

# **A War of Words: The Role of Rhetoric in Reproductive Rights**

*Molly O'Neill*

Abortion policy has always been a highly debated topic, especially since the overturning of *Roe v. Wade* in June 2022. In the past decade, regulatory abortion bills have been and will continue to increase in post-*Roe* America. Regardless of one's political ideology, religious belief, or moral stance on abortion, a thorough understanding of rhetoric's influence on public opinion and abortion policy is imperative. Rhetoric on both sides of the abortion debate is becoming more extreme and more publicized on social media and news outlets. Heidi Lawrence and Bonnie Stabile, professors of English and public policy respectively, define rhetoric as "the practice of understanding how language makes change in the world," emphasizing the interconnected nature of rhetoric and health policy (Lawrence 336). This article follows a similar definition of rhetoric, including the language employed to advocate for legislation and persuade the public sphere, even extending beyond verbal language at times. Rhetoric can evoke strong emotional responses, shape perceptions of abortion procedures, and perpetuate potentially harmful gender stereotypes. Essentially, rhetoric serves as the medium for bidirectional influence between public opinion and abortion policy. While rhetoric can offer a valuable glimpse into the diverse and intricate realities of individuals navigating reproductive choices, proliferation of extremist anti-abortion rhetoric hinders productive dialogue and jeopardizes the autonomy of pregnant individuals, preventing the realization of a just society where accessible reproductive care is a fundamental right.

Extreme rhetoric inflames emotions and risks oversimplification of complex medical and ethical issues, leading to a lack of consideration for unique individual circumstances. Emotional appeals shift focus and empathy towards either the fetus or the pregnant woman. Antiabortionists often provide violent descriptions of abortion, in excruciatingly graphic detail, with the goal of evoking disgust and anger. Fodder for antiabortionist rhetoric arose in 2011 from the case of Kermit Gosnell, a fraudulent doctor who offered illegal abortions and murdered infants while severely endangering pregnant women's health since 1979. Despite Gosnell being an extreme outlier in abortion cases and undoubtedly a horror story to pro- and anti-abortionists alike, he offered antiabortionists the perfect opportunity to ascribe feelings of disgust towards all abortion procedures. The "coat-hanger, the back-alley, fetal feet, and chopped up fetuses" from the Gosnell case were affiliated with all abortion cases to increase support for the antiabortionist cause (Winderman 516). Charmaine Yoest, former president of Americans United for Life, a prominent anti-abortion group, viewed Gosnell as a landmark case. Yoest framed Gosnell's "house of horrors" as a critical warning to society that abortionists "injure and kill women and girls in filthy conditions sold as medical care" (Americans United for Life). Yoest gained power in her fight for stricter clinic rules by extrapolating the horrors of the Gosnell case to all abortion clinics, legal or otherwise, suggesting the need to "pull back the secrecy that cloaks this industry that preys on women's misery" (Hurdle). The rhetoric of abortion violence and fetal pain from certain cases prompts excessive disgust and a sense of urgency to stop all abortions.

Rhetoric surrounding abortion also propagates societal mores and can insinuate a violation of deeply engrained morals. The mere labeling of the antiabortion side as “pro-life” suggests a moral high ground. The existence and value of human life are alluded to, providing an argument that is difficult to deny. This language likens abortion procedures to taking innocent lives, which can quickly escalate into the criminalization of physicians providing abortions. Some anti-abortionists have even adopted the extreme rhetoric of calling themselves “abolitionists,” likening themselves to those who fought to abolish slavery (Conlon 1:35). This language frames abortions as an evil that we are morally compelled to abolish. “Abolitionists” do not view the pregnant woman as a victim of the abortion industry, but rather criminals who should be convicted of murder and even face consequences as extreme as the death penalty (Conlon 5:15). The terms “pro-life” and “abolitionists” imply grave injustice and an atrocity equivalent to slavery. This rhetoric powerfully suggests the obligation to eradicate abortion via a moral crusade.

On the other hand, abortion advocates label the antiabortion movement as “forced-birth,” suggesting a violation of bodily autonomy. This label is intentionally provocative, eliciting anger and suggesting a direct and immoral violation of freedom, a fundamental human right. The rhetoric of the pro-choice slogan “My Body, My Choice” implies a violation of female bodily autonomy when abortion rights are stripped away. This slogan is a rallying cry to gain support in the fight for women’s bodily autonomy and integrity. Abortion rhetoric elicits emotions from empathy and compassion to anger and guilt. Supporters of abortion rights may feel passionately about a woman's right to choose, while opponents may feel strongly about the sanctity of life. Their emotions are strongly tied to deeply engrained societal principles and rights to both life and freedom.

Rhetoric has the power to alter perceptions of abortion procedures, as word choice can twist reality in the minds of readers and listeners. Terms with intricate medical definitions, like “elective abortion” or “fetal heartbeat,” can be absorbed into media and easily misinterpreted by the uninformed public. While the clinical use of “elective abortions” refers only to time sensitivity, but not necessity, public perception is tainted since “elective” commonly denotes something optional or unimportant. “Elective abortion” is often misinterpreted as synonymous with a less justifiable abortion procedure. The term is impossible to operationally define, reductionistic, and “contrary to the experiences of women seeking abortion for a wide variety of deeply felt needs” (Janiak 90). The term “elective abortion” falsely spreads the idea of a “hierarchy of need among abortion patients,” ultimately spreading abortion stigma (Janiak 89). People may wrongly extrapolate “elective” to define the worthiness of a woman to have an abortion because of the daily implications of the term. Essentially, every abortion is elective, no matter how dire the circumstances. Watson, associate professor at the Feinberg School of Medicine at Northwestern University, warns that calling certain abortion cases elective merely propagates regressive social norms concerning motherhood and women’s sexuality (1177). The act of labelling certain abortions as “elective” falsely assigns a worthiness to each abortion case and is “moral judgment dressed up as medical judgment” (Watson 1177).

Similarly, the term “fetal heartbeat” leads the public to assume a fetus has a fully developed, four-quadrant adult heart. However, this is far from the truth as “fetal heartbeat” refers only to the very technical “electrical pulse in a group of cells the size of a pencil tip” (Harmon). Simply, the

pulsating group of cells is nowhere near comparable to a fully developed human heart. Consequentially, the term leads to misunderstanding and support for antiabortionist claims of a fully developed person in the womb. People may feel more empathy for a fetus with a “heartbeat” because one might extrapolate biology to the emotional and psychological. If a fetus’ heart is developed enough to beat, then one may assume that it feels emotions, like love, pain, and loss. The rhetoric in this case “obscure[s] the science of how an embryo develops” (Harmon). Vague or confusing rhetoric can lead to significant misunderstanding of abortion procedures in society.

Abortion rhetoric also reinforces traditional gender roles. An individual’s choice of rhetoric can frame the pregnant woman as a “mother” and the fetus as a “baby” or “child.” The nouns used to label the parties can encourage an emotional attachment to the notion of a traditional family, something that an abortion could ruin. While the terms fetus and pregnant woman are more inclusive of all circumstances, “baby” and “mother” are often used by politicians and citizens alike in abortion debate, without us realizing the profound impact of those words. Mikolajczak, a professor of psychology at the University of Warsaw, indicates that people tend to support abortions for non-medical and non-legal reasons when the term “fetus” is used instead of “baby,” since “fetus” does not conjure the same emotional element of family (505). Antiabortionists may even pathologize a woman’s desire to have an abortion, labeling the rejection of motherhood as a disorder.

One antiabortion argument emphasizes the threat of psychological trauma after an abortion, reinforcing an obligatory unity between womanhood and motherhood. Post-abortion syndrome, though a concept unfounded by the American Psychiatric Association, was spread in media and abortion policies as a severe danger to women seeking abortion (Ntontis 519). Antiabortion supporters substantiate their perspectives by referencing the “trauma of essentially killing your child” and the “terrible psychological ordeal” caused by abortion (Ntontis 522, 523). The seemingly pro-woman perspective that expresses concern for the mental health of the mother only perpetuates discriminatory gender roles and allows “repressive politics in a therapeutic and ethical disguise” (Ntontis 529). Anti-abortionists provide a facade through “pro-women” rhetoric to gain public support for policies that ironically generates gender inequality.

On the contrary, a surprising lack of rhetoric addressing the pain of pregnancy and childbirth subliminally suggests that motherhood is expected of women, regardless of the bodily pain that may ensue. Alarmingly, Laguardia, a professor of law at New York University, found that only 28 of 223 judicial opinions mentioned the pain of pregnancy, while abortion and fetal pain were mentioned three times as often (19). The seeming lack of concern for the pain of bearing a child dehumanizes the woman and invalidates her experience. In abortion discourse, a glaring silence blankets the struggle of bearing a child. The untold stories of anguish and endurance are buried beneath layers of indifference and sole concern for the fetus in the womb. The woman loses agency over her own body, minimizing her physical and mental health and her dignity. The disproportionality between maternal and fetal pain suggests society’s belief that “women should sacrifice all for their children” (Laguardia 32). The lack of language and consideration for maternal pain could almost lead one to “think childbirth was painless,” reflecting society’s lack of empathy and a judgement of women who fear pregnancy pain (Laguardia 2). Women were even discovered to downplay pregnancy pain to fit the stereotype of a sacrificial mother and avoid ridicule (Laguardia 32). The few times maternal pain

is acknowledged, it is obscured by medical jargon, euphemisms, or abstract description. While an aborted fetus is “torn apart and bleed[s] to death,” a woman giving birth is merely “at risk of hemorrhage” (Laguardia 27). While childbirth is incredibly violent and one of the most painful processes known to humans, the rhetoric surrounding pregnancy does not reflect this. Instead, it implies pregnant women are expected to fulfill the role of a sacrificial mother, concealing the complexity of motherhood and perpetuating an environment of inequality.

Men are not exempt from gendered abortion rhetoric. Whitney Arey conducted an observational study of antiabortion protestors in North Carolina. He found protestors antagonized men who escorted women to abortion procedures, particularly degrading their masculinity. The verbal harassment from protestors emphasized “male patriarchy, toxic masculinity, [and] responsible fatherhood” (Arey 4). Their comments frame men as protectors of women who do not understand the gravity of their decision to receive an abortion. They suggest that it is the man’s responsibility to prevent the helpless woman from making a grave mistake. If he fails, then there is an imminent threat to his masculinity and the family that could have been. For example, protestors yelled, “You’re supposed to protect her” and “Go back in and rescue your family... she’s waiting on you to be the hero” (Arey 8). These gendered comments valorize saving a woman from an abortion and suggest a man is only masculine if he can support a family, propagating a patriarchal society. Women are also implied as being unable to raise a child without the help of a man who can provide, which aligns with outdated gender stereotypes. One protestor implied the boundary between a strong and weak man is the ability to stop an abortion and support a child as he yelled, “Save your baby brother! Be a man!” (Arey 9). The tactic of gendered rhetoric is to propagate gender stereotypes and target an individual’s sense of self.

The influence of rhetoric on abortion opinion and policy is not limited to words. Nonverbal, or material, rhetoric can significantly humanize a fetus and lead lawmakers to grant more rights to a fetus at the expense of the pregnant woman. Modern medicine now allows for an intimate examination of a fetus through visual and auditory technology. However, scientific progress can have unexpected social consequences. Technology personifies the fetus and empowers the fetus over the pregnant woman. Ultimately, pregnant women “are subverted to their fetuses” and become a mere vessel or incubator (Edgar 365). The erasure of a woman’s body can lead people to be more inclined to put the rights of the unborn fetus above the pregnant woman. Forced sonograms prior to abortions are an example of the power of material rhetoric to personify the fetus. Mandatory ultrasounds and sonograms inevitably increase the emotional attachment to a fetus by creating images that make the fetus seem more alive and independent, emotionally manipulating and discouraging women from receiving abortions. As “fetal sound gains a foothold in abortion legislation, women’s voices are effectively drowned out,” suggesting the power of new technology to control women’s bodies (Edgar 351). New visual and auditory technology allows the world to enter a woman’s body, leading to the unintended consequence of control over reproductive rights.

Art also plays a pivotal role in abortion rhetoric by emphasizing fetal imagery at the expense of the pregnant woman, inadvertently objectifying women's bodies and echoing a broader trend found in rhetorical strategies employed by anti-abortion advocates. One sculpture, *The Miraculous Journey*,<sup>1</sup> depicts twins in a womb without presentation of the pregnant woman beyond. The twins in the womb are the focus point and center of life in the artwork, while the woman is reduced to a reproductive organ. Wise likens the art sculpture to the role of ultrasound technology (Wise 308). In *The Miraculous Journey*, the tissues of the womb are the only clue of a woman bearing the fetuses. The sculpture zooms in on the fetus, like sonogram and ultrasound technology where the “women exist only as an allusion” (Wise 305). Women are demoted to the value of their reproductive organs and women’s bodies are nothing more than “voids to be filled” (Wise 308). Art, medical technology, and verbal rhetoric can all unintentionally promote objectification of the pregnant woman. Rhetoric that suggests fetal autonomy from the mother personifies the fetus while objectifying the woman and risks valuing a fetus over the pregnant woman’s life.



Figure 1 *The Miraculous Journey*. Photo: Nadine el-Khoury

Ultimately, rhetoric is the medium through which public opinion and government policies interact. Abortion rhetoric reveals the same interrelated and bidirectional nature. A shift in one sphere seems to reflect change in the other and vice versa. First, rhetoric allows for public opinion to influence abortion policy. Narratives that seep into the “language of Supreme Court opinions can gain legal coercive power and authority,” suggesting public rhetoric can determine the creation of abortion policies (Laguardia 4). This was modeled by the recent clash in Kentucky where voters rejected an anti-abortion ballot, challenging the state’s “trigger laws” post- *Roe v. Wade*, which would have made it nearly impossible to restore abortion access had the measure passed (Chan). Voss, political science professor at the University of Kentucky, suggested that the Kentucky Supreme Court will have to take its cue from voters, a result of the bidirectional influence of the public and legal policies (Chan). The people’s words and beliefs hold political power. Essentially, language of the law reflects the values of a democratic society.

However, the reverse is also observed since abortion policy strongly influences public opinion. For example, when court opinions fail to mention the pain of pregnancy or express empathy, “activists and the public follow suit” and are less supportive of protecting abortion access for women (Laguardia 36). Another example of the power of policy to sway public opinion is the introduction of heartbeat bills. These bills imply a fetus with a heartbeat is worthy of empathy and protection over the pregnant woman. Heartbeat bills literally “pull at the heartstrings” of the public and appeal to the humanity of the reader to promote protection of the fetus (Harmon). The heart is

<sup>1</sup> Wise, “Fetal Positions: Fetal Visualization, Public Art, and Abortion Politics”, 302.

symbolic of love, emotion, and humanity. At its core, a beating heart is a sign of life. The heart is the center of the human body and a commonality in all living people. Thus, heartbeat bills are strategically named to elicit support against abortion of a fetus. The mere title of “heartbeat bills” has the power to persuade the public against abortion access.

Many suggestions for future change must be addressed by policymakers, healthcare providers, and the public. Significantly, there must be more general awareness of the power of rhetoric in highly debated topics, like abortion. On a small scale, individual health professionals must approach situations with extreme empathy and care since words and “technologies might be used in settings other than those intended” (Wise 316). It is the duty of physicians and other healthcare providers to be aware of the possibility of medical technology or clinical jargon being misconstrued by patients. However, on a larger scale, harmful rhetoric can even hinder the efficacy of public health initiatives. Controversial topics, like abortion, tend to create harsh political climates that limit professionals from completing tasks that are “well within their scope without risking harm to their jobs and possibly their safety” due to public disapproval or backlash (American Public Health Association). The American Public Health Association suggests that we provide encouragement and support to guide public health professionals, especially in environments with politicized rhetoric.

Potentially misleading terms like “elective abortions” or “fetal heartbeat” should also be renamed to prevent extrapolation of medical terms and the spread of misinformation. For example, “induced abortions” or “cardiac activity” may be better substitutes. Efforts should be made to facilitate more effective communication between the medical realm and the public for confusing and potentially misleading abortion terms. For example, educational pamphlets and brochures on abortion procedures must adopt clear, non-technical language. There should also be an emphasis on inter-disciplinary collaboration between medical professionals and communication experts to create a bank of the most neutral abortion terminology.

Finally, the wording of abortion policies and judicial opinions must be carefully crafted to avoid discriminatory gender implications. For example, much of the current rhetoric that is woven into the language of abortion policies indirectly suggests that women should possess traditional, childbearing roles in society. With the language of laws dictating “how the state conceptualizes women as citizens” and lawmakers “signaling a worldview” in their policies, there should be more attention towards our language reflecting the nation we want to be and the values we wish to uphold (Roberti 133, 139). Subliminal objectification of women and reinforcement of archaic gender stereotypes have no place in the policies of a modern, developed nation.

Our culture and values are embedded in our words. The language we use provides insight into who we are as a society and who we hope to become. Rhetoric is not simply a tool, but a mirror of an individual’s and society’s morals. Regardless of intent, rhetoric can dangerously exaggerate the truth or inflame emotions. Exclusionary or targeted rhetoric risks drowning out the voices of women and propagating stigma. However, language can also be a tool of education and empathy. The voices of pregnant women, healthcare providers, public health experts, and policymakers must all be amplified. We must work towards a culture of empathy, understanding, and open dialogue when discussing reproductive rights. With the maternal mortality rate being unusually high in the United States compared to other wealthy, developed nations, added barriers to women’s healthcare

pose a very real threat to post-Roe America. Harmful abortion rhetoric hurts not only the pregnant individuals seeking abortions, but their families, healthcare providers, and progress towards a just democratic society. Individuals and families should have the right to accessible reproductive care without fear or stigma. Through education, understanding, and awareness of the power of our words, we can foster a future where reproductive rights are celebrated as an integral part of our thriving society.

## Works Cited

- American Public Health Association. "Improving the Role of Health Departments in Activities Related to Abortion." Policy Number 202114, 26 October 2021, <https://www.apha.org/Policies-and-Advocacy/Public-Health-Policy-Statements/Policy-Database/2022/01/07/Improving-Health-Department-Role-in-Activities-Related-to-Abortion>.
- Americans United for Life. "AUL's Dr. Charmaine Yoest says big abortion keeps abortionists like House of Horrors Dr. Kermit Gosnell in business by fighting commonsense regulations." *AUL*, 1 May 2013, <https://aul.org/2013/05/01/auls-dr-charmaine-yoest-says-big-abortion-keeps-abortionists-like-house-of-horrors-dr-kermit-gosnell-in-business-by-fighting-commonsense-regulations/>.
- Arey, Whitney. "Real Men Love Babies: Protect Speech and Masculinity at Abortion Clinics in the Southern United States." *Norma, International Journal for Masculinity Studies*, vol. 15, no. 3-4, 2020, pp. 205-220. doi:[10.1080/18902138.2020.1778311](https://doi.org/10.1080/18902138.2020.1778311)
- Chan, Melissa. "Kentucky voters reject anti-abortion ballot measure, NBC News projects." *NBC News*, 9 November 2022.
- Conlon, Rose, host. "Abortion Rights Opponents across the Country Want to Charge Women with Murder." *NPR*, 13 July 2023, <https://www.npr.org/2023/07/13/1187435403/abortion-abolitionists-across-the-country-want-to-charge-women-with-murder>.
- Edgar, Amanda Nell. "The Rhetoric of Auscultation: Corporeal Sounds, Mediated Bodies, and Abortion Rights." *Quarterly Journal of Speech*, vol. 103, no. 4, 2017, pp. 350–71. EBSCOhost, <https://doi.org/10.1080/00335630.2017.1360510>.
- Harmon, Amy. "Fetal Heartbeat vs. Forced Pregnancy: The Language Wars of the Abortion Debate." *The New York Times*, 22 May 2019.
- Hurdle, Jon, and Trip Gabriel. "Philadelphia Abortion Doctor Guilty of Murder in Late-Term Procedures." *The New York Times*, 13 May 2013.
- Janiak, Elizabeth, and Alisa Goldberg. "Eliminating the Phrase 'Elective Abortion': Why Language Matters." *Obstetrics & Gynecology*, vol. 93, no. 2, 2016, pp. 89-92. EBSCOhost, <https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip.uid&db=aph&AN=148178146&site=ehost-live>.
- Laguardia, F. "Pain That Only She Must Bear: On the Invisibility of Women in Judicial Abortion Rhetoric." *Journal of Law and the Biosciences*, vol. 9, no. 1, 2022, pp. lsac003–lsac003, <https://doi.org/10.1093/jlb/lsac003>.
- Lawrence, Heidi, and Bonnie Stabile. "Collaborative Paths and Contexts: An Introduction to the Special Issue on Rhetoric of Medical and Health Policy." *World Medical & Health Policy*, vol. 11, no. 4, 2019, pp. 336-339. DOI: [10.1002/wmh3.316](https://doi.org/10.1002/wmh3.316)
- Mikołajczak, Malgorzata, and Michal Bilewicz. "Foetus or child? Abortion discourse and attributions of humanness." *British Journal of Social Psychology*, vol. 54, no. 3, 2015, pp. 500-518. DOI: [10.1111/bjso.12096](https://doi.org/10.1111/bjso.12096)
- Ntontis, Evangelos. "Antiabortion Rhetoric and the Undermining of Choice: Women's Agency as Causing 'Psychological Trauma' Following the Termination of a Pregnancy." *Political*



- Psychology*, vol. 41, no. 3, 2020, pp. 517–32. EBSCOhost, <https://doi.org/10.1111/pops.12634>.
- Roberti, Amanda M. “Women Deserve Better: The Use of the Pro-Woman Frame in Anti-abortion Policies in U.S. States.” *Journal of Women, Politics & Policy*, vol.42, no. 3, 2021, pp. 207 - 224. DOI: [10.1080/1554477X.2021.1925478](https://doi.org/10.1080/1554477X.2021.1925478)
- Watson, Katie. “Why We Should Stop Using the Term “Elective Abortion.” *AMA Journal of Ethics*, vol. 20, no. 12, 2018, pp. 1175-1180. DOI: [10.1001/amajethics.2018.1175](https://doi.org/10.1001/amajethics.2018.1175)
- Winderman, Emily, and Celeste M. Condit. “From Trope to Pathos in Health Scholarship: Sharing Disgust in the Kermit Gosnell Case.” *Communication Quarterly*, vol. 63, no. 5, 2015, pp. 516–21. EBSCOhost, <https://doi.org/10.1080/01463373.2015.1103599>.
- Wise, Beck. “Fetal Positions: Fetal Visualization, Public Art, and Abortion Politics.” *Rhetoric of Health & Medicine*, vol. 1, no. 3-4, 2018, pp. 296-322. DOI:[10.5744/rhm.2018.1015](https://doi.org/10.5744/rhm.2018.1015)