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Amy M. Walsh

Technological University Dublin, amy.walsh@tudublin.ie

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Women's Stories Transforming Understandings of Abortion

Amy Walsh ^{1,2*}

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ABSTRACT

This paper is a self-reflective account of my experience of receiving a diagnosis of a fatal foetal anomaly in pregnancy in Ireland. It re-tells my story within the context of my memories of abortion in Ireland during the years 1992 to 2015. Placing my memories within a specific historical and social frame, this paper outlines how abortion was positioned in Ireland during these periods and reflects on how this positioning of abortion impacted upon my pregnancy. It further analyses the role that story-telling and personal experience played in the campaign to repeal the 8th Amendment and questions how these stories were treated differently from other forms of knowledge and epistemology.

Keywords: abortion, story-telling, status-quo, fatal foetal abnormality, transformation

INTRODUCTION

We were told how tragic it was for them to have to go to England for an abortion, and that they had to use a courier to bring their baby's body back for burial. Doesn't that sad little story, in which a sick unborn baby was denied the dignity of being allowed to reach a natural end, illustrate how heartless abortion providers are? Whether it's in Dublin or Durham, the contents of an abortion are debris—not the kind of thing you put into a coffin and grieve over (Mullen, 2016).

Senator Rónán Mullen made this declaration in an opinion piece for the Sunday Independent newspaper in Ireland. A known anti-abortion zealot, his views, founded in the Roman Catholic dogma rather than lived experience, were given a national platform (Mullen, 2016).

While this statement is grossly offensive and callous in the extreme, it represents nothing of the lived experiences of women and families who, as he states, 'had to go to England for an abortion.' As I write this introduction, I look at a photograph, titled 'Family Portrait' (Figure 1), of my husband, myself and my daughter Rose. The photograph was taken in Liverpool Hospital shortly after she was still-born. I remember the precious hours that we spent together and the care that the midwives and doctors took of us. We spent one night in the hospital together, in a special room with a nursery for families like us who travelled from Ireland to Liverpool Women's Hospital after learning that our baby would never be born alive as she was diagnosed with a fatal foetal abnormality. I remember the writing on the wall above her crib that said, 'Twinkle, Twinkle Little Star, Do You Know How Loved You Are'. I think of all the love and care shown to us from the midwife who helped me wash my baby and gave me a tiny angel blanket for her, knitted by volunteers as standard baby clothes were all too big for her frame. I remember the midwife who took photographs of our daughter and told us that the hospital would always keep a copy of them on file for us, in case anything ever happened to our copies. The same midwife helped us fill out our daughter's baby book with details of her weight, length, time of delivery and recorded imprints of her hands and feet. I remember that I wanted to stay in Liverpool in that room with my daughter forever and dreaded returning home, home to the country that turned us away.

I look at a second photograph titled 'Maternity Bag' (Figure 2). It details the items that I packed in my maternity bag when travelling to Liverpool. My eyes rest upon a pink bunny that I had bought for my daughter when I learned that we were having a baby girl. The bunny lay beside her, in her crib for one night, and now it rests in a yellow memory box in our bedroom, alongside other mementoes from our time with our daughter. I look at the pink baby blanket and white knitted hat and try to remember her smell and feel in my arms. I look at the nightdress that I wore during my labour and remember how it touched us both and the dark pink towels that soaked up the

¹ Technical University Dublin, IRELAND

² University College Dublin, IRELAND

*Corresponding Author: amymarylucy@gmail.com



Figure 1. Family portrait



Figure 2. Maternity Bag

blood from my labour. I think of my labour and my daughter's silent birth and wonder how abortion and birth can be separated from one another? My daughter was still-born after a compassionate induction of labour when I was 27 weeks pregnant but as she would never live, this is also an abortion.

When considering Senator Mullen's statement, one thing is abundantly clear to me - and that is what we know about pregnancy, birth and abortion should be grounded in the real-life experiences of women and families. However, our experience could not have been more different from the dominant narratives on abortion that filled Irish society. Our experience and the care we received was the antithesis to everything Mullen described.

After returning home from Liverpool, I joined a group of women called Termination for Medical Reasons (TFMR)¹ who had all been told that their baby would pass away at some point during their pregnancy. These women had started to share the stories of their pregnancies in their names to campaign for abortion rights in Ireland, and I decided to join them and share my story too.

¹ TFMR was set up in 2012 by Arlette Lyons, Amanda Mellet, Ruth Bowie and Jenny McDonald after receiving a diagnosis of fatal foetal anomaly in pregnancy. The women shared their stories publicly to campaign for access to abortion.

BREAKING THE SILENCE SURROUNDING ABORTION

Abortion was not carried out on the island of Ireland. The 8th Amendment to the Irish Constitution copper-fastened its illegality in nearly every circumstance. Women who needed abortion healthcare silently travelled, primarily to the UK or mainland Europe, in secrecy.

However, this wall of silence came crashing down with the 8th Amendment's repeal on 25 May 2018 when the Irish electorate voted to repeal the 8th Amendment by a margin of two to one, evidencing that civil attitudes towards abortion held by the majority of people in Ireland had fundamentally changed². Contrary to the Irish Varadkar's (2018) statement, this referendum result was not 'a culmination of a quiet revolution.'³ This revolution took place because women had fought together to change the constitution. Yet the women in this army did not have ammunition to fight with or armour to protect themselves. The women in this army fought with their words as they broke the silence surrounding the subject of abortion. They publicly and privately shared their experiences of abortion to end the taboo, stigma and shame of abortion in Ireland, speaking the unspeakable. During the campaign to Repeal the 8th Amendment, many of these women were subjected to verbal and, at times, physical abuse by anti-abortion campaigners for doing so⁴. While each experience shared by each woman was unique to the individual, their shared experiences made visible the landscape of inequality and oppression that had relegated women to a subaltern and unseen position within Irish society.

In Ireland, the Regulation of Information Act, which passed into law in 1995, made it illegal to freely share information on abortion. As such, there has been a lacuna of information on or about abortion within Irish society. When spoken about in the media, seemingly objective experts have been called upon to give their independent opinions. Their singular viewpoint was treated as universal and privileged over that of the women's experiential knowledge. During the Citizens Assembly on the 8th Amendment 2016-2017, this was evidenced⁵. Women who shared their experiences of abortion were only allowed to do so anonymously through a pre-recorded interview played at one of the assembly sessions. At the same time, independent experts from the medical, legal, human rights, religious and academic professions were invited to address the assembly in person. Their knowledge and beliefs were deemed more legitimate to the experiences of abortion than those shared by the invisible, nameless women. During the final days of the campaign to repeal the 8th Amendment, the preferential treatment of outsiders' knowledge, opinions, and beliefs over women's real-life experiences is evidenced in many of the debates broadcast on Irish radio and television. The last televised debate broadcast on RTÉ (Raidió Teilifís Éireann) on 22 May 2018 evidenced the preferential treatment of outsiders' knowledge and beliefs over the real-life experiences of women. This debate featured two male politicians: Simon Harris (Irish Minister for Health) and Peadar Kirby (Irish anti-choice Politician)⁶. Women's lives, experiences and future reproductive rights were discussed and debated by two men with Simon Harris arguing for a Yes vote and Peadar Kirby arguing for a No vote. This event was broadcast across the island of Ireland. Commenting in the Irish Times newspaper the next day, Peter Crawley stated that the last abortion debate in Ireland was carried out by 'Two men who will never experience a crisis pregnancy...' (Crawley, 2018) with women, their experiences and knowledges, made invisible again.

WHAT STORIES MAKE WORLDS

One may ask, 'Why does this matter?' Donna Haraway states

² 66.4% voted Yes, to repeal the 8th Amendment.

³ Varadkar (2018).

⁴ Many campaigners for repeal used the Repeal Shield plugin on Twitter to stop being harassed by anti-abortion campaigners who sent graphic images to their private accounts. I started using Repeal Shield after I received explicit anti-abortion photos on Twitter. Graphic, anti-abortion images were sent to me in the post from anti-abortion campaigners after I wrote an article detailing my experience of abortion. Anti-choice supporters physically threatened members of TFMR (Termination for Medical Reasons) with whom I campaigned while handing out flyers.

⁵ The Citizens Assembly comprised of one hundred people. Ninety-nine citizens and a chairperson, Justice Laffoy, met over five weekends between November 2016 and April 2017. The citizens were tasked with examining the subject of abortion in Ireland and making recommendations regarding the type of access or restrictions that were needed and whether or not the government should hold a referendum to repeal the 8th Amendment to the Irish Constitution. The assembly invited individual Irish citizens, groups and organisations to make submissions on abortion and asked a select number of organisations to present. They also invited independent experts from both pro-choice and pro-life positions. After completing my submission to the Citizens Assembly, I was invited to give my testimony at one of the assembly weekends. However, I was not allowed to give my testimony in person. A pre-recorded interview of mine was played to the assembly.

⁶ RTÉ is the national public broadcaster of Ireland.

It matters what matters we use to think other matters with; it matters what stories we tell to tell other stories with; it matters what knots knot knots, what thoughts think thoughts, what descriptions describe descriptions, what ties tie ties. It matters what stories make worlds, what worlds make stories (Haraway, 2016: 16).

This article stems from this belief that 'It matters what stories make worlds, what worlds make stories' (Haraway, 2016: 16). This principle is further grounded in the epistemological standpoint that knowledge should come from the lived experience of those whom the knowledge is about and that women can produce knowledge about and for themselves (Acker et al., 1991), hooks (1984), and Collins (1991) argue that black feminist thought comes out black women's experiences. This is in line with the theory that we can only gain a complete understanding of oppression from the standpoint of the oppressed subject. Taking the women's movement as an example, what we know about abortion should come from 'what actually happens in women's everyday world and how these events are experienced' by the women themselves (Acker et al., 1991: 135). Accordingly, this article is a self-reflective account detailing my memories of abortion in Ireland during the periods 1992 to 2015. I have chosen this period as the years 1992 to 2015 which contained formative memories on and about abortion in my own life. In 2015 I travelled to Liverpool Women's Hospital to access abortion healthcare after receiving a diagnosis of a fatal foetal anomaly in pregnancy, while the example I give from 1992 contains my very first memory of abortion⁷. In Collins (1991: 37), Berger and Luckmann state that 'it is impossible to separate the structure and thematic content of thought from the historical and material conditions shaping the lives of its producers'.

This article will place my individual experiences within a specific social and historical frame to understand why abortion was an unspeakable subject within Irish society, and highlight how the silence surrounding abortion has alienated women from their own reproductive experiences. Drawing on Anzaldúa's (2015) methodology of talking with images, I have included the two images that I wrote about at the introduction of this text. Inspired by Anzaldúa (2015), I will attempt to follow in her footsteps and

talk with images/stories to engage with creative and spiritual process and their ritualistic aspects. In enacting the relationship between certain images and concepts and my own experience and psyche, I fuse personal narrative with theoretical discourse, autobiographical vignettes with theoretical prose (Anzaldúa, 2015: 6).

Anzaldúa (2015: 15) states that for her, writing is 'not about being in your head; it's about being in your body.' I too have spoken with the wounds and scars of my body as I recall my experience of receiving a diagnosis of fatal foetal anomaly during pregnancy in Ireland and traveling abroad to access abortion healthcare. I have also recalled memories of and about abortion from my childhood, adolescent and adult years to understand how and why anti-abortion attitudes were so strongly formed in Irish society. Anzaldúa's (2015: 6) methodology, called 'autohistoria-teoría', is a way 'of making knowledge, meaning and identity through self-inscription' and she writes that, by working with images, concepts and personal experience, she joins theoretical discourse with personal and autobiographical narrative.

Following Anzaldúa (2015), I used the images 'Family Portrait' ([Figure 1](#)) and 'Maternity Bag' ([Figure 2](#)) as the foundational starting point of my text. These images bring together my personal narrative within a larger theoretical discourse. The spirit of these images speaks to me of love, loss and care and blur the distance between personal and public and live on the borderlands between abortion and maternity, the antithesis to the statement 'the contents of an abortion are debris—not the kind of thing you put into a coffin and grieve over' (Mullen, 2016).

During the campaign to repeal the 8th Amendment, it was through sharing the lived experiences of many women that the stigma and shame of abortion was finally lifted for many, as they were no longer exiled to another country, like criminals. The referendum's positive Yes outcome lifted the weight of oppression felt by many women in Ireland. Reporters from RTÉ news at the RDS (Royal Dublin Society) count centre on the day of the referendum result asked me 'How did it feel, the positive outcome?' I told them that 'It felt like it was the first time I could breathe since I got my diagnosis that I was going to lose my daughter during pregnancy' (Russel, 2018). It seemed as if I had been holding my breath for three and a half years. The day of the referendum result felt like it was the first time I could fill my lungs with air since the midwife said to me, 'I am sorry, but your baby will never be born alive.'

⁷ Fatal foetal abnormality (or fatal fetal anomaly) is a medical term used to describe a pre-natal diagnosis that means the foetus or baby will pass away during pregnancy, labour, or in some cases, shortly after birth, which means the neo-natal period within the first 28 days of life.

YOUR BABY WILL NEVER BE BORN ALIVE

I remember everything about that moment; I can still feel the coldness of the wet gel that the midwife used to perform the ultrasound against my skin and the hard, thin sponge of the hospital trolley on which I was lying. I can still see the cross hanging over the door directly in front of where I was lying. The cross was a reminder that 'this was a Catholic country', and I wondered if it was there to remind me that this was a Catholic hospital also⁸. The midwife was sitting on my right-hand side with the ultrasound probe still in her hand. My husband sitting on my left-hand side, squeezed my hand and moved his chair closer to where I was lying. A doctor who had entered the room during my scan was examining the ultrasound screen with a concerned expression. I heard the midwife repeating, 'your baby will never be born alive.' It felt as if there was no longer any oxygen in the room. I started to shake and tried to fix my clothes as suddenly, I felt very naked and exposed. I could see the midwife talking, her lips were moving, but I could not make sense of anything she said. She kept repeating the words and phrases 'fatal foetal abnormality', 'chromosomal testing', 'chorionic villus sampling' (CVS), 'amniocentesis', 'blood test', 'scanning for a heart-beat' and 'your baby will never be born alive.'⁹ All this time, the doctor stood beside the midwife, nodding silently in agreement.

I had seen the screen on the ultrasound machine, and my baby looked perfect to me. I could make out a baby curled up in a foetal position. The midwife however, explained that 'A baby, should be moving, wriggling, rolling, twisting and turning' but my baby was not moving. It was as if someone had pressed the pause button, and we were looking at a still image. She also explained that my baby's torso was proportionally much smaller than the rest of her body; this meant her heart and lungs would never fully develop. She said that if my pregnancy progressed and I went into labour, my baby's lungs would be so underdeveloped that she would never be able to breathe. She explained that my baby would never be born alive as her heart would stop beating before birth, either during my pregnancy or with the stress of labour. She explained that she thought my baby had a fatal foetal abnormality called triploidy which meant my baby had twenty-three extra chromosomes, but that I would need to have a CVS or amniocentesis in the coming weeks to confirm this.

The words 'fatal foetal abnormality' were ringing in my head. I knew what this meant. I had read about this happening. I remembered reading four women's stories: Amanda Mellet, Ruth Bowie, Arlette Lyons and Jenny McDonald's. They all had been diagnosed with a fatal foetal abnormality and told that their babies were never going to be born alive (Sheridan, 2012). They recalled that, as abortion was illegal in Ireland, doctors told them that they would have to remain pregnant and wait for their baby to die. They all described how this would have felt like torture to them. Individually, they all decided to travel to the UK (for an abortion). I could not even think or say the word aloud. I wanted my baby, and I did not want to have an abortion.

The midwife then went on to tell me that all of this was unlikely to be a problem as it looked like I was going to have an imminent miscarriage. She told me to go home and pack a hospital bag with dark towels and leave the bag by the hall door. She advised me against leaving my house as she said I could start miscarrying very suddenly and recommended that I call an ambulance when I began to bleed as there would likely be a lot of blood. She made an appointment to see the foetal medicine consultant the following Friday but told me that I would most likely miscarry before then.

The following Friday, we returned to the hospital. I was now fifteen weeks pregnant. To everyone's surprise, I had not miscarried yet. But when the foetal medicine consultant scanned me, they told me that this was not good news. It did not mean my baby was going to get better. They said, 'they had never seen a baby appear this sick in the womb survive past twenty weeks' gestation.' They also thought I would miscarry very soon. The consultant went on to outline a plan to manage my pregnancy. My baby was too small to carry out any of the standard genetic tests that would confirm the specific condition that she had. This would only be possible in another few weeks. They said, however, that they would scan me weekly and check for my baby's heartbeat. They explained that they would induce my labour only when there was no longer a detectable heart-beat. Alternatively, they told me that if I did not want to remain pregnant in Ireland, I could travel to the UK to have an abortion. The consultant advised me to wait a few weeks to carry out the genetic testing that would confirm my baby's condition and determine if it had any future health implications. The consultant also warned me that in their experience, women who travelled to the UK to end wanted pregnancies after receiving a diagnosis did not cope well with the loss of their baby. He

⁸ A midwife in Galway University Hospital said to Savita Halappanavar that "Ireland was a Catholic country" when she asked for her miscarriage to be induced. Tragically, Savita passed away from sepsis on 28 October 2012 after being denied a termination of pregnancy. See Holland (2012).

⁹ Chromosomal testing is often carried out in pregnancy when a medical condition about the foetus or baby is detected *in utero*. This might include a combination of non-invasive blood tests with invasive tests such as chorionic villus sampling (CVS) or amniocentesis. A CVS requires a sample of placental tissue, while an amniocentesis involves a sample of amniotic fluid obtained by an obstetrician.

advised me to wait and let my miscarriage or still-birth happen naturally and he reasoned that I would likely miscarry before I could get an appointment in the UK, so there may not be any point in booking one.

During this time, I spent a lot of time trying to find reliable information about fatal foetal abnormalities and realised that there was very little information available to me. I searched the Internet, trying to find any information that might give me some sense of hope. At first, I hoped that all the medical professionals were wrong, and I would deliver a healthy baby. But as the weeks progressed and testing confirmed that my baby did have a fatal foetal abnormality, I found myself accepting my diagnosis and secretly wishing that I would miscarry. Each week we returned to the hospital, and we could see on my baby's chart in the hospital file that she had not grown. Each week they told us it would not be long. Each week we found ourselves hoping that there would be no heart-beat so they could induce my labour and each week we found ourselves returning home to wait for her heart to stop beating.

FILLING THE SILENCE

The problem with the silence surrounding abortion in Ireland is that it was not true silence. Yes, there was a vacuum of information on or about abortion from a pro-choice perspective. This void however, had been filled with anti-choice dogma in the Roman Catholic primary and secondary schools that I attended. Calkin and Kaminsky (2020) describe how the Roman Catholic Church 'exercised cultural influence among Irish citizens through its control of the education system'. Keating (2021) names this act of knowledge suppression (the spreading of a singular ideology or cultural right) as 'Status-Quo' stories and states that 'Status-Quo' stories serve to suppress all other forms of knowledge and alternative ways of thinking. These stories reinforce the unquestioned acceptance of already existing knowledge systems and do not allow any alternative positions to be seen or heard. She quotes WilsonBridges (2001), who states that

[What] becomes normative, 'right' and regulatory within the culture is determined by the beating down or stamping out of various other alternatives. Norms and values are established by way of domination. In this mental framework the possibility for both/and is destroyed. Both/and thinking is basically determined as irrational, primitive or illogical. What results is a raving, hate-filled dogmatic form of establishing cultural values (Wilson Bridges, 2001, in Keating, 2021).

Within the next section of this paper, I will reflect on these 'Status-Quo' stories and write about how they affected my pregnancy. While I waited for my daughter to pass away, I thought about and remembered everything I knew or had heard about abortion. Every 'Status-Quo' story that described abortion as an abomination ran through my head, and I not only felt terribly alone but also utterly terrified.

I thought about the parish priest who would visit my class in primary school. I remembered the day in 1992 when I was ten, and he told us he had come to talk to us about a girl called 'X'¹⁰. I had overheard my parents talking about X and stopping their conversation when I came into the room. I had also heard snippets on the radio and the news; I knew people did not want her to go to England, but I did not know why, and I could not understand why everyone was so upset. The priest told us that 'a bad thing had happened to X, that someone had made her pregnant when she did not want to become pregnant'. I remember him saying that 'X was too young to have a baby, but all she had to do was wait a few months and that she could give the baby up for adoption to a couple who were not able to have a baby of their own'. He said, 'we all had to pray together because the girl X wanted to go to England to murder the baby and we had to make sure this did not happen'. We all closed our eyes and said the Hail Mary together for the baby in X's tummy. We did not want her to murder the baby in England. I thought a lot about the word 'murder' and how it was used to describe abortion. I wondered if I would be called a murderer if I travelled to England to end my pregnancy now.

I remembered the first time I was allowed to go into Dublin city centre with my friends by ourselves after we had made our Confirmation in 1995 when I was thirteen and seeing a stall under the General Post Office (GPO)¹¹ with lots of red, bloody pictures taped to the front of a table. People were standing around the table holding signs with the same red, bloody images saying abortion was evil. I had never seen pictures like these before. First, I thought I was looking at pictures of raw meat or dead animals, but my friend told me they were pictures of murdered babies. I remember feeling like I was going to throw up and I didn't want to go anywhere near the table.

¹⁰ The X-Case was the case of a 14-year-old pregnant girl who had been raped. X had traveled to England with her parents to access abortion healthcare. Her parents, had however contacted the Irish police and told them they were traveling as they wanted to know if DNA from the foetal remains could be used to prosecute the rapist. The Attorney General ordered X and her parents to return to Ireland under fear of imprisonment.

¹¹ The General Post Office (GPO) is a significant, symbolic landmark and public building in Dublin city centre on O'Connell Street. People use it as a meeting point, and groups of people often assemble in front of it.

I did not understand the pictures and wondered how the people had copies of them, but I felt that abortion must be a horrible thing after seeing the images. I had not thought about these pictures or this event for years. However, when the doctor who gave me the chromosomal testing results during my pregnancy told me that I could wait for my baby to pass away or travel to the UK to have an abortion, I found that my head filled with these images. I could not think about or say the word abortion without crying and seeing these pictures in my head. While I suspected and felt that the pictures must be grossly manipulated or falsified, I found that I could not erase the violence in the images from my memory. As these were the only images I had ever seen connected with abortion, there were no other images from which my memory could draw.

I remembered the abortion class we had during my final year in secondary school before I turned eighteen. Our teacher laid out a series of images of 'aborted babies' across a counter space at the top of the classroom and invited each of us, one by one, to look at the images while the rest of us stayed seated at our desks. We were facing the counter space, watching each of our classmates' facial expressions as they encountered each of the pictures. Our teacher told us that she showed us these images because 'we needed to know the truth about abortion', stating that 'we would remember these pictures if we were to ever think about having an abortion.' As I lay in my bed at home, wondering if I would have a miscarriage or if my baby's heart was still beating, I thought about these images. I remembered the shock and disgust etched on each classmate's face as they looked at each picture. I remembered thinking that I wanted my baby, I loved my baby, but I did not want to be pregnant with a baby who could not live. I, however, could not reconcile the love I felt for my baby with the horror of abortion as it had been presented to me.

I remembered my teacher repeating the phrase 'a life is a life, and we believe that life becomes life at conception' throughout our abortion class. I thought about the illustrations that she showed us depicting the development of the foetus in the womb. I remembered looking at an image of a dot that illustrated a foetus at four- or five-weeks' gestation and wondered how this dot could be given the same value as a living human woman under the 8th Amendment. I also remember asking myself, 'but what about my life? Doesn't my life matter?' because lying in bed waiting for my baby to pass away made me feel like my life did not matter at all.

In my final year of secondary school 1999 to 2000, I remembered when I was getting my books out of my locker in school when a girl in my year turned to me and asked, 'what would you do if you found out you were pregnant tomorrow? Would you stay pregnant, or would you travel to England?' Travelling to England was the code word for abortion, as none of us would say the 'A' word aloud. The fear of abortion was so great that we could not even say the word. Her question was a test, and I knew there was only one acceptable answer. I was also aware of other people in the locker room listening to our conversation, so I answered that 'I would, of course, stay pregnant.' She nodded her head in approval. To my surprise, my friend joined in the conversation shouting: 'Are you kidding me? If I found out I was pregnant, I would be straight on the boat to England'. I still remember the collective intake of breath and the shock that seemed to permeate the locker room. 'You can't mean that' one girl cried. Other girls seemed to stand there speechless, never having heard anyone say that they would have an abortion before. As I left the locker room, I overheard some girls in my year saying that 'they had never liked my friend anyway'. I wondered, if this is the reaction they have to someone saying that they would have an abortion, what would happen if they found out someone had one? While this conversation happened many years ago when I was eighteen, I wondered what people would say if they found out I had an abortion now? Would they believe me if I told them my baby was going to die? Or would they believe some anti-abortion dogma that stated there was no such thing as fatal foetal abnormalities?

I thought about how abortion is mainly presented as a choice that a woman makes when she does not want to have a baby. I thought about how I had spent my entire twenties trying not to get pregnant, always using multiple forms of contraception. I remembered the day I decided to stop using contraception as my husband and I decided to try to conceive. We thought that we were so lucky when we found out that we had gotten pregnant and how I could never have imagined that I would have to decide to either travel to England for an abortion or to wait for my baby to pass away at some point during my pregnancy.

I remembered the recurring nightmares I had throughout my twenties. I spent the summer I turned eighteen working in the medical records office in a maternity hospital in Dublin. The room was in the hospital's basement; it was damp and dark and had a musty smell that seemed to cling to your clothes even after you washed them. While the room did have windows, they were small and narrow and positioned below the ceiling. As a consequence, the light never seemed to reach the floor below. I spent my days gathering charts for patient clinics and filing blood reports. There were so many unfilled blood reports that my manager asked me to work overtime on Saturdays throughout the summer, and still, there were boxes of unfilled blood reports when I left to start college in September. In this nightmare, I would dream that I had gotten pregnant and had to drop out of college and work in medical records, filing blood reports in the dark. In these dreams, there was always a baby crying, one that I could never find. I thought about how my pregnancy nightmare had always revolved around an unplanned pregnancy and how I stopped having these pregnancy nightmares when I finally got a permanent contract, having

previously only worked in hourly paid, insecure jobs during college and for the first few years after graduation. Ironically, I thought how, in my worst crisis pregnancy nightmare, I never imagined I would have to remain pregnant and wait for my baby to pass away or travel abroad to have an abortion.

I also thought about the silence that had surrounded abortion during my time in university in Dublin 2000-2004. I remembered sitting in the college canteen with three of my friends. We were gathered around a small table when one of my friends asked in a loud, exaggerated kind of whisper how we had voted in the referendum? We had just voted on whether or not to remove the threat of suicide as a ground for legal abortion in Ireland¹². We all seemed to look over our shoulders to make sure no one was listening before revealing that we had voted against removing suicide as grounds for abortion. However, we were still afraid of drawing attention to our conversation, fearful that someone in our vicinity would hear us. I thought about how this fear we had all felt had worked to stop any pro-choice conversations about abortion between us. I thought about how this fear had served to isolate me, as I realised I did not know if my friends or family would support my decision to end my pregnancy now as I did not know if they were pro or anti-choice. I argued with myself that it did not matter what anyone thought, that I did not have to tell anyone that I had an abortion. I felt the stigma and isolation of wanting to make a decision that went against the 'Status-Quo' stories that prevailed in Irish society.

I thought about my friend who told me during our final year in college that she had travelled to the UK to have an abortion a couple of years earlier. She told me that she had travelled by herself, as she was afraid to tell anyone about her decision. She told me how her boyfriend at the time called her a murderer when she said to him that she did not want to remain pregnant and described how he had tried to stop her from leaving her house by locking all of the doors. She told me that she had climbed out a window after he had fallen asleep and contacted her older sister, as her sister knew someone who had an abortion, and she rationalised that they could help her book an appointment in a clinic in the UK. I remembered her asking me if I would still be her friend 'now that I knew what she had done', and I felt like I had failed her as a friend. I thought about how she must have felt so frightened and alone and wondered how many other women felt this same isolation. While my situation and circumstances were different, I too, had felt utterly terrified and alone.

In December 2014 there was a case of a pregnant woman referred to in the media as PP while I was still pregnant in Ireland and waiting for my baby to pass away (Herron and Power, 2015). The woman had been declared clinically brain dead, but her body had been kept alive on a life support machine because she was sixteen weeks pregnant at the time. I remember hearing this and feeling distraught. My baby was dying inside me, and I felt like part of me was dying too. Yet, there was another pregnant woman who was not allowed to die. The 8th Amendment had turned her body into an incubator and my body into a tomb. One of the midwives looking after me had started to raise concerns over my blood pressure. It had begun to rise, and she told me that there was a risk that I would develop pre-eclampsia, a life-threatening maternal condition associated with my baby's diagnosis in pregnancies that continue into the third trimester.

On 26 December 2015, the high court ruled that PP's life support machine could be turned off and that she could be buried the next day. Two weeks later, the midwife who checked my blood pressure before scanning me to check for my baby's heart-beat told my husband that she wanted him 'to keep a very close eye on me.' She said that he needed to 'monitor my face for puffiness' and 'if it started to swell or if it suddenly fell on one side that he had to bring me straight into hospital.' I remember asking the midwife, 'why would my face fall on one side?' and she said, 'if you had a stroke, that would happen.' I then asked her, 'why would I have a stroke?' She said, 'from your blood pressure and the pre-eclampsia.' I could not understand why or how this was happening. If the team looking after me thought I was at risk of developing pre-eclampsia and there was a possibility that I would have a stroke, why were they hanging around waiting for this to happen? Why would they not induce my labour now? The doctor who joined our conversation explained that they would not induce my labour until my life was actually in danger because of the 8th Amendment. They told me that this would mean I would have to have pre-eclampsia and not just high blood pressure before they could intervene.

Whilst the waiting had felt like it had been emotionally killing me, now I was afraid that my pregnancy might physically kill me too or, at the very least, seriously endanger my physical health. My baby would never be born alive, yet they would not induce my labour unless my life was actually in danger. That afternoon my husband

¹² In 2001 we had been asked to vote on a bill passed in Dáil Éireann (the lower house of the Irish Parliament) on whether or not to remove suicide as a grounds for legal abortion in Ireland (The Government of Ireland (2001), Twenty-fifth Amendment of the Constitution (Protection of Human Life in Pregnancy) Bill). In 1997 there had been a case of a thirteen-year-old rape victim who became pregnant. She became known as Miss C. She was suicidal and wanted to access an abortion, and in the proceeding court case, *A and B v. the Eastern Health Board*, the judges ruled that, as Miss C is likely to take her own life, she can obtain an abortion in Ireland. The Twenty-Fifth Amendment of the Constitution is seen as a reaction to this judgement as it sought to ban abortion in every circumstance. The Amendment was defeated. For more information on this case, read Enright et al. (2017). *Northern/Irish Feminist Judgments: Judges' Troubles and the Gendered Politics of Identity*, Bloomsbury.

contacted Liverpool Women's Hospital, as I was too upset to speak. I remember hearing him on the phone with the midwife saying, 'please, you have to help us.' They gave us the earliest appointment they had available for Irish couples, which was over three weeks away. Leaving Ireland by ferry to travel to Liverpool Women's Hospital felt like a severing of ties. Looking out at the Irish coastline as we sailed across the sea to Wales, I realised that Ireland no longer felt like home. I remember thinking that the Proclamation of the Irish Republic had promised to cherish 'all children of the nation equally'. However, once I had become pregnant the only child that Ireland cherished in this context was the one that would never be born alive (Molloy et al., 1916).

WOMEN'S STORIES TRANSFORMING UNDERSTANDING OF ABORTION

In *Freedom is a Constant Struggle* Angela Davis writes

Our histories never unfold in isolation. We cannot truly tell what we consider to be our own histories without knowing the other stories. And often we discover that those other stories are actually our own stories (in Davis and Barat, 2016: 103).

In this text, Davis describes how our own experiences and stories never unfold in a vacuum and how we cannot fully know or understand our experiences without knowing all of the other stories. She quotes the sociologist Jacqui Alexander when she states the need to 'learn your sisters' stories' and describes that this methodological approach requires us to 'constantly re-tell our stories, to revise them and re-tell them and relaunch them' (Davis and Barat, 2016: 103).

The sharing of abortion stories by women did not start during the campaign to Repeal the 8th Amendment. In fact, the Irish journalist, Mary Holland, first wrote about her own experience of having an abortion in 1983. However, the decision for her to share her story publicly was rare and remained rare in the years that followed. Over the years she received abuse and threats for doing so. More than a decade later in 1995 she wrote

It would be an enormous relief if some younger woman or women were to start writing about the issue of abortion from personal experience and leave me to the relatively easy task of analysing the peace process. Please (Ferriter, 2014).

This statement by Mary Holland, shows how she was still alone in talking about her personal experience of abortion. While other stories of abortion had been shared by brave individuals, they had mostly been shared anonymously, as seen in the publication *The Irish Journey: Women's Stories of Abortion* by Medb Ruane and the Irish Family Planning Association which was published in 2000. It was not until the campaign to Repeal the 8th Amendment that there was a collective movement of women coming together to share their stories publicly in their own names. This collective movement of women coming together to share their stories was different to anything that had come before.

During the campaign to repeal the 8th Amendment, both I and the women I campaigned with in Termination for Medical Reasons (TFMR), constantly told and re-told our stories to reveal the many ways the 8th Amendment had impacted our pregnancies. The silence surrounding abortion and fatal foetal abnormalities meant that people did not believe that you could get told during pregnancy that your baby would die before we started sharing our stories. Smyth (2015: xi) states in her chapter 'Above and Beyond the Silence' that the silence that surrounded the topic of abortion within Irish society paraphrased it out of existence. At the same time, Hill Collins (2008) argues *In Black Feminist Thought* that if something does not exist, it cannot be believed, meaning that if we do not see or write or talk about something we cannot imagine it. The secrecy surrounding abortion meant that most people, including myself, could not have imagined a situation where a woman in Ireland would be forced to continue with an unviable pregnancy, especially when the life of the mother was at risk. While others may have believed that this could happen, the rhetoric was that this only happened in very exceptional circumstances so there was no need to legislate for it.

During the campaign to repeal the 8th Amendment, the No side of the campaign constantly referred to our experiences as 'hard cases', continuously stating that fatal foetal abnormalities only happen in exceptional circumstances, hence, they were not a reason to repeal the 8th Amendment. On 14 May 2018, Claire Byrne hosted a referendum debate special on RTÉ. The panellists from the No side consisted of a representative of the Iona Institute (an ultra-conservative Roman Catholic organisation), a retired obstetrician who had campaigned vigorously for the insertion of the 8th Amendment into the Constitution in 1983 and an anti-abortion Fianna Fáil politician. Never having experienced a pregnancy with a diagnosis of fatal foetal anomaly themselves, their religious beliefs, opinions and views were considered more important than the lived experiences of women sitting in the audience who were not allowed to speak. Commenting on this afterwards, Gaye Edwards stated, 'It was difficult

to be talked about when we were in the room' (Duffy, 2018). Claire Cullen Delsol also said that it felt 'dehumanising' to have our experiences talked about by others in that way (MacNamee, 2018).

It was exceptionally difficult to have my personal experience debated by outsiders casting judgement on the decision that I made to end my pregnancy. However, the experience of sharing my story with other women reinforced my belief in the importance of sharing my lived experience. Every time I told my story publicly, a woman would contact me afterwards. Often she would say to me that 'my story could have been her story and that I had described everything she had felt but had not been able to say'. Other women would contact me and tell me that 'they had felt totally alone until they read my story, and now they no longer felt this way'. These are some of the reasons why I kept telling and re-telling my story for the women who, like me, had felt totally alone. I realised that my story was also their story and I told it for the women who could not yet tell their story. As the campaign progressed, people contacted me to tell me that their family members, friends or colleagues were going to vote No, until they read, heard or saw my story. They would explain how they had told their family member, friend or colleague, that they knew me personally and how this had caused them to believe my story and decide to change their mind about abortion. For me, sharing my story created a space for people in my life to talk about abortion with me and in most instances, it created a space where they got to let me know that they loved and supported me, and many of them started to campaign with me.

In *Light in the Dark*, Anzaldúa (2015: 6) writes that it is through stories that you come to understand and know yourself and make sense of the world, that through narrative you formulate your identities by unconsciously locating yourself in social narratives, not of your own making.

The women and I in TFMR shared a new kind of abortion story, an abortion story that had not been publicly broadcast in Ireland before. Our stories located abortion firmly within the world of maternity. The complexities within our stories positioned abortion as a decision that a mother makes when caring for her baby, as a decision a mother makes when taking responsibility for the medical care of her baby, a decision a mother makes to ensure that her baby does not feel any pain or suffer unnecessarily, a mother's choice when she needs to look after her own physical and mental health and wellbeing. Our stories of abortion existed in the cracks, hovering on the borderlands of abortion, mothering, loss love and self-care. These stories offer new perspectives on abortion and transformed understandings of abortion in Ireland by existing within these borderlands.

Anzaldúa (2015) writes that sharing stories can be transformative on personal and societal levels and likens this story-telling to an act of witnessing and states that it allows others to see recurring patterns, recurring traumas and recurring oppressions. She proposes that we can repair that damage done to ourselves through the act of speaking and re-imagining alternatives. Sharing my story with the other women in TFMR and witnessing their stories enabled me to re-imagine a new world and locate myself and my story within it. In this new world, abortion for me came to represent love, loss and mothering.

CONCLUSION

In *Light in the Dark*, Anzaldúa (2015: 1) quotes Barret when she states

There's something epistemological about story-telling. It's the way we know each other; the way we know ourselves. The way we know the world. It's also the way we don't know: The way the world is kept from us, the way we're kept from knowledge about ourselves, the way we're kept from understanding other people.

I have re-told parts of my story in this paper to reflect on how the one-sided 'Status-Quo' stories that surrounded abortion healthcare in Ireland impacted my pregnancy. Abortion as I knew it was only ever presented as something wrong or a decision that women made when they did not want to have a baby. The 'Status-Quo' stories were also propaganda, designed to impose an ideological perspective by intimidation in the Roman Catholic primary and secondary school that I attended.

The silence surrounding abortion suppressed all other alternative abortion narratives or stories, seemingly out of conceptual existence. I have reflected on how the silence, when it came to abortion in Ireland, was for the most part a one-sided silence. The vacuum of information on or about abortion from a pro-choice perspective was filled with anti-abortion dogma. The dogma made any other conversations about abortion impossible, meaning that most women were afraid to share their experiences of abortion. In *Sister Outsider*, Lorde (1984: 42), states that, in 'the cause of silence, each of us draws the face of her own fear—fear of contempt, of censure, or some judgment'. Reflecting on this in relation to my own experience, the silence surrounding abortion isolated and immobilised me. It was the silence that left me waiting for so many weeks, unable to move forward and make a decision about my pregnancy. After my pregnancy and the loss of my daughter, I felt like I had lost part of myself. The sharing and

re-sharing of my story with the women in TFMR enabled me to move through the trauma and rebuild myself (Anzaldúa, 2015: 10). Together, I believe our stories shared during the referendum transformed understandings of abortion on both personal and societal levels.

The image that I discussed at the start of the paper titled 'Maternity Bag' (Figure 2) details the items that I packed in my maternity bag when I travelled to Liverpool Women's Hospital where my daughter was still born after a compassionate induction of labour¹³. The image titled 'Family Portrait' (Figure 1) is an image of my husband, my daughter Rose and I after she was still-born in Liverpool Women's Hospital. Together they place abortion in the world of maternity, family, loss and love. Together with this essay, they challenge the dominant abortion narratives and visuals that have prevailed in Ireland and create a space to transform our understandings of and about abortion.

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¹³ Compassionate induction of labour is a term used to describe abortion or termination for medical reasons.

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