ABSTRACT

Title of Document: EMOTIONAL EVIDENCE, PERSONAL TESTIMONY, AND PUBLIC DEBATE: A CASE STUDY OF THE POST-ABORTION MOVEMENT

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This dissertation investigates a new movement within the abortion debates in the United States known as the Post-Abortion Movement. Bypassing the stalemate between pro-life and pro-choice, activists in this movement focus on the potential psychological trauma of abortion, and in the last twenty years, they have argued for their views in different forums, grounding their case in the personal testimony of women who have undergone abortions. They have emphasized the validity of their narratives in defining their experience over the authority of medical professionals. This project assembles an archive of this movement, from its early advocacy literature to its professional discourse in journals, to its proliferating presence on websites. While offering a case study of how a movement gets started and has an impact on the public's perception of an issue, the Post-Abortion Movement and its tactics also raise important questions in rhetorical theory concerning the role of personal testimony in arguments. In five chapters, this dissertation gives the history of the Post-Abortion Movement and uses rhetorical theory to analyze its tactics. Its most effective tactic has been the creation of a new diagnostic category: "post-abortion syndrome." In a case study of advocacy, professional, and online genres,

this project trace the rhetorical development of this concept and show how stakeholders use women's first-person accounts of their abortion experiences—women whom they identify as "post-abortive." This dissertation argues that Post-Abortion Movement supporters use personal testimonies as both a source of evidence for social science claims in policy arguments and a force for building a community of advocates. While contributing to the growing body of scholarship on narrative and the rhetoric of health and medicine, this dissertation shows how the Post-Abortion Movement's persistent casting of abortion as a potentially negative—rather than therapeutic or liberating—event has significantly influenced the current debate on women's responses to abortion.

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By

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Chapter One: From Pro-Life to Post-Abortion

Introduction

It is a gross understatement to say that contemporary American society is unlikely to reach consensus on the status of abortion as a moral issue and legal right any time in the near future. Since the 1973 landmark United States Supreme Court ruling *Roe vs. Wade*, which federally legalized first-trimester abortion in the United States, abortion opponents and proponents have organized themselves around the *topoi* of women's rights versus fetal rights. For those allied with the "Pro-Choice" social movement, the issue of whether a woman is going to continue or discontinue pregnancy ought to be regarded as her choice supported by her right as a human being and free agent under the Constitution. Activists in the "Pro-Life" social movement in contrast regard the unborn[1] as a human being with inalienable rights also protected by the Constitution; they view abortion as murder.

Since these two labels became popularized following activist mobilization after *Roe vs. Wade*, the terms "Pro-Life" and "Pro-Choice" have been widely contested by the two social movements to which they are often attached.[2] To insist, as the labels "Pro-

[1] Though "unborn" is often invoked by Pro-Life activists to draw attention to the idea that abortion halts a life in progress, I use it here because I believe it to be a more inclusive term than those less descriptive, like "contents of uterus," or "product of conception." The latter phrase was used by Mary Thompson of James Madison University in her presentation, "Reclaiming Maternal Voices and Fetal Imagery" at the Feminism(s) and Rhetoric(s) Conference on October 8, 2009. Like "product of conception," though, I believe "unborn" is appropriate because it encompasses all stages of pregnancy development (i.e. blastocyst, embryo, fetus).

[2] For my definition of a social movement I use the following iteration from Charles J. Stewart, Craig Allen Smith, and Robert E. Denton's *Persuasion and Social Movements* (2007): "A social movement…is an organized, uninstitutionalized, and large collectivity that emerges to promote or resist change to societal norms and values, operating primarily through persuasion encountering opposition (in its moral struggle)." (24)

Life" and "Pro-Choice" do, that one must identify as "for" or "against" abortion as a fundamental reproductive health right or an immoral act is, unfortunately, to insist upon the social, political, and cultural discord such a *topos* of antithesis maintains. For instance, the question, "are you Pro-Life or Pro-Choice?" is regularly deployed as the "litmus test" for any political candidate at local, state and especially federal levels as a reliable and expedient means to determine his or her party affiliation. Conducted from May 7-10, 2009, the most recent Gallup Poll on abortion attitudes in the United States asked, "With respect to the abortion issue, would you consider yourself to be pro-life or pro-choice?", and the results found that 51% of Americans identified themselves as "pro-life" on the issue of abortion, while 42% identified as "pro-choice" (Saad). Such figures are significant, because since Gallup started asking this question in 1995, this is the first time a majority of U.S. adults have aligned themselves with the label "Pro-Life" (Saad).

But what do the changing affinities with these labels mean in practical terms about respondents' attitudes toward when they think women should be legally allowed access to abortion? We can look to another Gallup Beliefs and Values Poll for more details. When asked under which circumstances abortion should be lawfully permitted, the breakdown is as follows: 23% in favor of abortion under any circumstances; 22% in favor of abortion under all circumstances, and 53% in favor of abortion under certain circumstances (Saad). Since Gallup started polling for these three preferences in 1985, the 53% has held constant even amid slight changes to the other two options. Taken together, the results of these two polls reveal that, despite the polarity that "Pro-Life" and "Pro-Choice" labels suggest, Americans' attitudes toward abortion are ambivalent.

Notably, Pro-Choice activists and political leaders have gone on record to voice their ambivalence toward abortion in recent years. On January 24, 2005, then-Senator Hillary Clinton gave a speech to a group of abortion rights supporters at the steps of the U.S. Capital in which she both voiced her support for upholding *Roe vs. Wade,* and, to the chagrin of many of her constituents, stated that abortion is a "sad, even tragic choice to many, many women" (Healy). Indeed, the phrase touted by many leaders in the Democratic Party (and first made popular by Bill Clinton in 1992) that abortion should be "safe, legal, and rare" is far more measured and tentative a Pro-Choice slogan than the original "keep your laws off my body" (Cohen 1). Some Pro-Choice activists have asserted that it is their movement's rhetorical focus on abortion as a legal right rather than as a complex moral issue that has pushed the majority of Americans toward a middle ground in which they support women's access to abortion yet feel uncomfortable with the procedure itself. In her essay, "Is There Life After Roe?: How to Think About the Fetus" (2005), Frances Kissling, the president of Catholics for a Free Choice, posits that such ambivalence has a great deal to do with the lack of attention Pro-Choice advocates give the sensitive issue of how to regard the fetus.[3] Other activists have felt frustrated with the lack of nuanced discussion of the emotional challenge that abortion presents to women, both before and after the procedure. To deal with the particular needs of these women, a

[3] Kissling writes, "[T]hose committed to the right to choose have felt forced to defend what appears to be an absolute right to abortion that brooks no consideration of other values—legal or moral. This often means a reluctance to even consider whether or not fetal life has value, or an attempt to define that value or to see how it can be promoted without restricting access to legal abortion. As the fetus has become more visible through both antiabortion efforts and advances in fetal medicine, this stance has become less satisfying as either a moral framework or a message strategy responding to the concerns of many Americans who are generally both supportive of and uncomfortable with legal abortion."

minority of Pro-Choice activists have begun to provide support and resources to women who want to share mixed feelings about their abortions in non-judgmental spaces.[4]

Such Pro-Choice efforts to complicate the discourse on abortion are matched, however, by more tenacious Pro-Life efforts to portray abortion as an inevitably traumatic event. The results of their activism are beginning to have an effect. On March 5, 2009, Congressman Joseph Pitts (PA-R) introduced the Post-Abortion Depression Research and Care Act, which would require the Secretary of Health and Human Services, acting through the Director of the National Institutes of Health (NIH) and the Director of the National Institute of Mental Health (NIMH), "to expand and intensify NIMH research and related activities with respect to post-abortion depression and psychosis" (United States). That same month, two leaders of anti-abortion advocacy campaigns met with representatives from the Obama Administration to discuss the issue of "post-abortion trauma" at the annual Commission on the Status of Women meeting at the United Nations ("Pro-Life Women's Group"). One month later, Texas Governor Rick Perry issued a statement that the month of April would be declared "Abortion Recovery Awareness Month." His statement reads as follows:

[4] Since 2000, Pro-Choice advocates Aspen Baker, Susan Criscione, Carolina De Robertis, Anna Goldstein, and Laura Perez have operated "Exhale: An After-Abortion Counseling Talkline," toll-free, created to provide a service that could "meet women's after-abortion needs, provide an alternative to politically motivated counseling agencies and create awareness that abortion, and having feelings afterward, is normal in the reproductive lives of women and girls" ("Who We Are: History"). Baker has testified before the National Institute of Health urging the NIH to fund research that "supports the emotional well-being of women" ("The Science of Support"). In 2007, the Abortion Care Network created the "Abortion Conversation Project," an outreach initiative offering resources like literature and live workshops. Its mission states: "We pledge open conversations that do not demonize those with differing views, or convince anyone that we are 'right'. We realize that decisions about pregnancy bring up issues of life, death, sex, parenthood, and so much more. We want to create safe spaces for women and men to consider what is best for their lives" ("The Abortion Conversation Project").

> Ending a pregnancy through abortion interrupts the natural birth process and creates significant trauma and stress for those involved in the pregnancy. An abortion is a tragic ending, not only because of the loss of a life, but also because of the physical and psychological trauma caused by the procedure itself. This often leads to lasting emotional and mental health problems for the mother, father and other involved family members. Peer-reviewed research has shown that women who obtain abortions are often plagued by feelings of anger, fear, sadness, anxiety, grief and guilt due to the procedure. (Texas)

This claim runs counter to the findings of the 2008 American Psychological Association *Report of the Task Force on Mental Health and Abortion*, which maintains that a first-trimester abortion is no more psychologically threatening than pregnancy. So why do leaders like Pitts and Perry publicly claim otherwise? Where did the idea of "post-abortion trauma" come from?

This dissertation posits that the newly evident public ambivalence and anxiety over the moral significance of abortion in the emotional lives of women can be traced in part to the "Post-Abortion Movement." This movement is dedicated to decreasing the number of abortions performed in the United States[5] by appealing to the personal concerns of women who are either considering abortion or have had abortions. In so doing, the Post-Abortion Movement has challenged the dominant Pro-Life *topos* that abortion is akin to murder and has instead shifted the focus to the well-being of pregnant

[5] Though this dissertation focuses on the Post-Abortion Movement's presence in the United States, many organizations in this movement are developing international outreach efforts throughout Europe, Africa, Asia, South America, and Australia.

and "post-abortive" women. Though operating with alliances in the Pro-Life movement, the Post-Abortion Movement has achieved its own status as a social movement with a particular scope and agenda that have evolved over two decades of activism. By way of advocacy publications, peer-reviewed social science research, and online discourses including blogs and websites, the rhetoric of the Post-Abortion Movement has seconded the greater Pro-Life Movement and influenced political discourse on the public moral argument of abortion.[6]

In this study, I present the history and key documents of this movement, and draw from a range of rhetorical theory to analyze its tactics. By examining professional, advocacy, and online genres in the Post-Abortion Movement, I investigate the rhetorical means that activists have deployed to change public presumptions in the debate about abortion; attention has shifted somewhat from a controversy over legal rights and the morality of the procedure to a controversy over the emotional havoc abortion can wreak on the women who have experienced it. In the *New Rhetoric*, Perelman and Olbrechts-Tyteca identify "presumptions" as a starting place of argumentation because they function as an audience's shared "object of agreement" for what is "normal and likely" (71). In the contemporary abortion debate, public presumptions of the abortion debate center on the terms proscribed by the Pro-Life and Pro-Choice *topoi*. The lines of argument denoted by these labels are concerned with evaluating fetal rights in relation to maternal rights. Thus, the new presumption that abortion causes negative emotional consequences has shifted the political discussions about the abortion issue in general, as

[6] I use Walter R. Fisher's definition of the public moral argument: "public moral argument is moral in the sense that it is founded on the questions of life and death, of how persons should be defined and treated, and preferred patterns of living" (12). Fisher includes abortion, nuclear warfare, and desegregation as examples of this type of argument.

can be seen in the examples cited previously. This new rhetoric of post-abortion trauma has been created by the Post-Abortion Movement and has influenced public discourse on abortion so intensely that abortion is now widely perceived by many as a potentially devastating ordeal for women, leaving them in need of mental health attention. As I show in five chapters, rhetors in the Post-Abortion Movement have achieved such influence largely because they draw on the narrated testimony of "post-abortive" women to support general claims about the effects of abortion. I argue that personal testimonies function rhetorically as an emotionally-loaded standard of proof—which I call emotional evidence—for the Post-Abortion Movement. Advocates rely on personal testimony for its inherent persuasive appeals grounded in *ethos* and *pathos*, as a source of evidence, and as a tool for community-building and movement maintenance.

Contemporary Criticism

The Post-Abortion Movement is not the first to use the persuasive power of generalized and first-person narrated experience to advance public moral arguments about abortion (or about other public moral issues such as euthanasia). As Celeste Condit shows in *Decoding Abortion Rhetoric* (1990), public discourse on abortion in the mid to late twentieth century was shaped by a series of dominant narratives, which she theorizes with respect to a rhetorical vocabulary of key terms functioning as ideographs, characterizations, and character-types (Condit 12-15). Such narratives include the "tales of illegal abortion" like those portrayed in a lurid 1961 *Saturday Evening Post* "expose" on women who fell prey to the underground illegal abortion racket (24). Condit also shows that Sarah Weddington's argument for the appellants in the *Roe. v. Wade* case (amplified because of her gender) relied on the generalized narrative based on Pro-Choice

discourse that positions women's control over her reproductive health as a fundamental right: "A pregnancy to woman is perhaps one of the most determinative aspects of her life. It disrupts her body. It disrupts her education. It disrupts her employment. And it often disrupts her family life…" (qtd. in 99). Other rhetorical criticism, like Barbara Pickering's "Women's Voices as Evidence: Personal Testimony in Pro-Choice Films" (2003), focuses on activists' uses of individual women's testimonies on their abortion experiences as a tool of empowerment and site of knowledge for understanding how Pro-Choice women morally and ethically regard their abortions. Pickering contrasts Pro-Choice women's accounts of their abortions with those of Pro-Life women, whose personal testimonies in Bernard Nathanson's documentary *Eclipse of Reason* (1987) are dominated by a "confessional mode" that creates a "discourse that relies on absolution, which comes from an outside source who is empowered with the power to absolve or judge women's actions" (Pickering 17). According to Pickering, such a discourse limits the possibility of Pro-Life women's reflexivity and agency because it relies on an outside party for evaluation.

While other rhetorical criticism of Pro-Life rhetoric has not explicitly dealt with the role of personal testimony, the role of personal and collective conviction motivating advocates to take action to "protect" the unborn has received significant attention. The best known activist group, Operation Rescue, is the subject of Mark Allan Steiner's case study, *The Rhetoric of Operation Rescue: Projecting the Christian Pro-Life Message* (2006), which addresses how the confrontational activism of this militant group is best understood in terms of its motive to express and promote its collective Christian faith. Steiner concludes, however, that the rhetoric of Operation Rescue "promotes an at best

deficient—and at worst dangerous—vision of what the Christian faith does mean and should mean for evangelicals" (6). Steiner's analysis is a thorough examination of the moral and ethical commitments that compel some Christian Pro-Life activists to circulate their agenda. No rhetorical study to date, however, examines how personal testimony informed by Christian moral and ethical commitments like those Steiner identifies has shaped social movement discourses on abortion. Such an examination is the goal of this study. The remainder of the chapter provides the historical context necessary for understanding the multiple origins of the Post-Abortion Movement, and its continued development.

A Brief History of Pro-Life Activism in the United States: 1973-Present

In 1973, two U.S. Supreme Court case rulings resulted in virtually every state overturning its laws restricting abortion: *Roe vs. Wade* and *Doe vs. Bolton*. The former is the most cited legal precedent, which ruled that abortion should be legal according to trimesters of pregnancy. During the first trimester, the state was not permitted to regulate abortion, but during the second and third trimesters regulation was permitted to protect the life of the fetus. Access to abortion was only to be granted if the health of the woman was to be jeopardized by continuing the pregnancy (Blanchard 29). *Doe vs. Bolton*, however, detailed the particular kinds of restrictions that were not permitted in controlling abortions, such as hospital licensing requirements, a residency requirement, and the requirement that a two physicians must certify a women's need to undergo the procedure (29).

The backlash against these decisions was immediate, and one of the first organizers was the Family Life division of the National Council of Catholic Bishops (NCCB), the leadership face of the Catholic Church in America (Petchesky 252). The NCCB Pro-Life Affairs Committee publicly stated it would not "accept the [Supreme] Court's judgment" and spearheaded an educational and legal battle against abortion (qtd. in 252). Stakeholders circulated anti-abortion literature and promoted Pro-Life political candidates in the hopes of achieving their ultimate goal: to persuade the Supreme Court to overturn both *Roe vs. Wade* and *Doe vs. Bolton* by adding a constitutional amendment that would determine fetal personhood as beginning at the moment of conception, thus defining abortion as homicide (253). Crucial to this burgeoning Pro-Life movement was the NCCB's organization of political action committees, the most prominent being the National Right to Life Committee (NRLC). Established in 1973, the NRLC's tactics included pursuing legal action to discourage doctors from performing abortions, pressuring insurance companies to deny insurance to physicians providing abortions, organizing within states to deny public funds and use of public hospitals for abortions, and pressuring pharmaceutical companies not to produce abortifacients used in second-trimester abortions (Blanchard 62). As a result of these efforts, a series of rulings throughout the 1970s tested the limits of the 1973 decisions, namely *Poelker vs. Doe*, *Beal vs. Doe* and *Mather vs. Roe*, all heard in 1977. These three cases designated that government entities were permitted to refuse to provide or fund elective abortions in public hospitals (35).

Though the first major Pro-Life leaders were affiliated with the Catholic Church, by the late 1970s and early 1980s, Protestant stakeholders joined the movement in

droves. It is important to note that until their participation, the debate over abortion was not explicitly argued along political party lines (Petchesky 256). In 1978, the "Christian Right," the socially conservative, evangelical bloc of the Republican party, began to build momentum with the formation of the Christian Voice, a national political lobby and educational organization. Abortion, along with pornography, homosexuality, and other forms of what they saw as "sexual perversion" were among the issues taken up by this advocacy group ("Christian Voice: About Us"). Forming a network of other grassroots advocacy groups, the Christian Voice gave rise to prominent organizations like Rev. Jerry Falwell's Moral Majority and Beverly LaHaye's Concerned Women for America, both formed in 1979. By promoting their agendas through direct-mail campaigns, church ministries, and radio and public addresses, these groups mobilized for institutional change by electing political leaders who could set Pro-Life policies at the state and federal levels. Indeed, the election of anti-abortion President Ronald Reagan in 1980 was a victory for both the Christian Right and the Pro-Life Movement, and stimulated a decade of Pro-Life political activism that took many different forms.

In addition to using the legislative and judicial processes available to limit abortion access, Pro-Life leaders gained ground by directing their attention to women considering abortion. In 1980, the Christian Action Council, an evangelical Christian organization whose cohort included the prominent leaders C. Everett Koop, Francis Schaeffer, Billy Graham, and James Dobson, began to open "crisis pregnancy centers" (CPCs) in cities and town around the United States ("Care Net: History"). CPCs are Pro-Life resource centers that provide a range of services (including pregnancy testing and ultrasounds) to women seeking pregnancy assistance and, though they do not advertise as

anti-abortion, they actively counsel women against seeking abortion. (These services are often located in proximity to abortion providers).

Other Pro-Life supporters sought "direct action" methods of preventing abortion. In 1980, Joseph Scheidler founded the Pro-Life Action League (PLAL), which was among the first political groups to hold on-site protests at abortion providers' offices and clinics, as well as courthouses where cases regarding abortion were held (Blanchard 69). In addition to circulating anti-abortion propaganda literature, PLAL would engage in "sidewalk counseling," in which PLAL members would confront women entering and exiting clinics to inform them that abortion is a moral wrong ("Sidewalk Counseling"). Scheidler's 1985 polemic *Closed: 99 Ways to Stop Abortion*, details this and other "non-violent direct action" techniques for Pro-Life supporters. Perhaps the best known Pro-Life political group is Operation Rescue, founded in 1986 by Randall Terry with the collaboration of Scheidler. Terry's group organized clinic blockades—which they called "rescues"—outside the entrances of abortion providers' offices, personal residences, and clinics on days when abortions were being performed (Blanchard 65). These protests resulted in multiple arrests, such as those that took place in Atlanta, Georgia in 1988 at the Democratic National Convention and in 1991 at the "Summer of Mercy" in Wichita, Kansas.[7]

Though groups like PLAL and Operation Rescue did not explicitly condone violence, the 1990s saw a rash of shootings of abortion providers by Pro-Life militants

[7] The "Summer of Mercy" earned Operation Rescue national attention. For forty-two days, protesters camped outside of Dr. George Tiller's Women's Health Care Service clinic in Wichita, Kansas, and the campaign resulted in over 2,600 arrests (Maraniss).

throughout North America.[8] The first murder, which took place in 1993, was that of Dr. David Gunn in Pensacola, Florida, who was shot by Michael Griffin (Blanchard 100). In that same year, Dr. George Tiller was shot and injured by Rachelle Shannon (100). These acts of violence catalyzed the passage of the Freedom of Access to Clinics Entrances Act in 1994, which forbids the use of force, threat of force or physical obstruction" to prevent someone from providing or receiving reproductive health services" (United States, *Freedom*). This law inhibited strategies of PLAL and Operation Rescue, among others, but violence and even murder toward abortion providers continued throughout the decade.[9]

With the election of President George W. Bush in 2000, the Christian Right once again found a Pro-Life political leader, so legislative and judicial battles had better chances of being won. One of these battles resulted in the Partial-Birth Abortion Ban Act of 2003, which federally prohibits the late-term abortion procedure known as intact dilation and extraction (also known as INDX). Indeed, the term "partial-birth abortion" has been popularized by anti-abortion advocates as shorthand for late-term abortion even though it is not a medical term (Rovner). In 2004, the United States Congress also passed the Unborn Victims of Violence Act (known as Laci and Conner's Law), which states that

[8] Though Terry and Scheidler promoted themselves as activists operating in the tradition of "civil disobedience," they have voiced feelings of apocalyptic righteousness regarding violence committed against abortion providers by convicted murderers like Michael Griffin and Paul Hill (the latter was once a member of Operation Rescue and worked with Terry). In Scheidler's *A Pro-Life Manifesto* (1988), he writes "If armed aggression were the answer, it would have to be done on a large scale, and more than a few abortion clinics would have to be destroyed. To succeed, it would require the destruction of all hospitals or clinics that provide abortions. Heroes who would lay down their life for the cause would have to come forth [sic]" (qtd. in Diamond 96).

[9] Between 1994 and 1998, six incidents of violence were committed against abortion providers and clinic staff, which included shootings and bombings. The most recent incident was the murder of George Tiller by Scott Roeder on May 31, 2009 (Associated Press).

"Whoever engages in conduct that violates […] and thereby causes the death of, or bodily injury […] to, a child, who is in utero at the time the conduct takes place, is guilty of a separate offense under this section" (United States, *Unborn*). Mostly recently, the Pro-Life movement has also influenced the change of state regulations regarding informed consent for an abortion procedure. At present, twenty-four states have laws mandating a waiting period between scheduling and obtaining the procedure, and seventeen states mandate that women be given counseling before an abortion that includes information on at least one of the following: the purported link between abortion and breast cancer (six states), the ability of a fetus to feel pain (nine states), long-term mental health consequences for the woman (seven states), or information on the availability of ultrasound (eight states) (Guttmacher Institute).

One of the most recent state laws limiting abortion access went into effect on July 1, 2008. Doctors in South Dakota who administer abortions are now required to tell abortion patients the following:

> (b)*That the abortion will terminate the life of a whole, separate, unique, living human being;*
>
> (c)*That the pregnant woman has an existing relationship with that unborn human being and that the relationship enjoys protection under the United States Constitution and under the laws of South Dakota;*
>
> (d) *That by having an abortion, her existing relationship and her existing constitutional rights with regards to that relationship will be terminated;*
>
> [italics in original]

(e) A description of all known medical risks of the procedure and statistically significant risk factors to which the pregnant woman would be subjected, including:

(i) Depression and related psychological distress;

(ii) Increased risk of suicide ideation and suicide ("United States").

I highlight this law because it represents a notable shift of focus from the life of the unborn itself to the relationship of the pregnant woman to the unborn, and the toll that abortion can presumably take on her mental health. As the next section shows, the Pro-Life political activity responsible for this regulation has the force of a sub-movement behind it: the Post-Abortion Movement.

The Post-Abortion Movement

While the majority of Pro-Life advocates were arguing against abortion on the grounds that the procedure and all who are involved are engaged in violence against the life of the unborn, a minority of activists turned their focus toward another "victim" of the procedure: women who abort. In 1982, two Pro-Life activists, David C. Reardon and Nancyjo Mann, founded "Women Exploited by Abortion" (WEBA), an organization dedicated to contesting Pro-Choice activists' claims that legal abortion was a medically sound procedure, and that women's legal right to having the choice to abort was central to their reproductive health and well-being. WEBA argued that rather than contributing to

women's well-being, abortion was used by providers to "exploit" women emotionally, physically, and financially (Diamond 97).[10]

By 1986, there were over 200 regional chapters of WEBA established throughout the United States (97). As described by Mann, whose own abortion experience is detailed in the "Foreward" to Reardon's 1987 polemic *Aborted Women: Silent No More*, WEBA's function was twofold: 1) to help women self-identified as "post-abortive" come to terms with their abortion experiences by making spiritual and emotional recovery available, and 2) to provide a platform from which post-abortive women who had been emotionally and spiritual healed could educate the general public, especially young women, about the physical, emotional, and psychological effects of abortion (Mann xxiii). Other groups like WEBA began to form in the mid-1980s, such as Victims of Choice and American Victims of Abortion, the latter affiliated with the National Right to Life Committee. Though operating regionally, these groups were unified by their shared mission to make public the devastating effects they attribute to their abortions, because the procedure itself is a "huge, money-making industry, and …abortion practitioners deliberately do not inform women that they run a high likelihood of lifelong physical and emotional problems—including infertility, frigidity, marital discontent, depression, anxiety, and so on…" (Diamond 97).

To address women who claim to suffer from their abortions, activists set up "post-abortion counseling" programs, in which post-abortive women could emotionally and psychologically recover by way of spiritual delivery into a Christian worldview. Post-abortive women who joined WEBA or visited Crisis Pregnancy Centers were guided

[10] Though I was not able to find out the geographic location of the original WEBA group, I can infer that it began in Reardon's home base of Springfield, Illinois.

toward these counseling programs, many of which were affiliated with the Catholic Church. In 1984, Vicki Thorn founded the outreach counseling program Project Rachel, a Pro-Life ministry sponsored by the Catholic Archdiocese of Milwaukee. In 1990, Thorn also founded the National Office for Post-Abortion Healing and Reconciliation, Inc., which "networks researchers and psychotherapeutic professionals working in the field within the U.S. and abroad, and consults on the formation of post-abortion support services within secular and religious settings" ("National Office"). Services like Project Rachel follow recovery programs outlined in the following manuals: Anne Speckhard's *Post-Abortion Counseling: A Manual for Christian Counselors* (1987) Lucy Freed and Penny Yvonne Salazar's *A Season to Heal, Help for those working through Post-Abortion Stress* (1993), Linda Cochrane's *Forgiven and Set Free: A Post-Abortion Bible Study for Women* (1996), and Sydna Masse's *Her Choice to Heal* (1998).

Though the idea of "Postabortion Syndrome" gained immediate traction with post-abortion counseling ministries, a public debate over the medical significance of PAS gathered momentum in 1987, when President Ronald Reagan directed Surgeon General C. Everett Koop to prepare a report on the physical and psychological effects of abortion on women's health. While actively promoting their agenda through groups like WEBA, Victims of Choice, media outlets like the Christian Broadcasting Network, and partnerships with CPCs, Pro-Life supporters David Reardon, Anne Speckhard, and Vincent Rue had also begun to publish peer-reviewed social science research articles and books challenging mental health authorities' claims that legal abortion had no significant negative effects on women's mental health. In response, Koop convened a task force of the American Psychological Association to review the extant literature on the mental

health effects of abortion. Though Koop did not himself report the task force's findings, he wrote a letter to the President in 1988 stating, "the available scientific evidence about the psychological sequelae of abortion simply cannot support either the preconceived notions of those Pro-Life or those Pro-Choice" ("C. Everett Koop Papers").

In the two decades following Koop's letter, what was first a handful of post-abortion advocacy organizations became the "Post-Abortion Movement." By consistent grassroots organizing such as protests and mass meetings, and by publishing research in peer-reviewed social science journals, the Post-Abortion Movement has created a significant presence in the contemporary abortion debate in the United States. Using television and print media and, most recently, digital spaces on the internet, the Post-Abortion Movement comprises a range of stakeholders with diverse persuasive strategies. The next section gives details of the movement's leaders and illustrates their organizational roles. Indeed, the Post-Abortion Movement is distinct from the greater Pro-Life movement in its focus on counseling, and often ministering, to post-abortive women and at the same time on harvesting the testimonies of these women to reveal the "true" effects of the procedure. The mission of the Post-Abortion Movement is best encapsulated in the following passage by David Reardon and Theresa Burke, taken from their polemic, *Forbidden Grief: The Unspoken Pain of Abortion* (2002):

> It should be noted…that the Post-Abortion Movement is unique and separate from the Pro-Life movement. While Pro-Life groups have promoted awareness of post-abortion stress syndrome as another argument against abortion, they have typically treated it as simply a secondary argument against abortion. Most significantly, major Pro-Life groups have

> generally declined to give financial assistance for either post-abortion research or counseling programs…While there is collaboration between Pro-Life groups and post-abortion ministries, and many shared values, it would be a mistake to see the latter as simply a subset of the former. (275-76)

The next section reviews the prominent rhetors, such as Reardon and Burke, who have played leadership roles and are responsible for many of the groups and ministries mentioned in this introduction. Their individual and collective efforts have been vital to the movement's growth, and they share a common background in either Pro-Life or Catholic initiatives and in the counseling profession.

The Post-Abortion Movement Leaders

Vincent Rue

In 1981, Vincent Rue, who holds a Ph.D. in Human Development and Family Studies from the University of North Carolina-Chapel Hill, gave a testimony entitled "Abortion and Family Relations" before the United States Congress in which he first proposed that abortion was a psychologically stressful and potentially traumatic event for women. At the time, Rue, a Pro-Life supporter, was a professor of family relations at California State University at Los Angeles and United States International University in San Diego and directed the Pro-Life Sir Thomas More Clinics of Southern California. Rue's testimony gives a sketch of what would serve as the basis for his diagnostic proposal for "Postabortion Syndrome" a decade later:

> Virtually no study that I have seen reported additional positive feelings void of negative reaction. However, rank ordered negative feelings may include guilt, anxiety, depression, a sense of loss, anger, relational changes with partner, a feeling of being misled by misinformation or lack of information, deterioration of self-image, regret or remorse, nightmares, anxiety, possible infertility, loneliness, alienation, marital disruption, physical concerns, disturbance in sleep patterns, imagining the aborted child, flashbacks, psychotic reaction, hopelessness, helplessness, powerlessness, and changes in significant relationships. (Rue 331)

A year later, Rue gave a presentation to the Convention of the National Right to Life Committee on the psychological effects of abortion that immediately stirred the interest of the women present who had undergone the procedure. According to Olivia Gans, founder of American Victims of Abortion, Rue was the first to bring attention to an issue that personally touched the lives of many of the women present: "The importance of that lecture on the psychological effects of abortion cannot be overstated. Dr. Rue was among the very first to identify the symptoms of a condition which continues to affect the lives of thousands of women around the world" (Gans). During the Reagan Administration, Dr. Rue was a special consultant to the U.S. Surgeon General, Dr. C. Everett Koop, on abortion morbidity ("Vincent Rue PhD").

In 1987, Rue, a practicing psychotherapist, established the Institute for Pregnancy Loss in Portsmouth, New Hampshire, an independent, non-profit research and treatment center "specializing in the evaluation of and recovery from high stress pregnancy loss, particularly traumatic abortion and adoption experiences" (Mannion 189). Rue worked

closely with Anne C. Speckhard to define the diagnostic criteria and treatment recommendations for a condition they called "Postabortion Syndrome" (PAS) and in 1992 they co-authored the peer-reviewed article, "Postabortion Syndrome: An Emerging Public Health Concern" in which they proposed PAS as a variant of Posttraumatic Stress Disorder. Despite their failure to convince the mental health establishment that PAS should be added to the *Diagnostic and Statistical Manual of Disorders*, Rue continued to promote PAS as a public health concern throughout the 1990s by publishing the polemical counseling texts *Psychological Complications of Abortion* (1992, with Barbara LeBow) and *Postabortion Trauma: Controversy, Diagnosis, & Defense* (1994) both published by Christian, Pro-Life presses. In 2002, Rue began to collaborate with other Pro-Life social science researchers and began publishing multiple-authored reviews and studies in peer-reviewed journals such as the *American Journal of Obstetrics and Gynecology* and the *Journal of Psychiatric Research*. Rue has since relocated his Institute for Pregnancy Loss to Jacksonville, Florida, where he continues his clinical practice and research. In addition to co-directing the Institute, Rue serves as a litigation consultant assisting numerous offices of the state of Florida Attorney General Office on abortion and family related statutory issues ("Vincent Rue PhD"). Most recently, Rue has been a liaison and featured lecturer in the Speaker's Bureau in the Men and Abortion Network, founded in 2005 ("Speaker's Bureau").

Anne C. Speckhard

In 1985, Anne C. Speckhard coined the term "Postabortion Syndrome" in her doctoral dissertation, which she wrote and completed while in the Department of Psychology at the University of Minnesota. Two years later, Speckhard published both a clinical study based on her dissertation research, *Psycho-Social Stress Following Abortion*, and the previously mentioned *Post-Abortion Counseling: A Manual for Christian Counselors*. Both books were published by Christian, Pro-Life presses and served as the basis for the collaboration with Vincent Rue in their 1992 article, "Postabortion Syndrome: An Emerging Public Health Concern." From 1991-1993, Speckhard and Rue co-authored four studies published in peer-reviewed journals, such as the *Journal of Pre- and Peri-Natal Psychology* and the *Journal of Social Issues*. Since the mid-1990s, Speckhard has expanded her interests to include the effects of post-traumatic stress on international victims of terrorism, the Holocaust, and toxic trauma (specifically Chernobyl) ("Selected Publications"). She has published over forty articles and has given Expert Witness testimonies in state and federal cases concerning abortion regulations, immigration, and military policies. Speckhard has also given forensic psychological testimonies in criminal and civil court cases ("Expert Forensic Witness and Other Consultations"). Currently, Speckhard serves as an Adjunct Associate Professor of Psychiatry at Georgetown University Medical School and a Professor of Psychology at Vesalius College, Free University of Brussels, Belgium ("Anne Speckhard PhD-Biography").

David C. Reardon

One of the co-founders of WEBA and the author of *Aborted Women Silent No More* (1987), David C. Reardon is the most prolific and controversial Post-Abortion Movement leader. His advocacy literature and research are widely cited among Post-Abortion Movement activists, and since publishing *Aborted Women,* Reardon has co-authored dozens of counseling manuals, polemics, and peer-reviewed studies on the effects of abortion on emotional health. In 1988, Reardon established the Elliot Institute for Social Sciences Research in Springfield, Illinois, which is "engaged in research and educational activities related to the effects of eugenics, abortion, population control, and sexual attitudes and practices on individuals and society at large" ("Coalition Building"). Abortion, however, is the cause he champions most actively, and in 1992, Reardon established the *Post-Abortion Review*, initially a quarterly print periodical promoting the social and political significance of post-abortion trauma to the contemporary abortion debate. As the main contributor (and in most issues, the only contributor), the *Post-Abortion Review* offers a coherent strategy to incorporate the concerns of post-abortive women in the mainstream Pro-Life agenda. In addition to the *Review*, Reardon used the Elliot Institute to publish numerous advocacy texts under the imprint "Acorn Books," several of which will be described in greater detail in the next chapter.

In 1996, Reardon earned a Ph.D in biomedical ethics from Pacific Western University, an unaccredited correspondence university.[11] A year later, Reardon began publishing the *Post-Abortion Review* out of an internet portal at afterabortion.org. Despite

[11] In 2007, Pacific Western University changed its name to California Miramar University, which, though now accredited, does not offer doctoral programs.

Reardon's dubious training as a social scientist, he has been invited to collaborate with academic psychologists and psychiatrists as a co-author of fifteen research and review articles in numerous peer-reviewed publications between 2000 and 2006, such as, *British Medical Journal*, *Canadian Medical Association Journal*, *Journal of Childhood Psychology and Psychiatry*, and *Southern Medical Journal*. In 2007, Reardon launched two additional websites, this time promoting campaigns against what are identified as coerced abortions. The two campaigns are "Abortion is the Unchoice: Unsafe. Unwanted. Unfair," located at unchoice.com, and "Stop Forced Abortions in America," which can be found at stopforcedabortions.com. The latter campaign is focused on gaining support for a Missouri state law called the "Negligent Screening Act," which mandates that abortion clinic staff thoroughly pre-screen patients to determine if women are at risk of coercion by an outside party. Though neither campaign focuses on post-abortion issues, Reardon draws on much of the research and resources on his afterabortion.org to support claims about the danger of abortion.

Priscilla Coleman

One of Reardon's most frequent collaborators is Priscilla K. Coleman, PhD, an associate professor of Human Development and Family Studies at Bowling Green State University ("College of Education and Human Development"). Coleman has published numerous single and co-authored studies on abortion-related stress and trauma supporting claims that the procedure has negative effects on the mental and emotional health of women. Specifically, Coleman's research findings argue that women often engage in substance abuse behavior to cope with their post-abortion grief. Such studies include:

"Psychiatric Admissions of Low-Income Women Following Abortion and Childbirth" (2003); "The Context of Elective Abortion and Traumatic Stress: A Comparison of U. S. and Russian Women" (2004); "Substance Use Associated With Prior History of Abortion and Unintended Birth: A National Cross Sectional Cohort Study" (2004), and "Induced Abortion and Increased Risk of Substance Use: A Review of the Evidence" (2005).[12]

Coleman's research is often cited by both Post-Abortion Movement advocates to lend support to their claims, and by Pro-Choice advocates who attack such research as lacking in scientific rigor and as ideologically motivated by a Pro-Life agenda (Arthur). Perhaps the most provocative characteristic of Coleman's professional profile is her association with Post-Abortion Movement supporters such as Reardon, whose credentials are consistently called into question by their opponents. In a television interview with journalist Maria Hinojosa of *NOW on PBS* in 2007, Coleman was vague about her attitude toward being associated with an outspoken activist like Reardon: "It's—I don't have a problem with anything about David really, except for if, when we're working together, there's anything in the writing or the analysis that—that I don't agree with. I mean, I—all we do—we don't have discussions about pro-life issues. All we do is work on a paper together" ("Post-Abortion Politics"). Despite what she suggests in this quotation, Coleman makes her expertise available to Pro-Life organizations, such as the Culture of Life Foundation. Chapter four discusses her response to the *2008 Report of the APA Task Force on Mental Health and Abortion* of the organization website for Physicians for Life.

[12] Aside from Reardon, Coleman's most frequent collaborators are Thomas Strahan, Jesse Cougle, Martha Shuping, and Phillip Ney. With the exception of Cougle, who is an assistant professor of psychology at Florida State University, all of Coleman's co-authors are explicitly self-identified as Pro-Life.

Theresa Burke

In 1986, Theresa Burke, who holds a doctoral degree in counseling psychology,[13] founded the Center for Post Abortion Healing in Milwaukee, Wisconsin, one of the first therapeutic counseling groups for post-abortive women. Alongside her collaborator Barbara Cullen, Burke developed a paradigm for post-abortion healing in 1994 with their manual, *Rachel's Vineyard: A Psychological and Spiritual Journey of Post Abortion Healing*. In 1995, Burke and her husband Kevin founded the non-profit organization Rachel's Vineyard, a weekend therapeutic retreat for post-abortive women designed for Catholic and Interdenominational settings, for which *The Rachel's Vineyard Weekend Retreat Manual* (1995) was created ("History of Rachel's Vineyard"). To date, the Rachel's Vineyard support group and retreat models are now offered in forty-seven states and the International outreach has extended to Australia, Canada, Africa, Mexico, South America, Ireland, England, Scotland, France, Portugal, Spain, Italy, Poland, Jamaica, Korea, Taiwan, Philippines, Singapore and Russia with new translations in progress for Korea, Japan and China ("History"). In addition to the manuals previously mentioned, Burke has written the polemics *Forbidden Grief: The Unspoken Pain of Abortion* (with David Reardon) (2002) and *The Contraception of Grief: The Genesis of Anguish Conceived by Abortifacients and Sterilization* (2006).

[13] I was not able to find which institution granted her the degree.

Rachel MacNair

Like Priscilla Coleman, Rachel MacNair has been a voice of dissent concerning the mental health establishments' critique of post-abortion stress as a significant medical issue—particularly the findings of the *2008 Report of the APA Task Force on Mental Health and Abortion*. MacNair holds a Ph.D in sociology and psychology from the University of Missouri at Kansas City, and from 1984-1994 served as President of the organization Feminists for Life. In 1995, MacNair founded the Feminism and Nonviolence Studies Association (FNSA), which publishes an academic, interdisciplinary journal that "explores the long but vital tradition of prolife feminism and related life and death issues" ("An Invitation from the Publisher"). Though initially published as a print journal under the name *Studies in Prolife Feminism*, in 1997 the journal changed to an online format and was renamed *Feminism and Nonviolence Studies* ("An Invitation"). In addition to running FNSA, MacNair publishes research on the psychology of peace and violence, which covers subjects like vegetarianism, abortion, combat, and capital punishment. MacNair has published two monographs from the academic press Greenwood Publishing Group: *The Psychology of Peace: An Introduction* (2002) and *Perpetration-Induced Traumatic Stress: The Psychological Consequences of Killing* (2003).

Like Reardon, however, MacNair also maintains an independent non-profit research institution with a staff of one: the Institute for Integrated Social Analysis (IISA). Promoting itself as the research arm of the political organization Consistent Life, IISA's goal is "to increase the quantity and quality of research on matters pertaining to the

consistent life ethic and the connections between issues of violence from abortion and euthanasia to the death penalty and war" ("Institute for Integrated Social Analysis"). The website does not list its researchers and the link entitled "Participant Registry Form" is expired and cannot be found. There is, however, a link entitled "Delving Deeper into the Consistent Life Ethic," which users can follow to find the range of titles by Consistent Life activists. In 2009, the Feminism and Nonviolence Studies Association published MacNair's *Achieving Peace in the Abortion War*, in which she explicitly critiques the methodology and conclusions of the *2008 Report of the APA Task Force on Mental Health and Abortion*.

Post-Abortive Women and Emotional Evidence

At the heart of the Post-Abortion Movement is the argument that abortion is morally wrong because, in addition to being on par with murder, the procedure harms women emotionally. The evidence used by Post-Abortion rhetors to support this claim most often comes from the first-person testimonies of women who self-identify as *post-abortion* or *post-abortive*. To be *post-abortive* is to inhabit a liminal space between the past and present. Though no longer pregnant, being post-abortive means a woman has not necessarily returned to her pre-pregnant state. The abortion has transformed her, and her experience no longer fits into the Pro-Choice narrative of a woman who is relieved and grateful to have been able to exercise her reproductive rights. Furthermore, this "new" woman is precluded from rejecting abortion as well as all those who perform and seek it because she herself has chosen to undergo the procedure. But in this new space of the post-abortion experience, the post-abortive woman finds she has no one to speak for her

because no one in the abortion debate knows how to talk about her experience. Thus, she speaks for herself, and in so doing speaks the canonical narrative of the Post-Abortion Movement.

Furthermore, the post-abortive woman gives personal testimony not just about her abortion experience and its aftermath, but also about her eventual recovery and the healing she has come to know through the community of other post-abortive women and their advocates. According to the movement, each woman's testimony is a source of knowledge that reveals the "truth" about abortion and is itself a force for building support for the Pro-Life mission of stating abortion as murder. By asserting the authority of women's testimony as proof that abortion can and does physically and emotionally damage women, the Post-Abortion Movement attempts to draw a distinction between "experience" and "rhetoric."[14] In this case, "rhetoric" intended as a label for manipulative speech designed to misrepresent or coerce its auditors. For the Post-Abortion Movement, this "rhetoric" includes both the Pro-Life and Pro-Choice *topoi* that have historically dominated public discourse. "Experience," however, refers to the body of women's first-person accounts of their devastating emotional experiences with abortions. I will use the term "emotional evidence" to refer to the argumentative support offered by Post-Abortion Movement advocates that is gleaned from post-abortive women's testimonies. That the movement welcomes testimonies from a wide variety of sources during the years since *Roe vs. Wade* in 1973 signifies that these stakeholders are striving to construct a counter-history to that of the reproductive rights movement, and in doing so to position themselves as a "feminist conscience" of the Pro-Choice

[14] This distinction is epitomized in the title of the Silent No More Awareness Campaign's promotional documentary *The Truth about Abortion: Experience vs. Rhetoric* (2000).

stakeholders. Furthermore, the reliance on testimony by the Post-Abortion Movement's complicates the role of privacy which has been central to legal arguments in favor of abortion. Testimony makes public what has been historically understood as private—the abortion procedure itself.

When a woman submits her abortion testimony to be posted on websites like the Silent No More Awareness Campaign or AbortionChangesYou.com, it becomes imbued with a meaning beyond that of just recording the event and her reflection. She participates in community building and maintenance along with other women who have shared their abortion testimonies. The banking of testimonies adds persuasive power to the post-abortion claims that there is an ever-growing number of women and men traumatized by abortion. It is important, though, to dissociate those who have experienced abortion and those who have experienced abortion as traumatic. What's more, there is little to be gained from trying to determine whose experience is "right" or "true," because personal experience itself is not enough to advance social change; the means used to give that experience rhetorical efficacy, though, are well worth exploring. Post-abortive women's testimonies must be analyzed in terms of these women's claims to tell the "truth" about abortion. It matters not how verifiable they are, but it does matter what testimonies say about the role of trauma in post-abortive women's lives, and what they intend for these testimonies to accomplish. The post-abortion testimony is a genre that mobilizes the social action of the movement, self-maintenance, and building community.

The Role of Testimony in Rhetorical Theory

Testimony, the individual or collective written or vocalized attestation to the truth of a matter, is historically situated primarily in legal contexts. The condition of "bearing witness" defines this context, because whatever truth is being conveyed depends on the individual's or collective's having personally experienced an event firsthand. Rhetoricians theorizing the role of testimony in the Aristotelian tradition draw a clear connection between testimony and its potential to bolster the *ethos* of the rhetor. Because testimony concerns an event or events beyond the rhetorical situation itself, Aristotle considers such proof "non-technical means of persuasion" (83). Delivered by witnesses, the persuasive weight of such accounts depends on whether the audience determines that testimonies are probable or not; such probability, though, ultimately relies on the rhetor's facility with the technical means of persuasion—the appeals and proofs inherent in the speech itself.

In *The Philosophy of Rhetoric* (1776), George Campbell regards testimony as a form of moral evidence, which must be judged in terms different from scientific evidence. Moreover, he examines the nature of testimony for what it reveals about general philosophic truths and specific historical events:

> [T]hat testimony, antecedently to experience, hath a natural influence on belief, is undeniable. […][E]xperience is the foundation of philosophy; which consists in a collection of general truths, systematically digested. On the contrary, the direct conclusion from testimony is particular, and runs thus: "This is the fact in the instance specified." Testimony, therefore,

> is the foundation of history, which is occupied about individuals [sic]. (919)

According to Campbell, testimony is useful moral evidence because it vouches for particular details supporting an account of the past. Like Aristotle, Campbell emphasizes the role of probability in the effectiveness of testimony as evidence when he asserts that a "number of concurrent testimonies" has "a probability distinct from that which may be termed the sum of the probabilities resulting from the testimonies of the witnesses, a probability which would remain even though the witnesses were of such a character as to merit no faith at all. This probability arises from the concurrence itself" (920). In other words, a collection of testimonies is more persuasive than testimony from a single witness, regardless of how credible the group of witnesses actually is individually. In *Elements of Rhetoric* (1828), Richard Whately agrees with Campbell that a concurrence of testimonies is superior that of a single witness. Indeed, the power of the majority sets the standard of truth. However, Whately importantly attends to the conditions under which testimony is elicited, a concern previously disregarded in the Western rhetorical tradition. As he says, "quiet, gentle, and straightforward, though full and careful, examination will be the most adapted to elicit *truth*" [italics in original] (1015). Indeed, Whately's discussion of testimony as evidence is explicitly focused on its forensic function in a court of law, which accounts for his emphasis on the process of extracting testimony from witnesses.

While rhetorical theorists offer useful perspectives applicable to the persuasive role of testimony in the Post-Abortion Movement, a recent trend in using testimony not to attest to events but to attest to effects has come from the victim's rights movement of the

1960s and 1970s whose efforts carved out a space in U.S. criminal and civil court case hearings for the "victim impact statement" (VIS) (Propen and Shuster 5). In these statements, victims who were either directly or indirectly impacted by a crime (sexual, psychological, physical, financial, etc.), can submit written testimonies to be orally delivered during a hearing for the judge and jury's consideration. In 1994, the U.S. Supreme Court ruled in favor of allowing victims of capital crimes to give testimony after a guilty verdict is issued in order to persuade jurors that a convicted criminal should receive a death sentence (Shuetz 197).

Scholars have recently begun exploring the rhetorical potential of victims' testimonies for shaping sentencing outcomes and have found that the VIS as a new legal genre is persuasive because it enables victims to reveal their individual experiences resulting from the crime at hand by participating in an activity and practice shared by other victims and victim advocates. In "Understanding Genre Through the Lens of Advocacy: The Rhetorical Work of the Victim Impact Statement" (2010), Amy D. Propen and Mary Lay Schuster argue that, although the victim impact statement is a highly personal and individualized genre, "it is through continued production of the VIS that victim advocates are able to not only reinforce the authority of the genre but also define their own membership within a community as well as encourage interactions across groups" (10). Furthermore, it is the emotional content of the victim impact statement enables this genre to play a role in how jurors proceed with sentencing, particularly in crimes with a large number of victims. According to Janice Shuetz's "Arguments of Victims: A Case Study of the Timothy McVeigh Trial" (2005):

> Even though the courts try to restrict the emotional content of victims' statements, the arguments achieve their rhetorical potency when victims relate personal evidence about the effects of the crime and bear witness to their own suffering. In this way, the *emotional evidence* presented by victims causes jurors to reconsider and perhaps reinterpret the meaning of the facts and logical reasoning presented in the trial. [italics mine] (199)

Like the victim impact statement, the post-abortion testimony presents emotionally-loaded evidence that Post-Abortion Movement advocates promote via its many discursive channels to change Americans' attitudes toward abortion—or at least to provoke them to think of abortion in terms of trauma.

The Post-Abortion Movement as a Case Study of the Rhetoric of Testimony

The Post-Abortion Movement has had a unique impact on public discourse on abortion, and its tactics raise important issues in rhetorical theory for the use of testimony. At the same time, some of the tactics of its supporters resemble those of other social movements. Although the Post-Abortion Movement is forthright about its allegiance with the greater Pro-Life movement, it distinguishes itself by disavowing the movement's use of violence toward abortion providers and its alienation of women who have had abortions. The Post-Abortion Movement achieves its goals in part by using the tactics of the original women's health movement, which was successful at putting pressure on the medical establishment to bring abortion and women's reproductive health care to the foreground. The tactics it uses include: testimony of gendered and especially

bodily experience, and the public assertion of "breaking the silence" around abortion grief. In her landmark essay, "The Rhetoric of Women's Liberation: An Oxymoron" (1973), Karlyn Kohrs Campbell discusses how the rhetoric of feminist advocacy campaigns made use of testimonies to create an agenda for how women should liberate themselves from sexist cultural and institutional practices.

> The distinctive stylistic features of women's liberation rhetoric are a result of strategic adaptation to an acute rhetorical problem. Women's liberation is characterized by rhetorical interactions that emphasize affective proofs and personal testimony, participation and dialogue, self-revelation and self-criticism, the goal of autonomous decision making through self-persuasion, and the strategic use of techniques for [according to a phrase used by many radical feminists]'violating the structure of reality' [qtd. in Campbell]. (83)

By giving personal accounts of their lived experiences with sexism, women in consciousness-raising groups reflexively made progress in their own personal lives and laid the groundwork for the political and economic shifts fomenting. Campbell's conclusion that the rhetoric of women's liberation is an "oxymoron" is based on the reality that feminist rhetoric simply did not have, in 1972, a unified platform and audience to achieve deliberative action that produced tangible social progress for women's status as second-class citizens. Because of its stylistic and substantive rhetorical differences from leader-centered movements (like the civil rights and black power movements), feminists could not achieve the same kinds of rhetorical victories. In arguing for the interrelationship of the personal and political, Campbell claims that the

rhetoric of women's liberation was a distinct genre of its own.[15] As she describes it, this distinction was exemplified in its unique rhetorical transactions: "feminists believe that sharing personal experience is liberating, i.e., raises consciousness, because all women, whatever their differences in age, education, income, etc., share a common condition, a radical form of 'consubstantiality' that is the genesis of the peculiar kind of identification they call 'sisterhood'" (84). Though such identification was challenged immediately by feminists who felt that such universalizing obscured differences like sexuality and race, the impulse toward this identification was persistent. As Susan Wells's recent scholarship on the Boston Women's Health Collective's composition of the highly successful *Our Bodies, Ourselves* reveals, feminists were able to achieve significant rhetorical strides working under the assumption that they shared a great deal in common in their bodily experiences as women.

However, the tactics Campbell describes in this article have been influential in ways second-wave feminists could not have anticipated. As I show, the Post-Abortion Movement has co-opted such consciousness-raising tactics, specifically personal testimony, for the purpose of building an agenda that runs counter to those of Pro-Choice second- and third-wave feminist movements. Using the proof of personal testimony, post-abortive women bear witness to the Pro-Life argument that abortion ends a human life, and that abortion is not, in truth, a choice that anyone can make. The Post-Abortion Movement's use of personal testimony differs in substance from that of second- and

[15] In "'The Rhetoric of Women's Liberation: An Oxymoron' Revisited'" (1999), Campbell retracts her use of the term "genre" to describe the rhetoric of the second wave of feminism. She writes, "What the term *genre* was intended to convey is something to which I remain committed, that is, that the discourse of any effort of social change or any movement (however defined) differs from that of any other and cannot usefully be analyzed by some general template" [italics in original] (139).

third-wave feminists because post-abortive women's accounts attest that they have suffered victimization at the hands of abortion providers, who are regarded as Pro-Choice and feminist.

The Post-Abortion Movement blames the Pro-Choice movement for doing what they claim the medical establishment had previously done to women. To further legitimate itself, the Post-Abortion Movement produces research in peer-reviewed journals and disseminates statistical data on the negative mental health effects of abortion. The groups continuously pressure mental health authorities to produce their own studies that justify their Pro-Choice politics. This pressure has led the APA to assemble two task forces to review the existing literature and submit reports, the first in 1989, and the most recent in 2008. Indeed, such a conflict over what "counts" as appropriate research on mental health and abortion takes root in their opposing agendas.

A significant difference between Post-Abortion stakeholders and Pro-Choice stakeholders is that the former are committed to the possibility of converting auditors to their side, whereas the latter are committed to protecting and defending themselves from their opponents. The Post-Abortion Movement wants to challenge the Pro-Choice preoccupation with abortion as defined solely as "choice." The movement supporters are invested in revealing the unforeseen consequences of that choice in order to make that choice unthinkable in the future. Pro-Choice stakeholders, on the other hand, are committed to asserting that a negative response to an abortion experience is not about the abortion but about the pregnancy or women's life prior to the pregnancy. In the chapters that follow, I analyze how the Post-Abortion Movement presents its claims and evidence in a range of rhetorical spaces.

Chapters two and three examine the inception of the Post-Abortion Movement and how it represents itself and its goals in key texts produced by movement forerunners; these texts are widely cited and circulated throughout the movement, and establish the scaffolding for understanding how the Post-Abortion Movement has changed the terms of the abortion debate in public discourse. How both Pro-Choice and Post-Abortion rhetors use the social scientific, peer-reviewed forum to advance their movement goals is the subject of chapter four. I show how examining the 2008 report's analysis of the extant research on abortion and mental health reveals how Pro-Choice and post-abortion stakeholders are each operating under different assumptions of what an abortion experience is and consequently means. Post-Abortion rhetors place emphasis on the abortion itself as a contact zone of psychological rupture, and in order to demonstrate this view, they rely on research that resists the biomedical medical paradigm of statistical research and they favor approaches derived from the individual case study. In addition to this preference, though, Post-Abortion rhetors are much more concerned with the moral "truth" made possible by women's own narrated experiences of abortion. These stakeholders believe and trust that there is persuasive power in testimony to change peoples' minds on the efficacy of abortion because they have seen this change happen. It is this conversion experience from which they want to draw their rhetorical momentum. Recognizing that not everyone is prone to being persuaded in such a manner, Post-Abortion stakeholders occupy numerous discursive spaces in forums that showcase individual experience. These genres range from the published polemic to legal briefs, and from peer-reviewed social scientific articles, to personal blogs.

Explanation of Methodology

To understand the tactics of the Post-Abortion Movement and especially the significance of women's personal testimonies to the agenda and maintenance of this movement, I use an eclectic range of rhetorical methods, beginning with interpretative theories of argument derived from Aristotle's *Rhetoric*, specifically the *topoi*, the proofs, and the appeals. The concept of *topoi* is vital to understanding how the Post-Abortion Movement's agenda has reshaped the lines of argument in the contemporary abortion debate. I argue that the movement's *topos* that abortion negatively impacts women's mental health is informed by the proof of testimony. To Aristotle, testimony is an inartistic proof whose effectiveness depends on the *ethos* of the witness and of the rhetor deploying the testimony. However, in my formulation of testimony as "emotional evidence," such a proof is artistic because of its potential as a pathetic appeal. The dynamic use of testimony as both credibility-building for the Post-Abortion Movement and as a standard of evidence to support claims about women's abortion experiences transforms it from inartistic proof to artistic proof.

In their emotional intensity, post-abortive women's testimonies typify the persuasive possibilities of *pathos*. According to Aristotle, "The Emotions [sic] are all those feelings that so change men as to affect their judgments" (91-2). Post-Abortion Movement advocates often attribute their own alliance with the movement's cause to the "truth" of women's personal testimonies because these narratives offer details of precisely how abortion affects women, and it is because these details are based on women's experiences that they are taken as fact. To understand how testimonies take on a dual role as static proof of an experience and dynamic proof that moves auditors through

pathetic appeals, it is necessary to understand how these roles emerge with respect to the rhetorical situation.

Lloyd Bitzer's foundational definition of the rhetorical situation is a "natural context of persons, events, objects, relations, and an exigence which strongly invites utterance" (4). The rhetorical situation is comprised of a constellation of four components that govern the rhetorical act: exigence, audience, constraints and purpose. However, it is useful to elaborate Bitzer's model with Richard E. Vatz's critique of the "natural context" Bitzer claims to exist. As Vatz argues, any given rhetorical situation cannot have a "nature independent of the perception of its interpreter or independent of the rhetoric with which he chooses to characterize it" (154). In the discourses of the Post-Abortion Movement analyzed here, there exist many different rhetorical situations in contexts that are far from "natural." In chapters two through five, I examine the rhetorical situations of print and digital advocacy as well as social science research, all of which have contexts strategically designed by the rhetors involved. These rhetors are motivated by a shared exigence—to expose and manage post-abortive women's experiences in the service of stopping abortion. These chapters attend to how these rhetors respond to this exigence and work with the constraints and audiences, such as individual women and lawmakers, within the given situations to achieve their purposes.

While the rhetorical situation provides a useful framework for understanding the persuasive discourses of the Post-Abortion Movement, I complement this model with another one well-suited to the rhetoric of social movements, which are marked by dynamic group interactions: Ernest Bormann's models of Symbolic Convergence Theory and Fantasy-Theme Analysis. These models enable me to address how the formation of

the Post-Abortion Movement's agenda emerged from the telling and re-telling of individual and shared experiences of traumatic responses to abortion. In Symbolic Convergence Theory and Fantasy-Theme Analysis, a group of individuals share converging stories and, based on these common narratives, unite themselves around a common problem, which Bormann calls a "fantasy theme." To manage their relationship to this problem, the group creates a solution—a "rhetorical vision." These "fantasy" themes and rhetorical visions function as a heuristic for understanding whatever stories and conflicts arise. In chapter two, I use this model in my analysis of two key polemical texts in the Post-Abortion Movement.

In order to fully address the dynamic functions of personal testimony in the Post-Abortion Movement, I incorporate the genre analysis models of Carolyn Miller as set forth in her landmark "Genre as Social Action" (1984). Fusing Mikhail Bakhtin's concept of speech genres as utterances tightly wedded to their given social context with Bitzer's notion of exigence as a "an imperfection marked by urgency" (7), Miller's model lends itself to my claim that the exigence for the Post-Abortion Movement has created the new genre of the "post-abortive testimony." This genre template of post-abortion narratives does the following: 1) explains why abortion was the only possible course of action taken at the time of the crisis pregnancy; 2) accounts for the troubled life experiences following the procedure; 3) recount the troubled life experiences following the procedure to abortion and its accompanying actors, especially the post-abortive woman; 4) identifies the opportunity for recovery as it presented itself through the promise of spiritual deliverance; 5) affirms the post-abortive woman's commitment to the Post-Abortion Movement and the greater Pro-Life Movement. This genre, particularly when published

in websites and blogs, which I discuss at length in chapter five, also has the persuasive effect of building movement support because of the interactive nature of open web technologies.

Conclusion

In *Abortion, Motherhood, and Mental Health: Medicalizing Reproduction in the United States and Great Britain* (2003), sociologist Ellie Lee asserts that abortion opponents arguing for the public recognition of abortion trauma have not achieved "the purchase [they] had hoped for" (3). Lee suggests that as of the early 2000s, these opponents' claims have not persuaded American (or British) cultures that abortion is a mental health threat, and, consequently, they have not achieved the legal and policy outcomes they had hoped for. By presenting a rhetorical history of the Post-Abortion Movement, I hope to show the strategies of its rhetors who, to this date, remain committed to persuading American citizens otherwise. By examining how the Post-Abortion Movement invokes first-person accounts of post-abortive women as persuasive support for its mission, I show how personal testimony, when used as evidence in public discourse, presents rhetorical critics with interesting issues that must be confronted if we are to continue to chip away at the divisiveness marking so much of the discourse of the abortion debate.

Chapter Two: Testimonies and Trauma

Introduction

"Every Tuesday a scheduled bus picked up students and took them to the Planned Parenthood clinic. School counselors arranged the visits. It was all so organized."

"*The nurse said this was not the time to be asking questions."*

The above quotations that begin this chapter are from women who had abortions, and they make up the opening lines of an e-mail sent by the Elliot Institute on September 9, 2008. The subject line reads, "The School Bus and Shopping Mall Detour American Parents Need to Hear About." The message asserts that high schools across the United States are organizing trips to take students to "health centers" set up by "abortion businesses" in unassuming locations like shopping malls. According to the message, "Every day, a few misguided but influential teachers, counselors, nurses, marketers and even some pastors, are coercing vulnerable young women, who are then typically left alone to grapple with the heartbreaking, sometimes deadly, aftershock" (Elliot Institute). Though it is unclear how many students are being shuttled to such clinics, the e-mail recipient is meant to be alarmed by such news. To help raise awareness, though, the e-mail recipient can download posters available as portable document files at the website "theunchoice.com."

To receive this e-mail, one must register at the theunchoice.com, a website started in 2007 by David C. Reardon. The site's homepage reads "Abortion is the Unchoice. Unwanted. Unsafe. Unfair." This website is linked to Reardon's main website "afterabortion.org," which has been an active resource portal since 1997, and which proclaims itself to be "the web's most complete source of information on the

aftereffects of abortion and post-abortion healing." The resources on this site are generated by Reardon's Elliot Institute (see chapter one). Anyone searching either theunchoice.com or afterabortion.org is likely to be struck by the number of first-person accounts from women testifying that their abortions left them emotionally devastated. But where do these stories come from? Who are the women who give their testimonies, and why are they compelled to give them? To understand why these websites exist, it is necessary to go back to the original location of the testimonies urgently presented in the e-mail received last September: Reardon's 1987 book, *Aborted Women: Silent No More*.

Reardon's book, published by Loyola University Press, presents a combination of first-person testimonies from the activist group "Women Exploited by Abortion" (WEBA) and analyzes recurring themes in those testimonies as support for the argument that abortion causes women emotional and psychological damage. The book opens with the following call to action:

> Who are the women who abort? This is a question which should be answered with more than government statistics of age, race, and marital status. Instead, women who abort must be understood as a people, a group of women faced with a common problem, seeking a common solution. To understand their needs and to empathize with their lives, we must understand their feelings, their dreams, their joys, and their sorrows. We need to know who these women are, why they choose abortion, and perhaps most importantly, how abortion changes their lives. Knowing the answer to these questions, other women who are faced with unplanned

> pregnancies will be better prepared to decide when abortion is their best choice, and when it is their worst. (1)

As an activist polemic, *Aborted Women* extended these two functions of WEBA offering sections of women's first-person accounts of the emotional and psychological hurt caused by their abortions, arranged to provide specific details of their individual situations as a backdrop for the general post-abortion issues Reardon's establishes. *Aborted Women* offers evidence that contrary to public perception, there do exist women who have been adversely affected by a procedure claimed to provide relief, and that their experiences offer insight into the damaging effects of abortion.

Significantly, the exigence offered for both WEBA and *Aborted Women* is the need to respond to women who feel alienated from both Pro-Life and Pro-Choice activism. In the Foreward to the text, Nancyjo Mann writes the following about these women in the "middle":

> Between these polarized groups lies a third group, ignored in this battle of ideals and rhetoric. The third group is made up of the women who have actually had abortions. These women do not speak of abortion in terms of political or ideological philosophies. They do not cherish abortion as utopian freedom, nor do they condemn it as the ultimate vice. They have no patience with such abstract mind-games, because to them, abortion is very real. These women have confronted the harsh circumstances which demand abortion, and they have struggled with its painful decisions. They have experienced abortion in all its realities, in its relief and in its shame.

> Theirs is a voice that needs to be heard—indeed, has a right to be heard. For above all others, theirs is the voice of experience. (ix)

Mann's assertion that the women in this third group occupy a space between Pro-Life and Pro-Choice groups can be used as a point of departure for an analysis of *Aborted Women: Silent No More*. *Aborted Women* was a watershed for the Post-Abortion Movement, and it has become an authoritative text for a number of reasons. First, Reardon offers a taxonomy of abortion experiences and their accompanying characteristics drawn from testimonies of WEBA members. In this way, *Aborted Women* is a reference guide for women who have undergone abortion procedures and have come to regard their experiences as emotionally painful. Second, Reardon's book archives the Post-Abortion Movement's origins by comprehensively profiling women in WEBA. *Forbidden Grief*, published fifteen years later, marks both the movement's successes and sustained relevance. Following a schema similar to *Aborted Women*, the main author this time is Dr. Theresa Burke, a psychotherapist who specializes in post-abortion grief counseling and also operates weekend abortion recovery retreats, called Rachel's Vineyard. Taken together, these texts provided the sustained rhetorical force behind the Post-Abortion Movement from the late 1980s into the early 2000s.

These texts reveal how the movement's stakeholders deploy women's testimonies as a well-spring of information about the detrimental effects of abortion on women and society at large. However, a crucial transformation occurs when testimonies published first as individual personal experience are then used collectively as evidence to promote public awareness of the damaging emotional effects of abortion. Such knowledge-making begins in *Aborted Women* and becomes concretized in *Forbidden Grief*: In

Aborted Women, women who have had abortions are profiled, and their first-person accounts are included in separate sections called "Profiles," meant to be read as companions to the thematic chapters. In *Forbidden Grief* Reardon and Burke build on the archive from *Aborted Women* by adding testimonies gathered from Burke's counseling practice and weekend retreats. Additionally, the authors cite selections from *Aborted Women*, often-without providing context for the details offered.

In the testimonies cited, post-abortion pain is experienced and re-experienced over the course of many women's lives. The management of that pain, first the concern of church ministries and WEBA, has, over the course of two decades, fallen under the domain of "post-abortion recovery." The testimonies presented as evidence that many women are emotionally, psychologically, and/or physically damaged by their abortions have, as a result of their repeated use by rhetors like Reardon, become elevated to the status of fact for the Post-Abortion Movement. Collectively these facts are then codified as "abortion trauma," a condition which necessitates a solution: post-abortion recovery. By drawing from a tremendous archive of testimonies spanning over two decades, *Forbidden Grief* continues the work begun in *Aborted Women* by promoting "post-abortion recovery" programs as the best means to achieve the healing desired by women profiled in Reardon's first book. In this chapter, I show how rhetors in this movement employ the testimonies of women who have had abortions to construct a narrative of abortion as an inevitably traumatic event that requires the cure of a post-abortion recovery program. This analysis will necessarily entail an elaboration of the Post-Abortion Movement in terms of the stages of social movements, which I explain using critical models of fantasy theme analysis and symbolic convergence theory.

To be sure, the Post-Abortion Movement takes as a given an anti-abortion stance. But unlike its Pro-Life and Pro-Choice counterparts, the Post-Abortion Movement elides a *topos* of definition to bolster its persuasive currency (see chapter one). The Post-Abortion Movement rhetorically avoids this question of defining abortion as murder or as a woman's right to choose by instead constructing the "post-abortion experience" as a rhetorical space in which to determine the definition of one's abortion experience. From the *post-abortion experience*, the *post-abortive woman* necessarily emerges. Thus, *she* is called upon to define what abortion "is" as determined by her "abortion experience." What Post-Abortion Movement rhetors have done is to create a discursive space for women to tell stories of their traumatic abortion experiences. Though the particular details and circumstances of each woman's crisis pregnancy, clinical encounter, and recovery differ from story to story, what remains constant in these testimonies is that abortion has negative effects on women's mental health. That the abortion experience produces pain is emphasized by post-abortion rhetors in a way that de-centers the Pro-Life or Pro-Choice agendas and side-steps the need to address the definition of abortion as a legal right or a moral wrong. Concern for women's well-being replaces concern for the fetus as the focal point of the debate, and the most important issue at stake is the fact of pain—physical, emotional, psychological. In the Post-Abortion Movement, pain is pain, whether experienced in 1969 or 2009.

The Schema of *Aborted Women: Silent No More*

To set context for his study, Reardon identifies three factors that limit the opportunities to survey women who have had abortions: 1) Pro-Choice interest groups

have actively worked to prevent access to the personal information of women who abort in the name of protecting their privacy; 2) abortion providers, who have access to such information, have a vested interest in maintaining patient confidentiality, and 3) the disparities between the number of abortions in urban versus rural areas make for geographical constraints in accurately accounting for the differences in women's abortion experiences (2-3). Given the pool of experience available in WEBA chapters, Reardon distributed surveys to 252 women in chapters across forty-two states (4). To support his claim that the WEBA sample is representative of the "aborting population as a whole," Reardon measures the demographics of his survey data against national data reported in the U.S. Department of Commerce's *Statistical Abstract of the United States 1984* and the "Abortion Data Report to the General Assembly" presented to the Illinois Department of Public Health on July 19, 1982. However, where Reardon's findings admittedly depart from the national data is in the WEBA members' response to the question, "Are you satisfied with your abortion choice today?" (7). Given the organization's mission, it goes without saying that WEBA members already see their abortions as univocally regrettable. While he concedes that even though their answers might not represent the general population of women who have had abortions in the United States, Reardon asserts the following observation to subtly suggest otherwise: "[M]any WEBA members were once very much satisfied with their abortion decisions. If any one point is made clear by this survey and the interviews which follow, it is the fact that *dissatisfaction and regrets over abortion grow with time*" (7) [italics in original].[16] By placing such emphasis on the concluding phrase of the sentence, and asserting that his claim is a "fact," Reardon

[16] To date, there have been no studies conducted regarding the positive effects of abortion.

highlights women's reported change in attitude toward their abortion experiences. As far as he is concerned, such changed feelings signify an epiphany, a realization that the abortion itself was not just a choice but a catalyst for the negative life events that occurred after the procedure.

In *Aborted Women,* members of WEBA were solicited by Reardon to submit written responses to a survey entitled "Abortion Experience Questionnaire," which he includes in the Appendix. The survey consisted of two parts: background information and survey questions (328). The Abortion Experience Questionnaire and accompanying results follow a six-point scale, where "1" is equivalent to "Not at All," ranging to "5," which is "Very Much, "and "Unsure," indicated by zero (332). Put broadly, the fifty-seven questions address the circumstances in which women decided to abort, if they felt coerced, if they experienced physical or mental anguish before or after the procedure, if they felt they were given clear information regarding the abortion procedure, how they felt they were treated by clinic staff, what they thought about the nature of the fetus before and after the procedure, and, if they could make the decision again, whether or not they would have chosen abortion (333-37). Based on WEBA members' responses to those surveys, Reardon then solicited testimonies from select women about their post-abortion experiences. He next arranged their testimonies and fit them into the "profiles" sections. Reardon's rationale for contacting the particular survey respondents he did is mostly unstated in *Aborted Women*; the most he reveals is that the criteria was "largely subjective" and that he picked surveys that were of "potential interest" (28). He contacted thirty-two women, received twenty-eight responses, and, based on space limitations, included twenty testimonies in the collection (29). Reardon states that most of the

testimonies they received were written, though four women submitted stories by telephone interview, and four others tape recorded their testimonies. The verbal testimonies were then transcribed, edited for redundancy, and sent back to the contributor for approval before being included in the collection (29).

To support his claim that *Aborted Women* offers a comprehensive and accurate study of women's abortion experience, Reardon argues in favor of his collection by describing how it compares to short-term studies of post-abortive women:

> Unlike other collections of abortion testimonies which are available, these stories are complete. Most other researchers have interviewed aborted women only a short time after their abortions. In these cases the women are often confused and still uncertain about their feelings, and they are always anxious to preserve their anonymity. The stories collected here, on the other hand, were all written from a long-range point of view by women who have a matured and reflective perspective on what they have experienced. They have gone beyond the sad ambivalence which most aborted women feel. They have reconciled themselves to what they have done, and they have come to a better understanding of both themselves and abortion. They have completed the cycle. (28)

The "other collections" to which Reardon refers are the studies he cites in the chapter "Evidence From the Pro-Choice Side." As the title of the chapter suggests, these collections take an explicit Pro-Choice stance and include women's first-person accounts of their abortion experiences immediately before and after the procedure, many of which

are marked by ambivalence.[17] Reardon characterizes this ambivalence as "sad," and sees this ambivalence as a sign that these women who identify as Pro-Choice have yet to achieve a "matured and reflective perspective on what they have experienced" (28). Reardon's summary of the differences between his and others' collections suggests that, with the passage of time, women will confront the lasting emotional pain of abortion and recognize that it was a mistake, or, that they will have "reconciled themselves to what they have done" (28). Arriving at the conclusion that abortion causes more problems than it could possibly solve is, according to Reardon, what marks these women's completion of the vaguely identified "cycle."

A catalyzing element of this "cycle" is what would later become for Reardon the second prong of the "pro-woman/pro-life strategy" (which I describe later): spiritual conversion. Below, Reardon addresses the role of religion in women's post-abortion testimonies:

> For most of these WEBA members, the discovery or renewal of religious faith became the cornerstone around which they rebuilt their lives and their self-images. Particularly for those who have publicly revealed their identities, it is from their religious faiths that they draw the strength to make this public "confession" in the hope that other women will be forewarned. (29-30)

[17] Such collections are The Boston Women's Health Collective's *Our Bodies, Ourselves* (1973), Magda Denes's *In Necessity and Sorrow* (1976), Mary Zimmerman's *Passage Through Abortion: The Personal and Social Realities of Women's Experiences* (1977), and Linda Bird Francke's *The Ambivalence of Abortion* (1978).

By stating that "most" women who have given their testimonies assert that spiritual deliverance was a "cornerstone" for their emotional recovery, Reardon tacitly professes a cause/effect relationship between emotional healing and spiritual conversion.

Movement Life Cyles and Rhetorical Visions in the Post-Abortion Movement

Aborted Women: Silent No More is organized into ten chapters: "A Survey of Women Who Aborted," "Evidence from the Pro-Choice Side," "The Physical Risks of Abortion," "The Psychological Impact of Abortion," "The 'Hard' Cases," "Hostages of Rape, Victims of Abortion," "The Impact of Abortion on Later Children," "Business Before Medicine," "Before and After Legalization," and "The Future of Abortion." Chapters one, two, four, five, six, eight and nine also include a total of eight "Profiles," in which twenty members of Women Exploited by Abortion give testimonies about their abortion experiences from the post-abortion perspective. Each of the titles of Profiles sections encompasses the defining characteristic of that experience. The titles are as follows: "Coerced Abortions," "Feminists Who Abort," "Decisions to be Weak," "Decisions to Take Control," "Victims of Therapeutic Abortion," "Abortions for Rape and Incest," "Victims of Prejudice," and "Illegal Abortions." In what follows, I analyze testimonies in the first four profiles sections. The testimonies in these sections best illustrate the experiences that the Post-Abortion Movement uses to generate its "fantasy themes," the analytical term that helps explore the generation of these stories.

To situate my study of the Post-Abortion Movement using "fantasy"[18] theme analysis (FTA) and symbolic convergence theory (SCT), I must first define what constitutes a rhetorical vision in this case, and then outline its subsequent "life cycle" (Bormann, Cragan, and Shields 2). In his groundbreaking essay, "Fantasy Themes and Rhetorical Vision: The Rhetorical Criticism of Social Reality" (1972), Ernest Bormann describes how rhetorical visions emerge as a kind of coping strategy, a means to identify and make sense of a shared social reality:

> Individuals in rhetorical transactions create subjective worlds of common expectations and meanings. Against the panorama of large events and seemingly unchangeable forces of society at large or of nature the individual often feels lost and hopeless. One coping mechanism is to dream an individual "fantasy" which provides a sense of meaning and significance for the individual and helps protect him from the pressures of natural calamity and social disaster. The rhetorical vision serves much the same coping function for those who participate in the drama and often with much more force because of the supportive warmth of likeminded companions. (400)

[18] To clarify "fantasy" as a critical term, Bormann offers the following definition in his seminal work, *The Force of Fantasy: Restoring the American Dream*: "["fantasy"] is a general term in symbolic convergence theory and does not mean what it often does in ordinary usage, that is, something imaginary not grounded in reality. The technical meaning for "fantasy" is the creative and imaginative interpretation of events that fulfills a psychological or rhetorical need. The scholar working to reconstruct the consciousness embodied in the sharing of rhetorical fantasies of the past must depend heavily upon the traces left in the messages that created those fantasies. Rhetorical fantasies may include fanciful and fictitious scripts of imaginary characters, but they often deal with things that have actually happened to members of the community or that are reported in authenticated works of history, in the news media, or in the oral history and folklore of the group. The content of the dramatizing message that sparks the "fantasy" chain is called a *"fantasy theme* [italics in original]" (5).

In other words, a "fantasy theme" functions as a subjective "diagnosis" for a problem without a name. The rhetorical vision, then, is a "cure" for that problem created by the individuals sharing the same "fantasy themes." These shared narratives or story lines and rhetorical visions manifest themselves through group narratives, which Bormann calls "dramas" complete with "dramatis personae," or agents of change (i.e. "actors") (401) . However, I want to insert a caveat with respect to Bormann's use of the word "dream" to encapsulate how an individual derives a "fantasy theme." Because symbolic convergence theory grew out of studying small group communication, there is present a crucial element of dynamic exchange in that setting.[19] Thus, dramatization occurs and produces a "chaining out" of "fantasy themes" in the form of vocal expressions of affirmation, negation, gestures, interrupted speech, etc. In other words, group members will converse with one another and actively engage in an on-going process of collectively working through their individual and shared problems to find a solution. In the case of post- abortive women's testimonies in *Aborted Women*, the women profiled are WEBA members whose first-person accounts are furnished based on their positive experiences with the group. In the case of the written testimonies, recollection of their interactions with WEBA members takes the place of the dynamic exchange enjoyed in the group. Thus, "dreaming a 'fantasy'" is something of a misnomer for women's articulation of the "fantasy theme" that their abortion experience is trauma. Rather, these women can be described as actively "remembering." The exigence for the post-abortive woman's act of

[19] In their study, "The Rhetorical Power of a Compelling Story: A Critique of a 'Toughlove' Parental Support Group," Thomas Hollihan and Patricia Riley deploy Fisher's narrative paradigm to identify the community-building effects that occurred from parents' sharing and re-telling stories of their experiences trying to cope with delinquent teenaged children.

storytelling in recounting her memory of the experience is to persuade an audience that her experience is traumatic in and of itself *and* that it "fits" in with Reardon's project. We do not see, as in Bormann's group theory example, the dynamic chaining out of "fantasy themes" among participants in group therapy. Instead the woman's experience is recalled via memory not conjured up with others present in a group setting, though as stated in some testimonies, the motivation to share one's abortion story is sometimes provoked in the group setting.

In his model for "fantasy theme" analysis, Bormann offers the rhetorical critic the following questions for gauging how groups and individuals constitute their social reality in terms of "fantasy themes" and rhetorical visions: "What meanings are inherent in the drama? […]How does the movement fit into the scheme of history? How does the "fantasy theme" work to attract the unconverted? How does it generate a sense of community and cohesion from the insider?" (402) Scholars studying the rhetorical visions of social movements have used fantasy-theme analysis and symbolic convergence theory in ways that answer such questions by investigating the constructed social reality of movement groups from the position of their "life cycle." Bormann, Donald Shields, and John Cragan's 1996 essay, "An Expansion of the Rhetorical Vision Component of the Symbolic Convergence Theory: The Cold War Paradigm Case"[20] identifies three streams of communication that I will explore and adapt to my current study: consciousness creating, consciousness raising, and consciousness sustaining.

[20] Tracing the life cycle of the Cold War rhetorical vision from 1943 to 1990, Bormann et al. identify three transitory visions, One World, Power Politics, and Red Fascism. Since symbolic convergence theory work on the Cold War has spanned two decades and twenty studies, this paradigmatic case occupies an extensive life cycle, from which I will situate the most salient developments in my study of the social reality of the Post-Abortion Movement.

Consciousness-creating communication entails the creation of shared experiences "to generate a new symbolic ground for a community of people" (2). What is next needed to begin to organize a sense of common ground is consciousness raising, which demands the motivating of the group members to become "converts and members of the rhetorical community" (10). Finally, those converted members must demonstrate their loyalty and investment in the rhetorical visions of their community by working to maintain their shared cause. In other words, they must continuously reassert, and when necessary refresh, the "fantasy themes" that motivate the rhetorical visions. This rhetorical vision makes up the third stage in the life cycle, consciousness sustaining.[21] These three streams of communication offer a framework for understanding the structure of the Post-Abortion Movement.

To begin examining the life cycle of the rhetorical visions in the Post-Abortion Movement, we must look at the timing of the drama and the role it plays in producing meanings for its participants. The testimonies collected in *Aborted Women Silent No More* and *Forbidden Grief: The Unspoken Pain of Abortion* are the result of Reardon and others assembling women's reflections on their abortions, post-procedure. Of the women who submitted their stories to *Aborted Women*, Reardon concludes, "[They] all have this in common: they have all reconciled themselves to their abortion experiences by (1) openly admitting that they made a wrong choice; (2) claiming spiritual and/or personal forgiveness for themselves; and (3) working to save other women from making the same

[21] An illustration of a movement that convened itself around a sense of shared consciousness can be seen in the New Right's opposition to United State's establishment of Panama Canal treaties between 1974 and 1978. By promoting the argument that older, conservative, and Republican audiences had been mis-educated in their youth about Panama's ownership of the canal, rhetors like then presidential candidate Ronald Reagan persuaded audiences that America was the canal's rightful owner (Stewart, et al. 214-17).

mistake" (41). Reardon's claims for the thematic similarities of the women's testimonies can instead be read as his implied criteria for abortion recovery. By foregrounding these presumably universal similarities, Reardon in fact asserts a prototype of the post-abortive woman and common narrative, and defines parameters for her experience.

If we look to the testimonies for evidence that the three phases Reardon identifies have been achieved, we find two rhetorical visions present: both serve the purposes of consciousness raising and consciousness sustaining. The first and second steps assume that the post-abortive woman's consciousness has already been created insofar as she has arrived at the evaluation of her abortion as a mistake. The third step requires that the post-abortive woman invest herself in the work of abortion recovery by seeking to help others understand and cope with their experience. In the "Coerced Abortions" profile section, for example, testimony from a woman named Gaylene "Hayes"[22] describes the abortion she underwent at fourteen. Notably, it is her testimony that Reardon cites in the e-mail sent on September 9, 2008—more than thirty years after Hayes's experience, and more than twenty years after she submitted her story to Reardon.

When she suspected she was pregnant, she asked high school counselors for advice. They suggested Hayes go to Planned Parenthood, which she did by way of a chartered bus from her high school to the facility. After learning she was pregnant, Hayes was told by the abortion provider that "the best thing for [her] to do was to abort the fetus at this stage so that no one would be hurt" (38). There was no mention that her parents

[22] Reardon uses quotation mark in the instances when he changes the names of WEBA women.

would be notified of her situation, so plans were made for Hayes to return a week later on the bus from school to Planned Parenthood.[23] She recalls:

> On the bus I felt as though I had no control over what was happening to me. I started to question what I was doing, but in my logic I'd refer back [sic] to what the counselor had told me, and then I would think he was right. But still today, I feel like *I* did not decide to have the abortion. [italics in original] (38)

Following her abortion, Hayes's life, as she recounts it, became controlled by alcohol and drug use. The repercussions took the form of criminal acts like robbery, working on a probationary farm, joining a cult called "The Children of God," and two suicide attempts (39-40). When she began to rebuild her life, Hayes got married and desired children. However, she found out that "tests have shown large amounts of scar tissue on my uterus." (40). After attempting suicide again, she went to the hospital, and soon came to the following realization:

> I went to the hospital for two weeks and finally came to terms with why I was trying to destroy myself: I had killed my own child, so I felt I didn't deserve anything. I know now that my Father in heaven has the same love for me as he has for my child. Though I still have no baby of my own, [sic] my husband and I have adopted two wonderful older children. Best of all, I know that God has truly forgiven me. I want others to know about the pain and anguish a woman can go

[23]Given the details of Hayes's testimony, it can be ascertained that her abortion took place between 1973 and 1974. Though she was legally a minor at fourteen, her abortion was not illegally performed. Until the 1976 Supreme Court ruling *Planned Parenthood of Central Missouri vs. Danforth*, there were no states laws regarding minors' need to obtain parental consent before being permitted to undergo an abortion.

> through from abortion, and I'd like them to know the forgiveness Jesus has for us. (40)

In Hayes's testimony, Reardon's three points of commonality (admitting that abortion was the wrong choice, asserting that she has been forgiven by God, and professing commitment to prevent other women from undergoing abortions) are clearly present. However, the first point is complicated by Hayes's experiencing her abortion as coerced. But in this quotation from Hayes, she sees herself as the agent in the act of terminating her pregnancy. Given the circumstances of Hayes's abortion as she recounts it, it is easy to see how her abortion was coercive: she was a sexually active fourteen-year-old with presumably no prior knowledge about reproductive health and safety; Planned Parenthood and her school had arranged for high school students to receive sexual health services without parental consent; and the medical staff who administered the surgical abortion procedure did not reveal the details of the procedure to her, which resulted in Hayes's having to be physically restrained (37-38). When Hayes was questioned as to why she returned home late after school on the day of the abortion, she told her mother that she was detained because she had "mouthed off to a teacher" (39).

Hayes's testimony provokes many questions regarding these circumstances, but perhaps the most lingering is how it is possible that, at the end of her testimony, she blames herself for having "killed [her] own child" (40)? In order to fit the logic of the Post-Abortion Movement, Hayes must take responsibility for her choice. Just as Christianity offers the promise of personal salvation once the individual accepts her responsibility as a sinner, post-abortion recovery can only be achieved when the woman who has aborted recognizes that she alone is the agent in her abortion. What is most

significant about Hayes's testimony is that coercion and choice are implicitly identified as counterparts in an abortion experience. Though she expresses strong feelings that her abortion was coerced, Hayes ultimately needed to claim the experience as a choice in order to both emotionally heal and participate in the movement, and Reardon would argue, thus conforming to the first and second of his three phases: that she made the wrong choice in having an abortion, and that she needed spiritual and emotional recovery.

In "Feminists Who Abort," a profiles section, Reardon features three testimonies of women from WEBA who, when surveyed, "identified as Pro-Choice advocates before their own abortions" (73). In these accounts, as in those in the "Coerced Abortions" section, the rhetorical visions that produce the consciousness raising and consciousness sustaining phases are present. Karen Sullivan's testimony also typifies the consciousness raising step. Sullivan describes her experience of trying to resolve guilt for her abortion by working as a counselor in a women's health collective that provided abortions. Being in such an openly "Pro-Choice" environment did not mitigate her feelings, and the birth of her first child, as she says below, led her to reflect on her abortion as a "crime." Sullivan's conclusion typifies the rhetorical vision of the Post-Abortion Movement:

> I felt like a criminal, like I was the worst person on earth. But I still wasn't Pro-Life or anything. Then, one Sunday, about a year ago, I had the impulse to go to Grace Lutheran Church, though I had never been there before. But I went, and there I heard a woman speaking about Pro-Life, etc., and something just clicked in my mind, "Yes." At this time I was still really struggling with my own abortion; but with all the love and support

> of the Pro-Life people, I began to get over it. Then I heard about WEBA and decided "I want to get involved with that." And ever since I became involved with the right-to-life movement, my whole life has changed. Now I'm able to use my own experience to help other women avoid abortion. There's a lot of hope in that. (77)

Sullivan professes both that her life has changed for the better since attaching herself to the Pro-Life movement, and that she is, as a result, pledged to the cause of keeping women from seeking abortion; her profession thus embodies two principles within the consciousness raising and consciousness sustaining steps of the Post-Abortion Movement: the principle of dedication and the principle of reiteration. To prove one's dedication, the converted individual, "publicly testifies to [his/her] conversion" (Bormann,et al. 11-12). Indeed, providing a written testimony detailing her conversion to a Pro-Life mindset and stating her intentions for using the knowledge gained from that conversion to help other women certainly constitutes dedication. The principle of reiteration, though, affirms that rhetorical visions are sustained because the prominent "fantasy themes" are restated. (16-17). For Sullivan to sustain the consciousness of the Post-Abortion Movement she needs to assert and reassert her story in the same or similar terms that she expressed in *Aborted Women: Silent No More*. In other words, the "dramatic structure" has to be retold in a way that is faithful to the story grammar of the original testimony. This structure must then serve as the basis for whatever stories and accounts other women might share with her regarding their abortion experiences.

Post-abortive women's commitment to consciousness raising and sustaining can also be seen in Deborah Hulebak's testimony, another story from the sections of profiles

of "Feminists Who Abort." Hulebak reports that her first abortion was a difficult experience due to feeling coerced by her doctor not to continue the pregnancy since the medication she was taking for blood clots could potentially cause birth defects. Hulebak recalls thinking, "'If I have a deformed child, he's going to blame me [sic]. He's going to say that it was my fault, because I could have gotten rid of the kid but didn't'" (83). However, she went on to have two more abortions, and claims that she became more fervently Pro-Choice each time:

> I became increasingly Pro-Choice, to the point where I was saying to other girls, "Big deal if you get pregnant. You can have an abortion. I've had three and it hasn't hurt me a bit!" I found that in talking to other women about abortion, their decisions to abort satisfied something in me. It made me feel better about what I had done. It was almost like I was gloating in their misery. If I'd had the opportunity to work at a counseling center to counsel women before their abortions, I would have done it. It would have strengthened my own decision to abort. (85)

Hulebak's attachment to a Pro-Choice perspective in order to resolve her anxiety about her own abortions recalls Sullivan's attitude toward working in a women's health collective. Because both testimonies inevitably reveal that these women's Pro- Choice commitments drastically change into anti-abortion commitments, such descriptions serve an important "fantasy theme": rejecting a Pro-Choice perspective is an important step toward raising one's consciousness and for the movement. Both Sullivan and Hulebak had abortions in the early 1970s and became involved in the Pro-Choice movement thereafter because it provided a community of support for women who had had abortions.

In Bormann's terms, being a Pro-Choice activist is diametrically opposed the Post-Abortion Movement's "fantasy" theme. But according to Sullivan and Hulebak's testimonies, participating in Pro-Choice activism did not ease the residual emotional pain from their abortions.

Pro-Choice activism is committed to affirming a woman's decision to continue or terminate her pregnancy, and as Hulebak states below, it is the decision to abort that caused her problems:

> I began to realize that everything I had done—the abortions, drugs, affairs, depressions—had all been a result of the circumstances of my first abortion. After that, I couldn't make any decisions at all. I knew that all the sex and drugs were wrong, but my mind was so clouded with negatives that I wasn't in any position to get my life straightened out. I just went with the flow of everyone around me. I don't want to totally blame the doctor and other people involved with my first abortion, because I know that in the end I made that decision. But my decision to abort distorted my ability to make other decisions. (87)

In light of Hulebak's reflection on the significance of her first abortion, her prior engagement with the Pro-Choice movement can be implicitly included under the umbrella of something she did when she was "[going] with the flow of everyone around [her]." Though Hulebak names some of the experiences following her abortion in the first sentence, the remainder of the passage paints a vague picture of her life in the ten years after the first procedure. By avoiding such details as how it was that she changed her attitude about abortion from Pro-Choice to anti-abortion, Hulebak's testimony

emphasizes the *logos* of her conversion itself. She identifies that her abortion decision was a pivotal life change that set the course for other decisions thereafter, which include choices to espouse beliefs or values, or commit actions. In other words, whether having an affair or promoting a Pro-Choice agenda, whatever action or attitude Hulebak associates with her abortion is equally as bad as the other. Such grouping of actions and beliefs has the rhetorical effect of supporting the "fantasy theme" that abortion is an act that wreaks emotional havoc in women's lives, havoc that can sometimes take the shape of (temporary) Pro-Choice activism. Hulebak concludes her testimony on a note of hope that her first-person account can deter women considering abortion, a goal that falls in line with the consciousness-sustaining program of the Post-Abortion Movement. She writes, "Please go public with my story. I have nothing to hide. In fact, I have everything to share. If my stories, no matter how badly they hurt or embarrass me, will prevent one baby from being destroyed, it's worth that to me; it's worth a lot" (88). The urgency of these last sentences in her story suggest that her emotional and spiritual healing relies on the extent to which her experience can be used by the movement to directly influence women with whom Hulebak feels she can identify. By giving her testimony to Reardon for the purposes of *Aborted Women*, Hulebak has assurance that her experience will be put toward building the Post-Abortion Movement.

In chapter four, "The Psychological Impact of Abortion," Reardon advances claims and evidence for what would later become the Post-Abortion Movement's main argument: that abortion is a traumatic experience that devastates women psychologically. The two profiles sections following that chapter are, "Decisions to Be Weak" and

"Decisions to Take Control." The title of the former section is taken from an anonymous survey respondent who addresses the issue of choice in her abortion experience:

> I didn't want to kill my child; I just made the decision to be weak and not care about any of it…I made a decision not to make a conscious choice at all. In fact, Planned Parenthood and all the abortion mills tell you that you have No Choice but to get an abortion. This is the irony of "Pro-Choice" rhetoric. (143)

In this testimony, the woman surveyed makes a rhetorical move common to many post-abortive women's narratives of their experiences: she accuses Pro-Choice advocates (namely, Planned Parenthood) of coercing women into having abortions by telling them that the procedure is the best choice available to them in their circumstances. Such an accusation can only be arrived at over time, once a woman determines that, in light of what she now knows, she would never have allowed her abortion to take place. The issue of her choice, though, remains complicated by the contextual factors, such as whether or not she felt pressured by parents, friends, partner, or medical staff. As time goes on, however, the post-abortive woman learns to dissociate the choice to end the life of her baby from the choice to have an abortion. Thus, a woman can in fact claim that her decision to have an abortion was not a choice to terminate the life of her unborn, but rather to choose not to think about what actually happened in the procedure—which she will later understand with an intensity she could not fathom at the time of her abortion. In short, dissociating her choice to abort from her choice to will her child's death enables her to cast blame on those who should have understood what she, in her weakness, could not.

Quite a different scenario can be found in the profiles section entitled "Decisions to Take Control." The stories in this section illustrate women for whom, in Reardon's words, "the choice for abortion is a choice to control their own destinies. These are modern, liberated women" (151). In the opening story, Donna Merrick tells that she had an abortion in 1974, even though her boyfriend of one month asked to marry her upon learning she was pregnant. She recalls,

> But I wasn't ready to get married, or I didn't think I was. I'd just graduated from nursing school, I had a (supposedly) "glorious" future ahead of me, and I was determined not to be so old-fashioned or inhibited as to get married right away. I wanted fit in with the intelligent, free-thinking people. I respected those people and looked up to them because I felt I had never been one of them, and I was trying very hard to be like that. So at the time abortion seemed the best option. (153)

Given the details she emphasizes in her testimony, readers are encouraged to conclude that Merrick's abortion was a result of her desire to show solidarity with the changing sexual and intellectual mores of her generation. And as her commentary suggests, Merrick came to view this desire as misplaced, and her abortion as a mistake. Merrick further critiques her "decision to be strong" as she reflects on the experience of sitting in the waiting room: "Once [women have] made the decision, it's almost tunnel-vision; making a decision feels so good. That's because being pregnant at this time is an uncontrollable aspect of your life. To make the decision to abort is taking control of this situation that is horrifying to you at this time in your life" (154). Switching between first and second person, Merrick represents herself as speaking both on behalf of herself and

on behalf of all women in situations similar to hers. As her testimony concludes, Merrick asserts that seeking the Lord's forgiveness and starting a WEBA chapter have enabled her to have a "tremendous healing process" (157).

Additionally, Merrick reveals that she believes women are deceived when they undergo an abortion procedure because "they aren't being shown pictures of what their child looks like[…] Women should see pictures representing the child inside of them, and they should know beforehand the side effects of abortion" (157). Just as the anonymous woman who decided to be weak did not actually decide to kill her baby, Merrick's decision to have an abortion was one to be strong, and not to take the life of her unborn. If women were informed by those providing the procedure of "this truth," as Merrick says, both she and the anonymous women would have chosen to continue their pregnancies. Such testimonies help create the "fantasy theme" that women who decide to have abortions do so under the illusion they are taking control of their lives; were they made aware that the procedure kills their unborn, they would surely choose against it.

The Exigence of Testimony

While the Post-Abortion Movement is gaining visibility via digital media such as blogs, websites, and videos, (see chapter five) the collections of testimonies responsible for laying the groundwork for the "fantasy theme" and rhetorical vision of trauma and recovery have emerged from the support group and counseling contexts. It is from these contexts that the narratives of post-abortion trauma and recovery began to chain out, and the stories told came about as a result of individuals deciding to express their abortion experience. Though the details of each woman's story are distinct in terms of their

particular situations, there is unequivocal agreement on the sense of a shared crisis, and of a need for that crisis to be understood. When that understanding is reached, consciousness raising can begin.

However, in the case of the testimonies used as evidence of post-abortion trauma in *Aborted Women: Silent No More* and in *Forbidden Grief: The Unspoken Pain of Abortion*, the exigence is twofold. First, the post-abortive women represented are suffering emotional pain, and seek a counseling or support group setting to unburden themselves of that pain. Second, the authors of each text are responding to another exigence because no other opportunities exist in the current public discourse of abortion for women to express post-abortion grief and pain. Burke and Reardon argue that women's testimonies show evidence that supporters on the two major sides of the issue, Pro-Life and Pro-Choice, are far too hostile in dealing with women who have had abortions, despite their best intentions. Thus, the literature produced by the rhetors in the Post-Abortion Movement is generated for an audience who demands it and who will be persuaded within the constraints of both the artistic proofs the rhetor brings to the situation, and the inartistic proof of testimony that emerges within the situation.

From Silent No More to Unspeakable Pain: Abortion, Testimony, and Recovery

The publication of *Aborted Women* in 1987 was a significant rhetorical force in the Post-Abortion Movement and would serve as evidence for later arguments advanced in the early 1990s for Postabortion Syndrome, which I discuss in detail in chapter three. Post-abortive women's testimonies remained a consciousness-raising tool for the movement, a means to ensure that the shared story of abortion as emotionally devastating

would continue to chain out. Maintaining an active role in the movement, Reardon's authority persisted, which can be observed in his 1992 essay, "Women Who Abort: Their Reflections on the Unborn," published in an anthology called *The Silent Subject: Reflections on the Unborn in American Culture*: Here, he cites the testimonies gathered in *Aborted Women* as evidence for the claim that women need to know that "the knowledge that the human fetus, the human embryo, or even the human zygote, is in fact a *human being* is as undeniable as the answer to a child's question, 'Where do babies come from?'"[italics in original] (137). As the testimonies in the profiles in "Decisions to be Weak" and "Decision to Take Control" convey, Reardon suggests that there is a "real" understanding that will inevitably emerge when the post-abortive woman fully grasps the effects of abortion. According to Reardon, when these women "remember the answer" to that question, they will "remember the truth" –once pregnant, there is a human life inside that an abortion will terminate. He then explicitly states his motivation for using women's expressed testimony: "No one can reasonably deny the testimonies of women who describe how their lovers, parents, and others have pressured, badgered, blackmailed, and even physically forced them into accepting unwanted abortions because it would be 'best for everyone'" (140). Indeed, this passage demonstrates the rhetorical challenge that testimony presents to the issue of refutation. Reardon's use of the stock phrase surrounded by quotation marks emphasizes the contrast between women's professed experience of abortion and what that abortion signifies to those in her support community. The presence of coercion—be it real or perceived—negates any sense of choice and agency in her abortion decision, yet paradoxically colors the entire experience in a negative, shameful light. In what follows, I show how Reardon's corpus of activist

texts emphasizes the tension between coercion and choice present in post-abortive women's testimonies in his self-conscious formulation of the "neglected rhetorical strategy."

The "Neglected Rhetorical Strategy"

Between 1996 and 2002, Reardon's Elliot Institute self-published several books concerning post-abortion effects and recovery: *Making Abortion Rare: A Healing Strategy for a Divided Nation* (1996), *The Jericho Plan: Breaking Down the Walls Which Prevent Post-Abortion Healing* (1996),*Victims and Victors: Speaking Out About Their Pregnancies, Abortions, and Children Resulting from Sexual Assault*, with Julie Makimaa and Amy Sobie (2000), and the most recent, *Forbidden Grief: The Unspoken Pain of Abortion*, with Dr. Theresa Burke (2002). In each book, Reardon advances his "pro-woman/ Pro-Life" strategy, which serves as a foundation for Post-Abortion Movement discourse.

However, this strategy has not been roundly embraced by the larger Pro-Life movement. Reardon coined this approach as distinctly rhetorical when he created the term in his 1996 self-published polemic *Making Abortion Rare: A Healing Strategy for a Divided Nation*, and the following quotation illustrates the book's focus:

> If there is a single principle, then, which lies at the heart of the pro-woman/Pro-Life agenda, it would have to be this: *the best interests of the child and the mother are **always** joined*. This is true even if the mother does not initially realize it, and even if she needs a tremendous amount of love and help to see it. Thus, the only way that we can help either the

> mother or her child, is to help both. Conversely, if we hurt either, we hurt both. This is not an optional truth. It is God's ordering of creation. This principle is so important that I must repeat it again: *Only the mother can nurture her unborn child. All that the rest of us can do is to nurture and protect the mother.* Saving the unborn, then, is a natural byproduct of helping women [italics and bold in original]. (Reardon, *Making Abortion Rare* 5-6)

In Reardon's view, this strategy can help advance the Pro-Life movement because it draws attention to the movement's fundamental belief that abortion (literally) severs the sacred bond between the mother and her pregnancy. It is the duty of supporters of the Pro-Life Movement, in his view, to put this belief into action and send a unified message of compassion to women considering abortion and to post-abortive women. Most importantly, Reardon believes this practice of sharing compassion is a way to help women "see" their roles in "God's ordering of creation." This ultimate objective lays bare the Pro-Life Movement's unifying belief about women's relationship to pregnancy and abortion: that to understand abortion as a choice is to distract women from seeing that it is an immoral procedure that forestalls their abilities to fulfill their God-given destinies to be mothers. To Reardon, a pro-woman/Pro-Life strategy will help advance this belief and thus serve the goals of the Pro-Life movement.

However, Pro-Life leaders have taken issue with Reardon's efforts and those of his cohort [24] to shift the argument against abortion from being an act murder to an act that, because it is murder, devastates the woman committed to the act. In 2001, the

[24] Beckwith also cites activist Paul Swope's 1998 essay, "Abortion: A Failure to Communicate." <http://www.firstthings.com/article/2008/11/004-abortion-a-failure-to-communicate-49>

online journal *Ethics and Medicine* published Frances Beckwith's essay, "Taking Abortion Seriously: A Philosophical Critique of the New Anti-Abortion Rhetorical Shift." As the title suggests, Beckwith, a Professor of Philosophy and Church and State Studies at Baylor University, is philosophically opposed to changing the rhetorical direction of the Pro-Life movement to focus on the after-effects of abortion rather than on abortion itself. At the heart of Beckwith's disagreement is Reardon and other activists' conviction that it is the responsibility of supporters of the Pro-Life Movement to reveal to a predominantly Pro-Choice American public that, if they are honest with themselves, they are *actually* morally opposed to abortion. Identifying as Pro-Choice, however, most often means that Americans recognize abortion as a right guaranteed under *Roe vs. Wade* and that it should at least be available if only to safeguard the health of the mother and to deal with the results of rape (see chapter one). In *Making Abortion Rar*e, Reardon calls this ambivalent population the "middle majority": Americans who are "deeply disturbed by abortion" and "would prefer that it never had to happen at all"; they recognize that if it does have to occur, "they want it to be safe" (16). However, according to Beckwith, this dominant attitude does not signify moral opposition to abortion: "It is clear that even though a vast majority of Americans see abortion as morally wrong and believe it is the taking of a human life, it is not clear that any in that majority actually consider a serious moral wrong" [sic] (Beckwith 156). To support this claim, Beckwith argues that the "new rhetorical strategy" of the Post-Abortion Movement cannot reveal the hidden Pro-Life attitudes of the ambivalent middle majority because that ambivalence is the result of moral relativism (161). What's more, Beckwith views this new rhetorical strategy and its focus on having compassion for women who see abortion in practical terms as a solution

to the problem of an unplanned pregnancy as tacitly condoning this moral relativism (161).

One year later, *Ethics and Medicine* published "A Defense of the Neglected Rhetorical Strategy (NRS)" (2002), Reardon's response to Beckwith. Here, Reardon co-opts Beckwith's term to presents an explicit defense of what he calls the "Neglected Rhetorical Strategy" and posits the following response to criticism that advocates like him downplay the anti-abortion ethic that abortion promotes the unjust killing of innocent human beings:

> The failure of the traditional pro-life strategy is not in its moral reasoning. No NRS advocate has ever suggested that this is the problem. Our argument is simply that pro-life efforts will be more effective to the degree that we succeed in presenting a moral vision that consistently demonstrates just as much concern for women as for their unborn children. Discussion of the harm abortion does to women and programs to promote post-abortion healing for women who have suffered that harm, do not replace advocacy for the rights of unborn children. They simply broaden the base of arguments against abortion. (Reardon, "A Defense of the Neglected Rhetorical Strategy (NRS)" 2)

As this quotation shows, Reardon values the potential of his rhetorical strategy to help Pro-Life activists see how they can serve the needs of post-abortive women because such works send a message of compassion that has not historically been associated with the rhetoric of abortion opponents. Because supporters of the Pro-Life Movement have long viewed themselves as protectors of the unborn, their rhetorical focus has been on how

they can best intervene in the lives of women who seek abortion.[25] To Reardon, the Neglected Rhetorical Strategy can help remind such advocates that the voices of post-abortive women have a place in the Pro-Life movement:

> When Pro-Life advocates set aside their own egos and provide a platform for post-abortive women to say, "My baby died in that abortion," a social connection is made to the grief of the post-abortive woman and her child that is a more powerful and real political argument than "an unborn baby's heart begins to beat three weeks after conception." Both are true, but the advocacy on behalf of women, both before and after they have had abortions, is a more effective bridge to the hearts of the ambivalent majority. (Reardon, "A Defense" 5)

Reardon is cognizant of how his efforts depart rhetorically from those in the mainstream Pro-Life Movement (like Beckwith) and how his arguments may better address the target audience. But the real thrust of his argument for the Neglected Rhetorical Strategy is that post-abortive women, provided they have a compassionate audience, will make known to the "ambivalent majority" the real consequences of abortion through the power of their personal testimonies: that their sacred connection to their child has tragically ended because of a choice they should never have made.

In challenging Beckwith, Reardon asserts the following goals for the Neglected Rhetorical Strategy:

> The goal of NRS is to (1) help women avoid the mistake of choosing abortion and (2) help those who have already chosen abortion discover

[25] "Intervention" includes strategies like "sidewalk counseling" (see chapter one).

> emotional healing and spiritual conversion. In other words, we seek to both save lives and save souls. We do not claim that our approach will save all lives or all souls, but simply that it is effective in saving some lives and some souls that would not otherwise be saved. Education about the physical, psychological, and spiritual harm abortion causes is a key aspect of this work. (5-6)

According to Reardon, this two-pronged strategy can help supporters of the Pro-Life Movement address the pragmatic circumstances of women seeking abortion and post-abortive women in order to facilitate women's acceptance of a Pro-Life, Christian worldview. Reardon emphasizes the role that women's sense of self-preservation plays in their decisions to undergo an abortion, and asserts that the Neglected Rhetorical Strategy can enable advocates to guide these women toward what he sees as a shared, though tacit, belief about abortion among the women who seek it:

> Beckwith ignores one of the principal arguments that NRS advocates make, which is simply this: a moral judgment against abortion is written in every woman's heart. This moral judgment can be buried by rationalizations and self-interest. NRS efforts that demonstrate that abortion is not in a woman's self-interest will help to remove some of the clutter that obscures the moral judgment that God has written on her heart. Appeals to self-interest based on arguments about how abortion will harm a woman's life serve to cancel out the perceived potential benefits of abortion. As the clutter is removed, a woman's moral ambivalence comes into clearer relief. As the imagined benefits of abortion become less

> certain, it becomes increasingly likely that the fundamental moral question of whether it is right or wrong to have an abortion will be honestly entertained. (9)

Rather than insist that the moral question of abortion be placed in the front and center of women's deliberation, Reardon confidently claims that Pro-Life advocates need to address the concerns that comprise the "clutter" of women's moral judgment (i.e. anxiety that continuing pregnancy requires compromising of one's life goals, and/or will result in financial burden, etc.). Furthermore, Reardon is clear that this strategy and its accompanying political efforts are not monolithic. Indeed, he critiques Beckwith's belief in the primacy of arguing against abortion on the grounds it is murder as unrealistic, though admirable:

> [I]n a perfect world, there would never be any abortions because all people would cherish and respect life. In a simply better world, those who are tempted to abort would not, if only out of fear of suffering physical or psychological injuries. To avoid sin for love of God is perfection; to avoid sin for fear of hell is, at the very least, a step in the right direction. I cannot criticize Beckwith's desire for a perfect world. At the same time, I do not see how he is helping to establish Christ's perfect kingdom on earth when he singles out for criticism pro-woman/Pro-Life efforts which can help to make our world better. (13-14)

That Reardon's pro-woman/Pro-Life strategy is rooted in the spiritual imperative at the heart of the mainstream Pro-Life movement is unsurprising, but it is worth noting that by and largeadvocates in the Post-Abortion Movement do not aggressively promote their

Christian mission. Rather, they rely on post-abortive women's testimonies to offer evidence that the Neglected Rhetorical Strategy spiritually delivers women into Christianity.

The Politics of Abortion Recovery

Bormann's emphasis on coping and creation of a shared narrative is especially appropriate given the subject matter of the "fantasy theme" and rhetorical visions adopted in Reardon and Theresa Burke's 2002 text, *Forbidden Grief.*[26] In this book, which proclaims its utility for "general educational purposes," the "fantasy theme" that their collection of testimonies conforms to demands that the individual, post-abortive woman not only feels, but *is*, in the terms Bormann used to describe, "lost and hopeless" in the eyes of society (400). Such a "social reality" is the exigence for the rhetorical situation that the wounded woman can find the "supportive warmth" she needs—the willing ear of the psychotherapist who specializes in post-abortion counseling. The rhetorical vision encapsulates the redeemed post-abortive woman and the drama of her experience of identifying the source of her emotional pain, and the tumultuous life that such pain has helped build. In what follows, I explicate how Burke and Reardon assemble this rhetorical vision in the context of abortion recovery, which, in the social reality of the Post-Abortion Movement, is the remedy for abortion trauma.

The life cycle of the movement—consciousness creating, consciousness raising, and consciousness sustaining—offers a structure for understanding how the Post-

[26] While Burke and Reardon are co-authors, the patient testimonies are compiled from Burke's work as a psychotherapist; thus, the "I" asserted periodically in the text is used to assert her authority as post-abortion counselor with firsthand experience with patients.

Abortion Movement circulates in a fluid, yet discernable structure. Within that cycle exist the "fantasy themes" and rhetorical visions specific to the rhetoric of abortion recovery. To clarify, the rhetorical vision of the Post-Abortion Movement contains the necessary phases of post-abortion trauma and recovery. As Reardon's three-point assessment of the profiles of post-abortive women in *Aborted Women: Silent No More* suggests, abortion recovery is predicated on a woman's condemnation of her decision to abort *and* on the expressed attribution of all traumatic life events since the abortion experience to the abortion itself. After this identification of abortion as the causal agent of her misery, a woman can then begin the process of recovery, and of reconstructing the past in light of the narrative that her abortion was traumatic, and the rhetorical vision that one needs abortion recovery support to overcome that trauma. In what follows, I describe the principles of that rhetorical vision in my analysis of *Forbidden Grief,* and show how post-abortion counselors and activists like Burke and Reardon use a continuum of patient testimonials to produce a particular "social reality" of post-abortion trauma and recovery.

Unlike *Aborted Women: Silent No More*, published by Loyola University Press, Reardon and Burke's *Forbidden Grief: The Unspoken Pain of Abortion* in 2002; it was self-published under the imprint, "Acorn Books," of Reardon's Elliot Institute. On the back of the title page, Burke and Reardon offer a disclaimer: "This book is intended for general educational purposes only. It is not intended as a substitute for therapy, as a 'self-help' guide, or as a training manual for therapists interested in post-abortion counseling." Despite this warning, the authors' broad illustrations of the numerous and varied scenarios in which post-abortion counseling repeatedly saves the lives of women suffering abortion trauma suggests otherwise. Throughout the text, Burke and Reardon

emphasize that post-abortive women need a particular form of counseling that mental health professionals have repeatedly failed to provide. The exigence of *Forbidden Grief* emerges in the authors' assessment that, according to the evidence in the testimonials included in the text, women seeking abortion are not informed about the potential mental health risks caused by the abortion experience though they are informed about the health risks. The reason for this silence, they argue, is that there are and have been political efforts to misrepresent or suppress research on the physical and psychological effects of undergoing a surgical abortion since the legalization of abortion in the United States in 1973. They claim that a Pro-Choice and pro-abortion agenda permeates family planning institutions so deeply that abortion providers intentionally omit giving patients vital information regarding the physical and emotional trauma they may well experience following an abortion, mostly in the form of Postabortion Syndrome. As the introduction explains, Burke, Reardon, and other advocates are devoted to establishing the existence of and creating public awareness for Postabortion Syndrome.

Because the new set of testimonies in *Forbidden Grief* come out of counseling sessions, the patients represent themselves by participating in the genre of testimony to further their recovery. However, Burke and Reardon do not include any patient testimonies detailing a healing process nor do they provide recovery strategies, despite the construction of the therapeutic rhetorical vision they extensively reaffirm. In their introduction, the authors write defend such an approach:

> While each woman's recovery is not described, all of these women experienced elimination or significant reduction of the problems for which they sought counseling. This was accomplished because I

> understood the complexities of their abortion experience and provided them with a non-judgmental environment in which they could explore their experience, and because I honored their need to grieve and to understand what they experienced. (xxi)

Based on this passage, Burke and Reardon's motivation for using patients' testimonies to establish the existence of post-abortion trauma differs from the motivation that incited their patients to testify in the first place. For the reader to be persuaded that the women whose stories are included did achieve recovery, there must be a shared sense of trust in Burke and Reardon as faithful witnesses to their experiences. Indeed, by the time of this 2002 book, this trust relies on the extrinsic ethos of its authors and their established commitment to the Post-Abortion Movement.

In *Forbidden Grief*, the chapters cover the range of situations that women seeking abortion have encountered, including rape, parental or partner coercion, financial problems, and an absence of the emotional and social support needed to raise a child. The text is organized in a way that clearly supports the claim that abortion is trauma, and the rhetorical vision that abortion trauma warrants post-abortion counseling, which then leads to recovery. Chapters one through six establish scenarios of crisis pregnancies, subsequent abortions, and ensuing traumatic life events. These scenarios are presented thematically, organized around brief selections of women's first-person testimonies accompanied by Burke and Reardon's analysis of what these accounts express about post-abortive women's spoken and unspoken motives. In chapters seven through ten, Burke and Reardon introduce the specific terminology of posttraumatic stress disorder to situate stories of women whose trauma both the authors and the women themselves

attribute to their abortion experience. Chapters twelve through sixteen further expand the list of the effects of abortion trauma to sex abuse, substance abuse, suicide, promiscuity, eating disorders, and failed personal relationships. The final two chapters are forward-looking, and reiterate Burke and Reardon's claims that abortion trauma is a public health concern that women, men, mental health providers, and abortion providers need to acknowledge.

In an early chapter entitled "Forbidding the Grief," Burke and Reardon establish the hostility post-abortive women face when they encounter staunchly Pro-Choice friends, peers, and medical professionals. Burke even includes an exchange with an abortion clinic counselor, and the ideological confrontation she encountered during a telephone call with a woman named "Noreen." In the text, Burke provides a verbatim account of their dialogue to situate her critique that Pro-Choice politics act as a barrier to post-abortion grief management. As Burke recounts, Noreen called her, saying "[W]e have some women who need some help…but we can't send them to you if you are going to make them feel guilty" (58). Burke writes that Noreen asked her repeatedly, "Are you Pro-Life or Pro-Choice?" since Noreen was, in essence, "afraid to send women to someone who might acknowledge their loss. She wanted to see them helped only in a way that would reinforce the belief that abortion was the right choice" (59). Although Noreen does not state that she cares more about maintaining Pro-Choice politics than alleviating post-abortive women's grief, Burke nonetheless interprets Noreen's desire to know whether Burke is for or against abortion as the caller's inability to understand abortion as more than a political issue. We cannot know if what Noreen wanted was for Burke to treat post-abortive women in a way that would affirm that "abortion was the

right choice"; what can be assumed, however, is that Noreen's concern is that the guilt post-abortive women might feel is tied to—and can be amplified by—the complicated and often emotionally charged social, cultural, and political responses to the fact of legalized abortion. This exchange, though not a therapist/patient example, provides a preview of how Burke strategically situates patient testimony in a way that emphasizes her therapeutic interpretation of the narrative and emboldens that element of the master narrative that post-abortive women have no audience for their legitimate grief and regret.

In chapter two, "Hiding the Truth," Burke addresses the issue of women feeling pressured to terminate their pregnancies by abortion counselors. She writes, "When abortion counselors introduce their own biases into the counseling situation, or try to 'sell' women on the option of abortion as the 'best solution' despite the woman's own moral and maternal reservations, the results can be tragic" (36). Indeed, the audience is encouraged to understand these "tragic results" in terms of abortion trauma, and to adhere to the corresponding "fantasy theme." Though Burke quotes a client's use of the phrase "best solution" in her testimony that such was the advice she received from an abortion counselor, it is Burke who opts to use the word "sell" to best reflect what she sees as the abortion counselors' hidden concern: the bottom line. Such a move affirms both the post-abortive woman's sense of vulnerability and the social need for counselors and researchers like Burke and Reardon to provide such clients with the opportunity to express that helplessness with the end goal of healing. And since we have an iteration of a counselor like Noreen to succeed and validate this claim in the next chapter, the rhetorical vision the authors offer thus grants the most viable option to the post-abortive woman's plight.

Burke and Reardon's use of direct and indirect quotations from post-abortive women allows them to emphasize certain words and phrases within the body of the women's testimonies. These phrases are used rhetorically parody flippant Pro-Choice attitudes. In their article, "Voices in the Text: Varieties of Reported Speech in Psychotherapists' Initial Assessments," Carol Berkenkotter and Doris Ravotas observe the rhetorical use of the direct and indirect quotation in psychotherapists records of patient-speech: "Markers that shift the recipient's attention to the 'direct experience' of direct quotation form an explicit boundary between the perspective of the source speaker and that of the reporter. A direct quotation demonstrates a selection of the original speaker's perspective; indirect quotations describe the perspective" (213).

Envisioning Trauma

In this section, I analyze the three chapters of *Forbidden Grief* that focus on presenting women's experience of abortion as traumatic: "Abortion as a Traumatic Experience," "Memories Unleashed," and "Reenacting the Trauma." Each chapter consists of fifteen to twenty personal testimonies from women who report how their experiences of abortion were *made* traumatic by outside actors such as doctors, clinic workers, boyfriends, and husbands. In addition to the testimonies, Burke and Reardon include analysis of how these actors figure in the rhetorical visions of the post-abortive women profiled.

Burke and Reardon begin "Abortion as a Traumatic Experience" with a de-familiarized account of the 1993 case of Lorena Leonor de Gallo Bobbitt's maiming of her husband John's penis. Burke and Reardon acknowledge that their decision to begin

the chapter with what they see as the consummate example of pain and damage caused by post-abortion trauma is, as they say, a "calculated risk" (108). But they include the following quotation from Jane, one of Burke's patients, to confirm that such a risk is worth taking: "Someone finally did it…I wish I had the nerve!" (107). Burke and Reardon also argue that "post-abortion specialists, and many women who have suffered from abortion-related PTSD, immediately suspected a connection to a traumatic abortion as soon as the first stories about the attack occurred" (107). Because the authors highlight that post-abortive women and post-abortion counselors are able to understand the complexity of the Bobbitt case, they reaffirm that these two audiences can join their efforts to establish a shared system of values. Burke and Reardon's reading of the typology of the event sets up the following analysis:

> [S]he may have been reflexively grabbing up symbols of her aborted, *wanted* child whom she did not want to leave behind. In one hand she clutched a phallic symbol, the source of her aborted child's life. In the other hand she held a Game Boy, which even by its very name symbolized the missing little boy she so desperately wanted to take with her. (108)

Though Lorena's coerced abortion was one of the many abuses[27] she endured while married to John Bobbitt, the authors argue that the proof that she suffered from an extreme case of Postabortion Syndrome as a result of her abortion lies in the fact of her castrating her husband two days after the third anniversary of her pregnancy termination. For Burke and Reardon, the details of the maimed penis and the video game, which,

[27] According to the details of the case reported in *The Washington Post* shortly after the maiming, Lorena Bobbitt reported multiple incidents of rape and physical abuse over the course of their four-year marriage (Sanchez A1).

though certainly rife with metaphorical significance for the Freudian critic to explore, inadequately present the complexity of Lorena's experience and emotional state. The authors elect to focus on the abortion as the single most traumatic event in Lorena's life that ultimate triggered her violent act; they do not offer a complete evaluation of the situation, which would include consideration of her psychological state prior to the abortion.

Burke and Reardon's narrowly focused analysis falls in line with the importance of the role of shared experience in constructing and proliferating the rhetorical vision, as outlined by Bormann: "In most instances, a rhetorical vision accounts plausibly for the evidence of the senses so those who pick up the dramatic action and find it personally satisfying are not troubled by contradictory evidence from common-sense experience" (400). The "common-sense experience" that could easily trouble the claims that Lorena's abortion caused her violent outbreak is the evidence of her spouse's consistent abuse before and after the abortion, as well as her mental and psychological instability as a result of that abuse.[28] Because Lorena's action made manifest the fantastic desires and feelings of women who, like her, also felt their abortions were coerced by a partner, Burke and Reardon categorize the sympathetic outcry of women like Jane as further evidence that supports the claim that Lorena's abortion catalyzed her crime. Such a narrative also reinforces the exigence for the authors' work and acts to warn women and men of what can occur if abortion trauma is ignored by society.

[28] Susan Feister, medical director of the Psychiatric Institute of Washington, "determined that Lorena Bobbitt was suffering from three major mental illnesses last June: depression, post-traumatic stress disorder and a panic disorder" (Tousignant and Miller D1).

Though the Lorena Bobbitt story is the most dramatic example of the alleged effects of post-abortion trauma, Burke and Reardon conclude their chapter with a narrative that tells a vastly different story. In this instance, they use Robin's account in her own words:

> I had my abortion at the age of nineteen. I was fine afterwards, and grateful to the clinic and staff who assisted me. I became pregnant again two years later and had another abortion.[…] I entered the airline business and traveled all over the country. Most people thought I had a glamorous life, and my freedom was the envy of many. Then one summer it all fell apart. I was invited home for an anniversary party that my brothers and sisters were having for my parents. I had not been home in 11 years. I felt terrified to go and thought of all the ways I could avoid the trip. I became depressed and started drinking a lot. A good friend asked me what I was afraid of…and honestly I could not tell her. […] Returning home brought up some very painful memories regarding my abortions. When I saw my parents and all my nieces and nephews I had crazy thoughts…I wondered why I didn't have kids? I felt like my own children should have been there with us. I felt so much grief! I could not believe the amount of pain and anguish which flooded my heart. I found myself crying all the time, and drinking to numb the pain, and wanting to sleep the days away[…] I honestly could not function, and I cursed the fact that I had ever come home. All I could think of was that I had to get away. But even after I left, the grief followed. There was no escaping my misery and it affected

> everything…my job, my friendships, my self-worth. The depression, the drinking, the crying spells…it went on for a long time before I sought help. (119-120)

Burke and Reardon make use of Robin's testimony to support their claims that Postabortion Syndrome can be known to emerge many years[29] after one has an abortion, and that a woman's negative feelings toward her abortion can develop later in her life as well. In Robin's case, though, there is much contextual information missing that is necessary to fully determine what caused the downward spiral she describes. We are left with the following questions: why did Robin avoid visiting her parents, siblings, nieces, and nephews for over a decade? Did she undergo her abortions when living with or in the same town as her parents? Did her parents or other family members react negatively to her abortion? Are there factors besides her abortion that cause her to feel estranged from her family? If such questions were asked and accounted for, Burke and Reardon do not address or include them in their analysis of Robin's depression but instead selectively interpret Robin's testimony to suit their rhetorical goals. While their inclusion of Robin's narrative is in keeping with the master narrative of abortion trauma and the rhetorical vision of the post-abortive woman's victimization and survivorship, certain details of the testimony produce additional criticisms of additional questions about what they see as social and cultural forces that pressure women to abort. For example, Robin's statement, "Most people thought I had a glamorous life, and my freedom was the envy of many," subtly acknowledges the argument many Pro-Choice proponents offer in defense of a

[29] Burke and Reardon report in their Appendix A: "women involved in post-abortion programs typically report that it takes an average of eight to ten years before they begin to confront and deal with their post-abortion problems" (272).

woman's right to elect pregnancy termination: one should be "free" to decide whether one wants to have a child or not, because not every woman feels the desire to bear and raise children. What follows that embedded claim is Robin's anxiety over the idea of visiting her family and how "it all fell apart."

Robin's descriptions of what she considers her "enviable" independence in contrast to her siblings' offspring effectually refute the argument that abortion is emblematic of reproductive freedom. Robin's selective testimony and delayed post-abortion guilt support the view that even though women might have the legal right to decide when and if they want to reproduce, they paradoxically feel imprisoned by guilt, depression, and psychological trauma. Burke and Reardon's decision to conclude this chapter with Robin's testimony provocatively asserts their rhetorical vision that only post-abortion counselors and women who have experienced abortion as trauma can truly understand the pain produced by abortion and the recovery needed. Additionally, Robin's anxiety toward the possibility of returning home to see her family enacts a chaining out of "fantasy themes," resulting in the rhetorical vision of the post-abortive woman: undergoing an abortion because of her desire to protect her professional life will produce not only guilt over the abortion, but also regret that she was prevented from fulfilling an "unconscious" desire to give birth. Other narratives in Burke and Reardon's following chapter reinforce the conclusion that regrets signify a missed opportunity to be a mother; post-abortive women later lament the life choices that prohibited motherhood.

In chapter nine, "Memories Unleashed," Burke and Reardon explore post-abortion grief as triggered by women's traumatic experiences with medical professionals, both during and after their abortions. The chapter begins with the sentence: "The doctor

wouldn't stop, even though Lee Ann had changed her mind. She pleaded with him to stop the abortion, but he insisted it was too late. Years later, the abortion continued to haunt her at every turn" (121). The authors then segue into a direct quotation from Lee Ann's testimonial, as imported from Vincent Rue's 1994 text, *Post-Abortion Trauma: Controversy, Diagnosis, and Defense.* Though the chapter's opening with Lee Ann's re-contextualized reported speech implies that a counselor/patient relationship exists between the authors and Lee Ann, we learn after reading the testimonial that the patient's recounted experience originated in a different counselor/patient relationship. Just as Burke and Reardon de-familiarize Lorena Bobbitt's story to emphasize the "fantasy theme" that abortion is trauma and the root cause of later outbursts, the authors re-construct a narrative that emerged from a situation that they played no role in order to achieve a particular rhetorical effect. And as I discuss later, such a move is also generically significant in a text oriented toward political action. I will now examine what the authors' use of narratives like Lee Ann's and others' *does* illuminate: a tacit culpable agent in the post-abortive woman's trauma: medical professionals.

In Lee Ann's narrative, which was originally published in *Aborted Women*, the details of the residual pain following her abortion are explicitly reported; she claims that she "freak[s]" whenever she begins to menstruate, and feels "hurl[ed] back into the gurney and the abortion," because, as she says, "The way I knew my baby was dead was waking and seeing the blood on my thighs" (121). The remainder of the testimonial moves away from memories of the site of the abortion to other embodied feelings of grief and anxiety, such as paranoia at the sight of pregnant women and nightmares of committing suicide or of murdering the "daughter" she aborted. Though Lee Ann's

narrative clearly displays emotional distress as a result of her abortion, she does not make specific mention in the portion quoted directly of memories of the doctor's role in her narrated experience. It is Burke and Reardon's introduction to her testimonial that showcases the obstinate doctor who cruelly forced Lee Ann into the experience she narrates in order to frame their chapter on how women flash back to their abortion traumas.

Patients like Lee Ann testify to the "fragmented" state of their emotional health, Burke and Reardon's "general audience" must make sense of the disjointed information about each patient's account as framed by the authors. For, just as there is no reference to the doctor's inhumanity by Lee Ann in her directly quoted testimony, there is no information that Lee Ann had been told for certain that she aborted a female fetus, though she refers to the aborted fetus as her "daughter." But given Burke and Reardon's introduction of the testimony, the audience becomes "chained" (Bormann 398) to the "fantasy theme" that, for post-abortive women facing flashbacks to their traumatic abortions, the typically male doctor can, and most likely will, play a role in the production of that trauma. Lee Ann's testimony, when taken together with the twenty-four other testimonies in "Memories Unleashed" that also address the role of the medical personnel in abortion trauma, acquires a certain accusatory power as a result of that grouping. As Burke and Reardon portend in their introduction to chapter nine, post-abortive women can find themselves re-experiencing their abortions when undergoing gynecological procedures. In the following testimony, Barbara felt such anxiety when in surgery for an ectopic pregnancy:

> Having my feet up in stirrups, the smell of the hospital, the violation of instruments entering my body and taking a life from me…these things all came back to me, and I felt exactly like I was having an abortion. I cried and cried. I guess I was hysterical. The doctor had to give me a sedative. He became quite angry with me. (123)

In the specific mention of the male doctor's cold response to Barbara's agitation is the implication that he is incapable of understanding the grief her abortion provoked by the surgical removal of her fallopian tube. Barbara's testimony is characterized by the feeling that her abortion was a kind of surgical invasion by way of the "violation of the instruments" the doctor employed in his act of "taking a life from me." And with this testimony, Burke and Reardon are able to both reinforce and expand the "fantasy theme" that at every corner of the abortion experience is pain and trauma, either stimulated by one's own feelings toward the procedure or by those who administer the procedure itself. The rhetorical vision, then, also comes into focus to showcase the importance of counselors like Burke and Reardon in helping women like Barbara make sense of their experience by recognizing that even medical professionals cannot be relied upon to help post-abortive women cope with Postabortion Syndrome; only those who specialize in post-abortion counseling are equipped to recognize its onset and the treatment needed. As the authors report after Barbara's testimony, "After the surgery, the anxiety and flashbacks continued. Fortunately, Barbara connected the panic to her abortion and was able to obtain the help she needed" (123). While the details of the type of "help" she received remain unreported, it is implied that Burke, Reardon, and others who uphold the same rhetorical vision are the only ones who can provide it.

In their section on post-abortive women's tendencies toward flashbacks and dissociation, Burke and Reardon use Julie Ann's testimonial to illustrate what is, for many women, the consummate trauma of the abortion experience, the surgical procedure itself:

> Everything about my abortion was robotic. I remember being in the waiting room, and all of us had blank stares on our faces. After the usual paperwork, I was taken into a small room for the nurses to take blood; I fainted but no one seemed to think that should deter me from going through the "procedure" that day. […] Once I entered the "procedure room," a nurse told me to "hike up my dress" and get on the table; I felt like a zombie. The "counselor" held my hand and talked throughout the entire ordeal to avert my attention from what was taking place on the other end. She said it would be over in a few minutes. I remember starting to cry as the abortionist entered my body with the suction machine…Why couldn't I yell, "Stop, help me," or anything to make them stop? I felt frozen, immobilized the same way I had been since I learned for sure I was pregnant and alone. (131)

Significantly, Julie Ann regards the bureaucratic steps in the process leading to the abortion as being every bit as cold and painful as the abortion itself. Such a narrative supports Burke and Reardon's claims that the post-abortive experience is on-going, and that it can be worsened by lack of support from one's personal and institutional care-giving communities. That medical professionals make up the latter yet are responsible for legal proliferation of abortion procedures is a paradox to Burke and Reardon, because,

as Burke's exchange with Noreen (the abortion counselor in chapter three) exhibits, they do not see why the medical profession would want to condone a procedure that can produce pain and suffering. We see this tension between the post-abortive woman and the medical staff who provide her abortion in Julie Ann's testimony. Julie Ann's euphemistic use of quotation marks around the words "procedure," "counselor," and "procedure room" rhetorically situates her surgery as an invalid medical procedure akin to quackery. Moreover, that Julie Ann opts for the word "abortionist" rather than "doctor" or "physician" further stigmatizes not just the practice of the surgical abortion, but those who perform the procedure. In addition to stigmatization, such a word isolates the capacities of a physician who performs surgical abortions to a one-dimensional professional who can terminate a pregnancy, but who cannot stop or even understand the effects of the pregnancy. Julie Ann's final sentence solidifies such sentiments and concisely produces Burke and Reardon's "fantasy theme" of the trauma-stricken post-abortive woman: "I felt frozen, immobilized the same way I had been since I learned for sure I was pregnant and alone." Such a testimony creates the need for some solution, some repair, and it comes in the form of the rhetorical vision that only Burke, Reardon, and others in the Post-Abortion Movement can provide for women like Julie Ann: that they are not alone despite their feelings of overt abandonment from all other support communities in their lives (including partners, friends, and doctors).

Conclusion

On January 21, 2007, Emily Bazelon reported that there were more than 500 Rachel's Vineyard post-abortion recovery retreats planned for 2007 (41). At the time of this writing, the professional affiliate organization Abortion Recovery International boasts an active 2009-10 agenda of abortion recovery conferences, symposia, and training activities on its website, abortionrecoveryinternational.org. On November 14, 2009, Reardon was to be the guest speaker at the After Choice Symposium in Visalia, California. Without question, the Post-Abortion Movement has become a forceful anti-abortion presence. Even as social and medical skepticism about post-abortion trauma persists and even strengthens, what is unlikely to change is the proliferation of the "fantasy theme" that abortion is psychologically damaging and the subsequent rhetorical vision that abortion recovery can repair that damage. This vision imagines that the only actors who can ameliorate the pain and suffering in women caused by such trauma are counselors like Burke and Reardon, and the peer group support of other post-abortive women. From *Aborted Women* in 1987 to *Forbidden Grief* in 2002, authors use women's testimonies to illustrate the various iterations and shapes of abortion trauma, and to produce knowledge that supports the "fantasy themes" and rhetorical visions of the Post-Abortion Movement.

Chapter 3: Constructing Postabortion Syndrome

Introduction

As chapter two shows, personal testimonies have both shaped the agenda and recovery program of the Post-Abortion Movement, and helped build its status within the Pro-Life Movement. This chapter examines how Post-Abortion Movement activists who are also clinical practitioners and researchers use such testimonies as a standard of empirical proof in support of arguments for the medical significance of abortion trauma codified as "Postabortion Syndrome" (PAS). These advocates use personal testimonies created and delivered in the rhetorical situation of counseling and recovery in the service of social scientific argument and knowledge production. These first-person accounts assembled and circulated in Pro-Life activist settings rhetorically shift from personal testimonies to "emotional evidence." Rather than bolster the *ethos* of the Post-Abortion Movement by revealing the critical mass of post-abortive women, advocates use of testimonies in this new rhetorical situation insists upon their potential as *pathos*-driven evidence of an empirical phenomenon. For these researcher/advocates, this emotional evidence holds value-laden knowledge of how abortion affects women's mental health. In what follows, I trace how the Post-Abortion Movement used personal testimony to create Postabortion Syndrome, a special *topos* of argument that persists in public discourse on abortion to this day.

As chapter one shows, the term "post-abortion" has recently gained traction with political leaders like Congressman Joseph Pitts and Texas Governor Richard Perry. The "post-abortion" condition Congressman Pitts identifies, as well as the "lasting emotional and mental health problems" Governor Perry cites are examples that illustrate how

successful the Post-Abortion Movement has been at establishing a new *topos* in the historically deadlocked public debate over abortion. The possibility that women who undergo an abortion are at risk of suffering symptoms akin to PTSD has helped to shape public presumptions of abortion as potentially damaging, rather than a safe medical procedure. Initiatives like Pitts's and Perry's force all stakeholders involved in Pro-Choice and anti-abortion activism to engage with the concept of post-abortion depression. It is in the discourse of this sustained controversy that we can begin to see how the Post-Abortion Movement has actually achieved a degree of rhetorical success. But how did Postabortion Syndrome become a term that continues to circulate widely, yet whose diagnostic credibility remains contested?

This chapter tells the story of how the Post-Abortion Movement created a new argument in the Pro-Life movement by identifying abortion trauma as a medical problem in want of a cure. Adapting their definition and criteria from the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-III*), Vincent Rue and Anne Speckhard created PAS as a diagnostic category for identifying and indexing the negative psychological effects of abortion. This chapter analyzes how Rue and Speckhard argued PAS into existence by challenging the generic conventions of psychiatric research articles, especially by including personal testimony as evidence, testimony culled from activist genres within the Post-Abortion Movement. Rue and Speckhard's article also questions how patient narrative can shape diagnostic categories and treatments, a question taken up in recent scholarship on narrative in the fields of rhetoric, applied

linguistics, and medical anthropology.[30] Rue and Speckhard's inclusion of women's testimonies serves the Post-Abortion Movement's goal of achieving public recognition that these women's experiences "exist" at all. By directly lifting the diagnostic criteria for PAS from the language of women's testimonies and constructing it by an analogy to Posttraumatic Stress Disorder, Rue and Speckhard marshal their research from two sources of evidence: psychiatric diagnosis and personal testimony. Here, I examine the rhetorical means Rue and Speckhard deploy to meet two objectives: 1) engaging a professional audience of researchers, and 2) legitimizing research originally produced within activist spaces. In my analysis, I examine both the evidence they use to construct a professional diagnostic proposal and their agency[31] as rhetors who occupy a complicated status as anti-abortion insiders and professional outsiders. Rue and Speckhard's article generically troubles these professional/outsider boundaries, thus producing its own evidence of "counter-expertise," an amalgam of insider and outsider rhetorics aimed at solving what they view as the social problem of abortion. This counter-expertise can best be understood by looking closely at the range of *topoi* Rue and Speckhard use to argue for Postabortion Syndrome, and the ways these lines of argument complicate the generic conventions of psychiatric research.

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[30] See Rita Charon's *Narrative Medicine: Honoring the Stories of Illnes*s (New York: Oxford, 2006); Lynn Harter, Phyllis Japp, and Christine Beck's *Narratives, Health, and Healing: Communication Theory, Research, and Practice* (Mahwah, NJ: Erlbaum, 2005); and Hilde Lindemann Nelson's *Stories and Their Limits: Narrative Approaches to Biomedicine* (New York: Routledge, 1997).

[31] My theoretical underpinning for rhetorical agency here comes from Karlyn Kohrs Campbell's article, "Agency: Promiscuous and Protean," in which she asserts that agency is: " 1) is communal and participatory, hence, both constituted and constrained by externals that are material and symbolic; 2) is 'invented' by authors who are points of articulation; 3) emerges in artistry or craft; 4) is effected through form; and 5) is perverse, that is, inherently, protean, ambiguous, open to reversal"(2). Though Campbell gestures toward the rhetorical agency of genre under her fourth claim regarding form, I hope my discussion here will illuminate possible ways to explore the agentive—and distinct—dynamics of genre. When I discuss agency in the non-rhetorical sense, I refer broadly to an individual's capacity to act.

Most recently, genre analysis of medical communication has been concerned with the pivotal role that genre systems[32] play in organizing professional institutions. Carol Berkenkotter and Doris Ravotas's analysis of how psychotherapists' written records of psychotherapy sessions are influenced by the language of *DSM-IV* nosology reveals how speech genres in clinical practice are acted upon as they circulate in written genres amongst mental health care professionals, insurance agents, psychiatrists, lawyers, and judges.[33] Such professionals, however, are "insiders," and there remains work to be done on how the genres of "outside" rhetors, such as political groups, influence genres produced by professional rhetors.

Context: Diagnosing a Movement

Early on, Post-Abortion Movement activists organized themselves around self-appointed authorities on post-abortion trauma and healing, individuals, with a background in ministry or counseling, dedicated to ending abortion and attending to "abortion survivors"—post-abortive women and their loved ones (see chapter one). In 1988, the movement's unifying argument for public recognition of abortion trauma was that women suffering from post-abortion psychological damage are candidates for a disorder that had enjoyed legitimacy since 1980: Posttraumatic Stress Disorder. As noted in the introduction, though the Post-Abortion Movement's initial campaign to legitimate Postabortion Syndrome did not win *DSM* approval, activists have remained committed to

[32] Amy Devitt's landmark essay "Intertextuality in Tax Accounting" examines how the epistemology of professions is revealed in texts are translated into other texts through intertexual reference and rhetorical situations, thus forming a genre system (354).

[33] See their 1998 article, "Voices in the Text: Varieties of Reported Speech in Psychotherapists' Initial Assessments."

arguing on behalf of PAS. In the early 1990s, Rue, Speckhard, and other Post-Abortion Movement stakeholders advocated for the acceptance of abortion as a traumatic stressor commensurate with other stressors such as combat, physical abuse, rape, etc., which have been specifically included as examples of PTSD in the *Diagnostic and Statistical Manual of Mental Disorders* since its third edition. Proponents for the recognition of Postabortion Syndrome modeled their rhetorical tactics on those of the psychologists who established Posttraumatic Stress Disorder as a legitimate condition. Furthermore, proponents of PTSD argued for inclusion of the disorder in the revised *DSM-III-R,* in the politically charged context of veterans' opposition to the Vietnam War.

It is important, however, to recall the scrutiny that PTSD advocates endured and their motivating political stance. PTSD was introduced into psychiatric nomenclature in the 1980 *DSM-III*, and came about as a direct result of the activist efforts of Vietnam Veterans Against the War (VVAW).[34] In 1973, *The New York Times* published anti-war psychiatrist Chaim Shatan's one-page Op-Ed article "Post-Vietnam War Syndrome," which precipitated a popular debate over combat trauma. Rich with anti-war sentiment and highly critical of the military's treatment of active-duty troops and veterans, Shatan's article outlined six themes of the syndrome that he had observed from group therapy sessions, themes, he claims, that "do not fit any diagnostic label" (35): guilt for violence

[34] Combat-related psychological stress was originally listed in the *DSM-I* in 1952 as "gross stress reaction," following psychiatric evaluations of Second World War veterans. This early psychosis was defined as a "temporary condition produced by extreme environmental stress"; once the individual left the environment, it was believed that the reaction would disappear (Scott 295). In 1968, the *DSM-II* removed gross stress reaction. Thus, the volume no longer contained any reference to combat stress. Many physicians in Veteran's Administration Hospitals utilized the *DSM-II* nomenclature to diagnose veterans and concluded that the origin and dynamics of their neuroses lay outside the combat experience; moreover, individual military history was not included in the diagnosis (298).

committed by both parties at war; feeling like a scapegoat for the corrupt practices of superiors; rage at being coerced into an unjust war only to return to public animosity toward veterans; alienation from self and others; and doubt regarding the possibility of building trust and love with other people.

Indeed, such themes are highly charged with a moral imperative. And despite Shatan's disclaimer that post-Vietnam syndrome was not a diagnostic label, his iteration of the six themes organizes them under the title of a single syndrome. Though he emphasized his insider status as an ally of and participant in Vietnam Veterans Against the War support groups, Shatan invoked his insider's medical authority through psychiatric nomenclature and introduced a particular understanding of what it means to diagnose. Post-Vietnam war syndrome weds mental health and morality, yet a diagnostic rubric can only measure the former. Nonetheless, Shatan relied on the rhetorical force of a psychiatric diagnosis to advance an anti-war program. Shatan's article was influential in that it helped to pressure the Veteran's Administration to take a closer look at Vietnam veterans' mental health. Though the creation of PTSD resulted from a series of coordinated efforts between activists and mental health authorities that would last until 1978, anti-war stakeholders like Shatan were among the first to establish the exigence for the disorder in public discourse.

Partitioning Postabortion Syndrome from Posttraumatic Stress Disorder

Since it was added to the *DSM-III* in 1980, Posttraumatic Stress Disorder has remained controversial. Though slightly revised in 1987, the 1994 revision made a crucial change in the language of the main characteristic of PTSD. In the first and second

iterations in 1980 and 1987, respectively, the *DSM* identifies the essential feature of the disorder as follows:

> [D]evelopment of characteristic symptoms following a psychologically distressing event that is outside the range of usual human experience (i.e. outside the range of such common experiences as simple bereavement, chronic illness, business losses, and marital conflict.) The stressor producing this syndrome would be markedly distressing to almost anyone….The trauma may be experienced alone (e.g. rape or assault) or in the company of groups of people (military combat). Stressors producing this disorder include natural disasters (e.g. floods, earthquakes), accidental man-made disasters (e.g. car accidents with serious physical injury, airplane crashes, large fires), or deliberately caused disasters (e.g. bombing, torture, death camps). (*DSM-III-R* 247)

Numerous researchers have called into question what exactly counts as "outside the range of usual human experience." For instance, individuals living in societies where government or insurgent violence is a commonplace are excluded by such a definition. In 1994, the APA revised the essential features of the disorder listed in the *DSM* to include a range of lived experiences, and this expanded definition reads as follows:

> [D]evelopment of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves death, injury, or a threat to the personal integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death,

> serious harm, or threat of death or injury experienced or violent death, serious harm, or threat of death or injury experienced by a family member or close associate. (*DSM-IV* 463)

Although the definition that Rue and Speckhard rely on to construct the criteria for Postabortion Syndrome is based on the pre-1994 terminology, rhetors in the Post-Abortion Movement continue to this day to claim PAS as an analog to PTSD, though without the support of the American Psychological Association or American Psychiatric Association. This claim of a connection between Postabortion Syndrome and Posstraumatic Stress Disorder can be found on websites of the Post-Abortion Movement. Rue and Speckhard constructed PAS from the 1987 version of the PSTD diagnostic criteria, and that construction persists even though the terms of the original organizing principle—PTSD—have changed. Indeed, the later expanded definition still grants them affordances, because the inclusion of "the threat to the physical integrity of another person" actually fits under their definition of fetal personhood.

Rue and Speckhard offered the following criteria for Postabortion Syndrome in their 1992 article, clearly modeling it on the Posttraumatic Stress Disorder diagnostic criteria stated above:

> PAS is proposed as a type of PTSD that is characterized by the chronic or delayed development of symptoms resulting from impacted emotional reactions to the perceived physical and emotional trauma of abortion. We propose four basic components of PAS as a variant of PTSD: 1) exposure to or participation in an abortion experience i.e. the intentional destruction of one's unborn child, which is perceived as traumatic and beyond the

> range of usual human experience; 2) uncontrolled negative reexperiencing of the abortion death event, e.g. flashbacks, nightmares, grief, and anniversary reactions; 3) unsuccessful attempts to avoid or deny abortion recollections and emotional pain, which result in reduced responsiveness to others and one's environment; and 4) experiencing associated symptoms not present before the abortion, including guilt about surviving. (105)

I want to focus on the authors' emphasis on perception within this definition because it is the crux of the entire argument for Postabortion Syndrome recognition and diagnosis. The foundation of Posttraumatic Stress Disorder according to the *DSM* category is based on one's perception of trauma, which is determined by exposure to a life-threatening "traumatic stressor" (*DSM-IV-TR* 463). A PTSD diagnosis acceptable in the psychiatric community thus emerges from the individual's demonstration of characteristic symptoms of stress: anxiety, increased arousal, intrusive and involuntary flashbacks or re-experience of the traumatic event (including images, thoughts or perceptions), repressed memories, detachment, avoidance of all things and places associated with the traumatic event, and denial of one's emotional pain related to the traumatic event (468). Rue and Speckhard transfer these qualities to the post-abortion time frame and emphasize women's negative perception of their abortion over situational factors of the unwanted pregnancy, and this preference partitions the scope of diagnostic criteria so that the "pathogen" for the syndrome is the abortion procedure itself.

As far as Rue and Speckhard are concerned, what most influences women's perception of the abortion is the attitude toward abortion as a moral issue. Here we can

see the post-abortive woman's identity crisis as both victim and perpetrator of the traumatic stressor of abortion. If she claims that the abortion itself is the cause of her trauma, she thus acknowledges that the procedure is a consequence of her own decision to terminate her pregnancy to end a crisis situation. Her subsequent recognition that her abortion was the wrong choice can result from a range of factors, such as realizing she was coerced or that she lacked information about what the procedure would entail. Regardless of the circumstances, the recognition itself determines the course for her recovery, and this is where the Post-Abortion Movement's "pro-woman/Pro-Life" political strategy enters (see chapter two).

According to Rue and Speckhard, the volitional nature of elective abortion is the one feature that divides PAS from PTSD. The authors again return to the idea of a woman's personal perception to evaluate abortion trauma, a move that taps directly into the cultural and social understanding of abortion in the twentieth- and twenty-first century United States. Indeed, the public discourse on abortion remains entrenched in second-wave feminist rhetoric on abortion as a woman's choice and reproductive right. Rue and Speckhard use a Postabortion Syndrome diagnosis to draw attention to the concerns that the debate over maternal rights versus fetal rights does not account for. If they could achieve legitimacy of PAS, Rue and Speckhard would succeed in raising public suspicion over the safety and efficacy of abortion as a sound medical procedure. They offer the following support for why there is space for Postabortion Syndrome in the PTSD diagnostic criteria in the *Diagnostic and Statistical Manual of Disorders*:

> [T]he *DSM-III-R* does not preclude volitional stressors in the criteria for PTSD (e.g. divorce and accidental homicide). In fact, it clearly indicates

> that PTSD is apparently more severe and longer lasting when the stressor is of human design. We hold that abortion, intentionally caused and yielding unintended consequences, is one such example. (Rue and Speckhard 106)

This claim also demonstrates the Post-Abortion Movement's rhetorical stake in an argument by partitioning in that they isolate the abortion procedure from the crisis pregnancy for a number of reasons. First, Rue and Speckhard uniformly assign agency to women seeking abortion by insisting that the procedure is (always) "intentionally caused," suggesting that abortion need not happen in the first place. In so doing, the authors continue to challenge the efficacy of Pro-Choice discourse on choice and reproductive rights. Moreover, what Rue and Speckhard *do not* state is left for their audience to imagine. What are the "unintended consequences" that abortion yields? This claim signifies not only the authors' assumptions that every woman's abortion experience exists in isolation from her crisis pregnancy experience, but also that Rue and Speckhard's particular audience will likely ascertain that "unintended consequences" are necessarily threatening. Next, I further discuss how we can understand this particular audience by examining the evidence Rue and Speckhard offer as criteria for PAS.

Genre, Audience, and Postabortion Syndrome

Rue and Speckhard's article appeared in the *Journal of Social Issues*, published by the Society for the Psychological Study of Social Issues (SPSSI), which comprises an international group of over 3000 psychologists, allied scientists, students, and others who share a common interest in research on the psychological aspects of important social

issues. SPSSI is also Division 9 of the American Psychological Association and an organizational affiliate of the American Psychological Society**.** According to its stated mission, the journal is concerned with influencing public policy, and encouraging public education and social activism. The particular issue of the *Journal of Social Issues* that published Rue and Speckhard's article treated the topic of the psychological consequences of legal abortion. Stakeholders with varying methodologies on both the anti-abortion and Pro-Choice sides of the debate were included in an effort to reflect the journal's interest in bringing "behavioral and social science theory, empirical evidence, and practice into focus on important human problems" ("SPSSI: About").

In his editor's note, Stuart Oskamp offers the following rationale for this issue's theme:

> Note that the specific topic of the issue is the psychological consequences of abortion. There is a good reason for that focus for, as you will read in the following papers, past research has established that the physical consequences of abortion are no more serious, or even less serious, than those of childbirth. Thus, the arena of scientific debate has shifted to abortion's mental health or psychological effects. Another way that the topic of this journal is specialized is that it concerns the effects of *legal abortion as it is currently practiced in the United States*, not those of illegal abortions—which clearly carry their own unique consequences—nor of abortion practices in other times and places that are culturally distinct from us. [italics in original] (1)

Oskamp makes clear the political implications of any study of abortion in the United States, and engages the audience to consider how the public argument concerning abortion has expanded to include issues of psychological consequences. He also suggests that any discussion of abortion in the late twentieth-century United States occurs in a particular historical and cultural moment that is unlike any other—both within and outside this country. Oskamp also emphasizes the journal's treatment of the issue of legal abortion in contemporary America as an organizing principle, which acts as another cue to the audience of what will and will not be discussed. It is clear that Oskamp and his editorial board are aware that it is in their best rhetorical—and political—interests to justify this issue of the *Journal of Social Issues* by partitioning its scope. Oskamp also cites the American Psychological Association:

> [The APA] ...has always advocated careful and ethical research on the consequences of abortion. Most recently, in 1989, it passed another resolution, which stressed the need to disseminate relevant scientific information to policymakers and to the public. SPSSI […] has actively encouraged APA to take stands on crucial social issues such as abortion, and it would certainly echo the 1989 resolution that scientific information on such issues should be disseminated as broadly as possible. (3)

Thus, the editors' inclusion of "Postabortion Syndrome: An Emerging Health Concern" is consistent with their goal of "disseminating relevant information to policymakers and the public."

Of the ten articles in the issue, only two present research findings based on empirical studies conducted by the authors.[35] Rue and Speckhard's "Postabortion Syndrome" is one of eight articles that instead provide a comprehensive literature and policy review on studies of the psychological effects of abortion and that conclude with recommendations for further research. But what sets their article apart from the other reviews is its proposed definition of a Postabortion Syndrome category to be included under Posttraumatic Stress Disorder in the *Diagnostic and Statistical Manual of Disorders*. Rue and Speckhard organize their article in the following format: introduction, background, literature review, proposal, conclusion. The literature review section has two subheadings, entitled "Sociopolitical Context of Abortion Research" and "Recent Abortion Research." The proposal section is also divided in two ("Abortion Experienced as Stressor" and "Cardinal Features of PAS"), and each has its own multiple subheadings for definitions of the terms "stressor" and "feature."

In "Abortion Experienced as Stressor," Rue and Speckhard offer three tiers of post-abortion stress: postabortion distress, postabortion syndrome, and postabortion psychosis. They posit: "As a psychosocial stressor, abortion may lead some women to experience reactions ranging from mild distress to severe trauma, creating a continuum that we conceptualize as progressing in severity from postabortion distress (PAD), to PAS, to Postabortion psychosis (PAP)" (104). Rather than PAD or PAP, Rue and Speckhard develop diagnostic criteria for the middle term PAS because it enables them to account for more symptoms and behaviors than just those included in distress, mild

[35] The two studies are: Warren B. Miller's "An Empirical Study of the Psychological Antecedents and Consequences of Induced Abortion"; and Henry P. David's "Born Unwanted: Long-Term Developmental Effects of Denied Abortion."

depression, or psychosis. Clearly, however, the adjective "post-abortion" grants Rue and Speckhard many affordances for naming and defining degrees of abortion-related trauma. Such affordances help construct the existence of a post-abortion "condition" in the first place, which is then amplified by the nomenclature in the categories PAD, PAS, and PAP. In "Cardinal Features of PAS," Rue and Speckhard make a case for Postabortion Syndrome as a derivative of Posttraumatic Stress Disorder, and extensively draw from women's testimonies published in both counseling books and popular news periodicals to support each categorized feature. In a bold rhetorical move, Rue and Speckhard wed the genre of the social scientific literature review to that of a proposal with their recommendation for a new diagnostic category in the *Diagnostic and Statistical Manual of Disorders*. Combining these genres performs a social action, which is Rue and Speckhard's rhetorical demand for recognition of Postabortion Syndrome, irrespective of the generic conventions of a proposal or a review article.[36]

Counter-Expertise and Diagnosis

Rue and Speckhard's argument for the diagnosis of PAS to help "break the silence" of post-abortive women's pain is a counter-argument against those put forth by mental health researchers and activists who posit that abortion relieves women of the stress of a crisis pregnancy. In their introduction to the section, "Sociopolitical Context of Abortion Research," Rue and Speckhard establish exigence by answering that politics

[36] Here, I rely on Carolyn Miller's definition of a genre as "a rhetorical means for mediating private intentions and social exigence that motivates by connecting the private with the public, the singular with the recurrent" (163). Put otherwise, genre is as much defined by its form (the public) as much as its substance (the private), and taken together, they embody an intended social action.

has already shaped the conditions of social scientific research on the mental health effects of abortion to a dangerous degree:

> There is a reluctance to call attention to negative consequences of abortion for fear of providing support to anti-abortion groups. Minimizing acknowledgement and discussion of postabortion trauma may result in women feeling abandoned by their counselors and isolated from other women experiencing similar difficulties. This may discourage women from revealing their postabortion feelings and may result in labeling women with emotional difficulties after their abortion as deviant and in need of psychotherapy. (96)

In this passage, Rue and Speckhard make a paradoxical move in the case for a new PAS category. Though the thrust of their article is an argument for a definition of PAS and its circulation, their claims that negative consequences will befall women and counselors pre-emptively refute the possibility that women who do not discuss their feelings toward their abortions may not actually be traumatized. What's more, Rue and Speckhard use the *topos* of a cause-and-effect argument to counter another possible definition, that women who seek abortion are pathologically "deviant and in need of psychotherapy." Rue and Speckhard make this cause-and-effect argument to demonstrate the crux of the issue because it best serves their central claim that when women seek abortion, they run the risk of suffering PAS as an additional stressor, beyond an unwanted pregnancy. And since their counter-evidence is based on counseling testimonies in which women are encouraged to identify their abortions as the catalyst of their psychological distress, Rue and Speckhard legitimize not only the existence of women's experience, but also that

such experience can be used to shape public knowledge about the mental health impacts of abortion.

In another argument for PAS, Rue and Speckhard claim that the Pro-Choice movement is itself ill-served by rejecting the existence of PAS. By calling to mind the demands made on women in the decades before abortion was legalized nationwide, the authors use a historical line of argument to place the progress of the feminist movement "at risk" of being its own worst enemy:

> Ironically, the politicization of abortion research may be leading us to stigmatize and label women who experience abortion stress as pathological. This would indeed be unfortunate given the many years of feminist-oriented research that attempted to remedy the "a priori" definition of women who chose abortion as pathological. Neither should those who experience abortion as traumatic now be defined as pathological without first considering the potential of abortion to act as trauma even for some healthy women. (96-97)

Though brief, Rue and Speckhard make a forceful historical appeal to the fraught relationship between the disciplines of psychology and psychiatry and the movement to legalize abortion.[37] Such an appeal to the historical consciousness of the feminist movement functions as a cautionary tale against ignoring the authors' claims for PAS, and allows them to speak to their naysayers, with whom they share the same issue of the

[37]In *Psychiatric Aspects of Abortion* (Washington, DC: APA Press, 1991), Nada Stotland describes how, before 1973, women were often subjected to extensive psychiatric evaluations to determine if completing a pregnancy would be detrimental to their mental stability.

Journal of Social Issues (though in fact none of the authors engage directly with the other articles in their journal cohort).

One of the foremost opponents to legitimizing PAS is Brenda Major, whose essay, "Psychosocial Predictors of Adjustment to Abortion," which also appears in the abortion and mental health issue of *Journal of Social Issues* featuring Rue and Speckhard, identifies "self-efficacy" as a critical determinant for how women cope with abortion. Russo ostensibly repudiates the notion that an abortion procedure itself is a traumatic stressor.[38] By examining such factors as a woman's community of support, her previous moral attitude toward abortion, and her history of coping with stressful life events, Major concludes that these factors, not the abortion itself, influence a woman's psychological response to abortion. As far as Rue and Speckhard are concerned, Major's method for studying women's experiences of abortion only maintains the public perception that abortion is risk-free for most women, though there are a few exceptions of women who are severely emotionally (or physically) troubled by the experience. Rue and Speckhard take as a given that the scientific study of abortion has been misrepresented by Pro-Choice researchers like Major (100-1). Instead, they bolster their counter-evidence with research that is in no way affiliated with either APA or the United States.

For example, Rue and Speckhard include a study examining psychiatric admission rates of Danish women under the age of fifty who had either had an abortion or gave birth with the three-month admission rate to psychiatric hospitals for all Danish women of a similar age (100). David, et al. found that "women who obtained abortions were at higher risk for admission to psychiatric hospitals than are women who delivered"

[38] Though Rue and Speckhard do not review Major's "Psychosocial Predictors of Adjustment to Abortion," they do cite her 1985 study, "Attributions, Expectations, and Coping with Abortion."

(qtd. in 100). While Rue and Speckhard grant that psychiatric admission represents the worse-case scenario of psychological distress, and that the study did not provide a long-term assessment of women who aborted as opposed to women who delivered, they also emphasize the following *a fortiori* argument: that if there are proportionally more women with severe mental response, there are even more with medium range responses, and therefore the incidence of post-abortion trauma is "most likely underreported" because "women may often be in a denial for a considerable period of time after their abortion" (100).

Because Rue and Speckhard do not specify what it is that the women precisely deny, the audience is left to understand denial in exclusively clinical terms. For instance, the authors discuss denial in their analysis of the study by Major, et al., who reported that the main emotion experienced immediately after the abortion was relief according to responses to a survey (101). Rue and Speckhard pointed out that 60% of 247 women surveyed failed to complete the survey three weeks after their abortion: "This high attrition rate could be attributed to avoidant behavior due to an abortion trauma, and it conforms to the view that women who are more likely to find the abortion experience stressful may be underreported in volunteer samples" (101). That Rue and Speckhard ascribe such behavior on the part of study participants to denial further illustrates their defensive stance against research produced by those opposed to understanding abortion as a potential traumatic stressor in and of itself. Rue and Speckhard want to engage the population that they hypothesize is not represented in the study by Major, et al., and they do so by using characteristic terms of psychoanalysis in general, such as "denial" and "avoidance."

Emotional Evidence for Postabortion Syndrome

A vital source from which Rue and Speckhard draw their counter-evidence are the surveys conducted by David Reardon and published in his book *Aborted Women, Silent No More* (see chapter two) and those reported in Speckhard's study, *Psycho-social Stress Following Abortion*, both published in 1987. Reardon nonrandomly chose 252 self-selected women who were affiliated with the anti-abortion activist group, "Women Exploited by Abortion," and reported that the majority of respondents experienced a range of negative outcomes, "including flashbacks, anniversary reactions, suicidal ideation, feelings of having less control of their lives, difficulty in maintaining and developing relationships, first use or increased use of drugs, and delayed onset of stress, and most reporting their worst reactions as occurring one year or more postabortion" (101). Speckhard's survey is also based on a self-selected sampling, though hers looks at thirty women with whom she conducted phone interviews. These women also experienced long-term grief, in some cases lasting over five years (101). The feelings added to those in Reardon's list included, "depression, anger, guilt, fears that others would learn of the abortion, preoccupation with the aborted child, feelings of low self-worth, discomfort around small children, frequent crying, flashbacks, sexual dysfunction, suicidal thoughts, and increased alcohol usage" (101). Speckhard's findings present a wider range of behaviors and instances than Reardon's, but both lists convey a continuum of anxiety that some women report feeling after abortion. There is a clear message that abortion has taken an affective toll on these women's lives, rather than having provided them with the relief otherwise reported in the research literature signified by terminating

a crisis pregnancy. The evidence that some post-abortive women believe that abortion causes more problems than it solves is precisely what Rue and Speckhard are talking about in their assessment of their reports.

In the evidence drawn from Reardon's book, *Aborted Women: Silent No More,* those women surveyed comprise a broad spectrum of women who had undergone illegal and legal abortions, in a variety of circumstances. Yet, Rue and Speckhard posit that the kind of stigmatization experienced by the women in these studies is internally rather than externally caused. According to Rue and Speckhard, both a woman's fear that her abortion might be revealed to others, and her sense that there is something wrong with feeling bereft after abortion result from women's general discomfort with having the choice of whether or not to terminate a pregnancy. Because an abortion makes public that private discomfort, the post-abortive woman is, in Rue and Speckhard's terms, emotionally divided. Taken together, her fear that her abortion will be exposed and her guilt for not feeling as she thinks she ought to after the procedure create an emotional gap otherwise unaccounted for by the moral arguments concerning abortion. Such conflicted feelings exemplify how the roles of victim and perpetrator are collapsed in Rue and Speckhard's support for a Postabortion Syndrome diagnosis. By conflating these two roles, the authors dissociate the terms constituting a PAS diagnosis from those of a general PTSD diagnosis. Despite this maneuver, Rue and Speckhard's argument for PAS still relies on its association to the *ethos* of PTSD.

Audience and the Rhetoric of Postabortion Syndrome

Rue and Speckhard's choice of evidence to back up their claim for the existence of PAS tells a great deal about how they construct the character and allegiances of the readers of their *Journal of Social Issues* article. To investigate this construction, I analyze criteria two through four of Postabortion Syndrome. In these features, Rue and Speckhard identify a range of particular experiences that result from the first criterion that defines abortion as trauma (106). For those categories of experience, Rue and Speckhard rely on evidence gleaned from women's testimonies submitted in a clinical setting. These experiences include, "Death of a fetal child," "Threat to one's person," "Repression," "Iatrogenic illness," "Re-experience," "Intrusive nightmares," "Survivor guilt," and "Denial," Rue and Speckhard provide illustrations of these features of PAS in the form of direct quotations extracted from clinical patients' testimonies. Doing so emphasizes the post-abortive woman's conflicted relationship to her abortion experience, which is both a cause and consequence of her choice to terminate her pregnancy. Furthermore, their use of direct quotations also transfers emotional, first-person testimony from the pages of advocacy literature to the pages of an academic journal.

For example, under the explanation provided in the section titled the "Death of the fetal child," Rue and Speckhard discuss how women suffering from PAS use language that unambiguously asserts their uneasy feelings toward ending a human life:

> Women with PAS may refer retrospectively to the aborted fetus as "my child" and speak in horror of their perceptions of its violent death. These women may report feeling fetal movement, sensing death or panic on the

> part of the fetus, or viewing or otherwise coming into contact with fetal parts or the delivered fetus as part of the abortion trauma (Selby, 1990; Speckhard, 1987b). One woman said of her suction abortion, "I don't know how it's possible, but I know I felt when my baby died, I could feel when its life was sucked out. It was awful. I have never felt so empty. I just wanted to die" (M.K., 1984). These perceptions of abortion as a death experience are not limited to women experiencing PAS. In 1989, several national polls found that the majority of Americans perceive abortion as "immoral" and even as "murder" *(Los Angeles Times,* 1989). (107)

Rather than understand their abortion in clinical terms like “fetus,” many women surveyed use terms of personhood, which line up with the idiom of the anti-abortion movement; for instance, these women say “child” or “baby,” signifying their divided attitude toward the procedure following its completion. Notably, Rue and Speckhard follow up the post-abortive woman’s quotation not with analysis of her testimony but with poll evidence that a large number of Americans who have not necessarily experienced abortion firsthand also believe the procedure is “immoral” and “murder.” Such a rhetorical choice suggests that Rue and Speckhard believe that this unnamed woman has the support of the majority on her side. By supplying polling data congruent with the attitude of her testimony, Rue and Speckhard tacitly privilege evidence based on individual perception and popular speculation rather than scientific research as the keys to understanding post-abortion trauma. In short, their deference to the testimony of post-abortive women and other abortion trauma proponents allows them to use a selection of testimony to represent a vast yet amorphous population of women.

Among the criteria for PAS that Rue and Speckhard include, "Threat to one's person," "Repression," and "Iatrogenic illness" separately and collectively show the contours of their audience. The first criterion comprises a mere two sentences of explanation, concluding on the following quotation from "one woman": "'when they turned on the suction machine it was so painful I really worried that it would take out more than it was supposed to. It can't do that, can it?'" (108). Rather than clarify the "suction machine," using the clinical terminology "vacuum aspirator," Rue and Speckhard suspend analysis so that the evidence of "one woman" can resonate as the only support necessary to legitimize the criterion that abortion constitutes a "Threat to one's person." Such an omission encourages the audience to pause on, or at least acknowledge, the woman's question and identify with her feelings of fear about the surgical procedure.

The authors' explanation of the criterion "Repression" also gestures toward an audience who will take the post-abortive woman's word at face value. Indeed, repression is a vehicle for denial, the central feature of PAS. In psychoanalysis, repression is characterized by memory loss and recovery of the repressed memory as a way to restored health. But most importantly, the authors assert that women "employ" repression as a way to forget the trauma of their abortion. Rue and Speckhard's verb choice suggests an implicit and explicit claim that a woman has agency to actively repress. In the context of psychotherapy, the issue of agency is especially complicated. On the one hand, the traumatized individual has no agency because the brain's response to external stimuli, particularly traumatic stressors, is already designated by biological forces that preclude the possibility of choice. Trauma can be defined as a physiological response to stimuli regardless of what people do or do not do. On the other hand, psychotherapy promotes

agency because it promises that the individual can eventually, after experiencing a new understanding, exercise control over her mind and modify her actions accordingly.

To suggest, as Rue and Speckhard do, that the act of repressing one's memory is something that women "employ" to keep from dealing with abortion trauma further troubles the issue of women's agency in the context of Freudian psychotherapy. Such a tension can be observed in the following quotation from another anonymous woman: "I can't believe it's my abortion that's bothering me after all these years. It was okay at the time, but now I feel really upset about it and afraid to be alone with my feelings" (qtd. in 109). This woman conveys an attitude of incredulity that her abortion could be the source of the distress she presently feels, but one may ask, what exactly is it *about* her abortion that so vexes her after a presumably significant passage of time? Put otherwise, what is the referent for the "it" she mentions twice in the second sentence? By including this quotation, the authors insist that repression in the context of PAS establishes a pattern of repetition, which lends support to their assumption that women's written testimonies contain diagnostic potential. Rather than analyze the woman's testimony to elucidate her psychological distress with respect to the context of her life before or after the abortion, Rue and Speckhard rely on audience assumptions about repression involving discrete events to validate the woman's experience. Based on the evidence for repression in the cited testimony, the audience has little choice but to concede that the post-abortive woman is indeed repressing her abortion trauma. Thus, the audience by proxy validates Postabortion Syndrome—and the counter-expertise furnished by Rue and Speckhard.

Another instance in which audience assent takes the place of analysis is in the sparse section on the criteria for "Iatrogenic illness." This criterion is based on a therapist or counselor's unintentionally worsening the post-abortive woman's emotional state through attempts at treatment. Following a brief definition of the criterion, Rue and Speckhard rely only on the following first-person account from "one woman" to elaborate this category:

> The therapist I saw told me that I was trying to blame everything on my abortion, and that it was probably a good decision at the time. He made me feel that something was wrong with me for feeling so badly about it. I never brought it up again. But now I suddenly find that I can't stand to be around my sister's baby, and I freaked out in the gynecologist's office last week. (qtd. in 109-10)

This particular example reveals Rue and Speckhard's insistence that the authority of women's personal testimonies can stand alone as legitimate evidence of PAS. Without any contextual details or analysis of the "one woman's" experience, the audience is left to assume that the undefined yet unmistakably painful "everything" she was underwent after her abortion was in fact, a direct result of the procedure. In contrast to the statistical approach of other researchers in the *Journal of Social Issues*, who present statistical analysis based on data sets of secondary research, discussion of results, and suggestions for further research, Rue and Speckhard assumes that "data"—that is, the post-abortive woman—can and should speak for herself.

The Post-Abortion Movement's Response

Despite the authoritative status of Rue and Speckhard's article in the Post-Abortion Movement, some stakeholders believe that the *Journal of Social Issues* did a disservice to the article; they noted that the inclusion of the article in the *Journal of Social Issues* was driven more by the editors' desire to provide both anti-abortion and Pro-Choice viewpoints to the abortion-themed issue rather than to showcase the authors' research findings on PAS. In *Forbidden Grief: The Unspoken Pain of Abortion* (2002), Theresa Burke and David Reardon claim that Rue and Speckhard's study was invited to "'bring balance to the special issue,' though all of the eight other published papers in that issue were written by Pro-Choice authors who disagreed with [Rue and Speckhard]" (273). Such an assessment suggests that the *Journal of Social Issues* was blatantly Pro-Choice, when the position Oskamp espouses is actually much more hedged (see this chapter's earlier discussion of the *Journal of Social Issues*).

We can determine from Burke and Reardon's comment that the article's impact on the policy and public at its time of publication was not what they had hoped. But while it is true that Rue and Speckhard's article did not immediately influence public policy or shift the current of psychological studies of abortion's after-effects, their research did provide the Post-Abortion Movement with a nomenclature for articulating its strategies and goals. Furthermore, since their article appeared in the *Journal of Social Issues*, Post-Abortion Movement advocates continue to cite it as the definitive scientific roadmap for Postabortion Syndrome. PAS stakeholders profess a concern for women whom they see as victimized by a medical procedure that was more harmful than helpful to them, just as

Chaim Shatan and Robert Lifton, psychiatrists who pioneered the diagnosis of PTSD helped legitimize the political import of veterans' combat trauma as a serious mental health issue.[39] Many scholars have noted that, for better or worse, PTSD became institutionalized as a result of a complex interplay of political, moral, and clinical forces. Clinical psychologist Judith Lewis Herman, who was one of the original authors of the *DSM-III* entry, makes the following claim about the social acceptance of PTSD: "The moral legitimacy of the antiwar movement and the national experience of defeat in a discredited war had made it possible to recognize psychological trauma as a lasting and inevitable legacy of war" (27). Notably, Herman's use of the word "recognize" suggests that the psychological trauma of war has always been present, if unnoticed. Rue and Speckhard venture a comparable assertion that post-abortion trauma has always been present and ought to be "acknowledged" (96).

The Politics of PTSD and PAS

The creation of PTSD and PAS has been the subject of subsequent critiques, such as Ellie Lee's, *Abortion, Motherhood, and Mental Health: Medicalizing Reproduction in the United States and Great Britain* (2003). In her study, Lee claims that sub-syndromes of PTSD (like PAS) represent the general cultural trend in the 1980s and 1990s toward defining not only health but also behavior conditions in biomedical terms. Lee claims

[39] In 1970, Lifton and Shatan began to build alliances with the VVAW, beginning with the group's invitation that the two attend "rap groups"—informal sessions in which veterans shared war experiences (300). Significantly, Lifton and Shatan were asked to participate because of their shared politics, not to act as therapists. In an interview about his participation, Shatan said, "[The VVAW] said shrinks could join provided that we joined as peers. They knew more about the war than we did, and we knew more about what makes people tick" (qtd. in 300).

that because these syndromes were pioneered under the auspices of advocacy for abused women and children, and for Vietnam War veterans, PTSD is fundamentally a program of maintaining the category of the victim so long as it can be used to achieve social justice. Additionally, Herman's *Trauma and Recovery* (1992) fervently argues that PTSD is inextricably tied to the way trauma is constituted by social and political context; she posits that one's sense of victimhood is a necessary identification that acts as a point of departure to begin recovery. Moreover, Lee's assessment of PTSD in contemporary Western society clearly echoes Herman's concerns: "PTSD exists both as a medical condition and as a form of argument about how individuals and groups of people should be perceived and treated by others, and how we should perceive ourselves" (72). In other words, the medical aura of PTSD grants individuals and/or groups the rhetorical force needed to further claims of injustice endured. The prototypical cases of PTSD include people who have been acted upon by forces beyond their control and consent, which epitomizes the definition of victimization.

Lee and other critics of PTSD assess how the disorder is used as a way of making sense of stressful life events that might not have involved the forcible coercion by another agent. This application becomes particularly complicated as it relates to abortion. I refer specifically to the issue of choice in the context of both one's decision to have an abortion, and of the subsequent experience of the procedure. According to the diagnostic criteria of PTSD, is it possible for a person to be a victim if she chose to go through with the cause of her trauma? As far as the Post-Abortion Movement is concerned, yes it is. However, the shape of PAS in women who experience emotional distress following their abortion does not crystallize in quite the same fashion as the prototypical victims cited in

the research supporting PTSD. In fact, as Rue and Speckhard show, many of these women who allegedly suffer as a result of their abortions see themselves as *both* perpetrator and victim.

Conclusion

Rue and Speckhard's use of post-abortive women's testimonies as a source of knowledge for understanding the psychological effects of abortion recalls earlier practices of evidence collection and analysis in psychiatry. Indeed, single-patient case histories were once the authoritative source for the discipline, and were structured as individualized narratives. However, as Carol Berkenkotter articulates in her 2008 study *Patient Tales: Case Histories and the Use of Narrative in Psychiatry*, the late twentieth century saw the single-patient case history pushed to the margins in the research literature in favor of the group study (3). The group study gained preference because it could be used to make generalizations about symptoms exhibited by groups of patients with common identifying characteristics rather than just the individual patient (130). Furthermore, when the *Diagnostic and Statistical Manual of Disorders* was revised in 1980, it marked a distinct disciplinary shift from its 1968 predecessor: the earlier edition followed a psychoanalytic model, whereas the revision turned toward the biomedical in psychiatry, a field with a standardized nomenclature and classification system (131). Had the single-patient case study persisted as an authority in psychiatry, it is fair to say that research produced by abortion trauma proponents like Rue and Speckhard might have been more acceptable within the field.

However, even if the article did not convince the readership of the *Journal of Social Issues,* that it appeared in a peer-reviewed professional publication has served to legitimize its conclusions. Since the publication of "Postabortion Syndrome: An Emerging Public Health Concern" and accompanying literature by abortion trauma proponents in the early 1990s, both the label PAS and its diagnostic criteria and symptoms have been continuously cited by anti-abortion advocates as possible mental health consequences of abortion. For example, seven of the ten hits displayed on the first page of a Google™ open web search of "postabortion syndrome" consist of links to Pro-Life websites that rely on information produced by Rue and Speckhard. One can easily see how the circulation of PAS in the digital spaces of the internet signifies audience acceptance by Post-Abortion Movement affiliates. Indeed, the diagnostic label has become a salient part of the landscape of anti-abortion arguments and continues to be bolstered by the outside evidence of women's personal testimonies—regardless of the authority and statistical evidence provided by mental health authorities. (See appendix for chapter three).

Chapter Four: Authority, Advocacy, and the Rhetoric of Abortion Trauma Research

Introduction

As discussed in the previous chapter, the continued circulation of Postabortion Syndrome as an accepted diagnosis among Post-Abortion Movement stakeholders an object of refutation for opponents is in and of itself a rhetorical success for the movement that created it. Since the publication of the 1992 *Journal of Social Issues* volume addressing abortion and mental health, numerous peer-reviewed studies have been published, many of which explicitly challenge, as Rue and Speckhard did, the 1989 conclusions of C. Everett Koop and the American Psychological Association APA Task Force on Mental Health and Abortion, which determined evidence is lacking to support the existence of a causal relationship between abortion and mental health.

Post-Abortion Movement rhetors like Priscilla Coleman, Vincent Rue, and David Reardon have published more than a dozen studies examining the relationship between women who have had abortions and the frequency of psychiatric admissions rates, substance abuse, depression, and anxiety toward motherhood (See appendix to chapter four). Because the majority of these rhetors generate their research out of independent institutes (such as the Elliott Institute and the Institute for Pregnancy Loss) and promote their research among themselves and in venues of Pro-Life advocacy such as crisis pregnancy centers and post-abortion counseling settings, their ethos is best described as "counter-expertise." The stance of counter-expertise is motivated by the exigence of a communal belief that the knowledge produced by insiders within an institution or

establishment needs to be subject to review by outsider stakeholders. In other words, counter-experts see themselves as self-appointed whistle-blowers who, in their work, reveal something hidden by the status quo. They assume that Pro-Choice institutions, such as Planned Parenthood, consistently deny the validity of any research that contradicts their values. Given the cultural significance of abortion in the United States, it is certainly legitimate that both Pro-Choice and Post-Abortion stakeholders are wary of each other. However, the perception of attack precludes any rational exchange these two sets of stakeholders might share. By considering the strategy of counter-expertise, however, we can begin to understand both the rhetorical agency of Post-Abortion research and the ways in which it is fueled by APA-endorsed research on mental health and abortion.

The polemical context for social science research related to abortion is illustrated by a 2003 editorial in the *Canadian Medical Association Journal* (CMAJ), entitled "Unwanted results: the Ethics of Controversial Research." In this editorial, the authors address the voluminous number of letters they received following the publication of the study, "Psychiatric Admissions of Low-Income Women Following Abortion and Childbirth." Conducted by Post-Abortion counter-experts David C. Reardon, Jesse R. Cougle, Vincent M. Rue, Martha W. Shuping, Priscilla K. Coleman, and Philip G. Ney, the study is based on California Medicaid records of women aged 13–49 years at the time of either abortion or childbirth during 1989. The authors determine that in both the short and long term, subsequent psychiatric admissions are more common among low-income women who have an induced abortion than among those who carry a pregnancy to term (1253). In the following passage, the editorial board at CMAJ offers both a rebuke of the

Pro-Choice backlash against the study by Reardon, et al. and a justification for having included the study in the first place:

> The abortion debate is so highly charged that a state of respectful listening on either side is almost impossible to achieve. This debate is conducted publicly in religious, ideological and political terms: forms of discourse in which detachment is rare. But we do seem to have the idea in medicine that science offers us a more dispassionate means of analysis. To consider abortion as a health issue, indeed as a medical "procedure," is to remove it from metaphysical and moral argument and to place it in a pragmatic realm where one deals in terms such as safety, equity of access, outcomes and risk–benefit ratios, and where the prevailing ethical discourse, when it is evoked, uses secular words like autonomy and patient choice. […] [P]erhaps the thing that is most offensive to some of our correspondents is the apparent co-opting of the medical view by persons they believe to be unqualified — or disqualified. The attack in our letters column is largely an *ad hominem* objection to the authors' ideological biases and credentials. There are two questions here: first, does ideological bias necessarily taint research? Second, are those who publish research responsible for its ultimate uses? The answer to the first must be that opinion can of course cloud analysis. In light of the passion surrounding the subject of abortion we subjected this paper to especially cautious review and revision. We also recognized that research in this field is difficult to execute. Randomized trials are out of the question, and so one

> must rely on observational data, with all the difficulties of controlling for confounding variables. But the hypothesis that abortion (or childbirth) might have a psychological impact is not unreasonable, and to desist from posing a question because one may obtain an unwanted answer is hardly scientific. If we disqualified these researchers from presenting their data, we could never hear from authors with Pro-Choice views, either. [italics in original] (93)

In the editors' assessment of the status of research on abortion and mental health, it is clear that they are dismayed with their readership's resistance to the Reardon, et al. study on the grounds of the authors' known ideological bias. Furthermore, that the editors attribute such an outcry to Pro-Choice ideological bias validates the efforts of post-abortion researchers to reveal such bias. Post-Abortion rhetors, however, are less inclined to hide their anti-abortion position because they do not believe, to answer the question of the CMAJ editorial board, that "ideological bias necessarily taints research." In their counter-expertise, Post-Abortion researchers approach the study of abortion and mental health by *not* striving for the detachment of the research endorsed by Pro-Choice stakeholders. Post-Abortion rhetors refuse to only address abortion in scientific terms because they do not want to do what the editors at CMAJ state must be done in such discourse, which is to "remove [abortion] from metaphysical and moral argument and to place it in a pragmatic realm where one deals in terms such as safety, equity of access, outcomes and risk–benefit ratios, and where the prevailing ethical discourse, when it is evoked, uses secular words like autonomy and patient choice." This sentence is self-

contradictory since the above factors are not inherently above moral debate. Post-Abortion rhetors, however, elect to incorporate language that confronts the affective dimensions of the abortion experience. Thus, their observational research includes details of women's self-reports—often delivered in first-person narrative— as legitimate evidence of how abortion affects women.

Another example of counter-expertise in action can be found in a 2005 literature review published in the refereed journal *Psychology and Health* entitled "The Psychology of Abortion: A Review and Suggestions for Future Research," by Coleman, Reardon, Cougle, and Thomas Strahan. In this review, these Post-Abortion researchers suggest that extant research on abortion downplays how emotionally challenging the experience can be for women:

> Despite the great controversy surrounding abortion, the psychological literature at the level of individual decision making and adjustment has tended to suggest that the termination of an unplanned pregnancy is an emotionally benign experience for most women. The discrepancy between societal and individual experiences of abortion may represent an accurate view with personal experiences inherently less complicated than those at the broader level of analysis. However, this interpretation seems improbable given that women's lives are inextricably linked to the surrounding environment […] A likely cause for the apparent inconsistency between societal and individual experiences is the theoretical and methodological deficiencies plaguing the area of study,

> with the available data often missing the complexity and depth of individuals' inner experiences. (238)

Coleman, et. al. describe a model of understanding abortion experience that dissociates "individual" experience from "societal" experience" (i.e., an aggregate characterization). In so doing, they assert that socially, abortion is regarded as a procedure protected by the legal and medical establishments, which therefore presumes that it is de facto neutral or is de facto positive experience. However, these rhetors view the individual experience of abortion as distinct, complicated, and more given to ambivalence than the "societal" experience. Any assertion that there exists a "societal" experience isolated from the individual experience does not hold up for an audience that believes the abortion experience is necessarily a traumatic event—a fact, these rhetors assert, that no one can truly understand unless she has had an abortion. And because only a post-abortive woman can understand this, her testimony is seen as vital to understanding the effects of abortion on women. Moreover, dissociating individual experience from societal experience invokes exigence for Post-Abortion rhetors' research.

Counter-Expertise in Post-Abortion Research

Three years after Coleman et. al. published "The Psychology of Abortion: A Review and Suggestions for Future Research," the American Psychological Association released its *Task Force Report on Mental Health and Abortion*, whose findings would provoke further response by Post-Abortions counter-experts. On August 13, 2008, that Task Force made public its ninety-one page report on the organization's website. The *Report* evaluates all empirical studies published in English in peer-reviewed journals

after 1989 that either compared the mental health of women who had an induced abortion to women who had not had an abortion, or examined factors predicting the mental health of women who had an elective abortion in the United States since 1973 (APA 5). The "Executive Summary" of the report states:

> The best scientific evidence published indicates that among adult women who have an *unplanned pregnancy* the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy. The evidence regarding the relative mental health risks associated with multiple abortions is more equivocal. Positive associations observed between multiple abortions and poorer mental health may be linked to co-occurring risks that predispose a woman to both multiple unintended pregnancies and mental health problems [italics in original]. (5)

Immediately following the *Report*'s release, supporters of the Post-Abortion Movement began voicing their critiques in both web and print anti-abortion forums.

On the same day the report was made public, prominent post-abortion researcher Priscilla K. Coleman, who had co-authored five studies cited in the 2008 report, issued her "Critique of the APA Task Force on Abortion and Mental Health" on the blog of the American Association of Pro-Life Obstetricians and Gynecologists (aaplog.org). Coleman's response features an eight-point indictment of the report, and claims that a Pro-Choice agenda motivated the report's literature selection criteria, standards of evaluation, and conclusion. Similarly, on his eponymous blog (wthrockmorton.com),

psychologist Warren Throckmorton[40] also immediately criticized the Task Force's press release on August 12, which previewed the report's full-text release. Though his denunciation is concise, Throckmorton's reading of the announcement's title, "APA Task Force Finds Abortion Not a Threat to Women's Health," speaks volumes: "The headline of the news release tells the message that the task force would like the public and policy makers to take home."

As these critiques suggest, the *Report of the Task Force on Mental Health and Abortion* did not lay to rest the rhetorical conflict between supporters of the Post-Abortion Movement and institutionally affiliated social science researchers who disagree over the relationship between abortion and mental health. This chapter presents an analysis of the rhetorical conflict by examining the claims and evidence of these opposing stakeholders. At the heart of the disagreement are two points of conflict. The first is the Post-Abortion Movement's insistence on evaluating abortion as detrimental to women's health and the Pro-Choice movement's disavowal of abortion as either damaging or as restorative to women's health. The second point has to do with the standards of evidence preferred: the Post-Abortion Movement focuses on the individual experiences of women who have had abortions rather than on the collective experiences of women sampled in aggregate. Since the 1989 Koop Report, Post-Abortion experts have continuously challenged the mental health authorities to disprove the existence of post-abortion trauma, and they have produced their own research to counter the claims that abortion is not a mental health threat. The Task Force's report is the most recent

[40]E. Warren Throckmorton is an associate professor of Psychology at Grove City College in Grove City, Pennsylvania and has been published in the journals of the American Psychological Association, the American Mental Health Counseling Association and the Christian Association for Psychological Studies ("E. Warren Throckmorton PhD").

example of the mental health authorities' effort to conclusively determine the mental health effects of abortion, but since its publication, Post-Abortion experts have seized upon it as further evidence of the APA's Pro-Choice bias. This claim of bias is necessarily leveraged by Post-Abortion and APA stakeholders alike, and is enough for many auditors to discount the body of work and "proof" generated by those on the opposite side of the fence. But, these claims of bias do not explain the difference between the types of evidence offered by these two sets of stakeholders. In what follows, I first give an overview of the *Task Force Report on Mental Health and Abortion* with respect to its key terms, methodology, and criteria for evaluating literature, and then review the argument made by Post-Abortion rhetors in response.

Overview: The APA Report on the Task Force on Mental Health and Abortion

Given the numerous research studies on mental health and abortion published since 1989, the American Psychological Association recommended that a new task force be convened to review the current literature. In 2006, the Council of Representatives of APA established a new Task Force on Mental Health and Abortion composed of scientific experts in the areas of stigma, stress and coping, interpersonal violence, methodology, women's health, and reproductive health (Major, et al. 864). This new task force was charged with "collecting, examining, and summarizing the scientific research addressing the mental health factors associated with abortion, including the psychological responses following abortion, and producing a report based upon a review of the most current research" (864). Its members and their institutional affiliations are as follows: Brenda Major, University of California, Santa Barbara; Mark Appelbaum University of

California, San Diego; Linda Beckman, Alliant International University, Los Angeles; Mary Ann Dutton, Georgetown University Medical Center; Nancy Felipe Russo, Arizona State University, and Carolyn West, University of Washington, Tacoma.[41]

The Task Force *Report* is organized into twelve sections: Executive Summary; I) Introduction; II) Conceptual Frameworks; III) Methodological Issues in Abortion Research; IV) Review of Scientific Literature; V) Review of Comparison Group Studies; VI) Review of Abortion-Only Studies; VII) Summary and Conclusions; VIII) Endnotes; IX) Acknowledgments; X) References; XI) List of Tables. I give a brief overview of the Executive Summary, and Sections I,II, and III to describe how the *Report* organizes and partitions its findings with respect to the on-going and multi-faceted abortion controversy. As noted earlier in this chapter, the first section opens with the "Executive Summary," which announces the *Report*'s findings and offers a rationale for conclusions reached. The *Report* states that the Task force reviewed the scientific literature based on its ability to answer four questions, which I will detail later in this chapter. Most importantly, this section establishes the rhetorical constraints of the *Report*, which include the Task Force's initial definition of the pregnancy experience in term of "intendedness vs. wantedness":

> The differing patterns of psychological experiences observed among women who terminate an unplanned pregnancy versus those who terminate a planned and wanted pregnancy highlight the importance of taking pregnancy intendedness and wantedness into account when seeking to understand psychological reactions to abortion. (6)

[41] I was not able to find further information regarding the criteria for selecting Task Force members, nor details on exactly how long the Task Force worked on *Report*.

In the introduction of Section I, which is divided into four subheadings (A-D), the Task Force narrates a two-part exigence: 1) the mass of studies published in peer-reviewed journals explicitly dealing with the association between abortion and women's health since the 1989 Task Force Report and, 2) the testimony in a South Dakota state court case that scientific findings have determined that abortion to be a threat to women's health in and of itself, and certainly compared to childbirth. During February of 1989, the APA convened a panel of scientific experts to review the extant scientific literature on psychological responses to abortion (8). Following their review, this group found that "severe negative reactions after legal, nonrestrictive, first-trimester abortions are rare and can best be understood in the framework of coping with normal life stress" (qtd. in 8). In the years since this unofficial report, studies both supporting and refuting the APA's conclusion appeared frequently in peer-reviewed journals.

In sub-sections A-B, the Task Force explains the "Overview" and "Definitions and Scope of the Report," and is careful to state that it is exclusively examining only the mental health effects of abortion: "We do not consider the implications of abortion for the mental health of fathers, other children or family members, or clinic workers. Although these are important questions worthy of study, they are beyond the scope of this report" (10). The *Report* details the rationale supporting its four organizing questions (sub-section C), and in "Variability in the Abortion Experience," asserts the following claim about the range of significations that abortion and its aftermath can hold in different women's lives:

> Women's responses after abortion do not only reflect the meaning of abortion to her [sic], they also reflect the meaning of pregnancy and

> motherhood, which varies among women. Furthermore, women obtain abortions for widely different personal, social, economic, religious, and cultural contexts that shape the cultural meanings and associated stigma of abortion and motherhood as well as others' responses to women who have abortion. All of these may lead to variability in women's psychological experiences to their particular abortion experience. For these reasons, global statements about the psychological impact of abortion can be misleading. (14)

In Section II, "Conceptual Frameworks," the Task Force describes its four frameworks for evaluating the research reviewed in corresponding sub-sections A-D, with an additional section that provides a summary. [42] Section III of the *Report* is entitled "Methodological Issues in Abortion Research," and has nine subsections, which are as follows: A. Comparison/Contrast Groups; B. Co-Occurring Risk Factors; C. Sampling; D; Measurement of Reproductive History and Problems of Underreporting; E. Attrition; F. Outcome Measures: Timing, Source, and Clinical Significance; G. Other Statistical Issues; H. Interpretational Problems and Logical Fallacies; I. Summary of Methodological Issues.

Presumptions About Abortion in the Methodology of the Task Force Report

The Executive Summary and sections I-III, (Introduction; Conceptual Frameworks, and Methodological Issues in Abortion Research) explicitly reveal the

[42]These four frameworks, which I discuss later are as follows: "Abortion Within a Stress-and-Coping Perspective," "Abortion as a Traumatic Experience," "Abortion Within a Sociocultural Context," and "Abortion and Co-Occurring Risk Factors."

differences in Pro-Choice and Post-Abortion stakeholders' presumptions about how abortion should be understood by the mental health establishment, and what kinds of evidence each side considers acceptable. The Report's summary affirms that intention is a determining factor that can be used to forecast a women's response to her abortion post-procedure: "The best scientific evidence published indicates that among adult women who have an *unplanned pregnancy* the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy" (5). The authors go on to state that, according to current research, women who terminate a wanted pregnancy due to fetal abnormality are prone to face negative psychological consequences that are equal to those experienced by women who miscarry, have a stillbirth, or experience the death of a newborn (6). Such findings move the authors to determine that there exists a clear and prescriptive relationship between a woman's attitude toward her pregnancy and the consequences of her abortion: "The differing patterns of psychological experiences observed among women who terminate an unplanned pregnancy versus those who terminate a planned and wanted pregnancy highlight the importance of taking pregnancy intendedness and wantedness into account when seeking to understand psychological reactions to abortion" (6).

Remaining focused on women's attitude toward the intendness or wantedness of her pregnancy, the Task Force authors partition "abortion" in a variety of ways. They use the terms "elective abortion," "induced abortion," and "voluntary abortion" to refer to an abortion sought at the behest of the pregnant woman, and "therapeutic abortion" for an abortion induced when continuing a pregnancy is determined to be medically hazardous to the mother or fetus (11), (though the term also once signified abortions performed for

psychiatric reasons prior to *Roe v. Wade*.[43]) As for abortions performed after the first trimester, the authors offer the following statement, which is one of cause and effect rather than definition: "A late-term induced abortion of an intended pregnancy may have different implications for mental health than a first-trimester induced abortion of an unintended pregnancy" (11). Nowhere in the authors' terminology or definitions, nor in the discussion of selection criteria for the studies examined, are mentioned what the mental health effects of late-term (i.e., second or third trimester) induced abortion of an *unintended* pregnancy might be. The reason for this omission can likely be accounted for by the legal context of the Partial-Birth Abortion Ban Act of 2004, which prohibits the late-term abortion procedure known as intact dilation and extraction (also known as INDX). Though INDX is not the only surgical method of pregnancy termination, it has been the most frequently used since it was proposed by Martin Haskell and adopted by the medical establishment as a more effective procedure than dilation and evacuation and instillation.[44] Despite the fact that late-term abortions are far less frequent than first-trimester abortions,[45] they do occur and can be accessed depending on a woman's proximity to a provider.

When discussing their definitions of mental health terms, the APA authors stipulate that mental health problems are, "clinically significant disorders assessed with

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[43] For more on this distinction, see Nada Stoland's *Psychiatric Aspects of Abortion.* (Washington, DC: APA Press, 1991).

[44] See Martin Haskell's "Dilation and Extraction for Late Second Trimester Abortion," which he presented at the National Abortion Federation Risk Management Seminar on September 13, 1992.

[45] According to the Guttmacher Institute, nine in ten abortions occur in the first twelve weeks of pregnancy. ("An Overview of Abortion in the United States")

valid and reliable measures of physician diagnosis" (11). Following this definition, they specify that "negative psychological experiences or reactions" include both negative behaviors and emotions. The authors also define "psychological well-being" as a positive outcome that, while used to frame much mental health research, is rarely used in studies on mental health and abortion. The following four questions frame the selection of abortion research examined in the report:

> Does abortion *cause* harm to women's mental health? [italics in original]
>
> How prevalent are mental health problems among women in the United States who have had an abortion?
>
> What is the relative risk of mental health problems associated with abortion compared to its alternatives (other courses of action that might be taken by a pregnant woman in similar circumstances)?
>
> What predicts individual variation in women's psychological experiences following abortion? (11)

For the first question, the authors assert that it "is not scientifically testable as stated" (12), despite its recurrence in public debate. To answer this question, the authors state that what would be needed is "a randomized experimental design that would rigorously define the experimental, control, and outcome variables and specify any limitations in generalizing the results" (11). But, according to the authors, "For obvious reasons, it is neither desirable nor ethical to randomly assign women who have unintended pregnancies to an abortion versus delivery versus adoption group" (11). The "obvious reasons" cited include the issue of individual choice in pregnancy continuation or termination.

The second question concerns how widespread mental health problems are in women who have had abortions. To determine the answer, the authors state that the research they reviewed on this issue had to have several specific features, especially the following: "the research must be based on samples of women representative of the women to whom one wants to generalize. Thus, to address whether abortion poses a threat to the mental health of women in the United States requires a study based on a nationally representative sample of women in the United States" (13). This criterion, they specify, is vital because of the preponderance of political bias, highly selected sampling, attrition and underreporting that has muddied the research waters on abortion and mental health in the United States. Additionally, the authors posit that researchers must reach consensus on the definition of "mental health problems," and they offer the following description of what a mental health problem is *not* as a way to explain their use of the term: "Feelings of sadness or regret within the normal range of emotion are not clearly defined and agreed-upon mental health problems. Mental health outcomes that meet established criteria for clinically significant disorders are [sic]" (13). That the authors suggest there is a "normal" continuum of emotion including sadness and regret has the effect of folding the trigger of those feelings into the feelings themselves. Put otherwise, the definition implies that sadness and regret exist independently of what might cause those feelings, and that they will only accept *DSM-IV* definitions of mental illness.

The next question epitomizes the methodological impasse that recursively faces those who study abortion and mental health: "What is the relative risk of mental health problems associated with abortion compared to its alternatives (other courses of action

that might be taken by a pregnant woman in similar circumstances)?" (13). Indeed, how Post-Abortion Movement and Pro-Choice researchers answer this question reveals precisely what is at stake in their respective commitments regarding abortion. In their explanation of this question, the Task Force authors assert that the majority of published studies rarely account for the potential hazards for women who seek any of the alternatives to abortion, especially those associated with continuing an unintended pregnancy. They explain:

> This question addresses *relative risk.* It focuses attention on the crucially important but frequently overlooked point that the outcomes associated with elective abortion must be compared with the outcomes associated with other courses of action that might be taken by a pregnant woman in similar circumstances (i.e., facing an unintended pregnancy). *Once a woman is pregnant, there is no mythical state of "unpregnancy"* [italics in original]. (13)

To the Task Force, the issue of risk exists in the realm of whether or not a woman wants to be pregnant, not in her abortion procedure or the act of remaining pregnant and giving birth. Depending on her desire to abort or continue the pregnancy, either way, there must be an outcome of the pregnancy and attendant results. The last sentence of this quotation tacitly suggests that the consequences of bringing a pregnancy to term should then be compared to the consequences of an abortion because either outcome could be comparatively worse than its counterpart.

While the third Task Force question reveals how Pro-Choice and Post-Abortion Movement stakeholders' view the relationship between pregnancy and abortion, the

fourth and final question suggests their disagreement regarding women's relationship to her abortion experience: "What predicts individual variation in women's psychological experiences following abortion?" (14). This question focuses on the role of women's pre-abortion attitudes in determining responses post-procedure. In what follows, I give the rationale motivating these four questions, and explain the conceptual frameworks the Task Forces uses to categorize the studies it reviewed that focused on mental health effects.

Understanding the Task Force's Conceptual Frameworks

This section addresses the four conceptual frameworks used to categeorize the research evaluated by the Task Force: "Abortion Within a Stress and Coping Perspective, ""Abortion as Traumatic Experience," "Abortion Within a Sociocultural Context," and "Abortion and Co-Occurring Risk Factors." The "Abortion within a Stress and Coping Perspective" framework identifies abortion as, "a potentially stressful life event within the range of other normal life stressors" (16). The authors acknowledge that the research reveals that, although abortion can be a means of resolving stress, it can also produce additional stress (17). But the Task Force authors also conclude from their review that a woman's attitude toward abortion and her attitude toward herself as a potential parent, as well as her moral and spiritual attitude toward abortion, can predict how she will cope with the abortion experience. Again, the authors emphasize the surrounding circumstances of a woman's life, especially her intellectual and emotional concerns or commitments, rather than her impressions of the procedure itself. Such an assessment is typified in the hypothetical situation they offer as an example:

> [A] woman who regards abortion as conflicting with her own and her family's deeply held religious, spiritual, or cultural beliefs but who nonetheless decides to terminate an unplanned or unintended pregnancy may appraise that experience as more stressful than would a woman who does not regard an abortion as in conflict with her own values or those of others in her social network. (17)

This observation again renders the response to an abortion as a signifier of belief and attachment, and takes as a given that the procedure itself is not a predictor of a woman's post-abortion attitude. The majority of the literature cited conclusions in the section "Abortion within a Stress and Coping Perspective" was produced by the Chair of the Task Force, Brenda Major, who authored or co-authored nine articles reviewed in the *Report*.

The next framework addresses the issue that defines the Post-Abortion Movement, "Abortion as Traumatic Experience." This framework, explicitly defined and established by Post-Abortion rhetors, asserts that an abortion procedure itself can be experienced as a uniquely traumatic event. Indeed, the Task Force authors' framing of this perspective certainly bears out the points of disagreement between the APA and Post-Abortion counter-experts:

> This perspective argues that abortion is traumatic because it involves a human death experience, specifically, the intentional destruction of one's unborn child and the witnessing of a violent death, as well as a violation of parental instinct and responsibility, the severing of maternal attachments to the unborn child, and unacknowledged grief (e.g., Coleman, Reardon,

> Strahan, & Cougle, 2005; MacNair, 2005; Speckhard & Rue, 1992). The view of abortion as inherently traumatic is illustrated by the statement that "once a young woman is pregnant.... it is a choice between having a baby or having *a traumatic experience"* (italics in original; Reardon, 2007, p. 3).

The authors' use of the quotation from David Reardon is notable in that it is not found in a peer-reviewed research article, unlike the other sources cited in the *Report*. Rather, the source article can be accessed at www.afterabortion.org, which is a resource portal run by Reardon and his Elliot Institute. That the authors of the report include Reardon's quotation to epitomize this particular framework legitimizes the rhetorical agency of Post-Abortion counter-expertise. In recognizing Reardon's ideas if only to explain them away, the Task Force nonetheless acknowledges that the Post-Abortion Movement's discourse exists and must be accounted for in discussing abortion and mental health. However, the authors' reliance on Reardon's advocacy literature rather than any of his peer-reviewed co-authored publications is a noteworthy rhetorical choice. What's more, it illustrates a noticeable gap in the evidence reviewed in explaining the conceptual framework of "Abortion as a Traumatic Experience" (See appendix to chapter four).

The Task Force authors explicitly address Speckhard and Rue's recommendation that the diagnosis "Postabortion Syndrome" be added to the *Diagnostic and Statistical Manual of Disorders*:

> Speckhard and Rue (1992; Rue, 1991, 1995) posited that the traumatic experience of abortion can lead to serious mental health problems for which they coined the term *postabortion syndrome* (PAS). They

> conceptualized PAS as a specific form of posttraumatic stress disorder (PTSD) comparable to the symptoms experienced by Vietnam veterans, including symptoms of trauma, such as flashbacks and denial, and symptoms such as depression, grief, anger, shame, survivor guilt, and substance abuse. Speckhard (1985,1987) developed the rationale for PAS in her doctoral dissertation in which she interviewed 30 women specifically recruited because they deemed a prior abortion experience (occurring from 1 to 25 years previously) to have been "highly stressful." Forty-six percent of the women in her sample had second-trimester abortions, and 4% had third-trimester abortions; some had abortions when it was illegal. As noted above, this self-selected sample is not typical of U.S. women who obtain abortions. PAS is not recognized as a diagnosis in the *Diagnostic and Statistical Manual of the American Psychiatric Association* (American Psychiatric Association, 2002). (673-704)

This assessment of Rue and Speckhard's sampling methods to support the existence of PAS reveals that there are fundamental differences in what counter-experts and APA professionals view as valid evidence of negative abortion after-effects, as well their sampling techniques. The authors assert that the women Speckhard interviewed are not "typical of U.S. women who obtain abortions." However, the variables that the Task Force authors find worthy of critique, such as what trimester one had an abortion or whether or not it was legal, are not nearly as important from the perspective of the Post-Abortion Movement. That women deem their abortions "highly stressful" is persuasive

support enough for the Post-Abortion Movement's argument that abortion is an emotional and psychological threat to women's mental health.

Like the first framework, "Abortion with a Stress and Coping Perspective," the third and fourth conceptual frameworks address the external factors that contribute to women's post-abortion mental health. "Abortion Within a Sociocultural Context" considers how women experience abortion through the lens of the contemporary American political and social climate in which they find themselves, and "Abortion and Co-Occurring Risk Factors" deals with the "systematic, social and personal factors that are precursors to the unintended pregnancy" (20). For the third framework, the authors assert it is necessary to understand the psychological impact of the vitriolic abortion debate on women who abort, as well as on the medical staff who provide abortions:

> Unwanted pregnancy and abortion do not occur in a social vacuum. The current sociopolitical climate of the United States stigmatizes some women who have pregnancies (e.g., teen mothers) as well as women who have abortions (Major & Gramzow, 1999). It also stigmatizes the nurses and physicians who provide abortions. From a sociocultural perspective, social practices and messages that stigmatize women who have abortions may directly contribute to negative psychological experiences post abortion. (18-9)

Though unspecified, such "social practices and messages" account for women who internalize abortion as a stigma as a result of anything from hiding their experience of the procedure for fear of how their social and/religious communities will treat them, to having a confrontation with Pro-Life activists who use tactics like sidewalk counseling

and the free distribution of photographs of aborted fetuses near abortion provider offices. Based on studies by psychologists who specialize in the effects of stigma, the authors report that "Societal messages that convey the expectation that women will cope poorly with an abortion would be expected to have the reverse effect; i.e., by creating negative coping expectancies, they may cause women to feel bad following an abortion" (19). In other words, the authors find that the sociocultural context of the abortion controversy itself has led many women to believe they "should" or "will" feel a certain way following their abortions, and this has, to varying degrees, produced negative psychological impacts (19).

In "Abortion and Co-Occurring Risk Factors," the Task Force authors address the studies that investigate how the state of women's mental health before abortion can put them at risk afterward. This framework considers the relationship between a woman's past and present mental health states as a way of predicting how an abortion will affect her. As the authors state:

> [M]ental health problems that develop after an abortion may not be caused by the procedure itself, but instead reflect other factors associated with having an unwanted pregnancy or antecedent factors unrelated either to pregnancy or abortion, such as poverty, a history of emotional problems, or intimate-partner violence. This co-occurring risk perspective emphasizes that aspects of a woman's life circumstances and psychological characteristics *prior* to or co-occurring with her pregnancy must be considered in order to make sense of any mental health problems observed *subsequent* to abortion. [italics in original] (20)

By relying on an argument based on conjecture as emphasized by the italicized words "prior" and "subsequent"—the co-occurring risk perspective encompasses any and all situational elements that comprise an unwanted pregnancy.

The Task Force's Conclusions

In the final section, "Conclusions and Future Research," the Task Force summarizes its findings on the possibilities and limits of empirical research that addresses the mental health effects of abortion on women. Concluding that a large number of the studies reviewed were methodologically problematic, the authors offer the following summary and explanation of the weaknesses they found:

> Problems of sampling, measurement, design, and analyses cloud interpretation. Abortion was often underreported and underspecified and in the majority of studies, wantedness of pregnancy was not considered. Rarely did research designs include a comparison group that was otherwise equivalent to women who had an elective abortion, impairing the ability to draw conclusions about relative risks. Furthermore, because of the absence of adequate controls for co-occurring risks, including systemic factors (e.g., violence exposure, poverty), prior mental health (including prior substance abuse), and personality (e.g., avoidance coping style), in almost all of these studies, it was impossible to determine whether any observed differences between abortion groups and comparison groups reflected consequences of pregnancy resolution, preexisting differences between groups, or artifacts of methodology. (64)

Such critiques of sampling disqualify the majority of studies reviewed. Indeed, the authors cite only one study as methodologically rigorous enough to merit attention. The study, "Termination of Pregnancy and Psychiatric Morbidity" (1995), was conducted in the United Kingdom by the Royal College of General Practitioners and the Royal College of Obstetricians and Gynecologists, and authored by Anne C. Gilchrist, Philip C. Hannaford, Peter Frank, and Clifford R. Kay.

> [This study] was longitudinal, based on a representative sample, measured postpregnancy/abortion psychiatric morbidity using established diagnostic categories, controlled for mental health prior to the pregnancy as well as other relevant covariates, and compared women who terminated an unplanned pregnancy to women who pursued alternative courses of action. In prospective analyses, Gilchrist et al. compared postpregnancy psychiatric morbidity (stratified by prepregnancy psychiatric status) of four groups of women, all of whom were faced with an unplanned pregnancy: women who obtained abortions, who did not seek abortion, who requested abortion but were denied, and who initially requested abortion but changed their mind. The researchers concluded that once psychiatric disorders prior to the pregnancy were taken into account, the rate of total reported psychiatric disorder was no higher after termination of an unplanned pregnancy than after childbirth. (66-7)

Thus Gilchrist et. al.'s study design and execution, according to the Task Force, avoided the flaws of the majority of other studies reviewed, particularly with regard to sampling. That the study controlled for pregnancy outcomes other than abortion gives it

particular salience, since very few studies reviewed met this criterion. However, the Task Force includes the following caveat regarding the serviceability of this study to understanding the mental health effects of abortion in the United States: "it should be noted that the abortion context in the United Kingdom may differ from that in the United States, weakening generalization to the U.S. context" (67).

Shortly following this caveat, though, the authors conclude with a statement that would be the lead-in on subsequent APA press releases announcing the Task Force's findings:

> In summary, although numerous methodological flaws prevent the relative mental health risks associated with abortion per se compared to its alternatives (childbirth of an unplanned pregnancy), in the view of the TFMHA, the *best* scientific evidence indicates that the relative risk of mental health problems among adult women who have an *unplanned pregnancy* is no greater if they have an elective first-trimester abortion than if they deliver that pregnancy (Gilchrist et al., 1995) [italics in original]. (68)

Two points of emphasis are worth noting in this passage. In the first sentence the Task Force reflexively addresses itself and asserts ownership over its conclusion. Following that reference, the words "best" and "unplanned pregnancy" are italicized. The former adjective "best" reinforces the Task Force's authority to define acceptable evidence of the mental health effects of abortion Also, by emphasizing "unplanned pregnancy," readers are reminded of the significance of this key term in the Task Force's partitioning of pregnancy with reference to women's attitudes toward the condition of being pregnant.

The last paragraph of the Task Force Report shows that if the report is to adhere to the standard of methodologically sound research of the study by Gilchrist et. al. there is one conclusion that should necessarily follow: there is a plurality of implications regarding the relationship of mental health and abortion. They write,

> [T]here is unlikely to be a single definitive research study that will determine the mental health implications of abortion "once and for all" as there is no "all," given the diversity and complexity of women and their circumstances. Important agendas for future research are to further understand and alleviate the conditions that lead to unwanted pregnancy and abortion and to understand the conditions that shape how women respond to these life events, with the ultimate goal of improving women's lives and well-being. (72)

The Task Force is clearly committed to creating room for future researchers to contest or confirm the findings in its Report. They affirm that they have exhaustively reviewed a representative sampling of research to reach their conclusions that a one-time, first-trimester, legal abortion poses no more of a mental health threat than continuing a pregnancy. Because the Task Force cites only Gilchrist et. al's study to support this conclusion, and issues this conclusion in press releases without the caveat regarding its limited applicability to the context of abortion in the United States versus the United Kingdom (67), the Post-Abortion Movement responded by immediately taking issue with the Report's findings *and* research practices.

The Post-Abortion Movement's Response to the APA Report

In addition to sparking cries of outrage and victory from Pro-Life and Pro-Choice stakeholders, respectively, the conclusion of the *Task Force Report on Mental Health and Abortion* was also cited as validation for the Pro-Choice position of the American Psychiatric Association, a longtime opponent of any recommendations that abortion grief ought to be understood in diagnostic terms as a threat to women's mental health. On the day after the American Psychological Association's 2008 report was released, American Psychiatric Association President Nada Stotland made the following bold assessment of the Task Force's findings:

> As we have known, there is no convincing evidence that abortion is a significant cause of psychiatric illness. We must distinguish illnesses from feelings. A woman may have many emotional reactions to an unintended pregnancy and abortion - most commonly relief, but also sadness and a sense of loss. These feelings can coexist and, like feelings about any important life decision, they can vary over time. Negative feelings often stem from the circumstances that led the woman to terminate the pregnancy, such as an abusive relationship or a lack of social supports, or from the circumstances of the abortion itself such as demonstrators at an abortion facility. Women have abortions because they understand the importance of good mothering; they want to have wanted babies and to be able to give those babies what they need to grow up loved, healthy, and happy.

Stotland's claim that "We must distinguish illness from feelings" epitomizes the Pro-Choice stance that post-abortion grief is not a standard response to the procedure, but that even if such grief occurs, it does not typically qualify as mental illness. As the concluding sentence in particular shows, Stotland sees abortion as an ultimately merciful and mutually beneficial act for both women and children. The Post-Abortion Movement takes an opposite view of the act, and attacked findings of the APA Task Force report.

One of the most vocal in her response to the *Report of the Task Force on Mental Health and Abortion*, has been Rachel MacNair, who published two accounts of her dissent concerning both the Task Force's research practices and the *Report*'s conclusion. One of these appeared on August 15, 2008, two days after the *Report* was made public. The independent Pro-Life news agency LifeNews.com published "Tales From an Insider: How The APA Denied Abortion's Mental Health Risks," an opinion piece in which MacNair details her experience as one of the reviewers of the Task Force report in the final stages. As we can see from the title, MacNair is aware that because her ethos lies in her dual status as both an APA-affiliated research psychologist and a supporter of the Pro-Life Movement, her audience views her as a voice of authority on the subject of abortion and mental health. In her opening paragraph, MacNair immediately asserts her allegiance with an audience which she assumes is both Pro-Life and suspicious of the APA. Notably, she begins her critique of the Task Force *Report* at the stasis of definition:

> We have known for a long time that the word "choice" in the abortion debate doesn't mean what it means in regular English, having become a euphemism for abortion rather than a matter of actually having options. Now we find that "science" means what the American Psychological

> Association (APA) says it means, rather than what those of us trained in a university might have been taught.

In her opening, MacNair concisely claims that the Pro-Life and Pro-Choice movements have long been working from diametrically opposed definitions of the term "choice." Given the research presented in the Task Force's *Report*, MacNair suggests, "science" is heading for the same stalemate. Positioning herself and the audience on what she sees as the right side of the debate, MacNair goes on to explain that although she is an APA member and on the Board of Division 48, "Peace Psychology," the Task Force membership had been decided by Division 35, "Psychology of Women" [capitalization added]. In response to the APA Council's decision to include only members from this division, MacNair states,

> I knew the fix was in at that point and subsequent events have confirmed this, but I gamely kept trying to talk about balance and science. Having documented that three members of the task force were outspoken defenders of abortion and the remaining three had no public statements of positions, I immediately brought up the point of lack of the voice of skeptics wherever I could.

MacNair chronicles in detail the steps she and her Pro-Life organization, Consistent Life, took to raise their concerns about the Task Force's Pro-Choice bias and the study's conclusion. She describes how she spent "30-40 hours" reviewing the *Report* and offering commentary, only to find that "rather than including my alternative perspectives on several previous arguments for balance, they had simply left them out." MacNair points out that the *Report*'s conclusion is based on a study that examines "British women

where there was a screening requirement we don't have in the U.S." MacNair refers to the Gilchrist et al. study, described earlier in this chapter. Like Coleman, Throckmorton, and others, MacNair contends that the Task Force's lack of sound research practices is an especially troubling flaw of the *Report*:

> We don't draw such a sweeping conclusion from only one study. As I said, they all have flaws. We put together a group of studies so that the flaws may balance out. One thing needs to be replicated before it's taken seriously. Setting aside the quality of the study itself, citing only one study in support of a politically-desired conclusion cannot be explained in any other way than a politically-motivated exercise. This is not a debatable point. This is Quantitative Research 101.

MacNair's above use of "we" in the first, second, fourth, and fifth sentences conveys that she and her invoked audience invoked share a sense of appropriate scientific practices. From this certainty, MacNair and her audience know that they are in the right, and the APA is in the wrong. She argues from both action and value, respectively. In sentence one and two, MacNair pairs the following actions by means of parallel structure, "We don't draw a sweeping conclusion…/ We put together a group of studies…". This pairing suggests that these two actions are opposites—the former clearly right, the latter clearly wrong. Similarly, sentences four and five assert this evaluative pairing: "This is not a debatable point/This is Quantitative Research 101." Here, MacNair argues that political agendas and proper research methods are incompatible and have inappropriately overlapped in the Task Force *Report*.

Published four months after her editorial on December 22, 2008, MacNair's book, *Achieving Peace in the Abortion War*, has a chapter entitled "Post-Abortion Women" that also conveys her experience with the *Report of the APA Task Force on Mental Health and Abortion*. However, this chapter's version of her critique first establishes the social psychological terminology of the "ingroup-outgroup" dynamic, in which those who identify with a particular group see those outside that group as the "*other* people" (MacNair 101). Emphasizing that the ingroup often sees the outgroup as homogenous without individual identities or differences, MacNair asserts that the ingroup/outgroup dynamic is at play between *Report of the APA Task Force on Mental Health and Abortion* and people like herself, who speak on behalf of post-abortion women (104). This binary deeply troubles MacNair, who is fully cognizant that her ethos as an APA member grants her "insider" status as a mental health authority. In a move to both undermine the *Report*'s scientific credibility and assert her own, MacNair cites the following passage from a 1999 article in *American Psychologist* by Leland Wilkinson and the Task Force on Statistical Inference, APA Board of Scientific Affairs, entitled, "Statistical Methods in Psychology Journals: Guidelines and Expectations":

> Do not interpret a single study's results as having importance independent of the effects reported elsewhere in the relevant literature. The thinking presented in a single study may turn the movement of the literature, but the results in a single study are important primarily as one contribution to a mosaic of study effects. (qtd. in 104)

By invoking the research practice guidelines suggested by another APA Task Force to challenge the research practices of the Task Force on Mental Health and Abortion,

MacNair's claims that there is necessarily a relationship between the past fact of the assertion by Wilkinson, et al. and the future fact of the Task Force adhering to such practices. Indeed, MacNair's research into the protocols of a past APA Task Forces emboldens her *ethos* as a Post-Abortion researcher.

Printed in both the chapter and editorial, the following passage especially illuminates MacNair's sense of injustice regarding the Task Force's conclusion and conduct:

> The APA Task Force Report [sic] dismisses many of the studies of post-abortion trauma on the grounds that women were already traumatized by the time they showed up to the abortion clinic. This is surely true, but doesn't it then follow that it's highly irresponsible to simply give them surgery and then send them home? If we have clear and undisputed information that a disproportionate amount of traumatized women (domestic abuse, substance abuse, etc.) are showing up at any medical location, how can it be reasonable medical care to not screen for this and provide opportunity for intervention? I pointed this out in my review, but they didn't see this point as worthy of inclusion. (106-7)

Here, MacNair poses two questions challenging the *Report*'s conclusion. What these questions reveal is MacNair's presumption that an abortion experience is always traumatic, and that an abortion is likely to further traumatize a woman who is "already traumatized." This presumption is at the heart of the cause and effect relationship implied in the second sentence: though it may be true that women who experience post-abortion trauma do so because of a past trauma, giving an already traumatized woman an

abortion can lead her to experience further trauma. Taken with the last sentence in the passage, MacNair's claim emphasizes the "ingroup/outgroup" dynamic established in the beginning of her chapter: "*I* pointed this out in my review, but *they* didn't see this point as worthy of inclusion" [italics mine] (107). We can see a similar emphasis in MacNair's penultimate passage in her chapter where she claims that it was a combination of bias and bad science than enabled the *Report*'s conclusion:

> But as for the Report's conclusion of no evidence of negative aftermath for adult women with an unplanned pregnancy who do choose one first-trimester abortion, *we* know this much: if it were clearly supported by the evidence, then *the*y would have been able to find it out still following *their* own rules. *They* clearly wanted very badly to convince people of that conclusion. If *they* couldn't do it while still following the rules of science, then there can be no other reason than that it couldn't be done. [italics mine] (107)

MacNair's use of "they" counters the "we," which reflects the resistance that she and her movement cohort continuously battle as members of a minority contingent in the APA. MacNair's status as a counter-expert bolsters the arsenal of emotional evidence that the Post-Abortion Movement can draw from to build support and collective action.

MacNair is not the only Post-Abortion counter-expert concerned about the use of the Report's conclusion. Another voice in the chorus charging the *Report of the APA Task Force on Mental Health and Abortion* with bad science and Pro-Choice bias is philosophy scholar Michael Pakaluk, Ph.D., Professor and Director of Integrative Research at the Institute for Psychological Sciences in Arlington, Virginia. Pakaluk's

professional interests include ethics, political philosophy, philosophical psychology, and philosophical logic.[46] In addition, Pakaluk brings his philosophical background to bear in numerous anti-abortion public and online forums.[47] On April 13, 2009, the University of Maryland's Pro-Life group "Terps for Life" invited Pakaluk to College Park to give a lecture in which he analyzed the *Report of the APA Task Force on Mental Health and Abortion*. Indeed, such an event in itself illustrates the presence of Post-Abortion Movement discourse in Pro-Life activist forums, because Pakuluk's talk was dedicated to refuting the Task Force and promoting the Pro-Life Movement. The *Report* created the exigence for a Pro-Life gathering, an occasion supporters of the Pro-Life Movement to gain information on a topic that will promote their agenda. His presentation, "APA Task Force Report on Mental Health and Abortion: Reality Avoidance?" was organized around the question, "Why should we think that abortion causes mental illness?" The exigence for this question, according to Pakaluk, comes not from the Post-Abortion Movement's position that an abortion procedure can be a catalyst for trauma, but from the following query, "If we grant that abortion is bad why must it additionally cause mental illness?" (Pakaluk). On the one hand, Pakaluk's question deflates the counter-expertise that MacNair, Coleman, and others advance in their own research on the legitimacy of abortion trauma. At first glance, he echoes the 2002 debate in *Ethics and Medicine* between Frances Beckwith and David Reardon in which Beckwith lambastes the "New Rhetorical Strategy" of abortion as mental health threat (see chapter two). On the other

[46] See Pakaluk's faculty profile at: <http://ipsciences.edu/pages/newsxtd/michael-pakaluk-ph.d.35.php>.

[47] See "Dialoging Over Abortion." (June 5, 2005) < http://www.thebostonpilot.com/article.asp?ID=10494> and "20 Questions for Pro-Choice People." (February 1, 1995) <http://www.columbia.edu/cu/augustine/arch/20qqabor.html>

hand, Beckwith's position—the argument that abortion causes women psychological trauma undermines the anti-abortion movement's central moral claim—was not replicated in Pakaluk's lecture. Rather, Pakaluk used his question to identify respective Pro-Choice and anti-abortion stakes in the debate over Postabortion Syndrome.

Pakaluk designated two sets of stakeholders: PAS affirmers, who are "invariably pro-life," and PAS deniers, who are "all authoritative and professional associations" and are "almost invariably Pro-Choice." Significantly, Pakaluk's names for these two groups leave unchallenged the category of Postabortion Syndrome, which is again a testament to the rhetorical success of post-abortion counter-experts Anne Speckhard and Vincent Rue's support of the term in 1992 (see Chapter Three). From here, Pakaluk diverged from MacNair in that he critiqued claims of political bias advanced by PAS affirmers like Coleman and others. In his view, this charge is a "weak claim." (As he put it, "we all operate on bias"). For Pakaluk, though, there exists what he calls an "Assymetry of Bias" between anti-abortion advocates and Pro-Choice advocates. The former "are not ipso facto committed to abortion-mental health link," because "they don't need it to refute their original view." The latter, however, "are ipso facto committed to denying a link." Pakaluk deduced that the reason for this Pro-Choice commitment must be that the "need to constantly deny a link means that abortion is not an ordinary procedure."

After setting the above terms, Pakaluk went on to identify three main problems with the *Report*, which recall the critiques offered by MacNair:

1. The Task Force takes a "yes or no" approach to answering the question of the abortion and mental health link.

2. Basing a conclusion on a single study with regards to a major social problem violates the 1999 APA Task Force on Statistical Inference
3. The Task Force commits the fallacy of inferring "evidence of absence" from "absence of evidence"

The first claim asserts that the *Report* was organized in a way that foreclosed actually answering the question of a link between abortion and mental health because it did not explain why the evidence for the link exists at all. Furthermore, he pointed out, the assumptions about what constitutes mental health are not defined by the Task Force. This is a problem, he argues, because, "abortion is at odds with a stable sense of self." For the second claim, Pakaluk's criticism is similar to MacNair's, but he goes into a significant amount of detail to systematically challenge the methodological problems of the study by Anne C. Gilchrist, et al. The third claim builds on the second, and the antimetabole encapsulates Pakaluk's trio of charges with a rhetorical flourish. After articulating his evidence and analysis for each claim, Pakaluk offered a question: "Should we counsel against abortion?" Having raised significant doubts about the efficacy of the *Report*'s findings in his lecture, such a question would seem to warrant an obvious "yes." Another reason we can assume this tacit affirmative response is that Pakaluk's lecture occurred five months after Joyce Tabb, representative from the Maryland regional chapter of the "Silent No More Awareness Campaign," spoke to the same group of "Terps for Life" students about her personal abortion trauma. Indeed, Pakaluk advances his analysis with deductive reasoning that highlights his *ethos* as a philosophy scholar and professor, credentials that served to identify him to his audience of University of Maryland undergraduate and graduate students who, according to their charter, strive to build their

own intellectually-grounded anti-abortion arguments ("Maryland Students for Life"). Taken together, the two rhetorical occasions of Tabb's testimony and Pakaluk's analysis epitomize how Post-Abortion Movement discourse, defined both by emotional evidence and counter-expertise, now appears in Pro-Life forums. Also, though Pakaluk and McNair's arguments contest the Task Force Report on logical and methodological grounds rather than emotional evidence, their critiques help carve out space for dissent with the APA's conclusions—space that the Post-Abortion Movement can fill with its own body of support.

Post-Abortion Movement Presumptions Concerning Research on Abortion and Mental Health

As shown in earlier chapters, the Post-Abortion Movement maintains that the best way to find evidence that abortion is psychologically damaging is to look to post-abortive women's self-reported responses to abortion, not to research produced and endorsed exclusively by the psychology and psychiatry professions. Thus, in their view, no study can ever put to rest whether or not abortion has mental health implications because biomedical research does not deploy methods commensurate with post-abortive women's experience. The main reason these stakeholders prefer women's words is because they see no persuasive agenda in the words of a first-person account. They simply see an individual's personal, inherently credible experience of abortion.

Post-Abortion stakeholders also believe that the post-abortion experience can encompass individuals beyond pregnant women. Because post-abortion stakeholders view abortion as the willful killing of an unborn life, the terminated pregnancy signifies

the death of a human being, and most importantly, of a family member. Furthermore, there are two meaningful agents in post-abortion stakeholders' narrative of the abortion event: the abortion provider and the clinical staff. The effects of abortion on these agents are defined by their emotional investment in their work, ranging from an enthusiastic feminist dedication to protecting a woman's exclusive control over her reproductive life to a growing disillusionment and fatigue with the job of intimately coming face-to-face with the procedure on a routine basis.[48] Such themes are vital to the presumption that the abortion procedure itself is a contact zone of lasting psychological consequences.

The most significant point of conflict between the APA and Post-Abortion researchers, however, is that the latter do not consider the risks of pregnancy at all commensurate with those of abortion. They take as their first premise that abortion is a far worse way of completing a pregnancy, and we can see this expressly in their belief that abortion is on par with killing a human being. Because continuing a pregnancy and giving birth are, in essence, the opposite of abortion, they are necessarily far superior. Thus, the risks that might be associated with giving birth are seen as insignificant compared to those of abortion. Unlike the authors of the report, post-abortion researchers work from a premise that, wanted or unwanted, giving birth should be the necessary outcome of pregnancy. Such a premise assumes that pregnancy and birth have persuasive power to change a woman's mind, and will do so (See discussion of "pro-woman/pro-life" strategy in chapter two). That there is no scientific support for this claim is irrelevant; for these rhetors, the paucity of research on the risks of pregnancy versus

[48]For more on abortion clinic narratives, see Magda Denes's memoir *In Necessity and Sorrow* (1976), Sally Tisdale's *Harper's Magazine* essay "We Do Abortions Here." (1987), Susan Wicklund's memoir *A Common Secret: My Journey as an Abortion Doctor* (2007), and the on-going anonymous blog, <abortionclinicdays.blogs.com>.

abortion bears them out. Thus, their enabling assumption is that, when a woman carries out her pregnancy to birth, she will want her baby—which was always a human being. By asking, as the report states, "why some women experience abortion more or less favorably than do others" (14), the Task Force authors assert the existence of what the Post-Abortion Movement would consider to be a false comparison. As far as they are concerned, women who claim to have a "positive" experience with abortion are likely to be denying or repressing their negative emotions and they will eventually arrive at the realization that they need post-abortion care.

Conclusion

The release of the *Report of the APA Task Force on Mental Health and Abortion* has catalyzed many more Post-Abortion counter-experts to produce and circulate their reviews of the report's flaws. It has, in short, galvanized the Post-Abortion Movement to continue promoting recognition of abortion's negative mental health effects. Indeed, such promotion has been made possible by the ease and immediacy of internet proliferation. Counter-experts like Coleman and Throckmorton have an instant platform from which to circulate arguments, arguments which have added to the archive of emotional evidence and fueled the Post-Abortion Movement. In the next chapter, I discuss the thriving online presence of the movement, which features rhetors who invoke their own authorities as post-abortive women. What's more, their authority is continuously confirmed by organizations, campaigns, and projects that are devoted to promoting public awareness of abortion's negative effects on women's mental health. I show how post-abortive women's testimonies, in addition to having status as emotional

evidence of the mental health risks of abortion are a vehicle to unify and maintain the movement. Activists' use of digital spaces like blogs and websites to showcase post-abortive women's testimonies has enabled the Post-Abortion Movement to gain momentum.

Chapter Five: Genre, Testimony, and the World Wide Web

Introduction

Personal testimony ignited the Post Abortion Movement in its inception, and personal testimony still maintains the movement via digital circulation in media genres like blogs and websites. At present, droves of websites and blogs galvanize the Post-Abortion Movement. In many cases, these sites comprise a network of Post-Abortion Movement stakeholders who endorse each others' projects and initiatives. Often this endorsement is made explicit when websites and blogs recommend other related resources. What these spaces all have in common is their reliance on post-abortive women's testimonies to provide evidence that abortion damages women emotionally. A woman doing an open web search for "post-abortion help" will find a numerous websites that provide resources for self-diagnosis of post-abortion trauma symptoms, the names of post-abortion counselors in her geographic region, and access to online communities of post-abortive women interacting with one another by sharing testimonies. For example, on the homepage of the website "Abortionchangesyou.com," the user will find rotating snapshots of images of somber men and women of various ethnicities and ages with captions expressing a sentiment of regret. A middle-aged woman looking down is accompanied by the statement, "My child would be six this year," while a teenage girl staring right at the camera is attached to the words, "I thought life would be the way it was before." Just below the text is a link that says "voices," which the user can then click, causing the snapshot to rotate and display a narrative of a man or woman attesting to the damaging emotional affects of abortion. Each narrative ends with the same

conclusion "abortion changes you." And if the user is interested, she can type in her ZIP code and find the local post-abortion counselors in her area.

In this chapter I examine two campaign websites and two blogs that best illustrate how the Post-Abortion Movement uses the internet to promote its agenda. These four digital spaces, chosen because they are typical of their variety available, encourage user interaction so that women and men searching these sites can quickly and easily participate in the movement through the interface of their computers. The websites I analyze the "SilentNoMoreAwareness.org" and "OperationOutcry.org." The blogs I examine are "After Abortion" and "Abortion Hurts." Studying the genre of post-abortion testimony as it has emerged in digital spaces helps to explain how the Post-Abortion Movement continues to build communities of support dedicated to social action. Websites and blogs are continuously updated and show regular maintenance and development. Thus, the audience is reassured that the movement is "alive" and consistently relevant. Furthermore, digital spaces memorialize post-abortion experiences, which validate women's grief and imbue their testimonies with significance. Testimonies provide post-abortion websites with persuasive power for the movement because they generically epitomize the idea of collective action that characterizes social movements.

The post-abortive testimony on these sites recalls those surveyed in chapter two, and, reveals the following recurring narrative, after exhausting her options, a young woman seeks an abortion; afterward, she is emotionally and psychologically distressed, and often engages in self-destructive behavior, such as drug abuse, promiscuity, and self-mutilation. She cannot understand her feelings, or cope with them. Then she

recognizes—often by the encouragement of another party, like a friend, parent, or counselor or member of the clergy—that her abortion is to blame for all the subsequent distress she has endured. She thus condemns that choice in favor of an anti-abortion position and its accompanying community of support, which offers her the chance to begin healing herself and others who are also post-abortive. For the promise of recovery, the post-abortive woman is prompted to reject her choice in place of the following awakening: to see abortion as a solution is to neglect women's health and well-being.

As discussed in chapter two, when testimonies that were originally delivered in the confidence of group therapy, counseling sessions, and political group meetings like Women Exploited by Abortion become widely available through publication, they enter a new rhetorical situation. In the Bitzerian model, the variables most clearly altered are the exigence, "an imperfection marked by urgency" (6) and the constraints, which "modify the exigence" (8). The constraints in the rhetorical situation of a testimony delivered by a post-abortive woman at a Silent No More Awareness Campaign meeting are governed by the expectations of the group of auditors; they invite utterance by virtue of their physical presence and personal commitment to ending abortion. The exigence in this rhetorical situation is the Post-Abortion Movement, which both legitimizes women's abortion-related grief and offers the political potential of using that grief to organize social action to end legal abortion. Thus, the rhetor can access artistic proofs that will persuade the physically present listeners, who often provide verbal affirmation and engagement with her testimony in the form of affective cues. When testimony moves to the digital realm, the constraints change because the mechanism of audience engagement changes. The exigence for a woman to add her post-abortion testimony to a website is political action.

Before a woman shares her testimony, she is made aware of the post-abortion organization's mission, which is to expose the trauma caused by abortion. Thus, the constraints are determined by the inartistic proof that the experience imparted in the testimony is true because the rhetor claims it to be so.

"They don't speak for us": The Silent No More Awareness Campaign

The Silent No More Awareness Campaign (SNMAC) is a project of Anglicans for Life and Priests for Life. These organizations have the authority of the Anglican, Episcopal, and Catholic churches behind them, and together they launched the campaign in 2003, which now is among the most active and visible in the Post-Abortion Movement. The two founders, Georgette Forney and Janet Morana, hold administrative positions in Anglicans for Life and Priests for Life, respectively. Forney, having had an abortion at the age of sixteen, identifies as post-abortive. In a 2007 interview with the *National Catholic Register*, Morana recalls how she and Forney met in 2002 through the National Pro-Life Religious Council:

> When the Pro-Life movement was moving towards the sad 30th memorial of Roe v. Wade back in 2003, people were beginning to look ahead in Pro-Life leader meetings and grapple with the question, "What is the movement's response after 30 years of abortion?" At the spring meeting of the council in 2002, Georgette and I looked at each other and said, "The movement has to have a woman's response." Georgette herself is post-abortive, and I knew that. And she said, "You know Janet, I'm convinced

> that after all these years of abortion, there's got to be more women who have had abortions and are willing to speak up and say The National Organization of Women and Planned Parenthood and NARAL, they don't speak for us." And I said, "I am, too." From that we developed the concept of the campaign. (McFeely)

This quotation illuminates how SNMAC identifies itself as oppositional yet analogous to the feminist campaigns Forney mentions. Morana suggests that she and Forney agreed that the major Pro-Choice groups like the National Organization for Women, Planned Parenthood, and NARAL Pro-Choice America were then the only organizations representing women who had abortions; because of that circumstance, they were the de facto voice of *all* women who had had abortions. Thus, Forney and Morana started the campaign, which "seeks to expose and heal the secrecy and silence surrounding the emotional and physical pain of abortion" ("About Us").

The timing of SNMAC's founding is crucial for understanding the exigence of this campaign. As Morana points out, the *Roe vs. Wade* ruling remains in place, which means the Pro-Life movement is still working to change the status quo. Groups like NOW, Planned Parenthood, and NARAL are Pro-Choice institutions, and the Pro-Life movement has struggled with maintaining unified counterparts. Thus, Morana and Forney's conversation signifies their shared desire to reshape the rhetorical agenda of the anti-abortion movement and create a sustainable Pro-Life foundation with women at the center.

Unlike other organizations that work on the level of influencing legislative policy change, like the National Right to Life Committee, SNMAC's mission is to address the

concerns of women seeking post-abortion healing. That SNMAC is affiliated with organized Christianity is significant given that the group represents women's abortion experiences. Not only does the campaign intend to reveal the impact of abortion on post-abortive women, but it also offers an apparatus for abortion recovery with the eventual goal of conversion to Christianity. Though the "About Us" page of the SNMAC website does not overtly state that a Christian-based recovery program is the only way to overcome the emotional pain of abortion, the explanation offered for why SNMAC uses the outline of a butterfly for its logo is especially telling: "The Silent No More Awareness butterfly logo expresses the transformation of a woman when she has experienced help and healing after abortion. The transformation of a caterpillar in a cocoon into a beautiful butterfly captures the change that happens to women when they experience God's love and forgiveness." Such a statement promises women that healing is possible if they begin to engage with SMNAC, and, as I will illustrate, the testimonies on the website draw on the emotional evidence of post-abortive women's pain and redemption.

A look at the layout of the homepage of the Silent No More Awareness Campaign shows that it is ambitious in its efforts to encompass both a wide spectrum of networking strategies and post-abortion experiences (see appendix to chapter five). The homepage features the campaign's mission statement, campaign goals, and latest news. The right-hand side of the page has a column that lists the other portals of the site: Telling Those You Love About Abortion; Campaña No Mas Silencio; Sign up to Join the Campaign; Resources for Help After Abortion; See the Campaign on YouTube; See the Campaign on MySpace; Visit the Campaign's Facebook Page; Articles; Contact Us; Campaign Promotion; News; Photo Galleries; Regional Coordinators; Testimonies: Men and

Women. The SNMAC's Testimonies portal currently holds 946 testimonies from men and women, and functions as a database that allows users to perform keyword searches. Testimonies are organized under the following subheadings: Adoption; Abortion Survivors; Celebrities (feature photos and audio clips); Children conceived through rape; Fathers whose babies were killed by abortion; Former abortion providers; Mothers of Large Families; Women Who Regret Their Abortions; Spanish; Stories of Pro-Life Commitment; Women Who Choose Life. Because the success of SNMAC depends on its community of support, it is worth noting that the testimonies included represent a range of individual experiences that do not necessarily involve undergoing the procedure. These testimonies represent individuals whose partner had an abortion, women who chose not to have an abortion who are Pro-Life, and others who want to voice their allegiance to the cause. While all of the testimonies on the SNMAC website agree that abortion hurts women as well as the unborn, the testimonies examined here in depth are those in the section "Women Who Regret Their Abortions." This section accounts for 823 of the 946 testimonies in the portal and provides the evidence for SNMAC and other stakeholders in the Post-Abortion Movement to verify the existence of post-abortion trauma.

According to Georgette Forney, the post-abortion testimonies featured on their website belong to women who register on the website. After a woman registers she is contacted and asked if she would like to submit her testimony. In order to be posted on the website, the testimony must meet several criteria. Specifically, it must describe the following: 1) why she is writing about her abortion; 2) the abortion procedure; 3) her feelings toward the procedure and afterward; 4) any long-term effects, experiences, and/or implications she attributes to her abortion; and, most importantly, 5) how she

came to find help and healing. If the initial testimony submitted does not have a discussion of her healing, the campaign will contact her to recommend that she seek out a healing program. The component of healing is vital to the mission of the campaign; because, as Forney said, "We want to give the woman the chance to make testimony out of the healing not [out of the] pain." Such a focus is what makes the post-abortive women's narratives defined as testimonies rather than confessions.[49]

Circulating Testimonies: Absence, Loss, and Post-Abortion Experience

In the narrative structure Forney describes, the post-abortive woman is transformed by her abortion into a damaged and distressed person because of her willfulness, ignorance of the potential consequences, or coercion from others to undergo an abortion. As far as the Post-Abortion Movement is concerned, this pain occurs because she has done something that cannot be undone. This claim about abortion invokes Perelman and Olbrechts-Tyteca's "locus of the irreparable," a category of argument concerning the value of an event based on whether the effects, desirable or otherwise, will continue after the event transpires (92). A post-abortive woman, no matter how she regards her choice to abort, confronts an experience characterized by a sense of profound loss. To cope, she seeks information that explains her experience in terms of loss so she can feel validated. The post-abortive woman desperately desires to learn as

[49] Chloe Taylor's distinction between confession and testimony is quite applicable to understanding the aim of the SNMAC : "Confession exposes a supposedly hidden truth of the self, whereas testimony tells the truth about the past in the hopes that in the process this past will be surmounted and will not be reproduced. Testimony should not aim to reveal a hidden and essential truth of an inner self or of a given group. Rather, testimonials should bear witness to what has been or is, in ways which are self-conscious that this need not have been and need not be in the future, and that it is not specific or inherent to the testifying individual or to her group. Such speech should function as a process not of self-reification and discovery but of self-and social-transformation" (188).

much as she can about how the procedure is conducted and how it emotionally and physically harms women. Such knowledge equips her with the evidence and the will to renounce her choice to abort in the service of raising awareness of abortion's dangers. We must note, however, that the transformation she undergoes occurs when she recognizes that her unborn is not *absent* as a result of pregnancy termination, but was and is *lost*. The post-abortive woman's experience, then, can be understood as an argument based on the irreparability of that loss, which gives it particular persuasive import.

In post-abortive women's lives, this recognition of loss is both a door opening to their recovery and an anti-abortion rallying cry. There is a fine distinction between absence and loss, especially concerning abortion. Indeed, dissociating absence from loss has vast repercussions for understanding post-abortive women's testimonies. In *Writing History, Writing Trauma* (2001), Dominick LaCapra calls for critics to adopt an approach of "empathic unsettlement" when writing secondary accounts of trauma, and he argues that the "nonidentity" between absence and loss is too often overlooked because it "threatens to convert subsequent accounts into displacements of the story of original sin wherein a prelapsarian state of unity or identity, whether real or fictive, is understood as giving way through to a fall to difference and conflict" (LaCapra 48). In other words, LaCapra uses the term *nonidentity* to argue that critics need to "dissociate" absence and loss in order to preserve the different connotations of each term. He sees this rhetorical move as vital if one is to both understand and render narratives of trauma. In *The New Rhetoric*, Perelman and Olbrechts-Tyteca write, "dissociation […] assumes the original unity of elements comprised within a single conception and designated by a single notion. The dissociation of notions brings about a more or less profound change in the conceptual

data that are used as the basis of argument" (Perelman and Olbrechts-Tyteca 411-2). Dissociating absence from loss can show how post-abortive women's testimonies rely on the two terms being conflated. What's more, this dissociation enables the rhetorical critic to understand each condition in relation to the other. Indeed, the implications of such a collapse can be seen in testimonies in which women claim that they experienced their abortions as a descent into a life they would not have lived prior to the procedure. Though the abortion was often sought as a means to solve the problem of a crisis pregnancy (which was the result of another life crisis, such as financial distress or an abusive partner), the testimonies reveal that the abortion did not lead to further problems but became itself the primary problem. Moreover, it became a problem despite the promise that it was a solution by all those who provide it and promote it as such. The following testimony by Nancy Johnson illustrates LaCapra's "prelapsarian state of unity" presumed by the conflation of absence and loss:

> When I was eighteen I was date raped and ended up pregnant. After I had the baby, I used birth control to be sure it wouldn't happen again. But the birth control failed and I got pregnant again. I went to Planned Parenthood for a pregnancy test. When it was positive I was terrified. My marriage was terrible and I was miserable. I felt I couldn't have a second child. Planned Parenthood told me if I had an abortion it would make everything OK. I believed them and had the abortion. But everything wasn't OK. After my abortion I couldn't stand to be with the child I already had. I got divorced and gave the first child to him to raise. I thought I would be free

> but I was haunted by the abortion. I started to drink and use drugs. I became promiscuous. I was reckless and a daredevil. I made bad decisions one after another. I married again but I had many miscarriages. I wanted to get pregnant but I had a very hard time. Finally I was able to but as soon as my son was born I found out I had cervical cancer. Later that year my uterus was removed due to the cancer that I know in my heart was a result of the abortion. I was only 26 years old. Today I've found the love that only Christ can give and I want other women who've had abortions to know that they are not alone. (Johnson)

Johnson's testimony communicates her heartbreak and offers cursory details of her uplift. That she has suffered as a result of traumatic life events is clearly communicated, and the proclamation that she has found "the love that only Christ can give" offers the audience hope for her health and well-being. However, within the details of Johnson's life between her abortion and cervical cancer is the crucial collapse of absence and loss. The prepositional phrase "After my abortion" is the only information necessary to Johnson's testimony because it identifies the abortion as a catalyst for the events that followed it. The absence caused by terminating her pregnancy is, according to Johnson, what precipitated her subsequent losses—of marriage, child, control over her behavior, and eventually her uterus. In short, Johnson makes a *post hoc ergo propter hoc* causal argument with herself, and views her abortion as a catalyst for the events in her life thereafter.

In eight rapid and sequential declarative sentences, Johnson iterates the series of actions following her abortion that culminate in cervical cancer and an eventual

hysterectomy at the age of twenty-six. We can infer that her written testimony marks an eight-year struggle with her abortion. Significantly, Johnson claims she knows "in her heart" that her abortion caused cervical cancer. Though the National Cancer Institute does not report a link between abortion and cervical cancer, the behaviors detailed in her testimony do fall within the list of identified risk factors. For instance, Johnson's statement that she "became promiscuous" suggests she had many sexual partners, which would put her at risk for the cancer in large part because of the likelihood of contracting HPV. The same is true for her multiple pregnancies and miscarriages, which, when coupled with HPV, are also risk factors for cervical cancer.

However, such information matters little in attempting to discern the efficacy of Johnson's testimony on the website. Anything she has endured after her abortion can reasonably be attributed to her abortion for the sole fact of its occurrence after the procedure. The post-abortive testimony relies on this claim, and the campaign relies on the testimony for evidence that women are making this claim. Thus, Johnson's testimony is effective insofar as it affirms the allegiances of its community of readers—SNMAC and their constituents. The post-abortive testimony ought not introduce doubt over whether abortion can have negative effects and is wrong. Rather, the effectiveness of such testimony lies in its generic success, which is something quite different from its success as a deliberative argument for why abortion should be prohibited. Johnson's is a concise representation of the genre of the post-abortion narrative, and her story is an index by which to read the values that the post-abortive woman is dedicated to recovering by giving her testimony.

In another personal testimony entitled "How Could She Do That?" Jane Brennan offers a comprehensive autobiography of her life's traumatic events before and after her two abortions, beginning with sexual molestation by two family members at the age of five. Brennan operates a private counseling practice in Colorado and wrote a book entitled, *Motherhood Interrupted, Stories of Healing and Hope after Abortion* (2008), which website users can read more about by clicking the link at the bottom of the page. She describes her reckless behavior—partying, promiscuity, alcohol and drug abuse—and how, once she went to college in Boston, "it all caught up with me in my junior year when I found out I was pregnant." In Brennan's descriptions of how her first abortion occurred in a cultural moment defined by the feminist struggle for reproductive rights, she claims that the political climate in which she found herself accounted for why she immediately sought the procedure without considering other outcomes for her pregnancy. Though Brennan's testimony evokes those in collected print texts like Reardon's *Aborted Women: Silent No More* (see chapter two), its presence online is significant because it gives an account of a self-identified feminist's experience with abortion that departs from those founds on Pro-Choice movement websites.[50] The following explanation of her experience is consistent with many feminists' accounts in the 1970s:

> In Boston in the early eighties, radical feminism was at its height and after my abortion I began to get involved with the movement. I felt drawn to them primarily because of their claim that women should have control over their bodies. As a result of the abuse I had suffered as a young girl, I never felt I had control over anything, especially my body. Feminism

[50] Such websites include experienceproject.com, which sponsors a project called "I Am Pro-Choice" and imnotsorry.net, whose titles is "I'm Not Sorry: Celebrating the Right to Choose."

> seemed to give me a voice, and I felt empowered for the first time in my life. All the anger I had that couldn't be expressed towards my grandfather, my cousin, and my parents found an outlet in this movement. What also spoke to me was their rhetoric about abortion being a woman's right that was going to help us and free us, concepts that justified what I had done and kept my nagging doubts at bay. (Brennan)

Brennan's testimony recalls the rising politicization of abortion and summarizes the most widely cited rationale deployed by Pro-Choice stakeholders: that abortion functions as a vehicle for a woman's reclamation of her body from a society that has abused her. As she describes her life after college, though, we see that she continued to struggle with being in control over her body when she married an abusive partner, a relationship that led to another abortion. After her marriage fails, Brennan describes meeting and marrying another man, whom she "began to trust and [who] made her feel safe." She then gave birth to three children in "short order" and suffered postpartum depression.

Still holding firm to her feminist beliefs, Brennan describes how advice she sought from feminist counselors "was contrary to keeping my marriage intact, and her influence soon began to cause a lot of problems between my husband and me." Nonetheless, she remained committed to helping other women access abortion and was active in the feminist movement:

> In spite of this malaise, I somehow found the energy to volunteer for Planned Parenthood and began to help young girls procure abortions and birth control. I even helped my sister get an abortion. I went to marches for women's rights. Every chance I got I yelled at my husband about how

> he was keeping me down and I refused to listen to anything a man had to say. Eventually he got so angry that he left me. I was devastated. I stopped going to the therapist and stopped taking all the medications. I was scared because I knew I had hurt my husband and I didn't want to get a divorce. I still loved him and was hoping we could work it out. It took many months of heartache and apologizing but we finally reconciled. My bad experience with the feminist counselor caused me to begin to question the type of feminism I had bought into and I slowly became disillusioned with it. (Brennan)

That Brennan conflates her feminist identity with Planned Parenthood, the largest sexual and reproductive healthcare provider service in the United States, functions as negative advertising for the organization, whose website is among the first to appear when searching open web sources for abortion information. In fact, searching the testimony portal on SNMAC for words "Planned Parenthood," will produce 116 hits, which is enough to suggest that the organization's name itself is shorthand for abortion clinic. Brennan concludes her testimony by pointedly rejecting the notion that abortion is a woman's decision to make: "In our pain and vulnerability, we believed a lie because we thought it was the best solution to what we could only see then as a problem. The vast majority of us deeply regret the choice we made and live with the pain of it every day of our lives. I want people to know what the word 'choice' actually means." In these sentences, Brennan again dissociates another key term: choice. The second sentence identifies a woman's choice to have an abortion as a decision that will leave an enduring mark on her, and one that she will eventually lament. However, the third sentence makes

suggestions about what choice signifies in the context of abortion. Brennan's implications are unclear: where abortion is concerned, is choice a deceptive term because it denotes willfulness and positive action yet delivers neither in light of post-abortion effects? Her quotations marks around the word "choice" rhetorically function to dissociate the word from its use alongside abortion. Brennan intends for her audience to join her in challenging the commonplace of abortion as a decision that anyone, especially pregnant women, should be permitted to make. And if they follow the link below, www.Motherhoodinterrupted.com, they can interactively engage with Brennan's own post-abortion outreach efforts.

In other testimonies on SNMAC, post-abortive women explicitly champion the efforts of Silent No More and other post-abortion counseling programs. For example, in a testimony entitled, "His Mercy Was Falling Like Rain," a woman named Kelly describes how she owes her healing process in the years after her second -trimester saline abortion to a Rachel's Vineyard post-abortion recovery retreat:

> I have been in therapy since the abortion and within the last couple years I have made a lot of progress. I was caringly persuaded to attend a Rachel's Vineyard Retreat in April 2005. […] The retreat helped me to fold my umbrella and when I did I was drenched in the forgiveness God was pouring out all along. Being with the other women helped a lot as well. I saw that other women had made the same mistake I did and I didn't condemn them so I realized I needed to stop condemning myself. It is absurd to think abortion is a solution to any problem. The hurt and pain doesn't end after the baby is gone. I had thought I would just get over it.

> We are told as women we have a choice, but no one explains what we are choosing. I doubt many would choose to feel the way I have for ten years so that is why I am SILENT NO MORE! [caps in original].

In this selection, which concludes her testimony, Kelly actively affirms the Post-Abortion Movement efforts of Silent No More and Rachel's Vineyard. By stating that "being with the other women helped a lot," Kelly's story of personal healing is also a story of the movement's success at building a community of supporters who can unite themselves around their shared experiences of healing. By invoking the SNMAC campaign by name in the last phrase of her testimony, Kelly captures the dual meaning of her participation in the campaign: that Silent No More has enabled her to break her own silence about her abortion, and that she herself is a synecdoche of the campaign. In other words, Silent No More does not just exist to help women like Kelly; it exists *because of* women like Kelly.

Other testimonies on the SNMAC website like the anonymous, "I Continue to Receive Healing" address the healing potential of activism like organized protesting:

> In the past five years, I have been able to grow in my participation with the Silent No More Campaign. God gives me the courage to stand in front of our local Rally for Life in Birmingham and hold an "I Regret [My Abortion]" sign. My husband has been by my side leading our prayer walk. In 2008 my husband and I were privileged to participate in the national March for Life. I was one of several men and women that stood on stage in front of a large crowd of people quietly showing our regret. We led the March through Washington DC and gave our testimonies in front of the steps to the Supreme Court. Shortly after my willingness to

> follow God in obedience by participating in the national March, God allowed me to have an earthly son. It is so important that we make sure he learns about the value of life. He hasn't reached an age to be told yet, but he certainly goes to all events with us, starting with before we knew of his existence. I continue to receive healing through all of these events and opportunities. It takes the sin of abortion out of the dark and into the light.

From holding a protest sign to giving birth to her son, this anonymous poster details precisely how she sees her participation in the 2008 March for Life[51] has impacted her life. She claims that participating in the Post-Abortion Movement itself is responsible for her recovery, an evaluation that also serves as a ringing endorsement for the SNMAC.

In another anonymous testimony, "Normal Life? Never Again!" a post-abortive woman describes how volunteering in a crisis pregnancy center allows her to counsel women seeking abortion by providing them with information she wishes she had received before her abortion:

> Twelve years have gone by now. Dealing with the past has been and continues to be a struggle at times. But God lifts me up and reminds me of His love, His grace and His forgiveness. I now volunteer in a center for women with crisis pregnancies. I counsel a large number of abortion minded clients; almost all of them do not comprehend what an abortion procedure really is. With the correct information, several women have changed their opinion on abortion and have chosen to give birth to their

[51] The "March for Life" is a major Pro-Life protest that has taken place in Washington, D.C. every year since 1973 on or around the anniversary of *Roe vs. Wade.*

children. I also counsel women who have had abortions and are suffering from post-abortion syndrome.

Indeed, this poster views her role in the Post-Abortion Movement as defined by both her post-abortive identity and her status as a volunteer counselor educated about Postabortion Syndrome. Because of this *ethos*, her testimony has potential to inform those reading it that PAS exists and can be dealt with by authorized people like the anonymous woman who posted the testimony.

The testimonies archived on the Silent No More Awareness Campaign website, sampled in this chapter, cover a range of experiences and interactions that promote both the local goals of the campaign and the global agenda of the Post-Abortion Movement. The copia of testimonies available on the website reveals the many women and men allied with the movement for the sake of advocating post-abortion healing. In what follows, I turn to another Post-Abortion Movement initiative that takes the persuasive potential of such narratives beyond the audience of potential members of the movement to that of the state and federal legislators.

"The Supreme Court is Listening!: Post-Abortive Women and Operation Outcry

The **"**Operation Outcry" campaign is a project of the Justice Foundation, a conservative non-profit public-interest litigation firm. The campaign was founded in 2000 when the Justice Foundation agreed to represent Norma McCorvey and Sandra Cano in an appeal to overturn *Doe vs. Bolton* in Atlanta, Georgia in August, 2003. McCorvey was the "Jane Roe" plaintiff in *Roe v. Wade*, and Cano was the "Mary Doe"

plaintiff of *Doe v. Bolton*, the two 1973 U.S. Supreme Court cases that legalized abortion in the United States (Operation Outcry "About Us"). The most obvious difference between Operation Outcry and SNMAC is that the former maintains that abortion is not only harmful but is first and foremost unlawful. Thus its mission, as stated in the "About Us" section of the website, is: "to end legal abortion by exposing the truth about its devastating impact on women, men and families. We believe that this will be accomplished through prayer and with the testimonies of women and men who have suffered harm from abortion. We are working to restore justice and to protect women, men, and children from the destruction that abortion causes."

The website features the following list of portals on its homepage: Home; About Us; Hurting from Abortion?: For Pastors: OO International; Newsletters; Events; Calendar; State Leaders; Personal Stories; Speak Up; OO Leaders Only; Cry Without a Voice; Products and Resources; How Can I Help?; Links. Like SNMAC, Operation Outcry features post-abortive women's testimonies, but in a different format. Under the "Personal Stories" tab, the audience can access testimonies by Operation Outcry "State Leaders," who operate in thirty-one of fifty states. There are also two leaders in Canada and Italy. And of these thirty-three women listed, sixteen have testimonies posted on the website. The other portal featuring testimonies is titled, "Sworn Testimony of Women Hurt by Abortion Excerpts," and on this page are one to two sentence quotations selected from the testimonies collected in sworn affidavits by Operation Outcry. Because women legally swear to the truth of their experiences, Operation Outcry testimonies have a greater measure of verifiability than other testimonies posted on movement-affiliated websites and blogs.

Since 2000, the organization has encouraged women to submit their testimonies to be gathered into an Amicus brief by the Justice Foundation and sent to the United States Supreme Court, the United States Senate Judiciary Committee, and state legislatures in Georgia, Louisiana, Mississippi, Ohio, South Dakota, and Texas. And given the passing of laws like those in South Dakota (see chapter one), their efforts have achieved a measure of success. In an announcement entitled, "The Supreme Court is Listening! Acknowledges pain and sorrow of abortion but needs more," the organization explains that it collects testimonies to give to the above authorities because the Supreme Court cited the Amicus brief submitted by the Justice Foundation in 2003 in its verdict on the Partial Birth Abortion Ban Act. In the announcement, Operation Outcry gives the following reasons for why collecting declarations is central to its mission:

> To save others from being hurt by abortion.
>
> The power of testimony touched the Supreme Court.
>
> Written testimony is the most confidential, private, simplest, long-lasting, and effective form of witnessing.
>
> The Court's ruling is an invitation to provide further evidence of the harm of abortion
>
> We need to be ready: The Court will revisit the abortion issue, although we do not know when.
>
> We need to show the Court the magnitude of the harm of abortion
>
> States need evidence to regulate or ban abortion.

The rhetorical situation of women who submit declarations to Operation Outcry for their use by the Justice Foundation differs from that of women who submit testimonies to the Silent No More Awareness Campaign. In the case of Operation Outcry, it is more

appropriate that women foreground the pain of their abortions rather than whether or not they have recovered. The presence of distress and suffering immediately connects abortion to injustice, which is the rhetorical maneuver that will most persuade the audience to believe in their cause. The exigence for women to submit testimonies to Operation Outcry is based in the same assumption supporting Silent No More: abortion hurts women, and the public needs to be educated about this fact and its implications. However, the "imperfection" that most concerns Operation Outcry is the legal potential of post-abortive women's testimonies. Silent No More focuses on the process of post-abortion recovery and healing to galvanize the grassroots of the Post-Abortion Movement, to encourage conversion, and to change the tone of the greater Pro-Life movement. Operation Outcry aims to change abortion law. To do so, the organization solicits women to lend their voices to the chorus of testimonies submitted to the courts.

Of the more than 1900 affidavits collected by Operation Outcry, according to its own report, there are only twenty-three excerpts displayed on the website ("Evidence that Abortion Hurts Women"). These testimonies function as models for others who might want to submit their stories in a way that is useful for the campaign, for unlike the testimonies on the Silent No More website, or those of Operation Outcry staff on the "Personal Stories" page, the women featured on this page only under their first names do not give any suggestion of whether or not they have recovered from their abortions. The excerpts detail the emotion and physical pain of the experience itself and identify the psychological grip of abortion over their lives. According to "Scherrie," for example, her abortion remains a devastating life event to this day: "Twenty-five years later, I still cannot talk about it without tears and pain in my heart. It all looks simple on paper and

seems like an easy way out of a bad spot, but no one tells you that the easy way out will cost you later in emotional damage and physical problems." This excerpt tells the audience nothing specific about Scherrie's crisis pregnancy or the abortion procedure, but other excerpts, like Beth's, elaborate the emotional and physical toll Scherrie mentions: "I was suicidal; full of guilt and shame. Suffered from fear and depression. Caused marital and relational problems, crying spells, anxiety, panic attacks, sleep disturbances. Suffered most on anniversary of abortion [sic]." The fragmented nature of Beth's testimony suggests that she has been traumatized by her abortion and thus cannot coherently narrativize her experience. Visitors to the website learn about a series of events following Beth's abortion, but the syntactic structure makes ambiguous the agent behind those events. For instance, who or what "caused marital and relational problems"—Beth or her abortion? Ultimately it is the audience comprised of post-abortive women who gets to determine the agency in testimonies like Beth's. This audience is encouraged to read and respond to the excerpts by submitting their own testimonies to the website, and thus the agency falls on their shoulders. Should they submit, their experiences will become part of group of post-abortive women who, though expressing their individual fears and concerns, rhetorically form a community by virtue of their words being collected and presented together as evidence of the effects of abortion. When users visit OperationOutcry.org, the testimonies are clustered in the following arrangement:

> While I was still under the effects of the sedation, but after the procedure was completed, I began loud, uncontrollable sobbing … I can honestly say this was and is the lowest day of my life. –Debra
>
> No one told me that I would hear cries in the middle of the night. – Brandy

> It's not a quick and easy solution. Don't do it! It will haunt you the rest of your life. – Beverly
>
> It devastated me. I had nightmares, flashbacks, fits of rage, uncontrollable crying, trouble sleeping, and could not look at pregnant women or children without feeling hurt, anger, and guilt. – Amy Marie
>
> One month later I had a nervous breakdown …– Julie

None of these five excerpts mention the word "abortion." Rather, the audience is meant to fill in the noun where the pronoun "it" appears in the testimonies of, for instance, Beverly and Amy Marie. Furthermore, that these women's narratives are promoted in the above blurbs rather than the full testimonies, strips them of their identities and subsumes their experiences into the legislative agenda of the Post-Abortion Movement. Because these women are prompted to share their stories for the purpose of bearing legal witness that they have been harmed by abortion, they become agents of the Operation Outcry mission. That the excerpted testimonies displayed on the web only include pain and suffering enable appeals to women's sense of justice. Women are encouraged to see their testimonies as a step in the direction of promoting integrity on the issue of abortion. The measure of their rhetorical success is, as with those on the Silent No More site, their placement in the mass of sworn testimonies used as judicial evidence.

Theorizing the Blog

The Post-Abortion Movement also has a significant online presence in blogs, which are maintained by individuals. The blog—an accepted abbreviation for "weblog"—is a medium that functions as both an archive of postings by the "blogger,"

and as a portal to other blogs and websites, which the user can add to the blog in order to personalize the space. Most importantly, they are available to any user with a web browser—which is to say anyone who wants to start a blog can. In Carolyn Miller's and Dawn Shephard's "Blogging as Social Action: A Genre Analysis of the Weblog," the authors work from a well-established premise that because genre is social action motivated by a recurring exigence, blogs must be examined along the lines of *kairos*. Miller and Shephard use *kairos* to mean, "both the sense in which discourse is understood as fitting and timely, the way it observes propriety or decorum, and the way in which it can seize on the unique opportunity of a fleeting moment to create new rhetorical possibility (para. 6)." The authors posit that blogs encapsulate the possibility of technology as a tool for self-maintenance. Because they are addressed to "everyone and no one," blogs have the rhetorical effect of an individual writing both for a universal audience and an audience of the self. Moreover, blogs perform the additional social action of creating and sustaining community.

The Post-Abortion Movement has successfully seized this opportunity in a number of ways. For one, the blog posts are archived, and can be organized along a variety of subject headings. Furthermore, bloggers can provide links to other blogs and websites, which signifies affiliation and endorsement—or rejection thereof. Blogs also continue to proliferate, however, because they epitomize immediacy. The viability of a social movement requires that the stakeholders maintain its urgency, and blogs are an obvious facilitator. Post-Abortion Movement blogs can be updated and read either frequently or infrequently, which guarantees the movement continuous circulation and

accessibility. In what follows, I analyze two blogs that illustrate how Post-Abortion Movement supporters use the affordances of the blog to build communities of advocates.

After Abortion

According to the creators and primary authors of afterabortion.blogspot.com, whose title is "Life After Abortion: News, Opinion, Personal Experience, and Resources":

> This website was created in February 2003 as an (almost) daily news column about what could loosely be called "the post-abortion movement." This includes the ministries, people, and events that focus on the negative emotional and spiritual aftermath of abortion. ("Who we are and some guidelines to follow in posting comments here")

The two authors of the blog "After Abortion" are Emily Peterson and Annie Banno, who each had an abortion in the 1970s. The right-hand column of "After Abortion" features the following: Contributors; Abortion and the Arts; Commenting Rules; Who We Are; Resources for Healing; Resources for Information; Other Links of Interest, Activism; Archives; Blogs We Read; Syndication, and Pro-Choice Blogs. On February 17, 2008, Peterson and Banno self-reference the exigence for their blog by asserting that since they founded it, their blog receives 90-200 hits a day. Furthermore, they offer some common phrases and keywords users type in Google™ to find their way to "After Abortion": "coping with life after abortion books; the guy during abortion; what to do after an abortion; 3 days after abortion; suicide from abortion; after an abortion recovery; coping

with abortion; emotional problems with abortions; emotional problems of abortion; bad things about abortion; abortion hurts" ("Saturday, February 16, 2008").

Banno and Peterson run what Rebecca Blood calls a "filter-style weblog" (para. 19). This style of blog is one in which the blogger(s) is an editor or annotator of sorts, providing links or articles that she thinks are worthwhile. As Blood writes:

> [The filter-style blog] reveals glimpses of an unimagined web to those who have no time to surf. An intelligent human being filters through the mass of information packaged daily for our consumption and picks out the interesting, the important, the overlooked, and the unexpected. This human being may provide additional information to that which corporate media provides, expose the fallacy of an argument, perhaps reveal an inaccurate detail [sic]. (para. 19)

Such a reading of the "filter-style" offers an accurate description of what "After Abortion" aims to accomplish in a number of ways. First, Banno and Peterson's posts often challenge mainstream media reporting on abortion by providing access to news and information produced by avowed anti-abortion rhetors. Second, because Banno and Peterson do not represent a specific campaign or organization, they are free to organize the information they endorse according to what interests them and their audience. Thus, because they are not beholden to an outside site moderator, they can immediately disseminate any and all information they see as support for their cause as it fits their agenda (and they can instantly add links, videos, images, etc.).

Banno and Peterson claim their purpose is "to expose the fallacy" that abortion is a good solution to a crisis pregnancy. The sequence of posts that most illustrates this

rhetorical project began on October 19, 2004, when they launched a series of fifteen arguments committed to, "Shredding The Myths about Abortion's 'Benefits' to Women." The exigence for these posts—which were adapted from a presentation Banno delivered at a workshop at the Respect Life Conference held in South Meridan, CT on October 9, 2004—is the list of questions, answers, and statements on the Planned Parenthood abortion information page entitled, "Choosing Abortion—Questions and Answers." Banno and Peterson state that of the fifteen they include on their blog, the first nine were taken directly from the Planned Parenthood page. On Tuesday, November 2, 2004, the authors printed the entire list so that it would coincide with the 2004 presidential election. The list reads as follows:

1. Does getting an abortion hurt?
2. How will I feel after an abortion?
3. Any emotional problems after abortion?
4. Does abortion cause breast cancer?
5. Does an early abortion make ectopic, or tubal, pregnancy more likely in the future?
6. What about future pregnancies? Will an early abortion affect my ability to have a child in the future?
7. Does an early abortion cause premature birth or low infant birth weight in future pregnancies? Does an early abortion make miscarriage more likely in the future? Does having several abortions affect future pregnancies?
8. Does an early abortion cause birth defects in future pregnancies?
9. Does an early abortion increase the chance of infant death in the future?
10. More women die from childbirth than from legal abortions.
11. Women don't die from legal abortions, only from illegal ones.
12. If abortion is illegal, even more women will die than the 78,000 dying now.
13. It's my body; this doesn't affect anyone else!
14. You'll go right back to being the person you were before.
15. My reproductive rights and the "right to privacy" are guaranteed by the Constitution.

For each post, Banno and Peterson provide a link to its counterpart on the Planned Parenthood page. When the user clicks on a "myth," she is then taken to a previous post that features blocks of quoted passages disproving the information on Planned Parenthood's page. The passages of refutation are excerpted from post-abortive women's testimonies and numerous counter-experts in the Post-Abortion Movement. Almost five years later, these fifteen posts have become such a mainstay of "After Abortion" that they are listed as links on the lower right-hand side of the homepage. However, the Planned Parenthood page to which they continue to respond has been revised from its original form so that it is almost unrecognizable compared to the original page that Banno and Peterson continue to reference to this day. The page that was updated on February 8, 2008, no longer features a "Q&A" format. Rather, it offers general information about the two types of abortion procedures available and statistics about the frequency of abortion in the United States. Although visitors to "After Abortion" cannot access the original page, Banno and Peterson's oppositional posture toward Planned Parenthood likely raises readers' suspicions about whether the page was altered as a result of these supporters of the Post-Abortion Movement.

Abortion Hurts

Started in October, 2004, by Julie Shockley, abortionhurts.blogspot.com, titled "Abortion Hurts: Silent Raindrops," differs from "After Abortion" in that Shockley is the primary author who writes in what Rebecca Blood calls a "blog-style" or "free-style": "an outbreak of self-expression" (Blood para. 26). Shockley holds a Bachelor's degree

in Psychology and identifies herself on her blog as a researcher. One need not investigate very far into "Abortion Hurts" to find that Shockley is deeply committed to exposing not just the abortion trauma of all post-abortive women, but most specifically her own. In fact, Shockley operates two other websites, www.abortionhurts.us and www.silentraindrops.com. The former highlights her *ethos* in the field of psychological research and offers links to "research articles" she has written and posted to her other blog, "Abortion Hurts," on the connections between abortion and Posttraumatic Stress Disorder. Silent Rain Drops, however, is a multimedia site featuring video clips of Catholic iconography, such as crucifixes and women engaged in the act of praying with rosary beads. The site also has links to the Silent No More Awareness Campaign web site, a list of quotations from Christian political and religious leaders condemning abortion, and Shockley's blog, "Abortion Hurts: Silent Rain Drops." Shockley's three blogs circulate around one another in a kind of incessantly self-referential orbit. Indeed, Shockley's trifecta of websites poses challenges for how to read her position with respect to the greater post-abortion movement.

To unpack this position, I turn to Miller and Shephard's elucidation of what happens to subjectivity in the blogosphere. The subject of the blog, as she notes, is largely a product of its relationship to *kairos*—whether discourse is "fitting" or "timely" (para. 3). As Miller and Shephard point out, it is no coincidence that blogs came to be at the same time as reality television and widespread Internet access. Thus, the line between the public and private became increasingly blurred, and the subject of the blog embodies this tension. The cultural moment in which the blog has emerged is one of "mediated voyeurism," a phenomenon first introduced in communication scholar Clay

Calvert's 2000 study *Voyeur Nation: Media, Privacy, and Peering in Modern Culture*. Calvert traces the public obsession with private lives from its origins in nineteenth- and twentieth-century tabloid journalism, and coins the term "self-disclosure." The following quotation from Miller and Shephard usefully illuminates how the subject uses the blog as an instrument for self-definition:

> The blogging subject engages in self-disclosure, and […] the blog works to bind together in a recognizable rhetorical form the four functions of self-disclosure: self-clarification, social validation, relationship development, and social control. Combined with its focused and repeated effort, the blog's public disclosure—its exhibitionism—yields an intensification of the self, a reflexive elaboration of identity. (para. 45)

Shockley's web presence, especially "Abortion Hurts," offers a fascinating illustration of the "intensification" that can occur over the lifespan of a blog. The first post, dated October 26, 2004, is sparse, only a dedication and a link to www.silentraindrops.com. The second post that day is entitled "Abortion is a Health Problem as Well as a Social Evil," and uses support from the Elliot Institute's article "Forced Abortion in America" to expose the statistics of abortions motivated by domestic abuse, to assert the existence of Postabortion Syndrome, and to invoke abortion opposition made in a statement by a Texas Supreme Court judge to argue the unconstitutionality of *Roe vs. Wade.*

In her third post, "Voice in the Wilderness," which appeared one day later, Shockley offers her own post-abortion testimony. From this point forward, the blog remains intensely personal, and Shockley's personal abortion experience remains a point

of departure for the themes of many posts that follow. What's more, those themes tend to be inspired by comments posted by readers, with whom Shockley often explicitly engages. That Shockley receives comments fulfills the functions of social validation and relationship of self-disclosure. For instance, Shockley's post "Just who the &@*#! does she think she is?" is unequivocally concerned with her self-presentation as a blogger and her identity as a post-abortive woman in general, thus her post also exemplifies the blog's function of social control. Shockley makes explicit her feelings on how readers' questions and comments direct her relationship to the possibility of abortion recovery. In the following passage, Shockley responds to questions added to her previous post, "Too Poor to Have a Child," by "A Friend":

> "A Friend" posted another comment recently that was filled with excellent questions – questions I have to answer. If I finally forgot myself long enough to let some light in, then I think I understand that my friend is telling me I'm not going to be able to help anyone else until I have been helped myself. Hope and healing – it exists, and I have to get there, and I want to share it with you, so if you are in need, like me, maybe we can go together. (Shockley)

Such a post emphasizes how the intensification of the self made possible by blogging can be traced to one of the techniques of self-disclosure that Foucault identifies as instrumental in constituting a new, "positive" self (Miller and Shephard para. 30). We can see how Shockley's blog functions as a tool of self-improvement in its potential to connect her with like-minded people. That Shockley makes public her invitation to the "friend" on her blog rather than the less public comment section (which the readers need

to click on the eponymous link to see) emphasizes that the declaration of the blogger's connection with her readership is as important as the connection itself. What's more, Shockley's invitation to those outside her blog rhetorically functions to share her authority over her post-abortion experience with her readers.

Conclusion

The pooling of women's and men's written testimonies on organization websites serves the goals of creating and sustaining unified action through collecting and making available hundreds of post-abortion testimonies. The genre of the post-abortive testimony functions to motivate social action because it is used as both the expression of and evidence for abortion trauma. Testimony offers a nuanced way to both assert one's authority over an experience that is perceived as traumatic and damaging to one's psychological well-being, and at the same time to make one's self vulnerable to the authority of others. The variety of experiences confessed, professed, and remarked on within these digital spaces creates opportunities for exchange between Pro-Choice advocates and Pro-Life rhetors on the basis of their individual and respective "truth," and, paradoxically, destabilizes the very notion of the individual as an authority over her own experience. Indeed, the critical mass of women's testimonies effectually folds the individual's story into the collective narrative of abortion trauma that is always in the process of being transmitted and constructed. Websites and blogs animate the immediacy crucial to maintaining the Post-Abortion Movement because they allow users to see that because the sites are being maintained, the movement is still relevant.

Coda: Contributions to the Rhetorical Study of Social Movement Discourses

I am not the first—nor will I be the last—to point out that the contemporary Pro-Life versus Pro-Choice debate over abortion in the United States cannot adequately encompass the complex constellation of moral, ethical, legal, emotional, and physical concerns signified by abortion but excluded from the dominant discourse on reproductive rights.[52] Indeed, the topic of abortion has increasingly interested scholars in a range of fields, such as philosophy, women's studies, history, anthropology, and sociology, and this study is one of a handful of extended rhetorical investigations on the discourses of the abortion debate in the twentieth and twenty-first centuries. In the twenty years since its publication in 1990, Celeste Michelle Condit's important book *Decoding Abortion Rhetoric: Communicating Social Change* remains the definitive study of the rhetoric of abortion in the United States. Condit attends to both the major rhetorics of the Pro-Life and Pro-Choice movements from 1960-1990, whereas Mark Allen Steiner's 2006 study *The Rhetoric of Operation Rescue: Projecting the Christian Pro-Life Message* is among the only rhetorical studies exclusively focused on the activist discourse of a particular Pro-Life group. To date, no historical or rhetorical study of the Post-Abortion Movement has been conducted, so my study does the work of continuing inquiry into a debate that shows no signs of fading. More importantly, though, I hope to have shown in this project that the discourses of this movement present a useful case study for understanding the

[52] Recently, the Pro-Choice movement has adopted the term "reproductive justice" as a way to de-center the focus on abortion as a legal right isolated from the decision-making process of choice. See Loretta Ross's "Understanding Reproductive Justice: Transforming the Pro-Choice Movement" (2006).

persuasive potential of personal testimony in social movement rhetorics. In particular, the key concepts of "emotional evidence" and "counter-expertise" complicate the division between professional and lay rhetors. This division is manifested in the Post-Abortion Movement in the two sets of stakeholders: rhetors in the mental health establishments of the American Psychological and Psychiatric Associations and rhetors affiliated with Pro-Life Movement. These terms are a starting point for understanding how activist discourse can and has influenced the terms of debate over public moral arguments like abortion. Furthermore, rhetorically investigating the role of personal testimony can productively trouble the seemingly clear-cut distinction between rational and emotional discourses in public debate.

Recent rhetorical studies of victim impact statements illustrate how, when individuals hurt by violent crimes of deliver first-person accounts at a trial, emotionally-loaded evidence can influence the sentencing outcome, particularly if the crime is especially severe. As Janice Schuetz shows in her study, "Arguments of Victims: A Case Study of the Timothy McVeigh Trial" (2005), the statements of victims help advance a legal argument that "provides a double sense of testifying about what victims observed and what others could not observe" (211). In Amy D. Propen and Mary Lay Schuster's recent study, "Understanding Genre Through the Lens of Advocacy: The Rhetorical Work of the Victim Impact Statement" (2010), the authors formulate the victim impact statement as a genre with its own conventions that have evolved, with the aid of victims' rights advocates, to fit the setting of the courtroom and have achieved rhetorical potency.

Just as Shuetz, and Propen and Schuster raise questions regarding what happens when emotional discourses enter rational spaces like the courtroom, it is my intention in

this study to raise similar questions about the uses of personal testimony as a form of argumentative support and as a vehicle for building communities unified around a particular argument. Chapter one establishes the terms "emotional evidence" and "counter-expertise," and I use them throughout the subsequent chapters to explain the dynamic functions of personal testimony as a rhetorical resource that accomplishes a range of actions. In chapter two, the emotional evidence used in the Post-Abortion Movement texts I examine provided movement leaders with an arsenal of "proof" that a large number of women suffer from abortion-related trauma. I show that this emotional evidence, when offered up as scientific support, must be considered in terms separate and distinct from those adhered to by mental health researchers and practitioners.

In no rhetorical situation is this more apparent than in the debate over Postabortion Syndrome (PAS), which I present and analyze in chapter three. As I show, counter-expert rhetors Anne Speckhard and Vincent Rue combined "outsider" rhetorics of Post-Abortion Movement discourses with "insider" rhetorics of the diagnostic proposal and social science review to argue for the existence of PAS and its inclusion in the *DSM-IV*. Though unsuccessful, the term PAS remains widely circulated among Post-Abortion Movement advocates as a valid category, and is the Achilles' heel of the Pro-Choice movement and both APAs. Chapter four continues this investigation into the rhetorical successes of counter-expertise by analyzing the 2008 American Psychological Association's *Report of the Task Force on Mental Health and Abortion*. By presenting and analyzing the questions, conceptual framework, and methodology of the *Report*, as well as the response by Post-Abortion Movement advocates, I identify the points of

conflict taken up by these opposing stakeholders and how they advance their respective claims.

Finally, chapter five investigates the proliferation of the Post-Abortion Movement on the World Wide Web, and how the internet offers a range of affordances for circulating testimony and advancing the movement's goals. These online spaces allow users to become activists via interactive modes of participation, such as posting their own post-abortion testimonies on campaign websites, commenting on others' testimonies on blogs, and submitting their testimonies as affidavits and declarations for the purposes of legal action.[53] Indeed, the online presence of this movement gives the impression that the leadership is built from the ground up rather than the top down. Such a dynamic can be seen in other recent social movements originating or sustained on the web like the "Tea Party Movement," a grassroots coalition of campaigns and organizations united against the health care reform proposed by the Obama Administration in 2009. [54]

By rhetorically investigating the history of Post-Abortion Movement from its beginnings in the early 1980s to its persistence today in 2010, this project shows the problematic dimensions but also the rhetorical force that personal testimony can offer groups of stakeholders allied around the same public moral argument. The range of persuasive strategies and tactics deployed by Post-Abortion Movement advocates in the

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53 A recent example of the effects of this online presence reached celebrity headlines. On August 12, 2009, reality television show star Kourtney Kardashian **(***Kourtney & Khloe Take Miami***)**, told *People* magazine that she decided not to have an abortion because she read online testimonies of women claiming they had traumatic abortion experiences: "'I looked online, and I was sitting on the bed hysterically crying, reading these stories of people who felt so guilty from having an abortion,' she recalls. 'I was reading these things of how many people are traumatized by it afterwards.'[sic] (qtd. in Caplan).

[54] See both Richard Viguerie's article, "Why Leaderless Tea Parties Are Beating the GOP" (December 10, 2009) and the official homepage of the "Tea Party Patriots" at http://www.teapartypatriots.org/.

many rhetorical situations they inhabit—in both print and digital spaces alike—have indeed achieved a measure of success in several respects. In addition to the discursive resonance of such terms as "Postabortion Syndrome" by both proponents and opponents, and the political efforts to impose informed consent legislation in states like South Dakota, the Post-Abortion Movement's rhetorical presence raises important questions regarding the dynamic interplay of emotion and authority in arguments advanced with the support of personal testimony.

Appendix to Chapter Three: Websites Citing Postabortion Syndrome

I. http://postabortionsyndrome.org/
II. http://www.abortionfacts.com/PAS/PAS.asp
III. http://www.afterabortion.com/pass_details.html
IV. http://www.troubledwith.com/LoveandSex/PostAbortionSynd.cfm
V. http://www.pregnantpause.org/aborted/seepas.htm
VI. http://www.abort73.com/abortion/post_abortion_syndrome

Appendix to Chapter Four: List of Articles by Post-Abortion Researchers 1994-2009

1994

Ney, P. G., Fung, T., Wickett, A. R., & Beaman-Dodd, C. "The effects of pregnancy loss on women's health." *Social Science & Medicine, 38,* 1193-1200.

1998

Coleman, P. K., & Nelson, E. S. "The quality of abortion decisions and college students' reports of post-abortion emotional sequelae and abortion attitudes." *Journal of Social & Clinical Psychology, 17,* 425-442. 78

2000

Reardon, D. C., & Ney, P. G. "Abortion and subsequent substance abuse."*American Journal of Drug and Alcohol Abuse, 26,* 61-75. 87

2001

Strahan T. W. *Detrimental effects of abortion: An annotated bibliography with commentary.* Springfield, IL: Acorn Books.

2002

Coleman, P. K., Reardon, D. C., & Cougle, J. "The quality of the caregiving environment and child developmental outcomes associated with maternal history of abortion using the NLSY data."*Journal of Child Psychology and Psychiatry, 43,* 743-757.

Coleman, P. K., Reardon, D. C., Rue, V. M., & Cougle, J. "A history of induced abortion in relation to substance use during subsequent pregnancies carried to term." *American Journal of Obstetrics and Gynecology, 187,* 1673-1678.

Coleman, P. K., Reardon, D. C, Rue, V. M., & Cougle, J. "State-funded abortions versus deliveries: A comparison of outpatient mental health claims over 4 years." *American Journal of Orthopsychiatry, 72,* 141-152.

Reardon, D. C., & Cougle, J. R. "Depression and unintended pregnancy in the National Longitudinal Survey of Youth: A cohort study." *British Medical Journal, 324*(7330), 151-152.

Reardon, D. C., Ney, P. G., Scheuren, F., Cougle, J., Coleman, P. K., & Strahan, T. W. "Deaths associated with pregnancy outcome: A record linkage study of low income women."*Southern Medical Journal, 95*(8), 834-841.

2003

Cougle, J. R., Reardon, D. C., & Coleman, P. K. "Depression associated with abortion and childbirth: A long-term analysis of the NLSY cohort." *Medical Science Monitor, 9*(4), CR105-112.

Reardon, D. C., Cougle, J. R., Rue, V. M., Shuping, M. W., Coleman, P. K., & Ney, P. G. "Psychiatric admissions of low-income women following abortion and childbirth." *Canadian Medical Association Journal, 168,* 1253-1256.

2004

Reardon, D. C., Coleman, P. K., & Cougle, J. R. "Substance use associated with unintended pregnancy outcomes in the National Longitudinal Survey of Youth."*American Journal of Drug and Alcohol Abuse, 30*(2), 369-383.

Rue, V. M., Coleman, P. K., Rue, J. J., & Reardon, D. C. "Induced abortion and traumatic stress: Preliminary comparison of American and Russian women." *Medical Science Monitor, 10,* SR5-16.

2005

Cougle, J. R., Reardon, D. C., & Coleman, P. K. "Generalized anxiety following unintended pregnancies resolved through childbirth and abortion: A cohort study of the 1995 National Survey of Family Growth." *Journal of Anxiety Disorders, 19*, 137-142.

Coleman, P. K., Reardon, D. C., & Cougle, J. R. "Substance use among pregnant women in the context of previous reproductive loss and desire for current pregnancy." *British Journal of Health Psychology, 10*(2), 255-268.

Coleman, P. K., Maxey, C. D., Rue, V. M., & Coyle, C. T. "Associations between voluntary and involuntary forms of perinatal loss and child maltreatment among low-income mothers." *Acta Paediatrica, 94*(10), 1476-1483.

Coleman, P. K., Reardon, D. C., Strahan, T., & Cougle, J. R. "The psychology of abortion: A review and suggestions for future research." *Psychology and Health, 20,* 237-271.

2006

Coleman, P. K. [Testimony in South Dakota Planned Parenthood Minnesota vs. Rounds], No. Civ. 05-4077-KES, 2006 U.S. Dist. LEXIS 72778 (D.S.D. Oct. 4, 2006).
Reardon, D. C., & Coleman, P. K. "Relative treatment for sleep disorders following abortion and child delivery: A prospective record-based study." *Sleep, 29(1),* 105-106.

2009

Coleman, Priscilla K., Coyle, Catherine T., Shuping, Martha, Rue, Vincent M. "Induced abortion and anxiety, mood, and substance abuse disorders: Isolating the effects of abortion in the national comorbidity study." *Journal of Psychiatric Research,* 43. 770-6.

Bibliography

"The Abortion Conversation Project." Abortionconversation.com. 2007. <http://www.abortionconversation.com/whoweare.php>. Web. 10 March 2010.

Adler Nancy, Henry P. David, Brenda Major, SH Roth, Nancy Russo, and Gregory Wyatt. "Psychological Responses After Abortion." *Science* (New York, N.Y.). 248. 4951 (1990): 41-4. Web.

American Psychiatric Association. "Posttraumatic Stress Disorder." *Diagnostic and Statistical Manual of Mental Disorders: DSM-VI-TR*. 4th ed. Washington: American Psychiatric Association, 2000. 463-8. Print.

--. *Diagnostic and Statistical Manual of Mental Disorders: DSM-III*. 3rd ed. Washington: American Psychiatric Association, 1987. 247-51. Print.

--. Report of the APA Task Force on Mental Health and Abortion. 13 August 2008. Web. <http://www.apa.org/releases/abortion-report.pdf>. 15 March 2010.

"Anne Speckhard PhD-Biography." AnneSpeckhard.com. 2005. Web. <http://www.annespeckhard.com/biography.html.> 8 March 2010

Arthur, Joyce. "Beware of Meaningless Studies by Anti-Choice Researchers." Pro-Choice Action Network. (Summer/Winter 2003). Web. <http://www.prochoiceactionnetwork-canada.org/articles/cmaj-study.shtml>. 8 March 2010.

Associated Press. "Recent Cases of Abortion-Related Violence." Huffingtonpost.com. May 31, 2009. <http://www.huffingtonpost.com/2009/05/31/recent-cases-of-abortionr_n_209528.html>. Web. 12 March 2010.

Baker, Aspen. "The Science of Support: Why We Need Research that Promotes Well-Being After an Abortion." aspenbaker.wordpress.com. May 22, 2009. Web. 10

March 2010.

Bakhtin, Mikhail. “The Problem of Speech Genres.” From *Speech Genres and Other Late Essays*.Trans. Vern W. McGee. Austin TX: University of Texas Press, 1986. 60-102.

Banno, Annie and Emily Peterson. “Saturday, February 16, 2008.” February 16, 2008. <http://afterabortion.blogspot.com/2008_02_10_archive.html> 15 March 2010.--.

--“Shredding The Myths about Abortion’s ‘Benefits’ to Women.” Novemeber 2, 2004. <http://afterabortion.blogspot.com/2004_10_31_archive.html> 15 March 2010.

--“Who we are and some guidelines to follow in posting comments here.” May 2, 2004 <http://afterabortion.blogspot.com/2004_05_02_archive.html> 15 March 2010.

Bazelon, Emily. “Is There a Post-Abortion Syndrome?” *New York Times*. Magazine. 21 Jan. 2007. Late ed.: 41. Print.

Bazerman, Charles. “Systems of Genre and the Enactment of Social Intentions.” Eds. Aviva Freedman and Peter Medway. *Genre and the New Rhetoric*. London: Taylor & Francis, 1994. 79-101. Print.

Berkenkotter, Carol. *Patient Tales: Case Histories and the Use of Narrative in Psychiatry*. Columbia, SC: University of South Carolina Press, 2008. Print.

--and Ravotas, Doris. “Voices in the Text: Varieties of Reported Speech in Psychotherapists' Initial Assessments.” *Text: An Interdisciplinary Journal for the Study of Discourse* 18.2 (1998): 211-39. Print.

--“A Rhetoric for Naturalistic Inquiry and the Question of Genre,” *Research in the Teaching of English*. 27 (1993): 293-304. Print.

Bitzer, Lloyd. “The Rhetorical Situation.” *Philosophy and Rhetoric.* 1.1 (1968): 217-27. Print.

Blanchard, Dallas A. *The Anti-Abortion Movement and the Rise of the Religious Right: From Polite to Fiery Protest*. Social movements past and present. New York: Twayne Publishers, 1994. Print.

Blood, Rebecca. "Weblogs: A History and Perspective." September 7, 2007. <http://www.rebeccablood.net/essays/weblog_history.html.> 15 March 2010.

Bormann, Ernest. "Fantasy and Rhetorical Vision: The Rhetorical Criticism of Social Reality." *Quarterly Journal of Speech* 58 (1972): 398-407.

--. *The Force of Fantasy: Restoring the American Dream*. Carbondale, IL: Southern Illinois University Press, 2001. 2nd Ed.

Brennan, Jane. "How Could She Do That?" SilentNoMoreAwareness.org. <http://www.silentnomoreawareness.org/testimonies/testimony.aspx?ID=1261>. Web. 15 March 2010.

Burke, Theresa and Reardon, David C. *Forbidden Grief: The Unspoken Pain of Abortion*. Springfield, IL: Acorn Books, 2002. Print.

Campbell, George .From *The Philosophy of Rhetoric*. Bizzell, Patricia, and Bruce Herzberg. *The Rhetorical Tradition: Readings from Classical Times to the Present.* Boston: Bedford Books of St. Martin's Press, 2001. 2nd Ed. 902-946.

Campbell, Karlyn Kohrs. "Agency: Promiscuous and Protean" *Communication and Critical/Cultural Studies*. 2.1 (March 2005): 1–19. Print.

--"The Rhetoric of Women's Liberation: An Oxymoron." *Communication Studies*. 50. 2 (1999): 125-137. Print.

--"'The Rhetoric of Women's Liberation: An Oxymoron' Revisited." *Communication Studies.* 50. 2 (1999): 138-142. Print.

Cannold, Leslie. "Understanding and Responding to Anti-choice Women-centered

Strategies." *Reproductive Health Matters*. 10.19 (May 2002): 171-180. Print.

"The C. Everett Koop Papers: Reproduction and Family Health." Profiles in Science: National Library of Medicine <http://profiles.nlm.nih.gov/QQ/Views/Exhibit/narrative/abortion.html>. Web. 15 March 2010.

Caplan, David. "Kourtney Kardashian Agonized Over Whether to Keep Her Baby." People.com. August 19, 2009. <http://www.people.com/people/article/0,,20298807,00.html>. Web. 9 March 2010.

"Christian Voice: About Us." Christianvoiceonline.com. <http://www.christianvoiceonline.com/about/>. Web. 10 March 2010.

"Coalition Building." ElliotInstitute.org.2006. <http://www.elliotinstitute.org/coalition.htm>. Web. 8 March 2010.

Cochrane, Linda. *Forgiven and Set Free: A Post-Abortion Bible Study for Women*. Grand Rapids, Mich: Baker Books, 1996. Print.

Coffin, Shannen. "Abortion Distortion." *National Review*. 12 July 2004: 22-4. Web. 15 March 2010.

Cohen, Susan A. "Toward Making Abortion 'Rare': The Shifting Battleground Over the Means to an End."*Guttmacher Policy Review*. 9.1 (Winter 2006): 1-5. Web. 9 March 2010.

Coleman, Priscilla K. "Critique of the APA Task Force on Abortion and Mental Health." August 13, 2008. www.aaplog.org. Web. 13 March 2010. "College of Education and Human Development." Bgsu.edu. 2004. <http://www.bgsu.edu/colleges/edhd/directory/fcs/page57559.html>. Web. 8

March 2010.

Condit, Celeste Michelle. *Decoding Abortion Rhetoric: Communicating Social Change*. Urbana: University of Illinois Press, 1990. Print.

Condit Railsback, Celeste. "The Contemporary American Abortion Controversy: Stages in the Argument." Eds. Morris, Charles E., and Stephen H. Browne. *Readings on the Rhetoric of Social Protest.* State College, Pa: Strata Pub, 2001. 284-300. Print.

Crowley, Sharon. *Toward a Civil Discourse: Rhetoric and Fundamentalism*, Pittsburgh: University of Pittsburgh Press, 2006. Print.

Davis, Leslie. "I Continue to Receive Healing." SilentNoMoreAwareness.org. <http://www.silentnomoreawareness.org/testimonies/testimony.aspx?ID=1706>. Web. 15 March 2010.

Devitt, Amy J. "Generalizing about Genre: New Conceptions of an Old Concept." *College Composition and Communication* 44.4 (December 1993): 573-86. Print.

--. "Intertextuality in Tax Accounting." Charles Bazerman and James G. Paradis. *Textual Dynamics of the Professions: Historical and Contemporary Studies of Writing in Professional Communities.* Madison, Wis: University of Wisconsin Press, 1991. 336-57. Print.

Diamond, Sara. *Spiritual Warfare: The Politics of the Christian Right*. Boston, MA: South End Press, 1989. Print.

"E. Warren Throckmorton, Ph.D." Visandvals.org. <http://www.visandvals.org/E.%20Warren%20Throckmorton,%20Ph.D.php>. Web. 13 March 2010.

Elliot Institute. "The School Bus and Shopping Mall Detour American Parents Need to Hear About." Message to the author. 9 September 20008. E-mail.

"Evidence that Abortion Hurts Women." OperationOutcry.org. <http://www.operationoutcry.org/pages.asp?pageid=30023>. Web. 14 March 2010.

"Expert Forensic Witness and Other Consultations." AnneSpeckhard.com. 2005. < http://www.annespeckhard.com/expert_witness.html>. Web. 8 March 2010.

Fisher, Walter R. "Narration as a Human Communication Paradigm: The Case of Public Moral Argument." *Communication Monographs* 51 (1984): 1-22. Print.

Forney, Georgette. Personal interview. 25 February 2009.

Foss, Sonja K. "Interdisciplinary Perspectives on Rhetorical Criticism: Rhetorical Criticism as Synecdoche for Agency." *Rhetoric Review*. 25.4 (2006): 375-9. Print.

Foster, Serrin M. "The Feminist Case Against Abortion." 1999. Feministsforlife.org. <http://www.feministsforlife.org/news/commonw.htm>. Web. 10 March, 2010.

--. "Women Deserve Better Than Abortion." 2003. Feministsforlife.org. < http://www.feministsforlife.org/news/wdb%20smf.htm>. Web. 10 March 2010.

Gans, Olivia. "When the Mothers Found Their Voice: The Emergence of the Post-Abortion Presence in America." 1998. NRLC.org. <http://www.nrlc.org/news/1998/NRL1.98/oliva.html.> Web. 8 March. 2010.

Guttmacher Institute. "State Policies in Brief: An Overview of Abortion Laws." Guttmacher.org. March 1, 2010. <http://www.guttmacher.org/statecenter/spibs/spib_OAL.pdf>. Web. 10 March 2010.

Healy, Patrick D. "Clinton Seeking Shared Ground Over Abortions." *New York Times*. January 25, 2005. Web. 14 March 2010.

Herman, Judith Lewis. *Trauma and Recovery*. New York: Basic Books, 1992. Print.

Kelly. “His Mercy Was Falling Like Rain.” SilentNoMoreAwareness.org. <http://www.silentnomoreawareness.org/testimonies/testimony.aspx?ID=1709>. 15 March 2010.

“History.” Care Net. <https://www.care-net.org/aboutus/history.php> Web. 15 March 2010.

“History of Rachel’s Vineyard.” Racelsvineyard. org. <http://www.rachelsvineyard.org/aboutus/ourstory.htm>. Web. 10 March 2010.

Hollihan, Thomas A., and Patricia Riley. "The Rhetorical Power of a Compelling Story: A Critique of a ‘Toughlove’ Parental Support Group." *Communication Quarterly*. 35. 1 (1987): 13-25. Print.

Hopkins, Nick, Steve Reicher, and Jannat Saleem. “Constructing Women's Psychological Health in Anti-Abortion Rhetoric” *Sociological Review* 44. 3 (August 1996): 539-64. Print.

“Institute for Integrated Social Analysis.” Consistent-life.org. 2009. <http://www.consistent-life.org/research.html>. Web. 10 March 2010.

“An Invitation from the Publisher.” FNSA.org. October 25, 1999. <http://www.fnsa.org/mission.html>. Web. 10 March 2010.

Jamieson, Kathleen M. “Antecedent Genre as Rhetorical Constraint.” *Quarterly Journal of Speech.* 61(December 1975): 406-15. Print.

Jamieson, Kathleen Hall and Campbell, Karlyn Kohrs : “Rhetorical Hybrids: Fusions of Generic Elements.” *Quarterly Journal of Speech* 68 (1982): 146-157.

Johnson, Nancy. “Our Testimonies.” SilentNoMoreAwareness.org. <http://www.silentnomoreawareness.org/testimonies/testimony.aspx?ID=1268>

Web. 15 March 2010.

Kauffman, Linda S. “The Long Goodbye: Against Personal Testimony or an Infant Grifter Grows Up.” *American Feminist Thought at Century's End: A Reader*. Ed. Linda S. Kauffman Cambridge, MA:Blackwell, 1993. 258-78. Print.

Kelly. “His Mercy Was Falling Like Rain.” SilentNoMoreAwareness.org. <http://www.silentnomoreawareness.org/testimonies/testimony.aspx?ID=1709>. Web. 18 March 2010.

Kissling, Frances. “Is There Life After Roe? : How to Think About the Fetus.” *Conscience: The News Journal of Catholic Opinion*. Winter 2004-2005. <http://www.catholicsforchoice.org/conscience/archives/c2004win_lifeafterroe.asp>.Web. 9 March 2010.

La Capra, Dominick. *Writing History, Writing Trauma*. Baltimore: Johns Hopkins University Press, 2001. Print.

Lee, Ellie. *Abortion, Motherhood, and Mental Health: Medicalizing Reproduction in the United States and Great Britain*. New York: Aldine de Gruyter, 2003. Print.

Luker, Kristin. *Abortion and the Politics of Motherhood*. California series on social choice and political economy. Berkeley: University of California Press, 1984. Print.

MacNair, Rachel M. “Tales From an Insider: How The APA Denied Abortion's Mental Health Risks.” LifeSite.news. August 15, 2008. Web. 15 March 2010.

--.*Achieving Peace in the Abortion War*. New York, N.Y.: Feminism & Nonviolence Studies, 2009. Print.

Major, Brenda . “Psychological Responses of Women after their First-Trimester Abortion.”

Archives of General Psychiatry 57. 8 (2000): 777-84. Print.

Major, Brenda, Mark Appelbaum, Linda Beckman, Mary Ann Dutton, Nancy Felipe Russo, and Carolyn West. "Abortion and Mental Health: Evaluating the Evidence." *American Psychologist*. 64. 9 (2009): 863-890. Print.

Mann, Nancyjo. "Foreward." Reardon, David C. *Aborted Women Silent No More*. Chicago: Loyola University Press, 1987. Print. Mannion, Michael T. *Post-Abortion Aftermath: A Comprehensive Consideration : Writings Generated by Various Experts at a "Post-Abortion Summit Conference"*. Kansas City, MO: Sheed & Ward, 1994. Print.

Maraniss, David. "Lessons of a Summer of Abortion Protests; 2 Sides in Wichita See Hard Time Ahead." *The Washington Post*. August 25, 1991. Web. 11 March 2010.

Marcus, Ruth. "'Silent Scream': Loud Impact; Abortion Rights Groups Plot Counterattack." *The Washington Post*. February 9, 1985. Web. 15 March 2010.

Maryland Students for Life. "Students for Life Constitution." February 22, 2006. <http://studentorg.umd.edu/sfl/aboutus.html>. Web. 14 March 2010.

McFeely, Tom. "Catholic 'Revert' Silent No More." *National Catholic Register* August 26 - September 1, 2007. 26. Web. 10 March 2010.

Miller, Carolyn R. "Genre as Social Action." *Quarterly Journal of Speech* 70 (1984): 151-67.Print.

--and Dawn Shephard. "Blogging as Social Action: A Genre Analysis of the Weblog." *Into the Blogosphere: Rhetoric, Community, and the Culture of Weblogs.* (2004) <http://blog.lib.umn.edu/blogosphere/blogging_as_social_action_a_genre_analysis_of_the_weblog.html> Web. 15 March 2010.

Morgen, Sandra. *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990.* New Brunswick, N.J.: Rutgers University Press, 2002. Print.

"National Office of Post-Abortion Healing and Reconciliation." Noparh.org. Web. <http://www.noparh.org/index.html>. 10 March 2010.

"Normal Life? Never Again!" SilentNoMoreAwareness.org. <http://www.silentnomoreawareness.org/testimonies/testimony.aspx?ID=701>. Web. 19 March 2010.

Oskamp, Stuart. The Editor's Page. *Journal of Social Issues* Vol. 48.3 (1992): 1-2. Print.

"An Overview of Abortion in the United States." July 2008. Guttmacher Institute. <http://www.guttmacher.org/pubs/fb_induced_abortion.html.> Web. 15 March 2010.

"Politicized Science: How Anti-Abortion Myths Feed the Christian Right Agenda." Summer 2006. Publiceye.org. <http://www.publiceye.org/magazine/v20n2/chamberlain_politicized_science.html>. Web. 8 March 2010.

Pakaluk, Michael. Terps for Life Lecture. University of Maryland, College Park, MD. 13 April 2009.

Perelman, Chaim and Lucie Olbrechts-Tyteca. *The New Rhetoric: A Treatise on Argumentation*. Notre Dame: University of Notre Dame Press, 1969. Print.

Petchesky, Rosalind P. *Abortion and Woman's Choice: The State, Sexuality, and Reproductive Freedom.* The Northeastern series in feminist theory. Boston, Mass.: Northeastern University Press, 1990. Print.

Pickering, Barbara. "Women's Voices as Evidence: Personal Testimony in Pro-Choice Films." *Argumentation and Advocacy*. (Summer 2003). 1-22. Print.

"Post-Abortion Politics." *NOW with David Brancaccio* (PBS). July 7, 2007. Web.

<http://www.pbs.org/now/shows/329/index.html>. 8 March 2010.

"Pro-Life Women's Group Upset Obama Administration Denies Post-Abortion Issues." Voteyesforlife. Com. March 16, 2009. < http://voteyesforlife.wordpress.com/2009/03/16/pro-life-womens-group-upset-obama-administration-denies-post-abortion-issues/>. Web. 15 March 2010.

Propen Amy D., and Schuster Mary Lay. "Understanding Genre Through the Lens of Advocacy: The Rhetorical Work of the Victim Impact Statement." *Written Communication*. 27. 1 (2010): 3-35. Print.

Reardon, David C. *Aborted Women: Silent No More*. Chicago: Loyola University Press, 1989. Print.

--."A Defense of the Neglected Rhetorical Strategy (NRS)" *Ethics & Medicine*. (Summer 2002). Web. 14 July 2009.

--. *Making Abortion Rare: A Healing Strategy for a Divided Nation.* Springfield, IL: Acorn Books, 1996. Print.

--et al. "Psychiatric Admissions of Low-Income Women Following Abortion and Childbirth." *CMAJ: Canadian Medical Association Journal* 168.10 (13 May 2003): 1253-6. Print.

--, "Women Who Abort: Their Reflections on the Unborn." Brad Stetson, ed. *The Silent Subject: Reflections on the Unborn in American Culture.* Westport, Conn: Praeger, 1996.

Rovner, Julie. "'Partial-Birth Abortion': Separating Fact from Spin." Npr.org. February 21, 2006. <http://www.npr.org/templates/story/story.php?storyId=5168163>. Web. 10 March 2010.

Rue, Vincent M. and Speckhard, Anne C. "Postabortion Syndrome: An Emerging Public Health Concern." *Journal of Social Issues* 48.3 (1992): 95-119. Print.

Rue, Vincent. "Prepared Statement of Vincent Rue."*Constitutional Amendments Relating to Abortion: Hearings on S.J. Res. 18, S.J. Res. 19, and S.J. Res. 110* [testified before the Subcomm. on the Constitution of the S. Comm. on the Judiciary; 1981], 97th Cong. 329-39. Print.

Russo, Nancy Felipe and Zierk, Kristin L . "Abortion, Childbearing, and Women's Well-Being." *Professional Psychology: Research and Practice* 23.4 (1992): 269-80. Print.

Saad, Lydia. "More Americans 'Pro-Life' Than 'Pro-Choice' For First Time." Gallup. May 19, 2009. <http://www.gallup.com/poll/118399/More-Americans-Pro-Life-Than-Pro-Choice-First-Time.aspx?version=print.> Web. 9 March 2010.

Sanchez, Carlos. "Lorena Bobbitt Tells of Forced Sex: She Testifies That Repeated Violence Drove Her to Cut Her Husband." *Washington Post*. 9 Nov. 1993, final. ed.: A1. Web. 16 March 2010.

Schiappa, Edward. "Evaluating Argumentative Discourse from a Rhetorical Perspective: Defining 'Person' and 'Human Life' in Constitutional Disputes over Abortion." *Dialectic and Rhetoric: The Warp and Woof of Argumentation Analysis*. Ed. Frans van Emmeren and Peter Houtlosser. Boston: Kluwer Academic Publishers, 2002. 65-80. Print.

Schuetz, Janice. "Arguments of Victims: A Case Study of the Timothy McVeigh Trial." Ed. Frans van Emmeren and Peter Houtlosser.. *Argumentation in Practice*. Amsterdam: John Benjamins Pub, 2005. 197-214. Print.

Scott, Wilbur. "PTSD in DSM-III: A Case in the Politics of Diagnosis and Disease."

Social Problems Vol. 37.3 (1990): 94-110. Print.

"Selected Publications." AnneSpeckhard.com 2005. Web. <http://www.annespeckhard.com/articles.html>. Web. 8 March 2010.

Shatan, Chaim. "Post-Vietnam Syndrome." *New York Times*. May 5, 1972. 35. Print.

Shockley, Julie. "Abortion is a Health Problem as Well as a Social Evil." October 26, 2004. <http://abortionhurts.blogspot.com/2004/10/abortion-is-health-problem-as-well-as.html.> Web. 15 March 2010.

--"Just who the &@*#! does she think she is?" November, 1, 2004. <http://abortionhurts.blogspot.com/2004/11/just-who-does-she-think-she-is.html>. Web. 15 March 2010.

--"To Poor to Have a Child." October 30, 2004. <http://abortionhurts.blogspot.com/2004_10_01_archive.html>. Web. 15 March 2010.

--"Voice in the Wilderness." October 27, 2004. <http://abortionhurts.blogspot.com/2004/10/voice-in-wilderness.html> Web. 15 March 2010.

"Sidewalk Counseling."Prolifeaction.org. <http://prolifeaction.org/sidewalk/>. Web. 12 March 2010.

"Speaker's Bureau." Men and Abortion Network. 2005. <http://www.menandabortion.net/MAN/speakers.htm.> Web. 8 March 2010.

Speckhard, Anne. *Post-Abortion Counseling: A Manual for Christian Counselors*. Falls Church, Va: PACE, Christian Action Council Education and Ministries Fund, 1987. Print.

--. *The Psycho-Social Aspects of Stress Following Abortion.* Kansas City, MO:

Sheed & Ward, 1987. Web. 8 March 2010.

"Society of for the Psychological Study of Social Issues: About." Spssi.org. <http://www.spssi.org/index.cfm?fuseaction=Page.viewPage&pageId=479>. Web. 16 March 2010.

"Statement of APA President Nada Stotland, M.D. on Abortion and Mental Health" August 19, 2008. <http://www.medicalnewstoday.com/articles/118575.php 13> Web. March 15 2010.

Steiner, Mark Allen. *The Rhetoric of Operation Rescue: Projecting the Christian Pro-Life Message*. New York: T & T Clark, 2006. Print.

Stewart, Charles J., Craig Allen Smith, and Robert E. Denton. *Persuasion and Social Movements.* 5th ed. Prospect Heights, Ill: Waveland Press, 2007. Print.

Stotland, Nada L. 1992. "The Myth of the Abortion Trauma Syndrome." *Journal of the American Medical Association*. 268: 2078-9. Print.

Swope, Paul. "Abortion: A Failure to Communicate." *First Things.* April 1998. <http://www.firstthings.com/article/2008/11/004-abortion-a-failure-to-communicate-49> Web. 2 February 2010.

Taylor, Chloë. *The Culture of Confession from Augustine to Foucault: A Genealogy of the 'Confessing Animal'*. New York, NY: Routledge, 2009. Print.

Texas. Office of the Governor. *Statement on Abortion Recovery Awareness Month*. March 23, 2009. Web. 10 March 2010.

Texas Governor Proclaims April as Abortion Recovery Awareness Month." LifeSiteNews.com. April 2, 2009. Web. 15 March 2010.

Throckmorton, Warren. "APA Abortion and Mental Health Report: Single Abortion Not a Threat to Women's Mental Health."August 12, 2008.

<http://wthrockmorton.com/2008/08/12/>. Web. 13 May 2009.

Tousignant, Marylou and Bill Miller. "A Tale Of Two Lorenas: Bobbitt Trial Doctors Detail States of Mind." *Washington Post.* 19 Jan. 1994, final. ed.: D1. Print.

United States. Cong. 111th Congress, 1st Session. *H.R.1350. Post-Abortion Depression Research and Care Act of 2009* [introduced in the U.S. House of Representatives; 5 March 2009]. 111th Cong., 1st sess. Congressional Bills, *Open Congress*. Web. 14 March 2010.

--. Court of Appeals, Eighth Circuit. "Planned Parenthood of Minnesota/South Dakota V. Rounds." West's Federal Reporter : Cases Argued and Determined in the United States Courts of Appeals and Temporary Emergency Court of Appeals. 372. Print.

--. *Freedom of Access to Clinic Entrances Act of 1994*. Washington, D.C.: U.S. G.P.O., 1994. Print.

--. *Unborn Victims of Violence Act of 2004.* Washington, D.C.: U.S. G.P.O., 2004. Print.

"Unwanted results: the ethics of controversial research." *CMAJ: Canadian Medical Association Journal.* 22 July 2003: 93. Print.

Vanderford, Marsha L. "Vilification and Social Movements: A Case Study of Pro-Life and Pro-Choice Rhetoric." *Quarterly Journal of Speech*. 75. 2 (1989): 166-82. Print.

Vatz, Richard. "The Myth of the Rhetorical Situation." *Philosophy and Rhetoric* 6.3 (1973):154-61. Print.

"Vincent Rue PhD." MenandAbortion.org. 2007. <http://www.menandabortion.info/bio-vincent.html>. Web. 8 March 2010.

Wells, Susan. "Freud's Rat Man and the Case Study: Genre in Three Keys." *New*

Literary History 34 (2003): 353-66. Print.

--. '*Our Bodies, Ourselves' and the Work of Writing*: Palo, Alto, CA: Stanford University Press, 2010. Print.

--."'Our Bodies, Ourselves': Reading the Written Body." *Signs: Journal of Women and Culture in Society* 33.3 (Spring 2008): 697-723. Print.

White, Hayden. "The Value of Narrativity in the Representation of Reality." In W.J. T. Mitchell, ed. *On Narrative.* Chicago: University of Chicago Press, 1981, 1-23. Print.

"Who We Are: History." 4exhale.org. 20010. <http://www.4exhale.org/about.php>. Web. 10 March 2010.

Worell, Judith. *Encyclopedia of Women and Gender: Sex Similarities and Differences and the Impact of Society on Gender*. Vol. I. San Diego, Calif: Academic Press, 2001. 6-7. Web. 15 March 2010.