

Triumph and concession? The moral and emotional construction of Ireland's campaign for abortion rights

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Abstract

In March 2018, the Irish government confirmed that a referendum would be held on 25 May, allowing for the Irish public to vote on the legalisation of abortion. The same month, *Together for Yes* – the national civil society campaign advocating for a 'Yes' vote in the referendum – was launched. This article draws upon findings from 27 in-depth interviews conducted in December 2019 and January 2020 with Irish abortion activists, to explore the moral and emotional construction of abortion within the 'Yes' campaign. This research suggests that the 'Yes' campaign, which secured 66% of the votes cast in the referendum, framed abortion as a negative affective object and constructed the moral permissibility of abortion along rather conservative lines. Data from the first year of abortion provision in the Republic of Ireland reveals that abortion seekers still face huge obstacles in accessing services in the State. The legislation introduced in January 2019 allows abortion on request only until 12 weeks, whilst issues remain in relation to the refusal of care. This article, therefore, concludes that by framing abortion in conservative terms, the pro-choice campaign has not yet succeeded in destigmatising abortion in Ireland – an issue now translated into limited legislation and inadequate provision of services.

Keywords

Abortion, Ireland, pro-choice, reproductive justice, morality, postcolonialism

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Introduction

Ireland, abortion and the campaign to repeal the 8th amendment

In May 2018, the Republic of Ireland voted by an overwhelming majority to remove the 8th amendment of the constitution, an article which banned abortion in almost all instances. The 8th amendment had been inserted into the Constitution in 1983 following a period of intense lobbying by the 'Pro-Life Amendment Campaign' (Barry, 1988). In the aftermath of the Irish War of Independence (1916–1922), the reproductivity of Irish women would become an issue of keen national interest. As Fischer (2017) explains, post-colonial identity in Ireland was built via a 'disidentification' with Britain which was contingent on the moral and sexual purity of Irish women vis-à-vis their British counterparts. Subsequently, the Constitution of the Republic of Ireland, written in 1937 by then President Eamon de Valera institutionalised a 'conservative ideal of motherhood', obligating the 'control of women's reproductive capacity' (Gilmartin and Kennedy, 2019: 125).

Fletcher (2005: 378) argues that whilst the influence of the Catholic Church is insufficient in explaining Ireland's historical anti-abortion stance, it was Catholicism which provided both the 'religious signifier of Irishness' as well as the 'ideological justification' for the idealisation of motherhood through its veneration of the Virgin Mary. Moreover, it was religious institutions like the Magdalene Laundries and the 'Mother and Baby Homes' which incarcerated 'sexually deviant' women (Lentin, 2015: 153). By removing their 'transgressive' bodies from the public landscape, such institutions served to hide 'Ireland's assumed national blemishes' (Fischer, 2017: 754). Many pregnant Irish women sought to avoid such institutionalisation through immigration to the UK, and following the introduction of the 1967 Abortion Act, those with financial means could access legal abortions there. The 'right to travel' was formalised for women in the Republic in 1992 following the 'X case' ruling (Gilmartin and Kennedy, 2019).

Whilst pro-choice activity continued throughout the 2000s, the abortion rights movement picked up considerable traction in 2012 with the launch of the *Irish Choice Network* (Griffin et al., 2019). Later this same year, shockwaves were sent around the world following the death of Savita Halappanavar; a migrant woman, who contracted sepsis after a failed miscarriage. Although Ms. Halappanavar made several appeals for a termination, her requests had been denied on the grounds that a foetal heartbeat was still detected – as such, doctors bound by the conventions of the 8th amendment, were unable to intervene. A subsequent report into Ms. Halappanavar's care by the Health Service Executive (HSE) identified an 'over-emphasis on the need not to intervene until the foetal heartbeat stopped' and an 'under-emphasis on...managing the risk of infection and sepsis in the mother' (HSE, 2013a in McCarthy, 2016: 12). In the years following Ms. Halappanavar's death, the Abortion Rights Campaign's annual March for Choice grew exponentially, culminating in 'tens of thousands' at the 2017 event (RTE, 2017).

Following intense pressure from the pro-choice lobby, a Citizens Assembly was convened by the Irish government in October 2016 to consider the issue of repealing or replacing the 8th amendment of the Constitution. This body of 99 randomly selected members of the public met over a series of months to hear evidence from legal,

medical and ethical 'experts' and testimony from those directly affected by the 8th amendment (Brennan, 2016). In its contribution to the Citizens Assembly, the *Abortion Rights Campaign* (ARC) called for the introduction of 'free, safe, legal, local' abortion services, lamenting how abortion was 'rarely spoken about as a positive choice' (Abortion Rights Campaign, 2016: 16). In its submission, the *Coalition to Repeal the 8th Amendment* towed a similar line, describing abortion as 'a human rights issue, an equality issue, a social class issue and a feminist issue' (Coalition to Repeal the 8th Amendment, 2016: 2). Concluding its work in April 2017, the Citizens Assembly voted 'overwhelmingly' for the liberalisation of Ireland's abortion laws (Worley, 2017).

The 2018 referendum saw 66.4% of voters support the repeal of the 8th amendment and the introduction of legal abortion in Ireland. While the pro-choice movement celebrated its historic victory, debate quickly ensued amongst Irish abortion activists around the strategy and framing of the 'Yes' campaign and particularly, around the perceived conservatism of its message (Cullen and Korolczuk, 2019). This debate was stoked by the publication of exit poll data from the 2018 referendum which indicated that the majority of those who voted in favour of repealing the 8th amendment did so on the basis of their belief in a woman's right to choose; language which did not feature in the messaging of the 'Yes' campaign (McCullagh, 2018). It appeared then that a dramatic liberalisation of Irish attitudes around abortion had already taken place prior to 2018 (Reidy, 2019).

Drawing upon findings from 27 in-depth semi-structured interviews conducted between December 2019 and January 2020 with Irish abortion activists, this research examines the moral and emotional construction of abortion in the 2018 'Yes' campaign. Moreover, it investigates how these particular moral logics and emotional scripts converged with or diverged from activists' own feelings towards or experiences of abortion. Writing in the aftermath of the 2018 referendum, Ruth Fletcher argues that 'figuring out #RepealedThe8th will take many tellings' (Fletcher, 2018: 233). This research aims to contribute to this work, by investigating specifically the moral and emotional 'framing' of abortion in the official pro-choice campaign (Benford and Snow, 2000). As activists continued to mobilise for the widening of access to abortion services on the island of Ireland, such work is necessary I believe to understand what was truly achieved in 2018 in both legislative and cultural terms.

Together for Yes and the 'three C's'

On 22 March 2018, *Together for Yes* was launched. Repositioning abortion as a 'private and personal decision' to be made by women in consultation with their partners, families and healthcare providers, the messaging adopted by *Together For Yes* diverged substantially from that of grassroots activists' groups mobilising around abortion in the previous decades (Griffin et al., 2019). In their post-referendum 'memoir', the coordinators of the 'Yes' campaign outline the motivation behind the adopted strategy. Laying out the results of public relations research started in 2015, they argue that even though the public desired a 'caring outcome' on the abortion issue, there was a risk that people might 'withdraw' if debate turned 'angry' (Griffin et al., 2019: 52). Furthermore, they explain that the public wanted 'recognition of their own emotional conflict' in relation to abortion and to be

provided with a substantive 'moral basis' for change (Griffin et al., 2019). A 'reluctant consensus' was thus reached, they clarify, that 'softer', 'middle-ground' language was needed to achieve the ultimate goal (Griffin et al., 2019: 99).

The coordinators demonstrate how the 'Yes' campaign was constructed around the pillars of the 'three C's': care, compassion and change (Griffin et al., 2019). Firstly, the public would be asked to 'enable *care*' for women who needed abortions, and to facilitate their accessing this care 'in appropriate healthcare settings with proper regulation and guidance' (Griffin et al., 2019). It is important to note that the 'Yes' campaign spoke exclusively about 'women', as opposed to adopting the more gender-inclusive language of 'pregnant people' – causing concern amongst activists around with the erasure of reproductive injustices against trans* and gender-nonconforming people (Burns, 2018). By emphasising that women be able to access care in 'their own country', *Together For Yes* demonstrated a refusal of 'travelling', a practice which legal scholar Mairead Enright argues has 'shaped our sense of womanhood for generations' (Griffin et al., 2019; Enright, 2018: 9).

Secondly, *Together for Yes* promoted 'compassion' in the political treatment of abortion. In this vein, the 'Yes' campaign centralised the experiences of abortion-seeking for those with intended pregnancies who receive diagnoses of severe or fatal foetal anomaly, attempting to engage public empathy towards the suffering sustained by the women at the centre of these cases who often found themselves having to travel to the UK to access services there (De Londras, 2020). Finally, appealing to the public's apparent 'exhaustion' with the abortion issue, the 'Yes' campaign focused heavily on the need for 'change'; emphasising the 'unworkability' of the status quo (Griffin et al., 2019). As Calkin (2019) argues, given the volume of abortion pills being imported into the country at the time of the referendum in 2018, the narrative of Ireland as 'abortion-free' had already been shattered at this stage.

Fiona De Londras has written extensively on the 'formal political framing' of the 2018 campaign, explaining how as a result of the conservative legislation put forward, pregnant people 'continue to lack decisional security' and are still 'exposed to significant constitutional and dignitary harms' (De Londras, 2020: 33). Drawing upon new social movement theory, affect theory and critical feminist studies of reproduction, this research aims to contribute further to the debate around the 'framing' of abortion in the Irish pro-choice movement. Benford and Snow explain 'frames' as 'action-oriented sets of beliefs and meanings that inspire and legitimate' a social movement's activity (Benford and Snow, 2000: 614). Social movements are not merely 'carriers of extant ideas' but rather social movement actors are 'signifying agents, actively engaged in the production and maintenance of meaning' (Benford and Snow, 2000: 613). With this framework in mind, I argue that the moral and emotional framing of abortion in the 2018 'Yes' campaign not only reflects societal attitudes around abortion but in fact, reconstructs abortion in line with these views.

This research builds upon feminist scholarship on the moral construction of reproductive politics. The contemporary moral construction of the abortion debate as 'one that pits the foetus against the woman' is a 'relatively recent concept' (Pollack Petchesky, 1990: 333). In other contexts where abortion has become 'medicalised', abortion has come under the care (and moral arbitration) of 'authoritative, knowing, rational (coded male)

medical doctors' (Millar, 2017: 14–15). In this vein, we can conceptualise moral discourse around abortion as 'variable and subjective' (Millar, 2017: 56). Interestingly, as Erica Millar notes, in the context of this ever-changing moral landscape, 'women-centred arguments' continue to lack traction with the pro-choice movement castigated as lacking 'solid moral foundation' (Millar, 2017: 99).

Finally, this study emphasises emotions as an integral part of social action. Sara Ahmed writes that emotions 'matter' for politics (Ahmed, 2014). Emotions involve an 'orientation', Ahmed explains, and 'direct' us towards objects in particular ways (Ahmed, 2006). Emotions are 'performative' and 'generate effects', and thus can be viewed as 'a form of cultural politics of world-making' (Ahmed, 2014: 9–12). As 'the most contested social issue of our time', how we situate abortion morally and affectively has direct consequences for the political treatment of abortion, which in turn has consequences for public attitudes towards abortion and the provision of abortion in healthcare services Weitz (2010: 161). The moral and emotional construction of abortion is thus an important issue for the movement for gender justice, in Ireland and beyond.

Methodology

This paper is based on data collected through in-depth, qualitative interviews with abortion rights activists. Twenty-seven participants were recruited using a snowball sampling method. Some were decades-long pro-choice campaigners, whilst for others, the 'Repeal' campaign signified their first foray into abortion activism. Participant's activist and political associations varied. Approximately half were affiliated either officially or unofficially with Leftist political parties. A handful were involved in reproductive justice and anti-racist organising, and a further number were active in the disability rights movement. The sample covered a wide geographical spread, including activists from each of the four provinces. Just over half of those interviewed canvassed in urban constituencies and the rest were based in rural Ireland.

Participants ranged in age from early 20s to late 60s and were predominantly female-identifying. Six of the 27 participants identified themselves with the LGBTQ+ community. Although information on the socio-economic background was not explicitly solicited, the majority of participants described themselves as having 'professional' type employment. Three participants were from a migrant background. The sample lacked representation of activists of Black or Black-Irish identity and also did not include any activists from an Irish Traveller background. The research also did not include participants involved in abortion campaigning who lack secure citizenship rights. These represent methodological, epistemological and political shortcomings of the research which I hope to rectify in future work.

Data collection took place in December 2019 and January 2020. I travelled across the country to meet with activists in a variety of locales: from cafes, to hotel lobbies, to activist spaces. The principles of narrative feminist research guided the interviewing process. Participants were engaged as 'active agents' in the process of meaning-making (Fraser and MacDougall, 2016: 243). Interviews were recorded, transcribed verbatim and coded using NVivo qualitative data analysis software. Data analysis was guided according to the principles of grounded theory (Glaser and Strauss, 1967). As a White, settled,

Irish woman, I am aware of the situatedness of my own experience as 'ever-present aspect of the investigation' which has undoubtedly shaped both data collection and analysis (Corbin Dwyer and Buckle, 2009: 55). All names cited below are pseudonyms.

Findings and discussion:

Good abortions, bad abortions and assuming 'foetal motherhood'

Speaking at the launch of *Together for Yes*, convenor Ailbhe Smyth stated 'We know that Irish people are compassionate, so we are saying that now is the time to actually show that compassion' (*Irish Times*, 2018). Reflecting on the launch of TFY, Burns (2018) describes how this signalled a transition from a 'purely grassroots, homegrown, diverse, feminist' movement to a 'slick, centrally directed, professionally run campaign with strict messaging and zero tolerance for deviation from the messaging book'. Securing a landslide victory of 66%, it seems fair to conclude that the 'Yes' campaign was enormously effective. What is less clear is how the 'Yes' campaign mobilised particular ideas about the moral and emotional economy of abortion and how activists 'on the ground' felt about this framing. Chloe recounts her experience with the official campaign messaging as follows:

I found it quite jarring that a lot of the people who shared their stories, the overwhelming narrative was of suffering and tragedy relating to abortion. And that of course was the strategy and it made people stop thinking about murder of babies and start thinking about 'Who needs this?' but...for a lot of people, it wasn't tragic. It was kind of annoying that they had to. Much like going to get root canal treatment. It's kind of painful and annoying and expensive...but not tragic, not heartbreaking.

Millar (2017) notes that the relentless discursive focus on suffering, tragedy and crisis in the context of abortion reinforces the idea of abortion itself as a 'difficult' or 'emotional' object. A particular 'emotional script' operates with reference to abortion, Millar (2017) explains, which creates abortion as an 'exceptional choice', inherently productive of grief and shame. The idea of abortion as an 'exceptional' choice or a 'need' was central to the framing of the 'Yes' campaign. By focusing on the 'tragic' stories where abortion is *necessary* (read justified) according to pragmatic, material conditions such as medical emergencies, the campaign mobilised the idea that there are morally acceptable and morally unacceptable circumstances in which abortion can be sought. In this way, the 'Yes' campaign contributed to the construction of what Lowe (2016) calls the 'good versus bad abortions' binarism.

Lowe explains that women need to have a 'good reason' for abortion, that 'goes beyond the fact that they just do not want to be pregnant' (Lowe, 2016: 66). Acceptable circumstances for abortion include poverty, maternal age or where sexual violence occurs (Lowe, 2016). 'Bad reasons' for abortion are where contraception fails or is not used (Lowe, 2016). The key organising principle here, Lowe maintains, is that of maternal sacrifice. 'Good abortions' permit women to protect the welfare of children 'whether born, in utero, or not yet conceived' (Lowe, 2016: 66–67). 'Bad abortions'

are where women put 'their own lives above that of the foetus' (Lowe, 2016). Interestingly, many of the activists interviewed appeared cognisant of the existence of a 'good versus bad abortion' trope: with some even appropriating this rhetorical strategy on the grounds that it 'spoke' to the 'middle-ground'. Sarah explained:

I think there was a lot of 'good abortion, bad abortion' at the campaign level. The frequency with which people rocked the expression 'even in the case of rape and incest' as if they were trying to get a gotcha question out of somebody else...I just find it insulting because it doesn't matter whether the pregnancy was by rape or incest or by a drunken one-night stand or contraception failing or used contraception wrong or whatever the case is, you either believe a woman has the right to choose what happens to their body or you don't.

Sarah's testimony demonstrates how the 'Yes' campaign organised around the idea of abortion as a negative affective object, one that is inherently connected to suffering and crisis. As alluded to above, the campaign centralised the experience of women and families seeking an abortion after receiving diagnoses of foetal anomaly (De Londras, 2020). This emphasis on abortion in the case of foetal anomalies is emblematic of a type of 'maternal pro-choice politics' which works to restore normative femininity to the aborting woman (Millar, 2017). The discourse around abortion in the case of foetal anomalies emphasised strongly that these were 'wanted pregnancies' and focused upon the fact that such abortions were necessary to allow women to maintain the health and wellbeing of their existing family (De Londras, 2020). This overt focus on 'the family' could be interpreted as a strategic move on the part of the abortion movement since pro-choice campaigners are often rebuked by anti-abortion activists as inherently unmaternal (Ginsburg, 1998) As Sarah went on to explain:

Basically, they said it was about family and keeping families together. You know, most pregnancies are great but then sometimes they're not so therefore, we should allow this. So, it was kind of skipping over the whole abortion part and getting onto their lives afterwards.

Furthermore, the strong focus on families within the 'Yes' campaign can be interpreted as a concession to 'foetal motherhood' – where women are conceptualised as 'mothers' immediately upon becoming pregnant – whilst at the same time attempting to foreground the 'practical' conditions in which abortion is nevertheless required (Berlant, 1994; Pollack Petchesky, 1990). In their post-referendum memoir, the convenors of the *Together for Yes* campaign explained how the research they conducted prior to 2018 found that the Irish public felt that any dismissing of the question of the foetus was being 'partial with the truth' (Griffin et al., 2019: 51). In this way, the 'Yes' campaign conceded to a pre-existing culture of foetocentrism (McAvoy, 2013). Whilst this prevented explorations of other (feminist) conceptualisations of intrauterine existence, it allowed the pro-choice campaign to set the tone of the conversation by shifting discussion onto the 'need' for abortion as 'healthcare'. Paula describes the necessity of this concession to foetal personhood:

The whole thing as you know just broke down into this battle about the rights of the foetus versus the rights of the mother. If you were seen to be purely about the rights of the mother, because it

was being so divided, then you were being written-off. So, you had to integrate some bits about the fate of the foetus in the situation.

The 'Yes' campaign constructed the moral permissibility of abortion then along rather conservative lines. Abortion was constructed as a 'grievable object' or an 'exceptional' intervention made in situations of 'need' or moments of 'crisis' (Millar, 2017). In many ways, this messaging aligned with the Irish governments official mandate to make abortion 'safe, legal and rare' (Leahy, 2018). As De Londras (2020: 35, 40) explains, the conservative legislation proposed prior to the referendum was held as a 'covenant' between politicians and 'reluctant Yes voters' demonstrating how 'the framing of the abortion law determined much about its form'. As Tracy Weitz explains, this 'pragmatic' line towards permitting abortion when *necessary* 'does not achieve the underlying goal of reducing the social conflict over abortion' (Weitz, 2010: 167). To borrow from Lowe's (2016) framework then, the 'Yes' campaign constructed abortion as a 'bad' thing that 'good' people understand as sometimes, regrettably, necessary.

Shame, postcoloniality and reconstituting Irishness

As Chloe alluded to above, the 'Yes' campaign focused heavily on the stories of women and families who suffered as a result of the 8th amendment. Whilst the emphasis on suffering served to (re)constitute abortion as a 'difficult' object, it also served to construct the provision of abortion as a 'benevolent political and legislative bestowal' (De Londras, 2020: 42). This idea of abortion as a 'gift' given by society to 'suffering' women has been deployed in other contexts and implicates logics of classism and paternalism (Millar, 2017). Compassion was, as outlined earlier, a hugely important 'buzzword' in the *Together For Yes* campaign. Etymologically speaking, the word 'compassion', from the Latin *compassionem* is comprised of the stem '*pati*' which means 'to suffer' and '*com*' which translates as 'with'. To have 'compassion' for someone then, means to 'suffer with' them. Here, Maura offers an interesting interpretation of this discourse in the Irish context:

I think the campaign itself took away from some of the work we had been doing in the years preceding it. So, it moved away from being about the fundamental right to decide what happens to your own body and your own life, irrespective of who you are as a person. It became about...almost putting women back in that like victim role. It was like that charity gone mad. The 'Yes' side, it felt like we were voting for women as a charity case. And specifically women who had to travel because they had a fatal foetal anomaly pregnancy or women who had to travel because their health was in danger.

Maura's assessment that the 'Yes' campaign 'put women back' in a 'victim role' indicates a particularly conservative interpellation of femininity on the part of the pro-choice movement. Her interpretation that the public were encouraged to vote 'Yes' as an act of 'charity' warrants specific analysis. The tendency to base policy on charity rather than on the principles of social justice is, according to Fischer (2020), a quintessentially Irish facticity, imbricated in Ireland's postcolonial identity, which is contingent on the notion of

Irish people as inherently 'morally superior' to their colonialist, British counterparts (Fischer, 2019). In the early years of independence, this moral superiority was secured through the regulation of female sexual behaviour – the moral purity of the nation bound up in the sexual chastity of Irish women (Fischer, 2019). In this vein, the criminalisation of abortion and the Irish respect for 'unborn life' became symptomatic of the country's (Catholic) virtuousness, in opposition to (Protestant) England where abortion was available (Fischer, 2019).

Hogan (2019) explains how the religious orders which ran 'Mother and Baby Homes' – workhouses for 'unmarried mothers' – also constructed themselves as acting out of benevolence for 'fallen' women who would otherwise be scorned by society for their 'transgressions'. Analysing the official government apology, issued to the victims of the Magdalene Laundries by then Taoiseach (Prime Minister) Enda Kenny in 2013, Fischer (2017) explains how, the expression of shame towards the historical maltreatment of (pregnant) women and unmarried mothers in Ireland has allowed the nation to reconstruct its 'virtuous heart' (Fischer, 2017). It appears then that the *Together for Yes* campaign operated via a similar displacement of shame from 'transgressive' women onto the country as a whole, now constituted as shameful for its lack of compassion towards aborting women. In her discussion of the case of Savita Halappanavar, Ruth describes how the event made her feel 'ashamed' of her country:

While I was living abroad, I was studying a master's in human rights law and we did an entire class about Savita Halappanavar. And I remember just being so ashamed of being from Ireland. It was a really international class, and they were just so confused as to how this was happening in a country that people perceived, I suppose, as being progressive.

Borrowing from Fischer's (2017) framework, shame and compassion worked together in the 'Yes' campaign to allow abortion to be reconciled with Irish identity by reconstituting the introduction of legal abortion services as an act of charity by a benevolent, self-reflective public. Encouraged to feel shame at the wrongdoings of the past, the electorate were invited to expunge that shame through voting 'Yes' and by 'gifting' abortion to 'suffering' women. The treatment of abortion – as with the regulation of other sexual and reproductive practices – is thereby clearly informed by ideas of nationhood (Fletcher, 2005). This is evidenced by the testimony of some campaigners who decried that Ireland is a 'civilised society' and as such should provide abortion as part of comprehensive healthcare. Such discourse is symptomatic of what Fletcher (2018: 240) identifies as a tendency of the campaign to mobilise a 'postcolonial, rather than decolonial desire to differentiate and develop, to become civilised and civilising'.

Fletcher (2018) argues that whilst the Irish pro-choice movement was 'mobilised by a commitment to address the uneven effects of abortion restrictions and the devaluation of reproduction on racialised bodies', there was substantive disagreement within the activist community surrounding 'the roles of Brown bodies, particularly migrant and Traveller bodies' in 'articulating the meaning of Repeal' (Fletcher, 2018: 241). Indeed, migrant and ethnic minority activist groups and scholars have expressed concern around the use of the image of Savita Halappanavar in the abortion campaign and the lack of discussion around racism and its role in reproductive violence (MERJ, 2019; Chakravarty, et al.

2020). Fletcher (2018) identifies a palpable 'anguish' around the positioning of a Brown woman's dead body as a 'site for repeal grief' without locating Brown women 'front and centre' in the campaign. Alex's reflections on Ms. Halappanavar's death, below, points to a complex entanglement of abortion, racism and postcolonial politics:

Obviously anti-migrant sentiment is a huge problem in Ireland now...I think there was a sense of moral outrage, that we had failed a 'guest' of the country, as some people would have seen it...That kind of classic Irish hospitality thing swung in behind that a little bit.

In her research on 'migrant m/others' in Ireland, Ronit Lentin argues that Irish people have been conditioned to regard Black people as 'passive victims who could only be saved by the good offices of the Catholic Church (Lentin, 2004: 303). Lentin points to the role played by the discourse and imagery around Irish religious missionaries in the Global South to indicate how White-Irish people have learned a particular 'racial positioning' as 'saviours' of Black and Brown bodies (Lentin, 2004). At the same time, Lentin argues, the fact that people of colour continue to be treated as 'new' (or as "guests", as Alex puts it), despite substantive in-migration over the past century, represents a symbolic effort by White-Irish people to distance themselves from people of colour and to align themselves with the 'Eurocentre' (Lentin, 2007). As a former colony of the British Empire itself, Ireland is tasked with distinguishing itself as 'modern' enough for Europe; with abortion acting as a key sticking point by which Ireland is forced to prove itself as a secular, liberal state (Martin, 2002).

The nature of the discourse which circulated following Ms Halappanavar's death indicates a potent entanglement of racism, postcolonialism and transnationalism which is exemplified by the treatment of abortion in this case. This analysis suggests that Ms Halappanavar's death jeopardised the construction of Ireland's contemporary national identity by announcing Ireland's 'backwardness' (or non-Europeanness) – its inability to provide basic healthcare services to pregnant people – on a world stage, *and* by threatening Ireland's identity as a charitable, compassionate country – whose compassion and virtuousness has systematically been contingent on acts of 'charity' towards 'fallen women' and towards 'suffering' Black and Brown bodies in the Global South. The public expressions of shame in relation to Ms. Halappanavar's death thus worked not only to recover Ireland's 'virtuousness' but are symptomatic of a wider tension with regards to reconciling Ireland's racial positioning and postcolonial identity in an increasingly secular and multi-cultural context.

'Ordinary' abortions and normal stories

Whilst some activists felt that the 'Yes' campaign 'nailed' the messaging, others critiqued the framing as explicitly 'exclusionary'. The majority of those interviewed adopted a critical but concessionary line, explaining that whilst they understood the logic behind the approach, they acknowledged that the messaging 'could have been stronger'. Asking participants to elaborate upon how they would revise the campaign, the majority of activists espoused a deeply 'practical' moral framework; breaking ranks with 'abstract' moral debate around questions of the meaning and value of

foetal existence and focusing instead on the 'real' everyday situations in which people sought access to abortion services. An example of this can be observed in the testimony offered by Eilis, below:

For me, I desperately, desperately hoped that I would never have to make that decision, because I know that it would break something in me to do it...Its not one decision, it is a thousand variables and every single woman I spoke to and helped or heard their experiences, they didn't just make one decision, they made a decision not just now but into the future and the past, they were talking about their parents, they were talking about children they already had, they were talking about partners, they were talking about work and finances and things they knew they'd have to do in the future.

Eilis's pronouncement that the choice to have an abortion necessitates more than 'one decision' works firstly to complexify the binary moral framework of the anti-abortion movement which situates abortion as morally unacceptable in virtually all instances. Eilis's account epitomises what Rosalind Pollack Petechesky (1990) calls a 'morality of praxis' typical of contemporary abortion activism which aims to bring the discussion 'down to earth' and to force voters to contemplate how they themselves might respond in a 'real-life' situation of unintended pregnancy. In many ways, this 'morality of praxis' was operationalised within the 'Yes', particularly through its focus on the fact that abortion was 'already a reality' in Irish society (Together For Yes, 2018). Eilis's account also demonstrates here how this 'practical morality' can work in tandem with maternal pro-choice politics; describing how, for her, the decision to have an abortion is also a decision to prioritise her existing children.

Interestingly, many of the activists lamented how the official campaign lacked representation of 'normal stories' of abortion. The identifier 'normal' here perhaps signifying the opposite of 'abnormal', 'crisis' stories or 'hard cases' (as termed by anti-abortion activists), which featured heavily in the official 'Yes' campaign. The temporal aspect of this description is noteworthy and indicative of a desire to dispense with the 'future-oriented' nature of discussions around foetal personhood and to encourage recognition of the 'unremarkable', everyday experience(s) of reproductive life. Whilst the lack of representation of 'non-crisis' stories is contestable, perhaps what was missing was the 'routine' or even 'mundane' stories, where pregnancies are terminated because they are unintended or undesired. This is documented well by Helen, who explained to me what she felt was 'missing' from the campaign:

I think just the very idea of seeing somebody become pregnant who wasn't able or willing or wanting to have a baby and then having to travel, somehow or another, to concoct a story, to go on over. It didn't always have to be about 'Well, I could have lost my life'. I didn't feel it always needed to be that. I think people, if people were going to have a sense of compassion, they would also understand other stories and situations. People just deciding they didn't want to be pregnant.

Again, as Lowe (2016) explains the idea that one may simply not desire or may reject a pregnancy remains culturally taboo. Lowe's theory certainly rings true in relation to the 'Yes' campaign, which precluded any discussion of abortion in relation to the

reproductive or sexual agency of women and pregnant people in Ireland. In terms of the sexual politics of the campaign, it seems that the 'Yes' campaign did little to position abortion in 'positive' terms. As alluded to above, the 'Yes' campaign focused heavily on the 'victimisation' of women by the anti-abortion amendment. This move could be construed as a re-inscription of the Irish postcolonial tendency to symbolically align women with the figure of the 'mother-martyr' or the 'suffering Mother country' (Martin, 2002). Beyond invoking the apparently 'sacrificial' nature of Irish femininity, the official referendum campaign appeared to sidestep discussion of gender and of women, as far as possible, as Grace explains:

They had gone and they had tried different messaging. They had tried taking, you know 'Trust women' and unfortunately, Irish people don't trust women, that was not working on the doors. The whole human rights thing, just not buying human rights or whatever. They came back and they were like 'Well, what's working, people trust doctors', yeah I think it's just...this private decision with a doctor.

Grace's contention that 'Irish people don't trust women' seems consequential and yet, there has been no considerable discussion to date of the role of cultural misogyny in the pro-choice campaign. The trust placed in doctors (instead of women), as Grace indicates here, not only implicates classist logics, but reinforces that in contexts where abortion has become medicalized, a 'web of gendered power relations' operates to construct the idea that abortion should be 'a medical doctor's, rather than a woman's decision' (Millar, 2017: 14–15). In recent years, there has been a proliferation of scholarly research documenting the paternalist and interventionist nature of the Irish healthcare system (Kelly and Matthews, 2008). In March 2018, news broke that the national cervical screening programme *CervicalCheck* had issued 'false negative' results to hundreds of women, many of whom went on to develop cervical cancer. A subsequent report indicated that women's issues requires 'more committed and serious attention' in the healthcare service (RTE, 2019). With the *CervicalCheck* controversy looming in the background of the referendum, it is perhaps unsurprising that many activists voiced their discontent with the deferential status accorded to medical professionals.

Further documenting their experiences negotiating paternalism and misogyny on the campaign trail, many activists described having difficult conversations on the doorsteps with members of the public who were particularly concerned about 'young ones' (a colloquial Irish term for young women) having 'forty abortions a day'. Historian Diarmuid Ferriter (2009) explains how, as an anti-colonial move, Ireland attempted 'to take even further the sexual tenets of high Victorian morality' (Ferriter, 2009: 36). Irish women were, therefore, constructed as entirely lacking in sexual desire and therefore, as inherently morally superior both to (Irish) men, and to foreign (read English) populations (Ferriter, 2009). Ferriter (2009) maintains that women in Ireland have had to pay a higher price for their sexual transgressions. Corroborating what Inglis (1997) describes as a culture of 'sexual repression' in Ireland, activists described encountering an almost pathological fear on the part of the Irish public towards the discussion of (feminine) sexuality, as Kitty explains here:

We had a paralytic silence around anything to do with female bodies, for fear that it might lead to a conversation around female desire. Which was an absolute no. It's fine if you have to have an abortion because it's a product of rape, that is acceptable for some people...for those people, the hinge is desire and it is very stigmatised. The idea that somebody would want sex. That's absolutely taboo.

Ultimately, the campaign's re-inscription of a traditional (and perhaps, postcolonial) conceptualisation of female sexuality which correlated (Irish) femininity with sexual passivity, submission and even suffering, was rejected, on a personal level, by many activists working within the campaign. In advocating for greater representation of 'ordinary abortions' and 'normal stories', perhaps these activists are asking that we reconcile abortion as practical reality and a constitutive element of our complex yet ordinary sexual and reproductive lives. To paraphrase De Londras (2020: 39) then, since the 'problem' was not framed as an issue of sexual liberation or gender politics, it unsurprising then that the movement 'failed to deliver' any substantial consciousness-change in terms of recognising the sexual agency of women or pregnant people in Ireland, on a wider scale.

Conclusion

This research set out to examine the moral and emotional construction of abortion in Ireland's 2018 *Together for Yes* campaign. Based on the analysis of data gathered through 27 in-depth, qualitative interviews with Irish abortion activists, it concludes that the 'Yes' campaign mobilised a set of moral and emotional frames which constructed abortion as a negative affective object and as morally permissible only in situations of dire need. Capitalising upon the collective, postcolonial Catholic habitus, Irish people were asked to extend compassion towards abortion seekers and to facilitate care for aborting women in 'their own country'. The 'Yes' campaign reconciled abortion with national identity by reconstructing it as an act of charity gifted to women by an empathetic public eager to absolve themselves of the shame associated with the historical maltreatment of unmarried mothers. By centralising the experiences of the White, settled, heteronormative family, the 'Yes' campaign circumvented the discussion of abortion in relation to other intersections of reproductive, sexual or racist violence.

Whilst many of the activists interviewed here acknowledged that they 'swung in behind' the 'Yes' campaign, the majority were critical of the movement's framing and advocated specifically for greater representation of 'ordinary abortions' and 'normal stories' wherein pregnancies are rejected 'just because'. This discursive focus on the 'mundanity' of abortion reveals a desire to incorporate abortion as a 'common' element of complex, ordinary, reproductive life and perhaps is indicative of desire amongst abortion activists to push the envelope further in relation to their consciousness-raising work around destigmatisation. As Weitz (2010) argues, whilst the adoption of conciliatory language by pro-choice campaigners might allow activists to circumvent immediate conflict over abortion, it does little to eradicate the stigma which continues to circulate around the issue; stigma which directly translates into political disengagement, funding shortages, sparse provision and refusal of care from medical practitioners

on 'moral' grounds. In this vein, the lessons brought forward here thus have relevance for abortion and reproductive justice activism, beyond the Irish context.

To conclude, whilst I want to acknowledge and celebrate the historical significance of the pro-choice victory in 2018, I put forward this research as one thread in a larger bundle which must be untangled to understand *how* the 8th amendment was repealed. Data on the first year of abortion provision in the Republic of Ireland demonstrates that huge obstacles remain in the quest for 'free, safe, legal and local' abortion provision; specifically, for trans, migrant and rural abortion seekers (ARC, 2020). Moreover, substantial numbers of pregnant people continue to travel to the UK, unable to secure diagnoses of 'fatal' (as opposed to severe) foetal abnormality from Irish doctors (Cullen and O'Halloran, 2019). Millar (2017) writes that the framing of abortion as 'bad' or 'shameful' works to privilege the foetus, erasing the subjectivity of pregnant people. For many women and pregnant people, abortion exists on the spectrum from lifesaving to life-affirming; surely this should be a solid enough moral foundation to mobilise a movement around?

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