(CEFR 71).

- LP1 – Youtube Video: Abortion debate Ireland
- LP5 – Film “Philomena”

**Writing (B1):** “I can write simple connected text on topics which are familiar or of personal interest”(CEFR 26).

- LP4 – Written answers to question about the situation in Austria
- LP4 – Agony aunt letter

## Lesson Plan 1

**Level:** B1-B2

**Time frame:** 80 minutes

**Topic:** Introduction to the topic of abortion, abortion in a global context, abortion legislation in Ireland (referendum 2018), first insights into pro-choice/pro-life arguments;

Time	Activity	Material
15'	Project two pictures to the wall: One of them shows a picture from a pro-life rally, the other one shows one from a pro-choice rally. Students are supposed to guess what the project's topic might be. As soon as the students have explained what can be seen in the pictures and that the topic is "Abortion", explain that it is a very controversial issue, people have very strong ideas about. Tell students that during this project, it is their shared aim to create a space where nobody's feelings are hurt and that the classroom functions as a safe space. Ask students to be particularly respectful in regards to this topic. Give reasons why there will be a focus on abortion in your class- Explain that abortions are common and that many women access abortion care for various reasons. Ask students why topics such as abortion are only rarely addressed openly.	Beamer, Picture A + B  Abortion quiz + Abortion fact sheet
15'	Provide students with the abortion quiz! (pair work). Compare and discuss the answers together. Correct answers + comments are provided in the IPPF "How to educate about abortion – guide" (IPPF 41,42). Print out the "Abortion Factsheet" (IPPF 80)	Abortion Quiz + Abortion Factsheet
10'	Explain that the posters from picture A+B were used during the abortion campaign in Ireland in 2018 and say that there will be a focus on Ireland, since it has only been a year that abortion has been legalised in this country. (Northern Ireland can be mentioned as well). Ask students whether they know what the outcome of the referendum was and why it was only legalised last year. Provide students with a very brief input on Ireland's history concerning abortion	Beamer, Picture A + B
5'	Write down the names "Pro-life" and "Pro-Choice" – blackboard. Ask the students whether they know what these two terms mean. Short input.	blackboard
30'	<b>Video:</b> Contextualisation of video. Ask students to take notes regarding the pro-choice and pro-life arguments mentioned throughout the video. Collect and group them under the headings "Pro-choice" vs. "Pro-life". Play the video again and ask students to take a closer look at the signs that protestors/volunteers are holding. What do they say?	Video <a href="https://www.youtube.com/watch?v=HI4O1hUhDRQ">https://www.youtube.com/watch?v=HI4O1hUhDRQ</a>
Rest of the lesson	Ask your students to write down any questions they might have on the topic of abortion on small pieces of paper. – anonymous	Box

Picture A



Picture B



Pro-life protestors in Ireland  
Source:<https://images.app.goo.gl/jYtKKTNKwd28wQSRA> (27 November 2019)

Pro-choice protestors in Ireland  
Source:<https://images.app.goo.gl/4SMoKQtuHX58AmBe7> (27 November 2019)

**Video: Potential arguments**

Pro-choice	Pro-life
It is not fair that women who do not have enough money to travel abroad to receive abortion care, could face prison (14 yrs.) due to illegally ordering pills online.	Abortion is in no way pro women – You do not help women by killing their babies
Valid reasons why women need abortions: Young women who order pills frequently find themselves in difficult situations: violent relationships, still very young, financial issues, etc.	Women should be provided with life-affirming support
Illegal → women risk imprisonment	Every person in the womb is a human being. Baby is stripped of its fundamental right to life.
Illegal → women take pills without medical supervision. Substantial risks can occur – loss of lots of blood, cramps, etc. women put their health in danger by harming themselves in way that terminate their pregnancy but do not kill them.	inhumane
Signs	Signs
Stop policing my body!, Yes!, Savita matters, In England, one in 5 babies is aborted, Women matter	Vote No!, #Saveboth, A licence to kill, Speak for those who can't!, graphic images: parts of the foetus + blood

# Abortion Factsheet

All this information comes from the World Health Organization

**Abortion** is the voluntary ending of a pregnancy. It is different to miscarriage, which is when a pregnancy ends naturally.



Worldwide, approximately **1 in 5** pregnancies end in abortion.

When performed by **skilled providers**, using correct medical techniques and drugs, and under hygienic conditions, abortion is a **very safe** medical procedure.

**'Unsafe abortion'** is when an abortion is performed by someone who does not have the correct skills, or in an environment which does not match up to basic medical standards, or both.

**21.2 million women** worldwide have an unsafe abortion each year.

**Almost 50%** of these are young women **aged 15-24**.



Where abortion is allowed on broad **legal grounds**, it is generally **safe**.



Where it is highly **restricted**, it is typically **unsafe**.

Whether abortion is legally restricted or not, the likelihood that a woman will have an abortion for an unintended pregnancy is about the same.

**47,000 women die** each year due to complications related to unsafe abortion.

**98%** of unsafe abortions happen in **low-and middle-income countries**.

**5 million**

**Estimated number of women who are hospitalized each year due to unsafe abortion.**

Almost all **abortion-related deaths** occur in low-and middle-income countries, with the highest number occurring in **Africa**.



★ **2.5 million adolescents** have unsafe abortions every year, and adolescents are more seriously affected by complications than older women.



★ In almost all countries, the law allows abortion to save the **woman's life**, and in the majority of countries abortion is allowed to protect the physical and/or mental health of the woman.



★ Providing safe abortion (and access to contraception) is **cost saving**, as the health consequences of unsafe abortion can be very expensive.

## Source:

Hurley, Laura and Hadassah Wachsmann, Rebecca Wilkins. "How to educate about abortion. A guide for peer educators, teachers and trainers." *International Planned Parenthood Federation* March 2016. Web. 29 November 2019: 4. <[https://www.ippf.org/sites/default/files/2016-05/ippf\\_peereducationguide\\_abortion\\_final.pdf](https://www.ippf.org/sites/default/files/2016-05/ippf_peereducationguide_abortion_final.pdf)>



# Abortion Quiz Sheet: true or false?

		True	False
1.	15 per cent of pregnancies worldwide are unplanned.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Giving birth is safer than having an abortion.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Nearly half of all the abortions performed around the world are unsafe.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Most women now have access to contraception but choose not to use it.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Abortion is completely illegal in 24 countries.	<input type="checkbox"/>	<input type="checkbox"/>
6.	South Africa has the lowest abortion rate of all African countries.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Having an abortion increases your risk of breast cancer.	<input type="checkbox"/>	<input type="checkbox"/>
8.	All religions forbid abortion.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Banning abortion, or making it difficult to access, reduces the number of abortions.	<input type="checkbox"/>	<input type="checkbox"/>
10.	In the U.S., over half of women who obtain abortions already have children.	<input type="checkbox"/>	<input type="checkbox"/>

**Source:**

Hurley, Laura and Hadassah Wachsmann, Rebecca Wilkins. "How to educate about abortion. A guide for peer educators, teachers and trainers." *International Planned Parenthood Federation* March 2016. Web. 29 November 2019: 43. <[https://www.ippf.org/sites/default/files/2016-05/ippf\\_peereducationguide\\_abortion\\_final.pdf](https://www.ippf.org/sites/default/files/2016-05/ippf_peereducationguide_abortion_final.pdf)>

## Lesson Plan 2

Level: **B1-B2**

Time frame: **50-60 minutes**

**Topic:** Reading exercise: Article “Shrouded in shame”, pro-life/pro-choice arguments, legal situation in Northern Ireland and the Republic of Ireland etc.

Time	Activity	Material
5'	<ul style="list-style-type: none"> <li>Quick revision from last time – Do they remember the names of the two advocacy groups? What are their arguments? What was the result of the referendum ? etc.</li> <li>Answer one/two of the students' questions</li> </ul>	
Rest of the lesson	<p><b>Reading exercise:</b> Students are supposed to take a look at the date the article was posted – published prior to the referendum, includes both sides of the debate.</p> <p><u>Pre-reading:</u> Only provide students with the title and ask them what they think the article might be about (plenum)</p> <p><u>While-reading:</u> Respond to questions, Research online + summary writing (If required, briefly repeat the main characteristics of a summary) (groups of 3-4 – depending on class size)</p> <p><u>Post-reading:</u> Each group briefly summarises and presents the part they have worked on. Provides answers to the questions (plenum). The whole article should be made available to all students → e.g. via Moodle platform</p>	<p>Guardian article: “Shrouded in shame”: the young women on either side of the abortion debate in Ireland + tasks</p> <p>Worksheet: Questions – Guardian article</p>

## Group A: Shrouded in shame': the young women on either side of Ireland's abortion debate

Anti-abortion and pro-choice activists are gearing up for a hard-fought referendum in which the youth vote could prove key

Ammar Kalia

Source: Kalia, Ammar. "Shrouded in shame': the young women on either side of Ireland's abortion debate." The Guardian 30 January 2018. Web. 12 February 2020. <<https://www.theguardian.com/inequality/2018/jan/30/ireland-abortion-referendum-debate-young-women>>



An average of 11 women travel each day from the island of Ireland to have an abortion in England and Wales, according to the most recent Department of Health data. That adds up to more than 200,000 journeys since 1983, when the passing of the **Eighth Amendment** underlined the ban on abortions in the republic.

In Northern Ireland, the potential punishment for contravening the ban is even more severe. "It's much more difficult even to have a conversation about abortion in Belfast," says Jess Brien, a 25-year-old pro-choice campaigner who lives in Northern Ireland's capital, "because the maximum sentence for having one here is life imprisonment."

No women are currently in prison for having an abortion in Ireland, with only suspended sentences having been handed out in recent years (in the republic, the maximum jail sentence is 14 years). But Brien, who returned to Belfast last year after working in music PR, says it's "definitely strange moving to Belfast after living in London. You have the privilege of free healthcare in England – whereas if you're going to a family planning clinic in Belfast, **it's shrouded in shame.**"

You get questioned intensely."

Maria Maymes also lives in Belfast, but the 21-year-old Ulster University student is poles apart from Brien when it comes to abortion. "Media bias has created this idea that all young people are pro-choice," Maymes says. "But when I'm on the streets [campaigning], I get a very positive reaction from young people. The negative reactions to our views come mainly from a middle-aged or older demographic. Most young people have an instinct within them to protect life."

Maymes and Brien represent a new wave of youth-driven campaigning on both sides of the abortion argument, which will come to a head over the next few months now the **Irish government has confirmed it will hold a referendum** on reform of the country's strict anti-abortion laws by the end of May.

The battle is hard fought and the youth vote could be all-important – as was shown by **the vote to legalise same sex marriage in 2015**, when the 60% turnout played a considerable part in its passing.

*"People judge you for being pro-choice. There's no support at all if you go through an abortion – you feel humiliated" – Jess Brien*

Prepare a short summary including your part's key ideas for your colleagues.(3-5 sentences)

**Respond to the following questions: (\*Online research required)**

- What is the 8<sup>th</sup> Amendment? What does it say about a mother's and her child's rights?\*
- Which legal consequences did women face in a) The Republic of Ireland b) Northern Ireland when they had an abortion?
- What does Brien mean when she says that accessing family planning clinics in Northern Ireland was "shrouded in shame" (highlighted in green).

## Group B: Shrouded in shame': the young women on either side of Ireland's abortion debate

Anti-abortion and pro-choice activists are gearing up for a hard-fought referendum in which the youth vote could prove key

Ammar Kalia

Source: Kalia, Ammar. "Shrouded in shame': the young women on either side of Ireland's abortion debate." The Guardian 30 January 2018. Web. 12 February 2020. <<https://www.theguardian.com/inequality/2018/jan/30/ireland-abortion-referendum-debate-young-women>>



"It's an incredibly emotive issue – moral, ethical, and a matter of human rights," says Maymes, who campaigns for **Youth for Life**, a subsidiary of Precious Life, the largest anti-abortion group in Northern Ireland. She complains that "it's difficult to engage in a conversation with pro-choice people, because they're just so angry".

But according to Brien, who is a member of **Room for Rebellion**, a female-led pro-choice organisation with strong links in London: "People judge you heavily for being pro-choice. There's no support at all if you go through an abortion – you feel humiliated voicing your story."

### 'Shameful experience'

The founder of Room for Rebellion, 25-year-old Isis O'Regan, was born and raised in Galway, on Ireland's west coast. "I went to a Catholic all-girls

school there where there was no sex education and we were made to promise abstinence," she says, adding that this lack of education led to some unplanned pregnancies among her school peers.

The silencing of those who subverted sexual prohibitions led to a crisis for O'Regan. "When I was 16, I had to get the morning after pill," she recalls. "It was illegal at the time because I was underage, so I couldn't tell my parents and I didn't have the €80 to pay for it. I ended up stealing the money – and then I still had to convince the doctors to give it to me, after they threatened to tell my parents. It was an incredibly shameful experience."

*"Abortion is never going to create an ideal feminist society, because an act of violence is never empowering"*

*Blánaid ní Bhraonáin*

*Prepare a short summary including your part's key ideas for your colleagues.(3-5 sentences)*

**Respond to the following questions: (\*Online research required)**

- *What impedes discussion between pro-choice and pro-life people?*
- *What does abstinence mean?\**
- *What did this kind of teaching result in at O'Regan's school?*

## Group C: Shrouded in shame': the young women on either side of Ireland's abortion debate

Anti-abortion and pro-choice activists are gearing up for a hard-fought referendum in which the youth vote could prove key

Ammar Kalia

Source: Kalia, Ammar. "Shrouded in shame': the young women on either side of Ireland's abortion debate." The Guardian 30 January 2018. Web. 12 February 2020. <<https://www.theguardian.com/inequality/2018/jan/30/ireland-abortion-referendum-debate-young-women>>



O'Regan argues that young people in Ireland are "brainwashed", and that the journey to England to have abortions in secret has been normalised. "It becomes routine for these young girls to disappear and put their lives in danger," she says. "We're discriminated against on a daily basis. When it comes to reproductive rights, women are **second-class citizens in Ireland.**"

Room for Rebellion, a protest group centred on holding fundraiser club nights, aims to build a pro-choice community amongst the diaspora, supporting women in Ireland through politicised partying. For their first event in February last year, O'Regan – who says she moved to London three years ago "to get away from the sense of prohibition against my bodily rights" – held two parties simultaneously in Dublin and London, live-streaming each city on to the other's dancefloor. "I needed to have a visual representation of the women at home," she explains. "I wanted my sisters and my best friends to see us physically dancing beside them. Streaming it on to the dancefloor was as close as we could get to each other." That dislocation became clear in Belfast, where O'Regan attempted to hold another Room For Rebellion event. "Getting venues to agree to hosting a pro-choice night was much more difficult than we'd expected," she says. "People there were scared of negative reactions and the legal implications, so we didn't go ahead." Campaigners on the other side of the abortion argument also talk about an atmosphere of silence. "The best tactic that those pushing for abortion in Ireland have is to keep pro-life people quiet," says 22-year-old campaigner Clare McCarthy.

A student at Trinity College in Dublin, McCarthy says she hid the fact she was pro-life "for years, because of the intolerance my peers expressed in front of me. The disdain I witnessed was alienating."

At last, an abortion referendum. Women's protest has won over Irish politicians

Identifying as a feminist, McCarthy sees the abortion debate as an equality issue: "Even one abortion is a tragedy. As a feminist, I embrace the rights of all human beings and reject the use of force over another. **Abortion** does not liberate women."

McCarthy's fellow Trinity student and anti-abortion campaigner, 22-year-old Blánaid ní Bhraonáin, says her views were challenged at a pro-life rally last summer. "A counter-protester jumped in front of me and shouted, 'How dare you call yourself a feminist!'" she recalls. "But abortion is never going to create an ideal feminist society, because an act of violence is never empowering."

*'Prepare a short summary including your part's key ideas for your colleagues.(3-5 sentences)*

**Respond to the following questions: (\*Online research required)**

- *What does O'Regan mean when she says that women are second-class citizens in Ireland? (highlighted in green).*
- *Why was it difficult to find locations for pro-choice events?*
- *Why do Blánaid ní Bhraonáin and McCarthy say that the legalisation of abortion does not lead to female*



empowerment?

## Group D: Shrouded in shame': the young women on either side of Ireland's abortion debate

Anti-abortion and pro-choice activists are gearing up for a hard-fought referendum in which the youth vote could prove key

Ammar Kalia

Source: Kalia, Ammar. "Shrouded in shame': the young women on either side of Ireland's abortion debate." The Guardian 30 January 2018. Web. 12 February 2020. <<https://www.theguardian.com/inequality/2018/jan/30/ireland-abortion-referendum-debate-young-women>>



6

### Not here to punish'

Room For Rebellion member Anna Cafolla had a similar Catholic education to O'Regan, despite living on the other side of the border. "We would be made to go to pro-life conferences from 13 onwards, and would pray for the souls of dead babies together – it was brainwashing," she says. "Since the church is so tied to our education and political systems, it creates an endemic denial of allowing young women the freedom of choice."

Cafolla recalls how friends would "queue up on a Saturday at the [Brook centre](#) in Belfast to get the pill. You'd see people you knew from school – kids were calling you sluts for being there."

The Brook is one of the few sexual health clinics remaining in Belfast, after the Marie

Stopes centre [closed recently](#) as government funding refocused on projects in England. Maymes sees the closure of the Marie Stopes clinic as a positive development, suggesting such organisations contribute to "a huge culture of death in England, where one in five pregnancies end in termination". The latest [government statistics](#) show that, among women aged 15-44 in England and Wales, the abortion rate was 16 per 1,000 women last year.

Maymes works with [Stanton Healthcare](#), an anti-abortion organisation that supports unwanted pregnancies to term. She labels it "a replacement for Marie Stopes; a loving and beautiful alternative for women".

"We're not here to punish women and we're not advocating for jail sentences", Maymes says, "but we do not support the legalisation of abortion in any case."

*Prepare a short summary including your part's key ideas for your colleagues.(3-5 sentences)*

### **Respond to the following questions: (\*Online research required)**

- *What is wrong about Maymes argumentation concerning the number of abortions carried out per year?*
- *Why do you think young girls were called "sluts" when they wanted to get the pill?*
- *Try to find out more about the organisation "Stanton Healthcare" online\**

## Group E: Shrouded in shame': the young women on either side of Ireland's abortion debate

Anti-abortion and pro-choice activists are gearing up for a hard-fought referendum in which the youth vote could prove key

Ammar Kalia

Source: Kalia, Ammar. "Shrouded in shame': the young women on either side of Ireland's abortion debate." The Guardian 30 January 2018. Web. 12 February 2020. <<https://www.theguardian.com/inequality/2018/jan/30/ireland-abortion-referendum-debate-young-women>>



With nearly 80% of the Northern Irish public believing abortion should be legal when the pregnancy is a result of rape or incest, and 73% in favour of abortion in cases of fatal foetal abnormalities, according to 2016's **Life and Times Survey**, opinion is moving decisively away from blanket criminalisation.

"There are several close friends of mine who have had to travel to England to have terminations, one because of a fatal foetal abnormality," says O'Regan. "The fact that women can't even speak to each other about these traumatic experiences says volumes about the inequality we face."

The risk of sharing experiences even with trained professionals has come to light through a number of recent high-profile legal cases. Last year in Northern Ireland, the mother of a 15-year-old was **reported** to the police by her GP for buying abortion pills online for her daughter. In 2016, a 21-year-old woman was given a **one-year suspended sentence** for procuring her own abortion by using poison; the foetal remains were found and handed in to the police by her flatmates.

With such strong beliefs on both sides, Cara Sanquest – co-founder of the **London Irish Abortion Rights Campaign** – believes that, regardless of the referendum result, "We're not going to get free, safe and legal abortion across the island of Ireland by May 2018."

There is no proposed referendum in Northern Ireland, and with its government at a stalemate over Brexit, there are yet to be talks on the state of the devolved law on abortion there.

In the Republic, a recent **Amnesty International** poll showed 87% of the population supported a general increase in access to abortion there. An **earlier Sunday Times poll** found that 37% of 18- to 34-year-olds supported allowing abortion with no restrictions, compared to 31% of 35- to 54-year-olds.

According to Sanquest, "The responsibility for changing this law cannot only be on the people who have had abortions. It's a huge burden to expect people to campaign who have already been exiled from their country and let down by its laws. Even if you don't have a personal experience, you should still care. This is about how women are being treated in our society."

O'Regan, however, remains positive. "We have to believe that the referendum will be a success; that young people will push it through, just like the vote for same sex marriage. I have faith in everyone back home. And if it doesn't happen, we'll keep protesting and dancing."

*Prepare a short summary including your part's key ideas for your colleagues. (3-5 sentences)*

**Respond to the following questions: (\*Online research required)**

- *What is the Northern Irish public's opinion on abortion?*
- *What is meant by a fatal foetal abnormality?\**
- *What are the current abortion laws in Northern Ireland?\**

**Worksheet: “Shrouded in shame’: the young women on either side of Ireland’s abortion debate”**



**Questions**

- *What is the 8<sup>th</sup> Amendment? What does it say about a mother’s and her child’s rights?\**
- *Which legal consequences did women face in a) The Republic of Ireland b) Northern Ireland when they had an abortion?*
- *What does Brien mean when she says that accessing family planning clinics in Northern Ireland was “shrouded in shame” (highlighted in green).*
- *What impedes discussion between pro-choice and pro-life people?*
- *What does abstinence mean?\**
- *What did this kind of teaching result in at O’Regan’s school?*
- *What does O’Reagan mean when she says that women are second-class citizens in Ireland? (highlighted in green).*
- *Why was it difficult to find locations for pro-choice events?*
- *Why do Blánaid ní Bhraonáin and McCarthy say that the legalisation of abortion does not lead to female empowerment?*
- *What is wrong about Maymes argumentation concerning the number of abortions carried out per year?*
- *Why do you think young girls were called “sluts” when they wanted to get the pill?*
- *Try to find out more about the organisation “Stanton Healthcare” online\**
- *What is the Northern Irish public’s opinion on abortion?*
- *What is meant by a fatal foetal abnormality?\**
- *What are the current abortion laws in Northern Ireland?\**

**Source Picture:** <https://images.app.goo.gl/bt2sAunVb9pZzy5s6> (27 November 2019)



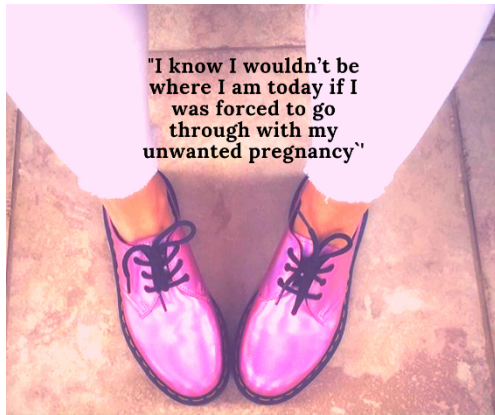
### Lesson Plan 3

Level: **B1-B2**

Time frame: **50-60 minutes**

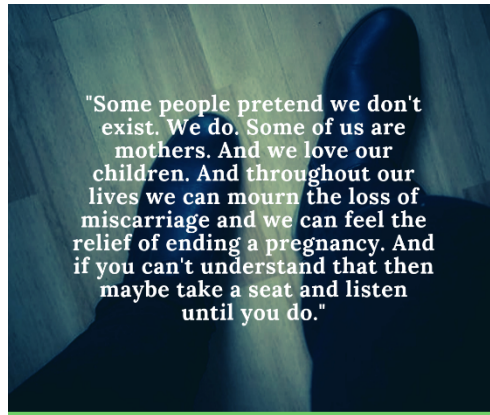
**Topic:** Introducing students to the organisation “In Her Shoes – Northern Ireland”, commenting on pictures and statements, theoretical input: “How to participate in a debate”;

Time	Activity	Material
5'	<ul style="list-style-type: none"> <li>• Quick revision from last time – article</li> <li>• Answer one/two of the students' questions</li> </ul>	
20'	Stick “In Her Shoes – Northern Ireland” quotes to the walls and briefly introduce the project. Students are supposed to walk around for ten minutes and read each of them. Then, they need to decide which one they find the most interesting/shocking/etc. and remain standing next to it. Students are supposed to describe the pictures, comment on the statements and explain how they feel about them.	“In Her Shoes” - quotes
10'	Read out one of the women's story – students are supposed to listen and take notes. Learners are supposed to comment on the story as well – Do they think it makes sense to share them online? Why did these women decide to share them? Potential answers: break the stigma, give visibility to these women and their stories, explain why legalisation is needed.	“In Her Shoes” – Facebook post
10-15'	Theoretical input: “Participating in a debate”. Provide students with worksheet and talk about important structures and phrases. Address the importance of speech, body language and facial expressions. Tell students that a debate will be organised next lesson and specific roles will be assigned to them. It's important for them to know that they do not represent their own views but take on the ones from someone else.	Worksheet “Participating in a debate”
5'	Students will debate in groups of 5. The role cards are randomly assigned to each of the students (maybe put the different roles in a bag and let them pick). For the rest of the lesson, they can try to find arguments for their roles. <u>Homework:</u> Revise phrases for debate and prepare role.	Role cards



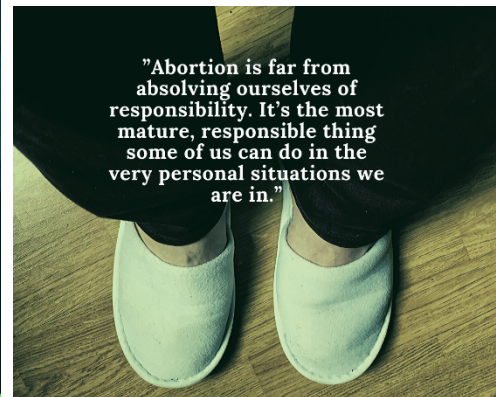
"I know I wouldn't be where I am today if I was forced to go through with my unwanted pregnancy"

#NOSHAME - STORIES WITHOUT STIGMA  
IN HER SHOES NI & ALLIANCE FOR CHOICE



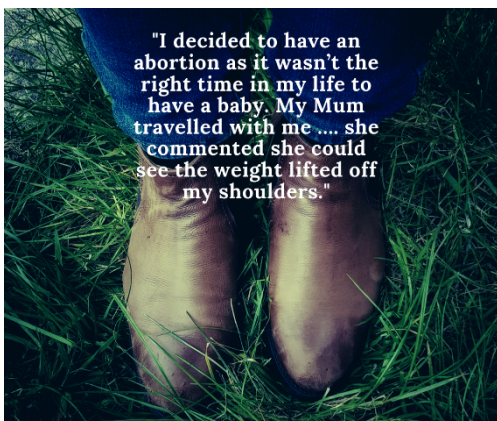
"Some people pretend we don't exist. We do. Some of us are mothers. And we love our children. And throughout our lives we can mourn the loss of miscarriage and we can feel the relief of ending a pregnancy. And if you can't understand that then maybe take a seat and listen until you do."

#NOSHAME - STORIES WITHOUT STIGMA  
IN HER SHOES NI & ALLIANCE FOR CHOICE



"Abortion is far from absolving ourselves of responsibility. It's the most mature, responsible thing some of us can do in the very personal situations we are in."

#NOSHAME - STORIES WITHOUT STIGMA  
IN HER SHOES NI & ALLIANCE FOR CHOICE

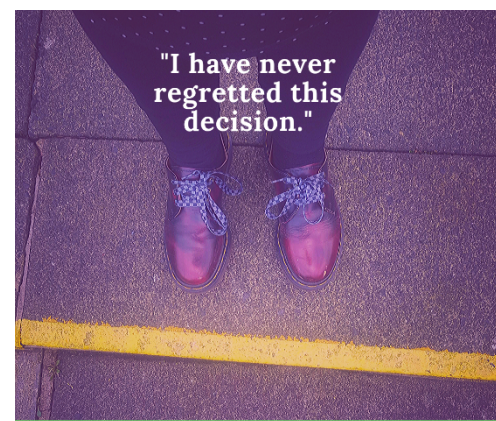


"I decided to have an abortion as it wasn't the right time in my life to have a baby. My Mum travelled with me.... she commented she could see the weight lifted off my shoulders."

#NOSHAME - STORIES WITHOUT STIGMA  
IN HER SHOES NI & ALLIANCE FOR CHOICE

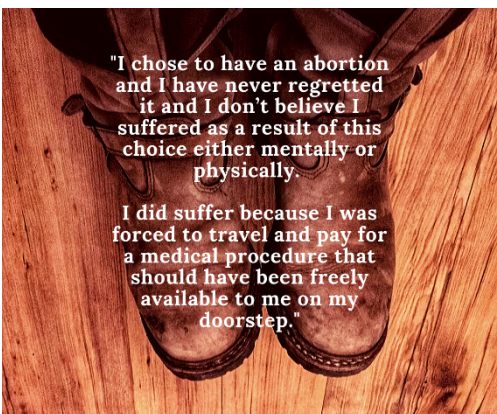
This project is called #noshame as an antidote to the anti-choice propaganda that can be used to frighten people into believing abortion causes emotional or physical harm.

Alliance for Choice understands that abortion is a vital part of reproductive healthcare. Research shows that there is no evidence to support claims that abortion is harmful and very few people go on to regret the decision. We should be free to make informed choices without prejudice, stigma or fear playing a part.



"I have never regretted this decision."

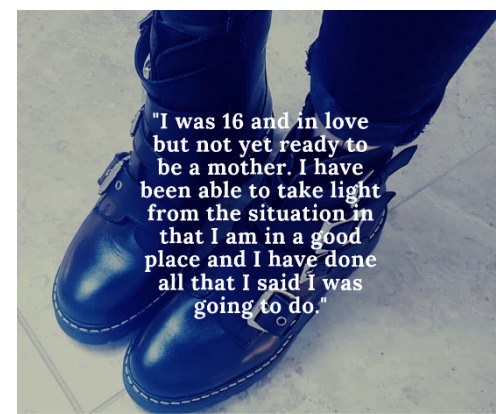
#NOSHAME - STORIES WITHOUT STIGMA  
IN HER SHOES NI & ALLIANCE FOR CHOICE



"I chose to have an abortion and I have never regretted it and I don't believe I suffered as a result of this choice either mentally or physically.

I did suffer because I was forced to travel and pay for a medical procedure that should have been freely available to me on my doorstep."

#NOSHAME - STORIES WITHOUT STIGMA  
IN HER SHOES NI & ALLIANCE FOR CHOICE



"I was 16 and in love but not yet ready to be a mother. I have been able to take light from the situation in that I am in a good place and I have done all that I said I was going to do."

#NOSHAME - STORIES WITHOUT STIGMA  
IN HER SHOES NI & ALLIANCE FOR CHOICE

The stories captured through 'In Her Shoes Northern Ireland' depict a complex range of emotions because they are the voices of real women and pregnant people in difficult circumstances. Overwhelmingly, we hear from people and we are people who believe their abortion was the right decision for them. It is vital that we are trusted and supported to make our own decisions and that our authentic voices are heard. For too long we have been silenced. It is time to end the stigma and shame.

**Source (Pictures + Text):**

"#NoShame." Alliance for Choice n.d. Web. 10 February 2020.  
<<http://alliance4choice.squarespace.com/noshame?rq=in%20her%20shoes>>

## **In Her Shoes – Northern Ireland – Facebook post 21 November 2019**

"This feels really strange, writing about a personal experience to post on the Internet but after reading so many other women's experiences I feel it's my responsibility to share my story.

I'd always felt my story didn't matter or didn't matter as much because I wasn't raped, I didn't get the heartbreaking news that my baby wasn't 'compatible with life' (hate that term) I was just a young girl in a shitty on off relationship struggling to get by with two young children already.

My second child was only 9 months old when I found out I was pregnant again. I was really early on, I hadn't even missed a period but I just knew. Test confirmed it. I kept it to myself for a few days but by the time I told my partner and one friend I had already made my mind up. I was already struggling to provide for the kids I had and I knew if I had another baby at this stage of my life we would all suffer.

I knew I had no chance of getting the medication I needed to end my pregnancy here in Northern Ireland so I made some phone calls to different clinics near airports in England and literally picked the cheapest one. I didn't have all the money I needed so I took out a door step loan with 50% interest to cover it but I had to wait 4 weeks to get the money and an appointment. By this time I was 8 weeks and as I couldn't afford an over night stay the tablets weren't an option so I had to have the surgery.

On the day of the surgery I got the earliest flight from Belfast, I remember feeling really paranoid, like someone would just know what I was about to do, like I was a criminal. That feeling only got worse when I gave the taxi driver the address he was taking me to.

After handing over the cash to the receptionist I was shown to the doctors office where they did a scan. She handed me my notes and the scan and told me to wait to be called in the waiting room. I remember seeing an older, very pregnant women sobbing uncontrollably, my heart actually broke for her. I had to leave the room, I took my scan photo and looked at it in the toilet. I felt so selfish seeing that ladies pain. I looked at my scan, 8wks 1day but I felt nothing. That's really hard to admit but it's true.

After my surgery I felt total relief. I was meant to stay at the clinic for tea and toast but I just needed to get out of there. I couldn't face seeing the lady from earlier. The flight home was hard. I don't think I've ever felt so lonely my whole life.

Fast forward 14 years. I married that shitty boyfriend, we spent a long time working on us as a couple and a family and 10 years ago we had another baby. I have never regretted having an abortion when I did. I'm not ashamed for doing what was right for me and my family at the time.

It breaks my heart that women have to experience such loneliness travelling at a very vulnerable time in their lives and it make me so angry that they are emotionally abused when they have made the choice, not to mention the delays in treatments while they have to scrape the money together.

There's older members of my family and my husbands family that just wouldn't understand so I've never told them. There's nothing I can do to change their views and that's ok, I can live with that, but what I have done is been open and honest with my two older children. They understand for what ever reason a woman/couple make this hard choice it's THEIR choice. My daughter was only 9 months old at the time, now 15 she voices her pro choice voice proudly. So to anyone out there who made the same choice I did for similar reasons, your story does matter x"

**Source:** [https://www.facebook.com/InHerShoesNI/posts/421264035182939?\\_\\_tn\\_\\_=K-R](https://www.facebook.com/InHerShoesNI/posts/421264035182939?__tn__=K-R) (28 November 2019)



**Abortion debate – Role card: Pregnant girl**

*Remember that you are taking on a role – You are NOT representing your personal views on abortion.*

*17 year old Samantha found out that she is 6 weeks pregnant. She does not know what to do and asked you to join a meeting.*

Young woman (17): You are a young student from England and will do your A-levels next year. You have been working really hard because you would like to study journalism at the University of London. You and your boyfriend have been together for a year now. The two of you used contraception, which failed. Since your mother is an active pro-life supporter, you did not dare to get the morning-after pill. You don't know what to do now.

**Abortion debate – Role card: Mother**

*Remember that you are taking on a role – You are NOT representing your personal views on abortion.*

*17 year old Samantha found out that she is 6 weeks pregnant. She does not know what to do and asked you to join a meeting.*

Mother: You were raised in a very religious family and tried to teach your children to be good Christians too. You are shocked that your daughter had sex at such a young age. Still, you are convinced that she has to keep the baby. You are regularly involved in pro-life protests and believe that abortion is taking away a baby's right to life. You do not want your daughter to be a baby killer.

**Abortion debate – Role card: Boyfriend**

*Remember that you are taking on a role – You are NOT representing your personal views on abortion.*

*17 year old Samantha found out that she is 6 weeks pregnant. She does not know what to do and asked you to join a meeting.*

Boyfriend: Your girlfriend told you that she was pregnant, which freaked you out at first. Since you were raised in pro-choice household, having an abortion would be a valid option for you in this situation. You are both quite young and have numerous plans for the future – You applied for an exchange semester in Boston. Becoming a father would put a halt to these plans immediately.

**Abortion debate – Role card: Best friend**

*Remember that you are taking on a role – You are NOT representing your personal views on abortion.*

*17 year old Samantha found out that she is 6 weeks pregnant. She does not know what to do and asked you to join a meeting.*

Best friend: Your best friend called to tell you that she is pregnant. At first, what she said scared you, but now you know that you have to convince her of keeping the baby. You read articles that women who have abortions will suffer from depression and will regret the decision for the rest of their lives – you certainly don't want your friend to feel that way.

# Informal debating phrases



## When you give your rebuttal.

The first point I would like to raise is this...

Our position is the following...

Here's the main point I want to raise...

I'd like to deal with two points here. The first is...

Our opponents have still not addressed the question we raised a moment ago...

The other side has failed to answer our point about...

Notice that the affirmative side has not addressed our main point.-

Let me just restate my position.-

Just to be clear, here is what I mean...

## When you are listening to the other side.

I see your point, but I think...

Yes, I understand, but my opinion is that...

That's all very interesting, but the problem is that...

I'm afraid I can't quite agree with your point.-

I think I've got your point, now let me respond to it.-

We can see what you're saying. Here's my reply...

## When you need to say something now.

I'm sorry to interrupt, but you've misunderstood our point.-

Excuse me, but that's not quite correct.-

Sorry, I just have to disagree with your point.-

Let me just respond to that, please.-

Forgive me for interrupting, but I must respond to that.- Hold on a moment, that's not correct.-

If you would allow me to add a comment here...-

If you don't mind, I'd like to take issue with what you just said.

## When you give concluding statements.

To sum up, here are the main points our opponents have not addressed...

We pointed out that...

Our opponents have claimed that...

To recap the main points...

Let's sum up where we stand in this debate.

Let me summarize our position in this debate.

In summary, we want to point out that...

Let's see which arguments are still standing.-

Let's take stock of where we are in this debate.

## When you haven't replied yet.

The other side will have to explain why.... otherwise we win that point.- We said that...but the other side has not replied to our point.-

I'd like to focus on two points that the other side has failed to address.-

There are two points that we have succeeded in establishing...

I want to call your attention to an important point that our opponents have not addressed yet.-

I'd like to point out that there are two issues our opponents have failed to dispute, namely...

I must stress again that our point has not been refuted by the other side.

## Abortion debate – Role card: Father

Remember that you are taking on a role – You are NOT representing your personal views on abortion.

17 year old Samantha found out that she is 6 weeks pregnant. She does not know what to do and asked you to join a meeting.

Father: In contrast to your wife, you are not a very religious person and you even knew that your daughter had an intimate relationship with a boy. You talked to her about contraception and were happy to have an open conversation with her. You believe that both your daughter and her boyfriend are not yet ready to be parents and you want her to finish school and go to University before starting a family. However, you don't want to force a decision on her but rather ask her to consider all options.

## Source:

"Informal Debating Phrases."

ESL Debates 2015. Web. 10

February 2020.

<<http://esldebates.com/wp-content/uploads/2015/11/esldebates.com-phrases.pdf>>

## Lesson Plan 4

Level: **B1-B2**

Time frame: **50-60 minutes**

**Topic:** Debate, Facts about abortion in Austria;

Time	Activity	Material
2-3'	Answer one/two of the students' questions	
15-20'	Teacher asks students to get together in the debating groups and start their discussions.	Role cards
10'	<p>Reflection: Students are supposed to reflect on the discussion and share new insights with the rest of the class (plenum)</p> <p><u>Questions to stimulate discussion</u></p> <ul style="list-style-type: none"> <li>• Which circumstances would render the situation even more difficult for the affected girl? <ul style="list-style-type: none"> <li>◦ Abusive relationship, no financial support by parents, immigrant, etc.</li> </ul> </li> </ul>	
3'	Write down homework: Imagine you are an agony aunt writing for a British young adults magazine and have received a letter from the young pregnant girl (debate). What advice would you give to her? Write an informal letter of around 200 words (+/- 10%).	Blackboard
Rest of the lesson	<p><b>Situation in Austria –</b></p> <p>Group 1) Is abortion legal in Austria?</p> <p>Group 2) Who pays for an abortion?</p> <p>Group 3) Who carries out abortions? Are there differences between the various parts of Austria?</p> <p>Group 3) What is the difference between a medical and a surgical abortion?</p> <p>Group 4) What is the so-called “post-abortion syndrome”? (Is there scientific evidence for its existence?)</p> <p>Depending on the class' size, students will work together in groups of 3-5.</p> <ul style="list-style-type: none"> <li>• Create a Google – Document: Students can simultaneously add information to the document. Tell the students to print it as soon as every group has added the answers + upload it to Moodle</li> <li>• Suggest the following pages for the students' research:  <a href="http://abtreibung.at">http://abtreibung.at</a> <ul style="list-style-type: none"> <li>• Für allgemein Interessierte – Die Situation in Österreich</li> <li>• Für ungewollt Schwangere – Wie geht es Frauen nach Abbruch</li> <li>• Für ungewollt Schwangere – Methoden</li> </ul> </li> </ul>	Go to computer room/use laptops/tablets in the classroom to let the students research the questions online.

## Lesson Plan 5

Level: **B1-B2**

Time frame: **50-60 minutes**

**Topic:** Mother and Baby homes in Ireland, Listening Exercise – podcast, film: Philomena (2013);

Time	Activity	Material
2-3'	Answer one/two of the students' questions	
15'	Focus back on Ireland – Mother and Baby homes. Ask students to imagine they are young women living in Ireland in the 1970s. They get pregnant without being married and are therefore sent to a so-called Magdalen by their families. →Theoretical input: What was these institutions' purpose? Who was sent there? How long did the women stay? Talk about the separation of mothers and their babies, work in the laundries (often dangerous), high death rate, how these stories were covered up by the Church).	Power Point with pictures of Magdalens
10'	Listen to part of The Women's Podcast's episode (8:20 – 11:33) and ask students to respond to the accompanying questions. Compare the answers + discuss (plenum)	Ep 336 Republic of Shame – Caelainn Hogan on chronicling Ireland's mother-and-baby homes - <a href="https://www.irishtimes.com/life-and-style/people/the-women-s-podcast">https://www.irishtimes.com/life-and-style/people/the-women-s-podcast</a> (29 November 2019)
Rest of the lesson + additional lesson	Tell students that they will now watch a movie that deals with the topic of mother-and-baby homes in Ireland. Do not give away too much information. Ask them to note down quotes, scenes, situations, places etc. they particularly liked/disliked, questions etc.	Movie "Philomena" (2013)
	<p><b>Potential follow-up:</b></p> <ul style="list-style-type: none"> <li>• Watch an interview with the real Philomena (e.g. <a href="https://www.youtube.com/watch?v=tdYt8fxDQ5E">https://www.youtube.com/watch?v=tdYt8fxDQ5E</a> - "such a shameful experience, tells why she kept it a secret and how her two children reacted to the revelation) 29 November 2019)</li> <li>• Write a diary entry from Philomena's perspective</li> <li>• Imagine you are Philomena – Write a letter to your lost son</li> </ul>	

## The Woman's podcast – Republic of Shame

(Source: <https://www.irishtimes.com/life-and-style/people/the-women-s-podcast>, 8:20 – 11:33)



- 1) What is meant by the term “culture of respectability”?
- 2) According to the interviewed author, who is to blame that these mother-and-baby homes were able to operate for that long?
- 3) In what way did politicians speak out about the issue?
- 4) How did the Church justify women’s treatment in these institutions?
- 5) Why do you think that Ireland is often referred to as the “Republic of Shame” when it comes to abortion?



## Bibliography

- A,B and C vs. Ireland (2005) European Court of Human Rights, 25579/05.  
Available at: <<http://hudoc.echr.coe.int/eng?i=001-102332>> (12 February 2020)
- Amnesty International. "She is not a criminal: The Impact of Ireland's Abortion Law." June 2015. Web. 9 December 2019.  
[https://www.amnestyusa.org/pdfs/Ireland\\_She\\_Is\\_Not\\_A\\_Criminal.pdf](https://www.amnestyusa.org/pdfs/Ireland_She_Is_Not_A_Criminal.pdf)
- Appelbaum, Mark and Linda Beckman, Mary Ann Dutton, Brenda Major, Nancy Felipe Russo, Carolyn West. "Abortion and Health." American Psychological Association Task Force on Mental Health and Abortion (2008): 1-107.
- Ginsburg, J., dissenting. Supreme Court of the United States. Alberto R. Gonzales, Attorney General, Petitioner 05-380 v. Leroy Carhart et. al.  
Available at: <<https://www.law.cornell.edu/supct/pdf/05-380P.ZD>> (1 December 2019)
- Bateman, John, Tuomo Hiippala, and Janina Wildfeuer. *Multimodality : Foundations, Research and Analysis – a Problem-oriented Introduction*. Berlin, Boston: De Gruyter Mouton, 2017.
- BBC Newsnight. "Ireland's Abortion Referendum." Online Video Clip. Youtube. Youtube, 22. May 2018. 30 Nov. 2019.
- Beckman, Linda J. "Abortion in the United States: The Continuing Controversy." *Feminism & Psychology* 27.1 (2017): 101-13.
- Beesley, Arthur. "Has Ireland lost fath in its church?" *Financial Times Ireland* 10 August 2018. Web. 25 October 2019. <<https://www.ft.com/content/20987b3c-9a97-11e8-ab77-f854c65a4465>>
- Bennet, W. Lance. "What is media activism?" *Media activism in the digital age*. Ed. Pickard, V. and G. Yang. London: Routledge, 2017.
- Berer, Marge. "Termination of pregnancy as emergency obstetric care: the interpretation of Catholic health policy and the consequences for pregnant women". *Reproductive Health Matters* 21.41. (2013): 9-17.
- Bernardo, Fátima and José Manuel Palma-Oliveira. "Place Identity: A Central Concept in Understanding Intergroup Relationships in the Urban Context." *The Role of Place Identity in the Perception, Understanding and Design of Built Environments*. Ed. Hernan Casakin and Fátima Bernardo. Bentham, 2012. 35-46.

- Bogdanor, Vernon. "Western Europe, Ireland." *Referendums around the World. The Growing Use of Direct Democracy*. Ed. Butler, David and Austin Ranney. Washington, D.C.: The AEI Press, 1994.
- Boucher, Joanne. "Ultrasound: A Window to the Womb?: Obstetric Ultrasound and the Abortion Rights Debate." *Journal of Medical Humanities* 25.1 (2004): 7-19.
- Breathnach, Ciara. "Introduction: Ireland Church, State and Society 1900-1975." *The History of the Family* 13.4. (2008): 333-39.
- Brown, Brené. "shame v. guilt." *Brené Brown Blog* 14 January 2013. Web. 8 October 2019. <<https://brenebrown.com/blog/2013/01/14/shame-v-guilt/>>
- Bundesministerium für Bildung, Wissenschaft und Forschung. "Lehrplan der AHS-Oberstufe. Erster Teil. Allgemeines Bildungsziel." 2004. Web. 30 November 2019. <<https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10008568>>
- Bundesministerium für Bildung, Wissenschaft und Forschung. "Lehrplan der AHS-Oberstufe. Lebende Fremdsprache (erste, zweite)." 2004. Web. 30 November 2019. <<https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10008568>>
- Burki, Talha. "Northern Ireland Likely to Legalise Abortion." *The Lancet* 394.10195 (2019): 290.
- Cannold, Leslie. "Understanding and Responding to Anti-choice Women-centred Strategies." *Reproductive Health Matters* 10.19 (2002): 171-179.
- Carrol, Rory. 'Irish history is moving rapidly': backlash to abortion law fails to emerge.. " *The Guardian* 2019. Web. 26 September 2019. <<https://www.theguardian.com/world/2019/jan/11/irish-gps-slow-to-offer-abortions-despite-muted-backlash>>
- Central Statistics Office Ireland. " Births 2017." *Vital Statistics Annual Report 2017* 31 October 2019. Web. 5 November 2019. <<https://www.cso.ie/en/releasesandpublications/ep/p-vsar/vitalstatisticsannualreport2017/births2017/>>

Committee on the Elimination of Discrimination against Women. (2018). *Report of the inquiry concerning the United Kingdom of Great Britain and Northern Ireland under article 8 of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women*.

Available at:

<[https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/GBR/INT\\_CEDAW\\_ITB\\_GBR\\_8637\\_E.pdf](https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/GBR/INT_CEDAW_ITB_GBR_8637_E.pdf)> (7 December 2019).

Council of Europe. *Common European Framework of reference for languages: learning, teaching, assessment (CEFR)*.

<[http://www.coe.int/t/dg4/linguistics/Source/Framework\\_EN.pdf](http://www.coe.int/t/dg4/linguistics/Source/Framework_EN.pdf)>(10 February 2020)

Crawley, Sarah and Rebecca Willman, Leisa Clark, Clare Walsh. "Making Women the Subjects of the Abortion Debate: A Class Exercise that Moves Beyond "Pro-Choice" and "Pro-Life"." *Feminist Teacher* 19.3. (2009): 227-240.

Delay, Cara. "Wrong for womankind and the nation: Anti-abortion discourses in 20th-century Ireland". *Journal of Modern European History* 17.3. (2019): 312-325

De Londras, Fiona and Máiréad Enright. *Repealing the 8<sup>th</sup>, Reforming Irish Abortion Law*. Bristol: Bristol University Press, 2018.

De Londras, Fiona. 2018. "The Irish Referendum and the Road to Safe, Legal Abortion." *Oxford Human Rights Hub* 8 February 2018. Web. 29 September 2019. <<http://ohrh.law.ox.ac.uk/the-irish-referendum-and-the-road-to-safe-legal-abortion/>>

Dillon, Michele. "Cultural Differences in the Abortion Discourse of the Catholic Church: Evidence from Four Countries." *Sociology of Religion* 57.1 (1996): 25-36.

Eisenlauer, V. *A Critical Hypertext Analysis of Social Media. The True Colours of Facebook*. London and New York: Bloomsbury, 2013.

"Informal Debating Phrases." *ESL Debates* 2015. Web. 10 February 2020. <<http://esldebates.com/wp-content/uploads/2015/11/esldebates.com-phrases.pdf>>

Farrel, Elaine. "'A very immoral establishment': the crime of infanticide and class status in Ireland, 1850–1900." *'She said she was in the family way': Pregnancy and infancy in modern Ireland*. Ed. Elaine Farrel. London: School of Advanced Study, University of London, Institute of Historical Research, 2012.

- Farrell, David M. and Jane Suiter; Clodagh Harris. "Systematizing' constitutional deliberation: the 2016–18 citizens' assembly in Ireland." *Irish Political Studies* 34.1 (208): 113-123.
- Fischer, Clara. "abortion and reproduction in Ireland: shame, nation-building and the affective politics of place". *Feminist Review* 122. (2019): 32-48.
- Gerbaudo, Paolo. "From cyber-autonomism to cyber-populism: an ideological history of digital activism". *Triplec: Communication, Capitalism & Critique* 15.2 (2017):478–491.
- Gilmartin, Mary and Allen White. "Interrogating Medical Tourism: Ireland, Abortion, and Mobility Rights." *Signs* 36.2. (2011): 275-79.
- Glenza, Jessica. "Doctors' organization: calling abortion bans 'fetal heartbeat bills' is misleading." *The Guardian* 5 June 2019. Web. 31 January.  
<<https://www.theguardian.com/world/2019/jun/05/abortion-doctors-fetal-heartbeat-bills-language-misleading>>
- Goulding, June. *The Light in the Window*. Dublin: Poolbeg, 2004,
- Greenhouse, Linda and Reva B. Siegel. "Before (and After) Roe v. Wade: New Questions About Backlash." *The Yale Law Journal* 120.8 (2011): 2028-087.
- Haberman, Clyde. "Religion and Right-Wing Politics: How Evangelicals Reshaped Election." *The New York Times* 28 October 2018. Web. 25 October 2019.  
<<https://www.nytimes.com/2018/10/28/us/religion-politics-evangelicals.html>>
- Health (Family Planning) Act (1979).  
Available at: <<http://www.legislation.ie/eli/1979/act/20/enacted/en/print#sec4>> (6 December 2019).
- Health Service Executive. (2013). *Final Report. Investigation of Incident 50278 from time of patient's self referral to hospital on the 21<sup>st</sup> of October 2012 to the patient's death on the 28<sup>th</sup> of October, 2012.*  
Available at: <<https://www.hse.ie/eng/services/news/nimtreport50278.pdf>> (7 December 2019).
- Hemsley, Jeff and Jenna Jacobson, Jenna, Anatoliy Gruzd, Philip Mai. "Social Media for Social Good or Evil: An Introduction." *Social Media + Society*. July-September (2018): 1-5.
- Herring, Susan C. and Jannis Androutsopoulos. "Computer-Mediated Discourse 2.0." *The Handbook of Discourse Analysis*. Ed. Deborah Tannen, Deborah Schiffrin and Heidi E. Hamilton. Chichester: Wiley Blackwell, 2015.

- Hillen, Jennifer and Seán Mallon. "Northern Ireland Termination of Pregnancy Statistics 2017/18." Department of Health 23 January 2019. Web. 7 December 2019. <[https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-termination-of-pregnancy-stats-17-18\\_0.pdf](https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-termination-of-pregnancy-stats-17-18_0.pdf)>
- Himma, K E. "A Dualist Analysis of Abortion: Personhood and the Concept of Self qua Experiential Subject." *Journal of Medical Ethics* 31.1 (2005): 48-55.
- Hogan, Caelainn. "Why Ireland's battle over abortion is far from over." *The Guardian* 3 October 2019. Web. 23 October 2019. <<https://www.theguardian.com/lifeandstyle/2019/oct/03/why-irelands-battle-over-abortion-is-far-from-over-anti-abortionists>>
- Hopkins, Nick and Steve Reicher, Jannat Saleem. "Constructing Women's Psychological Health in Anti-Abortion Rhetoric." *The Sociological Review* 44.3. (1996): 539-564.
- Hug, Chrystel. *The Politics of Sexual Morality in Ireland*. Basingstoke: Macmillan Press LTD, 1999.
- Hurley, Laura and Hadassah Wachsmann, Rebecca Wilkins. "How to educate about abortion. A guide for peer educators, teachers and trainers." *International Planned Parenthood Federation* March 2016. Web. 29 November 2019: 1-89. <[https://www.ippf.org/sites/default/files/2016-05/ippf\\_peereducationguide\\_abortion\\_final.pdf](https://www.ippf.org/sites/default/files/2016-05/ippf_peereducationguide_abortion_final.pdf)>
- Introne, Joshua and Irem Gokce Yildirim, Luca Iandoli, Julia Decook, Shaima Elzeini. "How People Weave Online Information Into Pseudoknowledge." *Social Media Society* 4.3. (2018): 1-15.
- Jackson, Pauline. "Women in 19th Century Irish Immigration." *The International Migration Review* 18.4. (1984): 1004-020.
- Jeltsen, Melissa. "The Anti-Abortion Movie 'Unplanned' Is Loaded With Dangerous Lies." *The Huffington Post* 17 April 2019. Web. 1 December 2019. <[https://www.huffpost.com/entry/an-obgyn-debunks-unplanned-the-anti-abortion-movie\\_n\\_5cb74ff4e4b0ec270a4684bd?ncid=engmodushpmsg00000006](https://www.huffpost.com/entry/an-obgyn-debunks-unplanned-the-anti-abortion-movie_n_5cb74ff4e4b0ec270a4684bd?ncid=engmodushpmsg00000006)>
- Jerman, Jenna and Rachel K. Jones and Tsuyoshi Onda. "Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008." *Guttmacher Institute* (2016): 1-27.
- Jones, Rachel K. and Jenna Jerman. "Abortion Incidence and Service Availability In the United States, 2014." *Perspectives on Sexual and Reproductive Health* 49.1 (2017): 17-27.

- Kalia, Ammar. "‘Shrouded in shame’: the young women on either side of Ireland's abortion debate." *The Guardian* 30 January 2018. Web. 12 February 2020. <<https://www.theguardian.com/inequality/2018/jan/30/ireland-abortion-referendum-debate-young-women>>
- Kaun, Anne, and Julie Uldam. "Digital activism: After the hype." *New Media & Society*, 20.6. (2018): 2099-2106.
- Kennedy, Eileen. "Reformatory and industrial schools system report 1970". *District Justice; Committee on Reformatory and Industrial Schools 1970*. Web. 15 October 2019. <<https://www.lenus.ie/bitstream/handle/10147/77793/Reformatory&IndusSchoolSys.pdf;jsessionid=D2C6CBC67438F31C11FDC9AF17F875E6?sequence=5>>
- Kwok, Lorraine and Susheela Singh, Lisa Remez, Gilda Sedgh, Tsuyoshi Onda. "Abortion Worldwide 2017: Uneven Progress and Unequal Access" *Guttmacher Institute* (2018): 1-64.
- Larkin, Emmet. "The Devotional Revolution in Ireland, 1850-75." *The American Historical Review* 77.3. (1972): 625-52.
- Lee, Jung-Su & Adina Nerghes. "Refugee or Migrant Crisis? Labels, Perceived Agency, and Sentiment Polarity in Online Discussions." *Social Media + Society*. July-September (2018): 1-22.
- Lowe, Pam. "(Re)imagining the ‘Backstreet’: Anti-abortion Campaigning against Decriminalisation in the UK." *Sociological Research Online* 24.2 (2019): 203-18.
- Lowe, Pam, and Sarah-Jane Page. "'On the Wet Side of the Womb': The Construction of ‘mothers’ in Anti-abortion Activism in England and Wales." *European Journal of Women's Studies* 26.2 (2019): 165-80.
- Luker, Kristin. *Abortion and the Politics of Motherhood*. Berkeley: University of California, 2019.
- Maguire, Moira J. "The Changing Face of Catholic Ireland: Conservatism and Liberalism in the Ann Lovett and Kerry Babies Scandals". *Feminist Studies* 27.2. (2001): 335-358.
- Mallon, Sean. "Northern Ireland Termination of Pregnancy Statistics 2016/17." *Department of Health* 24 January 2018. Web. 25 October 2019. <<https://www.health-ni.gov.uk/sites/default/files/publications/health/hs-termination-of-pregnancy-stats-16-17.pdf>>
- McCafferty, Nell. *A Woman to Blame: The Kerry Babies Case*. Dublin: Attic Press, 1985.

McBride, Dorothy E. and Jennifer L. Keys. *Abortion in the United States: A Reference Handbook*. 2<sup>nd</sup> ed. Santa Barbara, CA: ABC CLIO, 2018.

McGee vs. The Attorney General (1974) Supreme Court of Ireland, IR 284 at 298.

Available at:

<<http://www.supremecourt.ie/supremecourt/sclibrary3.nsf/pagecurrent/9FA0AA8E8D261FC48025765C0042F6B3?opendocument&l=en>> (31 January 2020).

Millhiser, Ian and Anna North. "The Supreme Court just announced it will hear the first big abortion case of the Kavanaugh era" *Vox* 4 October 2019. Web. 8 December 2019. <<https://www.vox.com/2019/10/4/20874618/supreme-court-louisiana-abortion-law-scotus-gee>>

Neviarouskaya, Alena and Helmut Prendinger, Mitsuru Ishizuka. "Recognition of Affect, Judgement, and Appreciation in Text. " Proceedings of the 23rd International Conference on Computational Linguistics (2010): 806-814.

Nixon, Laura and Lilian Seklir; Pamela Mejia, MS MPH; Kate Cockrill, MPH; Steph Herold, MPH; Katie Woodruff, MPH DrPH (c); and Lori Dorfman, DrPH. "Shaping stigma: An analysis of mainstream print and online news coverage of abortion, 2014–2015." *Issue Berkeley Media Studies Group* 27 (2017): 1-35.

Norris, Sigrid, and Carmen Daniela Maier. *Interactions, Images and Texts: A Reader in Multimodality*. Berlin, München, Boston: DE GRUYTER, 2014.

Northern Ireland (Executive Formation etc.) Act (2019). CHAPTER 22.

Available at: <<http://www.legislation.gov.uk/ukpga/2019/22/enacted>> (7 December 2019).

"Northern Ireland Termination of Pregnancy Statistics, 2017/18." *Department of Health* 23 January 2019. Web. 25 October 2019. <<https://www.health-ni.gov.uk/news/northern-ireland-termination-pregnancy-statistics-201718>>.

"#NoShame." *Alliance for Choice* n.d. Web. 10 February 2020.

<<http://alliance4choice.squarespace.com/noshame?rq=in%20her%20shoes>>

O'Connel, Jennifer. "Lord help us and save us from the fallen women and the silly, stupid girls." *The Irish Times* 27 January 2018: 1-5. Web. 15 October 2019. <<https://www.irishtimes.com/life-and-style/people/lord-help-us-and-save-us-from-the-fallen-women-and-the-silly-stupid-girls-1.3360647>>

Offences against the Person Act (1861).

Available at: <<http://www.legislation.gov.uk/ukpga/Vict/24-25/100/crossheading/attempts-to-procure-abortion>> (7 December 2019).

O'Hare M. F. and E. Manning, C. O'Herlihy, R. A Greene. *Maternal Death Enquiry in Ireland, Report for 2013 - 2015*. Cork: MDE Ireland, 2015.  
Available at:  
<<https://www.ucc.ie/en/media/research/maternaldeathenquiryireland/MDEIrelandDataBriefNo1December2015.pdf>> (31 January 2020).

Oxford Learner's Dictionary. "attitude." n.d. Web. 8 November 2019.  
<<https://www.oxfordlearnersdictionaries.com/definition/english> >

Palmer, Julie. "Seeing and Knowing: Ultrasound Images in the Contemporary Abortion Debate." *Feminist Theory* 10.2 (2009): 173-89.

Parliament of the United Kingdom. (2019). U.K. Government Response. Tenth Special Report, Abortion law in Northern Ireland.  
Available at:  
<<https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/2595/259502.htm>> (7 December 2019).

Petchesky, Rosalind Pollack. "Fetal Images: The Power of Visual Culture in the Politics of Reproduction." *Feminist Studies* 13.2 (1987): 263-92.

Peterson, Anna M. "From Commonplace to Controversial: The Different Histories of Abortion in Europe and the United States." *Origins: Current Events in Historical Perspective* 6.2 (2012). Available at:  
<<https://origins.osu.edu/article/commonplace-controversial-different-histories-abortion-europe-and-united-states>> (8 December 2019)

Philomena. Dir. Stephen Frears. Perf. Judy Dench and Steve Coogan. 20<sup>th</sup> Century Fox., 2013.

Planned Parenthood vs. Casey (1992) United States Supreme Court, No. 91-744.  
Available at: <<https://supreme.justia.com/cases/federal/us/505/833/case.pdf>> (8 December 2019).

Protection of Life during Pregnancy Act (2013). <  
Available at: <<http://www.irishstatutebook.ie/eli/2013/act/35/enacted/en/html>> (7 December 2019).

Proshansky, H.M and A.K Fabian, R. Kaminoff. "Place Identity: Physical world socialization of the self." *Journal of Environmental Psychology* 3 (1983): 57-83.

Redmond, Jennifer. "In the family way and away from the family: examining the evidence in Irish unmarried mothers in Britain, 1920s–40s." 'She said she was in the family way': Pregnancy and infancy in modern Ireland. Ed. Elaine Farrel.



London: School of Advanced Study, University of London, Institute of Historical Research, 2012.

Rees, Anna. "Digital and Online Activism." *Reset* 2015. Web. 31 January 2020.  
<<https://en.reset.org/knowledge/digital-and-online-activism>>

Residential Institutions Redress Act (2012).

Available at: <<http://www.irishstatutebook.ie/eli/2002/act/13/enacted/en/pdf>> (30 January 2020).

Rex vs. Bourne (1938) United Kingdom Central Criminal Court, 3 All E. R. 615.

Available at: <<https://msu.edu/user/schwenkl/abtrbng/rvbourne.htm>> (6 December 2019).

Robert, Sarah C. and Nicole E. Johns, Erin D. Wingo, Ushma D. Upadhyay, Valerie Williams. "Estimating the Proportion of Medicaid-eligible Pregnant Women in Louisiana Who Do Not Get Abortions When Medicaid Does Not Cover Abortion." *BMC Women's Health* 19.1 (2019): 1-8.

Roe vs. Wade. United States Supreme Court, No. 70-18,

Available at: <<https://caselaw.findlaw.com/us-supreme-court/410/113.html>> (8 December 2019).

Rohlinger, Deana. "Framing the Abortion Debate: Organizational Resources, Media Strategies, and Movement-Counter-movement Dynamics." *The Sociological Quarterly* 43.4. (2002): 479-507.

"75% think Northern Ireland abortion law should change." *Amnesty International* 30 November 2018. Web. 30 November 2019.

<<https://www.amnesty.org.uk/northern-ireland-abortion-law-poll>>

Shah, Khushbu. "The 'escorts' that ward off anti-abortion protestors at Mississippi's lone clinic." *The Guardian* 13 August 2019. Web. 28 October 2019.

<<https://www.theguardian.com/world/2019/aug/13/mississippi-lone-abortion-clinic>>

Sisson, Gretchen and Katrina Kimport. "Depicting Abortion Access on American Television, 2005–2015." *Feminism & Psychology* 27.1. (2017): 56-71.

Smith, James M. "The Politics of Sexual Knowledge: The Origins of Ireland's Containment Culture and the Carrigan Report (1931)." *Journal of the History of Sexuality* 13.2 (2004): 208-33.

Smyth, Lisa. "Narratives of Irishness and the Problem of Abortion: The X Case 1992." *Feminist Review* 60 (1998): 61-83.

---. "The Cultural Politics of Sexuality and Reproduction in Northern Ireland." *Sociology* 40.4 (2006): 663-80.

Sosa, Fannie. "PLEASURE AGAINST THE MACHINE: musings on hacking with care." Fannie Sosa Homepage 22 December 2017. Web. 3 December 2019. <<https://www.fanniesosa.com/2017/12/22/pleasure-machine-musings-hacking-care/>>

Specia, Megan. "How Savita Halappanavar's Death Spurred Ireland's Abortion Rights Campaign". The New York Times 27 May 2018. Web. 9 October 2019. <<https://www.nytimes.com/2018/05/27/world/europe/savita-halappanavar-ireland-abortion.html>>

Stauch, Marc, Kay Wheat, and Taylor Francis. *Text, Cases and Materials on Medical Law and Ethics*. 6th ed. London: Routledge, 2018.

Suiter, Jane. "Deliberation in Action – Ireland's Abortion Referendum." *Political Insight* 9.3 (2018): 30-32.

The Alan Guttmacher Institute. *Sharing Responsibility: Women Society and Abortion Worldwide*. New York: Alan Guttmacher Institute, 1999.

The Centre of Reproductive Rights. "A, B and C v. Ireland Fact Sheet". 2012. Web. 10 October 2019. <[https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/crr\\_ABC\\_Factsheet.pdf](https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/crr_ABC_Factsheet.pdf)>

The Citizen Assembly. *First Report and Recommended Actions of the Citizen Assembly. The Eighth Amendment of the Constitution*. Available at: <<https://www.citizensassembly.ie/en/The-Eighth-Amendment-of-the-Constitution/Final-Report-on-the-Eighth-Amendment-of-the-Constitution/Final-Report-incl-Appendix-A-D.pdf>> (7 December 2019).

The Citizen Assembly. *Result of Ballot 1*. Available at: <<https://www.citizensassembly.ie/en/Meetings/Results-of-Ballot-1-Table.pdf>> (7 December 2019).

Therborn, Göran. "Why and How Place Matters". *The Oxford Handbook of Political Science*. Ed. Robert E. Goodin. , Oxford: Oxford University Press, 2013. 1-27.

The Women's Podcast. "Republic of Shame – Caelainn Hogan on chronicling Ireland's mother-and-baby homes". Online Podcast Episode. *The Times* 23. September 2019. Web. 30 November 2019.

- Threlfall, Monica. *Mapping the women's movement*. London: Verso, 1996.
- Titley, Brian. "Heil Mary: Magdalen asylums and moral regulation in Ireland." *History of Education Review* 35.2 (2006): 1-15.
- Vaidhyathan, Siva. *Antisocial Media : How Facebook Disconnects Us and Undermines Democracy*. New York, NY: Oxford UP, 2018.
- Warner, Marina. *Alone of All Her Sex: The Myth and Cult of the Virgin Mary*. New ed. Oxford: Oxford UP, 2013.
- White, Beatrice. "The Road to Repeal: How Ireland said 'Yes'." *Green European Journal* 1 June 2018. Web. 15 October 2019.  
<<https://www.greeneuropeanjournal.eu/tag/ireland/>>
- Whole Woman's Health et al. vs. Hellerstedt, Commissioner, Texas Department of State Health Services, et al. (2016) U.S. Supreme Court. No. 15-2174.  
Available at: <[https://www.supremecourt.gov/opinions/15pdf/15-274\\_new\\_e18f.pdf](https://www.supremecourt.gov/opinions/15pdf/15-274_new_e18f.pdf)> (30 January 2020)
- "Widespread criticism abroad of 'barbarous' abortion law." *The Irish Times* 20 February 1992. Web. 12 February 2020.  
<<https://www.irishtimes.com/search/archive.html?q=dark+age&fromDate=20%2F02%2F1992&toDate=20%2F02%2F1992&rm=listresults&filter=>>>

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