

An Intimate Public: Fear, Shame and Medical Abortion in Irish Media (1985 – 2015)

By
Danielle Breslin

Submitted to the Department of Gender Studies, Central European University in partial fulfilment of the requirements for the Erasmus Mundus Master's Degree in Women's and Gender Studies

Main Supervisor: Hadley J. Renkin (Central European University)
Second Reader: Adelina Sanchez Espinosa (University of Granada)

Budapest, Hungary
October 2019



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Abstract:

In this thesis, I argue that an intimate public elaborated itself through narratives of fear and shame in relation to coverage of (illegal) medical abortion use in Irish media, provoking historico-cultural anxieties around the female body and the place of the family in society, whilst also opening up new avenues for negotiating questions of women's bodily autonomy and agency in ways which had not been possible before. While scholars of cultural theory have written extensively on gender and abortion politics in relation to Ireland, none have considered how national narratives of fear and shame in the media established and proliferated medical abortion use as a site for the reproduction of idealized gendered and national identity. Similarly, no research has yet considered the significance of the medical abortion phenomenon as a transformative moment in the history of Irish abortion politics. Tracing the developments of illegal medical abortion use in Ireland through media reports on the topic from 1985 – 2015, I use affect theory and feminist theories of nationalism to close read texts on the subject in the years preceding news of its increasing illegal use in Ireland and thereafter until 2015. Tracing the work that emotion performs in this intimate public allows for the scrutiny of prevailing constructions of gender and iterations of national belonging which affirm the fantasies of the (re)productive nation. Attending to these processes, particularly as they relate to the (re)production of national norms, enables the deconstruction of cultural imperatives in place on gender and national identity in Ireland. Furthermore, my analysis not only shows the extent to which abortion politics have shifted in Ireland in relation to the medical abortion phenomenon, but also provide important indications and potential warnings for how such politics might continue to unfold, even with the repeal of the Eighth amendment.

Keywords: Medical abortion, feminist nationalism theory, affect theory, emotion, fear, shame, gender identity, national identity, intimate publics, agency.

Resumen:

En esta tesis definiendo la creación de un público íntimo a través de narrativas de miedo y vergüenza presentes en las informaciones elaboradas por los medios de comunicación irlandeses en torno al uso ilegal del aborto médico, informaciones que han provocado ansiedades histórico-culturales en torno al cuerpo de la mujer y al lugar de la familia en la sociedad al mismo tiempo que también han provisto de posibilidades nunca antes contempladas a la negociación de la autonomía y la agencia del cuerpo de las mujeres. A pesar de la extensa producción académica en teoría cultural sobre políticas de aborto y de género en Irlanda, ningún autor ha considerado cómo las narrativas nacionales del miedo y la vergüenza presentes en los medios han hecho del aborto médico el lugar para la reproducción de una identidad nacional y de género idealizadas. Del mismo modo, ninguna investigación ha considerado aún lo significativo del fenómeno del aborto médico como un momento transformador en la historia de las políticas del aborto en Irlanda. En mi tesis, rastreo el desarrollo y el incremento del uso ilegal del aborto médico en Irlanda a través de informaciones sobre este tema provenientes de los medios de comunicación de entre 1985 y 2016, para ello utilizo teoría afectiva y teorías feministas sobre el nacionalismo. Con ellas, llevo a cabo una lectura crítica de textos de los años previos a las noticias sobre el incremento en el uso del aborto médico ilegal en Irlanda. Analizar cómo operan las emociones en este público íntimo me permite examinar construcciones de género previas y la iteración de un sentimiento nacional de pertenencia que reafirma las fantasías de la nación (re)productora. Atender a estos procesos, prestando especial atención a su relación con la (re)producción de normas nacionales, posibilita a su vez la deconstrucción de imperativos culturales en torno al género y la identidad nacional en Irlanda.

Mi análisis no sólo muestra el grado en el que las políticas sobre el aborto han cambiado en Irlanda a partir del fenómeno del aborto médico, sino que también indica las direcciones en las que estas políticas pueden continuar expandiéndose y alerta de riesgos potenciales, incluso tras la revocación de la Octava Enmienda.

Palabras clave: Aborto farmacológico, teoría feminista sobre nacionalismo, teoría afectiva, emoción, miedo, vergüenza, identidad de género, identidad nacional, íntimos-públicos, agencia.

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Declaration of Original Research and Word Count

I hereby declare that this thesis is the result of original research; it contains no materials accepted for any other degree in any other institution and no materials previously written and/or published by another person, except where appropriate acknowledgment is made in the form of bibliographical reference.

I further declare that the following word count for this thesis are accurate:

Body of thesis (all chapters excluding notes, references, appendices, etc.): 32,585 words

Entire manuscript: 37,641 words

Signed _____ *Danielle Breslin*

Table of Contents

A Note on Terminology	1
A Note on Northern Ireland	2
A Note on the 8th Amendment	4
Introduction: “Women seeking an abortion turn to the internet rather than the boat to England”	5
1. (Medical) Abortion politics, gender and national identity in literature.....	10
1.1 Medical Abortion in Ireland in literature: A new phenomenon?	10
1.2 Abortion politics, gender and the reproduction of national identity:	16
2. Fear, shame and the (re)production of the (gendered) nation	26
2.1 Intimate Publics: National belonging and Identities on the Margin.....	28
2.2 Feminist theory on the Nation, Gender and Agency	30
2.3 Affect theory and identity-formation	35
2.3.1 Affect and/or emotion?.....	37
2.3.2 Shame: Stigmatization, reintegration and absolving the nation	38
2.3.3 Fear: Threat, Vulnerability and the Preservation of Life Itself	44
3. Methodology	49
3.1 Close textual reading the “emotionality of texts”	49
3.2 Primary materials	52
3.2 Organization of Primary Materials and Socio-political Shifts throughout the Period ...	59
3.2.1 Media from 1985 – 2004:.....	59
3.2.2 Media from 2004 - 2016.....	60
3.3 Period of media silence on medical abortion use 1996 - 2004.....	62
4 Priming an Intimate Public: “Abortion Pill fears” and the Threat to ‘life itself’	64
4.1 Preparing a surface: Heralding threat and drawing national boundaries	67
4.2 Inducing a susceptibility: fear, disgust and the anticipation of injury	73
4.3 Prepare someone to act in a certain way: agency and ‘desperate pregnant girls’	77
5 Shame spectacles: Failing ideals and Recovering Gender	81
5.1 From Fear to Shame: Acknowledging the ‘unknown-known’	82
5.2 Stigmatized identities and the Exposure of Failure.....	85
5.3 Restorative Shame: The Spectacle of Experience and Failure.....	88
6 Conclusions	95
Appendix	100
Bibliography.....	104

A Note on Terminology

For the sake of consistency, throughout my thesis I use the term ‘women’ to refer to all people assigned female at birth, reflecting how it is referred to in the media that I analyse. I would like it to be noted, however, that my use of the term ‘women’ does not intend to exclude AFAB folx. While I acknowledge that the inclusion of their experience is not reflected under the signifier ‘women’, I retain use of the term for linguistic clarity. My difficulty with navigating terminology regarding non-cis identities specifically as they relate to pregnancy reflects the marginalization of AFAB individuals and their experiences within predominant discourses on abortion, and particularly within media discourses in Ireland, where they are largely absent. It is urgent that abortion discourse be more representative of AFAB folx and their experience with abortion to destigmatize conversation on non-cis-gendered reproductive bodies. This is also important for addressing a persistent issue with cis-normative reproductive healthcare provision.

When I refer to the terms ‘early medical abortion’, ‘medical abortion pills’, or ‘the abortion pill(s)’, I make interchangeable reference to the abortifacient drugs mifepristone, also known as RU-486, and misoprostol. Medical abortion may refer to consumption of either one or both of the drugs, as sometimes misoprostol is administered alone to induce an abortion. I provide more detail on the specifics of medical abortion in the appendix of this thesis.

A Note on Northern Ireland

While my research is focused on the reproduction of gendered identities within Ireland, for political reasons I make the intentional choice to include media from Northern Ireland and media reporting on the charge and subsequent sentencing of a woman in Northern Ireland for use of medical abortion. Even though there are necessarily differences in terms of legality and the specifics of socio-cultural contexts because of Northern Ireland's position as a constituent unit of the United Kingdom and its unique political landscape, I include Northern Ireland as an anti-colonial stance, and to bring attention to the fact that abortion rights in Northern Law has largely been disregarded in both the Republic of Ireland and in The United Kingdom in their respective campaigning and advocacy for the right to abortion access. Whilst Northern Ireland is officially a part of the United Kingdom, where abortion is legal under the Abortion Rights Act 1967, the act was never extended to Northern Ireland, despite its legality in the UK.¹ As a result, laws in Northern Ireland pertaining to abortion are still ruled under Section 58 and 59 of the Offences against the Person Act 1861, one of the strictest abortion laws in the world. While I acknowledge that there are specificities which delineate north and south in their political landscapes, cultural attitudes towards gender and abortion have largely mirrored each other on both sides of the border. Furthermore, the phenomenon of medical abortion use has unfolded in precisely the same manner north and south, whereby women who find themselves in the situation of an unwanted pregnancy began accessing abortion pills online and were having them sent via the postal service to locations in Northern Ireland. The similarities are more significant than the difference in this context, and for this reason I find the inclusion of the Northern Irish context in my analysis of more value than its exclusion, and particularly as a gesture of

¹ As a constituent unit of the UK operating on a consociational democratic model, Northern Ireland has its own legislature, The Northern Irish Assembly. However, the law governing abortion in Northern Ireland remains the law that governed abortion in the UK until its legalization with The Abortion Act 1967. Because health policy falls under the devolved powers of The Northern Irish Assembly, The Abortion act was never extended to Northern Ireland and therefore it has retained the same 20th century legislation governing abortion access.

solidarity with the ongoing difficulties with abortion politics in Northern Ireland as regulations are yet to be put in place for abortion access.

A Note on the 8th Amendment

When I began this research in 2016, the Eighth Amendment, which introduced a constitutional ban on abortion by giving explicit recognition to the right to life of the unborn, had not yet been repealed. After the referendum passed on the 25th May 2018, I took time to consider the relevance of my project given the newfound legalization on abortion access in Ireland, although still illegal in Northern Ireland. Having thoroughly reflected on my motivations and arguments for this project, I consider my work still important and my arguments still relevant, not irrespective of the Eighth's repeal, but in consideration of its success and what it might mean for abortion politics in Ireland, and indeed for how legislation will out on the ground level. Cultural attitudes towards abortion and the female body are important indicators of the national gendered imperatives that are placed on women everywhere through biopolitical processes. As indicated by the stringent new laws rolled out in Alabama, Georgia and Ohio, and as the entire foundation of *Roe vs. Wade* being called into question with abortion clinics closing nationwide in the US, it is clear that the struggle for bodily autonomy does not always end with legislation. Amendments and repeals are effective in shifting cultural attitudes. However, they rarely ever address the issue of why women's bodies remain a domain to be controlled by the family, the public, and by the state. Legislation must accompany profound change in cultural attitudes towards abortion and women's right to full bodily autonomy in order to give women full control over their reproductive lives.

Introduction: “Women seeking an abortion turn to the internet rather than the boat to England”

What *would happen* if one woman told the truth about her life? The world
would split open.

Kathe Kollwitz from Ailbhe Smyth's *Telling the Truth about Women's Lives*

After several years of feminist activism, the Irish state held a referendum in 2018 which finally saw the legalization of abortion in the Republic of Ireland through a repeal of the eight amendment of the constitution. In the years preceding the referendum, a media frenzy ensued from what I refer to as ‘the medical abortion phenomenon’, reaching a high point in 2011, as it came to light that significant numbers of women on the island of Ireland who found themselves confronted with unwanted pregnancies were illegally accessing the abortifacients, mifepristone and misoprostol, through online telemedicine services². This was indicated by media coverage of news that Irish Customs were regularly intercepting and seizing increasingly large volumes of both pills. The packages containing the pills could only be delivered to Northern Ireland because of legal restrictions on the importation of medicines in the Republic. This meant that women from the south would have to have the pills sent to a parcel motel to provide a Northern Irish delivery address. They would then travel up north to collect them from all areas of the country. Having obtained the pills, women were then inducing abortions in their homes in both Northern Ireland and the Republic.

Under the legislative authority of the Protection of Life During Pregnancy Act 2013 in the Republic, and the Offence Against the Persons Act 1861, abortion was illegal in both states at this time, albeit under different legislation.³ However, the implications for women, and of

² Studies indicate that Women on Web have been one of the biggest providers of medical abortion pills in Ireland and the North (See Aiken et. al 2017). However, there are several other NGOs facilitating this service such as Women Help Women, and within Ireland also. The pills are also accessible through online pharmacies.

³ The constitutional ban on abortion under the Eighth amendment was repealed in May 2018 as the result of a national referendum on the issue, legalizing abortion in the Republic of Ireland. Abortion remains illegal in

women, accessing abortion in this manner bore similar weight on both sides of the border. For the first time, a safe(r) means of accessing abortion was available on the island, giving more demographics the possibility to access basic reproductive healthcare and to circumvent the ban by means other than travelling abroad. For longer than 30 years, women on the island have been systematically denied bodily autonomy, either obliged to travel to the UK to access abortion services provided by the NHS or, as has been the historic experience of poor women, asylum seekers, and those with reduced mobility, been left with no other option than to continue an unwanted pregnancy. The removal of the travel ban, allowing *some* women access to abortion abroad has been critically labelled a typical “Irish solution to an Irish problem”; a scathing criticism in Irish political discourse of expedient actions taken by the state which largely sidestep the issue at hand. In the case of abortion, the lift of the travel ban following the international controversy of the X Case⁴, allowed the state to export its problems to the UK, serving to maintain the myth of an abortion-free Ireland. The fruition of the medical abortion phenomenon dispelled the long maintained myth that Irish women don’t have abortions, and moreover that they don’t have abortions in Ireland, as it became clear that women on the island had potentially discovered a *better* solution to an Irish problem; importing abortion pills at a fraction of the cost of travelling, thereby allowing more women the possibility to access abortion *and* to exercise bodily autonomy. However, in consideration of the legal restriction in both states, the high volume of its use also implied that significant numbers of women were liable to 14 years imprisonment in Ireland and a life sentence in Northern Ireland for intentionally inducing miscarriage.

My own emotional response to news of medical abortion use in Ireland as well as to media responses on the subject is what informed my decision to examine media on the subject.

Northern Ireland under the Offence Against the Persons Act 1861. During the period which I am speaking of, abortion was still illegal on both sides of the border.

⁴ I detail the specifics of this case in the ‘Key moments in Irish history of abortion’ in my appendix.

My first response was one of relief if not happiness that there was finally a more affordable means to access abortion and which would not require travelling to the UK. Having lived in Ireland until the age of 21 I succinctly remember the profound feelings of dread which accompanied a pregnancy scare, forced to try and think of ways to come up with anywhere between 500 – 1000euro for flights, accommodation and payment for the procedure, while having to think of an excuse for absence from your home or school. It's illegality did not enter my mind, as it doesn't for most when the alternative is continuing an unwanted pregnancy. My joy at this make-shift but significant solution turned to anger however as I encountered media on the subject. Embedded within misogynist discourses to whether women should merit the right to unlimited and therefore possibly gratuitous abortion, national media on the subject of medical abortion from the mid 80s until 2016 reveal the ways in which the Irish body politic continue to toil with and reproduce cis, hetero and gender-normative dictates surrounding the function of the female-sexed body as mother. I was disgusted by the cultural representations of women and abortion and the ways in which their personal lives were treated as spectacles for consumption, providing gratuitous detail of women's personal circumstances and detailing them in terms of personal failure to justify their use of medical abortion, as well as stigmatizing abortion.

Media frenzies over abortion controversies are nothing new in Ireland, and something the body politic is almost accustomed to. For several years there have been intermittent tragedies which have occurred either directly or indirectly because of the abortion ban (see appendix), establishing women's bodies as background to the whims of national sentiment in media responses to these controversies. These tragedies, emboldening both anti-abortion and pro-abortion campaigning and discourse, have consistently aroused intense public interest and involvement, stirring up national sentiment over the state of the nation, the responsibility of the state, and women's place in Irish society, largely coming to eclipse the tragedy, which the

spectacle ensued from. In such tragic circumstances, economies of shame run rife as condemnations of the failure of the state, of society, and of the nation are bandied around from all sides in the public sphere. However, there was a significant difference in medical abortion use as an abortion controversy, and which represented a departure from how abortion politics usually play out in the public domain, and that was agency. In the specific case of medical abortion in the media, there had not been any sacrificial victim as such to centre on and be used as fodder for a media spectacle for assertions of national identity, or at least not in the same way. Accounting for women's agency in abortion discourse in the public sphere has long been disregarded, with the media tending towards "exceptional abortion" stories where the women involved are largely left victims in abortion narrativizations.

Acknowledging the long upheld myth of an abortion-free, I began to reflect on the significance of agency and its negotiation in the public sphere as a turning point in abortion politics in Ireland with the advent of medical abortion. Struck by the emotionality which surfaced in media responses, I wanted to understand more about the role of emotion in the field of abortion politics in Ireland and how they played out in the public sphere on the subject of medical abortion. Further, I wanted to delve a little closer into these texts to try and historicize the everyday speech and associations which have made abortion such an emotional subject in Ireland. Despite the success and jubilation which was brought about with the Repeal of the 8th amendment, I remained dissatisfied with cultural constructions of femininity in Ireland and how they remain so intrinsically wrapped up with the ideals of motherhood, as well as how abortion is still stigmatized rather than accepted as an entirely normal aspect of reproductive healthcare. I felt that the medical abortion phenomenon was significant in representing a progression towards greater reproductive autonomy for women living in Ireland as well as for lowering differential access to abortion. Media on the medical abortion phenomenon is one of the only domains which account for the progression of this phenomenon and how it was dealt with in

the public sphere. For this reason, I thought that Irish media on the subject was to prove an important site for better understanding how the national consciousness negotiate and bargain with cultural change around rigidly imposed forms of national gendered identity. Further, I wanted to provide a more dynamic historicization of the Irish obsession over control of the female-sexed body and how it is sustained in cultural constructions as well as through espousals of collective feelings.

Turning to the Irish Newspaper Archive, I gathered newspaper articles on medical abortion and realized that it was a subject which had received emotional and national focus since long before its arrival in Ireland, beginning in 1985. Identifying narratives of threat and vulnerability in media during the period 1985 – 2004, I show how the fear which these narratives surface was instrumental in establishing medical abortion usage as an intimate public, that is a site where normative formulations of nationalized identity are reproduced in response to the perceivable threat that medical abortion represents to both the biological and cultural reproduction of the nation. In some ways, I employ a cultural-historic approach to media on the subject of medical abortion from 1985 – 2016. The sample which I gathered traces socio-political developments occurring directly or indirectly in relation to medical abortion use in Ireland and its cultural narration. In my analysis, I argue that these socio-political shifts mirrored shifts in the cultural narrations of abortion, the female body, and agency, demonstrating how medical abortion became a contested yet potent site for the reproduction of national and gendered identity through emotionality performed in texts on the subject.

1. (Medical) Abortion politics, gender and national identity in literature

My examination of media texts on medical abortion and its use in Ireland is interdisciplinary in approach and analysis, spanning fields as diverse as Gender Studies, Cultural Studies, and Nationalism studies. Having proven one of the most contentious issues in Irish society, abortion politics within Ireland, north and south, have garnered much attention and analysis from a variety of disciplines and perspectives within the academy. Whilst there is by no means a dearth in material related to abortion politics in Ireland, no work has of yet approached the subject of medical abortion specifically, and its significance from cultural or sociological perspectives. To begin, I will situate the significance of medical abortion by making reference to literature on the topic from health, human rights and legal perspectives, because these are in fact the first observations which situate medical abortion as a phenomenon which has shifted abortion politics in Ireland. I then will move on to discuss relevant literature on the links between abortion politics and national gendered identity, giving primary focus to theoretical contributions thus far in cultural theory and sociology on Ireland, underlining relevant considerations whilst highlighting their shortcomings, and situating my analysis amongst critical observations on the shifting landscape of abortion politics in wake of the medical abortion phenomenon.

1.1 Medical Abortion in Ireland in literature: A new phenomenon?

My topic focuses on the subject of the medical abortion pills as a “new” phenomenon, having flourished in response to the lack of any institutionalized availability of abortion services due to its illegality within both the Republic, and Northern Ireland and because of the increasing use of online telemedicine services for abortion pill provision. I say “new” in quotation marks because I cannot state with certainty the beginning of this phenomenon, but a population-based

study focusing on the “Experiences and characteristics of women seeking and completing at-home medical termination of pregnancy through online telemedicine in Ireland and Northern Ireland has suggested that “between 1 January 2010 and 31 December 2015, 5,650 people requested at-home medical TOP through online telemedicine initiative Women on Web” (Aiken et. al 2017). Further statistics provided by HPRA indicate that over 1,000 orders of medical abortion pills were seized at Irish customs in 2014, with more than 6000 pills being seized in the past 10 years (www.thejournal.ie). While these statistics are significant, they remain inconclusive in speaking of the number of individuals who have availed of early medical abortion pills by other means than provision by the Dutch-based organization, Women on Web, nor of individuals who have done so outside of this timeframe. Nonetheless, these figures do indicate the fact that early medical abortion has steadily been replacing what has been termed as “circumvention tourism”, that is the necessity to travel abroad for medical procedure due to domestic prohibition of the medical procedure (Cohen 2012). It has been suggested that approximately 12 people a day have travelled abroad, primarily to the UK, in order to access abortion services (Irish Family Planning Association 2011). However, in 2017 the number of abortions accessed in the UK is suggested to have fallen to less than 9 a day, the lowest figure since 1980 (Cullen 2017), and while there are many variables which may have contributed to this decrease, it has also been claimed that medical abortion is undoubtedly a contributing factor as an option which “causes much less stress than travelling abroad and so may provide a safe, affordable, accessible pathway for women with the fewest resources” (Aiken et al. 2016).

Most of the studies heralding the increasing use of medical abortion and the implications it may have for Irish politics and society have done so from health and legal perspectives, urging re-evaluation of legislation and healthcare provision in consideration of the increasing use of the abortion pills. In her book *Health and Human Rights*, Therese Murphy (2014) insists that

from a health and human rights perspective, reproductive rights campaigning has predominantly focused on the implications of women accessing unsafe abortion.

Unsafe abortion has of course been a major focus of human rights campaigning in recent years; this has been crucial – unsafe abortion kills and injures women. But this focus may need to be reworked now that medical abortion pills (often known as ‘early medical abortion’) offer what has been described as ‘safer “unsafe abortion”’. (Murphy, 2014)

Murphy here highlights the imperative need to refocus human rights campaigning in consideration of the proliferation of the medical abortion pill in recent years, where campaigning has predominantly focused on mortality and morbidity as a result of women accessing unsafe abortion when there are restrictive abortion bans in place. Medical abortion, however, shifts the paradigms of such campaigning as a “safer” form of abortion, but opens up different problems regarding legality and the right to access truthful information on the pills. I concur with Murphy that there is a dire need to refocus human rights campaigning in consideration of the increasing use of the medical abortion pill. However, Murphy’s specification of this oversight is also applicable to cultural and sociological contributions on abortion politics in Ireland, where theory has predominantly emerged in response to specific cases of mortality or morbidity because of the Irish abortion ban. While presenting a new set of issues and concerns, medical abortion as a social issue similarly presents cause for examining the links between abortion politics and national identity, when mortality or morbidity are not the prime concern or reason for analysis, as I will discuss in the next section of this chapter. Furthermore, I deem it necessary to examine the impact of abortion circumvention, as it takes place within Ireland, as opposed to “circumvention tourism” (Cohen, 2012). In this respect, I examine a phenomenon which has thus far been inadequately examined. I will expand upon Murphy’s entreaty made from a human right’s perspective, by focusing on media coverage on the topic, one of the only domains where the subject has consistently been spoken about.

Further studies have been more specific in addressing the use of medical abortion in Ireland and the implications of it within legal frameworks. Prior to the legalization of abortion, Sally Sheldon (2016) addresses the increasing widespread use of medical abortion in Ireland and argues that “there is a strong case for women with unwanted pregnancies to be offered truthful and objective information regarding the use of abortion pills by trusted local professionals and further, that this is possible within existing law” (90). Sheldon addresses the hypocrisy of a system which offers support for women accessing abortion outside of Ireland but criminalizes those who do so within Ireland, asking the question “How can a state control swallowing?”. She urges that an “abortion-free Ireland” [which] “has historically relied upon women travelling overseas to end pregnancies, is challenged by the fact that abortion services can now travel to women” (90). She provides a comprehensive overview of both quantitative and qualitative data provided by two organizations who serve as medical abortion pill providers, Women on Web⁵ and Women Help Women⁶, but affirms that despite the legal ramifications of the abortion ban, the fact of the matter remains that a large number of women are accessing medical abortion and with little to no recourse to social and health services, which is both a public safety issue as well as a denial of the reality that home-pills are slowly replacing abortion-tourism within Ireland. Sheldon’s piece is both informative of the details surrounding medical abortion access, as well as for her condemning of the Irish state’s willingness to rely

⁵ Women on Web is a Netherlands-based digital community of women who have had abortions, medical doctors, researchers, and individuals and organizations that support abortion rights and provide medical abortion pills and information regarding its use to people in countries with restrictive abortion laws.

⁶ Women Help Women is an international activist non-profit organization working on access to abortion. They are feminist activists, trained counsellors, medical professionals, researchers based across 4 continents who have a strong focus on supporting self-managed abortion, especially in places where abortion is restricted by laws, stigma and lack of access.

on the health services of other countries whilst disregarding the reproductive health concerns of women as they unfold within Ireland, and indeed of their experiences with medical abortion.

The line of argument which Aiken et. al develop as they allude to the “profound inequity in reproductive health access” (7) is important for reflecting on how medical abortion use in Ireland also provided a means of abortion access to women who could not afford to travel, were unable to because of health reasons, or did not have the right to travel etc. The injustice of differential access to abortion became highlighted in the medical abortion pill phenomenon as the cost of travel to the UK became one of the principal justifications for the increasing use of the pills provided in media discourses. Although the state removed the ban on travel for abortion, the cost of having an abortion in the UK is expensive, and undoubtedly not a possibility for most low-income earners. Travelling to the UK for an abortion is certainly not ideal because of the physical emotional, psychological and economic implications it may entail. Nonetheless, the removal of the travel ban provided an important lifeline for thousands of Irish women every year, as indicated by the statistics of women who have travelled to the UK daily to have an abortion for close to thirty years. Published in *An International Journal of Obstetrics and Gynaecology*, Aiken et. al argue that the injustice which the abortion entails as indicated by their population based study necessitates urgent action to provide for an “unmet need for TOP services in Northern Ireland, particularly among a population of women who lack the financial means to travel abroad to access services” (7).

The experience of women who travel for abortions is one of the most focused on subjects in abortion discourse in the media, and also one of the most addressed in research on abortion. It also became one of the most prominent lines of argument for pro-choice campaigning, where they emphasized the inhumanity of a legal system which forced women to travel abroad to access foreign health services and the physical toll of travelling home after having just had an abortion. For example a spokesperson for BPAS recently issued a statement

in relation to a 13 year old rape victim in Northern Ireland who was obliged to travel to the UK by police escort. "For all women and girls who have to travel to England for care, the process can be inhumane and degrading. We hear from those who have had endured bleeding and cramping as they pass their pregnancy on the plane home" (Oppenheim 2019). This is of course inhumane and also news worthy. However, the intense focus on the inhumanity of abortion tourism has often overshadowed the inhumanity of the fact that many women have not been afforded the possibility to travel and have been obliged to continue unwanted pregnancies. These are not statistics which can be accessed so easily, but they are lived realities which deserve attention and redress. The differential organization of abortion access for diverse subject-positions within the body politic has sustained abortion as a class-divider and marked it as a privilege, and this is something which is not addressed enough in the media or in academic literature on abortion in Ireland. Even with the repeal of the Eighth amendment, differential access to abortion services remains an issue which needs to be addressed by the state. Currently, there remains extremely high rates of emigration by both doctors and nurses leaving to work in Australia or the UK because of unbearable working conditions as a medical practitioner in Ireland (Duffy 2019). As a result, there are even less GPs available in rural parts of the country, and even within the cities, GPs are overworked and their clinics are daily overrun. Amidst the national jubilation which the repeal of the eighth amendment has brought about, there may be a tendency to forget that abortion legislation does not always equate to adequate abortion access. This is evidenced in particular by the increasing closures of abortion clinics in several states, with Missouri now down to their last abortion clinic, gesturing towards the increasing likelihood of a "post-Roe reality" (North 2019).

Having underlined the significance of medical abortion as a topic for analysis as indicated by the health, legal and human rights perspectives which first gestured towards the phenomenon,

I now discuss relevant literature on abortion politics, gender and the reproduction of national identity.

1.2 Abortion politics, gender and the reproduction of national identity:

It has been widely acknowledged that abortion politics and their public discussions have been, and continue to be, constructive sites for processes of national identity construction (Kligman and Gal 2000, Smyth 2005, Frankfurth 2017, Halkias 2004, Meaney 2013). Revealing “seemingly distant power relations that shape local reproductive experiences” (Gal and Kligman 2005), abortion remains a subject which captures national consciousness when events occur that spark public debate, oftentimes provoking crises of national identity because of how national identity is intimately linked with gender, sexuality, and reproduction as markers for social ordering. Articulations of national identity and the significance of abortion to those articulations is obviously context-specific. However, it can generally be accepted that turning our attention towards abortion debate can “reveal the ways in which politics is being reconstituted, contested, and newly legitimated” (Gal and Kligman 10) in the specific sites we look towards. In this section I will draw out both broad and specific observations on literature related to abortion and national identity.

Abortion is logically an issue which provokes nationalist sensitivities because of how women have been cast as biological producers of the collective within the context of nation-building, as observed in important corrections to gender-blind theories of nationalism provided by Yuval-Davis and Anthias (1990), Anne McClintock (1993) and Nagel (1998), and as I will elaborate upon in my theoretical framework. Meaney (2015) accounts for the role women have played as biological producers of the national collective. However, she makes the claim that there are more complex dynamics in place in national preoccupations with abortion, which extend beyond desires for national population expansion. Quoting Watson’s work on “The Rise

of Masculinism” in Eastern Europe, Meaney claims there are striking parallels between the preoccupation with abortion in Poland and Ireland.

The reason for concentrating on the abortion issue at the expense of other pressing problems was simply because it was regarded as something which *could* be done... the regulation of women was seen as an area which required action, but also one where power could readily be exercised, whereas the economy engendered feelings of powerlessness... Attempting to legislate against the right to abortion in effect serves both to institutionalize the power of men, and to legitimate this power by providing a platform for new, more radical and “modernized” definitions of women as exclusively grounded in domesticity (126)

She argues that within both post-colonial and post-communist contexts, the shift from national movement to state authority has on an international level accompanied the transition of women’s position from active participants in national struggles “into idealized passivity” with “symbolic status” (126). Nationalisms, therefore, are rooted in the geopolitical and local power structures from which they emerged. I take from Meaney’s work an understanding of the significance of historicizing those primary contestations for power and hegemony and their aftermaths in order to understand and contextualize what sustains the drive for national continuity. This is most significant in scenes of national controversy or crisis, and this is why affect theory lends itself well to theories of nationalism, because it more emphatically stresses “the intermittent, emergent and relational character of nation” (Antonsich and Skey 2016). Thinking of nationalisms as affective, rather than simply discursive as Craig Calhoun (1997) has suggested, allows for a more thorough investigation of what sustains attachments to concepts such as national belonging and national pride, and reifies national sentiment as the locus point through which national identities are forged.

An understanding of nationalisms as affective rather than discursive is lacking in theory on abortion politics and its relation with national identity, and in this regard, my contribution is significant. In reviewing literature on abortion and the reproduction of national identity, I have come upon across some useful insights, particularly those underlining the transformative potentials for shifts in identity construction in nationalist power contestations (Smyth 1998),

and also pointing out the centrality of race to national identity construction in Ireland (Lentin, 1999), which is often underexamined in cultural theory and sociology. However, I have generally found that in discussions where nationalism is figured as primarily discursive, there is a tendency to flatten out the psychodynamics at play in nation-building, never fully accounting for how subjects become aligned with national sentiment, and how nations emerge and are reproduced “out of interactions between people, material objects and the environment” (Antonisch and Skey 2016). There also has not been any research which has looked at emotion as a way to understand abortion politics and the alterability of gender and national identity. In my work, I want to understand how a nation comes to *feel* a certain way, in this case about abortion, and to provide a more productive means of analyzing how those feelings are translated into cultural narratives in the public sphere, materializing lived realities. I will now review in more detail some notable observations in literature centred on abortion politics and national identity specifically in Ireland, highlighting overlaps in my own work, whilst delineating their shortcomings, in particular for analysing specific processes of nationalist reproduction, and also for analyzing the specificities of medical abortion as its own specific site for analysis. I then will end this section with more broad reflections on the significance of my research and the gaps that it fills, particularly in consideration of medical abortion being an under-researched phenomenon in literature on abortion politics in Ireland.

Lisa Smyth (1998, 2005) is a notable figure in Irish sociology and on the particular subject of the vital links between abortion and narratives of national identity. Smyth (1998) focuses primarily on how narratives of Irishness and discourses of sexuality shifted in media discourses in the 1980s to 1990s in wake of the national controversy which the X case brought about, identifying key narratives which evolved in response to the case, and which had significant impact on the reproduction of gender identity in Ireland. Her thematic analysis of how the x case impacted the reproduction of gender identity is insightful and there are some

overlaps with my own work, such as how anti-British sentiment figures as a precursor for assertions of idealized Irish national identity in relation to abortion. This is particularly discussed in my first analytic chapter. However, I depart from this argument in my second chapter, showing how the Us vs. Them rhetoric which flourished in an affective politics of fear in the 1980s until early 2000s shifted to an economy of shame where the failures of national subjects and the nation itself manifest because of how medical abortion unfolded within national boundaries. For this reason, Smyth's work is now dated because its theoretical observations respond to the specific politics at play in relation to abortion and to the X-case, which are not applicable for my case of analysis nor are they relevant as much because of how abortion politics are always changing. Furthermore, I find Smyth's discussion on nationalism flat and any discussion on agency as lacking. As Antonisch and Skey (2016) argue, oftentimes nationalism becomes figured as either a latent or omnipotent force, overstated or understated, with not enough specificity to specify the power relations which sustain nationalisms, except for discourse, of course. They refer to Billig's (1995) concept of "banal nationalism" to describe this trend, arguing that developing understandings of nationalism as affective challenges "Billig's 'unwaved flag', hanging limply on a building – a synecdoche for the omnipresence of the nation in the background of our daily lives". The effect of this is that nations come to be regarded as possessing intrinsic qualities which discounts the "relational processes which generate national identities, emotions and affects" (Antonisch and Skey 2016), thereby reducing the complex interplay of processes of national (re)production.

Ronit Lentin is another notable figure in political sociology, with particular emphasis on critical race theory focusing on migrants and racism in Ireland (1999, 2002, 2006, 2008, 2012). Much of her work focuses on the ways in which Ireland shifted from a racial state to a racist state. Lentin uses abortion politics as a lens to divulge the racial politics of the abortion ban, focusing on the death of Savita Halappanavar, a migrant living in Ireland, and the

detainment of Ms. Y, an asylum seeker who was forced to give birth by a court order. Lentin argues that the 2004 Citizenship Referendum, which voted to amend the grounds for attaining citizenship from *jus soli* to *jus sanguinis* was central to reducing migrant women to ‘bare life’ following from Agamben’s (1995) theory of a ‘state of exception’. She writes “Targeting sexually active Irish women was the preamble to banning and controlling migrant m/others as the producers of future generations of the racially ‘inferior, leading me to posit migrant m/others as the female version of the homo sacer – femina sacra” (134). Within Ireland, as both a racial state and a state of exception, the destiny of migrant m/others “is legally determined by sovereign power, which puts itself above the law” (134). Such contribution is significant for acknowledging how abortion politics play out differentially as a structural mode of marginalization, where certain lives become devoid of value in the exercise of sovereign power.

As is the case with Smyth, Lentin’s analysis is critical in accounting for the racist dynamics at play in abortion politics. However, her analysis falls short in contextualizing the links between abortion and nationalism and the desire for control of women’s bodies. She writes “The body of woman creates and contains birth-nations, which is why nation-states are moved to strictly control female sexuality, and why in Ireland ‘womanhood and motherhood are represented as synonymous realities” (134). Firstly, Lentin does not expand upon her use of birth-nations which she claims is created and contained by “the body of woman”, nor does she elaborate on or contextualize the “anxieties” and “moral panics” which emerged throughout the Citizenship referendum, except for a cursory indication towards cultural anxieties about “migrant m/others birthing children in Ireland” (133). Further, whilst Lentin’s work certainly brings race to the forefront in her discussion of migrant women specifically as *femina sacra*, she does not account for the racialized dynamics which have informed and sustain the inharmonious convergence of the woman-mother synonym in Ireland since the foundation of the state. I will expand upon this point in my theoretical chapter where I discuss theory which

gives primacy to the role that whiteness has played in the construction of idealized femininity in Ireland.

Another tendency in literature on abortion politics and national identity in Ireland which I take issue with is how women's agency and their decision to have an abortion become subsumed by sensationalist narratives of their victimization. In both media discourses and theory on abortion politics in Ireland, but also internationally, it seems that tragedy is generally the only factor which sparks theoretical uptake and media attention on the issue. This has significant consequence for how we conceptualize bodily autonomy and women's right to full exercise of it. Of course, I am not suggesting that we should disregard literature on cases of state violence against women. However, I think that is critical to look again towards abortion politics in Ireland and locate the many instances of agency which have occurred in women "seizing the means of reproduction" (Murphy 2012) in diverse ways, and circumventing the abortion ban. This tendency is particularly the case in research analyzing the phenomenon of women travelling to the UK to access abortion services where, by and large, the difficulty which such a journey for various reasons, become the focal point of the narratives and to an almost exclusive degree determine the experience of abortion as one which is lonely and shameful.

I emphasize here that the analysis of emotion in my research is not employed to attribute emotion to any particular group, and certainly not to attribute it to the experience of abortion. Rather, it aims to highlight the productive and social aspects of emotion in the construction of national identities by asking what roles fear and shame play in consolidating and transforming boundaries for national definition as they relate to abortion politics. In this way, I separate myself from much literature which has focused on shame as immanent within every experience of abortion. Earner-Byrne and Urquhart (2019) for example state quite squarely "secrecy, silence and shame dominated the abortion experience" (100). Fletcher (1995) also engages in this tendency to emphasize the shame felt by women and abortion as a

“difficult experience” (53) in her exploration of women’s silence regarding their abortion. I clarify that I do not intend to deny the emotional experience of any person in their experience with abortion. However, I do think that this myopic view of shame as the defining emotional experience in abortion narratives reifies the links which sustain abortion as something shameful in the first place by entirely eclipsing narratives of women’s relief or even their joy to have avoided an unwanted pregnancy, and to have control over their reproductive lives. It poses the question as to why it is socially required that women be seen as experiencing shame for an abortion to be considered acceptable. Jennifer Doyle’s (2009) work is of importance here in responding to the incessant and obsessive focalization of exceptional abortion and its implications, and which I have been dissatisfied with in sociological and cultural analyses on abortion and nation.

The implicit demand that “abortion be the exception, and not a normal part of women’s lives pushes the extreme suffering of victims of rape and abuse into the public sphere and throws a blanket of silence, shame, and anxiety over nearly every other kind of unwanted pregnancy as they become stigmatized as personal failures (26)

Addressing “the stigmatization of agency” from a queer perspective, Doyle’s work is immensely significant in addressing the more productive ways in which abortion becomes an arena to be managed by the collective, not least of all because of how absent discussion on abortion is in queer theory. She argues that abortion must be destigmatized “as the practice of sexual freedom – integrated into a story about sexuality, desire, and the body” (41), rather than in human rights framings where abortion access is conceived of “as something women in the Global South need in order to resist social, economic and political oppression” (41). I situate myself with Doyle in her efforts to look more closely at the idea of abortion as failure and what this means for women’s subjectivities and critical questions of agency. Furthermore, queer theory must take up abortion as an area of study to better challenge the heteronormative and

heterosexist processes of social ordering at play in abortion politics, and further, to challenge the heteronormativity of theoretical approaches to this domain.

Until now theoretical contributions on the politics of abortion and national identity in Ireland have largely emerged in response to specific events related to the abortion ban unfolding throughout the late 20th century and into the 21st century. To an almost exclusive degree, the events analysed have been marked by different forms of tragedy as a result of the state violence which the eight amendment entails; a 14 year old rape victim is refused travel to have an abortion in the UK, a pregnant asylum seeker is arrested and forcefully hydrated and made deliver a child, a woman is refused an abortion when it is known that her pregnancy may cause complications, such as in the cases of Miss X, Ms. Y, and Savita Halappanavar⁷. Irish cultural theory has reflected this trend to spectacularize tragedy in their analyses of instances of state violence and subsequent modes of national identity construction which have ensued from national controversies surrounding abortion (Smyth 1998, Lentin 2013, Dougherty 2012, Martin 2000). While all of these events have spurred national outcry and provoked different debates between different actors, the protagonist of these events, a woman, or child as it may be, has inevitably been left a victim to unaccountable state violence, further reduced to a victim-image through media spectacularization. In this regard, the medical abortion phenomenon in itself represents a departure from a specific site where abortion politics usually plays out, which is in response to an event where a woman's destiny is determined and acted upon by sovereign rule in a state of exception. Through medical abortion debate, women's bodies again become the battlegrounds for assertions of national identity. However, in this case women can no longer be figured as victims, or at least not in the same way that they usually have been. The sacrificial attribution which is inherent to media spectacularization of women as victims in abortion discourse cannot play out as they once did in medical abortion discourse, because women have

⁷ I detail specific information regarding these cases in my appendix.

neither been obliged to sacrifice their lives nor their bodily autonomy. This difference has important implications for how women's agency is negotiated in relation to abortion, and I argue that medical abortion brought about a shift in how agency could be applied or not to the female body in abortion discourses in the public sphere, which I will highlight in my analysis.

To conclude this chapter on my review of literature related to (medical) abortion politics, gender, and the reproduction of national identity, I have shown through health legal and human rights perspectives that medical abortion use warrants analysis as a subject which has significantly impacted the face of abortion politics in Ireland, and which has not as of yet been analysed through any cultural or sociological lens. I underline the observations of these perspectives pointing towards "profound inequity" of differential access to abortion service, and in particular for those who do not have the means to travel to the UK, arguing that narrativizations of women's experience of travelling to abortion in the UK has largely overshadowed the fact that this has not been a possibility for so many and that medical abortion use opened up dialogue on this issue. With regards literature on abortion politics and national identity construction/reproduction, I have argued that understandings of nationalism in the literature reviewed has disregarded the affective life of nationalisms, which in turn disregards the relationality and emergence of nationalisms and nations, either overdetermining or underdetermining the links between abortion and nation. In this way, my insight into the work that emotion performs in reproducing national identity provides for a more dynamic analysis of nationalisms and national sentiment and how these are translated in the public sphere than research has thus far contributed. Agency also becomes an issue because of how it has been disregarded in theoretical observations on abortion in Ireland by way of primacy given to exceptional abortion narratives, and specifically tragic ones. I show how my decision to study medical abortion use and its cultural implications is a departure from research which has almost to an exclusive degree focused on women being victims at the hands of the state. I indicate the

relevance of more queer perspectives on abortion. These perspectives may address some of the recurring problems in abortion discourses where the agency of women and their desire to have an abortion becomes erased “through deep policing from every corner of narrative and affect around the representation of an abortion as an aspect of sexual life” (Doyle 46).

2. Fear, shame and the (re)production of the (gendered) nation

This theoretical framework traces the aspects of the female body and abortion that strike so deeply and apparently painfully within the national consciousness in Ireland. A disregard so profound that women have been allowed die because of the ban on abortion provisions⁸, several have been forced at great cost to travel abroad, countless others have been forced to carry out unwanted pregnancies, and until very recently in the south, women were liable to imprisonment of 14 years, whilst women in Northern Ireland remain liable to life imprisonment under nineteenth century British legislation⁹. The easy answer would be simply to justify these events as the “historical hangover” (O’Kelly, 2017) of a formerly oppressive Catholic country. This is not untrue. However, there are more dynamics involved which belie such a reductive justification. The Catholic stronghold that dominated Irish society has loosened its grip due to a public increasingly disillusioned by the church’s credibility as an institution operating in service of the national and public good since the acknowledgement of a series of cases of clerical abuse since the 80s, and which continue to be revealed (Cochran and Waldmeir 3). It simply isn’t enough anymore to state that abortion continues to be so contentious and divisive because of a faith commitment to catholic ideology, nor is it merely the *residue* of an era of sexual oppression (although, neither is this untrue). The power relations which have *sustained* abortion and women’s bodily autonomy as a point of stigma in the collective and individual consciousness are much more dynamic and prominent than such restrictive justifications will allow for, and understanding how they *continue* to manifest can lead us to better answer Sara

⁸ In 2012, there was a landmark case of a woman, Savita Halappanavar, who died of septicaemia during childbirth in Galway University Hospital after being denied a termination due to the 8th Amendment. The case became a catalyst for the national campaign to repeal the amendment.

⁹ The Abortion Act 1967 which saw to the legalization of abortion in the UK was never extended to Northern Ireland, so abortion still remains illegal in the north under sections 58 and 59 of the offences against the persons act 1861.

Ahmed's question "Why are **relations of power so intractable** and enduring, **even** in the **face** of collective forms of resistance?" (*The Cultural Politics of Emotion*, 12).

In order to respond to this question, I draw upon a variegated body of theory to formulate a theoretical framework that will enable a nuanced analysis of the ways in which sex and reproduction are made subject to the affective ebbs and flows produced through and by the entanglements of gender and the nation in relation to medical abortion use in Ireland in the public sphere. I argue that an interdisciplinary approach to this subject is required to unentangle these categories, and to abet a more formulated understanding of how subjectivities are produced through these discursive and affective sites. To begin, I provide a summary of Lauren Berlant's (2013) conceptualization of an "intimate public" to demonstrate how weaving nationalism and affect theory can prove fruitful in excavating the affective economies that bind a nation together, and which *sustain* national sentiment as the locus from which gender identity is (re)produced and/or transgressed through the commodification of social belonging as shared feeling. I then refer to literature on nationalism, specifically feminist theorization on the nation to help me explain the contingency of the nation's (re)production of static formulations of gender, specifically that of woman. I emphasize the role of affect in informing nationalism(s) and its unfolding within processes of (post-colonial) and gendered nation-building. Then, I turn to authors who discuss the centrality of affect and emotion in the production of identity and collectivities, giving primary focus to the affective valence of fear and shame and how are they discussed by various authors within cultural studies, queer studies and psychology. In my analytic approach towards this topic, I contribute to efforts to politicize emotions as sites of resistance with transformative possibility for re-centring the body in epistemology, which I will expand upon further in my methodology. Politicizing the work of emotions may better allow a more informed response to Ahmed's question, and thus, also help us to move beyond the

reductive “catholic country” designation and justifications that are bandied about to explain the persistence of Irish cultural obsession with control over the female body and reproduction.

2.1 Intimate Publics: National belonging and Identities on the Margin

When I make reference to medical abortion use as an affective site for the reproduction of idealized national and gendered identity, I intend to convey how this particular site meets the requirements of what Lauren Berlant (2015) terms “an intimate public”. For Berlant, an intimate public describes the textual mediation of fantasies of collective sociality which are both affective and material in their distribution and circulation of commodity cultures. She describes the particular relation which intimate publics maintain with femininity as a readily available and identifiable scene where norms and identities can be reframed or re-established. She writes “Publics are affective insofar as they don’t just respond to material interests but magnetize optimism about living and being connected to strangers in a kind of nebulous *communitas*” (Preface xi). They are scenes of identification routed in revelations of *the personal* without necessarily *being* personal to their participants. They nonetheless implicate participants in feelings of collective sociality and senses of belonging. Intimate publics elaborate themselves in “osmotic relation to modes of life; and are organized by fantasies of transcending, dissolving, or refunctioning the obstacles that shape their historic condition” (8). Issues pertaining to gender and sexuality necessarily stimulate the circulation of intimate publics as commodity cultures which circulate normative ideologies and a *love* for conventionality (3) because of how they are instrumentalized in structures of power for maintaining the status quo. Participants are drawn to participation in intimate publics because endorsements of conventionality provide “an affective confirmation of the idea of a shared confirming imaginary in advance of inhabiting a material world in which that feeling can actually be lived.” (3). Normativity in this context functions as a utopia because of how it alleviates the isolating effects of social antagonism,

exploitation, and “the attrition of life” (5). Normativity becomes the gift of participation in intimate publics, affirming the convention and providing the fantasy of social belonging”, as well as “an aspirational site of rest and recognition in and by a social world” (5).

Berlant argues that “women’s culture” forms one such intimate public, where identification and dictates for social belonging flourish because of how femininity is constructed and figured as something to be managed by all who participate in an intimate public. In their flourishing, women’s intimate publics solicit “belonging via modes of sentimental realism that span fantasy and experience and claim a certain emotional generality among women, even though the stories that circulate demonstrate diverse historical location of the readers and the audience...” (5). They are largely comprised, however, of “versions of personal life that are made up by other people claiming to derive their stories from *other* women’s real lives” (Preface xi). The cause and effect of proliferating women’s intimate publics is that nonprivileged subjects are circulated as a focus point of national sentimentality, contrived as “ethical places based on the sense of capacious emotional continuity they circulate” (6). This circulation generates a sense of emotional involvement and personal implication, although the scene may not in fact be personal at all, but is rooted in national sentiment, which provides the fantasy of familiarity, bolstering the feeling of emotional involvement. The attraction towards participation in women’s intimate publics grounds itself in the simplicity and continuity which the familiarity of normativity promises through women’s narratives, or narratives *of* women as the case may be. However, it is also the allure of simplicity and continuity which placates national subjects, granting them “the privilege of unknowing” (Sedgwick 1988) how feelings of belonging within national scenes of identification are often experienced at the expense of marginalized non-dominant subjects, whose lives are focused on largely because of their non-dominance and lack of proximity to national ideals, and therefore to the collective.

Whether linked to women or other nondominant people, it flourishes as a porous, affective scene of identification among strangers that promises a certain experience of belonging and provides a complex of consolation, confirmation, discipline, and discussion about how to live as an *x*. (Preface xi)

Berlant recognizes the potential for mobilizing the energies of attachment which emanate from and through intimate publics for counterpublicity against dominant and normative paradigms. However, she contends that this proves difficult because intimate publics tend more towards conveying the political sphere “as a field of threat, chaos, degradation, or retraumatization than a condition of possibility” (11). She provides a useful suggestion, however, in her advice to regard identity, such as sexual identity, as a genre. In doing this we can begin to “to think about it as something repeated, detailed, and stretched while retaining its intelligibility, its capacity to remain readable or audible across the field of its variations” (4).

It is with this suggestion in mind that I turn to feminist theory on nationalism, where the theories I discuss detail the more specific dynamics of gender identity construction within nationalist processes of reproduction, providing reflection on theory related to national gendered identity in Ireland. Berlant’s conceptualization of an “intimate public” is useful for me in situating the relevance of medical abortion as a site for reproducing normative constructions of gender, through formulations of shared feeling on abortion, women, and the state of the nation. However, I find feminist nationalism theory more useful for explaining processes of national reproduction, particularly as they relate to constructions of idealized national gender identity and the primacy of the heteronormative family.

2.2 Feminist theory on the Nation, Gender and Agency

My understanding of the concept of “the nation” and processes of nationalist reproduction is rooted in Yuval-Davis’ (1997) emphasis on Otto Bauer’s (1940) definition of the nation as “an aggregate of people bound into community by a common destiny”, motivated not only by the past, but also a specific orientation towards the future (*Gender and Nation*,

19). Yuval-Davis emphasizes how this future orientation is what motivates nationalist ideologies towards processes of social reproduction, accounted for in the “dynamic nature of any national collectivity and the perpetual processes of reconstruction of boundaries which take place within them, via immigration, naturalization conversion and other similar social and political processes” (20). Yuval-Davis provides a compelling critique of predominant theories on the nation and nationalism in the social sciences, including Anderson (1983), Hobsbawm (1990), Gellner (1983) and Greenfeld (1992), arguing that these theories have generally overlooked the multidimensional and multidirectional interplay of gender relations in nationalist projects, and in particular have ignored the role of women in issues pertaining to nationalist (re)production. She argues that this exclusion finds its roots in influential and classical theories of “the social contract”, which relegated women to the private sphere, and states that as nationalism is generally perceived to pertain to the public sphere, women become excluded not only from the public sphere but also from the discourses which unfold in that arena. Yuval-Davis offers a reappraisal of exclusionary and reductive formulations of nationalism, affirming that “constructions of nationhood usually involve specific notions of both ‘manhood’ and ‘womanhood’ (1), emphasizing the centrality of women to processes of national reproduction, claiming “it is women – and not (just?) the bureaucracy and intelligentsia – who reproduce nations, biologically, culturally, and symbolically (2). With Anthias (1989), Yuval-Davis substantiates this claim by defining five distinct ways in which women have tended to participate in ethnic and national processes: as biological reproducers of the collective, as reproducing the boundaries of ethnic/national groups, as having a central role in the transmittance of culture, as well as in reproducing the ideology of the collective, as signifiers of ethnic/national differences, and finally, as participants in national struggles. (7).

Anne McClintock (1993) contribution is similarly of value in correcting the “gendered blindness” of mainstream theories of nationalism which Yuval-Davis gestures towards, as she states in a more emphatic register that “all nationalisms are gendered, all are invented, and all are dangerous...” (61). While McClintock builds upon the work of Yuval-Davis, she underlines the significance of representation within nationalism(s) as constitutive of people’s identities and is a useful starting point for drawing links between nationalism and studies on affect/emotion. Making reference to Cynthia Enloe (1989) she argues that nationalism(s) have typically always arisen from “masculinized memory, masculinized humiliation and masculinized hope” (62). Pointing to humiliation, McClintock indicates the role of affect in informing the nationalism(s) of any given nation, and importantly underlines how the affective experience of men within the context of nation-building is often acted upon at the expense of women, whose gender struggles always come second to the national struggle, assuming masculinist bias as the nation’s “neutral” default. Women, instead, generally are excluded from agentic participation as national citizens and rather become “subsumed symbolically into the national body politic as its boundary and metaphoric limit” (62). McClintock emphasizes the role of representation in nation-building of woman, but also situates this symbol as functioning within what she describes as “the family trope” (63). She describes how this trope functions in at least two ways in the context of national processes: the family provides justification through naturalizing social hierarchization “within a putative organic unity of interests” (63), so that the subordination of women and children in the private sphere naturalizes their systemic subordination as national citizens. Secondly, it naturalizes “hierarchy across time” through imperialist and naturalized narratives of progress, which figure violent historical change as *organic continuity* (64). McClintock’s configuration of the family trope is of particular use in better understanding the centrality of the Family in Irish

nationalism as a mode for social ordering/othering, bringing some into the fold of the family, while castigating some others who disturb the naturalizing effects of the Family Trope through actions which betray the purported *organic unity of interests*.

Both Yuval-Davis and McClintock remark on the ways in which feminist theorization of nationalism, whilst highlighting the exclusion of women from the public and national sphere, have typically ignored the role of ethnicity and race in processes of nation-building. Focusing specifically on Ireland and Irish nationalism, Gerardine Meaney (2013) supports this premise and argues that cultural theory and postcolonial theory on Ireland have obscured the role of whiteness in the construction of Irish national identity, focusing on victimization while disavowing “the extent to which the Irish cultivated, traded in, and still exploit the valuable commodity of their white identity both abroad and at home” (127). It is here that Meaney’s work becomes useful in providing a corrective reproach of postcolonial theorization on Ireland and the role it has played in masking the role of whiteness in Irish national and gendered identity-formation. In her work “Race, Sex Nation: Virgin Mother Ireland”, Meaney presents a compelling argument on idealized national and gendered identity. She argues that the promulgation of the “Virgin Mother Ireland” trope was borne from “residual anxieties around race and Ireland’s postcolonial position as a white European nation” in the 20th century (Meaney 128). She writes:

The psychodynamic of colonial and postcolonial identity often produces in the formerly colonized a desire to assert a rigid and confined masculine identity, against the colonizers’ stereotype of their subject as feminine, wild, ungovernable. This masculine identity then emerges at state level as a regulation of “our” women, an imposition of a very definite feminine identity as guarantor to the precarious masculinity of the new state (128).

Meaney echoes Enloe here in her claim that nationalist ideology is more often than not informed by the affective experiences of men, and within the postcolonial context, specifically by their anxieties surrounding feminization and racialized colonial processes of inferiorization. She states that within the Irish context this psychodynamic occurred

through a particularly toxic fusion between church and state, whereby the nationalist symbol of Mother Ireland would become bound together with the figure of the Virgin Mary in a bid to promulgate a specific brand of respectability politics based on Catholic formulations of purity and whiteness. The effect of this would be a polishing up of the Mother Ireland figure, popularized in insurgent Irish nationalism, in order to produce a respectable “personalization of the nation” (Meaney 2007, 48). Quoting Miroslav Hroch (1993, 15), Meaney urges that “one result of such personalization is that people will regard their nation, that is themselves – as a single body in a more than metaphorical sense. If any distress befalls a small part of the nation it can be felt throughout it” (Meaney 125). Meaney here exceeds McClintock’s claim that women become subsumed as the metaphoric limit, indicating how the affective resonances informing such personalization are what *sustain* the literal policing of women’s bodies as symbols of the nation. She urges that “It is vital to deconstruct the binary of colonizer and colonized, agency and victimization, pure and hybrid, and acknowledge the extent to which complex processes of accommodation, resistance, and opportunism have shaped the concept of “Irishness” (129). In my own analysis of gendered identity within the context of medical abortion discourses, I depart also from a firm acknowledgement of the critical role of whiteness in the consolidation of a uniform Irish identity, and in the subsequent proliferation of discursive and affective imperatives placed on gender identity in the form of the pure (white), respectable and disembodied *Virgin Mother Ireland* trope, “one instance of the structural independence of gender and national identities” (125), but also of race. Meaney’s work has also been instructive for me in validating the need to historicize the affective resonances which inform nationalism(s), but which also sustain nationalism as a process of normative (re)production.

The preceding paragraphs elucidate an understanding of nationalism and the inherently gendered nature of nationalist projects that simultaneously signals the role of affect in informing various brands of masculinist nationalism. In what follows, I discuss theories of affect, indicating their usefulness for examining processes of nation-building by looking at the work that emotion performs in the (re)production of gendered and national subjects, and the nation itself.

2.3 Affect theory and identity-formation

Affect theory, and the *affective turn*, have largely stemmed from the theoretical contributions of Eve Sedgwick and her work with Adam Frank in reviving Silvan Tomkin's *Affect Imagery Consciousness* and Brian Massumi's translation of Deleuze and Guattari's *A Thousand Plateaus* (1987), and later his essay "The Autonomy of Affect" (1995). Both Sedgwick and Massumi share in an endeavour to potentialize affect as a more creative and productive alternative to the rather rigid trajectories of theoretical enquiry which have largely focused on language and social construction, "writing the body out of theory" (Hemmings, 2005:548), and to do away with mind-body dualistic thinking. They both foreground the importance of synthesizing biology and matter with existing critical enquiry into society, culture and politics, through understandings of modes of power as analogous, and therefore relational, *as well as* digital and opposite. However, Massumi's emphasis is on the *autonomy* of affect at the level of the body, while Sedgwick focus is on the materiality or *texture* of language and the affective work of *performative utterances*¹⁰

It indicates that the issuing of the utterance is the performing of an action' (Austin 1975: 6) in the material, as well as abstract, construction of worlds and identities. Within

¹⁰ Sedgwick refers to the philosopher J.L. Austin's concept of performative utterances to describe the materiality of language and how utterances create worlds and subjects rather than merely describing them. For example "I apologize" is a performative utterance as "it indicates that the issuing of the utterance is the performing of an action" (Austin 1978).

my own work, as I wish to analyse the work which affect/emotion *performs* in the reproduction or permutation of idealized gender identity, I find Sedgwick's emphasis more relevant for the specific task I am undertaking. Therefore, I proceed with a somewhat cursory explanation of affect theory as attributed to the extensive work of Silvan Tomkins (1963), and later detailed by Sedgwick and Frank (1995) in "Shame and the Cybernetic Fold".

Based on the principles of cybernetics and systems theory¹¹, Tomkins research makes the claim that there are nine primary affects, five negative, two positive, and one neutral. He states our affect systems function as innate, physiological and motivating mechanisms that when triggered, spur the subject into action; action which is defined by an affective response to stimuli felt on the surface of the skin as sources of information (Prologue, xiv). These stimuli are processed as data and stored in the memory to be retrieved when the affect is triggered again at a later stage. "Success as a life form depends largely on the ability to process data of each type, and to retain in memory whatever was discovered in previous experiences" (Nathanson, xii). The sophistication of this storage and retrieval function is therefore intrinsically linked with any individual creatures capacity for survival. Sedgwick and Frank's reappraisal of Tomkin's psychology of affect is grounded in the value they consider it holds for assuaging what they perceive as an impasse in cultural theory, and for enabling "a political vision of difference that might resist both binary homogenization and infinitizing trivialization" (15). Further, they emphasize the significance of Tomkin's theorizing on the affect of shame, which I will explain in the following sections. However, I first refer clarify discussion on the distinctions and convergences of affect and emotion.

¹¹ Tomkin's credits mathematician Norbert Wiener work on Cybernetics: Or Control and Communication in the Animal and Machine as integral to his formulation of affect theory.

2.3.1 Affect and/or emotion?

For Tomkins, affect describes the underlying biological system from which emotions emerge as a response. Relatedly, emotion is what occurs in the combination of the affect that has just been triggered in conjunction with a recall of memories of previous experiences encountering that affect. Although affect and emotion are not the same, they are nonetheless intrinsically linked, and a clear distinction between either is not so simple. In a conversation with Sigrid Schmitz (2014), Ahmed explains how she favours the use of “emotion” over “affect” because of its etymological rootedness in the idea of movement, and also because of its more quotidian usage and consequent suitability to describe the everyday work of emotions (98) in the public sphere. Stating that she uses “affect as a part of what emotions do”, Ahmed affirms the inherent entanglement of affect and emotion as exactly what is value for feminist queer analyses of phenomenology, and in particular for understanding how certain ideas and bodies accrue affective value over time. She refuses clear distinctions between either claiming that “Affects tended to be used a little bit too much at the level of encounters between bodies” (97). Ahmed urges against the need to create clear distinctions between affect and emotion while acknowledging that there may even be a rationale for doing so, “but it needs to be understood as a method allowing you to do certain things and not as corresponding to a natural distinction that exists in the world” (98).

For Ahmed, emotions move between signs and bodies, materializing the boundaries and surfaces of individuals by creating *impressions* and forging attachments (11). These impressions emerge through emotions which become named in speech acts as well as referring to how sensation is involved in emotion, felt at the level of the skin. In underlining the bio-social interplay between emotions and the surfaces they impress upon, Ahmed develops her theory on the cultural politics of emotion arguing that “emotions should not be regarded as psychological states but as social and cultural practices” (9). Emotions are thus related to the

biological as much as to the cognitive, and thinking of it as such will allow us reformulate the connections between emotion, cognition and bodily sensations (5). Rather than responding to the question of what emotions are, Ahmed (2004) states that she wants to explore “the ‘doing’ of emotions”. (191). I further elaborate on emotionality and affect as a methodological approach in Chapter 3 where I show how attending to emotions in texts in the public sphere can help reveal how emotions ‘make’ and ‘shape’ bodies as forms of action. These forms of action involve orientations towards others” (Ahmed, 4), which have specific political implications for the subjects and objects of emotion, dependent on the specificities of their orientations.

2.3.2 Shame: Stigmatization, reintegration and absolving the nation

For Tomkins, shame-humiliation is an auxiliary affect “and a specific inhibitor of continuing interest and joy; its response only occurring in the incomplete reduction of positive affect, which is the innate activator of shame (353). Distracted by the triggering of shame, the positive affect is reduced without becoming displaced or renounced entirely, so that the connection with the diminished positive affect remains lingering (351). In shame, the subject becomes consumed by a feeling of inner torment, prompting a response which will paradoxically both reduce and increase facial communication. The experience of shame prompts one’s head and gaze to move downwards in an attempt to avoid seeing the face of another, and of another looking back and seeing one’s shame. By contrast, blushing is a manifestation which increases facial communication (352), which makes one’s shame more visible. It is precisely this double-movement of shame, its propensity towards “painful individuation” and “uncontrollable relationality” which Sedgwick (2003) focuses on to describe the centrality of shame in identity-formation, which she describes as “a disruptive moment, in a circuit of identity-constituting identificatory communication” (36). Quoting Broucek (1991) Sedgwick writes “The shame-humiliation response, when it appears, represents the failure or absence of the smile of contact,

a reaction to the loss of feedback from others, indicating social isolation and signalling the need for relief from that condition” (359). The experience of shame is therefore one of self-consciousness, “an experience of the self by the self” (Tomkins 359) in the loss of identification with another whom we are interested in. Sedgwick affirms that for certain (queer) people, shame is “the first, and permanent, structuring fact of identity” (65), the place “where the question of identity arises most originally and relationally” (35).

Sara Ahmed (2004) shares in drawing up theoretical connections between shame, the porous boundaries of the self and the collective in relation to processes of normative idealization and the witnessing of one’s shame by an (imagined) other, and is therefore useful for understanding how emotions sustain national sentiment and ideals as the basis for identity-formation. Affirming that her political project seeks to understand what emotions *do*, rather than what they *are*, her contribution is significant in looking at the work that shame performs in securing the normative family “by assigning to those who fail its form the origin of bad feeling ‘You have brought shame on the family’”(Ahmed, 107), which she then extends to an analysis of how shame functions within the context of nation-building as a “narrative of reproduction” in texts which circulate in the public sphere (108). She argues that declarations of national shame “can work to bring ‘the nation into existence’ as a felt community” (2005: 72), implicating subjects in such feeling through the foregrounding of the failure of social ideals. Ahmed’s work aims to show the ways in which emotion determines alignments in collectives, by reproducing some bodies as ideal and the objects of “good emotion”, while marginalizing *others* in their failures to measure up to those ideals, ascribing them as the source of *bad feeling*. She emphasizes Tomkin’s theorization that shame functions as the incomplete reduction of love-interest in explaining how shame functions in reproducing the ideals of collectives. She writes “shame – as an exposure before another – is only felt given that the subject is interested in the other; that is that a prior love or desire for the other exists” (105).

Like Sedgwick, Ahmed underlines the double-movement of shame as one which is relational but also individuating, working to conceal but also to expose. The self-consciousness of the experience of shame prompts a turning away of the subject from the gaze of the other who has witnessed one's failure. However, in shame one is both the subject and object of bad feeling, and the turning away from the gaze of the other entails a turning towards oneself. "The subject, in turning away from another and back onto itself, is consumed by a feeling of badness that cannot simply be given away or attributed to another" (104). It is here then that we may better understand how shame performs a reintegrative or restorative role, which can reproduce identification with the family and nation as the continuing source of love and interest. Failed subjects experience shame only given the fact that there is love-identification with the (imagined) other who witnesses our failure to approximate ideals (106). If shame is contingent upon the incomplete-reduction of joy-interest, then it entails that identification with the idealized other is not eliminated, but rather reduced. The disruption of positive-affect leading to this reduction is precisely what can prompt the subject to move closer to the ideals they have failed in a bid for reidentification with the gaze of the idealized other, and a return to positive affect. Ahmed writes:

Shame may be restorative *only when the shamed other can 'show' that its failure to measure up to a social ideal is temporary*. Shame binds us to others in how we are affected by our failure to 'live up to' those others, a failure that must be witnessed, as well as be seen as temporary, in order to allow us to re-enter the family or community. The relationship to others who witness my shame is anxious: shame both confirms and negates the love that sticks us together (107).

Ahmed expands on this idea to explain the securing of the (hetero)normative collective through narratives of national shame in the public sphere, which function in two ways: first shame is "brought onto the nation by illegitimate others (who fail to reproduce its form, or even if its offspring)" (108), through stigmatization and discursive differentiation. Secondly, the nation brings shame upon itself (108) through open acknowledgements of past wrong-doing, which

become a form of nation-building. In acknowledging the failures of the nation, narratives of shame set forth a trajectory for a recovery to national pride, absolving the nation of its wrongdoing in the present as the acknowledgement of failure becomes a promise to be *better* in the future. Subjects become implicated in narratives of national shame through assertions of idealized national identity embedded within stigmatizing narratives of failure, and binding formulations of collectivization “we can do better” which align individual subjects with the feeling nation and its political aims.

Myra Mendible’s (2016) work on shaming narratives in the public sphere and the role they play in producing boundaries of belonging in the US is also highly instructive for my own work as she indicates specific ways in which shame manifests as a corrective *and* reintegrative mode of securing the nation. Her emphasis is on shame as *cultural practice*, which as Ahmed also suggests, works to align subjects with the social ideals of the nation, “positioning bodies within cultural narratives of inclusion and exclusion, prominence and invisibility” (9), whilst also serving as an abundant reserve for “the language of patriotism, morality, and cultural belonging” (7). Mendible specifically looks at the spectacularization of shame as “meaning-machines” in American culture, referring to Murray Edelman’s term, and also of stigma, which she argues “undermines others claims to normality and cultural citizenship (9). Like Sedgwick, Mendible acknowledges the potential of shame to spur subjects into moral action and inform a more ethical politics based on intersubjective empathy embedded within shame’s propensity towards relationality (3). However, she states that this is hindered by the commodification of shame spectacles in the media which produce meaning by reducing a person or event to an image (2). Following from Guy Debord’s conceptualization of spectacle “as a tool of pacification which distracts and stupefies social subjects” (2), Mendible argues that the result of the mass-commodification of shame spectacles is the transferral “of the intersubjective nature of the shame dynamic into the realm of “pseudo-events” in which social relations are

enacted via images rather than persons” (2). The commodification of shame spectacles works to supplant human experience, paring it down to mere representation, and desensitizing consumers to the lived realities of those that the shame spectacles aim to represent. Instead, the circulation of shamed-identities translate into political capital, utilized by groups competing for hegemony in the public sphere, and converted into “cultural tropes for cultural and moral decline reify[ing] and reproducing beliefs about the state of the nation and its people” (5). Mendible underlines that the significance of our interactions with shame spectacles as “mediating frames” (2) is that they divert attention from the self and become revolved exclusively around the shamed object. Shame spectacles, therefore, translate into narratives we tell about *others* in *their* difference and failures, and which form the basis for the (re)production of the collective “us”, imbued with self-righteous moralism and judgement of those that fail to attain socially accepted ideals.

Like Ahmed, Mendible also refers to the reintegrative nature of shame, highlighting the disciplinary function of judgement, denunciation and forgiveness which are central to shame spectacles. Such spectacles replicate the corrective function of town square pillories (1) where spectators become affectively bound together in their shared condemnation and humiliation of culprits, assured that the offender will be duly disciplined, and the social order restored. “Nothing fosters the illusion of solidarity like shared condemnation” (1). However, Mendible draws a useful distinction between reintegrative shaming and stigmatizing shaming. She writes:

The former focuses on the disapproval of the deed; the shamed subject can make amends, show proper deference to the judgements and expectations of the group, and maintain the social and cultural bonds of belonging... In contrast, stigmatizing shame casts its object into an underclass or even subclass group that is irredeemable. This is a literal and figurative expulsion – the realm of the outcast, the criminal, the alien. (10)

Mendible underlines the politics of domination and exclusion at the heart of such narratives, in particular along the lines of race, sex and class, showing how stigmatizing representations filter into the cultural consciousness, reducing certain bodies to indelible character traits. Mendible’s

analysis of shame economies compliments Berlant's idea of the intimate public as generative of affect in the reproduction of the ordinary with the concomitant suppression of the extraordinary. Mendible shows how stigmatization, as a process of othering, *desubjectifies* marginalized identities through this reduction, whilst also *subjectifying* those *others*, "identifying [*them*] in their singularity or at least in their distinction from other groups and most especially from 'us'" (12). Mendible goes on to explain how the cultural diffusion of stigmatized identities in the public sphere, and in particular in the media, has profound material effect, informing prejudicial public policy and legislations based on anxious delineations of marginalized identities which threaten to sully the reputation of the national ingroup. "Stigmatized identities serve as emblems for what society rejects" (12). In this rejection, however, shaming narratives reconstitute the codes for cultural belonging which require that sameness be perceived as desirable and positive for the continuity and flourishing of the ingroup, whilst difference is seen as degenerative and contrary to the naturalized homogeneity that national belonging calls for.

In weaving together some important thought on shame and its inward-outward orientations, it becomes clear that narratives of shame espoused in the public sphere bear important consequence for the construction of both individual and collective identities. As I will later show in Chapter five, narratives of shame flourished in media response to medical abortion use in Ireland as an internal or domestic issue, where the nation became confronted with its own failures and the failures of its citizens, impacting the reproduction of idealized national gendered identity in significant ways. However, the affective politics informing the constitution of medical abortion use as an intimate public had been at play for more than twenty years before medical abortion began to be accessed in Ireland, and before it became an internal issue to be negotiated in the public sphere. Prior to the phenomenon unfolding in Ireland, I demonstrate how fear was performed through narratives of threat in relation to the clinical

testing of the pills, its increasing use in Britain, and the implications that this might have for the social order in Ireland. I argue that these narratives of threat were instrumental in *priming* medical abortion as an intimate public, that is “as a field of threat, chaos, degradation, or retraumatization” (Berlant 11) where questions of national identity surface in relation to threat, external to the nation. In order to facilitate more thorough insight into my analysis, I now refer to theory on the affect of fear, and its affective politics. This discussion will demonstrate the specific orientations of fear, underlining the implications of narrativizations of threat and their espousal in the public sphere for assertions of national identity.

2.3.3 Fear: Threat, Vulnerability and the Preservation of Life Itself

Tomkins theorization on the fear-terror response describes the subjects visceral and urgent reaction to stimuli perceived as life-threatening in a bid to ensure the subject’s survival; the body trembles, hairs stands on end, a cold sweat is released, the subject autonomically lets out a cry of terror, the eyes are drawn wide open, and the neck contracts in extreme terror (932). Tomkins writes that “In all animals such a response has the essential biological function of guaranteeing that the preservation of the life of the organism has a priority second to none” (292). The high-toxicity and punishing features of the fear-terror response prompt the subject to react in two steps in order to attenuate the toxic state of fear (934). First, in triggering an intense neural firing, the subject’s attention is overwhelmed by the activator of the fear-terror response, increasing its profile to such an extent that one’s attention remains fixed on the activator, temporarily immobilizing other affective responses, and thereby immobilizing the fearful subject. With attention fixed on the object of fear, the immobilization triggered by the fear-terror response operates as a *mechanism of avoidance*, deterring the subject from further proximity with the fear-inducing object, thereby abetting its survival. If this period of immobilization goes on too long, the response has misfired and the subject, frozen in fear, may

find itself liable to attack from the source of danger. For the fear-terror response to prove effective in saving the life of the subject, the period of immobilization must be transitory to then enter into the second stage of fear-terror attenuation; flight and escape from the source of danger (934). If not, the high-toxicity of the fear-terror response may result in the destruction of the subject rather than facilitating its survival.

Tomkins explains the dynamics of fears' *magnification* and *socialization*, which is of significance if we are to be able to discern the interrelatedness of idiosyncratic experiences of fear in the individual with social influence on affect (942). Mediated through the family, social institutions on a national and international level, one's structural positionality within a given society etc, Tomkins situates the individual as "a somewhat unique subsystem within the larger matrix" (942). He writes:

Societies vary significantly in how much homogeneity and individuality they encourage or inhibit, but there is necessarily considerable slippage which arises as a result of the heterogeneity of experience even in the most homogenous of societies. Magnification refers equally to the individual and social construction of terror. It is therefore a process which must be understood in terms of both socialization and individualization. (942)

For example, he explains that generally the role of violence will considerably increase the salience of fear within a given society, experienced by the individuals who make up the society. Fear and its magnification are not restricted or *solely* determined by early childhood socialization, but rather "the socialization of fear, the social definition and shaping of fear, is a never-ending process and as such a substantial part of the magnification of fear. To live under the constant threat of violent attack is to experience a constant possibility of magnification of fear for all" (942). He further explains how the socialization of fear, resonant with right-wing ideologies, will often produce scripts¹² which rely upon terror as a *technique of socialization*, particularly if such socialization is normative, which will provide for more certainty that

¹² "Scripts are sets of ordering rules. They enable the interpretation, evaluation, prediction, production and control of scenes, the basic units of life experience " (Tomkins.org)

individuals in a society will comply with norms. In such normative scripts, the value of fear is centred on its role as a deterrent, therefore “tolerance for fear is not taught” (944), as to do so would be to attenuate the fear which ensures norm-compliance.

Sara Ahmed’s work on fear underlines the political implications of fear as an “affective politics” which preserves only through announcing a threat to life itself” (Ahmed, 64). She shows how narratives of threat or crisis labour in service of reproducing social norms, “working through and on the bodies of those who are transformed into its subjects, as well as its objects” (62) through differential designations of threat and vulnerability. Vulnerability, she states, “involves a particular kind of bodily relation to the world, in which openness itself is read as a site of potential danger and as demanding evasive action” (69). Ahmed underlines the work that stereotyping performs in establishing certain bodies as fearsome or threatening, and therefore in need of evasion through containment, arguing that the repetition of stereotypes is crucial to establishing difference and distance from the feared object and the subject who fears. Such repetition is what leads to the “differential organization of fear itself” (68), whereby those bodies designated as threatening, become more contained and therefore have less access to space and less capacity for mobility (68) in both a literal and figurative sense.

The temporal and spatial dimensions of fear are important in the activation and subsequent response to fear; “we fear an object that approaches us”. This is perhaps resonant of what Tomkins makes reference to as the “optical stimulus of looming”, that is “the rapid approach of a solid body [which] is a natural source of danger for most animals [in which] the optical stimulus arising from the approach of, or approach to, a body indicates an impending collision” (Tomkins, 938). Fear is heightened as the object looms closer, eventually coming to fill “the entire 180-degree frontal field of view” (938), at which point collision occurs. Ahmed describes the magnification of fear as an *anticipation* of hurt or injury in the future, where the subject experiences the unpleasantness of fear in the present, whilst being projected into the

future by anticipation of further harm. However, rather than collision with the object of fear, Ahmed considers that it is the *passing by* of fear which will actually intensify the affect in the *loss* of its object. Following from Heidegger's conceptualization that "fear is felt in the absence of the object that approaches" (65), Ahmed argues that the loss of the object of fear is "what makes what is fearsome all the more fearsome" because rather than fear being contained in the object with its arrival, when fear *passes by*, containment is not possible because the threat never unfolds as we feared. Fear therefore becomes intensified through a continual anticipation of future harm of a threat which never comes to pass but remains threatening by way of its proximity to the subject (65).

The fear of the object of fear passing by is further intensified by the displacement of fear onto other objects. It is here that Ahmed underlines the significance of how fear moves sideways and backwards between signs and objects (65). She writes "The affect of fear is sustained, or is even intensified through the displacement between objects" (66). Such displacement has the effect of establishing links between fearsome objects as fear moves between signs, creating 'sticky' and metonymic associations. However, the movement between signs is also a backward movement in that the displacement of fear is dependent on past histories of associations. Although objects of fear replace one another over time, the linkage of signs, objects and figures indicate "a trace of how such histories remain alive in the present" (66) and of how specific bodies come to be perceived as fearsome more than others through these metonymic slides and displacements, materializing subject positions and their (im)mobilities through stereotypes which have accrued affective value in their circulation.

Fear moves between signs and objects, but it also provokes movement in the subject which fears, a movement which further enables the passing by of the object of fear, and its intensification. Ahmed writes "Rather than fear getting in the way of love, we can see that fear allows the subject to get closer to the loved object, though the distance is never quite abolished,

and the object of love as well as fear may yet pass by” (68) Fear creates distance between the subject who fears and the object of fear by way of the subject turning away from the object of fear towards the object of love. However, it is precisely in this turning away from fear that it becomes intensified as it reduces the possibility of collision with the object, facilitating its passing by, and therefore its intensification. Ahmed’s contribution on fear is of particular use for examining how emotions operate in the drawing of literal and figurative boundaries between nations through narratives of threat, insecurity and vulnerability which, within the context of nation-building, become a means to safeguard the futurity of the nation, as I will elaborate on in my analysis.

In summary, I have shown that combining theory on affect and emotion with feminist theories of nationalism is crucial, not only for tracing the historic manifestations of nationalist sentiment, but for providing a means to analyze how these sentiments are sustained through the elaboration of intimate publics which “provide anchors for realistic, critical assessment of the way things are and provide material that foments enduring, resisting, overcoming, and enjoying being an *x*” (Berlant, preface viii). In analysing the work that emotion carries out through medical abortion media as an intimate public, I aim to show in concrete examples how fear and shame facilitate national identification and belonging through the circulation of gendered identities. Further, bringing these theories together aids a corrective to theorization of the nation as purely a discursive formation by revaluating the role of emotion and *emotionality* in nation-building and processes of national (re)production, which I now discuss in the following chapter on my methodological approach to this research.

3. Methodology

Having discussed the relevant literature on the politics of (medical) abortion and the reproduction of gendered and national ideals, I have shown that there is a significant gap on the subject from a cultural perspective on medical abortion and on the implications it bears as a site for the reproduction of gendered ideals. I now describe and justify my methodology and research design, specifying the choice and organization of my material in order to respond to that gap. I aim to show how close reading emotion in newspaper articles on the subject of medical abortion can provide insight into how medical abortion use proliferated as an intimate public, impacting the (re)production of idealized national and gendered identities.

3.1 Close textual reading the “emotionality of texts”

My emotional response towards this subject was what informed my methodological approach and decision to carry out a close textual analysis of “the emotionality of texts”, specifically as they appear in newspaper media on the subject of medical abortion. Generally attributed to the formalist approaches of New Criticism as a literary theory, close reading as an analytic tool has largely been considered antithetical to feminist modes of analysis and research because of its associations with neutrality, objectivity and decontextualization (Lukić and Sánchez Espinosa 105). However, this is being contested. Lukić and Sánchez Espinosa (2011) provide a critical reappraisal, or *rereading*, of close reading, suggesting that it is conversely “one of the much needed tools in feminist literary studies, cultural studies and beyond” (107). They argue that while close reading has been somewhat tarnished by its associations with New Criticism, its increasing use in feminist interpretative frameworks, “including feminist stylistics, deconstruction, postcolonial readings and narratological interpretations” (107) indicate the very real possibilities and potential for a socially-grounded practice which *rely* upon contextuality and historicity for value, rather than disavowing them. These aspects are already immanent

within close reading as an analytic tool, and as the authors show, the nature of the response is more so determined by the questions asked and by the interpretative framework employed (107).

Historicity or historicizing as a mode of enquiry is of particular importance in how I employ close-reading in my analysis, and why I have chosen to analyse emotion(ality) in the media on medical abortion. Ahmed writes “Historicity is what is concealed by the transformation of the world into ‘the ordinary’ into something that is already familiar or recognisable. The ordinariness of the world is an effect of reification, as Marx has shown us” (179). The media is undoubtedly the most significant mode for retailing the ordinary, and by offering close readings of media, it becomes possible to break down the assumptions we are told, and tell ourselves, which relate to how we think and how we feel, in this case about abortion and the female body. However, critical theory has often prioritized the relationship between knowledge and thought at the expense of considering how emotion is intrinsically linked to knowledge production. Ahmed argues that “knowledge cannot be separated from the bodily world of feeling and sensation; knowledge is bound up with what makes us sweat, shudder, tremble, all those feelings that are crucially felt on the bodily surface, the skin surface where we touch and are touched by the world” (Ahmed 171). This is also stressed by Alison Jagger (1989) in her work in “Love and Knowledge: Emotion in Feminist Epistemology” where she makes the claim that the Western philosophical tradition has largely obscured the role that emotion plays in knowledge construction and has misconstrued its active, voluntary, and socially constructed aspects (151), favouring positivist and neopositivist constructions of emotion as involuntary and individual, and therefore less privileged than reason in epistemology.

Both Ahmed and Jagger state that the effect of deprivileging emotion has translated onto the deprivileging of femininity and racial others who become identified with irrationality and a

lack of control, whilst reason and intention are attributed to the “masculine and Western subject” (170.) The problem with this schema is that those considered “emotional” are denied entry into the spheres of thought and rationality, whilst it simultaneously conceals “the emotional and embodied aspects of thought and reason” (170), considered unfettered by emotion. Such arguments reveal the ways in which emotions are highly politicized in their mediation and social-attuning, and which is why they warrant more attention if we want to get closer to understanding how emotions shape what we think and how “what we feel might be dependent on past interpretations that are not necessarily made by us, but that come before us” (171). It is with this in mind that Sara Ahmed makes reference to “the emotionality of texts” which when studied reveal the generative power of emotion by analysing how texts “name or perform emotions” (13). For Ahmed, delineating how texts name and perform emotions requires an understanding of the specific ways in which affects are triggered, and how they orientate subjects in their reaction to stimuli, experienced as bodily sensations at the level of the skin. Emotions are inextricably bound up with affect as valenced reactions to stimuli which have previously been encountered, and therefore the orientations and physical reactions which a triggered affect. Emotions therefore regulate the innate motivating mechanism through recalls of past experiences, whilst still spurring the subject into an appropriate course of action to achieve positive affect and reduce negative affect, and which is determined by the specific affect triggered. Emotions do not reside in subjects, however.

Emotions move between subject and signs and objects and some emotions producing attachments. Ahmed uses affect theory in order to analyse the performativity of emotion, and it is this mode of analysis which I also take up for my own research, and as a technique of close reading. This analytic does not involve simply identifying emotion as *being* in the text. Rather it implores an understanding of emotion as “effects of the very naming of emotions, which often work through attributions of causality”, performing actions in their espousals. Emotions

become named in their associations with bodies signs and objects, which have accrued affective value in their repetition as the source of either good or bad feeling. In attending to the cultural and historic embeddedness of emotion in texts we can begin to denaturalize what is considered “the ordinary”, or “the good” or “the bad by looking at how emotion is textually mediated, particularly as the ordinariness of emotion relates to the reproduction of dynamics related to gender, race, class and the normalized subjugation of marginalized subject-positions within cultural matrixes. In this way, emotion and affect have as much consequence on methodology, as they do on theory, as has been suggested by research reflecting on the implications of the *affective turn* for social research (Hemmings 2006, Åhäll 2018, Knudsen and Stage 2015). I use this method throughout my analysis, reflecting on the affective resonances of metonymy and figures of speech in the naming and performing of emotion in the public sphere to better understand how fear and shame function in relation to the medical abortion phenomenon and the (re)production of national gendered identity.

3.2 Primary materials

My decision to pursue this research began whilst reading news reports about women accessing abortion pills in Ireland and from also hearing first-hand accounts of women who were doing so. From this point, I began to compile articles from various newspapers on the subject, and then turned to the Irish newspaper archive, available online (www.irishnewspaperarchive.com). In carrying out various keyword searches on medical abortion, I extracted a representative sample of newspaper media who have published on the topic, compiled of both editorials and opinion pieces from media with centrist, populist-conservative, and liberal political alignments. I coded my material from both the editorials and opinion pieces, but necessarily I pay more attention to the opinion pieces because they are generally longer and provide more insight into cultural attitudes when applying closing reading than shorter editorials pieces can. The sources

come predominantly from the dailies; the Irish Independent, formerly the Irish Press, and its sister publication The Sunday Independent, as well as The Irish Times, and The Irish Examiner, formerly the Cork Examiner. It also includes the Irish Farmers Journal, a weekly farming newspaper because of its wide readership ([www. newsbrandsireland.ie](http://www.newsbrandsireland.ie)), and the Belfast Telegraph. My sources are certainly not exhaustive, but for the purpose of this thesis, and for the efficacy of my analysis, I have decided to limit myself to texts on medical abortion in the dailies, which have the widest readership and therefore have more potential for greater outreach and social influence. I will in the following discuss the specific political alignments of these newspapers, detailing some journalists who are prominent figures in abortion debate in Ireland. I mention these authors where possible, as sometimes the authors name is not provided as in some of the editorial pieces.

The newspapers I have chosen comprise of the daily national newspapers and span different political alignments from liberal to populist-conservative. While necessarily they represent different political positions, I find that weaving the pieces together in my analysis summarizes positions from a variety of perspectives, and therefore provides for a more representative sample of media on the subject.

The *Irish Independent* was founded in 1905 and since then it has become Ireland's largest selling newspaper. It's political alignment is populist-conservative with a cross-class readership, and it is controlled by Irish billionaire, Denis O'Brien (Aughey and Oakland 314). Historically, its bias has sided with the conservative business class at the expense of socialist movements, such as during the 1913 Lockout (O'Brien and Rafter 2012)¹³. The Sunday Independent is the sister publication of the Irish Independent. Some of its contributors are key figures in abortion debate in Ireland, holding conservative positions on abortion in Ireland, such

¹³ The 1913 Lockout describes an industrial dispute which occurred in Dublin at the beginning of the 20th century between 20,000 workers and 300 employers, primarily over workers right to unionise. The dispute lasted from 26th August 1913 to 18 January, 1914 and was led by trade union leader and socialist, James Larkin.

as David Quinn and Mary Kenny. David Quinn is a regular contributor of the Sunday Independent, and is current director of the Iona Institute. The Iona Institute is a conservative and right-wing catholic lobby group, which was established in 2007 by Quinn. Often referred to as a Catholic pressure group, Iona is a privately funded body. However, where its funds come from is undisclosed information. The mission statement of the organisation, as stated on their website, is to:

promote the place of marriage and religion in society. Our starting point in debates about the family is that children deserve the love of their own mother and father whenever possible. We believe in publicly-funded denominational schools. We also promote freedom of conscience and religion. (The Iona Institute 2019)

Apart from the aforementioned mission statement, it is unclear or unstated exactly how, or why, Iona can make the claim of acting as an institute. Unlike in the UK, there is no strict law in Ireland which stipulates the title a private body can use. The Companies House of the UK, states and upholds the information that companies are legally obliged to provide. Under the “sensitive words and expressions” clause, they state:

The controls exist to ensure a name does not mislead or harm the public. It may not be appropriate to use a certain word if it suggests business pre-eminence, a particular status, or a specific function, for example, names that include “British”, “Institute”, or “Tribunal”. (Incorporation and Names 2009)

As there is no such control in Ireland which may regulate the use of names such as “institute”, Iona are free to take on this title, which as stated above, suggests their pre-eminence, that they occupy a particular status, and that they serve a specific function. None of these characteristics can be adequately answered for or justified, given the ambiguity of Iona’s mission statement, the secrecy which shrouds their funding, and the fact that it is highly unclear what constitutes Iona as an “institute”. However, members of the institute are frequently called upon to represent the conservative political population in social issues which contravene Catholic ideology, and until more recent years with an increasing amount of liberal pro-choice voices entering into the discursive arena, public figures with ties to the Iona Institute have largely monopolized debate,

positioning themselves as an institutional authority on all aspects of Irish society concerning marriage, reproduction, and the family.

Mary Kenny is a frequent columnist of the *Independent* and self-proclaimed feminist, reporting on women's issues in the media for more than thirty years (Kenny 2016). Kenny was a founding member of The Irish Women's Liberation Movement (IWLM), whose aims involved such struggles as the right to contraception, equal pay and justice for widows, deserted wives, and single mothers who often were left facing extreme poverty (Connolly 2003). Interestingly, Kenny takes a staunch anti-abortion stance, and has publicly aligned herself with the Love Both campaign provided by Pro Life Campaign, a pro-life advocacy group. Kenny has authored two texts in my sample, one in 1985 and one in 2014, where she maintains a rigid position against medical abortion on the basis of it involving "taking the life of the unborn" (Kenny 2014). Kenny's positioning of herself as a feminist indicates an important trend and shift in conservative and pro-life increasingly aligning their politics with "the principles of feminism" (O'Brien 2017). Figures such as Kenny and Breda O'Brien largely assume the political stance that feminism involves the support and cherishing of woman in their biological roles as mother, whilst also protecting the life of the unborn. (O'Brien 2017), with Kenny critiquing contemporary feminism as "a very demure and fragile construct" and "narrow and sectarian" (Whelan 2016).

The Irish Times is a daily broadsheet, and is owned by Irish Times Trust. It was launched in 1859, and its political alignment is populist-liberal, claiming progressive bias towards social issues while advocating for neoliberal ideology with regards economic issues. (Brown, 2015). Its editorial and op-ed contributions consist of both conservative and liberal positions on social issues, and abortion in particular. Breda O'Brien is a regular contributor to the *Irish Times*, publishing a weekly column, and frequently writes on the topic of abortion. O'Brien has garnered much critique for her controversial and extreme opposition to abortion and same-sex

marriage, particularly in the run up to the respective campaigns (Horan 2015). Like Kenny, O'Brien positions herself as a pro-life feminist, but O'Brien also aligns herself with conservative politics on marriage and the place of the family in Irish society. She is frequently invited on as a social commentator in the national media on contentious social issues, particularly those relevant to Catholic ideology. She is responsible for founding the Irish chapter of *Feminists for Life*, an American pro-life NGO. She is also a patron and leading member of the Iona Institute, along with David Quinn.

Kitty Holland is the Social Affairs Correspondent of The Irish Times and also writes for the Guardian. She is a pro-choice advocate, and a prominent figure in the pro-choice side of the abortion debate in Irish media. Holland has been very vocal about the need to diversify the predominant discourses on abortion in Ireland, claiming that existing discourses do not reflect the lived reality of women who have had to travel for abortion or had abortion in Ireland with the abortion pills. She has also written and spoken publicly about her own experience with abortion (Holland 2018). In 2015, Holland published a spread in 2015 entitled "Emily's Story: An Illegal Abortion in Ireland", where she describes in detail the experience of a woman under the pseudonym Emily in accessing medical abortion in Ireland. Journalists like Holland, Fintan O'Toole, Una Mullally, amongst others with liberal to socially progressive views on contemporary Irish society, have somewhat balanced media discourses on social issues, and in particular on abortion, which hitherto the 1980s were dominated by conservative and distinctly catholic opinions.

Some of the following newspapers I refer to are less influential in terms of readership outreach. However, I find them useful in gathering perspectives from different geographic positions within the island of Northern Ireland, which do not only come from Dublin. The Irish Examiner, The Belfast Telegraph and The Irish Farmers Journal reflect political positions from the north, west, and south of Ireland. *The Irish Examiner*, formerly *The Cork Examiner* is a

national daily newspaper based in Cork, in the south of Ireland. Although its readership is primarily based in the province of Munster, the newspaper is widely distributed nationwide although to a lesser extent than the Times or the Independent. Founded in 1841 as a publication in support of Catholic Emancipation and tenants' rights, its political alignment is largely centrist (Aughey and Oakland 315).

Representing rural perspectives, *The Irish Farmers Journal* was established in 1948 in a bid to promote the economy by investing in Irish agricultural development. The journal is considered a "bible" in farming households as a source for farming news and for relaying social commentary as it relates to the farming community, which is quite substantial in Ireland (*Irish Newspaper Archive*). Although it is based in Dublin, its highest readership is located outside of Dublin in rural parts of Ireland, in particular in Ulster, Connacht and Munster, the northern, western, and southern provinces of Ireland ("Audience figures for the Farmers Journal" 2013).

Finally, *The Belfast Telegraph* is the only remaining evening newspaper in Northern Ireland, and the most read (Aughey and Oakland 2013). Historically, its political alignments have sided with British Unionism. However, it is remarkable in its cross-community appeal between both the Protestant and Catholic population. Although it is in support of Northern Ireland remaining a part of the UK, it claims to occupy a political position based on an opposition to violence, and advocates for the enactment of constitutional politics. (Aughey and Oakland 2013).

Having contextualized the political alignments of the newspapers whose material I analyse, underlining their significance, and having situated some of the key voices in the Irish media on the subject of medical abortion, and social issues more broadly, it is clear that abortion discourse in the public sphere is a subject encompassing an array of actors with diverging politics and perspectives. While it is clear that conservative voices in the media no longer monopolize abortion discourse with the same success as they once did, such political actors still

have access to a prominent platform in the public sphere, meaning that anti-abortion discourse is still a common feature in Irish social commentary. Even now with the repeal of the Eighth Amendment, these discourses are emboldening in their espousals of abortion as a “threat to democracy” (O’Brien 2018), and in a series of anti-abortion protests being held outside abortion clinics since the ban was lifted.

I now provide a brief overview of how I organized my material, and which is reflected in the two analytic chapters which follow this one. In some ways, I employ a cultural-historic approach to media on the subject of medical abortion from 1985 – 2016. The sample which I gathered traces socio-political developments occurring directly or indirectly in relation to medical abortion use in Ireland and its cultural narration. In my analysis, I argue that these socio-political shifts mirrored shifts in cultural narrations of abortion, the female body, and agency, demonstrating how medical abortion became a contested yet potent site for the reproduction of national and gendered identity through emotionality performed in texts on the subject. The sample indicate the anxieties which exist surrounding the female body in Ireland, and show how cultural change is figured in the Irish consciousness, particularly around socially accepted constructions of gender deemed immutable, while also indicating the ways in gender constructs and the emotions which sustain them are susceptible to alterability and transformation. I contextualize these shifts in more detail in my analytic chapters as their discussion relates to my analysis. However, for the purpose of clarity I provide a timeline of important developments in medical abortions use outside of Ireland first, and then within Ireland as it began to be accessed throughout the first decade of the 21st century. This contextualization is not inclusive of all socio-political developments which led to medical abortion’s widespread use, but primarily focuses on the events and changes as reflected in the reporting of my sample. Laying this timeline out will help to contextualize my analysis of the emotional response to medical abortion use in the public sphere, as well as for justifying my

argument that there was a shift from narratives of fear to narratives of shame, beginning in 2004 with news that women in Ireland were accessing medical abortion.

3.2 Organization of Primary Materials and Socio-political Shifts throughout the Period

Although what led me to the subject was my encounter with newspaper articles reporting on medical abortion use in 2015, upon consulting the archive I found out that medical abortion has consistently been a topic which has been reported on across all the principal newspapers in Ireland since the 80s. Drawing on the Irish News Archives, I established that the first real mention of early medical abortion, or the abortion pill(s) as it is referred, surfaced in 1985, approximately the time that the pill RU 486 which originated in France began clinical evaluation in Britain, whilst also being monitored by the World Health Organisation (WHO) (Klein et al., 2013). This marked the beginning of a phenomenon which would eventually see the mass importation of abortion pills in Ireland using online telemedicine services, such as by Women on Web, amongst other providers.

3.2.1 Media from 1985 – 2004:

My first analytic chapter reflects on media on medical abortion during the period 1985 – 2004. I briefly outline some important developments and moments throughout this period.

1985 – Clinical testing is taking place in Japan, France and the United States with trials eventually being carried out in the UK. Discourses outrightly reject the testing of the pills.

1989 – Media respond to proposals to market RU 486 in the UK, rejecting its use. Scientists and anti-abortionist groups are called upon to provide arguments on the subject.

1989 – General use of medical abortion is delayed as a result of anti-abortion lobbying against its launch, resulting in Roussel-UCLAF having to suspend the launch.

1996 – A report is issued advocating for the more widespread use of medical abortion rather than surgical abortion. Irish MEP Mark Killilea condemns the report in the European Parliament “Speaking for myself, and on behalf of the vast majority of Irish women and men we are totally against abortion in any form” (Cork Examiner).

From 1996 – 2004, there is little to no mention of medical abortion in the newspaper archive until August 2004, where it reappears as it is told that the British Pregnancy Advisory Service has submitted a proposal that will allow women in the UK to take the abortion pill without medical supervision. The implication of this for Irish abortion law is laid bare as the article explains how that the acceptance of such a proposal would mean that women from Ireland seeking abortions in the UK could possibly be given an abortion pill which they could quite easily transport back into Ireland, having received and ingested the first pill in the abortion clinic in the UK. This action would technically see the person who transports the pill liable to having acted in contravention with the Protection of Life During Pregnancy Act 2013, which states “it shall be an offence to intentionally destroy unborn human life” (Protection of Life During Pregnancy Act 2013).

3.2.2 Media from 2004 - 2016

My second analytic chapter reflects analysis on media on medical abortion from 2004 – 2016. I justify this division of material into my respective chapters by arguing that the emotionality of media shifted from narratives of fear which designate external threat and provide the basis for redrawing national boundaries and identities, to narratives of shame which surface as it becomes acknowledged that women are accessing medical abortion within Ireland in considerable numbers, indicated by the mass seizures of one or both pills intercepted at the border between Northern Ireland and the Republic. As mentioned previously, I will elaborate in more detail on the relevance of these socio-political shifts during this period in my second

analytic chapter because my analysis relies upon their contextualization, but indicate here a list of key moments throughout the period 2004 – 2016.

2004: News surfaces that Dutch pro-choice NGO, Women on Waves, intend to sell pills on the internet along with publishing information on their website on how to self-induce abortion.

2008: A survey reveals that women from both the Republic and Northern Ireland are amongst 70 nationalities using Women on Web to order abortion pills.

2011: Statistics are released by the Department of Health for England and Wales indicating that the number of Irish women accessing abortion by travelling to the UK has fallen to its lowest level since 1969.

2012: Custom officials release figures indicating that more than 1,800 pills have been intercepted and seized in recent years

2013: Jail terms for abortion pill use is discussed in the Oireachtas.

2013: The media begin to personalize the phenomenon by providing anonymous testimonies from women who have accessed medical abortion in Ireland, north and south.

2014: Activists recreate the landmark 1970s contraceptive train journey where feminists travelled to Northern Ireland to obtain contraception, which was illegal in Ireland at the time. The activists do the same with the abortion pills, bringing them back to Dublin and publicly swallowing them on the second anniversary of the death of Savita Halappanavar in an act of defiance against the Irish state.

January 2016: A 21 year old woman from Northern Ireland appears in court charged with both procuring abortion pills and using them with intent of inducing a miscarriage in line with Northern Ireland's 19th century legislation, having been turned in by her housemates to the PSNI after they discovered a foetus in the bin in their home.

Having provided an overview of some of key socio-political developments which unfolded throughout 1985 – 2016, I now provide an observation on a potential limitation to the sample I have extracted.

3.3 Period of media silence on medical abortion use 1996 - 2004

My contextualization of key moments during the period is not inclusive of all socio-political developments which led to medical abortion's widespread use, but rather focuses on the events and changes as reflected in the reporting of my sample. There is also a gap in accessible media during the period 1996 – 2004. From my search in the *Irish Newspaper Archive*, there was little to no news on the subject during this period. A logical assumption for this is perhaps the fact that by approximately 2000, the pills had been approved for use in more than 22 countries, gaining increasing international acceptance as a valid, more cost-effective, and relatively safe means of abortion provision with an 88% success rate with sole use of misoprostol, and 95% when misoprostol is used in conjunction with mifepristone. Scaremongering over the negative effects of its use therefore likely did not hold so much weight anymore. Furthermore, while Irish cultural identity has long prided itself in its opposition to Britain and British culture, it has historically aligned itself with European values since its admission to the EU in 1973, particularly in relation to social values. Abortion has been one such exception. However, to my knowledge, the state has never assumed any critical stance on abortion provision in other European countries in the same way it has towards Britain, indicating how anti-abortion discourse has often manifested itself in anti-British sentiment as a culturally encoded narrative, aligning opposition to abortion as an anti-authoritarian stance against corrosive British values which are formulated as the antithesis to Irish culture. Nonetheless, it represents a gap in my analysis of the shifts in abortion narrativization in the public sphere, and this should be noted.

A more in-depth knowledge of the development of medical abortion use internationally might be useful in accounting for this gap. However, such research moves beyond the scope of my project but I nevertheless acknowledge it as a potential limitation.

In concluding this chapter, I underline the significance of close reading the emotionality of text as a critical analytic tool for feminist research, and one which is most suitable to help me best respond to my research question where I negotiate the movements and impacts of emotion in media coverage on medical abortion and its use in Ireland. I have contextualized my sample and justified the significance of this sample, establishing a basis for analysis on the sample I have compiled. In the two chapters which follow, I focus on textual media related to medical abortion use in Irish print media to better understand the work that emotion performs in the construction of idealized gendered identity within the public sphere.

4 **Priming an Intimate Public: “Abortion Pill fears” and the Threat to ‘life itself’**

“It could be an absolute disaster the knowledge that an abortion pill can “reverse” an unwanted pregnancy” (Sunday Independent 1985)

“Fear might be concerned with the preservation not simply of ‘me’ but also ‘us’ or ‘what is’ or ‘life as we know it’ or even ‘life itself’ (Sara Ahmed The Affective Politics of Fear)

Despite the fact that medical abortion use only began to be accessed in Ireland in approximately 2007, my research into the Irish Newspaper Archive reveals that debate over the development and increasing use of the abortifacient Mifepristone, or RU 486, first surfaced in national media in Ireland in 1985, approximately two years before it was first approved for use in France in 1988 (De Costa 2013). Throughout the period 1985 - 2004, and as its use increased across Europe, in Japan and the United States, the Irish media was quick to reference condemnation of the medicine from the Vatican (II 1988) to the European Parliament (CE 1996), indicating that medical abortion was a topic for national concern long before it began to be accessed in Ireland more than 20 years later. As development of RU486 gained momentum globally throughout the 80s and 90s, so too did the narrativization of threat in the Irish media where it was labelled “chemical warfare against the unborn” (IP 1989) and liable to cause an “abortion epidemic” (SI 1985) if it became common “knowledge that an abortion pill can “reverse” an unwanted pregnancy (SI 1985). On the other side of the debate, scientists and doctors advocated for its use making the claim that it “is the great civilizing drug of our age” and “a cheaper and less traumatic alternative to surgery” (IP 1987), while nonetheless stressing that “it will be tightly controlled” and “no Irish women are likely to be offered the drug” (IP 1987). In an analysis of the debate which ensued, it becomes apparent that medical abortion use began to probe at national fears around women’s role “as biological reproducers of the nation”, where “control of marriage, procreation, and therefore sexuality would thus tend to be high on the nationalist agenda” (Yuval-Davis 34). Medical abortion use, as conveyed in Irish media, shows

the dynamicity of nationalist reproduction, particularly as it relates to the commodification of fear as a means to foment and sustain the management and control of femininity as the bedrock for nationalist reproduction and belonging.

Within my sample, it is observable how the Irish media's response to the development of medical abortion abroad, and particularly in the UK quickly established its use and proximity as a threat to a social order which had come to define itself by a "democratic" and "socialist" commitment to "cherish all children of the nation equally" (*The Proclamation of the Republic* 1916). By the beginning of the twentieth century, investment in children as a conduit towards greater "cultural and political capital" was being vigorously pursued by Irish nationalists in their quest towards the biological expansion and cultivation of a respectable national stock (Nic Congáil 39). This continued throughout the 20th century with the foundation of the state, where the sanctity of the child was re-established in the new State's commitment to "paramount consideration" of the child's best interests (Irish Constitution, Art. 42A 4.1°). In consideration of the status of the child and the primacy of woman as mother within the Irish national and cultural imaginary, the abortion pills presented cause for fear in at least three ways which concern processes of national (re)production. First, it threatened to provide recourse for women to opt out of their constitutionally assigned role as the biological producers and cultural transmitters of the collective, relieving them of the "burden of representation" (Yuval Davis 13) prescribed to them in this symbolic role. Secondly, it would pose inevitable threat to the sanctity of the unborn, bearing consequence for the eugenicist construction of "people as power" (13) that ensures Irish national (re)production, where the futurity of the nation becomes wrapped up with the safeguarding of the (imaginary) child. And finally, it threatened to undermine the home as the domain for compulsory motherhood. Surgical abortion was also illegal, but the fact that there was now thought to be a non-invasive means to carry out abortion for unwanted pregnancy made conservatives anxious, in part due to Britain's proximity to

Ireland, both geographically and culturally. However, it also produced anxiety because abortion, which had been retained within the strict confinements of medicalization, was now thought to be possible without medical intervention and moreover, it would be possible to carry out within the home. If the home has been figured as the exclusive domain of the feminine in service of the (re)production of the nation, then necessarily the infiltration of medical abortion into the domestic space would present cause for panic.

In this chapter, I argue that narratives of threat *primed* an intimate public in relation to the development of medical abortion use outside of Ireland, but also in relation to the possibility of its use within national boundaries. Understanding fear as “an affective politics which preserves only through announcing a threat to life itself” (Ahmed 64) I suggest that narratives of threat in the media during this period were instrumental in *priming* medical abortion use as a women’s intimate public where national norms and identities could be reframed, re-established, or *stretched*, working to retain the intelligibility of women as “biological producers of the nation”, whilst subsuming them “symbolically into the national body politic as its boundary and metaphoric limit” (McClintock 62) through delineations of national difference on the basis of idealised gendered identity. Drawing on Lauren Berlant’s term of an “intimate public” I describe medical abortion use as an affective site for the textual mediation of fantasies of collective sociality, engendering fear in response to medical abortion as “a field of threat, chaos, degradation and retraumatization” (Berlant 11) through appeals to pre-existing fears within the national consciousness surrounding abortion, women, and national sovereignty. Having never been spoken about before in the public sphere, I excavate the links between fear and the female-sexed body in relation to medical abortion and demonstrate the ways in which fear instrumentalized medical abortion use as a site for magnetizing normativity and normative identities in response to the question of women’s agency and their role within the nation, both as reproducers of the collective and as symbols for its welfare and continuity.

The elaboration of this specific intimate public relates to three basic, yet pertinent, definitions of the verb “to prime”, while I also gesture towards its use as an adjective meaning “of first/main importance” to indicate the sense of national priority attributed to medical abortion in media coverage on the topic in Ireland during this period. The verbal definitions are as follows:

- 1) To prepare a surface.
- 2) To induce a susceptibility.
- 3) To prepare someone to behave or react in a particular way

In this three-fold way, media on medical abortion use began to establish it as a threat to national sovereignty, honing in on the anticipation of future harm, whilst renegotiating and reproducing idealized forms of gendered identity, which I will now discuss in my analysis of media throughout the period.

4.1 Preparing a surface: Heralding threat and drawing national boundaries

First media coverage on the advancement of medical abortion technology situated Ireland as at the centre of a surrounding and encroaching threat to national boundaries and values, thereby establishing it as a site for the proliferation of national sentiment and the preservation of norms formulated in terms of defence. Until this point in time, control over women’s reproductive lives and the impetus placed on women for compulsory motherhood had been assured by way of Ireland’s geographic isolation from other countries where abortion provision was available. News of medical abortion’s development undermined that certainty because of acknowledgement that the drug’s approval in other countries could quite possibly lead to its illegal importation into the island of Ireland. As medical officials made a plea for the drug’s approval on the basis of lowering differential access to abortion services, and as a safe alternative to unsafe backstreet abortion, the sense of threat could be felt as the conservative

media began to consider “the implications for Irish women” (IP 1987), made urgent by the drug’s increasing renown and the proximity of its use to Ireland.

The media questioned “Could the Abortion pill 4U486 ever appear here?” (IP 1989), as it was proclaimed that “Abortion pill on the way...” (IP 1987) “... “a new abortion pill has been in the pipeline... and now it is here” (SI 1985). Ahmed writes that “[f]ear’s relation to the object has an important temporal dimension: we fear an object that approaches us” (65). Necessarily this possibility probed at pre-existing fears within the cultural imaginary as it threatened to undermine the control and regulation of women’s bodies which Irish national identity had come to define itself by since before the foundation of the state; the product of a psychodynamic which Gerardine Meaney ascribes to postcolonial masculine identity formation that “emerge at state level as a regulation of 'our' women, an imposition of a very definite feminine identity as guarantor to the precarious masculinity of the new state” (128). The pills approval in other countries was cited in terms of condemnation and fear of what it might mean for Irish society and culture as “abortion pill fears” (SI 1985) were expressed and the media honed in on “the implications for Irish women” (IP 1987) of the “controversial French abortion pills” (IP 1992):

An abortion pill has been in the pipeline for at least two years now. In Japan, France and America, scientists have been working on a formula which would produce a drug to induce abortion. Ironically the pharmaceutical intelligence that such a pill could be developed originally came out of cancer research. And now it is here (SI 1985).

The French manufactured pill RU486 is likely to be marketed in Britain within the next years. (IP 1991)

The new pill, now being tested in Scotland, has been slammed as dangerous to women and a return to backstreet abortions by SPUC executive council member Patsy Buckley (SI 1985)

A London conference two weeks heard a new abortion pill described as ‘chemical warfare against the unborn’. (IP 1989)

Fears of a black market in the availability of the new French abortion pill - not only in Britain and in the North - but in the Republic were expressed yesterday by a Co. Armagh GP Dr. Mary Allen, who is leading a campaign against the import of the drug. (IP 1991)

These preliminary responses to the development of medical abortion reveal the work that fear performs in priming an intimate public as a site which implicates national subjects in modes of attachment through differential designations of threat and vulnerability, narrativised along the lines of gender and/as national difference. Through the personification of the abortion pill as 'French', RU486 is demarcated as the product of a foreign national culture. It is designated as a 'threat against life itself' by way of the threat that it poses to women, 'the Republic' and 'the unborn', becoming associated with warfare and the proliferation of backstreet abortion, and as it is suggested that "ironically the pharmaceutical intelligence that such a pill could be developed originally came out of research" (SI 1985), laying bear the implication that medical abortion will be responsible for death, rather than for saving lives as it was originally intended for as treatment for cancer. The force of such a threat is further bolstered by the positioning of Ireland as vulnerable to attack from this, unable to rely on national borders to prevent the possibility of "a black market in the availability of the new French abortion pill not only in Britain and the north - but in the Republic" (IP 1991). Sara Ahmed's (2014) discussion on fear as "an affective politics" is important here for better understanding the political implications of narratives of national vulnerability and the work that they perform in the preservation of social norms and identities. Vulnerability she states "involves a particular kind of bodily relation to the world, in which openness itself is read as a site of potential danger and demanding evasive action" (69). The positioning of medical abortion as a site of danger for the nation therefore provokes movement away from the threat and movement closer to the familiar and the normative configuration of an abortion-free Ireland and the reproduction of the gendered ideal of women as mothers.

If "openness itself is read as a site of potential danger, and as demanding evasive action" (Ahmed 69), then this is done within the media by distancing and differentiating Ireland from the cavalier British attitudes towards abortion. The fear of the proximity of abortion pills

become particularly apparent in discourses about its use in Britain, delineating national boundaries between Ireland and Britain, which are couched in rhetorical differentiation between 'our women' and 'their women'. "When the abortion pill becomes available in Britain, what is to stop it being brought here? ... History has shown us that what becomes acceptable in Britain usually becomes a practicable option for Irish women" (IP 1989). Britain's cultural proximity is conceived of as a threat to Ireland, paternalistically figuring Britain as a bad influence on Irish women and reiterating (post)colonial fears over the violation of the passive and feminized Irish by the masculinized British other. Kearns writes "In many of these representations the female figure is passive: violated, avenged or inseminated, she rarely acts on her own behalf" (443). Within this example, women's desire for control over their reproductive capacities is only conceivable by nature of their being negatively influenced by their brazen British counterparts, as the following quote shows:

It's strange how two small societies, Ireland and the UK, can be pitched so closely together, geographically, economically linguistically and so on and yet certain significant social issues move in very different directions in both countries. While we discussed and voted as to whether we should have abortion here under any circumstances, across the water the main thrust of the abortion issue at the moment centres on why so few British women are using the abortion pill as a means of termination. (IFJ, 1993).

In this journalistic piece the construction of Irish women as passive and vulnerable reproduces the "personalization of the nation" in the figure of the 'Virgin Mother Ireland' trope (Meaney 2013), sustaining the attachment to control over women's bodies within the national consciousness. While the journalist accepts the reality that its increasing use may indeed one day lead to the abortion pills being used in Ireland, they affectively reproduce the boundaries of the gendered nation through the personification of Britain as oversexualized and abortion-crazed, and whose pernicious behaviour becomes a threat to the vulnerable and pure Irish woman. Fear which surfaces in relation to medical abortion here is reliant on postcolonial fears surrounding the control and regulation of women's bodies as the definitive marker of Irish

national sovereignty and respectability. The repetition of these stereotypes through designations of threat and vulnerability indicate the backward movement of fear, whereby fears towards medical abortion and the reproduction of the Virgin Mother Ireland trope are reliant on past histories of association of threat and vulnerability within the national imaginary, and in particular from “residual anxieties around race and Ireland’s postcolonial position as a white European nation” (128), which have and continue to structure the formation of and attachments to national and idealised gender identities.

As Meaney has urged “one result of such personalisation is that people will regard their nation, that is themselves - as a single body in a more than metaphorical sense. If any distress befalls a small part of the nation it can be felt throughout it” (125). The disavowal of women’s agency in these discourses is integral to the flourishing of medical abortion as an intimate public, and in particular as a ‘women’s intimate public’ where identification and dictates for national belonging flourish because of how femininity is constructed and figured as something to be managed as a national priority. This management takes on particular urgency within the Irish national consciousness because of the centrality of women ‘without which the common good cannot be achieved’” (as well as for how they are cast as markers of national difference). Relatedly this disavowal is what bolsters the sense of fear which medical abortion surfaces, spurring emotional involvement amongst participants in this intimate public and soliciting national belonging through calls for togetherness in the face of a national threat and through expressions of shared feeling on abortion and on women who become “subsumed symbolically into the national body politic as its boundary and metaphoric limit” (McClintock 62), circulated in the media as a focus point of national sentimentality, contrived as “ethical places based on the sense of capacious emotional continuity they circulate” (Berlant 6).

In the following excerpts we can see these aspects of community circulate:

A report advocating the more widespread use of a controversial abortion pill as an answer to unsafe surgical abortion was condemned in the European Parliament here

yesterday by an Irish member of the committee that drew up the document... Mr. Mark Killilea, Fianna Fail MEP for Connacht Ulster, one of only two men serving on the 34 member parliamentary committee on Women's Rights expressed shock and disappointment in the Community, which expressed the hope that the RU486 abortion pill would be used more... 'Speaking for myself and on behalf of the vast majority of Irish women and men we are totally against abortion in any form' add ed. (CE 1996)

It's strange how two small societies, Ireland and the UK can be pitched so closely together geographically, economically, linguistically and so on and yet certain significant social issues move in very different directions in both countries. While we discussed and voted as to whether we should have abortions here under any circumstances, across the water the main thrust of the abortion issue at present centres on why so few British women are using the abortion pills as a means of termination. (IFJ 1993).

We can see how medical abortion operates in the elaboration of an intimate public, not only "respond[ing] to material interests but magnetise[s] optimism about living and being connected to strangers in a kind of nebulous communitas" (Berlant xi). Speaking as one of two men in the 34 member parliamentary committee on Women's rights the Irish MEP expresses "shock and disappointment in the [European] Community" (CE 1996) that they are advocating for the increased use of the abortion pill. Condemnation of the threat that medical abortion is deemed to pose provides a basis for the commodification of social belonging as the MEP conveys shared feeling by "speaking on behalf of the vast majority of all Irish men and women that we are totally against abortion in any form" (CE 1996) reproducing Irish national respectability on the basis of control of women's reproductive bodies and in the related portrayal of British cultural values as dangerous.

The second quote shows particularly well how Britain is again figured as the antithesis to Mother Ireland. The journalist makes reference to the 1992 constitutional referendum which proposed three amendments: to exclude suicide as a valid threat to the life of the mother, to allow freedom to travel to avail of abortion services to another state, and to not limit freedom to obtain information about abortion services in another state. The journalist here underlines the respectability of Irish society through its democratic commitment to further restrict abortion, contrasting it with British society, who are almost actively coercing women into termination of

their pregnancies by advocating for the use of the abortion pill. Fear becomes magnified through the displacement of medical abortion as the object of fear to British cultural attitudes, linking those objects together, and intensifying fear through the displacement between objects” (Ahmed 66). Thus, the condemnation of medical abortion and of British society as threatening and dangerous as shown in the above examples provide the basis for national expressions of difference made on the basis of gendered ideals and the ability to control women’s reproductive lives in service of the nation.

4.2 Inducing a susceptibility: fear, disgust and the anticipation of injury

Thus far, the impact of these discourses manifest in at least two ways in their relation to fear and the preservation of normative gendered identity: On the one hand, fear creates distance between the subject who fears and the object of fear by way of the subject turning away from the object of fear towards the object of love. In their condemnation of the threatening British other, the subject is propelled towards the object of love, that is the Irish mother. However, in this turning away from the (displaced) object(s) of fear, it is the loss of fear, or its “passing by”, which becomes more fearsome. Ahmed writes “the passing by of the object does not mean the overcoming of fear; rather, the possibility of the loss of the object makes what is fearsome all the more fearsome” (65). Fear is therefore intensified by way of the object of fear never actually arriving or unfolding, as is the case with the abortion pill during this period in Ireland. On the other hand, fear is also intensified through future and further displaced projections of threat. “Fear involves an anticipation of hurt or injury” (65). Within these media discourses, the anticipation of injurious harm against women and children surfaces in a bid to preserve the nation “through announcing a threat to life itself” (64) by way of future projections of the negative consequences that medical abortion is deemed to pose.

In Kenny’s opinion piece the reader is propelled from the present into the future with the modal verb “could”. “It could be a disaster”. The journalist imagines a society where

backstreet abortion is rife. “If youngsters can get hold of heroin illegally, they will certainly be able to acquire the abortion pill” (SI 1985). Through what Ahmed terms a “metonymic slide”, heroin and the abortion pill are placed in the same detrimental category, determined as a threat to the social order through associations with drug-dealing, “racketeering” and backstreet abortion:

Some consider the advent of RU 486 to be progressive – scientists in particular are always excited by new discoveries. But some see it as a regression to do-it-yourself, backstreet racketeering as in the days when old crones sold horse-laxatives to desperate pregnant girls. (SI 1985)

The discursive authority of scientists, and therefore the legitimacy of the abortion pill, is undermined through the journalist’s patronizing infantilization of the scientist’s giddy, yet ill-conceived, interest in “new discoveries” (SI 1985). Furthermore, through sliding associations between the abortion pill, heroin, and horse laxatives, fear of the abortion pill is amplified through connotations of toxicity, danger and corruption. The toxicity and illicitness of the abortion pills becomes a means to safeguard the purity of woman as mother as they are warned of how the pill can expel the fetus *at any stage* of the pregnancy, suggesting the hyperbolic possibility of rampant late-term abortion of fully formed fetuses and the simple ‘passing of the fetus into the toilet’. The discursive assemblage of toxins, abject bodily waste produces affective disgust, which further contributes to the preservation of the self through a repel instinct.

The affect of disgust, which is heavily playing out in the tropes of possible disastrous scenarios, is a prominent feature in much anti-abortion discourse, evoked through the figure of the aborted fetus, which becomes a visible sign of the pregnant body’s failure to approximate the ideal of woman/mother. As anti-abortion discourses is so heavily reliant on the future of the fetus in the figure of the child, we see how abortion is castigated as a ‘disgusting’ act or event through the ways in which the aborted fetus comes to represent the murdered and abject child,

who will “simply be passed into the toilet”. The efficacy of this is significant. Abortion comes to be considered, not only as a murderous act, but a monstrous act, as the figure of the child is figured in this representation as being given the same relative importance as bodily waste.

The disgust attributed to abortion as an act or event is a result of a mimetic effect of language (Ahmed 93), where constant repetition asserts the future of the signifier, positing the signifier through linguistic affirmation. Another aspect of the way in which future projections play out in the debate lies in the performativity of the disgust which is evoked to intensify the potential negative scenario. The journalist Kenny argues that the ‘gruesome passing of the foetus into the toilet’ might actually prove beneficial to the pro-life movement “in a grisly sort of way”, she writes:

At present, abortion is something done behind closed doors and under anaesthetic. With an abortion pill people would become much more aware of how fully formed the unborn infant is from quite an early stage in pregnancy. In a grisly kind of way, seeing the human fetus might finally repel people from casual abortion.” (SI 1985)

It is here that we see performative disgust in action, operating within an iterative logic. “If the performative opens up the future, it does so precisely in the process of repeating past conventions, as to repeat something is always to open up the (structural) possibility that one will repeat something with a difference” (Ahmed 93).

The image of the fetus itself is not inherently disgusting. Its grisliness has been attributed through repetitious linguistic affirmations and signifiers which designates the fetus as equal to that of a child, capable of living outside of the womb of the mother. The metonymic slide here between fetus and child means that when we imagine the aborted fetus, we are still thinking of the fetus as a child, capable of living, but instead being treated as abject bodily waste. What is interesting in examining anti-abortion discourse is how the pregnant woman as represented in the texts is also in the future projections intensified through disgust often spared the most negative labels, protected somewhat by her previous characterization as irrational,

emotional and desperate. While these discourses relegate the act of abortion , they simultaneously withhold the agent, that is the woman, from being defined as ‘disgusting’. Her action is to be rejected but not her person, and perhaps it is of no surprise if we recall the constitutional and national veneration of the mother and her role in achieving ‘the common good’. If the disgust bolstered future scenarios serve to abject something, then the value of the (white) reproductive female-sexed body is too significant to be cast aside as it would betray the dictates of compulsory motherhood, whereby any body able to reproduce will be obliged to do so.

The projection of fear onto other objects, which I have discussed above, connects also to further future projections. Mary Kenny (SI 1985) substantiates her argument that the ease with which women may be able to access abortion pills will result in “an even more careless attitude among teenagers towards casual sex” by providing statistical evidence on the rate of unplanned and unwanted pregnancies in Britain. She writes:

Certainly, the medical, social and human implications are staggering. In Britain, about 35% of babies begin by being either “unplanned” or “unwanted”. (SI 1985)

Again we see how Britain is personalized as the antithesis to Mother Ireland, for whom an “unplanned” or “unwanted” baby is inconceivable, and careless teenagers having casual sex threatens the sanctity of the family as a mode of social ordering. This fear gets further compounded through the introduction of a future element being national economic developments. By stating that “each National Health Service (NHS) abortion costs the British taxpayer £500 at present”, exacerbating anxieties on to the common taxpayer, who will inevitably become the victim of a society rife with “abortion-pill popping teenagers” in the midst of an “abortion epidemic”. The discussed examples show a use of possibility and future projections of threat, anticipating injury and thus intensifying the impact of narratives of fear. The evocation of negative future scenarios, drawing on tropes of disaster and disgust,

contributes to priming the debate in a way that prioritizes abortion as a national question and not as the choice of women.

4.3 Prepare someone to behave or act a certain way: agency and ‘desperate pregnant girls’

In this final section, I discuss the ways in which “claims of emotional generality among women” (Berlant 5) surface in response to medical abortion as a threat in the media, denying women agency in the imposition of these generalities. As of now, it is clear that fear becomes hinged upon the irrational abortive mother, whose agency must be conceived of in terms of disorder or as non-existent for the preservation of the nation. This preservation is contingent upon the coherent (re)production of the vulnerable mother, whose respectability is at stake from external influence. Denying women any agency becomes both a rhetorical and affective device in such a preservation, and is evidenced throughout my sample, such as in the following quote:

Only 3000 of the 176,000 [British] women” opted for the abortion pill rather than surgical abortion because women don’t want to take on the moral responsibility of administering the drug themselves. Well, doesn’t that just give the whole game away? Surely that suggests that at the end of the day, many women are quite unhappy with the whole principle underlining the abortion issue (IFJ 1993)

Women here are infantilized; by claiming that women *don’t want* to take on the moral responsibility of administering the drug themselves, we can read a suggestion that they are incapable of assuming such responsibility by nature of their not being mature or wise enough to properly consider the weight of their actions. The journalist’s observation is not restricted to Irish women, but is conveyed as a general and essentializing characteristic of women as a homogenous group. The denial of women’s capacity to assume moral responsibility reifies their position as merely “symbolic bearers of the nation... denied any direct relation to national agency” (McClintock 62) and discursively denied their own agency.

Further threat is identified in terms of what they consider the relative immediacy of the abortion pill use as opposed to surgical abortion. They describe how with surgical abortion, women are obliged to wait a few days and offered counselling when they try to avail of surgical abortion under the strict supervision of their gynaecologist (SI 1985). This waiting period is integral because it allows for the woman to change her mind. Kenny's writing shows this ascribed passivity especially clearly:

Many women are ambivalent about a pregnancy when it starts, but become reconciled to it and finally welcome it. The tenth week of pregnancy is the high point of unwantedness as it is the moment when the generally feels her most wretched physically. This is the stage when the baby is drawing most from the mother and causing maximum chemical and hormonal stress to her system. This is also the high point of request for abortion (SI 1985).

She establishes women's desire to have an abortion as a cause of hormonal imbalances which occur around ten weeks into pregnancy. "With an abortion pill, one day's depression during early pregnancy could instantly do away with the child" (SI 1985). Fear of the abortion pill here becomes displaced onto the disordered mother, whose irrationality may result in the murder or "doing away" of the now personified child. According to Doyle, "[t]he rhetorical violence of abortion politics nearly always hinges on the personification of the fetus and the depersonification of the body of which the fetus is a part" (Doyle 32), resulting in the disappearance of the pregnant woman into "an amorphous and undefined background" (32). Meaney also describes this dynamic in what she terms the "disembodied mother", where "the maternal body is idealized out of existence" (131). Making reference to Lee Edelman's conceptualization of the Death Drive, Jennifer Doyle writes that "militants see in both women who abort, and men who have sex with each other, a threat to life itself" (28). Denied any agency, the impact of this article produces a "political violence generated from its presumption/reproduction of a coherent, autonomous subject" (30), that is the irrational woman, who will inevitably fall subject to her hormonal emotions and abort on a whim, not realizing that she can and *should* be a mother until it is too late. It is implied therefore that the onus on

whether to have a child or not therefore, should not be made disposable to the pregnant woman. The ways in which the abortive subject is described in these discourses constitutes a violent iteration, through casual associative slides between the terms ‘woman’, ‘mother’, ‘abortion pill-popping teenager’, ‘youngster’, ‘desperate pregnant girl’ which are used interchangeably. Doyle writes that, ironically, “we become more comfortable with abortion stories in which the pregnant woman is herself more like a child than an adult – a helpless victim of circumstance, pregnant through no fault or desire of her own” (26). The effect of this becomes a trade in of the desires and agency of the woman for the preservation of a social order structured on racialized and gendered constructions of identity.

Within these discourses, the domestic sphere interestingly becomes fearsome as it is precisely within the confinements of the home that the abortive mother will be able to use the abortion pills and “do away with the child”, away from the purview of medicalization.

So abortion is a medical procedure at present, performed under the supervision of gynaecologists... The abortion pill would change much of the medical basis of abortion. The woman would be prescribed the pill, go home, take it – and particularly in the early stages. (SI 1985)

I make reference again here to the constitutional assignment and imperative that “by her life within the home, woman gives to the State a support without which the common good cannot be achieved” (Bunreacht na Eireann). If indeed it is the idealizable Irish mother who will safeguard the common good of the nation bearing the nation’s collective from within the confines of the domestic, then it is the figure of the abortive mother who disrupts that fantasy with her irrational impulses. Not only do her actions and desires constitute a “neglect of her duties in the home” (Bunreacht na Eireann), her haphazard impulses are diametrically opposed to the reproductive duties of the mother symbol, that is as biological reproducer of the nation. Irish women are conceived of without agency, defenseless and in need of protection from such malignant influence, indicative of how “adoration and abhorrence are fused in a symbol that ignores women’s own desire” (Kearns 443) in the national construction of idealised gendered

identity. The disavowal of women's agency in these discourses is integral to the flourishing of medical abortion as an intimate public, and in particular as a "women's intimate public" where identification and dictates for national belonging flourish because of how femininity is constructed and figured as something to be managed as a national priority and solicits national belonging through the repetition of gendered constructions which reaffirm postcolonial fears surrounding the female-sexed body.

Throughout this chapter I have contextualized debate in Irish media on the subject of medical abortion, revealing the ways in which this debate became a site for the reproduction of gendered identity through the proliferation of narratives of fear. I have argued that the surfacing of fear on the subject of medical abortion in the period 1985 – 1995 was very much embedded in more profound anxieties centred on the female body, amplified through narratives of an encroaching threat to the social order. I have argued that through this media debate fear primes an intimate public in a threefold way: first, *preparing a surface* through displacements of fear onto objects external to the nation, secondly, by *inducing a susceptibility* through the use of possible future scenarios covered in disgust and ,third, by *preparing behaviour* where the denial of agency is central to the reproduction of the idealized mother figure and therefore of the nation itself. Furthermore, I have shown how fear becomes displaced on to more objects than the abortion pill - as with British culture, the figure of the abortive mother and the domestic, revealing how the nation comes to be reproduced together with and through constructions of idealized gendered identity. In my next chapter, I go on to discuss an affective shift in the textual narrativization on medical abortion from the period 1995 – 2017, when it becomes learnt that medical abortion pills have become available online, and an increasing amount of Irish women are accessing them in lieu of travelling to the UK.

5 Shame spectacles: Failing ideals and Recovering Gender

Women in many countries around the world can make informed decision and safely use mifepristone and misopristol... It is humiliating and degrading to claim that Irish women do not have the same capacity.
(Irish Examiner 2011)

In the previous chapter, I discussed how fear structured medical abortion use as an intimate public, soliciting national belonging and the reproduction of gendered and national identities through narrativizations of threat and vulnerability. Throughout 1985-1996 women became figured as a homogenous group, characterized without agency, and therefore vulnerable to attack from external interference and in need of protection from others or themselves. I showed how fears surrounding abortion and the female body were reproduced in through these narratives legitimize the need for control over women's bodies and ensure the preservation of the Virgin Mother Ireland trope. In this chapter, I discuss a shift in the emotional narration of media responses to medical abortion, and therefore a shift in the structure of medical abortion as an intimate public and how it refunctions identifications with normativity as idealizable. Throughout the period 2004 – 2016 with confirmation that women had begun accessing medical abortion pills in Ireland in significant numbers, I suggest that an economy of shame textually mediated medical abortion use in Irish media, restructuring medical abortion as an intimate public through stigmatizing and condemnatory reporting on its use. I will describe how shame surfaces as “a narrative of reproduction” through iterations of abortion as the failure to approximate idealized femininity/motherhood, and detail the ways in which shame spectacles flourished as both pro-life and pro-choice media began to issue personal testimonies from women who had used medical abortion. I show how national subjects are implicated in intimate publics through shame's contagion where the failure of social ideals solicits shared condemnation and brings the nation into existence as a ‘felt community’ (Ahmed 101). To begin, I will discuss in more detail the shift in the emotionality of media responses to medical

abortion, occurring in relation to specific socio-political shifts which saw to the mass accessing of medical abortion use in Ireland.

5.1 From Fear to Shame: Acknowledging the ‘unknown-known’

A new debate over the abortion issue has arisen after a UK agency – the British Pregnancy Advisory Service (BPAS) – proposed that women be allowed to take abortion pills without medical supervision. The proposal has implications for the thousands of Irish women who travel to the UK each year for terminations, as it could mean them taking a second pill in their own homes. Although legal opinion indicates that procuring a miscarriage is against the law in Ireland (II 2004).

Anti-abortion activists have condemned plans to sell abortion pills online. A European group which controversially anchored a floating abortion clinic off shore in 2001 has recently published advice on its website on how to self-induce abortions. Eoghan De Faoite of anti-abortion group Youth Defence said it was “extremely dangerous” for women to take any sort of drugs without medical supervision. “It is highly irresponsible for this to be promoted” he said... Unfortunately, there is freedom of information out there and they are free to put what they want on their website. But it will be illegal to import these pills into the country. (II 2004).

Having been largely absent from abortion debate in the public sphere during the years 1996 – 2004, the subject of medical abortion reappeared in Irish media in 2004 as “a new debate” in response to two important developments which led to the medical abortion phenomenon. Firstly, it was announced that the UK was soon to approve medical abortion use without medical supervision posing “implication for the thousands of Irish women who travel to the UK each for terminations” (II 2004). This meant that women would now have the possibility to transport the pills back from the UK and induce abortion in Ireland, an illegal act carrying a sentence of 14 year imprisonment in Ireland a life term in Northern Ireland. Moreover, it would be extremely difficult to control women importing the drugs. Secondly, a women’s reproductive rights NGO, Women on Web were to begin an initiative that would significantly change the landscape of abortion politics in Ireland as they started to publish information on how to access

abortion pills, and later throughout the period started to distribute the medical abortion pills themselves to countries with restrictive abortion laws, including Ireland.

By 2008 several reports were indicating that “Women from the Republic and Northern Ireland – which also has no abortion clinics – were among 70 nationalities... using a website supplying abortion pills called ‘Women on Web’ (II 2008). By 2011 figures in the amount of women from Ireland and Northern Ireland seeking abortions in England had fallen for the ninth successive year (BT 2011). The pro-choice side of the debate attributed the decrease in this figure as a result of medical abortion access in Ireland and urged the state to finally realize the fact that “criminalizing abortions does not stop women having abortions” (BT 2011). The anti-abortion side made a contrary claim that the decrease in fact indicated that “the pro-life battle is being in Ireland” and was “proof that our strategies are working” (BT 2011). Similarly to as had unfolded in the preceding period, the anti-abortion lobby initially began to proffer a veil of silence over medical abortion use, denying the experience and agency of women and maintaining the doublethink on abortion which Fintan O’Toole describes as one of Ireland’s “unknown-knowns” (IT 2015).

In itself this [doublethink on abortion] is oppressive. It turns perhaps 200,000 Irish women who have had abortions into human embodiments of the unknown known, distorting and denying their actual lived reality. But the doublethink is also bad for all of us. It gives official sanction to the almost psychotic disjunction between what we actually know about Ireland and what we allow ourselves to acknowledge and articulate. It sustains the silences that corrode our capacity to grasp our own realities.

The pro-life lobby’s assessment of the decrease in the number of Irish women accessing abortion in England was soon to be proven erroneous as it was reported that Irish customs had intercepted and seized more than 1,800 pills, with 1216 tablets intercepted during 2009 and 2010 alone (II 2012). With official figures provided by the Irish Medicines Board (II 2012) and as the issue was raised in the Oireachtas as it was announced that “jail terms for abortion use to be debated” (IT 2013), the phenomenon was no longer something which could be denied and

the nation was forced to confront, even if it was not adequately acknowledged, the injustice and hypocrisy of the State's criminalization of abortion.

As the medical abortion phenomenon unfolded throughout the period 2004-2016, the national consciousness was forced to negotiate with the reality that several women were deliberately inducing abortion in Ireland in significant numbers. The development of medical abortion provision via online-telemedicine services made possible by women's NGOs such as Women On Web, Women Help Women, and Need Abortion Ireland, amongst others, was extremely important for shifting the boundaries of abortion politics in Ireland and for thrusting the question of women's agency and their right to decide to have an abortion right into the heart of abortion debate in the public sphere. The myth of an abortion-free Ireland and collective claims in the public sphere that "the vast majority of Irish men and women ... are against abortion in any form" (CE 1996) had begun to be aggressively challenged by women actively contravening the law, as well as the symbolic status imposed upon them as mother and nation. Meaney writes "If the nation is experienced as "a body" then the body in Western Culture is primarily figured as and through the female body" (126). If Irish masculinist nationalism has relied on the control of women's bodies and their reduction to the symbolic status of mother for self-definition, then the deliberate flouting of the law by women accessing medical abortion represented a failure in national reproduction. Throughout this more recent period medical abortion use was no longer figured in media as an external threat in the public sphere but as a national failure, prompting the surfacing of shame which becomes translated onto women as the (temporary) failure to approximate idealized gendered identity. Throughout the rest of this chapter I will underline the ways in which shame emerges in media responses to the medical abortion phenomenon as "cultural practice" (Mendible) and as a "narrative of reproduction" (Ahmed 108), aligning subjects with the social ideals of the nation by "positioning bodies within cultural narratives of inclusion and exclusion, prominence and invisibility" (Mendible

9). I distinguish two specific forms of shaming narratives in media throughout the period - stigmatizing shaming narratives and restorative shaming narratives, and discuss the implications of these narratives on the articulation of gendered identity and abortion, indicating how they reproduce positive identification with a heteronormative social order.

5.2 Stigmatized identities and the Exposure of Failure

The illegality of medical abortion use structured the stigmatizing narrations in the public sphere of the phenomenon, and also of the types of women considered the using it. Media responses, finally acknowledging the advent of medical abortion, conveyed its use in terms of the exposure of a shameful secret as it again became represented with illicitness through designations of it as “an illegal trade” and through associations with “backstreet abortion” “smuggling” and being “intercepted” (II 2012). The illicitness attributed to medical abortion suggests that it is something which should have remained a secret but which has now been exposed and witnessed as women are described as being “driven underground”, again surfacing the stereotype of the ‘desperate pregnant girl’ and resulting in the stigmatization of women’s agency. Doyle writes that “One of the many nasty effects of this form of narrative policing is the stigmatization of the agency of the vast majority of women who choose to have abortions – choice becomes a disorder of will and desire” (26).

One doctor said a foreign national was treated in his surgery after she underwent a surgical backstreet abortion here. (II 2012)

Another told how a young girl took an overdose of non-steroidal anti-inflammatory tablets to induce a miscarriage (II 2012)

Bernadette Goulding, director of Rachel’s Vineyard in the UK has said the group has dealt with a number of Irish women who have taken the pill unsupervised. I remember one young girl coming to me who had taken this drug and aborted when she was out shopping. She went into the toilet in the shopping mall. But unfortunately these are stories you don’t hear about (II 2008).

Media reports attribute both the illicitness and the failure of national ideals to marginalized subject positions, who became the face of a phenomenon that had been until this point largely anonymized with only cursory statistics available to indicate the scope of the phenomenon, as well as its cultural implications. Casting “foreign nationals”, “young girls” “unmarried mothers” as the face of the illegal phenomenon, these designations indicate the work that shame performs in securing the normative family by “assigning to those who fail its form the origin of bad feeling” (Ahmed 107), whilst reinstating the heteronormative family and mother as idealizable. The circulation of shamed identities within medical abortion as an intimate public operates as a process of othering, whereby the failure of abortion becomes a failure attributed to others in their difference or inability to approximate the ideal of the White, Irish, and married mother. Their circulation translate into narratives we tell about others in their difference and failures, operating as an affective form of national reproduction where the acknowledgement of the failure of ideals provides justification for the existence of those ideals in the first place.

The foregrounding of the failure to reproduce the family form and the assignment of those responsible for this failure as “the origin of bad feeling” (107) within the national consciousness further creates identification with the ideals of the heteronormative family. In shame, the failed subject must either be repudiated, “an emblem for what society rejects” (Mendible 12), or else their failure must be witnessed through denunciation and the acknowledgement of wrongdoing in order to be permitted re-entry into the family fold as a legitimate subject.

In England and Wales a married woman is about a quarter as likely to have an abortion as an unmarried woman. That is because a married woman is much more likely to have planned the baby, or if not, is ready with her husband to raise the baby anyway. Therefore the separation of sex from commitment (nevermind marriage) which the widespread availability of contraception has permitted is what has created so many unwanted children and driven up our abortion rate” (II 2014)

When a couple use birth control as with the condom, the Pill or any other form of contraception – they do so within the privacy of their relationship. That is why the State does not have an interest in prying into citizens bedrooms. Women, men, and couples

are entitled to decide for themselves what accords best with their health, their happiness and indeed their conscience. However, the termination of pregnancy doesn't just involve a private person, or a private couple in their own bedroom. It involves an entire health system – doctors, nurses, and health workers. And for those who vote pro-life, it also involves taking the life of the unborn. (II 2014).

In the citations above, we can see how the witnessing of shame is central to reconstituting the ideals of heteronormativity. The heterosexual couple become the marker of respectability, an emblem of what is not only acceptable but desirable for the state and nation. The desirability the heterosexual couple is afforded is premised on the ways in which they function as a source of good feeling, represented as ideal citizens who will eventually reproduce the family form “within the privacy of their relationship”. The state has no objective in “prying into citizens bedrooms when they are playing by the rules of heteronormativity. The desirability of heteronormativity and marriage though is only made possible through the referential construction of the “Unmarried women”(Quinn, II 2014) as *not* of the family. Her illegitimacy and undesirability will result in “unwanted children”, thereby necessitating the “prying into citizens bedrooms” (Kenny, II 2014) by not only the state, but the entire body politic. Abortion is thus constructed again not only as a failure but as a site of national intervention where failed subjects “identified in their singularity or at least in their distinction from other groups and most ‘especially from “us” become reminders for why the ideals of heteronormativity exist in the first place. The failure of the differentiated other is crucial to propagating the ideals of normativity as bad feeling is attributed to marginalized identities in the phenomenon who become symbols of what society rejects. The effect of this narrative rejection indicate how stigmatizing narratives of marginalized subjects reconstitute the codes for cultural belonging which require that sameness be perceived as desirable and positive for the continuity and flourishing of the in-group, whilst difference is seen as degenerative and contrary to the naturalized homogeneity that national belonging calls for. In the next section I identify how restorative shaming narratives in both pro-life and pro-choice testimonies reconstitute

identification with the ideals of respectable motherhood through expressions of abortion as a temporary failure, thereby reifying abortion stigma.

5.3 Restorative Shame: The Spectacle of Experience and Failure

While stigmatizing shame involves “a literal and figurative expulsion – the realm of the outcast, the criminal, the alien (Mendible 10), shame narratives also perform a powerful restorative function in intimate publics where obstacles to national reproduction in the form of divergence from norms, must be repurposed or adapted in order to continue the flourishing of attachments to normativity as idealizable. The reasoning behind this restorative function is rooted in the mechanistic functioning of shame as an auxiliary affect which occurs in the “incomplete reduction of positive affect, which is the innate activator of shame” (Tomkins 353). The loss of this contact or identification with positive affect and the painfulness of shame prompt the subject’s desire for reconnection with positive affect which requires acknowledgement of the failure that one has failed through an admission of guilt. Ahmed writes that “Shame in exposing that which has been covered demands us to recover, such a recovery would be a recovery from shame” (Ahmed 105). The work that shame carries out in this ‘recovery’ is of interest in taking a closer examination at the ways in which gender is constructed in response to the obstacles that the medical abortion phenomenon presented, and indeed in any confrontation which disturb processes of national reproduction. Gender is “something repeated, detailed and stretched while retaining its intelligibility, its capacity to remain readable or audible across the field of its variations” (Berlant 4). The reproduction of normative idealized gender constructions therefore also represents a recovery to positive feeling within this intimate public as it re-covers the “obstacles that shape its historic condition” (Berlant 8), manipulating and adapting what is individual so that outcome becomes general. Despite shifts in the construction of gender when there are power contestations in the public sphere, the pull towards normativity assures the

intelligibility of idealization gender, working on and through the construct. Shame is one such emotion that directly facilitates the manipulation and adaptation of idealized forms of national gendered identity as “the first, and permanent, structuring fact of identity” (Sedgwick 65) and the place “where the question of identity arises most originarily and relationally (35). Throughout the medical abortion phenomenon we can see how shame structures identity as a corrective mechanism in testimonies of its use.

Throughout the beginning of this period, the phenomenon remained largely anonymous, “remaining a risky topic to talk about openly” and as such it remained that “we know little about how many women have used this method of abortion here, or about their experiences” (Holland 2015). By 2013, however, both pro-choice and anti-abortion sides of the debate began citing personal testimonies of women who had accessed medical abortion in Ireland and Northern Ireland, personalizing the phenomenon and circulating “experience” as a valuable commodity.

In a series of compelling stories appearing in tomorrow’s ‘Weekend’ magazine, women who have undergone abortions tell the Irish Independent about their experience. (Heffernan, II 2013)

Portrayals of medical abortion use have now taken on a more ‘sympathetic’ edge with the pro-choice lobby taking more space in the public sphere. Headlines read “Students reveal how they bought abortion pills online”(II 2013), “Emily’s Story: An Illegal Abortion in Ireland” (IT 2015), “Claire ordered drugs online and had an abortion at home. This is her story”(IE 2013). They engage in efforts to reveal more “ordinary” abortion stories of more familiar and “ordinary women”, in a bid towards “destigmatizing the issue by talking frankly about it (Holland 2015).

Clare was not raped, the pregnancy did not pose a real and substantial risk to her life, and was not suicidal, although she does suffer from depression. (IE 2013)

Suzanne Lee (23) said she had no regrets about her decision to terminate her pregnancy. “It wasn’t an instant decision to have an abortion, though deep down I knew that was what I was going to do. (II 2013)

However, not all of those interviewed felt they had made the right decision to terminate their pregnancies. Adele Best (38) a member of Women Hurt, an organization where women who regret their abortion can share their stories, said she regretted her two abortions “with every single fibre of my being. I went totally off the rails in the weeks afterwards, drinking and taking drugs and getting into fights to numb the pain of emptiness and depression and the profound sense of loss” she said, adding “No one prepared me for the reality. I realized that as a woman I’m deeply programmed to nurture that life, not forcibly destroy it. (II 2013)

Sinead (45) was a single mother a three year old son when she went to London for an abortion in the early 1990s at the insistence of her mother. “On the plane home, my mother warned me never to speak to this to anyone. I kept it bottled up inside me for 21 years. I vowed to be the best mother to my other child, but sometimes the grief overwhelmed me” (II 2013).

Testimonies describing the “experience” of medical abortion are largely conveyed through descriptions of women’s feelings towards the experience and questioning as to how/if they negotiated with feelings of regret towards their abortion. Providing gratuitous information regarding the personal lives of the women, these testimonies constitute shame spectacles in the public sphere where the failure and restoration of normative ideals subsume the lived realities and desires of individual people. The focus of these testimonies moves the conversation away from medical abortion however and remains largely centred on the question of the morality of abortion in general while still claiming to describe the phenomenon. The framing of this tendency in both conservative and liberal campaigning to assume that there is always on some level a psychological toll on the woman who has an abortion fails to acknowledge the generative and performative effect of naming emotions where emotions become the effects of their very naming (Ahmed 13), as is the case with shame and regret in the narration of abortion experience. Furthermore, this tendency denies the transaction that women are obliged to enter into in their articulations of their experience with abortion where to not show proper deference towards the failure of the mother ideal is to not only be shamed but to be outcasted from the collective as a non-reproductive body and suffer the isolation of stigmatization. The obsession with attributing shame and regret to the act of abortion reveal both the “painful-individuation” and “uncontrollable relationality of shame” whereby the abortive mother must testify against herself

in the view of an idealized other in order to recover from associations with stigmatized identities, and to be able to re-enter the bonds of national belonging as an absolved and corrected subject.

Only one of the testimonies provided gives an example of a woman who explains in quite simple terms that “she had no regrets about her decision to terminate her pregnancy” stating that it is just something she knew she wanted when confronted with an unplanned pregnancy. She nonetheless responds to fears surrounding the stereotype of the abortive mother who will abort at whim having not fully considered the weight of her actions stating that “it was not an instant decision” (II 2013). Her decision provides little justification beyond her own will and desires. Such a testimony is rare, however, and doesn’t pack the same emotional punch as other testimonies which spectacularize shame as the mediating frame through which medical abortion phenomenon can be understood in the public sphere. The relative indifference of this response does not bear much weight in its contrast with the remaining testimonies where psychological turmoil is both the cause and effect of the abortion experience. Even in pro-choice discourses such as “Claire’s story” that attempt to destigmatize abortion usage, the gratuitous detailing of the mental state of women bolster the notion that abortion is in some inherent way linked with a disordered mind. Or, that it will be the cause of a disordered mind. In Claire’s testimony, Kitty Holland tries to emphasize the ordinariness of Claire and normalize her justification for her abortion by separating her account from “extraordinary abortions”. She was not raped nor was she suicidal. However, it is indicated “although she does suffer from depression”. This is one of the most disingenuous and flawed logics of liberal abortion discourse whereby the gratuitous detailing of the personal lives of women take on the form of defensive justifications, reifying acknowledgement of the failure of norms and the approximation of idealized gendered identity, as well as separating the experience of abortion into “good” or bad” by revealing women’s normative inadequacies to assume motherhood.

I have mentioned how the designations of the abortive mother as ‘depressed’ or not fully competent to make the decision on her abortion stigmatize abortion by laying bear the implication that women who have abortions are not of the ‘right’ mind and this is in some way relevant to their decision to have an abortion. The mental state of the woman reflects an important point in considering the restorative function of shame within an intimate public and how denunciation and forgiveness play out in cultural constructions of the ‘experience’ of abortion. Expressions of shame and regret are almost a form of penance for women who attribute their psychological distress as the determining experience of abortion because of how it contravenes the biological essentialism that idealized femininity demands “as a woman, I am deeply programmed to nurture that life, not forcibly destroy it.” (II 2013) constituting abortion as the failure of the idealized gendered identity and depression as punishment for the offense. These spectacles replicate the corrective function of town square pillories (Mendible 1) where spectators become affectively bound together in their shared condemnation and humiliation of culprits, assured that the offender will be duly disciplined, and the social order restored. The expressions of shame and regret and testimonies of post-abortion depression also remind others of the ideals that have been failed and what is at stake in that loss. The fear of shame becomes a powerful register for policing the boundaries of respectable femininity.

Where women make the claim that they do not regret their abortions, they nonetheless engage in gratuitous justifications for having one, acknowledging abortion as shameful through acknowledgements of their failure to approximate the ideals of respectable motherhood. Abortion is conveyed as a failure but one that is necessary because of aspects such as the woman being single or not being able to afford to provide an acceptable life for a child. Their justifications reinstate the failure of the ideal and abortion as stigmatized by laying bear the implication that their failure is temporary, indicating a promise of return to the ideal in the future and the recovery of idealized femininity, and therefore of the nation.

Speaking to me last week she told me how her life started crumbling around her 18 months ago, after she lost her job. I own my house but I am defaulting on the mortgage and the bank is threatening to repossess” she said. I have a teenage daughter but can’t even afford the voluntary contribution for her school. The last time we put oil into the tank was nearly two years ago. Consequently she decided to have, what some have callously dubbed a “social abortion” – an odious neologism that conjures up images of debauched selfish women too busy drinking or shopping to continue with an unplanned pregnancy. If my situation was different, if I had a job and security, I would keep the baby. I love my partner but I know what being a parent involves and I’m just not in a position to do it at the moment. Having another child would staying on welfare, giving up on a career, trying to find a job that would somehow cover childcare costs for two and giving up on the life that I’d been working hard to obtain for myself and my son. (IE 2013)

She had been going out with her boyfriend for 18 months but they are no longer together. “I was working part time and trying to get college projects finished. The thought of having a child on a meagre wage, living in an apartment I share with my mother... I wouldn’t be able to finish my education or look for work. What kind of start would that be for a baby? (IT 2015).

The indication from these testimonies is that the decision to have an abortion is not non-reproductive, it is simply a case of not being ready. Their not being ready in the present indicates the fact that they will be ready to reproduce sometime in the future when they are better able to approximate the ideals of motherhood. “If my situation was different, if I had a job and security, I would keep the baby”. These acceptable abortions are spared the label of “the odious neologism” of a “social abortion” that that conjures up images of debauched selfish women too busy drinking or shopping to continue with an unplanned pregnancy” because the woman is seen to show proper deference towards the ideals that she has failed, thereby reinstating the positive value of those ideals.

Shame may be restorative *only when the shamed other can ‘show’ that its failure to measure up to a social ideal is temporary*. Shame binds us to others in how we are affected by our failure to ‘live up to’ those others, a failure that must be witnessed, as well as be seen as temporary, in order to allow us to re-enter the family or community. The relationship to others who witness my shame is anxious: shame both confirms and negates the love that sticks us together (Ahmed 107).

Shame has a significant function in restoring or recovering the ideals of femininity in these testimonies, and therefore of ensuring that she can continue enjoying the benefits of “social and cultural bonds of belonging” (Mendible 10) wrought through adherence to the dictates of

normativity. In this way, we can better understand the work that shame performs in the reproduction of gendered ideals where the future of the nation is assured through the disciplining of any divergence from normative constructions of femininity.

To conclude this chapter, I have underlined the ways in which shame refunctioned medical abortion as an intimate public, providing a “convenient register in which to debate and obscure larger knots of social attachment and antagonism” (Berlant 7). I have shown how gender ideals are recovered in this refunctioning through modes of concealment and exposure which shaming narratives entail, and which play out on the bodies of shamed subjects as a politics of domination and exclusion, creating alignments with the ideals of the collective, as well as delineating distinctions. Despite the fact that the medical abortion indicated the will and autonomy of women in taking control over their reproductive lives, media responses to the subject reveal the ways in which the agency of women remains a troubling concept within cultural narrations of abortion and within the national consciousness. These narratives also invisibilized the more urgent implications of medical abortion such as the threat of imprisonment, as well as for how it highlighted the injustice of differential access to abortion. The spectacularization of medical abortion testimonies indicate the work that shame spectacles do in stupefying consumers through the reduction of lived realities to images and indelible character traits which come to define the generality of the experience of abortion as shameful as a causality of the presumed generality of ‘women’ as a homogenous group, who are defined by their biological role as mothers.

6 Conclusions

I began this thesis by addressing the fact that medical abortion phenomenon has been overlooked as one of the most transformative moments in Irish abortion politics, leaving significant social, cultural and national implications in its wake that have yet to be fully appreciated. Taking media from the Irish Newspaper Archive on the subject of medical abortion, I have analysed the emotionality of texts on the subject of medical abortion use to better understand the role of emotion in sustaining abortion as a point of stigma through nationalist (re)production of idealized forms of gender identity, specifically that of the white, Irish mother. My sample collates an important archive of material, chronicling the development of this phenomenon as it was reported in the Irish public sphere, and therefore provides a basis for insight into cultural and national attitudes on the issue showing . I have argued that medical abortion flourished as an intimate public because of the ways in which the question of agency provokes national sentiment surrounding the female body and her role proper to the nation. Tracing the work of emotion as it is expressed in the progression of the medical abortion phenomenon and in response to specific socio-political developments which allowed the phenomenon to unfold as it did, I have shown how medical abortion flourished as an intimate public where national belonging could be solicited through espousals of collective feelings towards the management and reproduction of femininity.

Looking towards media on the subject of medical abortion in the years preceding its arrival in Ireland, I have shown how fear was instrumental in the elaboration of medical abortion as an intimate public, provoking post-colonial fears in the national consciousness surrounding the female-body and her role as the biological and cultural reproducer of the nation. Historicizing the manifestation of national fears surrounding the female-sexed body has allowed me to better understand the ways in which the histories of emotions forge and reproduce attachments to national ideals I have argued that fear established medical abortion as

an intimate public in three ways which constructed it as a potent site for the redrawing of national boundaries and the (re)production of idealized gendered identity through expressions of national sentiment and collective sociality. I identified how differential designations of threat and vulnerability reproduce national boundaries casting women as the markers of national difference, particularly in relation to representations of abortion in Britain. These narratives of threat and vulnerability were greatly intensified by future projections of national demise and injury which. I have finally argued that the disavowal of women's agency was central to justifying fears over the threat that medical was deemed to pose, and show how this disavowal (re)produces women as symbolical bearers of the nation.

In my analysis of media on the subject of the medical abortion phenomenon as it unfolded within Ireland during 2004 - 2015, I have shown how there was an emotional shift from fear to shame through shaming narratives in response to the question of women's agency as the phenomenon unfolded in Ireland. Medical abortion usage thrust the question of agency into the debate on abortion in a way which had long been denied to Irish women through the continual proliferation of the myth of an abortion-free Ireland, invisibilizing how the problem of abortion had simply been outsourced to Britain. Further, I have shown how medical abortion phenomenon represented a departure from abortion controversies in the public sphere such as with the death of Savita Halippanavar in 2013. I have shown in this chapter that despite the shattering of this myth, women's agency became represented as the failure to approximate gendered ideals through shame spectacles which contributing to the stigma entailed by its criminalization. Marginalized subjects were first cast as the subjects of these shame spectacles through stigmatizing narratives which create associations with illicitness and backstreet abortion, further stigmatizing medical abortion use and using the distinction of their difference and/as failure to reinstate the ideals of normative femininity in Ireland. I have shown how the personalization of the phenomenon resulted in a shift to restorative shaming narratives as the

media began to issue personal testimonies describing the ‘experience’ of medical abortion. These testimonies function within the context of an intimate public as revelations of the personal but which are quite general in their attributions and reproduce women as a homogenous group, as well as reifying abortion as a point of stigma. I indicate how these testimonies perform a restorative role in the recovery of idealized gender identity through admissions of guilt which reify the ideals of respectable motherhood, situating her squarely within the domestic and as at the centre of the family unit. Finally, I indicate the problematics of shame attributions and assumptions of the experience of abortion which require that women show remorse for their abortions, which is what sustains the dichotomy between ‘good’ abortion and ‘bad’ abortion. These distinctions are wrapped up in normative politics of respectability which usually play out at the expense of marginalized identities within the body politic who are disproportionately associated with negative representations of abortion in the media.

My theoretical approach to this subject has by its own merit underscored the usefulness of weaving nationalism and affect theory together in order to analyse the politics of marginalization and exclusion which are inherent in processes of national reproduction, and which played out spectacularly in the emotionality of media responses to medical abortion. I have drawn links between the deprivileging of emotion in critical thought and the deprivileging of the role of women in the nation in nationalist theory, drawing on critical corrections to gender-blind theories of nationalism through my use of feminist nationalist theory. I have stressed the importance of historicizing manifestations of national sentiment as they relate to the construction of national identities and processes of national (re)production in order to better understand how certain subjectivities are reproduced and marginalized through the performativity of emotion, while some others are reproduced as idealizable.

My work offers a critical and significant contribution to studies on abortion politics in Ireland. Rather than reinforce the tendency in research in this domain to focus on a victimizing event as the focal point of analysis, I have instead chosen an event which attests to significant acts of agency displayed by women in circumventing the abortion ban. In tracing how this agency is negotiated in the media this thesis has aimed to provide an analysis of the historical and cultural narration and textual mediation of what I consider to be one of the most transformative moments in the history of abortion politics in both Ireland and Northern Ireland; the mass provision and access of medical abortion pills to women on both sides of the border. In seeking to better understand the misogynist and stigmatizing responses to news of the medical abortion, I wanted to historicize these emotional responses and how they are sustained within the national consciousness, even in the face of transformative change. In examining the emotionality of media responses to the subject of medical abortion, my analysis has attempted to provide insight into on change is figured within the Irish national consciousness, and in particular, change which relates to prevailing and idealized forms of national gendered identity and the question of women's agency.

In my identification of the work that fear and shame perform in soliciting national belonging and refunctioning challenges to normativity, I have developed a keen understanding that "Femininity is a concept or metaphor for *not* changing, but adapting..." (Berlant 19). In attending to these adaptations, I present a critique of the normalizing misogyny which informs the construction of idealizable femininity in Ireland, as well as informing the stigmatization of women's agency in their attempts to attain bodily autonomy. Despite the Repeal of the 8th Amendment, there is more to be done in challenging the racialized and gendered politics of respectability that play out in abortion discourse in the public sphere and which sustain processes of marginalization and exclusion that define Irish national identity and structure its society. As Doyle argues "It is our illiteracy coupled with power, prior notions and anxieties

themselves shaped by a larger public discourse and culture of abortion about what the practice is, means and entails” (Doyle 38). There is much to be done in engaging with these power structures in order to challenge stigma against abortion and to allow for free and safe abortion access for everyone who requires it without justifications. This thesis is a modest effort to unentangle some of these prior notions and anxieties to place us in a better position to confront them.

As I have previously mentioned, it is abundantly clear that the legalization of abortion does not always equate to free abortion access. Therefore tackling these constructions is central to the cultural acceptance of abortion as an entirely normal aspect of sexual life and one that should not require justification or interference from the state. Broadly as a topic of research, there is still much to be said about the medical abortion phenomenon and how it unfolded in Ireland. Looking towards future research, I am interested in the phenomenon as a social movement. I would like to look closer at how the phenomenon was facilitated by an extremely organized social movement and network of feminists and activists in and outside of Ireland who worked to access and provide abortion pills all over the country and on both sides of the border for more than 10 years. The blueprints laid out by social movements such as this are important in consideration of the ongoing struggle for reproductive rights which is still occurring all over the world.

Appendix

List of Abbreviations

IE - Irish Examiner
IP - Irish Press
II - Irish Independent
SI - Sunday Independent
IFJ- Irish Farmers Journal
CI - Cork Examiner
IT - The Irish Times
BT- Belfast Telegraph
BPAS - British Pregnancy Advisory Board
HPRA - Health Products Regulatory Authority
WHO - World Health Organization
HSE - Health Service Executive
NHS - National Health Service
PSNI - Police Service of Northern Ireland

Early Medical Abortion Explained

Early medical abortion, or the abortion pills as they are commonly known, refers to the usage of drugs to terminate a pregnancy as opposed to surgical abortion. The World Health Organization (WHO) have recommended the combination of mifepristone and misoprostol, both of which are on the WHO list of essential medicines (2017). These pills work in conjunction with each other with a success rate in the 95th percentile (Fjerstad et al. 2009, Women on Web 2017). Mifepristone is used to block the hormone progesterone, which is necessary to maintain the pregnancy. Once this hormone has been blocked, the attachment of a fertilized egg to the uterine wall is disrupted, and the uterus contracts. Once mifepristone has been ingested, it is suggested that 12-24 hours later misoprostol should be taken, which will cause uterine contraction and expulsion of pregnancy (Fowler 874). However, the combination has also proven effective with an interval from 12-72 hours between taking both pills (World Health Organization 2014). Misoprostol has also been proven successful in inducing miscarriage when used alone. However, studies have shown that the success rate may fall from anywhere between 60%-88%. Furthermore, it is suggested that the mifepristone/misoprostol combination is more cost-effective, and reduces the necessity for doctor or hospital visits, and as such, provides a less stressful experience for those who wish to terminate their pregnancy. Misoprostol is also used in cases of early pregnancy failure for uterine evacuation.

Women on Web advise taking misoprostol under the tongue as ingestion in this way leaves no trace of the pills in the unlikely event that one may require medical attention. They state that blood tests will not reveal any ingestion of either Mifepristone or Misoprostol. Therefore, there is no way that professionals can prove any attempt by the person to induce an abortion. They urge people in countries where it is possible to be prosecuted for having an abortion that it is not necessary to tell medical staff of any attempt to induce abortion, and to instead say that you had a spontaneous miscarriage, as there is no means by which a doctor can prove the difference between a spontaneous miscarriage and a deliberately induced abortion via the use of mifepristone and misoprostol (Women on Web 2017).

Key events/moments in the history of abortion in Ireland

1861 – Abortion is first banned in Ireland under Section 58 and 59 of the Offences Against the Person Act. This is the law which still governs abortion access in Northern Ireland. (Londras and Enright 23)

1983 – The Eighth Amendment of the Constitution comes into effect, granting equal right to life of the unborn as to the mother. Referred to as Article 40.3.3 of the Constitution, it states:

The state acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its law to respect and, as far as practicable, but its law to defend and vindicate that right. (*Irish Constitution*).

1992: A nationwide scandal erupts in Ireland over what comes to be known as the X case. The X case refers to a landmark Irish supreme court case whereby an injunction was placed on a 14 year old rape victim by the Attorney General of Ireland to prevent her parents from travelling with her to England to have an abortion under the stipulations of the Eighth Amendment. The ruling caused national and international uproar. The ruling was later overturned by the Supreme Court, and the child was allowed to travel to England, with the Supreme Court deciding that the threat of suicide represented a credible threat to the life of the mother, and therefore provided grounds for abortion. The child miscarried before being able to have the abortion.

Later that year, and following from the events which unfolded in this case, there was a referendum to decide if suicide should be included as a credible threat to the life of the pregnant person. Its defeat would mean that abortion law would be even more restrictive than the Supreme Court's ruling, although this amendment was rejected. There were further amendments which passed which made it legal to travel outside of Ireland to have an abortion under the Thirteenth amendment, and also to have the freedom to obtain information on abortion services in other countries under the Fourteenth Amendment. (Smyth, 1998).

2002: A second referendum is held to ask citizens of Ireland if the threat of suicide as grounds for legal abortion should be removed. It is rejected a second time, however the margin is much closer this time. (Smyth, 1998)

2012: Savita Halappanavar, a woman from India living in Ireland, dies in a hospital in Galway from septicaemia, having been denied an abortion by doctors citing the Eighth Amendment. The case became a catalyst for the national campaign to repeal the amendment. (Lentin, 2013)

2013: The Protection of Life During Pregnancy Act is signed into law. The act legalizes abortion when it is verifiable by doctor's that the woman's life is at risk because of medical complications, or if they consider she is at risk of suicide. The law also introduces a 14 year prison sentence to accompany any act of unlawful abortion. (Holland, 2013)

2014: Ms. Y was an asylum seeker who arrived in Ireland pregnant, having been raped in her country of origin. She was arrested trying to illegally travel to the UK by Ferry to have an abortion. Having been detained in hospital, it was deemed that she was suicidal. However, the fetus was considered to have proceeded to the point of viability, and therefore abortion under the recently passed Protection of Life During Pregnancy Act 2013 was not possible. She went

on hunger strike in hospital. The HSE responded to this by obtaining a High Court order which would allow hospital staff to forcefully hydrate her. Ms. Y went into labour at 25 weeks, and the child was delivered via caesarean section. (Londras and Enright 13).

2016: United Nations Humans Rights Committee condemn Ireland's abortion law, stating that forcing a woman to continue a pregnancy in the case of fatal-foetal abnormality was "cruel, inhuman, and degrading treatment" ("Irish Abortion Laws Caused Inhuman Treatment")

2018: After extensive campaigning, a referendum takes place on the 25th May to put forward a choice to the citizens of Ireland to repeal the Eighth Amendment. The referendum had one of the highest voter turnouts with 64.5%. The Eighth Amendment was voted to be repealed by 66.4% to 33.4%, who voted to retain the amendment. (Londras and Enright, 2018).

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