© 2002 Reproductive Health Matters. Published by Elsevier Science Ltd. All rights reserved.
Reproductive Health Matters 2002;10(19):171–179
0968-8080/02 $ – see front matter
PII: S0968-8080(02)00011-3

REPRODUCTIVE HEALTH matters

www.elsevier.com/locate/rhm

Understanding and Responding to Anti-choice Women-centred Strategies

Leslie Cannold

Fellow, Centre for Applied Philosophy and Public Ethics, University of Melbourne, Melbourne, Australia. E-mail: lcannold@unimelb.edu.au

Abstract This paper discusses the rise and use of a "woman-centred" anti-choice strategy to oppose abortion in Australia and the USA. It argues that this strategy seeks to imitate and exploit aspects of the pro-choice, women-centred position on abortion. The strategy contends that women do not really choose abortion but are pressured into it by others and then experience a range of negative effects afterwards, including an increased risk of breast cancer, infertility and post-abortion grief. Rather than evaluate the truth of such claims, this paper seeks to explicate from a feminist perspective the design, intent and implications of this strategy and how it is being used in legislative tactics, counselling, law suits and anti-choice activism. Such an analysis is necessary for pro-choice efforts to respond effectively to this new strategy, not only through literal rebuttals based on evidence, but also through responses that counter its ideological power. © 2002 Reproductive Health Matters. Published by Elsevier Science Ltd. All rights reserved.

Keywords: induced abortion; anti-abortion movement; advocacy and political process; Australia; USA

THIS paper discusses the use by the anti-choice movement in Australia and the United States of a woman-centred discourse and tactics that, I will argue, seeks to imitate and exploit aspects of the pro-choice, women-centred position on abortion. This strategy contends that women experience a range of negative effects after induced abortion, including an increased risk of breast cancer, infertility and post-abortion grief. I will not evaluate the truth of such claims here, although it is important that pro-choice activists continue to conduct and publicise such evaluations [1–5]. Instead, I seek to explicate the design, intent and implications of this strategy from a feminist perspective.

I use the terms pro- and anti-choice to describe activists and political movements in favour of and opposed to women having the freedom to decide on abortion when faced with an unwanted pregnancy.

While their strategies may change, the goal of the anti-choice movement remains the same: the prohibition of women's access to safe and legal abortion. For more than two decades, the anti-choice movement has mainly used discourse and tactics that centre on the fetus [6–8]. Fetal-centred discourse claims that a fetus is a person with the same value and rights as a born person, including a right to life. Tactics supporting these claims include the display of chaste fetal images disconnected from their location in women's wombs, and bloodied or damaged fetal images and fetal bodies or body parts. The strategy describes and depicts fetuses as "children" who have been emotionally abandoned and brutally murdered by their mothers. It asserts that it is the fetus that is wronged by abortion and the pregnant woman who is the wrongdoer – culpable and guilty of the "sin" of abortion. The explicit goal of the strategy is the "rescue" of fetuses by the establishment or enforcement of laws and regulations that establish the fetus as a person and/or prohibit or constrain legal abortion.

Since the mid-1980s, the anti-choice movement has also been utilising a new strategy (which they call "post-abortion" and I will refer to as "woman-centred") as an "add-on" rather than an alternative to the fetal-centred strategy. This paper focuses on important differences between the two strategies, though there are also similarities. Both seek to undermine women's capacities as autonomous and rational decision-makers, and both equate a fetus with a baby who has all the legal and moral rights of a person born.

Women-centred strategy: goal, origin and central claims

Both strategies seek to undermine women's decision-making agency but approach this task differently. The fetal-centred construction implicitly concedes that women make rational and autonomous choices to have abortions but demonstrate moral impairment or deficiency for doing so. The women-centred strategy focuses on pregnant women's claimed lack of agency and consequent incapacity to "really" choose (with all that word connotes) abortion.

The rise of this newer strategy seems to come at least in part from anti-choice bewilderment at opinion polls showing that while a vast majority of people believe the fetus is a human being and/or that life begins at conception, they strongly support liberal abortion laws [9]. Anti-choice proponents of the women-centred approach argue that while such polls demonstrate the success of the fetal-centred strategy in increasing public support for key anti-choice beliefs, they reveal the strategy's failure to convert this support into declining abortion rates or rising public opposition to abortion:

"Abortion in the United States, and throughout the world, has been legalized because of two basic lies. The first lie is that abortion only destroys a 'bunch of cells', not a human being, much less a baby. During the last two decades the pro-life movement has concentrated its efforts on dispelling this first lie . . . The result is that nearly 80 percent of the public will now admit that abortion involves the destruction of a human life, even though many in this group still believe abortion should be legal . . . While efforts to educate the public about the unborn's humanity may help to motivate pro-lifers, such efforts will have no effect on those who support abortion. This ambivalent majority may admit that abortion is wrong, but they believe it must be tolerated as an 'evil necessity' – with an emphasis on necessity." [10]

Women-centred activists propose a number of reasons for this failure, including the fetal-centred strategy's expression of care and concern only for the fetus and its condemnation of nearly all aborting mothers as immoral, careless and or selfish murderers. Women-centred anti-choice activists argue that women greatly resent this fetal-centred focus and perceive anti-choice activists as uncaring and judgemental. As a consequence, they fail either to heed the fetal-centred message or to see those using it as reliable sources of woman-centred information and advice. Women-centred activists also argue that the "ambivalent majority" responds to fetal-centred attacks on women with feelings of protectiveness for them and defensiveness of women's rights that translate into support for legal abortion. Women-centred activist David Reardon puts this argument as follows:

"It is the widespread belief that 'legal' means 'safe' which is seducing the middle majority of Americans. Even though they are uncomfortable with the fact that unborn children are being killed, they tolerate abortion because they believe the lie that: 'At least women are being helped.' But once this lie is exposed, the middle majority's thoughts will dramatically change. At that point the middle majority will begin to ask themselves: 'If abortion is causing women so much suffering, what are we doing this for?!' It is then that their moral ambivalence about abortion will swing the scales against the abortion industry. It is then that we will be able to protect both women and their unborn children." [10]

Women-centred activists believe their strategy remedies the weaknesses of the fetal-centred strategy because its women-centred focus re-positions the anti-choice movement as the defenders (rather than the critics) of pregnant women who have had or are considering abortion. Activists using women-centred strategy barely mention fetuses at all. They argue that abortion is wrong because it hurts women and, unlike fetal-centred activists, do not explicitly oppose the legality or availability of abortion. Instead, they depict themselves as having an agenda-less desire, grounded in their concern to protect vulnerable women's rights from being trampled by abortion service-providers. In

his book *Making Abortion Rare*, women-centred activist David Reardon clearly articulates his desire to use women-centred strategy to protect the "unborn" and "win . . . the battle for life" but tells other women-centred activists to publicly deny this is the goal of the strategy:

"Pro-abortionists (sic) will attempt to criticize our pro-woman strategy as merely a smear campaign intended to frighten women away from 'necessary' abortions and an attempt to encourage 'harassment' suits. We must not lend credence to this assertion by making the claim that our goal is to shut down the abortion industry. Instead, we must always emphasize that our goal is simply to help and protect women. We may predict that our efforts will lead to the demise of the abortion industry, but that is not our direct goal – it is merely a byproduct of our legitimate concern to protect women's rights." [10]

Women-centred discourse describes women facing an unplanned pregnancy as "confused and despairing" and thus lacking the rationality and autonomy required to make and implement the decision they know to be right and truly wish to make: to continue the pregnancy and become mothers [10–14]. Women-centred authors explain the source of women's claimed decision-making irrationality in different ways. Some argue that all pregnant women are constitutionally irrational because first trimester pregnancy hormones make all women feel fragile, labile, sad and some women depressed [14]. Others propose that the desperation and ambivalence they claim characterises unhappily pregnant women undermine their rationality and consequent moral culpability for abortion [10]. As well, women-centred activists suggest that, in practice, all the abortion decisions women make are irrational because they are never made on the basis of a full understanding of all the information relevant to their decision [10,12].

Women-centred activists contend that women's abortion decisions lack autonomy because such decisions are always made under duress. They accuse women's husbands/partners or young women's parents of coercing them into accepting unwanted abortions and the patriarchy of contributing to a "pro-abortion" culture by pumping money into retaining liberal abortion laws to support the "Playboy" philosophy that women should be available to be "used", "vacuumed out" and then "used again". [Loesch Wiley as quoted in 12] Women-centred activists also contend that "abortionists", and particularly pre-abortion counsellors, dismiss or exploit all signs of a woman's ambivalence to secure a decision to terminate because of their "greedy" desire to profit from service provision [11,13,15].

Women-centred activists claim that the above forces combine to deny women real choice with regard to their unplanned pregnancies. They argue, in other words, that the very people, institutions and social forces that women believe are acting to secure their rights are in reality deliberately acting against their best interests by coercing them to undergo unwanted abortions. Their use of the term "unwanted" is no accident, but a purposeful parroting of feminist pro-choice claims about the wrong of forcing women to keep unwanted pregnancies. It is claimed that unwanted abortions lead to regret as well as shock, grief, guilt, trauma, anguish, self-hatred, sorrow, anger, depression and despair [10, 11,13–15]. I would suggest that a key task of anti-choice women-centred strategy is to replace the fetus with the guilt-ridden, self-hating, grief-stricken, victimised and finger-pointing "woman hurt by abortion" as the summarising image of what is wrong with legal abortion.

Implications of the anti-choice, women-centred strategy

The anti-choice women-centred discourse absolves women of culpability for abortion and blames less sympathetic targets such as "abortionists" in hopes of reducing the public's resentment of the anti-choice movement. Reardon, for example, gives the following example of how this can work:

"Dr. Willke [president of Life Issues and former president of the US National Right to Life Committee] reports that over the years he and his wife Barbara have faced increasing levels of hostility during their fetal development presentations at college campuses. Their message was simply not penetrating the walls of defensive anger which they faced. But in the last two years they have begun preceding their talks with a five minute talk expressing their concern, understanding, and compassion for women who have been through abortions, many of whom felt they had no other choice. Following the fetal development information, they conclude with additional information about post-abortion syndrome

and post-abortion healing ... According to Dr. Willke: 'The result has been almost dramatic ... The anger and combativeness are gone. The questions are civil. We are listened to once again. The professors are surprised. They had no idea that we were compassionate to women. Now they must take a new and serious look at this issue.''' [10]

By arguing that women are fundamentally incapable of mustering the rationality and autonomy necessary to make decisions about unplanned pregnancies (or presumably anything else) that are worthy of respect, women-centred strategy absolves women of moral responsibility and thus culpability for abortion. Indeed, the stories of women "hurt by abortion" suggest that this absolution is a critical part of the appeal of this anti-choice strategy. The strategy specifies that if aborting women swear they were denied the "truth" about abortion and express their grief about the procedure, they can be "healed", forgiven and accepted into the anti-choice fold [13]. This characterisation of women's decision-making capacities renders aborting women as pitiable victims rather than rational decision-makers, with a common analogy commonly made between them and victims of rape [10]. In this account, restrictions on legal abortion are necessary to stop weak and pitiful women from making bad decisions that harm them.

The woman-centred strategy also normalises a catastrophic view of abortion. By asserting the existence of a range of complications that arise in the aftermath of abortion, it constructs and reifies abortion as an inherently traumatic event [3]. There are legislative, service-related, judicial and activist tactical manifestations of the woman-centred strategy.

Legislative

An example of restrictive laws based on the women-centred approach are those prescribing the manner, timing and type of information that must be presented to a woman seeking a termination and those mandating a waiting or "cooling-off" period in which she is expected to consider that information and (re)consider her decision. Anti-choice activists insist these regulations are intended to protect and defend women's rights by giving them the understanding and time necessary to give informed consent to abortion [10].

A 1998 law passed in the Australian Capital Territory (ACT) requires women to wait 72 hours between receiving prescribed information about abortion from their doctor or family planning clinic and having an abortion [16]. Referring GPs, abortion service providers and feminist pro-choice activists opposed the bill because it treats abortion differently to other medical procedures, violates the privacy of the doctor–patient relationship, and delays women's abortions. Anti-choice activists responded to this opposition by asking what abortion service providers had to fear from "an informed woman" [17]. Since the law went into effect, the ACT Family Planning Clinic has seen an approximately 10% decline in patient numbers, comprised mainly of rural women who find it easier to seek services in another state [18]. In the USA, 21 states have mandatory waiting period after state-directed counselling, 17 of which are currently in effect. In contrast to the ACT legislation, however, nearly all of these delays are 24 hours, with Indiana being only 18 hours and South Carolina only 1 hour [19].

Anti-choice abortion counselling

Pre-abortion counselling has long been part of fetal-centred tactics. The anti-choice movement cites its involvement in such counselling as evidence of its sincere care and concern for women's health and well-being [20,21]. However, the pro-choice movement has long argued that the anti-choice movement uses false advertising to attract women seeking abortion to their "pregnancy crisis centres" in order to dissuade them from choosing abortion [22,23].

In contrast, women-centred strategy focuses primarily on post-abortion counselling. The goal of the latter is to suggest to women or couples that any emotional distress the woman may experience after abortion was caused by the abortion. David Reardon sees post-abortion counselling as an ideal opportunity to suggest to women that healing their post-abortion grief will be facilitated by "exercis[ing] their right to redress, not just to compensate themselves, but to protect the rights of others" [10]. In order for women to attend such sessions, they must trust anti-choice counsellors not to judge or blame them for having had an abortion.

Negligence suits

Reardon also sees post-abortion counselling as an opportunity to encourage women to file law

suits against service providers. Such suits are designed to lend credence to disputed anti-choice claims that abortion is physically and psychologically unsafe and that any problems can be traced back to the way the abortion was performed or how the decision-making process was managed. The anti-choice movement hopes that resulting case law will codify extensive legal responsibilities for abortion service providers. Most importantly, court cases are designed to inconvenience, intimidate and bankrupt individual abortion providers and through them the entire profession, ultimately convincing doctors that abortion is "bad business" and making abortion service provision uninsurable [10]. Such malpractice suits rarely make it to court and when they do, the anti-choice movement nearly always loses. Nonetheless, in the words of one often-sued abortion provider: "Even if they lose, they win" [24]. The inconvenience, the negative publicity and the rise in insurance premiums that result, no matter what the final fate in court, all make difficulties for abortion service providers.

Recently an individual or group calling itself Doctors' Legal Safeguards Group distributed a booklet entitled *Abortion, Information & the Law*. Designed to raise and exploit medical concerns about liability connected to abortion service provision, it was distributed to every abortion service provider in Australia. In my view, the booklet misinterprets, the decision in *Rogers v. Whitaker*, the most important informed consent decision in Australian law. This decision re-set the Australian medical standard for disclosure from the professional practice standard (i.e. the traditional practices of similar health professionals are taken as the standard for adequate disclosure) to the subjective standard (i.e. adequate disclosure by medical professionals constitutes any information a particular patient needs and desires). The booklet argues:

"GPs and counsellors who refer for abortion also have a legal duty to inform women of the risks, because everyone who gives specialised or professional advice may be sued for negligence if that advice is given without due care ... Doctors concerned about legal jeopardy can either inform women fully of the risks, and ... keep ... very comprehensive records of the information they have given or decline ... to refer for abortion." [25]

Activist

For the women-centred strategy to succeed in dissuading unhappily pregnant women from choosing abortion, women need to believe anti-choice expressions of concern about their well-being are sincere, that anti-choice pre-pregnancy counsellors truly care about them and that post-pregnancy counsellors won't judge them for having had an abortion. Women also need to see women-centred activists as credible sources of women-centred advice.

Women-centred activists attempt to achieve this goal by dissociating themselves from the anti-choice movement that, under the long reign of the fetal-centred strategy, has developed a reputation amongst many as fetally-focused extremists who care little about the well-being of women [9,17]. For example, the Doctors' Legal Safeguards Group claim to be neither pro-choice nor anti-choice and so able to provide a "comprehensive and professionally" credible position on the medico-legal issues surrounding abortion in Australia [25].

Improving the pro-choice response

Integrating feminist analysis of women's decision-making

Reproductive rights activist and academic Rebecca Albury notes the importance of an "integrated" feminist analysis of developments related to reproduction to ensure feminist language and tactics keep apace with such developments, are internally consistent and meet the changes in anti-choice language and tactics.

The anti-choice women-centred strategy demonstrates the capacity of anti-choice activists to exploit a lack of integration in feminist discourses around women's reproductive decision-making. Rights and choice discourse utilised by feminists to argue for women's reproductive freedom assumes but often does not explicitly argue for women's capacity as autonomous, rational and principled decision-makers [26]. In addition, radical feminist opposition to assisted reproductive technology (which has received widespread media coverage in the USA and Australia) depicts infertile women as making non-autonomous decisions to pursue motherhood using assisted conception techniques. These feminists were the first to advance the claim that the coercion by "techno-docs" of vulnerable women into undergoing technological

procedures like IVF meant such women should rightly be seen as victims whose "choices" were not worthy of the name [27–31]. In Australia, such feminists (working alongside anti-choice activists) used similar arguments to successfully lobby for a ban on the importation and use of mifepristone for medical abortion on the grounds that it has been inadequately tested and that its known risk factors and side effects are unacceptable [30].

Limitations of literal responses

The pro-choice movement has responded to anti-choice assertions about links between induced abortion and infertility, prolonged mental distress (or psychosis) and breast cancer by citing research that counters these claims [1,32,33]. Some activists have also noted that the intention of the anti-choice movement in raising these issues is to confuse or scare women and to discourage them from seeking abortions [7,34].

In the 1980s, arguably the most powerful tool in the anti-choice arsenal was the propaganda film *The Silent Scream* which claimed to depict the abortion of a 12-week old fetus. Pro-choice response to the film focused largely on rebutting its authenticity, e.g. that at 12 weeks a fetus has no cerebral cortex to feel pain, a scream is not possible without air and the movements of the fetus did not represent attempts to escape the suction but were camera tricks. Petchesky has argued that this sort of literal rebuttal did not help us to understand the "ideological power the film has despite its visual distortions and verbal fraud" [7].

Part of the ideological power of the women-centred, anti-choice strategy is the claim that the feminist pro-choice movement cannot be trusted to disclose all the facts about abortion. Duels between "experts" about the validity and weight of evidence for or against a particular risk, while necessary, do not address or undermine the power of this assertion. Alongside literal rebuttal, pro-choice activists may find it useful to assure women that abortion service-providers are committed to disclosing any valid information about risks associated with induced abortion. They can also challenge the anti-choice movement's colonisation of others' tragedies. One Australian academic who has been involved in debates about claimed links between breast cancer and abortion noted that as a woman who had suffered breast cancer, she is angered by the anti-choice movement's appropriation of this issue for its own ends. She believes that public expression of such anger by members of all groups whose tragedies the anti-choice movements exploits (women with infertility, Holocaust victims) may combat this tactic effectively [35].

Weaknesses in anti-choice women-centred strategy

Dissimulation

Anderson argues that while religiously-based beliefs about the unique and sacred nature of the fetus – and thus the immorality of abortion – continue to motivate anti-choice activists, they have pragmatically dropped religious justifications and adopted feminist principles and concepts like informed consent in order to broaden their support base. She suggests that the discourse that results from such pragmatic and strategic decisions is one of dissimulation [36].

The refusal of anti-choice activists to identify themselves as part of the anti-choice movement is arguably a dissimulative tactic and a surprisingly effective one. However, this tactic can be undermined by the production of documentary evidence linking women-centred activists with the anti-choice movement and anti-choice beliefs. Presenting such hard evidence in the media enables questions to be asked about the motives women-centred activists have for denying their anti-choice connections and about their trustworthiness on other issues. More importantly, connecting women-centred strategy with anti-choice activists and the anti-choice agenda makes it clear that the strategy is designed to exploit women's negative experiences with abortion as a means to anti-choice ends.

Conflict within the anti-choice movement

Women-centred anti-choice strategists have come into conflict with fetal-centred anti-choice strategists over what constitutes the wrong of abortion, and whether all abortions must be deemed unacceptable. Many in the anti-choice movement openly reject or harbour reservations about the women-centred strategy because they believe the only acceptable anti-choice stance is that all abortions are unacceptable. This absolutism has caused trouble for the anti-choice movement before, which has long been split over its approach to the so-called "hard cases", i.e. abortions when the

mother's life is at risk or required because of rape or incest. While the sacredness and "right to life" of the fetus is unchanged by how it was conceived, many in the anti-choice movement do not blame women who abort in these cases because they believe the women are not motivated by "careless" or "selfish" motives [6]. The women-centred strategy implies that if a woman who fully understands all the necessary information makes a voluntary decision to have an abortion (something that is at least theoretically possible), that decision and the resulting abortion would be legitimate. In the 1998 campaign on the Osborne bill in the ACT there was disagreement amongst anti-choice forces on the bill's acceptability precisely because it allowed abortion in some cases, in particular when a woman had freely given her informed consent to the procedure [17].

Recognition of this contradiction has not stopped numerous anti-choice organisations from pursuing strategies in which women-centred claims and tactics are added on to fetal-centred ones. But because the power of women-centred strategy comes from its reversal of unpopular elements of the fetal-centred approach, it is far less effective when used in combination with it. Linking the two also seems to facilitate women's recognition that anti-choice concern about "women's abortion grief" is grounded in the aim of prohibiting abortion. Feeling that their own and other women's experiences are being used to pursue an anti-choice agenda – and that anti-choice activists are seeking to disguise this fact – increases women's resentment of the anti-choice movement. A customer review of women-centred activist David Reardon's book *Aborted Woman, Silent No More*, reflects this:

"One must read a few chapters of "Aborted Woman, Silent No More" before realizing that despite its seemingly non-judgemental title, this book continues to force subtle pro-life propaganda on its audience. As a woman and feminist who has experienced abortion, I wholeheartedly agree that most women who undergo abortions suffer long-term emotional trauma as a result; this experience and suffering deserves to be given a voice and should not be denied or overlooked in order to further either side of the political debate. However, Mr. Reardon's use of the personal histories of women ... seems disgustingly biased ... Is it so impossible for one to honor the voice of these women who have made the decision to abort without forcing religious and political propaganda down the throats of readers? This book is a useful example of the manipulation of women's stories for the sake of the greater pro-life cause ..." [37]

But what this review shows is that while women may become angry when they realise the anti-choice movement is using their experience to achieve its ends, they may not recognise the central untruth of the women-centred anti-choice strategy – that most women suffer after abortion.

Conclusion

The fetal-centred strategy will remain a central part of the anti-choice movement's push to prohibit abortion for many years to come. However, the success in Australia and the USA of anti-choice women-centred discourse and tactics, particularly when employed on their own, make it increasingly likely that pro-choice advocates will encounter this strategy as they move to liberalise abortion laws and expand women's access to abortion. It is therefore imperative that pro-choice feminists develop an integrated analysis of this strategy and an effective response to it. That response must include not only literal rebuttals based on evidence, but also information and arguments that are able to counter its ideological power.

Acknowledgements

Some of the research for this paper was undertaken while I was employed by the Australian Reproductive Health Alliance and Children by Choice to work on the Australian contribution to Phase 1 of the Johannesburg Initiative, an initiative to build the capacities of activists from different countries to achieve liberalisation of abortion laws and access. An earlier version of this paper was presented at the Abortion Providers Federation of Australasia Biennial Conference in Adelaide, Australia, 3–4 November 2001.

References

1. Planned Parenthood. Fact Sheet: Anti-choice claims about abortion and breast cancer. Available from: PlannedParenthood.org, 2001.
2. NHMRC. An information paper on termination of pregnancy in Australia. Canberra: National Health and Medical Research Council; 1996.
3. Ryan L, Ripper M, Buttfield B. We women decide. South Australia: Women's Studies Unit, Faculty of Social Sciences, Flinders University; 1994.
4. Buttfield B, Duvnjak A. The psychological sequelae of abortion – a critical perspective. In: Abortion in Focus. Abortion Provider's Federation of Australasia/International Society of Abortion Doctors/Planned Parenthood Australia: International Society of Abortion Doctors/Planned Parenthood Australia; 1999. p. 78–91.
5. Melbye M, Wohlfahrt J, Olsen J, et al. Induced abortion and the risk of breast cancer. New Engl J Med 1997;336(2):81–5.
6. Cannold L. The abortion myth: feminism, morality and the hard choices women make. Hanover: University Press of New England; 2000.
7. Petchesky R. Foetal images: the power of visual culture in the politics of reproduction. In: Stanworth M, editor. Reproductive technologies gender motherhood and medicine. UK: Polity Press; 1987. p. 57–80.
8. Rothman BK. The tentative pregnancy: pre-natal diagnosis and the future for motherhood. New York: Viking; 1986.
9. Swope P. Abortion: a failure to communicate. First Things 1998;82:31–5, Reprinted in. ACT Right to Life Association Newsletter 1999;(First quarter).
10. Reardon D. Making abortion rare: a healing strategy for a divided nation. Springfield, IL: Acorn Books; 1996.
11. Tankard Reist M. Giving sorrow words: women's stories of grief after abortion. Melbourne: Duffy & Snellgrove; 2000.
12. Tankard Reist M. Abortion and the feminist sell-out. In: O'Donovan M, Stuparich J, editors. The abortion debate: pro-life essays. ACT: ACT Right to Life Association; 1994. p. 56–87.
13. Routley C. Tragedy and healing. In: O'Donovan M, Stuparich J, editors. The abortion debate: pro-life essays. ACT: ACT Right to Life Association; 1994. p. 9–22.
14. Turnbull T. Post-abortion grief. In: O'Donovan M, Stuparich J, editors. The abortion debate: pro-life essays. ACT: ACT Right to Life Association; 1994. p. 48–55.
15. Shanahan A. Pro-choice means no choice. The Australian 11 April, 2000:12.
16. Cica N. Health Regulation (Abortions) Bill 1998. Alternate Law J 1998;23(5 October):250–1.
17. Cannold L. The Australian pro-choice movement and the struggle for legal clarity: liberal laws and liberal access. Report. Melbourne: Centre for Applied Philosophy and Public Ethics, Children by Choice, Australian Reproductive Health Alliance, forthcoming.
18. Cannold L, Calcutt C. The Australian pro-choice movement and the struggle for legal clarity, liberal laws and liberal access: two case studies. In: Klugman B, Budlender D, editors. Advocating for abortion access: eleven country studies. Johannesburg: Witwatersrand University Press; 2001.
19. Alan Guttmacher Institute. State Policies in Brief. New York, 2001.
20. ACT Right to Life Association Newsletter 1999;(Third quarter).
21. Sertori H. Pregnancy support agencies: their history, purpose, philosophy. In: O'Donovan M, Stuparich J, editors. The abortion debate: pro-life essays. ACT: ACT Right to Life Association; 1994.
22. Cooper C. NY launches probe of crisis-pregnancy centers. Women's E-news 2002.
23. Matheson A. The abortion scam: pro-life's shocking new tactics. New Woman 1996;(April):74–162.
24. Lewin T. Malpractice lawyers' new target. Med Econ 1995;72(12).
25. Doctors' Legal Safeguards Group. Abortion, Information & the Law. 2nd ed. 2000 [Western Australia].
26. Cannold L. The abortion myth: feminism, morality and the hard choices women make. NSW: Allen & Unwin; 1998.
27. Rowland R. Living laboratories: women and reproductive technology. Sydney: Pan Macmillan; 1993.
28. Rowland R. Making women visible in the embryo experimentation debate. Bioethics 1987;1(2).
29. Corea G. The mother machine: reproductive technologies from artificial insemination to artificial wombs. London: Zed Books; 1977.
30. Klein R, Raymond JG, Dumble LJ. RU 486: Misconceptions, myths and morals. North Melbourne: Spinifex; 1991.
31. Spallone P, Steinberg D, editors. Made to order: The myth of reproductive progress. New York: Pergamon; 1987.
32. Broom D, Smith W. Abortion and breast cancer: the link just isn't there. Canberra Times 28 November, 1998:5.
33. Broom D, Pro-choice public meeting speech, unpublished, 1998.
34. Paine M. Battlelines on abortion drawn. The Mercury. 19 December 2001. p. 3.
35. Broom D. unpublished interview, 2000.
36. Anderson G. Dissenting discourses: the ideology of abortion and the Osborne debate. University of Western Sydney, Sydney, unpublished, 2000.
37. Book review (unsigned). The art of subtle propaganda. 23 November 1999. Available from: Amazon.com.

Résumé

Cet article étudie la progression et l'utilisation d'une stratégie anti-avortement « centrée sur les femmes » en Australie et aux Etats-Unis; il avance que cette stratégie souhaite imiter et exploiter des aspects de la position pro-avortement centrée sur les femmes. La stratégie affirme que les femmes ne choisissent pas vraiment l'avortement, mais y sont incitées par d'autres et connaissent ensuite diverses séquelles, notamment un risque accru de cancer du sein, de stérilité et de dépression post-avortement. Plutôt que de se prononcer sur l'exactitude de ces affirmations, l'article explique dans une perspective féministe la conception, les intentions et les conséquences de cette stratégie et comment elle est utilisée dans des tactiques législatives, des consultations, des procès et des actions militantes anti-avortement. Cette analyse est nécessaire pour que les efforts en faveur de l'avortement répondent efficacement au mouvement qui s'y oppose, par des démentis fondés sur des preuves, mais aussi par des interventions pouvant contrer son pouvoir idéologique.

Resumen

Este artículo examina el surgimiento en Australia y los Estados Unidos de una estrategia en contra del aborto "centrada en la mujer", la cual pretende imitar y explotar aspectos de la posición a favor del derecho de decidir centrada en la mujer. La estrategia de oposición asevera que las mujeres no optan a abortar sino que están presionadas por otros y que posteriormente experimentan una gama de efectos secundarios negativos que incluyen un aumento en el riesgo de cáncer de mama, la infecundidad y un sentimiento de profundo pesar. En lugar de evaluar la certeza de dichas afirmaciones, este artículo busca explicar, desde una perspectiva feminista, el diseño, la intención y las implicaciones de esta estrategia, y cómo se utiliza en tácticas legislativas, servicios de consejería, pleitos y diversas acciones en contra del aborto. Este análisis es necesario para que las acciones a favor del derecho de decidir respondan eficazmente al movimiento anti-aborto, no solamente mediante refutaciones literales basadas en evidencias, sino mediante respuestas capaces de contestar su poder ideológico.