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Too Many, Too Late and the Adoption Alternative: Shame and Recent Abortion Debates

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Recent Abortion Debates**

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Abstract

A speech in Adelaide in March 2004 and the decisive vote about the regulation of RU486 provide significant marker events in the most recent Australian debate about abortion policy. In Australia abortion is both regulated by the States, most often through the criminal law, and funded through Medicare by the Australian government. A socially conservative campaign against abortion led by Tony Abbott, Minister for Health was an attempt to intervene in the popular compromise which seems to both recognise the seriousness of abortion decisions and maintain accessibility; moving people holding views in the middle ground toward a position supporting a restriction of the availability of abortion services. The campaign appealed to a sense of shame about the number of abortions, the timing of some abortions and the use of public funding for abortions that were not medically necessary. This paper will consider three stages within the debate to explore the usefulness of shame as an analytic concept to explain the deeper affect behind the reasons offered for conservative policy positions regarding sexuality: Abbott's speech in 2004, the concerns about late-term abortion following the 2004 election and the unexpected drama of the reporting of the meeting between Abbott and the man he assumed was his son in early 2005.

What does it say about the state of our relationships and our values that so many women (and their husbands, lovers and families) feel incapable of coping with a pregnancy or a child? Tony Abbott MHR, 16 March 2004

An estimated one in three women have had an abortion, and I am one of them.
Senator Lyn Allison, 8 February 2006

Introduction

The question by Minister for Health Tony Abbott in Adelaide in March 2004 and the assertion by Senator Lyn Allison during a Senate debate about the process to approve the drug RU486 in February 2006 provide significant marker events in the contemporary debate about abortion policy in Australia. This paper will explore a seldom discussed theme in abortion debates - the politics of sexual shame. While many writers point to the complexity of abortion as a policy issue, involving issues of life and death, criminal law, health care, personal morality, family responsibility, religious belief, women's rights and population policy, few have sought to explain how shame and its related emotions are deployed to shape the terms of the political discourse. Shame operates at the visceral as well as intellectual level, it has immediate physical effects that are difficult to hide and social effects ranging from public snubs to beatings and murder. Politicians seldom emerge unscathed from sexual shaming, especially when they have been revealed as hypocrites.

In a sense this paper begins and ends with Tony Abbott, though it is not about him. He began the debate by seeking to arouse a sense of shame about the abortion rate in

Australia, at least in part, to encourage a demand for some form of tightening abortion law or abortion funding. Instead the abortion debate that he helped to incite ended with a decisive conscience vote in favour of a private member's bill that removed the authority to approve any consideration of the abortifacient drug RU486 from the Minister for Health and returned it to the Therapeutic Goods Administration. Abbott, still the Minister for Health, was on the losing side of the vote. The status quo for Australian abortion policy was strongly upheld: the regulation of abortion as a legal matter remained the business of States and like any health care matter, abortion funding remained with the Australian government.

In this paper I will explore how a politics of shame aimed at aborting women and those who support continued or extended access to abortion services in Australia was played out in the public debate. I want to explore how the socially conservative attempt to change abortion policy was conducted and to consider possible explanations for both the shape of the campaign and the reasons it was so clearly rejected. In doing so I will analyse particular themes raised by moments in the debate between March 2004 and February 2006, addressing the underlying appeal to emotion in the political discourse of social conservatives. A narrative of the abortion debate that takes the drama of Abbott's reunion with his presumed son as its centre will serve as a reminder of the course of the debate. Second, I introduce concepts for understanding policy interventions to regulate reproduction. Politicians in 2004 and 2005 were not responding to a public demand for a change in abortion policy, but seeking to encourage a demand for their preferred a response. Finally, I examine specific examples of the tactics of sexual shaming as used by social conservatives in their attempts to shift the current compromises in abortion policy and to incite a demand for changes in abortion regulation. I conclude that while shaming may silence women it does not alter the popular commitment to the policy status quo which allows both emotional discomfort with the fact of abortion and a rational acceptance of relatively accessible services.

Tony Abbott's Debate

The Australian Minister for Health, Tony Abbott was both an initiator and a central participant in the abortion debates that began in 2004 and continue today with the establishment of an Australian government funded counselling hotline for women with unexpected pregnancies. During March 2004, he had addressed the Adelaide University Democratic Club on 'The Ethical Responsibilities of a Christian Politician' (Abbott, 2004). He argued that, '[t]he problem with the contemporary Australian practice of abortion is that an objectively grave matter has been reduced to a question of the mother's convenience. ... Even those who think that abortion is a woman's right should be troubled by the fact that 100,000 Australian women choose to destroy their unborn babies every year' (p. 5). He then commented on the abortion numbers as a reflection of the state of Australian personal relationships and values in terms of the difficulty in creating 'a culture where people understand that actions have consequences and take responsibilities seriously' (p. 6). He noted that local Christians who regularly challenge him 'on the detention of boat people' do not ask, 'how, as a Catholic, [he] can preside over a Medicare system that funds 75,000 abortions a year' (p. 6). The claim that there were too many abortions and that the public was funding

abortions for women's convenience was to continue throughout the year. A year later the announcement that Abbott had made contact with a son given up for adoption in 1977 seemed to provide an ethical alternative to abortion in the face of unexpected and unwanted pregnancies.

The events leading to the adoption were one of many small personal dramas taking place within the broader context of the excitement of social movement politics during the mid-1970s. Tony Abbott, then a conservative student politician at the University of Sydney was exploring alternative personal futures including the Roman Catholic priesthood. At the same time he was conducting a passionate and often sexual relationship with a young woman named Kathy whom he had known since they were in high school. Late in 1976, she became pregnant and when it became clear that her equally young boyfriend was unwilling to marry her and take on the responsibilities of fatherhood, the Catholic woman could not countenance a termination of the pregnancy. Eventually she broke off the relationship with Abbott and then gave the newborn baby up for adoption. I am able to recount this story because it became public during February 2005 with details presented in the March 1, 2005 edition of *The Bulletin* (Davies, 2005a: 18-25). Tony Abbott, now the Australian Minister for Health gave an extensive interview with a *Bulletin* journalist just six or seven weeks after first speaking on the phone with Daniel O'Connor, the man that the baby grew up to be. Of course, this was no ordinary feel good story, given Abbott's high profile opposition to abortion on moral and religious grounds and his reputation as a hard man of Liberal Party politics.

Daniel O'Connor was living evidence that young Tony and Kathy had taken their responsibilities seriously and that Abbott, as 'the new poster boy for the anti-abortion brigade' (Davies, 2005b: 26), could not be accused of hypocrisy or of taking a hard line on a situation that he had never faced. He reflected that '[i]n retrospect, I am appalled by how callow I was ...but you know, that's the way it was. ... I was psychologically unprepared for parenthood - that is the sad truth about me at that time. I just wasn't ready for it' (Davies, 2005a: 24). Adoption was the path that some of the most vocal opponents of abortion in the post-election debate held out for those who were unwilling or unable to welcome an unexpected pregnancy into their lives.

The story began to unravel quickly: the opportunity to humanise the hectoring moralist as a man who once made a difficult moral decision turned into something else once the photos of Daniel as Abbott's son were published. Before the month was out, another man contacted Kathy because he recognised a resemblance to his son in the photos. DNA testing revealed that Daniel was not Abbott's biological child, but the son of one of Kathy's housemates. In addition to the story of an unplanned pregnancy and a hard decision made by two 19 year olds, there was an reminder of friendly sex in shared houses and the friendly support during pregnancy by the housemate (Murphy 2005a: 1; Murphy, 2005b: 1). It was an interesting story about student life in the 1970s but not with the obvious moral Abbott had assumed. Instead, the child he gave up for adoption was the child of his imagination, not the child of his body, though the story still reveals his unwillingness to provide what might have been the expected support of the woman he loved and with whom he had shared sexual 'Vatican roulette' (Murphy, 2005b:1). The more complex facts and Abbott's personal

and sensible public response was reported as transforming his public image since the unexpected twist to the story of the baby given up for adoption revealed a 'human side' (Murphy, 2005c: 21; Munro, 2005: 10-11). A reflective adult seemed to have replaced the more self-righteous young man who was not ready for parenthood in 1977, but Catherine Munro suggested that the complexity of the story also diverted attention from uses of the story in 'oblique references to the abortion debate' (2005: 10; cf. Summers: 2005: 13).

The abortion debate initiated by Abbott had continued through several ritualistic phases before the adoption story appeared. Abbott repeated 100,000 as the number of abortions each year with many opponents of the status quo regarding abortion converting it into the refrain of 'an epidemic' or 'too many' abortions. During the winter, the screening of the British film 'My Foetus' provided an opportunity to canvas moral aspects of the abortion debate. Articles were illustrated with images of fetuses or heavily pregnant women that echoed the images in the film. Following the election in October 2004, several parliamentarians foreshadowed policy interventions in the new parliamentary session. In early November, Christopher Pyne, the new Parliamentary Secretary for Health said that he wanted a ban on terminations of pregnancies beyond 21 weeks (Grattan, 2004a: 5) and Acting Prime Minister, John Anderson said that the number of abortions had 'got out of hand' (Grattan and Wroe, 2004: 4), even the Governor-General deplored the number of abortions (Wright, 2004: 1). Senator Eric Abetz argued that Medicare funding for abortion should be stopped except when the pregnant woman's life was in danger (Rose, 2004). Social conservatives hoped that Queensland National Senator-elect Barnaby Joyce and Victorian Family First Senator-elect Steve Fielding would demand an end to Medicare funding of abortion as the price for selling the remaining government interest in Telstra (Dunlevy, 2004b: 4) just as Senator Brian Harradine had secured certain concessions before the sale of the first third of Telstra in 1996, including the restrictions on the importation of the drug RU486, but not a reduction of Medicare funding for abortions (Kitney and Brough, 1996: 1).

Prime Minister John Howard closed the debate within the Government at a federal cabinet meeting on November 15, silencing calls for a parliamentary inquiry into late term abortion and endorsing the status quo on Medicare funding (Marriner, 2004: 4). During 2004, the debate was set against a background of population and birth rate concerns and reports of continuing popular support for abortion rights (Horin, 2004: 10). Slightly more than a year later on 8 December 2005, Senators Fiona Nash, Judith Troeth, Lyn Allison and Claire Moore introduced the private members' bill that sought to reverse the 1996 bill to remove the approval process for the drug RU486 from the Therapeutic Goods Administration to the Health Minister. On 16 February 2006, after lengthy public and parliamentary debates, including an inquiry with public hearings by the Senate Community Affairs Legislation Committee the *Therapeutic Goods Amendment (Repeal of Ministerial responsibility for approval of RU486) Bill 2005* was passed by a majority of about 2-1 in both houses. On the face of it, the vote to bring a single drug into the established regulatory process marked, for many, the rejection of the Abbott-led attempt by social conservatives to intervene in abortion practice in Australia (cf. Ramsey, 2006).

Making Sense of the Debate

In an account of abortion politics in the United States during the 1980s, Rosalind Pollack Petchesky argued that in state societies, population control and sexual control over women are co-existent strategies that vary according to social, economic and cultural national circumstances. At times these two strategies come into serious conflict and the role of the state (or perhaps, more modestly, political and policy processes in liberal democracies) is 'to mediate this conflict by developing fertility policies that authorise population control measures and set limits on the legitimate boundaries of women's control over their fertility and sexuality'. While state actors have recurrently sought to prohibit abortion, there may still be tensions between the two. 'Moreover, the state must balance these two goals with a third overriding purpose: to maintain internal order and its own legitimacy, which sometimes requires accommodating popular demands' (Petchesky, 1990: 71). The continuing concerns and debates about immigration and refugee policy and about the birth rate in the context of an ageing population is an indication about the Australian concerns with control of the size and composition of the population. Barbara Baird (2006) has written of the racialised concerns with population that have recurred in periods of moral panic and ritualised debates about fertility control and abortion since white settlement in Australia; her analysis informs my work. It is beyond the scope of this paper to explore Petchesky's arguments about how and why the regulation of women's control of their fertility and sexuality is regarded as contributing to the good order of the state. Baird's (2006) consideration of the recent debate and abortion law reform between 1998 and 2002 demonstrates ways in which the bodies and reproductive activities of daughters and wives continue to be an overt concern of many more than the most vocal promoters of family values in Australia. While it is a truism to claim that the Australian state is interested in internal order and its own legitimacy, the mediation of the tension between the two goals of population control and sexual control of women requires constant monitoring of different constituencies and balancing of different ideological positions as well as conflicting material interests.

When the Government itself is divided on the importance of legislative or regulatory interventions that will be appropriate and how those interventions could be justified, there is an opportunity to explore what William Connolly calls the 'politics of becoming' as an element of contemporary pluralism, that is a politics that is not based on fixed positions, but on intellectual exploration and change (Connolly, 1999). He draws on the work of Foucault to articulate the effects of modest self artistry and the engagement in micropolitics on the subtle reshaping of political receptivity to new practices within established political realms of justice and legitimacy. He argues that political reasoning exists on many levels or registers of human experience rather than relying on rational thought. Memory, emotion, perceptions of the experiences of others and the habitual expression of received concepts all play a part in thinking through challenges to one's political ideas and therefore contribute to changes in political views. Through an example of coming to a different understanding of physician-assisted suicide, he demonstrates that such a self artistry

involves movement back and forth between registers of subjectivity: working now on thought-imbued feeling, now on received images of death and suffering, again on intensive memories of suffering, and then on entrenched

concepts of divinity, identity, ethics, and nature. You move back and forth across these zones because each infiltrates the others. (Connolly, 1999:146-148; quotation on 148)

As a person who once opposed physician-assisted suicide engages with the different registers, the challenges may seem less threatening of personal identity and thus permit a less absolutist policy position. Such an understanding of political change assists in explanations of how shame could be both deployed and resisted in recent abortion debates. The habitual meanings of abortion for many people no longer resonate fully with the views of the social conservatives. The practice of relatively accessible abortion services as a legitimate part of health care, a greater willingness of the media to regard abortion as a part of human sexual experience and a general acceptance of feminist claims for reproductive rights as a matter of social justice have changed the context in which abortion debates take place.

While it is easy to claim, following Petchesky's argument, that the vote in 2006 was an example of state interest in its own legitimacy, to stop there ignores the tone of the earlier debate and the steps social conservatives took to shape it. Unlike some earlier debates, women were not simply vilified as selfish, flighty, ignorant or untrustworthy. Feminist campaigns and state by state legal cases over the past thirty five years meant that everyone under fifty has conducted their sexual lives during a period in which abortion has been in the public sphere: represented in drama, discussed in political arenas, debated in schools and tertiary education and legally available with Medicare rebates with some regional variation. This greater familiarity with abortion and the likely personal connection with someone who has terminated a pregnancy implies that many people would have actively engaged in modest self artistry regarding abortion. The past tactics would have met resistance in the form of rejections of the simplistic characterisations of women and the circumstances of their lives.

About a month after the Prime Minister closed the abortion debate, newspapers widely reported the publication of the analysis of the 2003 Australian Social Attitudes Survey that found that 81 per cent of Australians were agreed or strongly agreed with women's rights to choose abortion (Betts, 2004: 22; Horin, 2004: 10). This represents a major change since 1972 when 19% agreed that abortion might be legal 'on demand' and another 50% agreed to two different sets of fairly stringent circumstances (Betts, 2004: 23). Although the questions were worded differently, the change in both responses and wording of the questions demonstrate the ongoing politics of becoming about abortion in the context of a broader politics of reproduction. Within Petchesky's framework, Abbott and his allies were intervening to reset 'the limits on the legitimate boundaries of women's control over their fertility and sexuality'. They did this by attempting to shift the understanding of abortion as a legitimate choice for women by invoking the emotion of shame as a response to the facts of abortion. The invocation of shame was an appeal to the more visceral registers of political reasoning and personal identity. Few if any Australians accept the identity of one who is 'unable to cope' or as someone who takes 'the easy way out', much less as a 'baby killer'. For social conservatives, formal interventions to change laws or Medicare regulations could follow once public opinion changed. I will consider some of the tactics used in attempts to change public opinion by the deployment of a politics of shame that was presented as a debate about morality and the abortion rate.

Tactics of Shaming

Abortion is an obvious target for the politics of shame since abortion is directly related to uncontrolled sexual activity and sexual shame is a fact of life because, as Michael Warner points out, '[S]ooner or later, happily or unhappily, almost everyone fails to control his or her sex life' (2000: 1). Warner argues that one way that people address that feeling of shame is to attempt to control the sex lives of others, so sexual shame is not only a fact of life, but 'also political' and indeed, the political response is so frequent that many people mistake the demand for more shaming as morality. Of course, some people are more at risk from sexual shaming than others: they might be beaten, or humiliated, or stigmatised as deviant or criminal, all of these are historical outcomes of seeking or providing abortions or even having a pregnancy outside of marriage in Australia (Wainer, 2006, Reekie, 1998; Allen, 1990). This recent abortion debate did not lead to widespread arrests or even public humiliations of the past, but rather, to another effect that Warner reports: a silencing of those who seek abortions and who have done so in the past. In 2004 'Ms Crikey' didn't have a lot to say in the face of the shaming and blaming contributions to web sites and letters to the editor of newspapers, though there were a few notable exceptions printed in commentary pages of the major dailies (cf. Tebbel, 2004a); the silence was not as marked during the RU486 debate.

The Minister for Health Tony Abbott (2004: 5-6) discussed the moral aspects of several current issues in March 2004, but it was abortion that made the news; his framing of 100,000 abortions a year as too many for Australia became one of the catch cries of the debate that followed. Under the Australian federal system, State legal systems regulate abortion using the criminal law and appropriate health acts (Queensland, 2003) but the Australian government pays for a proportion of the costs to individuals through Medicare since 1974. This division of authority makes the provision of abortions subject to complex political forces comprising Commonwealth and State legislators and public servants, the medical profession, churches and social movement activists ranging from feminists to right to lifers (Albury, 1999). In the absence of uniform data collection on numbers of abortions in the States, the Health Insurance Commission is the major, though incomplete, source for statistics on the number of abortions in Australia. Contrary to the repeated claims, it is difficult to determine the exact number of abortions each year (Chan and Sage, 2005; Pratt, Biggs and Buckmaster, 2005). More frequently the number of abortions each year is reported as 75,000 to 90,000, even by the socially conservative Southern Cross Bioethics Institute study (Fleming and Ewing, 2005a; Fleming and Ewing, 2005b), yet the exact number seems to be less important than the meaning ascribed to the abortion rate or the rounded number.

For the reported numbers or rate of abortions to be used to shame women, the number has to be read as more than a statistical fact, it must acquire a social meaning. No contributor to the argument that there are currently too many abortions in Australia suggested a preferable number, nor did those arguing for a reduction in the rate of abortion suggest how public health and social welfare providers would know when the rate was low enough in practice, though zero is the moral preference for some. A

different presentation of the number would have a different feel; the abortion rate has not changed since estimates of the number of abortions in 1970 (Wilson, 1971: 17, cf. Chan and Sage, 2005), thus, the numerical increase in abortions is a reflection of the increase in the population from twelve and a half million in 1970 to twenty million in 2004 (ABS). This is far less a reason for shame as individuals or as a nation, since thousands of babies were given up for adoption in the early 1970s and the fertility rate among very young women was significantly higher than it is today.

During the debate, the number was used to produce a visceral reaction of national shame: 'too many abortions of "potential fellow Australians" each year' (Symons, 2004: 13) or an abortion 'epidemic' (Starick, 2004: 6). Even in research settings the raw number created visceral effects, Fleming and Ewing (2005b) report that in focus groups, 'participants were astonished, upset, ashamed and intellectually challenged' when presented with the number of terminations that take place each year. Group members spoke of 'unborn children' and discussed loss (np [3]); they repeated the habitual imaginative elision of a wanted first trimester foetus with the small baby to come. Even so, they report that is 'strong community support for a reduction in abortion numbers without restricting access' (Fleming and Ewing, 2005a: 3; 2005b). This finding, too, suggests that many of the research participants have engaged in modest self artistry, they can recognise the visceral impact of a high abortion rate as an individual *and* acknowledge women's complex circumstances and adequate decision making processes as a citizen of a diverse public. The law is too blunt an instrument to resolve the tensions, if a public policy were to be developed, it would need to be more subtle and take into account a greater complexity than the socially conservative politicians had in mind.

The claim that there are too many implies that some abortions are not justified or as Senator Lyn Allison feared, that some women could 'be coerced into motherhood or harassed and shamed out of terminating the pregnancy' (Australia (Senate), 2006: 93). Statistics are able to produce shame as Warner (2000: 52-60) discusses, because states (and other public authorities) use statistics to differentiate the normal from the pathological. When many who support legal access to abortion also accept that the current rate is too high or that particular policy interventions (e.g. sexuality education or better family support) would lower the rate, they also create two categories of abortion seeking women: the normal and the deviant. Such a division then allows the arguments that promote norms that require thoughtful decision making, or feelings of regret or remorse, or the unvarying practice of safe sex, or 'good' reasons to qualify for an acceptable or moral abortion (cf. Cannold, 1998). This kind of reasoning is a reminder that those who have successfully challenged some aspects of an older macropolitics (abortion is wrong so should be punished through legal processes) may retain some aspect of the position into a new politics (accepting the notion of 'too many' and so the possibility that some abortions are wrong). Connolly notes that those who are winners in one round may be ill prepared to continue with their self artistry when a new round of the politics of becoming begins (1999: 59). Warner, too, discusses the risks (for queer people) of falling into 'respectable' positions toward even more marginal people than oneself in order to appear normal, thus protecting oneself from shame and stigma (2000: 44-49). During 2004 and 2005 there were many opportunities for those who strongly supported access to legal abortion to share

the popular concerns about the birth rate and the so-called late-term abortions in order to remain normal, comfortably respectable.

During the years 2004-2006, the abortion debates were conducted in parallel with public concern about the continued decline in the birth rate. With Peter Costello urging younger adults to have one child for the father, one for the mother and one for the country (Dobson, 2004) and the simmering concerns about immigration, it seemed that foetuses were literally the future generation. Abortion rates for some commentators were a matter of concern about the (white) social and economic future of the nation. Barbara Baird (2006) argues that this continuing line of argument can be read in the context of the history of racist concerns about the future of Australia throughout the twentieth century with regular concerns about the social and cultural threats of a displacement of an Anglo-Celtic majority or centre of the population. In a sense, concerns about fertility and abortion are another facet of the issues discussed in the immigration debate. MP Danna Vale made this connection overtly during the RU486 debate when she seemed to claim that Australia could become a Muslim nation within fifty years because 'we are aborting ourselves almost out of existence' (Peatling, 2006a). The 'we' of the nation are explicitly from non-Muslim backgrounds, implicitly white (Anglo-Celtic) and Christian. A high birth rate among Muslim Australians seems to be an undesirable way to address the alleged shortage of Australian babies.

In the interesting way that aspects of popular debate echo and resonate in different spaces, this recent abortion debate was also taking place in the context of a debate about why women [and men] were not having families, or not having families while young. Some researchers and commentators discussed the changes in the economy and the insecurities of unstable employment and changing patterns of consumption on decisions about parenting (Pusey, 2003; Summers, 2003; Pocock, 2003; Western et al., 2005), and others pointed to the complexity for women of trying to have a demanding career, a fulfilling personal relationship and babies before time runs out (Cannold, 2004; Macken, 2005). Following Baird's argument, it is worth noting that most of these studies were reported without any comment on the different life experiences of white couples and those of recent immigrants, refugees or indigenous people, for whom experiences of discrimination and disadvantage are far greater than the difficulties of balancing a professional career with child rearing in a comfortable suburb. Government attempts to provide support for family life is fraught with other problems of control and surveillance beyond the scope of this paper. Young adults seemed to be caught between conflicting visions of reproductive and economic citizenship, with regret or shame possible if they had too few children, if they terminated unplanned pregnancies, if they ended up childless through circumstances beyond their control or if they fail to buy a home, if they have a series of ordinary jobs, if they are unable to attain financial independence.

There was also an attempt to promote a moral panic about the number of mid-trimester abortions. Soon after the October 2004 election, socially conservative politician, Christopher Pyne began to attack late-term (for him, after 12 weeks gestation) abortions, arguing that when technology can keep premature babies alive at 23 weeks gestation, there should be no abortions at 24 weeks (Grattan, 2004a: 5).

The media response to this attempt was complex, *The Daily Telegraph* reported that 'just nine late-term abortions were carried out in NSW public hospitals in the past financial year' (Dunlevy, 2004a), there were probably more in private hospitals since national figures suggest 5% of total abortions take place after 14 weeks gestation (Grattan 2004b: 17). *The Advertiser* reported that in South Australia from 1998-2002 there were 377 abortions after 20 weeks gestation with 16 of them after 24 weeks with 196 attributed to the woman's mental state and 171 to foetal abnormalities (Starick, 2004: 6). Melinda Tankard Reist (2004: 15) added to the sense of unease about mid-trimester abortion in a column that was little more than a vivid list of injuries to women from abortion and of graphic descriptions of aborted fetuses and foetal tissue, without any wider contextual background. As a part of a series of resistant interpretations of the concerns of the vocal politicians, Sue Dunlevy (2004a) followed the report of the nine late-term abortions in NSW public hospitals with the assertion that 'conservative members of the Government are using late-term terminations to push public debate on all abortions', seeming to admit the possibility of shame if the number were higher, but denying the call for moral panic. This seems to have been an attempt to follow the fairly successful strategy of US opponents of abortion who have used opposition to mid-trimester abortions to blur the level of development of most aborted fetuses and the methods used for the vast majority of abortions as a way of influencing the views of those in what Leslie Cannold describes as the 'mushy middle' of opinions on abortion - they don't like it, but it should be available early in some [unspecified] situations (Cannold, 1998: xviii; cf. Saletan, 2003; Sanger, 2004).

In the face of such presentations, it was difficult for supporters of the continued availability of mid-trimester abortions to have much impact on the debate, thus unintentionally reproducing a hierarchy of shame in which women terminating pregnancies over 14 weeks gestation became suspect, either as women (refusing healthy babies) or as mothers (unwilling to accept a less than perfect baby). Many of the letters to the editor about late-term abortions picked up on the notion of women aborting 'healthy babies' for their own convenience or their experience of revealing ultrasound images of fetuses at 20 weeks gestation and discounted any explanations that might have been provided (cf. *SMH*, 12.11.04; *Australian*, 4.11.04). The voices of ordinary citizens were added to the shaming implied by Christopher Pyne's image of attempts to preserve the lives of premature babies while other fetuses of the same gestation were being aborted. Certainly the silencing effect of shame was obvious in the debates. One repeated request of media commentators during the discussions of mid-trimester abortions was for women who had had one to speak; I did not notice any one do so in my limited sample. Given the heavily moralising tone of the political and religious opponents of mid-trimester abortion, the often hectoring style of Australian journalists and the documented feelings of women having mid-trimester abortions, silence was not a surprise.

During early November 2004, before Prime Minister Howard closed the abortion debate, a number of print media outlets began to question the simple news value of the abortion debate with several feature articles analysing the meaning and politics of a politician-led abortion debate so soon after the Coalition had won control of both the House of Representatives and the Senate. One placed the politics of abortion in the context of the role of abortion in US presidential elections and the potential for

religious belief to set agendas in Howard's fourth term, suggesting that abortion would occupy the position of the social issues of the second and third terms: euthanasia and embryonic stem-cell cloning (Symons, 2004:13). A similar article in *The Age* focussed on the divisive potential of such a debate and the complex legal position of abortion (Grattan, 2004b: 17). Other commentators focussed on the effect of Mr. Abbott's outspoken position in the debates on his leadership ambitions. When the Governor-General declared that there were too many terminations and pointed out that 100,000 was also the immigration quota, raising the shadow of racist fears, reporters commented on the political timing of such an intervention when the government itself was divided. The coverage was moving beyond the morality and funding of abortion to an investigation of the government's policy intentions and political possibilities when the new Senators took their seats in July 2005. As it turned out, the new Senate included other views. The conscience vote during the February 2006 was certainly also about abortion, in spite of many claims that it was about rational public administration (Peatling, 2006b: 27), the outcome of the RU486 debate was far different from that proposed by those concerned about too many abortions. Senator Allison's straight-forward statement that she, too, had an abortion was a refusal of the silencing effect of the earlier politics of shame and a clear indication that parliamentarians as well as the Australian public had a tolerance for the ambiguities of abortion.

Conclusion

When 'an estimated one in three women have had an abortion' including Senators and public records are kept, the politics of shame operates differently that in the late 1960s when the best estimates of numbers were extrapolations from hospital records of infection and death from illegal abortion. During the 1960s before the Menhennitt and Levine rulings and the South Australian abortion law reform, an unwanted pregnancy was an occasion of public as well as private shame. Women engaged in illicit (unmarried) sexual relationships were 'caught' by pregnancy. The pregnancy in public representations was a result of waywardness of daughters and thus a source of shame for their parents. Daughters who could not marry were often sent to institutions for 'unwed mothers' or family members in another town until after the birth and adoption of the child. There was no sole parent's benefit to allow the woman to raise her baby, pay rates for women were still lower than for men, even in the same job, there was little nursery care to allow mothers to undertake paid work in an industrial regime based on a male worker with a wife/mother at home. Women who knew where to look and were willing to take a risk sought and found clandestine abortions. Shame and fear was concomitant with both adoption and abortion. Women who gave up babies were urged to 'put it behind them' and to not speak of the shame; women who had abortions knew not to talk. When second wave feminists began to speak about unwanted pregnancy as a fact of heterosexual sex; to campaign for legal abortion using the language of liberal democratic rights and choice; to acknowledge the experiences of women who had relinquished babies; women who had been shamed into silence began to speak to their families and in public.

In 2004 and 2005 socially conservative politicians attempted to use shame to reshape the Australian political understanding of unwanted pregnancy and abortion. Tony

Abbott led with a presentation of unwanted pregnancy as a problem of moral responsibility and national values rather than a technical problem of uncontrollable fertility that concerns women (Ryan, et al., 1994), other contributors suggested that the low birth rate itself was a problem for the social and economic future of the (white) nation, even noting the similarity between the abortion rate and the immigration quota. Many opponents of continued access to abortion services asserted that continuing a pregnancy to term and relinquishing the baby was preferable to terminating the pregnancy. Indeed, the Southern Cross Bioethics Institute study asked how respondents felt on a scale of very negative to very positive about women who used each of many alternatives when faced with an unwanted pregnancy and report finding that those surveyed more than 60% felt positive to those women who raise children as single mothers and toward those who relinquish a child for adoption. They report that 'only 28% report positive feelings towards women who choose abortion', though 59% have 'neither positive nor negative feelings about this choice' (Fleming and Ewing, 2005a: 18). The discussion which follows the report of these findings is at pains to point out that this does not represent a simple 'pro-abortion' view, but it is unclear how an unwillingness to support single or relinquishing mothers is required as an indicator for support for access to abortion. This is the study that found that 87% of respondents supported a reduction in abortion numbers 'while at the same time protecting legal rights to freely choose abortion' (Fleming and Ewing, 2005a: 3) during the first two weeks of December 2004. It appears that the post election politics of shame failed alter the public commitment to the status quo that the 2003 Australian Social Attitudes Survey documented before the debate (Betts, 2004).

The language of the Southern Cross Bioethics Institute study may be moving towards an argument that women who are unable to raise their babies should gain the positive feelings of Australians by relinquishing them for adoption. Yet, Leslie Cannold (1998: 97-110) reports that women, whatever their views on abortion, share a conception of the 'good mother' that makes relinquishing a baby extremely difficult. Since a good mother is there for her child, a pregnant woman rearranges her life so that she can care for a baby or she terminates the pregnancy. Those who oppose abortion reported a duty to take the first option and others struggled to choose the one that was appropriate for them. The women Cannold interviewed were, like those surveyed by the Southern Cross Bioethics Institute, willing to distinguish between better and worse reasons for abortion, but unwilling to use the law to enforce their view.

I think that these findings and the decisiveness of the RU486 vote point to an explanation for the ultimate failure of the politics of shame. Women and men in Australia have lived for many years with abortion services that are formally illegal, but safely available and funded by Medicare. They have learned to live with an ambiguity through the self artistry encouraged by their experiences and the feminist inspired public politics that provided language as well as services.

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