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Media Representations of Abortion Politics in Florida: Feminist Geographic Analysis of Newspaper Articles, 2011-2013

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Media Representations of Abortion Politics in Florida: Feminist Geographic Analysis of
Newspaper Articles, 2011-2013

by

Jennifer Iceton

A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts
School of Geosciences
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Keywords: abortion, biopower, citizenship, feminist geography, pregnancy termination, textual
analysis, zone of indistinction

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Abstract

Feminist geographers argue that gendered bodies and power are deeply entwined (McDowell 1992; Rose 1993). However, few geographers have investigated how gender and power interact in relation to the politics of abortion access. This thesis seeks to fill this gap by conducting a feminist content analysis of six newspapers from Florida's three largest metropolitan areas to determine how articles featuring abortion are framed. Analysis of the dataset concludes that the politicization of the abortion debate results in the erasure of women from the conversation, the identification of a pregnant women trope which homogenizes all women into one category, and Planned Parenthood's classification as a health care provider being ignored subsumed under a recognition of its role in providing abortion services. Overall this study argues that patriarchal institutions regulate women into compulsory motherhood, thereby constraining their agency and ability to fully participate in society participate in political democracy.

Keywords: abortion, biopower, citizenship, feminist geography, pregnancy termination, textual analysis, zone of indistinction

Chapter One - Introduction

Feminist geographers study the spatial relationships between gender and power. Particular attention is paid to highlighting the fact that dominant ideologies privilege masculine knowledge and viewpoints, and stimulating awareness that some types of bodies, subjectivities, and knowledges are commonly erased from the literature (Thien 2009, 71; Women and Geography Study Group of the IBG 1984; McDowell 1992; Rose 1993; Moss 2002). Feminist geographical research examines how spatial and social relations of power keep men and women located in certain places, and highlights the fact that gender is not only a descriptive term used to distinguish between sex characteristics, but also a geographic one (Thien 2009, 72). In fact, feminist geographers argue that it is poor research methodology not to consider gendered power dynamics in the research process (Sharp 2005, 304). Thien puts it rather succinctly: “we ‘do gender,’ and we do it differently through the enactment of multiple masculinities and femininities in our everyday practices, in our relations with others, and with the spaces of our actions, in our use of language, and use of space” (72). The intersections of gender, race, class, able-bodiedness, citizenship, sexuality, and other socially constructed categories influence how power affects and shapes particular types of bodies (ibid.). Uneven access to resources and political power based on the convergence of these multiple identity locations creates “unequal geographies of mobility, belonging, exclusion, and displacement” (Silvey 2006, 65).

The focus of this thesis is on how the geographic nature of power, enacted through particular masculinized political institutions, controls female reproductive bodies, specifically in relation to

how women are able to access abortion services. In the United States, abortion is a gendered issue in at least two ways. First, women's bodies¹ can potentially become pregnant and men's bodies cannot. Second, and more critical to this study, is the fact that although men cannot give birth, they play a disproportionate role in abortion policy by passing legislation at both the state and nation levels that limits abortion access. While abortion is a hotly contested political issue, its uniquely geographic context is often overlooked, especially in that women experience the effects of abortion policies in a variety of spaces. It is important to note, then, the differences between the scale of the analysis and the scale of the research project for this study. The scale of this study, that is, the spatial extent of the research project, is the state of Florida. The scale of analysis, on the other hand, is a spatial focus on both women's bodies and the political spaces they move around in (Moss 2002, 9-10). Geographic scales are defined as the spatial extent of a phenomenon and many contemporary geographers argue that scale is socially produced (Marston 2000, 220). Marston argues that scales are not simply "preordained hierarchical frameworks," but are instead "a contingent outcome of the tensions that exist between structural forces and the practices of human agents" (220). These tensions help create "geographic totalities" which Swyngedouw (1997) explains are "the embodiment of social relations of empowerment and disempowerment and the arena through and in which they operate" (169). The geographic element of research then is to identify and understand "how particular scales become constituted and transformed in response to social-spatial dynamics" (Marston 2000, 220). For this research, particular attention is paid to how the social-spatial dynamics of power map themselves onto female bodies and influences how women are able to move through and within everyday spaces.

¹ While I recognize that transmen's bodies may also become pregnant, and in no way do I intend to erase or silence their experiences, due to the dearth of literature on this subject, I am limiting the scope of this thesis to include a focus on cisgendered women's reproductive bodies.

With respect to the spatial extent of women's bodies, pregnancy affects the woman carrying a fetus in physical, bodily-specific ways. The uterus is a female-specific space which mediates how women are able to access the world and employ political power. This, in turn, directly influences how that body is able to move through governmental, legislatively regulated spaces. State and national governments control their constituents by enshrining social norms into law. Governments determine how citizens are able to participate in society, in part, by controlling the spatial locations of power and violating laws can have punitive effects that leave physical impressions on the body. With respect to pregnancy termination, governments are able to affect how women are able to experience the world and participate in society by controlling the terms and conditions of motherhood.

Research Questions

It is through a feminist geographical framework highlighting the gendered implications of abortion policy, that the arguments of this research are articulated, specifically with respect to state power, citizenship, and women's reproductive rights. This thesis focuses on how abortion policy is framed in news media, with specific attention to how elected politicians and activists speak about pregnancy termination by addressing the following research questions:

- 1. How do news articles frame governmental discussions of abortion policy?**
- 2. What is the role of women's bodies in news articles about abortion policy?**
- 3. How is Planned Parenthood, the nation's largest provider of abortion services, framed in news articles?**

This study utilized a feminist content analysis of six newspapers from Florida's three largest metropolitan areas based on population estimates, to determine how articles featuring abortion are framed. The Access World News (Newsbank) database was searched using "abortion" and "Planned Parenthood" as keyword filters.

Significance

1. *Interdisciplinary exploration of abortion policy.* This thesis is significant as an interdisciplinary exploration of abortion policy, reproductive rights, and state power via a distinctly feminist geographic approach, focusing on the relationships among gender, space, and power. Thus, this inquiry follows Reinharz's (1992) contention that in order to change how knowledge is produced, disciplinary boundaries may need to be disregarded. By combining geographic and gender approaches to analyses of abortion politics, this research attempts to transcend isolated disciplinary research methods. Thus, this research seeks to extend existing studies focusing on the representation of abortion in the media by combining geographic and gender approaches to textual analysis. Specifically, this study questions the gendered representations of pregnant women by interpreting the textual data at the spatial scale of the body and state regulation of abortion.

2. *Feminist Geographic Analysis of Biopower.* This research adds to the literature by not only including a gendered examination of state control of bodies but also by including a specifically feminist analysis of biopower in relation to abortion politics and policy in both the state and

national scale (Cerwonka and Loutfi 2001). This approach fuses ideas of state authority, body politics, and reproductive autonomy with the conventional concerns of human and political geography. It provides a different way for researchers to view the geography of state policies related to reproductive health. This thesis seeks to add to the literature in the area of bio-politics and highlight the importance of reproductive rights to a participatory democracy (Petchesky 1990).

Description of the Chapters

This thesis is divided into six chapters, including the current introductory section. Chapter 2 highlights relevant research of how mass media frames women's health issues generally and news articles related to abortion specifically. In chapter 3, I describe the theoretical framework used to approach this research which combines Petchesky's (1990) argument that bodily self-determination is necessary for reproductive freedom, Foucault's (1976) concept of state control of bodies, and Agamben's (2004) assertion that only groups deemed worthy by the state can fully participate in the political system. Next, I explain the feminist methodology used to conduct the newspaper analysis in this study. Chapter 4 describes the results and is divided into 3 subsections; the first section discusses how the government frames abortion politics, the second section explains how women's bodies are related to abortion, and the third section explores the framing of Planned Parenthood in the media. The concluding chapter argues that while women are hyper-present in media accounts of abortion, they are simultaneously hyper-invisible. Government control of women's bodies through abortion regulation and mandatory

motherhood homogenizes and marginalizes all women and relegates to them to second class citizens.

Chapter Two – Regulating Reproductive Rights in the U.S.

Reproductive rights in the U.S. are regulated as a public policy issue. At its most basic level, public policy concerns are related to what acts governments advocate for and what acts they do not adopt (Burt 1995, 357). While abortion has been present in every society throughout history, abortion in the U.S. transformed from a private, cultural practice to a mainstay in state legislature agendas. The following chapter traces the history of abortion from the establishment of the U.S. as a sovereign country, to present day and includes a brief summary of Planned Parenthood's evolution from a single birth control clinic to the nation's largest provider of abortion services. Specific attention is paid to how state governments selectively enact abortion policy to regulate the reproduction of certain groups of women.

History of Abortion in the U.S.

Researchers have argued that the history of abortion in the U.S. is extensive and complex, impacting and being impacted by a variety of social, spatial, and historical factors (Mohr 1978; Starr 1982; Boyle 1997; Baer 2002; McBride 2008). Mohr (1978) wrote the foundational text on the evolution of early abortion policy in the United States arguing that abortion became legislated by elite, white men who were opposed to abortion for social and economic reasons. Mohr contends that throughout history abortion was a common cultural practice, with women having access to information about abortion from multiple sources, including familial knowledge

passed to and from female family members or close friends, midwives, and home-health remedy books. Knowledge of abortion methods was gendered in that it was women who became pregnant and women who had the experience and skills to complete an abortion; men were not part of this process. Abortion is unique in the sense that it is a method women utilized without needing to obtain the consent or cooperation of men and indeed, abortions can be completed without men having any knowledge that it was performed at all (Davis and Blake 1956, 230). During the pre- and early colonial era, pregnancy was not legally recognized until a fetus had ‘quickened,’ i.e., when women could detect fetal movement, typically after the fifth month (Mohr 1978, 3). Prior to quickening, a woman was not pregnant, but rather her regular menstruation had been interrupted or blocked and women were free to ‘restart’ menstruation by any method she chose even if what was blocking menstruation turned out to be a fetus. Abortion was a social practice, commonly performed by women of all social strata, not a legal right bestowed by the government. The political nature of abortion did not come into existence in the United States until abortion began to be regulated by both the medical community and state legislative bodies during the 19th century.

Mohr begins his analysis in 1800, when there were no abortion laws on any books anywhere in the United States (Mohr 1978, vii). Doctors, known as “regulars,” were poorly trained, had no national medical association affiliation, and consisted almost exclusively of white, male “elites” from wealthy families. Many of these young male doctors were considered to be “menaces” to society as many patients died as a result of their treatment. This led legislatures to feel a “special obligation” to protect the public from them. As a result, they required two male doctors to agree on a procedure before it could be performed. It was thought this would allow older, more seasoned doctors to mediate any rash decisions made by young

doctors seeking to make money in lieu of patient care. This is the foundation for some current abortion laws requiring two doctors to agree that a woman's life is in danger prior to an abortion procedure being performed.

According to Mohr, there were several reasons why the regulars opposed abortion. First, regulars adhered to the Hippocratic Oath (this is something that they felt distinguished them from the irregulars) and the Hippocratic Oath rejected abortion. Ironically, Hippocrates held a minority viewpoint in his society; abortion was legal during his time and contemporaries, Plato and Aristotle, both approved of the practice. The wording of the Hippocratic oath states: "And likewise I will not give a woman a destructive pessary." A "pessary" is a piece of wool (similar in size and shape to a tampon) soaked in liquid and inserted into the vagina to produce an abortion. Medical ethicist Dr. Daniel Sokol, among others, argues that Hippocrates was against the pessary specifically, not against abortion in general (BBC News, October 26, 2008). This is based partly on the fact that (1) pessaries are known to cause deadly infections, (2) abortions were legal at the time, and (3) other methods of abortion that were commonly available are not mentioned or prohibited in the Hippocratic Oath. A second reason why regulars were opposed to abortion was that they believed that if conception was uninterrupted it would eventually lead to the delivery of a new human being and that "quickening" was simply one part of this process, but not more important than any other step in the process. This "scientific" opposition led regulars to oppose abortion on a moral level - if the medical community decided that abortion after quickening was illegal, and quickening was no longer a singularly important step, then abortion at any point of pregnancy was immoral. The final reason why regulars' opposed abortion was economic. Abortion was in high demand with some estimates indicating a ratio of one abortion for every five live births (Mohr, 1978, 50) and abortions were being performed by irregulars

(men who had no formal medical training) and thus taking business away from the regulars.

However, many regulars performed private abortions, mostly to affluent women and primarily by young doctors trying to make their way into the field and older doctors who were out-skilled and unfamiliar with new medical advancements. Regulars determined that the best way to eliminate the increased competition they felt from the large number of irregulars practicing medicine, as well as have the medical community align with their personal moral beliefs, was to encourage state legislatures to criminalize abortion. Although limiting access to legal abortion would potentially reduce regulars' own sources of income from abortion services, more abortions were being performed by irregulars than regulars and outlawing abortion could potentially put irregulars out of business, thus reducing overall medical competition.

The contradiction inherent in regulars' opposition to abortion while simultaneously receiving payment from upper class women for the procedure highlights the complex nature of abortion. Indeed, the regulars' moral disapproval of abortion seemed to be fluid and was overlooked when female members of their own class sought abortive services. This may indicate a Malthusian ideology that the government needed to regulate population growth by controlling the sexuality and reproductive capacity of poor women (Kaufman and Nelson 1996, 432), and thus in early American history, only certain types of women were viewed as needing to be restricted from accessing abortions. The emphasis regulars placed on legislating abortion was related to obtaining sole ownership of medical knowledge to the exclusion of irregulars who were not of the same social or economic class as the elites. In addition, opposing abortion on the basis of the Hippocratic oath is a selective reading of a text in order to support one's already established opinion.

Until approximately 1830, Mohr argues that it was commonly believed that women sought abortions to avoid the social stigma of an “illegitimate pregnancy,” and not as a way to limit fertility or family size. The presence of a pregnancy was visible proof of illicit sex on the part of a woman, which violated social norms created by patriarchal ideologies. The illicit sex itself was not the issue that needed to be addressed, otherwise blame would have been placed on both the male and female who engaged in the sex act. As men were not held accountable in any way for the pregnancy, it is not the sex that was immoral, but the results, and the results are only present in the female body. Her sexuality resulted in social punishment, not his.

In the 1840s, the type of women identified as seeking out abortions changed. Now women seeking abortions were primarily “white, married, Protestant, native-born women of the middle and upper classes who either wished to delay their childbearing or already had all the children they wanted” (Mohr 1978, 46). Many male doctors of this time believed that women who sought abortions wanted to avoid caring for (more) children. Most abortions were sought by women in upper and middle classes, although Mohr notes this information is partial and limited because regulars had little contact with poor women. This indicates the barriers faced by poor women who needed access to doctors.

Interestingly, after 1840, almost all women who received abortive procedures were Protestant with virtually no Catholic women undergoing the procedure (Mohr 1978). This “would subsequently allow anti-abortion crusaders to appeal to legislators with a virulent, undisguised, and apparently effective anti-Catholicism” (Mohr 1978, 91). Since only Protestant women were obtaining abortions, Protestant men in power feared their social control would decline and thus focused their attention on increasing the birth rate by regulating abortion. Most medical professionals felt that women got abortions because they cared more about “fashion”

than raising children. Doctors argued that women were “aggressively self-indulgent,” “fast living,” and “selfish” when they sought to have abortions. According to the medical community, “The practice of abortion was destroying American women physically and mentally, and, worst of all, undermining the basic relationships between them and men insofar as a willingness to abort signified a wife’s rejection of her traditional role as housekeeper and child raiser. For this reason, some doctors urged that feticide [abortion] be made a legal ground for divorce” (Mohr 1978, 108). This is clear evidence of a patriarchal structure in which women, especially married women, were subservient to men in general and their husbands specifically. The paternal structure of the family household, where men maintained the locus of control, was duplicated in the masculine construction of legislative bodies whereby men determined women/wives “traditional role” without her input. The fact that male doctors believed women sought abortions for fashionable reasons and to avoid caring for additional children is a prejudicial gendered view of the sex act itself, since men do not become pregnant and a significant amount of the child raising responsibilities fall to women. This belief is also gendered in the sense that there is no consideration to how many children the woman may want or the impacts that pregnancy has on her body, her ability to participate in her community, her ability to care for other children, or her ability to maintain employment. The implication is that men have no role in birth control and that their sex lives should not be impinged. Giving men the ability to divorce a wife who sought an abortion is a political decision made by elite men in power which would allow husbands to remarry and leave their wives without material support or economic resources. Abortion legislation gave men control over the space of the uterus, and consequently allowed them to determine how and when female bodies produced offspring.

A pivotal time in abortion legislation was 1846-47, as states started passing individual laws related to pregnancy termination, compared to previous policies which were tucked within of larger omnibus bills (Mohr 1978). Although doctors had been able to influence legislation, their opposition to abortion had mostly been individualized; they had not coalesced their forces *en masse*. The American Medical Association was formed in 1847 and provided the structure necessary to allow doctors to push for public policy and coordinate across state lines. It was during this time period that Boston physician Horatio Robinson Storer, who specialized in obstetrics and gynecology, spearheaded the AMA's hugely influential anti-abortion efforts. As Mohr argues "[the AMA] would prove in the long run to be the single most important factor in altering the legal policies toward abortion in this country" (1978, 157).

The majority of legislation passed between 1860 and 1880 was in line with the AMA's belief that abortion should be illegal at any stage of pregnancy and, significantly, the AMA was successful in arguing that the states should aggressively eliminate abortion (Mohr 1978). The classification by the regulars, then later by the AMA, that pregnancy began prior to quickening is a political ideology mediated through social and cultural contexts. The identification of a specific moment that "life" began varies across time, place, and culture and is negotiated by those in power (Petchesky 1990, 9). It is also significant as this designation of a beginning to fetal life removes pregnant women's agency. She no longer determines when she is pregnant; it is determined for her by the medical and legal communities dominated by men. Power over the socially constructed definition of when life begins creates the structural framework in which social customs are normalized. An 1860 Connecticut abortion law made the woman guilty for "soliciting" an abortion, "permitting" an abortion, or self-administering an abortion. "As the Connecticut Supreme Court recognized in 1904, the legislature had consciously created a 'new

and distinct' offense that 'limit[ed] the power of a woman to injure her own person'" (Mohr 1978, 201). Again, the woman's agency to control her personal bodily integrity was removed and reallocated to and by a male dominated judicial system. During the Civil War (1861-1865), measures to limit abortion access were practically nonexistent. This can partially be explained by both the political and medical communities being consumed by wartime activities. However, the elimination, or at least a severe reduction in legislating abortion during specific time periods supports the idea that abortion is a complex issue, affected by and affecting multiple facets of life, with social and political factors influencing its regulation. Men were focused on war-time activities, either directly through military service or in support roles, and thus women's activities were less relevant. The issue of the morality of abortion was replaced with more pressing military and economic issues.

Nativist sentiment in the 19th century was common among elites, both in the medical community and in state legislatures (Mohr 1978). Nativism is the protection or emphasis of native peoples and customs over those of immigrants or foreigners. Ironically, in this sense, nativism does not refer to indigenous peoples already living in North America prior to European colonialization. Here, nativism refers specifically to certain groups of European settlers who considered themselves (more) native to the United States because they preceded other groups of Europeans. Ohio lawmakers found that native-born women [Protestants] obtained abortions in much higher rates than immigrant women [Catholics]. They wrote in 1867: "Do [our native women] realize that in avoiding the duties and responsibilities of married life, they are, in effect, living in a state of legalized prostitution? Shall we permit our broad and fertile prairies to be settled only by the children of aliens? If not, we must, by proper legislation, and by the diffusion of a correct public sentiment, endeavor to suppress a crime which has become so prevalent"

(quoted in Mohr 1978, 207-208). This sentiment is evidence of a gendered implementation of pro-natalist law. Men in power, in this case Ohio politicians, identified certain types of women (native Protestants) who should not be legally eligible to receive abortion services, thus determining who is eligible to have children and who is not. Catholics were viewed as the Other, as less than Protestants, and Protestants needed special protections from large Catholic families. The pronouns “our” in the phrase “our broad and fertile prairies” and “we” in “we must, by proper legislation” are significant in both their gendered and racialized application. Both pronouns indicate masculinity as only men could be property owners, and therefore they could be the only owners of the prairies in question, and only men could hold elected office. White, protestant men were the recipients of the financial value of the land while women were responsible for birthing the children who would work it. In addition, this use of pronouns is racialized in that most Catholic immigrants were not from continental Europe, but were predominately from the Mediterranean region and were thus not considered by Europeans to be of the same racial class. Moreover, the idea of “*proper* legislation” and “*correct* public sentiment” explicitly indicates an underlying paternalism whereby male dominated institutions owned the creation and diffusion of cultural values to which women were required to conform. Ohio lawmakers mentioned above tried to add an amendment to the abortion law making abortion illegal specifically for married women. The amendment failed when several lawmakers opposed this language. As Mohr writes, “since one of the chief purposes of marriage was to ensure the procreation and proper upbringing of children a woman who entered marriage could have no legitimate excuse for trying to terminate a pregnancy unless her life itself was actually at stake” (Mohr 1978, 208). Single women who became pregnant were viewed more sympathetically; they were victims of seduction at the hands of their male suitors. The Ohio law

is evidence of a patriarchal attitude whereby white male elites, in the role of elected representatives of the people, felt they needed to control women's sexuality for their own benefit. The Ohio politician quoted above indicates that women are not intelligent enough to understand their proper role in society and as a consequence, men must now ensure proper behavior by enshrining it in law. Again, there is no mention of the part that men played in getting their female partners pregnant or their responsibilities to their partners, families, or their children. In addition, the determination of what constituted a "legitimate" excuse for having an abortion was determined by men, not by the woman in question with little consideration of the impact of pregnancy or motherhood on women.

Some abortion laws had what are known as "therapeutic exceptions" - abortions permitted to save the life of the mother (Mohr 1978). Typically, for this exception to apply, two male doctors would have to agree in order for the abortive procedure to be performed. These exceptions gave the right to determine which women needed abortions strictly and exclusively to the medical community, through regulation by the political system. The regulars' fight against abortion was closely linked with their fight for state mandated medical licensure. They wanted an exclusive hold on who got to practice medicine and under what circumstances. This is significant because it supports the idea that powerful families sought to create and maintain social control over society at large, both in terms of determining who could be a doctor and who, and under what circumstances, could legally obtain an abortion. Thus by 1900, every state in the U.S. had laws restricting or completely eliminating abortion access. The "right" to abortion was subsequently partially restored in 1973 with the *Roe v. Wade* Supreme Court decision.

The importance of Mohr's historical analysis in the context of this study is three-fold; legislative control over abortion was fundamentally about increasing the wealth of elite men,

protecting the ownership of medical knowledge, and controlling women's sexuality through forced motherhood. The morality of abortion was subsumed under masculine constructions of proper female behavior. By eliminating women's ability to control when they gave birth, male dominated institutions were able to effectively limit women's geographic mobility, both in the sense of how they physically moved through their community and, secondarily, how they were able to contribute and adapt to legislative control over their bodies. Men ruled political institutions and public spaces while women were regulated to childrearing duties and other domestic tasks. Women's bodies could not cross the boundary into politics and were thus second class citizens which limited them to a partial participation in creating the rules to which they were bound. Simply put, social relations of power disempowered women while simultaneously producing upward social mobility for white men, most notably doctors and legislators.

Restrictions on access to abortion continued to be legislated by state and national governments throughout the 20th century. The Hyde amendment, created in 1977, by Henry Hyde (R – Ill) significantly weakened the 1973 Roe v Wade decision by prohibiting any federal funds from paying for abortion procedures (Miller 1996a, 19). Consequently, this ban affected large swaths of Americans, including Medicaid recipients, military personnel, federal employees, disabled women on Medicare, Native American women, Peace Corps volunteers, people living in Washington, D.C., and female inmates in the federal prison system (Baer 2002, 109). The only exceptions permitted to this rule are if there is documented proof that the pregnancy was the result of rape or incest. The Hyde amendment, however, is not a static law; it must be sanctioned and recertified by Congress with every appropriations bill. It has been approved every time since its inception in 1977. The Hyde amendment showcases how the U.S. Congress, a predominately male institution, uses its power to control how women utilize health care services. Minority and

low-income women are significantly affected by these limitations (Miller 1996a, 19). In 1979, the U.S. Supreme Court held in *Belotti v. Baird* that laws requiring that parents be notified that their child wanted to have an abortion were legal as long as there was an alternative option available, typically a judicial hearing before a local judge (ibid.). A major change to abortion rights happened in 1989 in the *Webster v. Reproductive Health Services* decision, where the court held that a state had the right “to restrict abortion in the interest of the fetus throughout a woman’s pregnancy, rather than only at the point of viability” (Miller 1996a, 19). This is a significant change from the *Roe v Wade* decision. Here, the Justices argued that if the state had an interest in protecting a fetus after life, then it had an equal right to protect that life prior to viability (ibid.).

Governments also prohibited abortions from being performed in any public or private facility that received government funding (ibid.). As with the Hyde amendment, this prohibition disproportionately affects women of color who cannot afford medical insurance (Miller 1996a, 23). Women of color have increased health risks associated with pregnancy, and restricting their access to abortion via prohibitions on Medicaid funding for abortion increases the burden on their overall health (Miller 1996a, 24). In addition, the vast majority of women obtaining medical services from public hospitals are women of color, so limiting the services offered affects women of color at higher rates than white women (Miller 1996a, 24). The multiple identities that women have, including race, income, education level, and employment status, among others, shape the ways in which they can resist political restrictions placed upon them. Elimination of government funding for abortion services not only limits women’s agency by increasing the likelihood she will carry a fetus to term, but increases the financial and emotional burdens women carry.

Abortion legislation continued to be part of the national discussion throughout the late 1990s and the 2000s. The time period analyzed for this thesis is 2011-2013; this was chosen as it encompasses the period in which the largest increase in attempted abortion legislation has occurred. According to the Guttmacher Institute, a sexual and reproductive health think tank which monitors abortion trends, more laws on abortion procedures were enacted during this period than from 2000 to 2010 combined (Guttmacher Institute 2014). In 2011, 1.1 million legal abortions were performed nationwide, and state legislatures introduced more than 1100 reproductive health-related provisions, 135 of which were enacted, 92 being specifically related to abortion restriction (Guttmacher Institute 2012). In 2012, 122 reproductive health-related provisions were enacted with 43 abortion-specific restrictions passed nationwide (Guttmacher Institute 2013). In 2013, 141 reproductive health provisions were passed, with 70 restricting abortion access (Guttmacher Institute 2014). All told, between 2011-2013, 205 abortion restrictions were passed in states across the nation while 189 were implemented from 2000 to 2010. Legislative abortion restrictions took various forms, including the enactment of ultrasound requirements, reducing insurance coverage, limiting access to medication for abortion, and barring abortions as early as 6 weeks after fertilization. According to the Guttmacher Institute, a distinct change in reproductive health policy occurred in 2013. In previous years, state legislatures focused on provisions which were “limited” to restricting access to abortion by the methods mentioned above but the focal point of 2013 centered on eliminating abortion completely by way of personhood amendments. While many more provisions were introduced than were actually passed into law, the considerable amount of resources utilized indicates the political prominence of this issue.

Overview of Abortion Legislation at the State Level

Nationwide, eight states have sought to define life as beginning at conception thereby effectively outlawing any form of abortion. None have yet been successful. Prior to 2011, Colorado and Mississippi sought to enact personhood amendments. In 2009, voters in Mississippi, a hugely pro-life state, rejected a personhood amendment which would have made all abortions illegal and potentially outlawed many forms of hormonal birth control, IUDs, and in-vitro fertilization as causing the death of a potential child having the same legal rights as any other citizen (Washington Post 2009). Voters in Colorado voted down a personhood amendment in 2008 and 2010 by a margin of 3 to 1 (Draper 2010). Between 2011-2013, Oklahoma, Georgia, and North Dakota also considered personhood initiatives. Oklahoma anti-abortion activists sought to gather enough signatures to put a personhood amendment on the state ballot, however the Oklahoma Supreme Court ruled that a zygote (a fertilized egg) is constitutionally not a person (NARAL 2016). Republican primary voters in Georgia voted in favor of a non-binding personhood amendment which had no legal effect (ibid.). North Dakota, which only has one abortion clinic for the entire state, proposed a personhood amendment in March 2013, which would have “granted legal personhood rights to embryos at the moment of fertilization” and effectively end all abortions in the state (Hawken 2013). North Dakota State Representative Kathy Hawken mentioned in an op-ed that while she is republican, and pro-life, she voted against the proposed amendment, noting that North Dakota does not even have a mandatory seatbelt law (ibid.). Voters failed to pass this amendment. The differences between states on the type of abortion restrictions sought to be enacted, and actually enacted, reinforces the complex nature of women’s lives and the multiple influences which affect pregnancy and childbirth.

Florida enacted its first abortion law in 1868 (Mohr 1978). The first two sections of the law were related to “abortion-related death after quickening” and the third “made any attempted abortion, without reference to any stage of gestation and regardless of whether the woman died or not, punishable by a prison sentence of one to seven years or a fine of up to \$1000” (205). Florida’s law was built partially on an 1860 Connecticut anti-abortion law which included punishment for women seeking abortions, because, they argued, their policy was “based largely on protection due to the woman, protection against her own weakness as well as the criminal lust and greed of others” (quoted in Mohr 1978, 201). Implicit in this argument is the underlying patriarchal function of the state. Women were “weak” and male dominated institutions needed to step in and “protect” them from their poor choices. This language not only overlooks women’s agency in terms of decision-making, which would imply that women had agency to begin with, but assumes that women are entirely devoid of autonomy.

As of 2011, Florida has 88 abortion providers, 72 of which are clinics, and provided 85,000 abortion services (Guttmacher Institute 2015). 73% of Florida counties do not have an abortion provider. Florida represents 8% of all legal abortions nationwide (ibid.). From 2011-2013, as well as currently, Republicans controlled the Florida state house and senate as well as the governorship, although the state is considered demographically purple in terms of political party affiliation, meaning that neither major political party has an overwhelming majority of support and thus Florida is considered a ‘swing state’ in presidential elections. The legislature passed several restrictive abortion measures in 2012. H.B. 1127 requires women to receive medically unnecessary ultrasounds with or without their consent and without the support of their doctor. H.B. 97 also forbids private insurance companies from covering abortion procedures in the (then forthcoming) health exchanges mandated under the Affordable Care Act. Moreover,

H.B. 1247 requires minors wishing to obtain an abortion and who lack parental consent to appear before a judge and catalog the medical risks of having an abortion and then account for why she feels having an abortion is necessary. Also in 2012, the Florida Senate voted 23-16 against a restrictive abortion law previously passed by the Florida House which would have required a 24-hour waiting period for an abortion, an explanation by the doctor to the patient on fetal pain, and attendance of an annual ethics course by doctors who perform abortions (Huffington Post 2012). The 24-hour wait period was subsequently signed into law in 2015, but is currently on hold while the Florida Supreme Court determines if they will hear a lawsuit challenging the law's constitutionality.

A ballot initiative in 2013, known as Amendment 6, was sponsored by the Florida legislature, and was passed by the House with a 79-34 vote and the Senate with a 27-12 vote. The amendment sought to eliminate all tax payer money for abortion services or for insurance coverage for abortions with only limited exceptions, in essence allowing Florida's constitution to duplicate the already existing federal ban on public funding of abortions (Collins Center 2013). A second part of Amendment 6 would narrow the state constitution's definition of the right to privacy, potentially eliminating court challenges to abortion restrictions based on a violation of privacy due to governmental intrusion into a woman's private life. Voters failed to approve the proposed amendment.

Overall, the history of abortion policy both in the U.S., generally, and Florida, specifically, illustrates how gendered power dynamics influence women's bodies and the types of spaces certain bodies can occupy. Abortion legislation, created by male-dominated legislatures, targeted specific groups of women in order to control social reproduction. As particular women were othered and marginalized, their reproductive systems became the

regulatory space that mandated their compliance with social norms, or, alternatively, stigmatized them as having violated societal values. The violation was imprinted upon female bodies and limited women's mobility and political agency.

History of Planned Parenthood

The Planned Parenthood Federation of America was founded in 1916 by Margaret Sanger, with the opening of the first birth control clinic in the United States. According to Planned Parenthood's official website, many of their employees have played integral parts in having birth control and abortion legislation reviewed by the court system. Sanger, who was arrested in 1914 for disseminating information on contraception in violation of the Comstock Laws, which made birth control illegal and outlawed possession of information regarding contraception. She appealed against her own conviction for obscenity and this led to a relaxed legal interpretation of New York's anti-contraception laws. In 1936, Sanger was again arrested, this time for illegally ordering birth control through the U.S. Postal Service. The court ruled that contraception was a benefit to women and therefore could not be viewed as obscene despite the Comstock Laws. The ruling was limited to New York, Connecticut, and Vermont and it is not until 1965 that married women were legally allowed to use birth control. The 1965 case, *Griswold v Connecticut*, was initiated by Estelle Griswold, then president of Planned Parenthood Connecticut, when she was arrested for opening a clinic to dispense birth control.

Planned Parenthood has historically been a strong advocate for women having access to safe and legal abortion services. Alan Guttmacher, founder of the Guttmacher Institute, was president of Planned Parenthood in the 1960s and 1970s and helped open the first Planned

Parenthood clinic to offer abortion services in New York in 1970. Planned Parenthood continued to offer family planning services, including contraception and abortion services, to women of all socio-economic levels, although the introduction of the Hyde Amendment in 1977 limited funding for abortion services and restricts the number of women who qualify for federal funding. In 1982, Planned Parenthood was part of a court case challenging President Reagan's order that clinics receiving federal funding notify parents when their daughters elected to use prescription birth control on the grounds that it violated doctor-patient confidentiality. In response to the 1981 Congressional act funding "chastity education," the Guttmacher Institute released a study showing that the U.S. had the highest pregnancy and abortion rates of any Western country and that the countries with the lowest rates were positively correlated with comprehensive sex education and liberal attitudes towards sex more generally. In 1987 President Reagan instituted the "gag rule," whereby any clinic receiving federal funding is prohibited from discussing abortion with patients, even if the patients specifically request information. President Clinton revoked the order 1993, but 8 years later, President George W. Bush reinstated it. In 2003, Planned Parenthood was part of a lawsuit challenging a law signed by President Bush which banned doctors from advocating for abortion procedures for their patients. Federal courts subsequently struck down the law.

Since its founding over 100 years ago, Planned Parenthood has been on the forefront of improving women's health and ensuring women have access to a variety of family planning methods, including comprehensive sex education, birth control options, and abortion services. Although Planned Parenthood does not label itself specifically as a feminist organization, their focus on "the fight for women's health, rights, and equality" is a feminist goal. Many of Planned Parenthood's presidents have been women, and Planned Parenthood's emphasis on serving low-

income and minority women also aligns with feminist ideals. Similar to Mohr's argument, their focus on women's health keeps women's bodily autonomy within the sphere of social equity and outside of medicalized and political institutions. Their explicit acknowledgement that women are capable of, and should be empowered to, determine their own life choices is a rejection of patriarchal modes of power. Planned Parenthood engages with women at a bodily scale of power, allowing women to gain access to sex education, birth control, pap smears, breast exams, and cancer screenings, all of which impacts the physicality of women's bodies, and thus their ability to participate in society. By investing in women's personal agency, Planned Parenthood undermines the paternal role of government in determining how women should be able to move and engage with their community.

In summary, abortion legislation has a multifaceted history that is influenced by historical, social, and political factors, among many others. As access to abortion services is limited by increasingly conservative public policy, poor and minority women are disproportionately affected. Their social status, already marginalized by racial politics, is further downgraded by compulsory motherhood and a lack of adequate resources. The following chapter explores how traditional interpretations of governmental regulations neglect to take into account the unique spaces women inhabit, both within their own bodies and within their community, when their sexuality is policed via abortion restrictions while at the same time the judiciary fails to protect them from hegemonic governmental management.

Chapter Three - Theoretical Frameworks

Feminist Debates on Abortion

U.S. feminists have a long history of participating in abortion politics. Early abortion regulations were, in part, a reaction to the women's suffrage movement, that is women becoming politically active and forming coalitions to lobby for the right to vote in political elections (Our Bodies, Our Selves 2016). These 19th century women are known as suffragettes, or first wave feminists. As mentioned in an earlier chapter, Margaret Sanger was a first wave feminist who fought vehemently for women's right to birth control. Sanger "saw women's ability to control their own reproduction as essential to their freedom and equal participation in society" and allowed women "to freely express their sexuality without fear of pregnancy" (Roberts 1997, 57). First wave feminists were motivated by the notion that motherhood should be voluntary, and that contraceptives should not require male participation, e.g., condoms (ibid.).

The 1960s saw the beginning of second wave feminism. Whereas the first wave was primarily focused on women's right to vote, second wave feminism was more closely linked with the women's liberation movement and concentrated on reproductive rights, including access to abortion. Speak-out events were common in the 1960s and 1970s, and women spoke about their experiences with both legal and illegal abortion. While both women and men were active in the liberation movement, it was primarily a movement for white women's reproductive rights. Black feminists have often critiqued second wave white feminists for being single-minded about

abortion rights while many black women were forcibly sterilized by the government and had to fight for the right to have children at all (Roberts 1997, 59). First wave feminists' focus on access to birth control transitioned into a national social policy regulating the reproductive capacity of poor, minority, women of color. In post-World War II America, the eugenics movement was flourishing and the medical community forcibly sterilized thousands of women deemed inferior by either the state or the medical community (ibid.). While in the 1800s, nativist sentiment towards reproduction fixated on reducing or eliminating married Protestant women's access to abortion to ensure that they were not out-bred by immigrant Catholics, in the mid-20th century white Americans feared that blacks would similarly reproduce exponentially faster than they could (60).

Third wave feminism began in the 1990s and was the result of perceived failures of previous feminist groups. Third-wave feminists value diversity, and are specifically dedicated to including women of color and embracing women of all identities into the movement (Tong 2014, 295). However, most self-identified third-wavers are white. Critics argue that while underscoring the differences among women may give voice to the complexities of lived experience, third-wave feminists "need to understand that just because some women are empowered does not mean *all* women are" (ibid., original emphasis). With respect to abortion, third-wave feminists have been criticized for ignoring the reality that having a right to abortion means relatively little if marginalized women, specifically women of color, cannot access abortion services due to a lack of funds, transportation, or stigma (245).

Feminists have consistently critiqued the historical domination of masculine ideologies. This study borrows from Petchesky's (1990) argument that in order for women to be full members of society they must control their fertility, and Foucault's (1978) theory of biopower to

adapt Agamben's (1995) theory of zones of indistinction to female bodies. Zones of indistinction are created when the executive and legislative branches of government marginalize a specific group of people who are also denied legal representation in the court system. He uses the term *homo sacer* to identify othered individuals who exist outside the protection of the judicial code. In Agamben's theorization, *homo sacer* is male; meaning, that as Agamben examines how governmental power is predicated on controlling its populace, he is speaking of how masculinized institutions regulate masculine bodies. Women are absent as they are viewed as subordinate and inferior to the standard male bodies. Feminist critiques of Agamben's exclusion of women's bodies and experiences emphasize that a gendered analysis of *homo sacer* is necessary in order to more fully understanding the complexities of women's lives (Cerwonka and Loutfi 2011; Enns 2004; Deutscher 2008). With respect to abortion, Cerwonka and Loutfi (2001) and Deutscher (2008) assert that *homo sacer* could be female and zones of indistinction can be applied to women's reproductive bodies insofar as the state has othered them by controlling their sexuality while the court system neglects them. Thus, this research adds to the geographical literature by not only including a gendered examination of state control of bodies but also by including a specifically feminist analysis of biopower and zones of indistinction in relation to abortion politics and policy. This chapter begins by tracing the history of *homo sacer* and the legacy that zones of indistinction have on groups that have been othered. Next, feminist critiques of biopower are explored in relation to women's subjectivity. The chapter then concludes by arguing that an adapted version of Agamben's theory supports the notion that the uterus is a biopolitical space regulated by the government.

Agamben: Bodies as Zones of Indistinction

The history of *Homo Sacer* dates back to ancient Roman times and is based on a distinction between public and private life. Agamben (1995) argues that implicit in Western thinking is the idea that the sovereign, or state, has absolute power over "life". *Homo Sacer* is the term used to classify either individual citizens or entire social groups which exist within society but are outside of the judicial code, and can thus be executed by the state without consequence (1995, 8). In this context, the concept of *bare life* is based on two related Greek words: *zoe* and *bios*. *Zoe* is everyday life, common to everyone regardless of social category; *bios* is the proper way of living for certain people or groups (Enns 2004). To use Aristotle's terminology, it is the difference between just simply living and living the good life, between public and private, individual and community responsibility and ownership. *Bare life* is life that is unremarkable; it is universal to all people, yet it is separate from political life (Agamben 1995, 1). *Homo sacer* is living the *bare life* after the State reduces *bios* (the good, political life) by direct interference and removal of citizenship or rights to *zoe* (common life without politics) (Enns 2004).

Literally translated *homo sacer* means 'sacred man', or a man "who *may be killed and yet not sacrificed*" (Agamben 1995, 8, original emphasis). This distinction is pivotal to Agamben's argument that there is a political binary of life with *zoe* reduced to *bare life* on the one hand, and *bios*, indicating a specific type of approved life on the other. According to Agamben, the foundation of modern Western politics lies in this duality, that is, in the intentional inclusion of *bare life* in the *polis* by the power of the state (Ziarek 2008, 90). The state now exercises its sovereignty over not just its citizens, but over living beings and their bodies (Enns 2004). In fact, Agamben argues "that the production of a biopolitical body is the

original activity of sovereign power' (6, original emphasis). In other words, Agamben is asserting that *zoe* and *bios* construct the framework that Western politics is based upon in so far as *zoe* is private, common life and *bios* is public, political life and *homo sacer* is the life people lead when their political life has been eliminated by state mandate (Norris 2005). As Matthew Hannah argues (2010), depending upon how the state defines what constitutes life that is valuable and worthwhile, biopolitics can make disagreeable government actions more acceptable (1036). In other words, if a group of people are identified by the state as *homo sacer*, their rights can more easily be taken away and the populace at large will not protest. Historical examples of *homo sacer* include the German concentration camps of World War II where Nazi soldiers experimented on those individuals and social groups deemed immaterial to the continued production and elevation of the German State, i.e., Roma, gay, Jewish, or physically or emotionally disabled populations.

Homo sacer places upon individuals a label where they are alienated from the political and judicial systems of law and as such could be killed without consequence (e.g., concentration camp victims). Yet even with the yoke of this classification attached to them the state cannot kill them as religious sacrifices because to do so would be to infuse their deaths, and therefore their lives, with value and meaning (Agamben 1995, 8). Even more specifically, according to Ziarek, *homo sacer* is “unworthy of either juridical punishment or religious sacrifice” (2008, 91). But although *homo sacer* seems to be separated from the political system in fact the opposite is true: *homo sacer* is incorporated into the very structure of the *polis* as “its inner hidden norm” (Ziarek 2008, 91). In other words, the state validates the inclusion of the banned man in the *polis* through its policy of excluding them. It is important to note, however, that while *homo sacer* is now located within the *polis*, this does not imply the incorporation of this

figure. Ziarek argues *homo sacer* now inhabits the “hidden inner norm” of the state *polis*, meaning that while *homo sacer* is not explicitly acknowledged by the state, its existence inside the *polis* is actually normalized. Thus the boundaries of the state cannot be fully appreciated and so, by design, the goal of biopolitics is to seek out new social groups for exclusion (2008, 92). *Homo sacer* is, quite literally, “life that has failed to achieve humanity” (Norris 2005, 4).

When *homo sacer* is incorporated into the *polis* by virtue of its intentional prohibition, Agamben asserts that “the species and the individual as a simple living body become what is at stake in a society’s political strategies” (3). “Biological life” becomes the concern and *possession* of “sovereign power” which then merges into a political governing body constituted solely by men (ibid., 3, my emphasis). Agamben contends that when this distortion of life as separate from the political arena fuses into life *defined* by the body politic, it becomes possible for governments, and through their influence, society, to simultaneously see *certain* lives as precious and others as undeserving of the space they occupy in the state (3, my emphasis). It is these interstices of *bare life* and the political appropriation of *Homo sacer* that creates what Agamben terms as “zones of indistinction.” These shadowy locations of indeterminate spatiality “at once exclud[e] *bare life* from and captur[e] it within the political order [which] in its very separateness [is] the hidden foundation on which the entire political system rest[s]” (9, brackets added). This is the point, the moment, in which paradoxically Man becomes subject to the very framework which gave Him political emancipation in the first place, i.e., *bare life* (9-10). This, then, brings us back to the contradictory figure of *Homo sacer* who can be killed and yet not sacrificed. Because the body politic knows no value beyond life and therefore does not understand the absence of value of

life, *Homo sacer* can be killed (because he has value) but not sacrificed (because he has non-value) (9-10). *Homo sacer* is removed from the protection of the courts and placed in a transitional phase where the State has no laws which prohibit inhumane or murderous treatment.

Agamben argues that zones of indistinction are created at the interstices between *bios* and *zoe* and it is at these intersections where state sovereignty has the most impact on *homo sacer* (1995, 9). The immigrant, the refugee, the concentration camp prisoner, the comatose patient all exist in the fog between life and death “described as neither one nor the other [yet marking] the threshold between the human and the inhuman, the ethical and the unethical” (Enns 2004). Bodies located at zones of indistinction “are regulated and controlled by a sovereign power” (ibid.). Societies classify beings, behavior, and bodies in particular social or civilization-specific ways that create and reinforce publicly held beliefs about those people, activities, and bodies that are being labeled (Rich et al. 2012, 4). This means that social groups are culturally produced and reproduced to maintain a particular hierarchy and this, by default, creates boundaries that only incorporates certain groups by identifying them for exclusion.

Foucault: Biopower, Gender, and Sexuality

Foucault (1978) argues that patriarchal Western governments controlled their populations through a series of regulatory restrictions meant to discipline bodies, including regulating birth and death. This regulatory power exists everywhere and nowhere, and the disciplining of bodies took many forms including social, economic, health, and political structures (93). These structures include governing marriage, controlling the military, and regulating the medical community. States and their male rulers controlled life and death and they exercised their sovereign right to rule by manipulating the masses and controlling both population rates and the

right to decide death for citizens, as in the death penalty for various crimes (137). Foucault argues that state sanctioned heterosexual marriage had an economic incentive to produce children in order to increase the overall labor force and in this way, “regulating marriage is a means of regulating sexuality” (Buker 1990, 820). Foucault contends that "there was an explosion of numerous and diverse techniques for achieving the subjugation of bodies and the control of populations, marking the beginning of an era of 'biopower'" (140). Biopower is essentially government regulation of the life (as in reproductive potential) and death (as in asserting use of the death penalty) of its citizens, or more generally, controlling the people under its direct influence. Foucault also asserts that heterosexual marriage is one facet of biopower and evidence of a direct connection of male authority over female sexuality (Buker 1990, 818). The man consents to the marriage while the woman submits to her family’s wishes. The husband attends to public duties while the wife remains inside the home, doing unpaid work. States control marriage and sexuality, in part, by managing what information the public received about sex education and birth control options (Buker 1990, 820).

Foucault argues that a medicalization of women’s bodies took place and “was carried out in the name of the responsibility [women] owed to the health of their children, the solidity of the family institution, and the safeguarding of society” (Foucault 1978, 146-47). This medicalization allowed for “medical domination and control...of the family as well as other sexual relations...[and] exercises hidden power over the family and more directly over women, while maintaining a pretense that the family is private” (Buker 1990, 821). Control over abortion and birth control “become mechanisms by which the state exercises control over sexual activity and child production, while claiming not to interfere in family matters” (ibid.). The state’s exercise of biopower to control women’s sexuality “controls the lives of women and reduces their ability to

participate in public life” (ibid.). Women lose their subjectivity and become objects which serve to reproduce the state’s labor pool (822). The state’s power over dissemination of knowledge about abortion and birth control and its control of women’s expression of sexuality guaranteed male domination over women, specifically, and the family, more generally (822).

Petchesky (1990) also argues that the effects of governmental biopower can be seen in the ways in which the state regulates female bodies. She contends that dominant U.S. institutions in the 19th and 20th centuries consolidated control over women’s fertility through state intervention, with sex being a “point of entry” into population control measures that justified public surveillance (72). Dominant groups used political power to implement “direct sexual regulation...including the direction of women’s sexuality into maternity” (ibid.). The integration and regulation by the state of disparate nodes of power controlling birth, death, reproduction, and abortion is an example of Foucaultian biopower, which is aimed at controlling sexuality, reproductive capacity, and geographic mobility (73).

Furthermore, Petchesky (1990) argues that women's reproductive capacity and their ability to carry a pregnancy to term are directly related to how and when they are able to access and employ political power (5). As long as the uterus is the sole location for fetal gestation, the relationship between reproductive choice, and therefore control of one's body, is a political issue (ibid.). “Control over fertility” is mediated by social relations and is indicative of who governs “the total arrangement of power in society” (Petchesky 1990, 25), meaning, when men control fertility then men control society.

Women’s subordinate position in society is not monolithic, however, because it varies based on race, class, religion, and other socially constructed categories. Women negotiate these terrains in different ways depending on their position in a political struggle for power and control within

patriarchal institutions ruled by men (ibid.). These institutions have “control over the sexuality and the physical health of women, the terms and conditions of motherhood, and the structure of the family” (26).

Feminist Critique of Foucault and Agamben: Reproductive Bodies as Zones of Indistinction

Feminist scholars have challenged Foucault's understanding of history as androcentric. Buker (1992) argues that Foucault forces the audience "to assume a male perspective" and that "his audience are constituted as male," and questions whether women are capable of full citizenship if they are not permitted control over their bodies (811, 813). According to Buker, a person's awareness of “the production of knowledge depends upon connections to the world...the knower's gendered relationship to the world is important” (816). She also argues that within Foucault's work “women are invisible except as objects of pleasure and management; they do not appear as actors...their own strategies for rebellion find no place in his history” (819). Another feminist critique of Foucault is his emphasis on the relationship between a woman's pregnancy and the ultimate goal of producing a qualified laborer, in contrast to showing concern for the way a pregnancy and motherhood will effect a woman's body, her enjoyment of sexual acts, and her ability to mother (Buker 1990, 823).

Agamben builds from Foucault's concept of biopower, whereby the state encourages the creation and subsequent development of community groups that exist within, yet are simultaneously excluded from, the political system, and are citizens without rights or representation. Both Foucault and Agamben fail, however, to include women's bodies, and specifically their reproductive bodies, into their theories of biopower. Enns (2004), contends that

the focus of both philosophers is distinctly male bodies. Cerwonka and Loutfi (2011), on the other hand, assert that the subjects of both Foucault and Agamben's theorizations are not male bodies at all, but are, in fact, "utterly sexless" and even more provocatively they argue that life is "dissociated entirely" from women's reproductive capacity (1, 3).

Deutscher asserts that similar to the refugee and immigrant, women's bodies are within their own zone of indistinction, specifically in regards to abortion (2008, 59-60). She argues that in contrast to Agamben's state of exception where laws are set aside on an emergency basis, abortion exists in the opposite realm: abortion is illegal except in cases where it is exempted from the law and these exceptions then become normalized. With respect to abortion laws in the U.S., this means that although abortion is technically legal as defined by the Supreme Court decision in *Roe v. Wade*, individual states have enacted prohibitive laws which restrict abortion access to all but certain notable exceptions: most typically instances of rape, incest, or to save the life of the woman. Ergo, the exception becomes the standard bearer even though federal law does not limit abortion access as such.

Deutscher (2008) further argues that women's reproductive bodies typify *homo sacer* and thus inhabit a zone of indistinction. The porous boundary that women occupy is due to the fact that the fetus "is not situated at the threshold of depoliticization or dehumanization of previously politicized or humanized life" (2008, 58). In other words, the fetus was not seen as having *bios* which was then reduced by the State into *bare life* (for example the death row inmate); instead the fetus has always inhabited an ambiguous location of 'pre-life' typically devoid of legal rights. This, then, changes the concern from one whose rights have been removed to one whose rights never were (ibid.).

Abortion Restrictions as Constituting a Zone of Indistinction

Restrictions to legal abortions can take many forms which complicate the boundary between women's political agency and her function as a mother. One common theme is to place the fetus within the context of "the unborn child". Heriot (1996, 178) argues that abortion laws have been written in such a way as to alter medical terms into moral ones: *fetus* is changed to unborn child, *gestation* is changed to age, *survival* is used to imply that if a fetus is not born then they have, in fact, died. Even more simply, Heriot states that these laws "imply that the fetus should be defined as an unborn child from the moment of conception onward" (ibid.). This transformation in language leads to an ambiguous notion of *bare life* in relation to the fetus. Does the fetus, when defined as an unborn child by the state, now inhabit the zone of indistinction characterized by having had rights that were subsequently taken away? Do the biopolitical rights of the fetus equal, or perhaps outweigh, the rights of the body that carries the fetus?

A second area of restriction in abortion is in the ability to access services. Many states have enacted laws which require women seeking abortions to undergo psychological counseling sessions with government approved therapists, lengthy waiting periods before the procedure can be performed, and 'informed consent laws' where physicians are required to read government supported information on the medical complications which may arise from having an abortion, although the difficulties associated with bringing a fetus to term are not discussed (Paltrow 2002, 164; Heriot 1996). In addition, many states have ultrasound mandates: the medical provider is required by state law to perform a medically unnecessary ultrasound and have the image of the fetus projected on the computer screen for the mother to see

(Weitz and Yanow 2008, 104). In fact, the state of Virginia passed and signed into law a bill in 2012 which required most women seeking abortions to undergo a transvaginal ultrasound, where a medical wand is inserted into the vagina and rotated around until a suitable image of the fetus is located and can be viewed on the computer monitor (Lithwick 2012). Women who did not qualify for the inserted-wand-ultrasound were nonetheless required to have an over-the-belly version. An amendment to the bill which would have required patient consent to the procedure and a physician opt-out clause failed to pass the legislature with a 34-64 vote.

An additional restriction to abortion access lies in the geographic location of clinics which provide contraceptive and abortion services. 87% of all U.S. counties do not have any abortion providers and 35% of women of reproductive age live within the borders of these locations (Guttmacher Institute 2012). Nearly one in ten women who seek abortion services traveled more than 100 miles to see a medical provider. Women paid an average of \$483 for a first-trimester abortion and 60% of women paid that cost entirely out of pocket. It is unknown if women who self-paid for abortion services did so because they had no insurance, their insurance did not cover abortion procedures, concerns over confidentiality of medical records, or some other reason.

Another way in which female reproductive bodies exist in indistinct locations is within the concept of individuals owning their bodies. Rich et al. (2012, 2) contend that bodies today are seen as both objects and subjects which implies ownership rights that can be sold or eliminated. Body parts, which include eggs, sperm, and embryos are classified as neither being a 'thing' or a 'person' and as such "link autonomy and decision-making control over the body with concepts of property...and commodification" (ibid.). Naffine and Richards (2012) concur: "the paradoxical effect of this diminution of rights in the disposition of our bodily material is that we

may be weakest in our autonomy in the area where we arguably most need it—the control of our physical selves” (54). Although by bodily material the authors are referring to embryos and organs (for donation), it is not that far of a conceptual leap to extend bodily material to mean the fetus. Property can be characterized not as an object unto itself, but rather as the relationship between an ‘owner’ and a ‘thing’ (Rich et al. 2012, 3). To go even further, Naffine and Richards (2012) argue that property is both identified and defined by the responsibilities and obligations that the owner and thing have to each other (52). The fuzziness of boundaries between body and property further complicates the idea of the fetus as ‘the unborn child’. Rich et al. (2012) thus raise the question: “what ‘belongs’ to me or is a part of me...or at least come[s] under my own decision-making control?” (ibid.,4) Heriot (1996) argues that reducing the status of the fetus to a zero-sum game (it is either a person with full rights or the absence of a person with no rights) is to ignore the social factors that influence women’s bodies and their decisions on when to have children (1996, 182-183). Izugbara and Undie (2008) parallel this idea and argue that when individuals are permitted to have ‘rights’ solely on the basis of their inclusion in certain social groups, this fails to take into account “how individuals and the rights they are entitled to are culturally constituted across communities” (160).

Feminists also critique the notion of biopower imposing compulsory motherhood. Heriot (1996) summarizes a few of the arguments against requiring women to carry a fetus to term: by treating a fetus in the womb as a person means that women are simply robotic incubators; fetus’ are not productive members of society when they are in utero, therefore, their rights, if they are deemed to have any, are less than those of the mother; to force women to carry babies while men are biologically incapable is tantamount to sexual discrimination; and just as men and women today are not forced by the state to donate blood or tissue to another person who might die

without it, women similarly should not be coerced by the state into sustaining the nutritional and physical requirements of a fetus (1996, 183). She follows up by asking the question, “why is the fetus chosen for such special status?” The fetus is given this privileged position by virtue of women’s bodies being a version of homo sacer - the figure of the ‘man’ who can be killed but not sacrificed. Female bodies constitute a space where the state wants to exert control and in order to do so, in order to remove women from judicial oversight and protection, they must be made into *bare life*, a life that is unworthy of being human. The fetus replaces the woman as the integral component of their forced cohabitation and the female body is diminished to being an incubator with no rights or responsibilities other than producing a viable offspring. As Heriot (1996) bluntly states, “the fetus appears to be sacred and the mother profane” (185).

Cerwonka and Loutfi (2011) postulate that not only is the female body seen as “a sexual and reproductive criminal in need of regulation” but that the womb itself is biopolitical space (3-4). This identification of the womb as a “biopolitical space” is critical; it declares the womb, whether inhabited or not, as necessitating state management and control to ensure the “rights of the unborn child” (ibid.).

Agamben’s zone of indistinction are predicated on the idea that they must be governed by a sovereign and those that occupy the zone are deprived of judicial oversight. Foucault argues that through biopower, states control the overall reproduction of its population. When states use biopower to regulate abortion practices, they force women to reside in the border zones where they are simultaneously the focus of governmental oversight and yet have no judicial recourse. The population at large does not protest the continual restriction of abortion access since these bodies are identified as *homo sacer* and are thus unworthy of state support.

Chapter Four – Methodological Frameworks

The utilization of qualitative methods is linked to the grounding of this study in postmodern and feminist theoretical frameworks. In this paper, news articles are examined to determine the ways in which abortion is framed in popular discourse. This approach follows Goffman (1977) and Deegan's (1983) contention that the rules of society are inscribed in mass media outlets, such as newspapers.

Mass media plays an integral part in how consumers make meaning of public discourse (Gamson and Modigliani 1989, 2-3). Discourse can be understood as the structure that helps us to make sense of the world around us; the rules that we assume-to-be-true and subsequently use to both send and receive information (Althiede and Schneider 2013, 53). Media outlets provide space and context for meanings to be created and recreated. Journalists add their own framing of the situations they report on using specific language choices (Gamson and Modigliani 1989, 2-3). Research suggests that news media in particular is central to understanding American culture and any studies that focus on how we make meaning of situations must include an analysis of mass media (Altheide 1996). This is especially true when print media write about abortion policy in the United States. Media representations of abortion-related topics tend to have a divisive political overtone. Miller (1996b) argues that abortion rhetoric in the media has been directed primarily at voters with the obvious political goal of altering abortion's legality (33). Further, Miller argues that "reports of medical findings [on abortion procedures] are often reframed by activists on both sides, and consequently by the media, in terms of their legal ramifications." The

particular slant that media reports take on abortion activities help define the abortion issue for the public, along with identifying the relevant stakeholders and serves to reinforce particular moral and cultural values.

Research on abortion policy, gender, and women's reproductive rights in the media, especially in the United States, tends to focus on morality, the "pro-choice vs pro-life" debate, or the politics of restricting access to abortion services (see for example Medoff 2009, 2010, 2012; Jones and Jerman 2013; Fine et al. 2005). Understanding how abortion is framed is important as there are few areas of law that are as politically contentious, and yet altogether gendered, as pregnancy termination. This is evident when candidates for political office are often required to have clearly defined positions on pregnancy termination, typically aligned with either the "pro-choice" or "pro-life" movements, while simultaneously avoiding broad statements of belief on other social issues, such as infidelity (Parrott and Condit 1996, 13-14). Less prevalent in the literature is a geographic analysis including the scale at which abortion policy is constructed and the scale at which its material consequences are experienced. The way in which abortion is framed in the media will impact how geographies of power embedded in abortion debates are understood by newspaper audiences.

Feminist Approach to Methods

The hallowed halls of Western academia were created by and for white, heteronormative men who tended to also be English-speaking and able-bodied (Bondi et al. 2002, 1). These men “structured research problems according to their values, their concerns, and their goals, all of which reflect their experience” (Monk and Hanson 1982, 36). Women’s lives, voices, and experiences were not regarded as significant either politically or socially. As a

discipline, Geography has historically promoted the white, masculinist, colonial project. For much of its history, the discipline of geography has perpetuated these ideas by marginalizing women, undervaluing them both as researchers and participants, or leaving them out of the research process completely (Monk and Hanson 1982, 36). During the 1980s, feminist geographers began making inroads by challenging the status quo of a universalized, masculine human geography discipline. They did this, in part, by critiquing the conventional sociological epistemology that knowledge is neutral, objective, and universal (Maynard and Purvis 1994, 18). Feminists argue that this way of valuing knowledge serves to support and legitimize masculinized bodies, masculine standpoints, and male-centered worldviews (Thien 2009, 71). Feminist epistemology argues that knowledge is socially produced and therefore there can, and should, be multiple ways of knowing, all of which are valid (Cope 2002, 43). In other words, it is a fallacy to believe that there is only one “Truth” that is available to us all. More to the point, feminist geographers contend that women’s ways of knowing are legitimate sources of knowledge and bringing women back into the conversation, as both academics and research participants, is essential in order to hear the voices that have traditionally been silenced (Bondi et al. 2002, 1; Cope 2002, 44-45). In furthering this goal, feminist research methods aim to transform the lives of women, promote social change, and empower participants in the research process (Maynard and Purvis 1994, 7).

DeVault (1999) argues that “the dilemma for the feminist scholar, always, is to find ways of working within some disciplinary tradition while aiming at an intellectual revolution that will transform that tradition” (59). In terms of methodology, she notes that despite editors' claims to a willingness to highlight new research methodologies, a stricter adherence to traditional, masculinist methods are promoted within the discipline (DeVault 1985, 482). Feminist

research, Reinharz (1992) argues, shares techniques with other disciplines, but it is also research that expressly acknowledges the political aspects of gender, race, class, ability, and other socially constructed categories in all phases of the research process: choosing a research topic, writing research questions, data collection, and how the researcher eventually analyzes the data, among others (Reinharz 1992; Moss 2002, 3). A method is usually defined as a technique for doing quantitative or qualitative research, i.e., focus groups, surveys, or interviews. There is no such thing as a feminist method, per se, but rather a feminist epistemology that can be used to frame specific research techniques. That is, there is no method that was exclusively created by feminists solely for use by other feminists in the pursuit of strictly feminist aims. However, it is the adherence to general feminist principles which, according to DeVault (1999), include bringing the voices of the marginalized back into the research process and thus legitimizing women's knowledge, identifying and acknowledging the power relations between the researcher and participants, and supporting research which improves the lives of women and other marginalized groups that makes research a feminist project. Regardless of the topic, it is important to remember that at its basic level, feminist research is overtly political (Moss 2002, 2; Golombisky 2010, 170). Every choice made in the research process is within a context that some researchers, especially women, have little to no control over (Maynard and Purvis 1994, 5). The nature of this research study is directly political in the fundamental feminist principle that the personal is political, and few decisions are as personal as whether or not to continue a pregnancy.

Feminist Approaches to Content Analysis

Feminist researchers have used content analysis in a systematic way since at least the 1800s. Indeed, one early feminist, Laurel Graham, focused on finding contradictions between or

among different texts on the same subject with the goal of highlighting the wide-spread consequences of both capitalism and patriarchy (Reinharz 1992, 149). Graham argued that feminists needed to go beyond the dominant themes in order to determine how "texts teach their audiences to structure personal systems of meaning" (Graham 1990, quoted in Reinharz 1992, 149). American audiences are taught by dominant narratives to privilege some types of knowledge sources while simultaneously disadvantaging other sources. Goffman (1977) argued that it is not simply the differences between men and women that must be examined, but the way in which these perceived differences are both socially constructed and perpetuated institutionally as a universal norm (302). Deegan (1983) adapted Goffman's method to include the idea that feminist frame analysis focuses on identifying "the systematic organization of the rules of society that limit the opportunities, experiences, and autonomy of women in everyday life" (182). Feminist researchers have used content analysis to show how societal rules, which were written by men to oppress women, are present in the mass media, which itself is a major source of cultural norms (Reinharz 1992, 152; Deegan 1983, 182). Utilizing feminist content analysis to understand how cultural norms are created and sustained is one way in which marginalized people, who have historically been ignored in the research process, can have their voices be heard. Specifically, in relation to this study, feminist content analysis may also reveal how power hierarchies in society are constructed and thus reveal their oppressive consequences. Feminists focus their attention not only on the principal themes of a text, but also examine how women and other minority groups have been excluded and erased. Feminist researchers identify patterns within texts to highlight how power is gendered, classed, and raced, among other socially constructed categories, and to resist the impulse to only examine the dominant themes propagated by elite men in positions of power (Reinharz 1992, 156, 162-163).

Scholarship on the framing of women's health issues generally, and abortion specifically, in the mass media has focused on abortion as a public health issue, as a political debate, or in terms of how women may view abortion as a reproductive health option. Fewer scholars have analyzed the media's framing of abortion as having a gendered impact on citizenship. Content analysis of newspaper articles related to abortion have focused on stigmatization of abortion (Purcell, Hilton, and McDaid 2014; Kumar, Hessini and Mitchell 2009), a women's rights issue (Brown and Ferree 2005), and as a public health policy issue related to maternal health (Pruitt and Mullen 2005). Researchers have also investigated the relationship between mass media and abortion rhetoric (Miller 1996b). I was unable to find any scholarship either by feminist geographers or geographers more generally which used content analysis of newspaper articles of abortion policy either in the United States or globally.

Several studies utilized newspaper content analysis to examine abortion discourse. Kumar et al. (2009) used content analysis to analyze 428 news articles to better understand how abortion stigma is created. They argued that abortion stigma emerges from the fact that women who terminate their pregnancy violate traditional feminine archetypes which allows women to assert their "moral autonomy in a way that can be deeply threatening" (628). They found that abortion stigma is both socially constructed and uniquely local. In other words, the type and impact of abortion stigma depended in large part on how pregnancy and motherhood are understood culturally, and in some cases abortion can even be viewed in a positive light. Their research showed that abortion stigma is rooted in significant social inequalities embedded in social institutions, and their article echoed the Centre for Reproductive Rights (2008) assertion that criminalizing a medical procedure that only women [and transmen] can undergo is a prime example of how gender discrimination can become legal and normalized (631).

Purcell et al. (2010) analyzed articles from 7 British and 5 Scottish newspapers to examine how newspapers frame abortion. They argued that mass media helps shape and create context for readers and that analyzing media uncovers the relationships between media framing and normalized social constructs. Their results showed that newspapers framed abortion with a negative bias in both language and content and thus perpetuated the discourse of abortion as a universally negative procedure. They also found that stigma related to abortion can have a “regulatory role” which “discredit[s] women who behave in a way which does not fit with normative femininity” (1151).

Pruitt and Mullen (2005) investigated the accuracy of media representations of emergency contraception (i.e., Plan B) to determine how often readers believed Plan B was actually a medical abortion. They examined 1077 articles from 113 newspapers from 1992-2002 using the LexisNexis database. Their results showed that almost 50% of articles contained at least one erroneous statement and that more than half of the articles sampled only contained incorrect information. As a result, their research indicated that accurate and reliable information on emergency contraception was not easily accessible via newspapers.

Brown and Ferree (2005) examined the relationship between a reduction in overall fertility rates across Great Britain and the increase in the of immigrants. They sampled 10 British newspapers from January 2000 to May 2002 using the LexisNexis database. The results showed that a majority of articles framed the falling fertility rates as a major social issue. They found that ideas related to fertility were linked with British identity. In addition, while some articles presented immigration as a negative strain on the country, many of the articles presented immigration in a positive light.

Overall, studies using content analysis of newspaper articles showed the usefulness of the method in trying to understand how meanings are socially constructed. Analyzing framing of health issues, such as abortion, may uncover hidden meanings or overt stereotypes, as well as audience expectations (Purcell et al. 2014, 1141). Media representations of abortion may undermine women’s agency and reduce the “legitimate” choices available to women (ibid.)

Data Sources

To answer the research questions, this study conducted a feminist textual analysis of a sample of articles from six newspapers over the time period 2011 to 2013 in the Access World News (Newsbank) database. The six newspapers selected correspond with the three largest metropolitan areas in Florida: Orlando, Tampa-St. Petersburg-Clearwater, and Miami-Fort Lauderdale-West Palm Beach (Table 1). The six newspapers include *The Miami Herald*, *Sun Sentinel*, *Palm Beach Post*, *Tampa Bay Times*, *Tampa Tribune*, and *Orlando Sentinel* (Table 2).

Table 1 – List of Top Metropolitan Statistical Areas by Population - Florida

Metropolitan Area	Population Estimates		
	2011	2012	2013
Miami-Fort Lauderdale-West Palm Beach	5,706,159	5,788,070	5,861,337
Tampa-St. Petersburg-Clearwater	2,828,490	2,847,270	2,873,489
Orlando-Kissimmee-Sanford	2,176,212	2,226,601	2,272,395

Table 2 – List of Top Metropolitan Areas and Associated Newspapers - Florida

Metropolitan Area	Newspaper
Miami-Fort Lauderdale-West Palm Beach	Miami Herald Sun Sentinel Palm Beach Post
Tampa-St. Petersburg-Clearwater	Tampa Bay Times Tampa Tribune
Orlando-Kissimmee-Sanford	Orlando Sentinel

Keyword Search

Full text articles were searched using keywords "abortion" in the lead/first paragraph or "abortion" and "Planned Parenthood" anywhere in the text. The term “pregnancy termination” was not used as a filter term as linguistically, it is more often used as a noun, as in the termination of a pregnancy was the *result* of an abortion, than as a verb, as in the *act* or *performance* of terminating a pregnancy. The geographical scope of the articles was either focused on Florida abortion legislation or national (federal) abortion legislation. The time span of 2011-2013 was chosen as this was the period in which the largest increase in abortion legislation nationwide occurred (Guttmacher Institute 2014). Once the initial sample was obtained (n=138), the articles were further filtered to determine if they 1) focused on abortion legislation, and 2) included a direct quotation from either a current or former politician or other significant stakeholder. Stakeholders were identified as being a politician, spokesperson for Planned Parenthood, or member of an abortion interest group. As this time span included the 2012 presidential race, many of the sample articles contained the word "abortion" as well as a generic blurb indicating if a particular politician leaned pro-choice or pro-life. These articles were excluded as they did not include a direct quotation by a stakeholder. Letters to the editor or

newspaper editorials were excluded based on the same criteria. One newspaper, the *Tampa Bay Times* created a special investigative website known as "*Politifact*" in 2007 to check the veracity of claims made by public officials. Articles written by *Politifact*, were included if they specifically related to abortion legislation. Once the initial sample of articles was reviewed, articles that were duplicated across multiple newspapers were also eliminated. If two or more articles were substantially similar with only a short "updated" blurb at the beginning or end of the article, the longer article was included while the shorter article was not. This filtering processes reduced the total number of articles to 57.

Counts

This table below shows the number of articles included in the data set published each month for 2011, 2012, and 2013 separated by region, Florida and national, respectively. The table shows the largest number of articles published, both locally and nationally, occurred in the first five months of each year, with March having the largest number of articles printed each year for Florida and January, February and April having the largest number nationally. The spike in articles during the first part of the calendar year coincides with the Florida legislative session and when the 112th Congress was in session. This is also significant because it highlights the political nature of how abortion information is published in the news and therefore available to the public. The spikes correlating to legislative sessions reinforces the political and also contentious nature of the abortion issue.

Table 3 - Number of articles per month (by year)

	Jan	Feb	March	April	May	June	July	August	Sept	Oct	Nov	Dec
Florida												
2011 (n=18)	1		3	5	5		2	1	1			
2012 (n=11)	3	1	3						1	3		
2013 (n=6)			1	2		2			1			
Total	4	1	7	7	5	2	2	1	3	3		
National												
2011 (n=6)	1	1		3						1		
2012 (n=7)	1	2	1					1	1			1
2013 (n=3)	1					1					1	
Total	3	3	1	3	0	1	0	1	1	1	1	1

Thematizing Data

The qualitative analysis software Dedoose 6.1.18 (Dedoose 2015) was used to code the data, using a grounded theory approach with inductive reasoning. Each article was read multiple times to detect patterns in the data. These patterns were then identified and named using open-coding. Grounded theory was chosen as it allows for an exploration of processes mediated through experience, meaning, and context. In addition, this analysis followed the feminist postmodern approach by also seeking silences and absences within the data.

Study Limitations

Several study limitations were noted. First, the scope of this project was Western and U.S. centric. It specifically focused on newspapers published in Florida. Expanding the spatial

scale to include either a thematic analysis across regions of the U.S. or possibly a comparative study of abortion representations by state may prove useful in uncovering abortion frames that are uniquely local. An international study comparing U.S. framing of abortion with other Western and non-Western nations may also highlight the socially constructed nature of public policy. A second limitation was the three-year time frame selected for this study. Although the focus of this research was on statements made by politicians, the presence of a presidential election during the sample time frame may have distorted the content of the available articles. A third restraint recognized was the difficulty in obtaining quality data during the collection process. The Access World News (Newsbank) interface is outdated and not intuitive. Storing data on the Access World News server proved to be cumbersome and the filtering options could be improved to allow filtering with folders and subfolders. Also, there was little consistency across newspapers in terms of title length so sorting through saved searches was time consuming and often yielded poor results. Exporting data from the server was also problematic. The website did not indicate the maximum number of articles that could be exported or emailed at a time. This led to significant data loss as it was not immediately apparent that the total number of selected articles had not been downloaded.

Overall, feminist geographic methodologies recognize that traditional research methods privilege white, masculinist, colonial viewpoints. Feminist geographers seek to bring women's bodies and voices back into the research process by acknowledging that women's lives have value and are legitimate sources of knowledge. Content analysis allows researchers to study the gendered dynamics of popular discourse in news accounts, particularly as abortion framing has been shown to be targeted to eligible voters with the intent of altering public policy. The next chapter discusses the results of the content analysis conducted for this study.

Chapter Five – Media Representations of Abortion in Florida

Analysis of the data identified several recurring themes in how Florida's newspapers frame abortion politics. They can broadly be characterized as (1) government ownership of the abortion debates and the erasure of women; (2) women's bodies and the creation of a pregnant woman trope; and (3) Planned Parenthood as the principal abortion provider. Each theme is divided into subsections. The government ownership and the erasure of women theme includes subsections on abortion framing as a universally contentious political issue and women as object. This section presents the analysis of abortion debates on the scale of national politics. The second main theme, women's bodies and the creation of a pregnant woman trope, is divided into three subsections, including how abortion procedures carry less risk for women than carrying a fetus to term, the control of women's sexuality within a theme of safety, and abortion not being presented as a legitimate healthcare option. This section discusses the portrayals of abortion at the scale of the body. The final section is predicated on the idea that political groups specifically target Planned Parenthood as a focus for their pro-life agenda. In addition, this section sheds light on the complexities of the multi-scalar operations of Planned Parenthood.

Theme: Abortion as Domain of Government

Abortion is a complex issue and in current American culture it is framed as a political issue governed by politicians at both the state and national levels. Women's reproductive

experiences are controlled by social organizations and cultural institutions that are dominated by men (Petchesky 1990, 6). These institutions represent a “reproductive politics” that strive to control women and limit their sexuality (ibid.). In order to enact the management of women’s bodies, women as active participants in society have to be made into Foucauldian-style docile bodies. Within the newspaper articles analyzed for this research, women’s bodies and experiences were hyper-present while also simultaneously being hyper-invisible. Women were erased from the conversation at the same time that they were the focus of legislative action. This erasure was accomplished through a variety of mediums, including women being framed as the object, but not the subject of legislative action, a focus on the fetus, and through women being solely assigned a motherhood role by the state.

Excessive Political Legislation

A main theme found consistently across the articles was the idea that abortion is framed in newspaper articles as a universally contentious political issue. A limitation of this study is that the time frame of the data set was selected due to increased legislative activity and preference was given to articles containing stakeholder quotations. This may lead to a sampling bias where an over representation of abortion articles, that are, by default, political in nature, are included.

Abortion debate discourse is dominated by state and federal governments, not by the medical community, human rights campaigns, or population demographers (Miller 1996a, 18). Although some aspects of healthcare are mentioned in articles, abortion is couched within a political framework, either in terms of funding medical services or controlling access or restricting abortion procedures via state or federal law. When politicians were quoted, it was in

reference to proposed laws or impacts of appeals against court rulings on current law. When stakeholders were quoted, it was in reference to how current or proposed legislation impacted either pro-choice or pro-life agendas. A majority of articles focused on the legislative nature of abortion, which, at its most basic level, is a medical procedure. One article began by stating, "After passing five anti-abortion measures last year, lawmakers are again considering measures that opponents say would make it more difficult for women to get access to the procedures" (Palm Beach Post, January 25, 2012). Another article began by describing how "conservative Florida lawmakers who last year passed a bill that requires women seeking an abortion to first have an ultrasound performed are pushing to go further in 2012" (Miami Herald, January 28, 2012). A more direct indication of the political nature of abortion policy was evident in a Palm Beach Post article published on February 26, 2012 which stated,

Abortion opponents admit they're doing everything they can to make the procedure more difficult for women in Florida to obtain. The Republican-controlled legislature's effort to curb abortions comes as Florida GOP leaders join the national fray over President Obama's requirement that employees of religion-affiliated institutions receive health coverage that includes free contraception.

Additional salient quotations from the data set include:

"'We will never bow to political pressure ,' Brinker said in the video." (Sun Sentinel, February 3, 2012)

"New York Mayor Michael Bloomberg, for one, said he will give Planned Parenthood \$250,000. "Politics have no place in health care," he said in a statement Thursday." (Sun Sentinel, February 3, 2012)

Another article began the article by stating, "Between a conservative Legislature and a more conservative governor, there's a concentrated effort this year to tighten Florida's abortion laws." The article goes on to say, several paragraphs later, that "the push contrasts heavily to last year when the ultrasound bill came under intense, emotional debate and was ultimately vetoed by then-governor Charlie Crist" (Miami Herald, March 22, 2011).

Each of the above examples shows the specifically political framing of abortion news coverage. The long history of this issue as a contentious issue as presented in media narratives allows it to assume a normalcy that overlooks any alternative understandings or experiences. Only one article in the data set was not directly related to abortion legislation, although abortion regulations were mentioned (Tampa Tribune, January 23, 2011). The focus of the article was on the experiences of several women who had terminated at least one pregnancy and the ways in which they cope with that decision. Each of these women were quoted in the article as having regrets about having an abortion.

Abortion as Politically Divisive

A second way that newspaper accounts frame abortion is as a politically divisive issue. Here abortion becomes a debate with only two perspectives; that of the pro-choice movement on one side and the pro-life movement on the other, and the focus of both sides is on legislative victory. No other viable alternatives are offered which might allow people with varying views to participate in the discussion. Women may be members of either of these sides, but they are not the focus of the debate. Women's reproductive capacity is simply a means to a political end; the impact that carrying a child to term will have on a woman financially, socially, sexually, or her ability to maintain employment is not discussed. Within the data set four sets of stakeholders

were identified: pro-choice or pro-life politicians and pro-choice or pro-life advocacy groups or stakeholders. Politicians were stratified by party affiliation, with Republicans being labeled as pro-life and Democrats labeled as pro-choice. For advocacy groups, the labels were changed to indicate that members of the pro-life movement were considered politically conservative and members of the pro-choice movement were seen as more liberal. Nevertheless, the terms conservative and pro-life on one hand, and liberal and pro-choice on the other were used interchangeably in many of the articles.

One article began, “Anti-abortion activists marched in Washington on Friday to protest the Supreme Court ruling that made abortion legal 40 years ago” and then towards the end of the article mentions that, “Supporters of abortion rights also staged demonstrations this week in Washington and across the nation. The National Organization for Women sponsored a candlelight vigil Tuesday night in front of the Supreme Court” (Orlando Sentinel, January 26, 2013). In this situation, both groups are framed as holding opposing rallies and advocates are identified with the terminology “foes” and “supporters” of abortion rights.

Accounts also frame the issue as having no common ground and no overlap, meaning that there is very little agreement between the two sides. Only two newspaper accounts mentioned any situations where pro-choice and pro-life advocates held similar viewpoints. The first article, (the same article that did not specifically focus on the legislative aspects of abortion) includes a quotation by a Planned Parenthood spokesperson, Stephanie Kunkel where she indicates that many pro-life organizations and Planned Parenthood clinics have a lot in common. Specifically, Kunkel says that “Nobody wants unintended pregnancies. We should all be working together to ensure that women don’t get to the point where they have to decide whether or not to have an abortion” (*Tampa Tribune*, January 23, 2011). It should be noted, however, that the article does

not follow up on this idea; there is no indication that Planned Parenthood and the pro-life advocates mentioned in the article work together in any capacity. A second article which mentioned commonalities between pro-life and pro-choice stakeholders is titled, “Abortion bill in Florida Legislature has rare bipartisan support” (Miami Herald, April 8, 2013). The article indicates that both Florida republican and democratic lawmakers support a proposed law where doctors would be required to initiate medical treatment on a fetus born alive after an attempted abortion. “Abortion rights groups” were said to offer “muted acceptance of the bill,” although Planned Parenthood initially opposed the proposal. Significantly, the article does mention in the first line of text that a fetus born after an abortive procedure was a rare occurrence, potentially explaining the reasoning for many politicians to support the bill.

The pro-choice versus pro-life binary is inherently a political dispute. Human rights proponents assert abortion is a fundamental, inalienable, part of being human, that is, something that cannot be removed by the state. The *Roe v Wade* decision was not decided on these grounds, however, but on privacy protections guaranteed by the constitution. The idea that abortion is a “right” and therefore a “choice” is based on the underlying assumption that the right was granted to women by the government and can subsequently be taken away. This dualistic notion dodges questions related to who can receive abortions, in what circumstances, and for what reasons (Petchesky 1990, 7). The answer to these questions is determined by the government and the early American Medical Association through abortion regulations and laws, and the framing of abortion as a right identified and approved by a political body allows one to overlook the fact that abortion policy, both historically and contemporaneously, has been written by predominately white men (ibid.).

Another way in which articles were framed as politically divisive was in how certain frequently used terms were defined. Specific phrases like 'pro-choice' and 'pro-life' have become common colloquial terms and are assumed to be understood by the audience in the way that the journalist intended. In other words, the meaning of the terms is understood without having to be explained or its usage defined. 'Pro-choice' is a term ascribed to people who believe that abortion procedures should be legally available and accessible and without major government restrictions. They typically believe that women should have the right to make determinations about their bodies and that decisions of a medical nature should be made between a woman and her doctor. 'Pro-life' is a label attached to people who believe that abortion should be illegal and is a moral or religious sin. They typically believe that life begins at conception and that abortion is tantamount to killing a child that has yet to be born. The meanings behind these words are understood without being interrogated. "Pro-choice" supports the idea that women should be empowered to make decisions regarding their bodies and motherhood without state interference. "Pro-life" is understood to mean a very specific type of life, that of the unborn. It is not pro- all types of life. In fact, and very significantly, when advocates refer to 'pro-life' they are not referring to the life of the woman carrying the fetus, but of the life they are ostensibly protecting from the actions perpetrated on it by the mother. For example, Florida Governor Rick Scott stated, "I told everybody on the campaign trail that I'm pro-life and I'm going to be a pro-life governor" (Miami Herald, May 5, 2011). However, Governor Scott did not allow Florida to accept the Affordable Care Act's Medicaid expansion, which provides healthcare for those who cannot afford it, thereby severely reducing many low-income families' healthcare options and increasing financial burdens. Consequently, many poor women have little or no access to doctors and this disproportionately affects women of color. Penny Nance, president of Concerned

Women for America was quoted in a June 19, 2013 *Tampa Tribune* article stating that a bill passed by the U.S. House of Representatives that would ban all abortions after the first 20 weeks after conception was "the most important pro-life bill to be considered by the U.S. Congress in the last 10 years." It is clear from the quotation that pro-life means anti-abortion and patently does not refer to any other types of bills that might be thought of as improving the lives of the populace at large. Life, as identified in the term pro-life, refers to the fetus, but only until it is born. Governments take little interest in improving the socioeconomic status of the baby and its family after birth, as social services for both the baby, its mother, and its family are not readily available and are limited at best.

The arguments of pro-life and pro-choice proponents can be analyzed through their relation to the enactment of biopower. On the one hand, proponents of abortion regulation downplay the issues related to care for the mother and child. Seemingly, women can control their bodies and never become unwillingly pregnant. This follows the Foucaultian (1977) analysis of control over the body, where the regulation is internalized by women. On the other hand, proponents of the pro-choice policy suggest a less complete internalization of biopower and the social management of women's behavior.

Aggressive Language

Language choices also reflect the framing of abortion as politically controversial. A common theme to this end was the use of aggressive or war-like words. This was evident both in content written by journalists and also by quotes from by politicians included in articles. Words like "attack," "aim," "killing," "battle," "targets," "ammunition," "provoked," "trigger," "fighting," "flanked," "advanced," and "war," were common in the dataset. Descriptions of

proposed legislation in the data set include "a contentious anti-abortion measure," "a battle among religious groups, abortion providers, and conservative politicians," "the critics have a secret weapon," and "the Florida House capped two days of contentious debate." Pro-choice advocates used language indicating that proposed laws are "wholesale assaults," with the White House being quoted as saying one specific bill was "an assault on women's right to choose." One article began with the line, "Abortion battle remains - though for some, tactics have changed - 38 years after *Roe v. Wade*" (Tampa Tribune, January 23, 2011). A third article begins with, "Liberals and abortion rights activists are mobilizing. They've been under siege for much of 2011 as Republicans in the U.S. House and newly in control of more state governments (including enhanced numbers in Florida) attempt to make abortions more difficult and expensive" (Sun Sentinel, August 24, 2011). The first example describes abortion issues as a "battle" that "remains" after "38 years," clearly framing the history of abortion politics as a long and contentious fight. The second quotation supports the idea that abortion debates in the Florida legislature are "intense" and "emotional." Conflict is further supported when the governor vetoes the proposed bill. The third example frames abortion rights advocates as being "under siege" by the federal government as well as most state governments. Phrases indicating that voting for abortion was "along party lines" or "largely party line votes" were common. Each of these examples supports the framing that abortion is controversial, that this controversy has existed for decades, and that discussions on abortion policy are consistently viewed as political fights along party lines. However, while this framing utilizes masculinized, aggressive language, women are not present; they are what is being fought over, but their agency is discounted.

When news accounts frame abortion as always controversial, the only space available for the audience to make sense of its cultural meaning is within the structure of "pro" or "con."

Audiences are taught by news framing of abortion that there are only two ways of interpreting abortion politics; stakeholders are either pro-choice or anti-choice. Importantly, through the use of masculinized aggressive language, newspapers reinforce the notion that stakeholders who hold disparate viewpoints are in constant conflict with each other and have goals that are mutually exclusive. This framing implies that there is a legitimacy to the notion that newspapers adequately report all relevant positions. No alternate viewpoints are presented within this duality, either as a justified experience or conversely as an unreasonable one. Instances of resistance to the status quo are unavailable. With abortion being continually framed as contentious, women were framed as being the object that was talked about, but their subjectivity was ignored. Their agency as an active participant in the democratic process is overlooked in favor of a government patriarchy which determines which options she is allowed to choose from.

(Mis)Representations of *Roe v. Wade* Within the Popular Discourse

Another way that governments own the abortion debate and erase women relates to how *Roe v. Wade* is generally understood by the public. Many articles seem to imply that the 1973 Supreme Court decision made abortion legal for the first time in United States history. For example, "The Supreme Court's *Roe v. Wade* ruling Jan. 22, 1973, made abortion legal nationwide in the first three months of pregnancy" (Orlando Sentinel, January 26, 2013); "...to reconsider the 1973 Supreme Court decision, *Roe v. Wade*, that made abortion legal" (Tampa Tribune, June 19, 2013); "[abortion bills] are designed to test whether today's more conservative court, and particularly Justice Anthony Kennedy, are ready to pull back from *Roe v. Wade* and the right to legal abortion" (Orlando Sentinel, November 5, 2013). These examples suggest that abortion has always been illegal from the founding of the U.S. until 1973 whereby the *Roe*

decision made history by altering the law of the land and legalizing abortion under the Constitutional right to privacy from government intrusion. This is an inaccurate description. As mentioned in an earlier chapter, abortion was a common activity practiced in Great Brittan and the 13 original colonies under the quickening doctrine (Mohr 1978). The first law in the United States related to abortion was passed in Connecticut in 1821 and was designed to protect women who wanted abortions from 'quacks' who administered questionable oral medications to restart menstrual flow. In other words, the first abortion law was designed to support women who sought to terminate a pregnancy and was in fact considered a poison control measure, and not a law restricting abortion. When newspapers frame the Roe v Wade decision as the first time that abortion was legal in the United States, they misrepresent the history of a very common procedure and erase the major role women played in their own healthcare decisions historically. This is important because it changes the cultural understanding of abortion politics from the “right” to abortion being given to women in 1973, to a “right” that women historically always had, which was subsequently taken away from them by politicians, then returned to women in the Roe v Wade decision, and is being again curtailed by politicians ever since. A pro-choice advocate stated: "'I can't imagine not having this right,' said Katherine Beditz, a physician and president of Medical Student's for Choice." (Sun Sentinel, January 23, 2012).

It may be important to note that both pro-life and pro-choice groups, and newspapers generally, are silent about the inaccurate representations of legality of abortion throughout U.S. history. One explanation may be that these silences are intentional and not accidental. The suppression of this knowledge might provide spaces for pro-choice and pro-life advocates to interpret more contemporary abortion legislation to suit their own purposes. Mohr (1978) argues that throughout ancient times abortion was a social practice, and in the United States, only

became politicized through specific, intentional actions taken by the state and the organized professional medical community. If pro-choice advocates emphasize that abortion access historically was ubiquitous across the country, then they are also indicating that through action by the state, abortion became completely criminalized, thus creating a space where pro-life advocates could argue that abortion be universally restricted, and ultimately outlawed.

Alternatively, pro-choice advocates may focus on the *Roe v Wade* decision as a way to reframe abortion discourse as a human rights issue, thereby arguing that to oppose abortion is to oppose women's rights.

Overall, this study demonstrates that newspaper articles framed the debates regarding abortion as controversial and neglected alternative viewpoints that may challenge this discourse. Moreover, this chapter shows that representations of women as actors were often absent in terms of the media discussions on abortion and were framed instead as self-regulating recipients of state action. In addition, within the popular discourse the *Roe v Wade* decision was often misrepresented in terms of historical accuracy and reframed to suit stakeholders' policy agendas.

Theme: Erasure of Women

Women's political activism are largely excluded from the coverage of abortion by the media. Contrary to having agency, women are seen as objects under attack. Governments that are largely controlled by men are portrayed as the ones that actively participate in shaping the abortion policy (Petchesky 1990, 6). While the experiences of women as objects of pregnancy termination procedures are highlighted, portrayals of women's agency are largely missing.

Biopower and Abortion

Another way that politicians shape the abortion debate is evident when they do not discuss what the implications are to women and families if *Roe v. Wade* is overturned or if enough restrictions are enacted to severely limit access to abortion. When lawmakers assert their reasoning for limiting abortion options they seem to indicate that if legal abortion is unavailable, then their political goals have been met. Little mention is made of what options women have who will still seek to obtain abortions regardless of the legalities of the procedure. It seems to be assumed by politicians that making abortion illegal will eliminate all abortions, while pro-choice advocates argue that making abortion illegal only limits access to safe abortions and has the effect of forcing women to seek unsafe methods to terminate a pregnancy. "It's the specter of the woman getting an abortion on an ironing board in a college dorm room," Davison [a pro-choice stakeholder] said. "Just because abortion is outlawed doesn't mean abortion goes away. We can't go back to that" (Sun Sentinel, January 23, 2012). This sentiment seems to be referring to the time period when abortion was illegal and women would use alternative methods to induce an abortion. Neither stakeholders nor politicians explain what happens to women who are denied access to abortions. One quotation asserted that "They estimated 20,000 women a year would be denied abortions if the measure were upheld" (Orlando Sentinel, November 5, 2013), however there was no discussion in the article as to what the consequences would be for those women.

A Foucaultian analysis using biopower suggests that politicians have no need to address unplanned pregnancies. The use of biopower presupposes that the various nodes and modes of power controlled by governmental regulation of behavior become normalized and thus women are disciplined to regulate themselves. This self-regulation is based on the premise that governments have complete control over women's lives and their bodies. An unsafe abortion,

that is, an illegal abortion, is unimaginable to legislators because women's bodies have been effectively corralled and regulated through biopower. Thus, safety concerns for the woman do not have to be addressed.

Fetus as Vulnerable

Another way that women's bodies were erased was politician's and anti-abortion activists framing of the fetus as vulnerable, and needing state protection from the woman. Florida State Representative Daniel Davis was quoted as saying that a proposed abortion bill which would ban abortions after 20 weeks' gestation "seeks to protect the frailest members of society from pain" (*Palm Beach Post*, January 25, 2012; this same quotation was cited in the *Miami Herald*, January 28, 2012). Republican Representative Mike Horner was quoted as saying "We need to protect these unborn children from harm," in relation to a bill that "would make it more difficult for women to go through with an abortion" (*Sun Sentinel*, January 25, 2012). In the same article, Republican Representative Charles Van Zant argued that "doctors who perform abortions are 'killing' children." While in this quotation doctors are denoted as the perpetrators of the 'killing,' women are implicated as being complicit in the crime if they consented to the procedure. A similar reframing occurred in a March 1, 2012 *Miami Herald* article, where Republican Representative James Grant argued, "This isn't an insidious war against women. It's a righteous war for children." Again, although the linguistic focus seems to shift from women to "children," women who consent to an abortion must be fighting on the wrong side of a "righteous war."

Women as Mothers

A third way that women are erased from the discussion concerns the way that women are identified in news articles. When women are referred to as “mom” or “mother” or “mother of the fetus” her identity as a woman is replaced with her reproductive capacity. She ceases to be perceived as a woman in her own right and is instead recognized through her function as mother, first and foremost. One of the common exceptions to abortion restrictions is if the woman became pregnant as a result of rape, if she was the victim of incest, or if she is likely to die if the fetus is brought to term. Often, when this language is written into news accounts, it reads as the exceptions exist in cases of rape, incest, or life of the *mother*, as evident in a September 19, 2012 article in the *Sun Sentinel* where the article read, "exemption to cases where the health of the mother is at stake." An *Orlando Sentinel* article dated October 2, 2012 similarly states, "the amendment would not ban expenditures for abortions in cases of rape or incest or when the life of the mother is threatened." This specific word choice reduces women to a basic functionality of child-producer and removes any other roles she may perform. Women are present, but they are not a fully participating member of society; therefore, as Agamben would argue, their political power is diminished. The articles similarly do not explain how women are supposed to report these specific exceptions. Forcing women to report to police departments that they have survived sexual assaults or instances of incest may retraumatize victims and is evidence of patriarchal power structures that do not consider the feelings or totality of women’s experiences.

Women were also commonly erased from the abortion narrative. While women were hyper present in the articles in that they face the consequences of abortion restrictions, their experiences were overlooked. As women, and not men, receive abortion procedures their bodies are directly affected by either the decision to terminate a pregnancy or to carry the fetus to term. This is a categorically different experience than male involvement in pregnancy. Women were the object of abortion policies as their bodies experience the effects of abortion legislation, yet the impact pregnancy has on women was not prominently featured. Pregnancy influences how women are able to move through space and the scales at which they can control their lives. By making the pregnancy the object of legal restrictions, women's individualized experiences are made unremarkable and are thus erased.

No politician cited in the articles acknowledged either having had an abortion themselves or being a partner to a woman who had had an abortion. This frames the abortion debate in patriarchal terms; women's experiences remain hidden in the private sphere while simultaneously being hyper-visible as the object of laws written predominately from a male worldview.

Theme: The Pregnant Woman Trope

Mohanty (2003) argues that Western Feminists create a universal, homogenous "Third World Woman" trope when researching and writing on/about women from developing countries. She argues that the category "Woman" is "a cultural and ideological composite [O]ther," socially produced by specific cultural and ideological hegemonic discourses (19). Specifically, Mohanty contends that the representation of "woman" as subject "is an arbitrary relation set up by particular cultures" that erases the "constitutive complexities that characterize the lives of

women” (19). The result of this historical representation of women as other is a single, universalized image of “woman” that is then applied to all women, overlooking and dismissing all of the complicated facets of their lives (ibid.). This image becomes the normalized depiction of womanhood, a trope that becomes a metaphor to explain all women.

Mohanty’s argument of a universalized third world woman image is useful in this analysis as a way of understanding how women’s reproductive bodies move through space and are understood by both the journalists in the data set and the intended newspaper audience. Like Mohanty’s argument that a blanket term describes all third world women, “the pregnant woman” is an analogous term used to describe the experiences of all women seeking to terminate a pregnancy. “The pregnant woman” is unmarried, uneducated, and poor and as a political trope has the effect of producing a universal experience for all potentially pregnant women, thus eliminating differences and serving to marginalize all women (Mohanty 2003, 17). This forced universality of women's experiences eliminates disparities based on race, age, disability, and other socially constructed categories. Women who have abortions are rarely mentioned, except occasionally as stakeholders and almost always as regretting their decision to terminate a pregnancy. It is rare to see a woman who had an abortion mentioned in my sample of newspaper articles who thinks it was still the right choice for her. The fact that a large majority of women who have abortions are already mothers is not mentioned (Guttmacher Institute 2014). The average cost of raising a child (either out of pocket or via social services) is not discussed either. When news accounts withhold information it creates an image where all women have similar agency and ability to access services, which undermines low income and minority women who may need additional support. The pregnant woman trope isolates women as incapable of making

the appropriate decisions and needing government intervention and regulation in order to assure appropriate social compliance.

Abortion Risk – Childbirth Presented as Safe

One way this trope is enacted is under the guise of medical safety. Early abortion procedures carry less health risk to a woman than carrying a fetus to term (Raymond and Grimes 2012, 1; Miller 1996a, 21). Risk of developing severe depression after having an abortion is lower than after childbirth (Boston Women’s Health Book Collective 1984, 307). One government committee report put the risk of death from abortion at less than the chance a person has for having a deadly reaction to penicillin (report quoted in Miller 1996a, 21). However, similar to Miller’s findings (1996a), information that women should have as active health care actors is not present in the sampled articles. Alternatively, however, there is framing that suggests that abortion is not a safe procedure and that the government is restricting abortion access in an effort to protect women's health from a potentially dangerous procedure. Again echoing comparable results by Miller (ibid.), the articles in the data set did not discuss factors that may increase risk of abortion complications, including the skill and experience of the doctor, previous health issues, hazards related to the anesthesia, and abortion method. Women are again assumed to belong to a monolithic group, and subsumed under the pregnant woman trope, by the absence of information indicating that women of color have increased health risks compared to white women (Miller 1996b, 35). As Miller argues, “by emphasizing women’s inability to make choices in their own best interest, pro-life advocates redefine maternal health as an interest of the state, rather than the individual, and so justify restricting abortion as a necessary measure for the woman’s ‘own good’” (Miller 1996b, 37).

An article printed in the *Palm Beach Post* on March 29, 2013 included a quotation by Denise Burke, vice president of legal affairs for Americans United for Life, an advocacy group which provides states with anti-abortion model bills. The quotation indicated that Americans United for Life's goal with certain legislation was to “address specific problems with abortion such as medical risk to women” and that in the past 2 years’ various states had passed close to 150 “abortion-related protective measures.” The article neither explained what the medical risks to women who received abortions were, nor did it indicate what safety issues the protective measures were meant to ensure.

The inclusion of ultrasound requirements in abortion bills also indicates governmental paternalism. By requiring an ultrasound by state mandate and ignoring the consent of the woman to the procedure, the government determines what medical procedures are necessary. Women and their doctors are not represented, thus supporting the idea of the pregnant woman as uneducated and lacking the wherewithal to ask relevant questions about the medical procedure. While most doctors would perform an ultrasound prior to conducting an abortive procedure, the pregnant woman trope as uneducated endures. Rep Elizabeth Porter, R-Lake City, told members of the House Health and Human Services Quality Subcommittee that her proposed law, "is about the right of a woman considering the termination of a pregnancy to possess all of the relevant information made available to her so she can make a fully informed decision. Knowledge is never a bad thing." (*Miami Herald*, March 22, 2011). Sen. Nancy Detert, R-Venice, agreed. "I'm pro-life for me and everyone else is on their own," she said. "I personally resent writing legislation that acts like I'm too stupid to confer with my own doctor." (*Miami Herald*, May 5, 2011). But Florida Catholic Conference lobbyist Sheila Hopkins said the regulations in the bill, which also includes a ban on abortions after a fetus is considered 'viable,' are meant to make

women safer. "Do you want them to go to someplace that's like a back-room alley? Don't you want them to go to a clinic that has standards and is safe and you have proper medical personnel and the cleaning lady's not doing anesthesia?" Hopkins said (*Palm Beach Post*, March 6, 2012).

Women's sexuality is couched in terms of 'safety' or 'knowledge for decision-making'.

Information related to the safety of abortion procedures, such as through newspaper articles, "is often presented to the public only in conjunction with particular political agendas" (Miller 1996a, 19). The pregnant woman trope imagines women to be uneducated, single, lacking the ability to understand medical concepts, and needing paternal guidance.

The complete lack of any reference to fathers in the articles also supports the pregnancy trope. It implies that a pregnant woman is not in a committed, proper relationship with the man who impregnated her. This adds to the idea that a single woman without the protection of her father or husband needs the protection of the state to safeguard her body and to ensure she makes appropriate decisions. Pregnant teenage bodies also interact with the structures of patriarchal culture. Going through childbirth is more dangerous than having an abortion for teenagers at any point of gestation (Zabin and Sedivy 1992). As mentioned earlier, this indicates that 'pro-life' is focused on fetal survival and not on the life of the woman carrying it. Once the pregnant teenager gives birth, she is limited in her options in terms of employment, financial security, and available social services.

Legitimate Healthcare Option

The pregnant woman trope is continued when abortion is not framed as a legitimate health care option. One way this idea is enacted is by the language chosen to describe people who advocate for abortion. When articles refer to these people as "abortion advocates" as opposed to

health care advocates or women's health advocates they reduce their knowledge and authority from that of comprehensive medical knowledge to that of a single, minor issue. Other ways to reduce abortion rates besides limiting access are not discussed by either the stakeholders or the journalists. Birth control options and accessibility as well as sex education in schools are not mentioned. That financial considerations might be a reason why abortion is a legitimate option for a woman and her family is ignored.

Another facet that is overlooked is that abortion may be a positive outcome for women. While having a multitude of feelings surrounding the choice to have an abortion is normal, the overwhelming feeling most women who have abortions have is relief and women may “feel new strength in having made and carried out an important, often difficult decision” (Boston Women’s Health Book Collective 1984, 306). Other researchers have found that “the very process of making a difficult life decision like that about abortion can have positive effects on a woman’s self-esteem and sense of autonomy” (Minden and Notman 1991).

Overall, this section reveals that media portrayed childbirth as safe. This safety framing presented both pregnancy and childbirth as harmless and equally innocuous for all types of women. Conversely, abortion was discussed in terms of risks of medical complications and psychological damage. In addition, this section demonstrates the creation of a pregnant woman trope presenting women seeking abortions as single, underprivileged, ignorant and, as argued by Miller, this justifies state intervention as necessary to protect women.

The next section discusses the way in which Planned Parenthood is framed within news accounts related to abortion as a target of the Republican Party, aka the Grand Old Party (GOP). Planned Parenthood was described as the only abortion provider, and GOP legislators often sought to remove federal funding for Planned Parenthood as punishment for offering abortion

services. This framing reduces and ignores the complex and multifaceted ways in which Planned Parenthood serves as community healthcare provider.

Theme: Planned Parenthood

One way that Planned Parenthood is framed in news articles is as the target of GOP political ire. Articles that focus on updating the public on pending legislation tend to describe Planned Parenthood as the recipient of social conservative anger as they are the nation's largest provider of abortion services. However, similar to how women's individualized and unique experiences are hyper-present and hyper-invisible in news media, Planned Parenthood is positioned as collaborating in the abortion epidemic, which accounts for less than 3% of their total services, while the remaining 97% is deemphasized. Planned Parenthood's full portfolio of services are rarely, if ever, mentioned and this may lead readers to position Planned Parenthood almost exclusively as an abortion provider. The fact that Planned Parenthood has male patients is also rarely mentioned. Planned Parenthood's impact on local (poor) communities is not mentioned, i.e., either number of people served, services provided, and pregnancies avoided. Clinic locations and physical addresses are never printed in the articles leading to the question, how do women who need abortions, especially poor women who may lack computer and internet access, find clinics? The failure to include this locational information also supports the idea that abortion is not presented in the news as a legitimate healthcare option. A potential explanation for this may be that clinics do not want their addresses printed in news articles for fear of protests or violence.

Planned Parenthood's official website asserts that 80% of their patients seek services to avoid unintended pregnancy, and that their services have prevented more than half a million pregnancies every year. Planned Parenthood is usually mentioned with only a solitary quotation

from a spokesperson. Typically, no additional information about Planned Parenthood is given. No doctors who perform abortions are quoted in the articles. The cost of abortion is not mentioned either. But funding sources, specifically that Planned Parenthood receives federal funding, is mentioned often. Representative Cliff Stearns (R-FL) was quoted in a February 11, 2011 article published in the *Sun Sentinel* as stating, “This is when we’re going to defund Planned Parenthood. Now is the season for us to do this.” In the same article, Representative Mike Pence (R-Ind) indicated that “he would introduce an amendment to cut all federal funding for Planned Parenthood.” According to the article, Planned Parenthood received \$363 million per year in local, state, and federal funding. An April 9, 2011 article published in the *Palm Beach Post* discussed impediments to a bipartisan budget deal to avert a federal shutdown. The article asserted that Democrats felt that Republican lawmakers were focused on shutting down Planned Parenthood clinics by removing federal Title X funding. Senate Majority Leader Harry Reid (D-Nev) was quoted as saying, “Republicans want to shut down the government because they want to make it harder for women to obtain the health services they need.” The article also stated that “House Republicans want to allow states to redirect [Title X] money away from abortion providers. They also want to eliminate \$317 million away from the [Title X] program for the 2011 fiscal year.” This framing may lead readers to assume that abortions are free or paid for by taxpayers. However, as mentioned earlier, the Hyde amendment prevents federal funds from paying for abortions unless the woman is the victim of rape, incest, or her life is in danger. Often, articles include information on how conservative politicians are seeking to defund Planned Parenthood completely and shut down all its clinics, as a penalty for offering abortion services, thereby removing all Planned Parenthood services to low-income populations. One implication related to defunding Planned Parenthood is that it would cause low-income women to

continually deplete their limited financial resources seeking alternative health care options. Consequently, poor women and families would continue to live in poverty.

Planned Parenthood is situated textually as an "abortion rights group." This linguistically links them with all other women's health groups, implying there is a monolithic block of advocacy groups all fighting for identical goals. These groups are usually listed in a row with Planned Parenthood topping the list, giving it a heavier visual weighting. As with the pregnant woman trope mentioned above, the reduction of difference to a single image erases the lived reality of women with complex identities. It also has the consequence of framing Planned Parenthood as *the* abortion provider for low income and minority women. White women, and women of more affluent means, have access to private doctors and high-end clinics to obtain abortion services and these abortion providers are not targeted by the GOP.

It seems fair to say that given the large quantity of abortion-related news articles that at least mention Planned Parenthood, and the limited number of abortion articles that do not include the term, the discourse of abortion as a political issue is intertwined with perceptions of Planned Parenthood. This seems to be supported by a September 19, 2013 *Tampa Tribune* article in which Planned Parenthood is mentioned just to let readers know that they could not be reached for comment. The article centers around a legal case in which a man, John Andrew Welden, intentionally gave his then-partner Remme Jo Lee, a pill known to cause abortions without her knowledge in order to end her pregnancy. As a result, State Rep. Larry Ahern and State Senator Kelli Stargel sponsored the Unborn Victims of Violence Act that would allow prosecutors to charge people with a felony if they kill or injure an "unborn child" regardless of the development stage of the fetus. Towards the end of the article, it is mentioned that "Planned Parenthood leaders could not be reached for comment Wednesday, but opponents of the proposed law have

argued that the bill would confer ‘personhood’ on all unborn babies, from the moment of conception, perhaps leading to a ban on abortions and many forms of birth control.” In this situation, Planned Parenthood is linguistically linked to opponents of the law indicating that even though the journalist has not spoken with Planned Parenthood representatives, they have assumed that Planned Parenthood would be against the enactment of this law. Planned Parenthood appears nowhere else in the article. Planned Parenthood is not related to the focus of the story, as the article does not indicate that either Lee or Welden were patients of any Planned Parenthood client or received any services from them. Planned Parenthood is only mentioned in reference to the possibility that this proposed law may lay the foundation for a fetus attaining political and legal status equal to post-birth human and a total ban on legal abortion procedures. Overall, this sections reveals that Planned Parenthood is the focus of Republican efforts to criminalize abortion. While only 3% of Planned Parenthood’s services are related to abortion, they are framed as an abortion provider and not as a healthcare provider. Moreover, as Title X funding provides care for low-income men and women, and cannot be used to pay for abortions, reducing or eliminating funding to Planned Parenthood negatively affects those living in poverty and disproportionately affects women of color.

Chapter Six – Conclusion

The findings of this study place it within current discussions that are taking place on the state and federal level regarding abortion policy. In 2016, the U.S. Supreme Court heard arguments in the *Whole Woman's Health v. Hellerstedt* case which challenges a Texas law that requires doctors in abortion clinics to have admitting privileges at local hospitals and that clinics that perform abortions meet the same standards as ambulatory surgical centers. At issue in this case is whether these provisions constitute an “undue burden” on women.

The specific case study explored by this thesis sheds light on the frames that are used to discuss abortion policy in Florida newspapers, in this case the notion that abortion is universally contentious, the creation of a pregnant woman trope, and the classification of Planned Parenthood as *the* abortion provider. Overall, this study supported the notion that abortion is a political issue whose discourse is owned by the government. The construction of a pregnant woman trope allows for the marginalization and regulation of poor women’s bodies. The targeting of Planned Parenthood by conservative politicians delegitimizes its role as a healthcare provider for both women and men and enlarges its function as an abortion provider.

In terms of the role of gender in news articles about abortion policy, women were framed as both hyper-present and hyper-invisible. Women are the recipients of the intended and unintended consequences of abortion legislation while the lived reality of a nine-month gestation and subsequent motherhood role is overlooked at best, or intentionally erased at worst. Their

wants or needs are discounted in favor of patriarchal government oversight that justifies controlling women for their own good.

Planned Parenthood, the nation's largest provider of abortion services, is framed in news articles as the provider of abortion for poor and minority women. Its function as a space for women to seek care is a possible reason for politicians targeting it for defunding. Affluent women of means who have access to private physicians are not similarly targeted for closure. The closure of Planned Parenthood clinics affects the overall health and financial security of low income communities and excessively impacts non-whites.

The geographies of women's experiences with abortion are intricate. The geographic scale at which women's multiple identities converge is layered and complex and depends largely on factors outside of women's control. The history of early U.S. abortion legislation argues that control of a common, socially accepted practice was instigated by affluent, Protestant white men seeking to maintain control of women's sexuality through obligatory motherhood and expand their own personal wealth. The politicization of abortion was produced and reproduced within specific cultural ideologies influenced by a multitude of factors, including in what way women sought to enact their own agency at the bodily scale and the political scale. The waxing and waning of interest in pursuing consistently more restrictive abortion legislation was mediated by social and economic factors including the start of the Civil War, and the stereotypical representation of which type of women were believed to seek abortions.

The results of this analysis showed that news articles regarding abortion are framed by patriarchal structure and language, leading to a simultaneous hyper-absence and hyper-presence of women's experiences. Women were disempowered by institutional structures that reduce them to production factories, ostensibly under the pretext of paternal protection. The geographic

totality of these circumstances results in women's partial and restricted participation in society, in material resources and political power. On the scale of the body, the uterus is a site in which governments exert control over the construction of social norms. As Gamson and Modigliani (1989) argue media outlets are a main venue through which these social norms are produced and reproduced.

Government control of the narrative of pregnancy termination excludes other cultural geographies from taking part in the conversation: legitimate motivations for seeking abortion services, such as economic or familial reasons, do not appear in news articles. This allows for the political aspects of abortion to dominate the mass media, which teaches audiences what information they should find relevant to their understanding of the world. When President Ronald Regan initiated a national study on the consequences of legal abortion in 1987, he indicated his intent was to provide women with more information about the health effects of abortion so they could make more informed decisions; however, this federally funded project was a "politically motivated attempt to use women's health as a smoke screen for pursuing the ends of a pro-life administration" (Miller 1996a, 17-18). The political nature of pregnancy and pregnancy termination is one way that women's healthcare decisions regarding abortion are controlled differently from other women's health issues (Miller 1996a, 19).

Government control of reproductive health knowledge increases the risk for unintended pregnancies and thereby the potential for abortion. A 2012 study showed that when women are offered both free long-lasting contraception in conjunction with contraceptive counseling both the unintended pregnancy rate and the abortion rate drop significantly (Peipert et al. 2012). In addition, the abortion rates for the study area were less than half of the rates of the region and the nation. This may suggest that restrictions on access to abortion have more to do with restricting

women's sexuality than with the goal of reducing abortion rates. In addition, the negative consequences of limitations on abortion access are distributed unequally, leaving poor and minority women with fewer resources (Miller 1996a, 26).

Studies on the long-term safety of abortion have shown that there is essentially no risk associated with having an abortion and links to cancer, fertility problems, or mental health issues are not present? (Boonstra et al. 2006). In fact, evidence shows that undergoing an abortion procedure is no more likely to inflict mental health problems such as depression than carrying an unwanted pregnancy to term. This refutes the idea that women suffer severe psychological stress, guilt, or remorse over having abortions.

A 2005 study showed that women who decide to terminate a pregnancy via abortion have a clear appreciation of the commitments necessary to raise children (Finer et al. 2005). When identifying reasons for wanting to have an abortion, 89% of women indicate more than one reason, with the median being four reasons. This indicates that women have the information necessary for them to make informed choices about continuing with a pregnancy. It also shows that decisions about abortion are not made quickly or in a vacuum; women make decisions based on numerous factors including finances, family obligations, social circumstances, etc. Close to 90% of abortions are performed in the first trimester of pregnancy, fewer than 2% are performed after 20 weeks, and 0.08% of abortions are estimated to be performed after 24 weeks (Centers for Disease Control and Prevention 2006). This shows that the majority of abortion regulations focused on late term abortions are focused on less than 2% of abortions.

Among all procedures, surgical abortion is one of the safest procedures available (Grimes et al. 2006). The risk of death from an abortive procedure is 0.6 deaths per 100,000 abortions with risks of major complications being less than 1%. Carrying a pregnancy to term and giving

birth is 14 times more likely to result in the women's death than having an abortion (Raymond and Grimes 2012, 1). 280 women, on average, die from complications related to the pregnancy and birthing process compared with 8 women who die from abortion related complications. The largest group of women having abortions are in their 20s and already have at least one child (Jones 2010).

In terms of individual scale, while the subject of each of these articles in the data set was abortion, the focus was not on women, but on how the government needed to protect and make choices for women. Construction of women's identity in terms of their sexual uses to men and the subsequent objectification this entails reveals subtle patriarchal language (Buker 1990, 817). In the way that Foucault asserted that a husband dominated his wife and constructed her simply as a body, removing any autonomy she may wish to assert, abortion legislation removes women's power and agency in lieu of her function as a production machine (ibid.). When abortion is framed as a binary between bodily integrity and state authority of bodies, and childcare is viewed as the responsibility of the family and not the state, women are forced to contribute an enormous amount of unpaid labor while the state contributes relatively little (821).

Planned Parenthood is in constant danger of having its federal funding eliminated, which would result in the closure of most, if not all, of its clinics. Planned Parenthood is framed by anti-abortion stakeholders as the cause of untold deaths of unborn children and that by eliminating Planned Parenthood, legal abortion would be effectively curtailed. This is expressed by politicians and pro-life stakeholders as a way of safeguarding the health of women. However, this seems to be a deliberate masking of their original intent. Planned Parenthood is not the only health care clinic which provides abortion. Other private clinics and hospitals do as well. However, these other groups are not targeted for defunding and are not mentioned prominently

in the media. Ironically, by Planned Parenthood's own measures, they reduce the number of potential pregnancy terminations by over 500,000 each year by providing comprehensive sex education and consistent and effective birth control options. Perhaps one reason for Planned Parenthood being targeted by anti-choice advocacy and political groups lies in its 100-year history as a feminist organization whose goals include increasing women's access to safe and effective medical care, and assuring women that they can choose if and when they wish to become pregnant and how often.

Foucault argues that governments control their subjects by controlling birth and death and disciplining citizens into docile bodies. Agamben argues that governments, as sovereign entities, can determine which groups of people are deemed politically valuable and which groups are not. Those groups relegated to inferior status inhabit zones of indistinction that provide little judicial protection from state oppression. As Cerwonka and Loutfi (2011) contend, the womb becomes a biopolitical space in need of regulation by the state in order to manage women's sexuality and reproductive potential. The erasure of boundaries between women's bodily integrity and state control creates the spaces which allow a gendered, sexually discriminatory practice to be constructed as normal and preferred. While abortion is technically a legally available medical procedure, court rulings have been whittling away judicial protections for women seeking to terminate a pregnancy, locating them in zones of indistinction. The social-spatial dynamics of abortion policy regulates women's reproductive bodies into particular locations, reducing their voice and political agency, homogenizing them into one monolithic group, and locating them within spaces that prohibit their full participation in democratic societies.

Works Cited

- Agamben, Giorgio. 1998. *Homo Sacer: Sovereign power and bare life*. Stanford: Stanford University Press.
- Altheide, David. 1996. *Qualitative media analysis*. Thousand Oaks: SAGE Publications, Inc.
- Altheide, David, and Christopher Schneider. 2013. *Qualitative media analysis*. 2nd ed. Los Angeles: SAGE Publications Inc.
- American Civil Liberties Union. <http://www.aclu.org/blog/tag/war-women>. Accessed April 2013.
- Baer, Judith, ed. 2002. *Historical and multicultural encyclopedia of women's reproductive rights in the United States*. Westport: Greenwood Press.
- Bondi, Liz, H. Avis, R. Bankey, A. Bingley, J. Davidson, R. Duffy, et al., eds. 2002. *Subjectivities, knowledges, and feminist geographies: The subjects of ethics of social research*. Lanham: Rowman and Littlefield.
- Boonstra, H., et al. 2006. *Abortion in women's lives*. New York: Guttmacher Institute.
- Boston Women's Health Book Collective. 1984. *The new our bodies, ourselves*. New York: Simon and Schuster, Inc.
- Boyle, Mary. 1997. *Re-thinking abortion: Psychology, gender, power and the law*. New York: Routledge.
- Brown, Jessica, and Myra Ferree. 2005. Close your eyes and think of England: Pronatalism in the British print media. *Gender and Society* 19 (1): 5-24.

- Baker, Eloise A. 1990. Hidden desires and missing persons: A feminist deconstruction of Foucault. *Western Political Quarterly* 43 (4): 811-832.
- Burt, Sandra. 1995. The several worlds of policy analysis: Traditional approaches and feminist critiques. In *Changing methods: Feminists transforming practice*, eds Sandra Burt and Lorraine Code. Orchard Park: Broadview Press.
- Center for Reproductive Rights. 2008. *The world's abortion laws*. New York: Center for Reproductive Rights.
- Centers for Disease Control and Prevention. 2006. "Abortion Surveillance – United States. 2006." <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5808a1.htm>.
- Cerwonka, Allaine, and Anna Loutfi. 2011 Biopolitics and the Female Reproductive Body as the New Subject of Law. *Feminists@Law* 1 (1): 1-5.
- Collins Center for Public Policy. <http://collinscenter.org/>. Accessed April 2013.
- Cope, Meghan. 2002. Feminist epistemology in geography. In *Feminist geography in practice: Research and methods*, ed P. Moss, 43-56. Malden: Blackwell Publishers Inc.
- Davis, Kingsley, and Judith Blake. 1956. Social Structure and Fertility: An Analytical Framework. *Economic Development and Cultural Change* 4 (3): 211-235.
- Deegan, Mary Jo. 1983. A feminist frame analysis of 'Star Trek.' *Free Inquiry in Creative Sociology* 11 (2): 182-188.
- DeVault, Marjorie. 1999. *Liberating method: Feminism and social research*. Philadelphia: Temple University Press.
- Draper, Electra. 2010. "'Personhood' Amendment Fails 3-1". *The Denver Post*.
http://www.denverpost.com/election2012/ci_16506253

- Deutscher, Penelope. 2008. The Inversion of Exceptionality: Foucault, Agamben, and 'Reproductive Rights.' *South Atlantic Quarterly* Winter 2008: 55-70
- Enns, Diane. 2004. Bare Life and the Occupied Body. *Theory & Event* 7 (3).
- Finer, Lawrence, Lindsay Dauphinee, Sushella Singh, and Anne Moore. 2005. Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives. *Perspectives on Sexual and Reproductive Health* 37 (3): 110–118.
- Foucault, Michel. 1978. *The history of sexuality: Volume one, an Introduction*. New York: Random House.
- Gamson, William, and Andre Modigliani. 1989. Media discourse and public opinion on nuclear power: A constructionist approach. *American Journal of Sociology* 95 (1): 1-37.
- Goffman, Erving. 1977. The arrangement between the sexes. *Theory and Society* 4 (3): 301-331.
- Golombisky, Kim. 2010. Feminist Methodology. In *Communication Research Methods in Postmodern Culture*, ed L.A. Leslie, 167-237. Boston: Allyn and Bacon.
- Gomez, Basil, and John Paul Jones III. 2010. *Research methods in geography*. West Sussex: Blackwell Publishing Ltd.
- Grimes, D. A., et al. 2006. Unsafe Abortion: The Preventable Pandemic. *Lancet* 368 (9550): 1908-1919.
- Guttmacher Institute. 2012. "States enact record number of abortion restrictions in 2011." Accessed May 2016. <https://www.guttmacher.org/article/2012/01/states-enact-record-number-abortion-restrictions-2011>.
- Guttmacher Institute. 2013. "2012 saw second-highest number of abortion restrictions ever." Accessed May 2016. <https://www.guttmacher.org/article/2013/01/2012-saw-second-highest-number-abortion-restrictions-ever>.

- Guttmacher Institute. 2014. "More state abortion restrictions were enacted in 2011-2013 than in the entire previous decade." Accessed May 2016. <https://www.guttmacher.org/state-policy/explore/abortion-policy-absence-roe>.
- Guttmacher Institute. 2015. "State facts about abortion: Florida." Accessed May 2016. <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-florida>.
- Guttmacher Institute. 2016. "Induced Abortion in the United States." Accessed May 2016. <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>.
- Hass-Wilson, Deborah. 1996. The Impact of State Abortion Restrictions on Minors' Demand for Abortions. *The Journal of Human Resources* 31 (1): 140-158.
- Hannah, Matthew G. 2011. Biopower, Life and Left Politics. *Antipode* 43 (4): 1034-1055.
- Hawken, Kathy. 2013. "North Dakota's Fetal Personhood Amendment: Why I Voted Against It". *The Daily Beast*. [Www.thedailybeast.com](http://www.thedailybeast.com).
- Heriot, M. Jean. 1996. Fetal Rights Versus the Female Body: Contested Domains. *Medical Anthropology Quarterly* 10 (2, The Social Production of Authoritative Knowledge in Pregnancy and Childbirth): 176-194.
- Huffington Post. "Florida House Passes Abortion Bill Requiring Doctors to Describe Fetal Pain to Pregnant Women". Huffington. http://www.huffingtonpost.com/2012/03/01/florida-house-passes-bill_n_1314671.html
- Hyde, Cheryl. 2008. Feminist Health Care in a Hostile Environment: A Case Study of the Womancare Health Center. *Social Work in Public Health* 23 (4): 107-125.

- Izugbara, Chimaraoke O., and Chi-Chi Undie. 2008. Who Owns the Body? Indigenous African Discourses of the Body and Contemporary Sexual Rights Rhetoric. *Reproductive Health Matters* 16 (31): 159-167.
- Jones, Rachel, Lawrence Finer, and Sushella Singh. 2010. "Characteristics of U.S. Abortion Patients, 2008." New York: Guttmacher Institute.
- Jones, Rachel, and Jenna Jerman. 2013. How far did US women travel for abortion services in 2008. *Journal of Women's Health* 22 (8): 706-713.
- Kaufman, Emily, and Lise Nelson. 2012. Malthus, Gender, and the Demarcation of 'Dangerous' Bodies in the 1996 US Welfare Reform. *Gender, Place, and Culture* 19 (4): 429-448.
- Kumar, Anuradha, Leila Hessini, and M. H. Mitchell. 2009. Conceptualising Abortion Stigma. *Culture, Health and Sexuality* 11 (6): 625-639.
- Lithwick, Dahlia. 2012. "Virginia's Proposed Ultrasound Law Is an Abomination." Slate.com.
- Maynard Mary, and June Purvis. 1994. *Researching women's lives from a feminist perspective*. New York: Taylor and Francis.
- Manu, Raju. 2012. "Richard Murdoch Under Fire for Rape Remarks". Politico.com
- Marston, Sallie A. 2000. The social construction of scale. *Progress in Human Geography* 24 (2): 219-242.
- McBride, Dorothy. 2008. *Abortion in the United States*. Santa Barbara: ABC-CLIO Inc.
- McDowell, Linda. 1992. Doing gender: Feminism, feminists and research methods in human geography. *Transactions of the Institute of British Geographers* 17 (4): 399-416.
- Medoff, Marshall. 2009. The Relationship Between State Abortion Policies and Abortion Providers. *Gender Issues* 26: 224-237.

- Medoff, Marshall. 2010. "Abortion Policies, Targeted Regulation of Abortion Provider Laws, and Abortion Demand." *Review of Policy Research* 27 (5): 577-594.
- Medoff, Marshall. 2012. State abortion politics and TRAP abortion laws. *Journal of Women, Politics & Policy* 33 (3): 239-262.
- Miller, Diane. 1996a. Medical and psychological consequences of legal abortion in the United States. In *Evaluating women's health messages*, eds R.L. Parrott and C.M. Condit, 17-32. Thousand Oaks: SAGE publications, Inc.
- Miller, Diane. 1996b. A matter of consequence: Abortion rhetoric and media messages. In *Evaluating women's health messages*, eds R.L. Parrott and C.M. Condit, 33-48. Thousand Oaks: SAGE publications, Inc.
- Minden, S. L., and M. T. Notman. 1991. Psychotherapeutic issues related to abortion. In N.L. Stotland (ed.), *Psychiatric aspects of abortion*. Washington D.C.: American Psychiatric Press.
- Mohanty, Chandra Talpade. 2003. *Feminism without borders: Decolonizing theory, practicing solidarity*. Durham: Duke University Press.
- Mohr, James. 1978. *Abortion in America: The origins and evolution of national policy*. New York: Oxford University Press.
- Monk, Janice, and Susan Hanson. 1982. On not excluding half of the human in human geography. *The Professional Geographer* 35 (1): 11-23.
- Moss, Pamela, ed. 2002. *Feminist geography in practice: Research and methods*. Malden: Blackwell Publishers Inc.
- Naffine, Ngaire, and Bernadette Richards. 2012. Regulating consent to organ and embryo donation. *Bioethical Inquiry* 9: 49-55.

- NARAL. 2016. “‘Personhood’ measures: Extreme and dangerous attempts to ban abortion.” Accessed May 2016. <http://www.prochoiceamerica.org/media/fact-sheets/abortion-personhood.pdf>.
- Norris, Andrew. 2005. *Politics, Metaphysics, and death essays on Giorgio Agamben's Homo Sacer*. Durham: Duke University Press.
- Our Bodies, Our Selves. History of abortion in the U.S. <http://www.ourbodiesourselves.org/health-info/u-s-abortion-history/>. Accessed June 2016.
- Paltrow, Lynn M. 2002. The war on drugs and the war on abortion: Some initial thoughts on the connections, intersections and effects. *Reproductive Health Matters* 10 (19): 162-170.
- Parrott, Roxanne, and Celeste Condit, eds. 1996. Part 1: Political agendas and women’s reproductive health messages. In *Evaluating women’s health messages*, 13-15. Thousand Oaks: SAGE publications, Inc.
- Peipert, Jeffrey, Tessa Madden, Jennifer Allsworth, and Gina Secura. 2012. Preventing unintended pregnancies by providing no-cost contraception. *Obstetrics and Gynecology* 120 (6): 1291-1297.
- Petchesky, Rosalind P. 1990. *Abortion and women’s choice: The state, sexuality, and reproductive freedom*. Ann Arbor: Northeastern University Press.
- Petchesky, Rosalind P. 2008. Conflict and crisis settings: Promoting sexual and reproductive rights. *Reproductive Health Matters* 16 (31): 4-9.
- Planned Parenthood. Planned parenthood at a glance. <https://www.plannedparenthood.org/about-us/who-we-are/planned-parenthood-at-a-glance>. Accessed June 2016.
- Planned Parenthood. History and Successes. <https://www.plannedparenthood.org/about-us/who-we-are/history-successes#Sanger>. Accessed June 2016.

- Pruitt, Sandi L., and Patricia Dolan Mullen. 2005. Contraception or Abortion? Inaccurate Descriptions of Emergency Contraception in Newspaper Articles, 1992 – 2002. *Contraception* 71: 14-21.
- Purcell, Carrie, Shona Hilton, and Lisa McDaid. 2014. The stigmatisation of abortion: A qualitative analysis of print media in Great Britain in 2010. *Culture, Health, and Sexuality* 16 (9): 1141-1155.
- Raymond, E. G., and D. A. Grimes. 2012. The comparative safety of legal induced abortion and childbirth in the United States. *Obstetrics and Gynecology* 119 (2): 215-219.
- Reinharz, Shulamit. 1992. *Feminist methods in social research*. New York: Oxford University Press.
- Rich, Leigh, Michael Ashby, and Pierre-Olivier Methot. 2012. Rethinking the body and its boundaries. *Bioethical Inquiry* 9: 1-6.
- Roberts, Dorothy. 1997. *Killing the black body: Race, reproduction, and the meaning of liberty*. New York: Pantheon Books.
- Rose, Gillian. 1993. *Feminist and geography: The limits of geographical knowledge*. Minneapolis: Univ. of Minnesota Press.
- Sharp, Joanne. 2005. Geography and gender: Feminist methodologies in collaboration and in the field. *Progress in Human Geography* 29 (3): 304-309.
- Silvey, Rachel. 2006. Geographies of gender and migration: Spatializing social difference. *International Migration Review* 40 (1): 64-81.
- Swyngedouw, E. 1997. Excluding the other: the production of scale and scaled politics. In Lee, R. and Wills, J., eds, *Geographies of Economies*, London: Arnold, 167–76.

- Starr, Paul. 1982. *The social transformation of American medicine: The rise of a sovereign profession and the making of a vast industry*. HarperCollins Publishers.
- Thien, D. 2009. Feminist methodologies. In *International encyclopedia of human geography*, 71-78. Elsevier.
- Tong, Rosemarie. *Feminist thought: A more comprehensive introduction*. Boulder: Westview Press.
- Washington Post. "Mississippi anti-abortion 'personhood' amendment fails at ballot box".
http://articles.washingtonpost.com/2011-11-09/politics/35283367_1_personhood-mississippi-amendment. Accessed April 2013.
- Wear, Delese. 2002. From pragmatism to politics: A qualitative study of abortion providers. *Women & Health* 36 (4): 103-113.
- Weitz, Tracy A., and Susan Yanow. 2008. Implications of the federal abortion ban for women's health in the United States. *Reproductive Health Matters* 16 (31, Supplement): 99-107.
- Women and Geography Study Group of the IBG. 1984. *Geography and gender: An introduction to feminist geography*. Dover: Hutchinson & Co.
- Zaben, Laurie S., and Valerie Sedivy. 1992. Abortion among adolescents: Research findings and the current debate. *Journal of School Health* 62 (Sept): 319+.
- Ziarek, Ewa Plonowska. 2008. Bare life on strike: Notes on the biopolitics of race and gender. *South Atlantic Quarterly* Winter 2008. 89-105.