

---

Theses, Dissertations, and Projects

---

2012

## The war on women and the war in the self : a Foucaultian and Kleinian analysis of anti-choice ideology

Shoshana A. Funk  
*Smith College*

Follow this and additional works at: <https://scholarworks.smith.edu/theses>



Part of the [Social and Behavioral Sciences Commons](#)

---

### Recommended Citation

Funk, Shoshana A., "The war on women and the war in the self : a Foucaultian and Kleinian analysis of anti-choice ideology" (2012). Masters Thesis, Smith College, Northampton, MA.  
<https://scholarworks.smith.edu/theses/640>

This Masters Thesis has been accepted for inclusion in Theses, Dissertations, and Projects by an authorized administrator of Smith ScholarWorks. For more information, please contact [scholarworks@smith.edu](mailto:scholarworks@smith.edu).

Shoshana Funk, The War on Women  
and the War in the Self: A  
Foucaultian and Kleinian Analysis of  
Anti-Choice Ideology

**ABSTRACT**

This theoretical study explores the external power dynamics and internal psychic processes involved in both historical and contemporary anti-choice ideology, practice, and rhetoric. The three primary tactics of the anti-choice movement and current “war on women” involve 1) promoting the establishment of fetal personhood through measures—both rhetorical and political, 2) the co-opting of feminist and liberal rhetoric in establishing a *woman-centered*, as opposed to *fetus-centered*, anti-abortion strategy, and 3) the use of incremental policy measures and restrictions at the state and local level, including the creation of legal and practical barriers to the procedure for both women and abortion providers. These tactics will be explored through an application of postmodern theorist Michel Foucault’s discourse of analysis, focusing on concepts of biopower, governmentality, and discipline, and through psychoanalytic theorist Melanie Klein’s concepts of the paranoid-schizoid and depressive positions, projective identification, and primal envy. Three specific state policies from 2011-2012 will be explored in a discussion and synthesis of these theoretical lenses.

**THE WAR ON WOMEN AND THE WAR IN THE SELF: A FOUCAULTIAN AND  
KLEINIAN ANALYSIS OF ANTI-CHOICE IDEOLOGY**

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

Shoshana Funk

Smith College School for Social Work  
Northampton, Massachusetts 01063

2012



## ACKNOWLEDGEMENTS

I would like to acknowledge the many people who have greatly contributed to the development of this thesis.

First, a huge thank you to my wonderful thesis advisor, Florence Loh, who has devoted hours to reading, editing, Skyping, and helping to develop the ideas in this project. I could not have done this without your enthusiasm and commitment!

Thank you to my fellow Smith friends, who have shared their support and encouragement throughout this process; and thank you to those who shared their experience and advice through the Facebook forum!

Thank you to my beloved family, who has given me the love, guidance, and support to make it through graduate school. Thank you to my friends in cities near and far, who have offered love, conversation, and support. And thank you to my roommate and friend, Zoe Joly, who has studied alongside me — you have grounded me with your wisdom, feminism, and love!

And thank you to Frankie, the best study cat a girl could ask for.

## TABLE OF CONTENTS

ACKNOWLEDGEMENTS .....	ii
TABLE OF CONTENTS.....	iii
CHAPTER	
I INTRODUCTION.....	1
II PHENOMENON: AN ANTI-CHOICE HISTORY .....	17
III FOUCAULT: THE CAPILLARIES OF BIOPOWER .....	30
IV KLEIN: THE DYNAMICS OF PSYCHIC CONFLICT .....	42
V DISCUSSION: A DECONSTRUCTION OF THE HEGEMONIC PSYCHIC UNDERPINNINGS OF ANTI-CHOICE IDEOLOGY .....	57
REFERENCES .....	88



## CHAPTER I

### INTRODUCTION

Abortion is one of the most controversial issues in the political arena in the United States today. Since the passage of *Roe v. Wade* in 1973, the landmark court decision that established abortion as a federal right, both pro- and anti-choice<sup>1</sup> advocates have been working in policy, court and private realms to respectively, protect or delimit abortion rights and access (Medoff, 2009). Abortion remains at the critical intersection of the personal and the political, as it is both an individual corporeal concern and a widely contested public issue; it is also one of the most salient issues for feminists today. It is an issue of human rights, a woman's choice and physical autonomy, but it also holds implications for the population, the perpetuation of the state and of patriarchal norms, and is profoundly linked to medical discourse.

Holding this understanding, that it is both a deeply private and public issue, I will frame abortion politics in this project using two theoretical perspectives to cultivate a deeper understanding of what forces are at play on both macro and micro levels. For the purposes of this thesis, I ask a twofold question: what are the implications in anti-choice ideology for female identity as its power is exercised within US abortion discourse, and what unconscious dynamics might motivate this position? I argue that abortion, and the anti-choice position in particular, is

---

<sup>1</sup> Though the “pro-life” movement refers to itself as such, in this thesis I will use the term “anti-choice” to reflect my own linguistic and ideological position. For more discussion on this, see the conversation on bias in the *Reflection on the Research* section below.



more than just about preserving human life; it explicitly and implicitly reveals a discursive morality rooted firmly in assumptions about female subjectivity, sexuality, and gender roles that ultimately reproduce and uphold problematic patriarchal power structures. I will explore the history of abortion in the US from 1973 onward to better situate my argument and theoretical foci in a later chapter, and begin with an introduction to the goals of this thesis project.

Abortion and reproductive rights are central to the work of feminists and advocates who support a more egalitarian society and have a vested interest in dismantling patriarchal systems that remain oppressive to all women, but particularly low-income women, women of color and young women. In this thesis I will attempt to better understand anti-choice ideology through two theoretical lenses as a means to deconstruct and ultimately combat its influence in the US. The first is postmodernist philosopher Michel Foucault's theories of biopower, governmentality, and discipline, and the second is from Melanie Klein's psychoanalytic theory of infant development. These theoretical frameworks are useful in reexamining anti-choice politics, at both the political and individual level. This theoretical project is an effort to join with the work of activists in other paradigms in which reproductive rights and social justice are paramount. My hope is that through uprooting and exploring how anti-choice politics and ideas function in light of these theories, this knowledge can inform, and ultimately add depth and insight to pro-choice activists in their work to protect abortion rights and access.

As a second-year social work candidate, I recognize the critical link between the social justice ethics so primary in the field of social work and the aims of this thesis (NASW, 2008). The National Association of Social Workers defines the ethic of social justice as the pursuit of, "social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people," while striving to, "ensure access to needed information, services, and

resources” and “equality of opportunity” (NASW, 2008). I view the goals of this research as positioned in accordance with this ethic, as women are an oppressed group historically, particularly when intersecting identities of race and class reinforce marginalization, lack of agency, and opportunity. Today, approximately fifty percent of pregnancies, over three million, in the US are unplanned, and about forty percent are terminated (Guttmacher Institute, 2011). Rates of unintended pregnancies are highest among low-income women, women of color and women between the ages of 18-24, with high percentages in the Southern US (Guttmacher, Institute, 2011). Thus reproductive choice is a concern that implicitly addresses intersecting issues of sex, race, class, sexuality and power that social work must address. Moreover, abortion rights and access are of fundamental importance for social work not only in working toward women’s corporeal autonomy and choice, but in dismantling pervasive and oppressive discourses around female expressions of sexuality, identity and power in this culture.

The vicissitudes of abortion politics, the seemingly constant upheaval in the creation of policies and court decisions, the ongoing harassment of women and abortion clinics, and the murder of abortion providers, all point to the evocative nature of the issue and the need to engage in the question of *why* abortion evokes such dire responses on both sides of the debate. Pro-choice advocates assert that 2011-2012 has witnessed what the media has termed a Conservative “war on women,” which has brought about increased animosity, manipulation, and legislated action largely centered on repealing women’s reproductive rights (Rich, 2012). For instance, legislation in October 2011 was passed in the House of Representatives titled the Protect Life Act, which prohibits women from buying health insurance policies that cover abortion procedures under the Affordable Care Act; more problematically, it also allows hospitals to refuse to perform life-saving abortions for women (Bassett, 2011; Walsh, 2011). This act,

though unlikely to pass in the Senate, is a symbolic gesture signaling the lengths to which anti-choice politicians will go to enforce their ideology; in this case, valuing the life of a fetus above the life of a woman even in the rare case of a medical emergency.

This thesis is an attempt to locate what is at stake in the abortion debate, particularly for the anti-choice movement (Jones & Kooistra, 2011). Taking the query as my starting point, I will use historical accounts—paying special attention to how political tactics and rhetoric reveal anti-choice ideology—to examine how these discourses contribute to the construction of a morality. I will both deconstruct and critique the anti-choice position from two different theoretical perspectives. In the next section, I turn to the conceptual basis for this project, expounding upon the theory of biopower and Klein’s developmental theory, and then finally, I provide a preliminary synthesis of the two theories. I will also provide information on relevant literature, address potential biases, and acknowledge the strengths and limitations of this endeavor.

## **Theoretical Conceptualization**

### **Theory 1: A Foucaultian Framework**

I will focus on three Foucaultian concepts in the context of the abortion debate: biopower, governmentality and discipline, and discourse. In Chapter III, I will provide a detailed summation of Foucault’s theories, looking specifically at biopower, governmentality, discipline and discourse. In Chapter V, I will apply these ideas to three recent policies from state legislatures in the US that illuminate Foucault’s theories, and synthesize these ideas with a Kleinian psychoanalytic framework.

First, I will use Foucault’s concept of biopower to frame the power dynamics surrounding this issue. In the *History of Sexuality* (1990) and *Lectures at the Collège de France*

(2003), Foucault articulates a history of power in relation to the body, and disrupts the classic notion that power is seized, repressive, prohibitive, and centralized in a sovereign state (Sawicki, 1986). He argues instead that power is constituted through the construction of knowledges and discourses that *produce* subjects and normative social practices, which become naturalized and exercised in everyday life (Boyle, 1997). Foucault focuses on the diffuse and disciplinary nature of power relations, particularly in the ways bodies come to be known and managed on individual, institutional and systemic levels. As Foucault takes the body as a primary object of study, his framework is useful in looking at abortion, an issue that is invariably bound in power's relation to the female body. Many feminists have critiqued Foucault's analysis for implicitly addressing the universal male subject, without exploring the ways power addresses sexed bodies (Boyle, 1997; Sawicki, 1986; Buker, 1990). I hope to expand the Foucaultian theoretical lens to incorporate the primary issues of sex and gender.

Foucault argues that where once the sovereign held "the right to take life or let live," the state now takes as its aim to "make live and let die" (Foucault, 2003, p. 241). In liberal governmentality, the role of power is not to take life away, but to enhance the quality of life for some, those who are deemed worthy of protection. Foucault argues that racism is the necessary function of the state for distinguishing between those who receive life-enhancing protections, the population made to live, and those in the population who are let to die (Foucault, 2003). Thus the nature of power may appear humanitarian and benevolent, yet it remains actively exclusionary; it is pervasive and regulatory in subtler disciplinary, yet often problematic, forms. This shift towards seemingly humanitarian ends brought about a biopolitical "power whose highest function was perhaps no longer to kill, but to invest in life through and through" (Foucault, 1990, p. 139).

Disciplinary power operates on the level of the individual: it takes shape in acts of self-surveillance and self-discipline, as they are the “primary technologies for eradicating the softening and decay of national morality. Individuals and groups who are viewed as lacking control or resisting purification efforts must be targeted for more coercive control strategies, including using state apparatuses to deny services” (Nadeson, 2008, p. 114). Where Foucault argues that racism is the precondition for letting die, I might also argue that sex is a primary component in the ways state power protects or neglects the population. In the case of abortion, state apparatuses are employed to privilege the life of the fetus over the quality of life, freedom, and as is made visible in the Protect Life Act, the very life of the woman. The state thus has an interest in protecting the life of the fetus, as many courts and state legislatures have upheld; and the reclamation of life, evinced in the conservative rhetoric around promoting a “culture of life,” which operationalizes “a set of practices and laws that protect unborn life all the way down,” is central to this ideology and ultimately reflects Foucault’s biopolitical framework of power’s investment in life (Sanger, 2006, p. 760).

Second, I will explore the ways in which the anti-choice movement appropriates and distorts medical knowledge and feminist rhetoric, as a way of utilizing socially sanctioned discourse for anti-humanitarian ends. Foucault argues that the absolute power of the monarch was eventually supplanted by new forms of biopower, which are more subtle and insidious in their disciplinary nature. The rise of the human sciences, including psychoanalysis and medicine, brought about a seemingly benevolent modernism that invests in the lives of citizens. Foucault argues, however, that the disciplines actually enabled greater access to and control over the population, particularly the human body. For the purposes of this thesis, I will focus on the ways in which the discourses of medicine and feminism have at once been utilized and

undermined by anti-choice politicians. I will argue that hyper-medicalization has become a common and acceptable part of US culture, and when used for the purposes of anti-choice ideology, provides greater access to and control over women's bodies under the guise of humanitarianism and normative and routine medical practices.

Third, I will look at the ways in which the anti-choice movement, through the construction of rhetoric, has produced a particular moral female subjectivity that is always-already childlike, morally deficient and dependent, ultimately reinforcing male supremacy and patriarchal discourses. Anti-choice legislative action has engendered "its own image of the legal subject which it seeks to regulate" (Boyle, 1997, p. 24). In this ideology, "abortion-minded women" are depicted as malicious, selfish, and irresponsible (e.g. inherently immoral), or conversely, the victims of a society and a medical profession that has failed them, a pitiable group lacking knowledge about their own bodies (e.g. inherently childlike) (Boyle, 1997; Dean, 2007; Halva-Neubauer & Zeigler, 2010). This dynamic produces the female subject as either perpetrator or victim, and in either scenario, of not having the legitimacy or capacity to make decisions around their reproduction (Cannold, 2002). In Foucaultian terms, the anti-choice feminine subject is both regulated and produced by this discourse. I will argue that this underlying conception of the female subject as diminished, dependent and in need of regulation is part of an oppressive patriarchal discourse that actively constructs female deficiency as an organic truth.

Moreover, the anti-choice position implicitly upholds a female subject for which compulsory motherhood is the norm, while simultaneously eradicates the notion of a female sexuality beyond reproduction. This position produces femininity as tied intrinsically, naturally, to the role of mother and caretaker, and eliminates the possibility that female sexuality could

exist beyond utility. It renders “motherhood and the desire for motherhood...as part of the natural order, rather than as socially constructed” (Boyle, 1997, p. 31). Abortion thus threatens the discourse of motherhood and disrupts the seemingly natural order of patriarchy. I will later explore what psychic motivations might contribute to this process.

Anti-choice political strategies have turned away from federal attempts at overturning the right to abortion, moving towards an incremental approach at chipping away at *access* to abortion at the state and local levels. The new anti-choice political approach does not aim outright to render abortion illegal, but rather aims to chip away, state-by-state, at the access that women have to abortion. Nearly every state in the US has abortion restrictions limiting women’s reproductive choice. These targeted policies reinforce the notion that women are in need of governance, as they cannot appropriately discipline themselves. For instance, many states have mandatory waiting periods and abortion counseling, while others restrict late term abortions, require an ultrasound to be performed, or require parental consent (Dean, 2007; Medoff, 2009). In fact, nineteen states require mandated counseling, 36 states require parental involvement, and twenty-five states require a waiting period (Guttmacher, 2011). In the landmark 1992 court case *Planned Parenthood of Southeastern Pennsylvania v. Casey*, among other restrictions, anti-choice politicians proposed that a married woman must get consent from her husband to obtain an abortion (Dean, 2007). Though the Court did not uphold this restriction, the gesture reveals a paternalistic assumption that women are not full subjects with decision-making capacities. Some states enforce Targeted Regulation of Abortion Providers (TRAP) laws, and mandate arbitrary room measurements or instrument guidelines that make it more difficult or expensive for providers to perform the procedure (Medoff, 2010).

These tactics attempt to reduce the actual rates of abortions by making the procedure increasingly difficult to get, and simultaneously make visible the assumption that female subjects cannot fully understand what abortion is, and must be educated or morally persuaded out of their decision. These paternalistic regulations are problematic in not only their capacity to reduce the availability of abortion across the US, but in the ways in which the feminine subject is constructed. The use of diffuse, slippery and targeted politics has in fact exercised significant impact, as nearly every state in the US has multiple, often devastating, restrictions on abortion that diminishes the accessibility of the service (Dean, 2007).

### **Theory 2: Melanie Klein**

Klein's seminal theory of projective identification is useful in understanding the psychic underpinnings of the anti-choice movement. In Chapter IV, I will provide a brief summary of Klein's ideas, particularly exploring the paranoid-schizoid and depressive developmental positions, projective identification, and primal envy. In Chapter V, I will synthesize the Foucaultian concepts addressed in the previous section with a Kleinian psychoanalytic lens to examine what motivations underlie anti-choice ideology and practice. I begin by introducing an overview of her theories that will be useful in the context of this thesis.

Klein's perspective on intrapsychic processes is salient for this project because her understanding of the developmental positions might explain the extremity of anti-choice rhetoric and practice. Klein emphasizes that most people operate at times from the paranoid-schizoid, and at other moments, from the depressive position, over the course of one's life (Klein, 1986). The primary distinction between the two positions is the capacity to tolerate ambivalence, to hold two opposing truths *as true* at once. In the paranoid-schizoid position, the infant splits their relationship to the "good breast" and the "bad breast," as it is unable to imagine that the mother



who soothes the infant is also the one who allows it to suffer, or further, causes its suffering. This separation of good and bad is a primitive defense called *splitting*. Once the split between all good and all bad is resolved, and the infant understands the mother as a whole, multidimensional object, not merely a need-gratifier, the child has reached the depressive position (Rasmussen & Salhani, 2010). This also coheres in the infant the sense that the self who loves is also the self who hates: thus not only are others multidimensional beings that both frustrate and soothe, but the relationship to the self reflects this same capacity to tolerate ambivalence.

In the context of abortion, I will argue that anti-choice ideology may be understood to operate from the paranoid-schizoid position. Unable to hold the subjectivity of both fetus and woman at once, the primacy of life and agency is granted only to one—the fetus. In essence, the pro- and anti-choice positions are not polarities: whereas the anti-choice stance is such that abortion should *never* happen, often, not even in the case of rape, incest, or to preserve the health of the woman, particularly in the case of partial birth abortion, the pro-choice argument is not that abortion *must* or even *should* happen, but that it must remain a *choice* (Medoff, 2009). Though both pro- and anti-choice ideologies at either extreme can be understood as rigid in the terms of splitting, the conservative position reveals a foreclosure of ambivalence in its unwillingness to consider the woman's position with equal weight with the fetus.

The concept of choice illustrates the pro-choice capacity to tolerate ambiguity and opposing truths: that abortion is an undesirable event, as Bill Clinton urged to keep abortion “safe, rare and legal,” *and* this position views the woman-in-context (Thorne-Thomsen, 2010). In other words, pro-choice ideology holds that there are structural barriers to women's equality and access to autonomy over her body, such as unplanned pregnancy, financial burdens, lack of access to birth control and comprehensive sex education, disempowerment in relationships,

trauma, and rape that might lead a woman to consider abortion. This ability to see female subjects as multidimensional beings in a larger system, or whole objects, reflects the resolution of splitting which is the chief characteristic of the depressive position. This lies in opposition to the anti-choice position, in which female subjectivity is constituted through a splitting mechanism as either all good—the duped, victimized woman who has been tricked by a medical professional into getting an abortion, or all bad—the irresponsible, reckless and immoral woman who is not only sexually promiscuous but is understood to be a murderer for the sake of convenience and selfishness (Neubauer & Ziegler, 2010; Cannold, 2002).

Lake (1986) argues that the anti-choice argument is premised on deontological morality and intrinsic ethics. These terms refer to an objective and absolutist view of reality that dismisses ethical relativism, or ethics in context, prescribing that, “things are intrinsically right or wrong, and we as people become aware and responsive to the intrinsic value. Coercive rules are the obvious method in which to enforce right and wrong behaviors” (Lake, 1986, p. 484). Thus, abortion is defined as the destruction of life, and violates the moral prohibition of killing, no matter the context. The constitutional law that abortion regulations must contain a clause to spare the life and health of the mother shifts the act from murder to self-defense, which renders it allowable from the anti-choice perspective (Lake, 1986). In this way, deontological morality is premised on black and white thinking with little room for gradations of right and wrong, and this duty must be reflected in the rule. Absolutist morality is rooted in the defense of splitting so characteristic of the paranoid-schizoid position. The polarity of right and wrong, and the identification with the self as absolutely good, moral or right, and the other as immoral and bad, reveals the incapacity to tolerate ambivalence. Deontological morality views the self and others as part objects with little nuance.

Klein's theory of projective identification involves "splitting the ego and disposing of unwanted parts of the self by projecting them onto a person who is identified as the other and then phantasizing about controlling those parts in the other person" (Rasmussen & Salhani, 2010, p. 497). Understanding women as irresponsible, immoral and bad, or duped, naïve and childlike, is a way to rid the anti-choice self of internalized feelings of badness or diminished selfhood by controlling it in their internal object representation of female subjectivity. I will argue that projective identification effectively rids the anti-choice self of the introjected female object representation, which is loaded with feelings of helplessness, dependency, and immorality. Anti-choice ideology then unconsciously projects the unwanted and feared parts of the self onto the female subject, and controls the disavowed parts of self in her. Women are an acceptable target for this kind of projection, as "projections frequently target people who are socially and psychically vulnerable" (Rasmussen & Salhani, 2010, p. 503).

Moreover, I will argue that women's right and access to abortion, corporeal autonomy, and thus the ability to stave off motherhood and contribute in the sphere of paid work, inspires fear in those who rely on patriarchal power structures that keep women financially dependent on men or on the state. I will utilize Klein's concept of envy to illustrate the ways in which the anti-choice self experiences anxiety in relation to a psychic reliance on patriarchal norms. These norms center on distinct gender roles, in which women are subordinated members of society, limited to the private and familial realm. I argue that the anti-choice movement's war on women is an unconscious exercise of envy, directed at the relative freedom from patriarchal demands that women's rejection of motherhood represents. In an effort to spoil and destroy the subversive power women exercise in temporarily or permanently eschewing motherhood, anti-choice culture is compelled to create restrictive policies that severely chip away at women's

reproductive rights. The threat of women leaving the private sphere, encroaching on the public domain, and displacing the already fragile current order inspires anxiety in men and women who benefit from the paradigm in which female subjectivity is synonymous with motherhood. I argue that members of the dominant group experience anxiety in relation to those with less power, as they fear they may be supplanted and annihilated. Thus women's choice and freedom threatens the very selfhood of both men and women who benefit, or rigidly define their subjectivity within these terms through their wealth, work or status, or in relationship to motherhood and normative gender roles.

Moreover, I argue that the deep-seated anxieties undergirding the paranoid-schizoid state generate feelings of envy, which are in turn defended by a process of projective identification within anti-choice culture. I purport that these psychic events are evident in policies and rhetoric across the US. I will focus on three specific policies to ground a Foucaultian and Kleinian analysis of anti-choice ideology in Chapter V. I also focus this analysis on the current moment, examining why the war on women has intensified in 2011-2012. I argue that the recent economic crisis, the ongoing controversial wars in the Middle East, as well as a weakening capitalistic and political system has served to compound anxiety within the general US populace. The female subject has thus become the target and depository for increased anxieties around the failure of socially and politically conservative systems, which ultimately signals the annihilation of the anti-choice self within this movement.

### **Reflection on the Research**

The grounding of a thesis with these two ideas might puzzle the reader, as they are at first glance antithetical. Foucault's philosophy is centered on the critique of discourses of knowledge that articulate and produce distinct, knowable subjects, most notably the fields of psychiatry and

psychoanalysis, to which Klein belongs. I have identified two key concepts from both theorists, namely biopower and development, to discuss abortion. Though these theoretical approaches have different aims, I argue they can be used in tandem to better understand the phenomenon of abortion from distinct vantage points. Foucault's conception of biopower is useful in understanding how power dynamics not only repress, but create subjects and norms, while Klein is most salient in exploring what psychic dynamics may be operating in the construction of these very norms. I understand Klein's analysis as in many ways functioning in tandem with the theory of biopower, adding layers of depth to this analysis, despite her position in such a regulating and disciplinary field. Moreover, neither Foucault nor Klein utilized their theories for expressly social justice and feminist ends. I am taking a critical feminist perspective by synthesizing relevant concepts from Foucault's poststructuralist thought and Klein's psychoanalytic theory in the hopes of providing a nuanced and comprehensive approach to the critique of anti-choice ideology.

In terms of potential biases, I want to address the fact that this work reflects my ideological bias and worldview. I aim to privilege and make visible the marginalized voice of women, which aligns with feminism, pro-choice ideology, and progressive politics. The fact that I use the term "anti-choice" as opposed to "pro-life" locates my position clearly, as it is a refusal to speak in the rhetoric of the "culture of life," centering the issue on the woman rather than the fetus. The application of these theories is not meant to pathologize, but to better understand how and why this ideology functions, what unconscious dynamics underpin this ideological position, and why it may be so appealing to so many in the US. There is an implicit value judgment in this thesis on the validity of the anti-choice position, which I essentially argue is less developmentally sound than the pro-choice stance.

Moreover, this thesis does enter into an analysis of religion and morality in the context of the abortion debate. Though religion, particularly Christianity, plays a major role in the contemporary public discourse on abortion, I have chosen to approach the discourse vis-à-vis sociopolitical ideology. Religiosity and morality are often implicit components in my analysis of anti-choice ideology, rhetoric, and policy, but I have chosen to frame the issue around ideological concerns, primarily examining policies and political practices. Future projects should consider focusing research on the intersection of anti-choice ideology, conservatism, and religiosity.

As this project is a theoretical endeavor, I will not gather information from human subjects, either from pro-choice or anti-choice positions, and am thus limited to gathering and analyzing information that already exists: historical accounts. This work is not focused on generating new data, but rather exploring current information in new ways. The strengths of this thesis will ultimately outweigh the limitations. The use of two distinct and in some ways contradictory theories to reconceptualize the phenomenon of abortion in the US will provide new synthesis and insight to the issue; it adds to a body of work that aims to understand and combat the oppressive effects of patriarchal and anti-choice ideologies that ultimately reach us all.

This thesis is in many ways a response to the historical moment in which we live. Feminists and activists have been fighting against the Republican “war on women,” which has become increasingly acute and intensified in 2011-2012 (Rich, 2012). In the first six months of 2011 alone, eighty abortion restrictions were enacted in nineteen states, which triples the twenty-three restrictions from 2010, and nearly doubles the previous record from 2005 of thirty-four state restrictions on abortion (Guttmacher, 2011). These figures do not include the number of failed pieces of proposed legislation, which are numerous and also remain part of the current

anti-choice attack on women's reproductive rights. It remains clear that restrictive abortion legislation is gaining political and social traction, while the kinds of proposed legislation is becoming increasingly punitive towards women. I ultimately argue that the increasing political anxiety in the US around the economic collapse and the wars in Iraq and Afghanistan, parallels, without coincidence, an increasingly punitive relationship to women. I will argue that these feelings of insecurity, fear, helplessness, and anxiety, have fueled anti-choice and Republican ideological dogma, displacing annihilatory anxiety and lack of control into the war on women's reproductive rights.

## CHAPTER II

### PHENOMENON: AN ANTI-CHOICE HISTORY

In this chapter I aim to provide a brief history of abortion politics in the United States to better situate my theoretical critiques of anti-choice ideology. I will also provide a review of the literature on anti-abortion strategies, looking at the ways tactics, policy and rhetoric have been discussed and deconstructed by authors and researchers versed in these aspects of abortion discourse. Though there is a vast body of comprehensive literature on this topic, this thesis aims to fill in the gaps in the current literature. Thus this project's contribution to expanding the literature will be in exploring both the sociocultural *and* psychic dynamics motivating the anti-choice ideological position. I will take political strategies and rhetoric as the primary object of study reflecting anti-abortion ideology and explore the literature thematically. The three major threads within the history of anti-choice activity emerging from the literature include: 1) promoting the establishment of fetal personhood through measures both rhetorical and political, 2) the recent co-opting of feminist and liberal rhetoric in establishing a "woman-centered," as opposed to "fetus-centered," anti-abortion strategy, and 3) the use of incremental policy measures and restrictions at the state and local level, including the creation of legal and practical barriers to the procedure for both women and abortion providers. These tactics include both political and rhetorical activities that have significantly shaped the nature of the abortion debate in the US. I will begin by exploring each point in historical and contextual detail.



## Fetal Personhood

Anti-choice activists and politicians have, since the landmark passage of *Roe v. Wade* in 1973, attempted to overturn this Federal precedent, hoping to render abortion outright illegal across the US. The driving strategy in anti-choice political discourse is the establishment that the fetus is a person, which has been advocated for in manifold ways. In the first decade after *Roe v. Wade*, anti-choice strategy manifested in continuous attempts to establish a Human Life Amendment (HLA), or a constitutional amendment that would include the protection of the unborn fetus under the Fourteenth Amendment; an HLA would reverse the conclusion in *Roe v. Wade* that the fetus is not legally defined as a person (Halva-Neubauer & Zeigler, 2010). Several versions of the HLA were introduced in Congress after *Roe v. Wade* until 1983, but consistently failed in a largely Democratic Congress. As this constitutional approach was unsuccessful for anti-choice groups, this tactic was taken up on the state level, which I will explore in greater detail later in this chapter. This approach is undergirded by the scientifically questionable claim that the fetus feels pain, or that once the fetus has a heartbeat it must be legally treated as a person, imbued with myriad rights, including the right to life (Cannold, 2002; Halva-Neubauer & Zeigler, 2010; Marty, 2011).

One of the signature strategies in attempting to galvanize public and political support for anti-abortion ideology is the dissemination of disturbing and sensational images of mangled fetuses or body parts, often disconnected from a female body (Cannold, 2002; Dadlez & Andrews, 2010). One example of this strategy is visible in the anti-choice organization Justice For All (JFA), which travels to college campuses across the US exhibiting images of “dismembered fetal body parts” to students (Dadlez & Andrews, 2010). This strategy is ultimately meant to persuade people, particularly women, to join the anti-choice movement by

inspiring guilt, shame and fear. Several authors note one of the most historically influential fetal images is in the film *The Silent Scream*, a 1984 film featuring an actual sonogram of a fetus at twelve weeks opening its mouth, as though screaming, at the moment of abortion. (Cannold, 2002; Halva-Neubauer & Zeigler, 2010). Anti-choice advocates used this film as propaganda to prove that the fetus feels pain, purportedly confirming the humanity of the fetus, therefore the brutality and barbarism of the procedure. Notably, President Reagan showed the film at the White House and distributed a copy to every member of Congress while in office, significantly furthering and validating the medically unconfirmed concept of fetal pain. Though several states proposed legislation that would require abortion providers to inform women seeking abortions that the fetus feels pain, only Illinois passed such a measure—only to be eventually struck down (2010). Though the creation of the HLA and the establishment of policies around fetal pain were largely unsuccessful, these attempts remain noteworthy in the broader context of anti-choice ideology and tactics. The fetus-centered approach has shifted since *Roe v. Wade*, but it remains salient in the current discourse of abortion. In recent years, though politically unviable, Colorado, Nebraska, Mississippi and Ohio, among other states have introduced legislation that concretely establishes fetal personhood (Marty, 2011; Valenti, 2011).

Several authors note that the political establishment of fetal personhood was particularly successful during George W. Bush's presidency, as he aided in the creation and funding of multiple anti-choice policies in this regard (Rose, 2007; Halva-Neubauer & Zeigler, 2010). Bush allocated over two million dollars in federal funds for the "snowflake program," a Christian organization that coordinates the adoptions of embryos, further normalizing the political protection of the unborn (Rose, 2007, p. 141). President Bush also declared January 18<sup>th</sup> National Sanctity of Human Life Day, classified the unborn as children in the State Children's

Health Initiative (SCHIP), which provides health care to low-income children, signed the Partial-Birth Abortion Ban, which outlaws the rare Dilation and Extraction (D&X) method of abortion performed in the third trimester, into law, as well as supported the Unborn Victims of Violence Act, which gives legal protection to the fetus in the case of assault or murder of a pregnant woman (Dean, 2007; Halva-Neubauer, 2010; Rose, 2007). In 2001 an organization called the Missing Angels Foundation was established to provide birth certificates for stillbirths; twenty-eight states have enacted legislation to offer such birth certificates, furthering the notion that fetuses are persons imbued with entitlements of citizens (Halva-Neubauer, 2010). These are just a few examples from the literature of anti-choice political strategies that problematically chip away at legality and access to abortion by undermining women's reproductive rights with fetal rights.

Numerous scholars have argued that this anti-choice tactic is problematic for myriad reasons. The commonly noted critique is that this approach is premised upon and upholds a system of misogyny that values the potential life of the fetus over the full citizenship, health, subjectivity or participation of women in society. Melody Rose (2007) argues that limitations on women's reproductive rights prohibit full engagement in arenas of citizenship beyond motherhood. She states, "the connection between citizenship and abortion policy has therefore led feminist legal scholars to conclude that '[w]hen women are denied the sexual and reproductive autonomy of men, they are relegated to second-class citizenship'" (Rose, 2007, p. 16). The anti-choice approach of solely recognizing the humanity and rights of the fetus not only eclipses the humanity and rights of women, but also assumes an antagonistic relationship between the fetus and the woman; namely, that a woman seeking abortion is at best selfish and at worst, murderous (Cannold, 2002; Lake, 1986; Halva-Neubauer & Ziegler, 2011). This

assumption not only problematically casts women who terminate unwanted pregnancies as lacking a correct moral code, it assumes any woman who claims corporeal autonomy, both in the expression of sexuality and in the termination of an unwanted pregnancy, is inherently immoral. Randall Lake (1986) argues that the anti-choice position operates from the assumption that people are inherently bad and must be restrained by an absolutist ethical code. Lake asserts that for anti-choice proponents the abortion decision is thus malevolent, and the pro-choice emphasis on the welfare of women is “often a mask for a deeply rooted urge to kill” (Lake, 1986, p. 488).

Other authors (Blank, 1984; Halva-Neubauer & Zeigler, 2011) have noted that the fight for fetal personhood problematically eschews legitimate medical and scientific knowledge. One of the major questions of abortion centers on when the fetus is viable. Viability refers to the point in development when the fetus could conceivably survive outside the womb. This typically takes place in the second or third trimesters. As technological or “artificial aids,” imaging and medical advances have rendered the moment of viability earlier in the pregnancy, this critical point that nearly all abortion legislation rests on is itself socially constructed and subject to change (Blank, 1984, p. 585). Fetal viability is dependent on numerous factors including “sex, birth weight, and maternal exposure to steroids” (Cohen & Saheed, 2011, pp. 236). Despite inconclusive scientific evidence that the fetus feels pain, and despite the complications in discerning when personhood begins, anti-choice activists and politicians assert that it begins at the moment of conception, as witnessed in policies like the recent Mississippi “personhood amendment” and Iowa’s bill that bestows upon fertilized eggs the constitutional rights of people (Eckholm, 2011; Valenti, 2011). The discourse of abortion highlights the complexity and ambiguity of current medical knowledge, conceptions of morality, as well as cultural assumptions about gender and motherhood. In the coming chapters I will critique the rigidity of

anti-choice ideological and political approaches as they foreclose the ambiguity and complexity of the issue.

### **The Appeal to Women**

Though the push for fetal personhood has been met with a number of political and rhetorical successes, it has been simultaneously met with resistance, as it takes a shaming and condemning stance towards women (Cannold, 2002). Thus anti-choice actors have shifted their strategy to best advance their goal of protecting the fetus, which remains the crux of the issue, by co-opting liberal feminist rhetoric and voicing concern for the effects of abortion on women. Several anti-choice and Christian organizations have formed on this basis including Feminists for Life, Concerned Women for America, and the Susan B. Anthony List (Halva-Neubauer & Zeigler, 2010; Rose, 2007). Many authors note that this tactic is highly constructed, reliant upon unreliable and outright false medical knowledge, and remains problematic in its flagrantly paternalistic conception of women (Boyle, 1997; Cannold, 2002; Dadlez & Andrews, 2009; Halva-Neubauer & Zeigler, 2010; Jordan & Wells, 2009; Rose, 2007).

Unlike the fetus-centered approach, which assumes that women are immoral, malevolent and the antagonist in the abortion narrative, the “woman-centered approach,” a term coined by Leslie Cannold (2002), or the “women-protective anti-abortion” approach (WPAA), coined by Jordan and Wells (2009), posits that women are in equal measure the victim of abortion to the fetus. This tack, which emerged and flourished in the mid-1980s, claims women are often the unknowing victims of a society, a family, a relationship or a doctor that has coerced them into abortion for self-serving reasons (Cannold, 2002). According to Cannold (2002), women-centered anti-choice activists argue that the “‘ambivalent majority’ responds to fetal-centered attacks on women with feelings of protectiveness for them and defensiveness of women’s rights

that translate into support for legal abortion (Cannold, 2002, p. 172). Thus the woman-centered approach is more appealing to the general population, as it appears benevolent in its distorted use of feminist values and language, but ultimately remains rooted in anti-feminist ideology.

Most authors agree that the premise of the woman-centered anti-choice strategy relies upon a paternalistic conception of female naïveté, weakness and irrationality which is in many ways as damaging as the assumption that abortion-seeking women are morally corrupt (Boyle, 1997; Cannold, 2002; Rose, 2007; Jordan & Wells, 2009). It presumes that women do not fully understand either the moral or medical ramifications, nor have the “autonomy” and “wherewithal” to make decisions on their own, and therefore must be educated and persuaded by doctors, politicians, or religious groups, out of their incorrect thinking (Jordan & Wells, 2009, p. 162). Some anti-choice proponents go so far as to presume that pregnant women are constitutionally imbalanced due to hormonal shifts, and thus no decision to terminate a pregnancy is made in a rational state (Cannold, 2002). This basic assumption has become pervasive, as it is apparent in countless State regulations that mandate a waiting period for women to reconsider their decision, in mandated pre-abortion counseling, and in parental consent and notification laws for minors (Dean, 2007; Medoff, 2009). These regulations operate from the assumption that women cannot be trusted to make the decision to terminate a pregnancy on their own. Studies show, in fact, such legislation does not have a direct impact on reducing the demand for abortion, illuminating the fact that women do not change their decisions to terminate pregnancy after abortion counseling or during a mandatory waiting period (Medoff, 2003). Despite anti-choice efforts to paint the discourse as “abortion on demand,” it is not a cavalier or “flippant” decision process, and it still remains widely inaccessible for countless women (Rose, 2007, p. 32). Moreover, Boyle (1996) notes that it also problematically upholds a patriarchal

gender dynamic, in which women are the disempowered, handled objects of the predominantly male fields of medicine and politics (Boyle, 1996).

Many authors note two of the most powerful tools of the woman-centered strategy are the creation of Post-Abortion Syndrome (PAS) and Crisis Pregnancy Centers (CPCs), as well as the utilization of feminist rhetoric. First, PAS is a claimed set of symptoms, studied and chronicled by anti-choice activist David C. Reardon, which purportedly have long-lasting traumatic effects on women who have undergone an abortion procedure (Dadlez & Andrews, 2009). The definition of PAS is relatively vague, though it allegedly is physically and psychologically traumatic for women and their families, with symptoms including, “depression, grief, anxiety, lowered self-esteem, regrets, suicidal thoughts” (Dadlez & Andrews, 2009, p. 447). It has also been understood to cause “anniversary syndrome,” PTSD-like re-experiencing of abortion, anxiety around fertility and infertility, alcoholism, eating disorders and even psychosis (Jordan & Wells, 2009, p. 447). Anti-choice proponents, despite medical proof, have also linked ongoing medical conditions such as breast cancer to the abortion procedure (Halva-Neubauer & Zeigler, 2010; Dominus, 2010). Academic researchers assert, however, that PAS is not scientifically rooted, but has been constructed solely for the purpose of propagating anti-choice beliefs; the studies that purportedly prove PAS have been shown to be methodologically unsound and blatantly biased (Dadlez & Andrews, 2009; Robinson, et al., 2009; Major, et al., 2008).

Despite studies that show PAS cannot reliably be argued to exist, it has been used as credible knowledge in public policy decisions around abortion (Robinson, et al., 2009; Jordan & Wells, 2009). For instance, *Gonzalez v. Carhart*, the 2007 Federal case that upheld the Partial-Birth Abortion Ban Act, relied upon sensational testimonies of one thousand women who claimed they were forced into an abortion or later claimed to regret it. This information was

collected by anti-choice group Operation Outcry and was used as evidence, without any investigation into the representativeness of that truth, nor any inquiry into how the testimonials were collected. Though the court questioned the merits of PAS, Justice Anthony Kennedy relayed that it is not “unexceptionable to conclude that some women come to regret their choice to abort the infant life they once created and sustained” (Dadlez & Andrews, 2009, p. 162; Jordan & Wells, 2009, p. 447). The ban was ultimately upheld, and the use of this biased, woman-centered yet anti-choice testimony played a significant role in the decision.

The second major woman-centered strategy is the Crisis Pregnancy Center and the parroting of feminist strategy. These anti-choice agencies appear to be unbiased medical clinics for women’s health, but ultimately are part of an anti-choice effort to persuade women out of terminating pregnancies (Dean, 2007; Krisberg, 2002). Using the model of pro-choice clinics such as Planned Parenthood, they target low-income women and students by offering free pregnancy tests under the guise of being without an agenda. CPCs distribute misinformation about the negative physical and psychological effects of abortion, including PAS, to women and attempt to inspire fear and guilt in women by forcing them to view videos of mangled fetuses (Dean, 2007; Dominus, 2011). One author notes a rather egregious example that some pregnant women have been informed that their pregnancy test is negative by CPC workers as a way to prolong the pregnancy until eventually it will be too late to legally terminate (Dean, 2007). Despite the fact that CPCs are contentious organizations that operate under the guise of offering the full range of reproductive services and factual information about women’s choices but are merely a way to confuse and coerce women out of undergoing abortions, the US federal government has provided over 30 million dollars in funding to CPCs since 2001 (Dean, 2007). The literature states that there are currently between 2,500 and 4,000 CPCs operating nationwide.



This has been a significantly successful tactic in the woman-centered approach, though some states, including New York, are beginning to set restrictions and withdraw political support (Dominus, 2010).

Moreover, the literature on anti-abortion strategy highlights the intentional utilization of feminist rhetoric for anti-choice ends. One activist critiques patriarchy for engendering 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’” (Cannold, 2002, p. 173). This statement draws upon the feminist criticism of the sexual objectification of women, positioning abortion as one of the causes of corporeal disempowerment rather than as a means for women to claim control of their bodies within an oppressive society. Authors note much anti-choice animus is directed towards abortion providers and doctors, rather than women, who are understood to be unscrupulous in their financial gain from abortion (Cannold, 2002; Lake, 1986; Halva-Neubauer & Zeigler, 2010). Rose (2007) points out however, that there is little financial incentive for physicians to provide abortions. Since 2001, the median cost of a surgical abortion was three hundred and seventy dollars, roughly the same price as it was in the early 1970s (Rose, 2007). Beyond the low cost of the procedure, providers face harassment and intimidation, must abide by strict state and federal Targeted Regulation of Abortion Providers (TRAP) laws, and are at risk for costly legal suits, rendering abortion relatively unappealing to many physicians (Cannold, 2002; Jones & Kooistra, 2011; Medoff, 2010; Rose, 2007)

### **Strategic Incremental and State Policy**

I now turn to an examination of political strategy as it relates more explicitly to state policies. As stated in the introduction, one of the most effective political strategies for the anti-

choice movement is the chipping away at the access women have to abortion via incremental restrictions and targeted state regulations. I will provide some historical political context to better understand this strategy. The passage of *Roe v. Wade* in 1973 legalized abortion nationally, protecting it as a fundamental right to privacy and establishing a trimester framework for abortion regulation in the states (Dean, 2007; Medoff, 2009; Medoff, 2010; Rose, 2007). This means that in the first trimester, states could not regulate abortion at all; in the second trimester, states could regulate but not prohibit the procedure; and in the third, states could prohibit or restrict it with an exception to protect the life or health of the woman (Medoff, 2009). In the years following 1973, as noted previously, most attempts at overturning *Roe v. Wade* or establishing federal policies banning abortion, including the Human Life Amendment, were met with political backlash. In this time states had little latitude in restricting abortions. Beginning in 1989, with the Supreme Court case *Webster v. Reproductive Health Services*, states began chipping away more cavalierly. This case upheld a Missouri law that mandates physicians perform viability tests on fetuses; it also stated that public facilities and personnel are prohibited from being part of the procedure (Medoff, 2009; Rose, 2007). This case changed the trimester framework of state regulation established in *Roe v. Wade*, and opened the door to new state regulations: in the first year after the Webster decision, over four hundred anti-abortion regulation bills were introduced in state legislatures across the US (Medoff, 2009).

Several authors note that the most significant impact on state's capacity to regulate abortion was born out of the 1992 Supreme Court case *Planned Parenthood of Southeastern Pennsylvania v. Casey*. In this case, Justice Sandra Day O'Connor completely dismantled the trimester framework established in *Roe v. Wade*, and determined that states could regulate abortion so long as the law did not impose an "undue burden" on women's access to abortion

(Dean, 2007, p. 129; Rose, 2007). In *Planned Parenthood of Southeastern Pennsylvania v. Casey*, the court upheld three restrictions, namely: state-mandated abortion counseling and informed consent, a twenty-four waiting period, and parental consent for minors (Dean, 2007; Medoff, 2009; Rose, 2007). Authors note that *Casey* paved the way for a new assault on abortion via incremental and state regulations not only for women, but for providers; it also shifted the locus of authority around abortion decision-making from medical professionals to the legislative realm (Medoff, 2010; Rose, 2007). It established the state's interest in protecting "potential life," and the implicit preference that women choose childbirth over abortion (Dean, 2007, p. 131). Ultimately, the underlying motivation behind this incremental policy strategy for anti-choice activists and politicians, "is no doubt, to create a foothold for directly assaulting the *Roe v. Wade* decision, and the earliest supporters of the ban are explicit about their incremental strategy" (Ainsworth & Hall, 2011, p. 108).

With the failures of federal and constitutional bans on abortion in the 1970s and 1980s, the consolidation of religious groups and ideology with the Conservative Right in the 1980s, as well as the increased latitude given to states after *Casey*, anti-choice advocates became a more solidified movement and saw much success come out of this incremental strategy (Hout, 1999; Petchesky, 1981; Rose, 2007). This tactic included the targeting of states that showed less support for legalized abortion, sought practical barriers for both women and abortion providers, and began targeting specific methods of the procedure, most notably the Dilation and Extraction method banned, without an exception for women's safety or health, in the Partial Birth Abortion Ban of 2003 (Medoff, 2010; Rose, 2007). Practical barriers refer to making abortion more difficult or expensive to both obtain and perform. This is witnessed, for instance, in arbitrary state guidelines for providers. Louisiana mandates that abortions be performed in 120 square

foot rooms; Missouri requires abortion facilities have procedure rooms that are twelve feet long, twelve feet wide and at least nine feet high, with doors 44 inches wide and be within 30 miles of a hospital; North Carolina requires that providers give snacks to patients and that a registered nurse must be on staff at all times; South Carolina requires air temperatures to be between 72 and 76 degrees; and several states require providers conduct an ultrasound before performing an abortion, to name a few (Medoff, 2010). Authors note that these restrictions simply exist to make abortion inaccessible and costly for women and providers, thereby reducing the actual rates of abortion without instating an outright ban on abortion (Dean, 2007; Rose, 2007; Valenti, 2011).

For the purposes of this project, I will ultimately focus on the first two tacks: the fetal personhood and woman-centered approaches. I will ultimately explore, using a Foucaultian and Kleinian lens, what implications policies under the umbrella of these political approaches have for relationships of power involving the anti-choice movement and women, and what psychological forces might drive these very relations of power. In the following chapter, I provide a summation of the Foucaultian concepts I will utilize in Chapter V.

## **CHAPTER III**

### **FOUCAULT: THE CAPILLARIES OF POWER**

I begin this chapter by providing a framework for understanding Foucault's seminal theory of power, including a basic understanding of his central ideas, methodology and terminology. I will briefly consider the context in which Foucault was writing as well as his location within a particular intellectual history. At the end of this chapter, I will explore feminist critiques of Foucault; namely, what his theory of biopower leaves out in relation to female corporeal subjectivity and identity.

Michel Foucault is one of the most influential and controversial intellectual figures of the twentieth century. His writing, teaching and activist career spanned three decades; His rise to acclaim in France and the West occurred in the 1960s and 1970s, and he produced works until his death (Gutting, para. 2, 2011). He died in 1984 due to complications with AIDS. Foucault's work does not strictly adhere to one academic discipline, but critically incorporates aspects of history, philosophy, psychology and sociology. Though his theories are expansive, he does not map out a precise theory of power, but rather provides rich illustrations of the ways power operates through genealogical tracings of historical discourses, including sexuality, medicine, madness, criminality, and race. In other words, he implicitly explores power relations by explicitly tracing histories of myriad domains of knowledge. Thus in many ways, Foucault's vast body of work is a historical deconstruction and account of ideas themselves. It is notable that sexuality is one of Foucault's primary objects of study, as Foucault himself maintained a

long-term same-sex partnership (Kelly, 2010). This is not to say that his academic interests were causally related to his experiences as an Other, but it does situate his knowledge in spheres both personal and intellectual.

Foucault is widely considered a post-structuralist or post-modernist figure—a categorization that he would likely reject—which means he expanded and even wrote against the philosophical principles proffered in Structuralist and modernist thought. He critiqued science, progress, and humanism, remaining particularly critical of the universalized cornerstones of modernist thought: Marxist ideology and Freudian psychoanalysis (Martin, 1982). Foucault’s primary object of study is the body, the ways in which it is known, organized, and treated over time; this investigation in turn reveals the way power functions through three basic fields: sovereignty, discipline and governmentality (Nadeson, 2008, p. 7). I will expound further upon these domains of power in the following section.

Foucault’s primary departure from earlier philosophies of power is a turn away from what he terms the “juridico-discursive” model of power that underpins both liberalism and Marxism (Sawicki, 1986, p. 26). The three basic assumptions of this model are that individuals or classes possess power, that it is a top-down exchange between those who possess power and the powerless, and that it is prohibitive and repressive in nature. Though he asserts this conception is *part* of the field of power, Foucault develops this notion further by looking beyond the domains of politics, economics and laws, dramatically expanding an understanding of power relations that exists between and even within all individuals. His primary assertions are that power is exercised, not held, that it is not singularly repressive, but also productive of norms and practices that often remain hidden and naturalized, and that it exists in all relations between individuals (Sawicki, 1986). Instead of focusing an analysis on what historical subjects held

power and how, Foucault studies the relationships of power between subjects to interrogate what kinds of normalized and marginalized subjectivities are produced in these interactions. In this chapter, I will briefly explore Foucault's breakdown of the creation of the homosexual subject in the nineteenth century to illustrate this central thesis. Moreover, I will also engage with this model of created subjectivities in Chapter V, exploring the ways a particularly deficient female subjectivity is propagated and perpetuated via anti-choice ideology and rhetoric.

The nature of power, for Foucault, is neither held by individuals and groups nor is it centralized, but is rather multiple, mutable, diffuse and exercised. It is not strictly seized and passed down through generations, nor is it merely repressive, taking the form of laws, taboos, or prohibitions (Boyle, 1997). Power is not solely an oppressive, uniform force, but generative and ubiquitous, as it impels desires, values, norms and expectations about the self and others. He states, "power is not force or violence; what defines a relationship of power is that it is a mode of action which does not act directly and immediately on others. Instead, it acts upon their actions" (Phelan, 1990, p. 425). This highlights the fact that all subjects are in many ways complicit participants in power. Power is thus imprinted in all relationships between subjects and can be found everywhere. For Foucault, power propagates claimed knowledges and cultural practices that become naturalized in the individual as truth over time. The naturalization of "structured ways of knowing" is best articulated in the term *discourse* in Foucault's writing (Boyle, 1997, p. 8). Discourse here refers to the constructed and produced aspect of any manifestation of knowledge or practice.

Furthermore, central to Foucault's theory of power is his understanding of subjectivity. Foucault's conception of the subject is a radical departure from modernist, or liberal, Marxist and psychoanalytic conceptions of the human subject. Liberal ideology presumes the individual is

imbued with natural, inalienable rights, and Marxist ideology assails capitalism and labor for alienating people from their authentic, inborn human interests, while Freudian psychoanalysis assumes individuals repress and disavow their true sexual and aggressive instincts in the service of participation in civilization (Sawicki, 1986; Foucault, 2003). Foucault, however, assumes there is no a priori, or preexisting subject, with inborn rights, authenticity or drives; instead, he argues that individuals are produced by these very assertions of knowledge that claim to discover and defend the underlying truths of human existence (1986). Foucault asserts that these domains of knowledge, particularly the human sciences, as they rose to prominence in the eighteenth and nineteenth centuries, are salient in unpacking the historical creation of the subject (2003).

### **Foucaultian Method and Terminology**

I turn now to clarify more deeply Foucault's critical methodology, and identify and define some terminology central to his theory. Foucault utilizes a genealogical method of inquiry, unpacking historical moments without attributing causes and effects to events or practices, most notably sexuality, the penal system, and mental illness. His genealogies are essentially historical accounts of the ways in which the subject and the human body have been defined and organized within specific spheres. He defines genealogy as an "antiscience" and a "historical knowledge of struggles" (Foucault, 2003, p. 8). Genealogy is the practice of uprooting or making visible knowledges and experiences of struggle that have largely been disqualified and obscured in the course of history. He does not proffer a utopian vision as many modernist philosophers attempt to do, as this would be antithetical to his critique of universalizing and globalizing knowledges and discourses. Rather, Foucault seeks to deconstruct past and present moments of injustice, uprooting false conceptions of normality to bring about increased subjective awareness and open up greater potentiality for change. Ultimately, Foucault moves away from a totalizing and



universalizing theory of history, moving instead towards more analytic specificity in temporal and geographical histories in order to make power's effects visible.

### **Sovereignty, Discipline, and Governmentality**

The three modalities of power present in Foucault's theory, as noted in the previous section, are sovereignty, discipline, and governmentality. The former, sovereignty, is in line with the classic juridico-discursive model, in which power is understood to be repressive and prohibitive. It follows the dictum that power has "the right to take life or let live" (Foucault, 2003, p. 241). Thus power's rights were to take the life of its subjects based on violation of rules that threaten the vitality of the sovereign, or to merely allow the subject to live. Sovereignty is specifically rooted in Monarchical relations of the pre-modern era. Foucault argues that until the eighteenth century, this mode of sovereign power was in place, and was at this time complemented, though not supplanted, by a different and equally insidious disciplinary power. Disciplinary power, or biopower, emerged as "the power to make live and let die" (Foucault, 2003, p. 241). Thus the subject is no longer held as neutral, simply allowed to live, but is instead invested, via the introduction of seemingly benevolent human sciences and knowledges, with skills, capacities, and potentialities. Care for the vitality, health and life of the subject emerges in the eighteenth century. Disciplinary power witnessed the organization and maximization of society's efficacy and human production, which was undergirded by capitalism and the propagation and surveillance of institutions. In other words, increased institutionalization and the explosion of modern capitalism in the nineteenth century, witnessed in the rise of factories, schools, prisons, and mental hospitals, engendered new techniques of discipline that established surveillance of and control over bodies.

Foucault asserts that disciplinary power has a paradoxical effect on the human body: "the

very body that develops new capacities and skills also becomes the highly scrutinized subject of the minutest forms of manipulation, or, in some cases, domination” (Heyes, 2007, p. 29).

Foucault terms this effect the “docile” body, as the body becomes at once increasingly powerful and useful, and increasingly obedient and surveyed (Foucault, 1995, p. 136). Institutionalization effected a rigid construction of taxonomic and binary divisions between the populace (e.g. innocent/criminal, sane/insane), and allowed for increased surveillance of those deemed aberrant or unproductive based on society’s norms and standards; incarceration and institutionalization in fact segregated particular groups within the population that were deemed aberrant or unproductive to social or economic society (Sawicki, 1986). Disciplinary power also gave rise to the expert, the doctor, or the psychiatrist, whose opinion and gaze is imbued with specific knowledge, and thus capacity to exercise power over subjects (Boyle, 1997).

Where once the state regulated and governed subjects, disciplinary power brought about the internalization of the surveying gaze, a form of governmentality of the self, through the discourses of medicine, psychiatry, criminology and education. These institutions ultimately served to increase the surveillance of subjects, which in turn engendered the effects of self-regulation of the subject through normalization. For Foucault, normalization involves the mediation of the subject’s desires and conceptions of self through the terms of disciplinary power and discourse. Self-regulation is also referred to as a technology of the self, a mechanism by which control and discipline, rooted in norms and assumptions of liberal society, is exercised on the corporeal self (Nadeson, 2008, p. 9). Thus the process of normalization constrains the subject’s potentialities within the field of discourse, ultimately bringing about increased homogeneity of the population and greater social control (Sawicki, 1986).

Foucault takes sexuality as a primary example of how seemingly private and individual life

is in many ways gripped by insidious relations of power. He writes in *The History of Sexuality* (1990) about the discourse of sexuality, as it may appear to have the allure of being a natural or apolitical domain, when in fact, he argues, it is a series of constructed and shifting norms and knowledges about sex, sexual identity, and practice. He critiques the “repressive hypothesis,” the established conception that sexuality has been repressed and negated by power since the eighteenth century (Martin, 1982, p. 7). Foucault looks instead at the ways sexuality has been produced and made visible. Most notably, he argues that in the nineteenth century biopower’s effects solidified the connection between the sexual *acts* of male sodomy and the *identity* of the homosexual. Thus individual sexual practices became condensed into a formalized identity, which was then studied, known, pathologized and managed. While the sodomite may have previously been understood as an individual temporarily engaging in aberrant behavior, the creation of the homosexual in the nineteenth century initiated a new, “personage, a past, a case history, and a childhood (Foucault, 1990, p. 43). He elaborates further that the homosexual characteristic “was everywhere present in him: at the root of all his actions because it was their insidious and indefinitely active principle” (1990, p. 43). Thus taxonomies of persons, of normal and abnormal, become known and regulated by disciplinary powers, and subjects come to define themselves through or against these very terms and circuits of knowledge (Sawicki, 1986). Foucault argues that the homosexual was not an authentic subjectivity waiting to be discovered by scientific discourse, but was ultimately constructed in the very declaration of its existence (1986).

### **Biopower**

Foucault also theorizes power as *biopower* and *biopolitics*. These terms pertain both to subjects, on the individual level, and as a population, as respectively, “man-as-body” and “man-

as-species” (Foucault, 2003, p. 243). He notes that state interest in birth rates, mortality, longevity, and illness emerged during the eighteenth and nineteenth centuries, as death, illness and un-productivity began to be understood as an impediment to work, production, and a cost to the state both in the treatment of illness and the temporary or permanent loss of workers. The rise of medicine and science as a legitimated sphere of knowledge had profound yet invisible normalizing effects on the disciplining of the body, in the realms of sexuality, birth and death (2003). This is all a function of disciplinary power and the overarching investment in life. Biopower appears a more benevolent force, bent on increasing the health, freedom and quality of life of the populace, though it remains clear that it is often exclusionary and quietly destructive. Foucault addresses the few exceptions that undermine power’s investment in life: war and capital punishment (2003). He notes that in a disciplinary society, wars are waged on behalf of the population and its safety, no longer waged for the purposes of defending the sovereign (2003).

Moreover, “capital punishment could not be maintained except by invoking less the enormity of the crime itself than the monstrosity of the criminal, his incorrigibility, and the safeguard of society” (Foucault, 1990, p. 138). Murder is sanctioned when the ‘enemy’ or ‘criminal’ threatens the very existence of the populace. Therefore war and the destruction of human life, though squarely in opposition to a life-enhancing biopower, are justifiable in disciplinary societies when this destruction ultimately benefits the broader population. He also notes in 1976 in a lecture at the Collège de France that race functions as the “indispensable precondition” for biopower’s justification for killing (Foucault, 2003, p. 256). He states that the classification and hierarchization of races is yet another normalizing discourse that constructs normal/abnormal, self/other. The neglect or active execution of an inferior or abnormal race, for instance, is a means to engender a “healthier and purer” life for the subject (2003, p. 255).

In summation, Foucault allows that some power is centralized and held by the state, though he expands this classic liberal assumption by exploring the ways in which power is inscribed in everyday social relationships and practices of the body (Sawicki, 1986). He specifically looks at the ways the body has been organized, shaped and disciplined by power over time. Thus the *bio* in biopower refers to the ways biological processes and practices of the body become swept up into the realm of knowledge and progress, particularly noting the rise of science and psychiatry in the nineteenth century. Biopower also refers to the change from a power that threatens life with death, to a power that invests in life-enhancing techniques. As Bidy Martin (1982) states succinctly:

Power in the modern world is the relation between pleasures, knowledge, and power as they are produced and disciplined. The state is not the origin, but an overall strategy and effect, “a composite result made up of a multiplicity of centers and mechanisms” (1982, p. 6).

### **Post-Foucault Response**

I turn now to the ways in which authors, particularly feminist theorists, have responded to Foucault, both in their criticisms and the ways they have expanded his conception of power and history. Some authors critique Foucault’s tendency to obscure and downplay the material realities of macro and juridico-discursive power frames, narrowing too much on individual and micro processes of power (Boyle, 1997). Feminists have also questioned the possibility for personal agency and subjective resistance to power’s injustices in Foucault’s theory. If there is no exterior to power, if the subject is wholly produced by disciplines of domination, then power appears an inescapable force, with no possibility for revolt or subversion (McLaren, 1997). This is troubling for feminists who ultimately strive to dismantle patriarchal power both in ideology

and material conditions.

While some feminists' outright reject Foucault and postmodernism, others have critically engaged with his texts for feminist ends. Foucault's emphasis on the pervasive micro and interpersonal relationships of power echoes the mantra of the Women's Liberation movement, "the personal is political" (McLaren, 1997, p. 115). However, many feminists point specifically to his glaring failure to account for the specificity of power relations in the context of sexed bodies. Foucault implicitly discusses the perspective of the normalized white male subject, a major critique of his theory. He gives little credence to the "origins and implications of the fact that both discursive and material power in relation to female and male bodies so often seems to be exercised by men" (Boyle, 1997, p. 9). Eloise Buker (1990) questions whether Foucault conceptualizes women as historical subjects at all, or if he understands women as constituting an Other to the implicit, universal, male subject of discourse. In all of his texts, Foucault seems to take for granted that gender is itself a constructed historical discourse, referring primarily to the dominant, male relationship to power. Buker critically deconstructs Foucault's language, particularly in *The History of Sexuality* (1990) as it ultimately upholds patriarchal assumptions and norms. His use of the term *we* is a vague reference to a male audience, implicitly eclipsing a particular history of power relations pertaining to gender and sex that excludes a female readership. She goes on to critique Foucault's unchecked assumption that female subjectivity is inherently always in relation to children and family, and she argues, he upholds an image of the male subject as whole and autonomous (Buker, 1990, p. 823).

Both Buker (1990) and Boyle (1997) have expanded Foucault's overarching analysis to incorporate discourses of the female body, particularly disciplinary regulation of the spheres of sexuality, family and abortion. Buker notes that discursive medicalization of female

reproduction and sexuality emerging in the nineteenth century allowed for greater and yet more covert control over the female body and family; medicalization “exercises hidden power over the family and more directly over women, while maintaining a pretense that the family is private” (Buker, 1990, p. 821). This hidden power relation also serves to perpetuate and normalize women’s privatized, monetarily uncompensated work as mother and homemaker, and prohibits them from participating as full subjects in society (1990). This dynamic ultimately extracts the production of future citizens and laborers from women at no cost to the state. Women have thus been subject to greater social control, not through direct restraint, but via the production of knowledges and assumptions about female sexuality brought forth in medical discourse (1990). Thus she simultaneously critiques Foucault’s perpetuation of woman as Other, an incomplete subject of history, and utilizes his genealogical methodology to examine the discourse of sexuality and family within a feminist frame.

Boyle (1997) makes a similar argument about Foucault’s obfuscation of the female subject’s place in his genealogical inquiries, also with a focus on motherhood, abortion, and sexuality. She focuses an analysis on the ways in which women’s desire for motherhood has become a scientifically validated and naturalized assumption; she explores how this truth claim has informed the abortion debate, deconstructing the notion that women’s desire for “not motherhood” is pathologically in opposition to the natural order (Boyle, 1997, p. 37). She notes that several feminist authors have uprooted the idea that motherhood is natural, expanding the conception that it remains a pervasive social construction that ultimately upholds patriarchy (1997).

In the coming chapters I will utilize these authors’ feminist Foucaultian frameworks in my analysis of anti-choice ideology. I hope to add to their works by synthesizing a feminist lens

with Foucaultian critique and psychoanalytic theory to deconstruct both power relations and underlying dynamic motivations in the embrace of anti-choice ideology. In Chapter IV, I will provide a deeper exploration of Melanie Klein's developmental theory; in Chapter V, I will compare and contrast Foucault and Klein's theoretical approaches as they overlap in the discourse of abortion politics and ideology. In Chapter V, I will use the logic of Foucault's theory of biopower to explore the ways in which life-restricting techniques are employed in relation to the female subject. I argue that sex, like race, is a primary determinant in the ways power protects or neglects the population. In terms of abortion, I will look at the techniques of power that privilege the life of the fetus over the quality of life and autonomy of the female subject. I will offer an analysis of the ways anti-choice ideological rhetoric and political tactics construct deficiencies of the female subject that ultimately serve to limit women's access to abortion and autonomy.



## **CHAPTER IV**

### **KLEIN: THE DYNAMICS OF PSYCHIC CONFLICT**

I turn now to an exploration of the seminal ideas of Object Relations theorist Melanie Klein. I will situate her personal and intellectual history within the discourse of psychoanalytic thought, expounding upon the ways in which she developed and expanded the functioning of the psyche after Freud. In this section, I will provide some basic information on Freudian theory to better clarify Klein's departure and contributions from classical theory. For the purposes of this thesis, I will focus my analysis on her concepts of the paranoid-schizoid and depressive positions, projective identification, and envy.

Melanie Klein began her psychoanalytic career in training at the Hungarian Psychoanalytic Society in 1912 (Klein, 1986). She moved to England with her husband and children in 1926 and became a prominent yet controversial figure in the clinical field in Europe and the United States until the time of her death in 1960 (1986). She is widely considered a divisive and contentious theorist, as her beliefs were initially in contradiction to many prevailing conceptions. Most notably, she asserted that children are "analyzable" through play therapy, a stance that set her apart from Anna Freud, daughter of Sigmund Freud, and ego psychologists in both theoretical understanding and clinical application (Mitchell & Black, 1995, p. 86). This schism between Anna Freud and Melanie Klein brought about strong divisions within the international psychoanalytic community that are in many ways still present today. Up until the 1980s, Klein's writing, particularly in the United States, was largely ignored and viewed with enmity, while ego

psychology and other objects relations theories remained the preferred and accepted ideologies (Mitchell & Black, 1995). Though Klein's initial intention was to confirm and expand upon Freudian theory in her clinical practice, she ultimately generated her own unique perspective on human development, focusing primarily on the psychic life of the infant (Klein, 1986). Klein preceded a school of thought that has had profound influence on theorists including Ronald Fairbairn and Donald Winnicott, two seminal British Object Relations theorists (Mitchell & Black, 1995). She initially analyzed her own children, which eventually led her to develop a new method of play therapy in the analytic room (Segal, 2002). Klein believed that children's play was a symbolic enactment of their unconscious world, terming it *phantasy*<sup>2</sup>, and could be analyzed for latent material, much as adults are analyzed vis-à-vis Freud's concept of free association (2002).

Klein is often criticized for her elaborated conjecture surrounding the infant's intrapsychic world (Berzoff, Flanagan & Hertz, 2008). Critics argue Klein goes too far in attributing thoughts, feelings, and fantasies to the mind of the unknowable preverbal infant. Though she has many critics, what is most useful for this project is an exploration of the ways in which Klein's body of work has been expanded and used in other discourses. Notably, Klein veered away from Freud's theories in several ways. To begin, I will provide some context for Freud's basic theories to further explore how Klein redeveloped and expanded his ideas. First, Freud's psychoanalytic theory centers on the existence of the unconscious, a psychic space that contains repressed desires, fantasies, and affects, primarily related to aggression and sexuality (Klein, 1986). Moreover, he postulated that both sexual and aggressive instincts, or drives, are inherent from birth, and developed a theory around psychosexual stages, or moments in a child's life

---

<sup>2</sup> Klein uses the term *phantasy*, intentionally spelled this way, to connote her specific understanding of unconscious fantasy (Klein, 1986).

when specific developmental tasks and affects are mediated and hopefully resolved. Freud suggested that children develop through the oral, anal, phallic, latent and genital stages, and outlined the essential dilemmas, needs, and characteristics of each phase from birth to adulthood (Berzoff et al., 2008). Freud believed that the clinical encounter could provide access to unconscious wishes and early dynamics, that when brought to conscious awareness can be addressed and resolved. Therefore, the two central discoveries of Freudian theory are the significance of “infantile sexuality” in subsequent life experiences and the existence of an “unconscious mind” (Klein, 1986, p. 12).

Based on her clinical observations of children, Klein believed that Freud’s conception of psychosexual conflicts occurred earlier in life than he postulated, and in a non-linear fashion (Mitchell & Black, 1995). For instance, Freud believed the Oedipal drama, in which children harbor incestuous desires for the parent of the opposite sex, and competitive aggression towards the same sex parent, unfolds primarily between the ages of three to five (Berzoff et al., 2008). In Freudian theory, identification with and fear of retribution from the same sex parent unconsciously guides the child to turn that aggression towards the self, engendering the conscience and feelings of guilt (2008). In her own work, Klein witnessed the Oedipal drama in children under the age of three, and believed both incestuous wishes and experiences of guilt in primitive form occurred from infancy onward (Mitchell & Black, 1995) Moreover, her concept of the positions shifted developmental discourse away from the chronology of Freudian psychosexual stages. Klein’s most significant contribution to object relations theory centers on her idea of developmental positions, termed the *paranoid-schizoid* and *depressive positions*. Where Freud postulated that psychosexual stages correspond to particular developmental ages, Klein made clear that stages are not simply “passed through, negotiated, and resolved,” but they

are “rather internal states, ways of perceiving the world, ways of feeling that can and will be experienced throughout the life cycle” (Berzoff et al., 2008). Thus Klein’s theory is neither linear nor static, but is rather a fluid and nuanced understanding of human development.

Klein also made Freud’s concepts of the life and death drives a central component of her theory of human development. Freud believed there is a “life drive” that is sexual in nature and impels people towards self-preservation (Klein, 1986, p. 14). Alternatively, he proposed the controversial idea of an oppositional “death drive,” in which the individual unconsciously feels compelled to return to a state of nothingness through destruction of the self (1986, p. 14). These impulses may be understood to correspond, respectively, to Freud’s articulation of libidinal and aggressive drives. While other theorists dismissed the death drive, Klein believed it is at the heart of human development. I will discuss this notion in the next section while clarifying Klein’s theory of splitting of good and bad, the separation of impulses of love and hate, in the paranoid-schizoid position.

Moreover, Klein is known as an Object Relations theorist. The school of Object Relations was not a singular psychodynamic theory, but a multiplicity of different writers in England and the United States in the first half of the twentieth century who focused not on drives or ego functioning, but on attachments and relationships to self and others (Berzoff et al., 2008). Though the term *object* may appear to have a depersonalizing effect, it ultimately differentiates between subject (self) and object (other); an object in psychoanalytic terms is the external entity that the self “perceives, experiences, desires, fears, rejects, or takes in” (2008, p. 123). Although Freud alluded to the importance of the object in the caregiver relationship, his emphasis was primarily on the satisfaction of the aggressive and libidinal drives. In Object Relations, *object* connotes not a relationship strictly to need gratification, but a complex and multiple experience

of relating to the world outside the self; for Klein and other object relations thinkers, the focus shifts from biological impulses to relationships. Object relations theorists believe that within aggressive and sexual impulses lies the implicit association to the object of hate or desire. This school of thought explores not only the ways the self relates to the external world, but also the ways representations of others and relationships to objects become part of the self, cohering in one's identity and sense of self (Hinshelwood, 1996). Object relations theorists, including Klein, examine how emotional needs, rather than inherent impulses, are met or not met in relationship to significant people (Berzoff et al., 2008). Klein ultimately helped shift the site of meaning from the individual's drives to the interrelated and emotional aspect of self and other.

### **Key Kleinian Concepts**

In this section, I will lay out Klein's central psychoanalytic ideas of the paranoid-schizoid and depressive positions, her theory of projective identification, and her concept of envy. To begin, Klein regarded the human mind as wild and "beset with deep, psychotic-like terrors, as unstable, dynamic, and fluid" (Mitchell & Black, 1995, p. 88). Throughout her career, Klein attempted to cultivate a greater understanding of the preverbal, infant experience, and explored how these early psychic and relational experiences might effect development and functioning in adulthood.

#### **The Paranoid-Schizoid Position**

Klein believed that the infant's experience is primarily characterized by the systematic fracturing of positive and negative experiences, corresponding with the discrete separation of feelings of love and hate. She believes the baby lives in a world that is in some moments frustrating and terrifying, and in other moments, delightful and gratifying (Berzoff et al., 2008). Klein articulates the infant's polarized experiences in terms of the mother's breast, the first

object to which the infant relates. When the baby feels safe, satisfied and nourished by the milk of the breast, the baby is in relation to a psychic representation of the “good breast” (Klein, 1975, p. 2). In turn, the baby feels corresponding feelings of love and pleasure towards this gratifying good breast. On the other hand, when the infant becomes frustrated by pain or hunger, she believes she is being persecuted from the outside by the hateful, withholding or destructive “bad breast” (Mitchell & Black, 1995, p. 92). The anxiety associated with the bad breast is induced by the fear that persecutory objects will destroy or annihilate the baby, and in turn, the baby has aggressive and retaliatory desires towards the bad breast (Berzoff et al., 2008). Underlying the baby’s relation to the good and bad breast are Freud’s life and death instincts articulated in a new way by Klein (Klein, 1986). Klein termed this early psychic structure the paranoid-schizoid position: *paranoid* refers to the anxieties involving persecution from an external source, and *schizoid* alludes to the process of splitting good from bad, the primary defense of this position (1995).

Klein postulated that the infant has little reality-testing capacity, or the ability to distinguish between internal and external stimuli, and this ultimately creates a chaotic and frightening world of preverbal images, feelings, and phantasies (Berzoff et al., 2008). This lack of language and reality also prohibits the infant from relating to full or whole objects, experiencing people, particularly the mother, as limited and fragmented “part objects” (2008, p. 135). Thus the infant at first relates not to a good or bad *mother*, but to the good or bad *breast*, as she is only capable of relating to the aspect of the object that is associated with her own need. The infant relates to her self in the same way, not as a fully articulated and whole person existing as one unit over time, but as a part-object with emerging needs and fragmented experiences. Klein asserts that the infant’s unfathomable and fragmented organization distorts reality and

fantasy, engendering in the baby a confused sense that their destructive and restorative fantasies have a real effect on the breast. In other words, she believes her murderous visions of destroying the bad breast and restoring the good breast are real, and “it is precisely because of the omnipotence with which the child experiences his impulses that this world is an extremely dangerous place” (Mitchell & Black, 1995, p. 92).

The schizoid function, or the separation of good and bad, is of primary importance for the infant. Because the child does not relate to the self and others as whole objects with multifaceted identities, the infant associates all good experiences with the idealized good object, and all bad feeling with the hated bad object. Klein states, “the bad object is not only kept apart from the good one, but its very existence is denied” (Klein, 1975, p. 7). Thus when in relation to the good breast, experiences of persecution are disavowed and denied altogether and vice versa. The infant exaggerates and idealizes the good object as a way to combat the power of the malevolent bad breast (1975). This rigid split is enacted as a means to safeguard and defend positive experiences from destruction and annihilation, which would leave the infant alone and helpless in a forbidding, hostile world.

Klein believed that in trying to contain its own aggressive self-parts, the infant projects them outward, ultimately creating the representation of the bad breast. She argued the infant takes solace in the possibility of escaping an external aggressor, whereas there is no escape from destructive impulses raging inside the self (Mitchell & Black, 1995). The remainder of the infant’s aggression is then directed at the malicious breast that she believes is trying to destroy her from the inside out. In the case of the good object, the infant’s self-preservation and libidinal impulse is projected outward onto the loving breast, enabling the infant to feel loved and protected by a powerful force, and feels loving and protective towards the good object. In other

words, the infant's experiences of love and hate toward the good and bad breasts are ultimately loved and hated segments of the self that are split off and projected outward. This is the internal model underlying the infant's primitive mental functioning in the paranoid-schizoid position, which Klein believed was a central aspect of both normal and pathological development (Klein, 1975).

### **The Depressive Position**

Klein asserted that there is an "inherent tendency toward integration in the patterning of experience" that coheres as the infant develops (Mitchell & Black, 1995, p. 94). Gradually, if the caregiver is available and attuned with enough consistency, the infant comes to resolve the paranoid anxieties and splitting defenses of the paranoid-schizoid position by moving into what Klein calls the *depressive position* (Klein, 1986). In the depressive position, the infant comes to terms with the fact that the object that frustrates is also the object that soothes; she is able to synthesize that good and bad experiences are in relation to a singular, multidimensional object. In Klein's understanding, when the depressive position is achieved, the infant no longer splits the mother/object into two symbolic part-objects (Rasmussen & Salhani, 2010). The infant comes to realize that the mother, the whole object, is a subject in her own right, with needs and subjective experiences of her own. This new awareness of the whole mother is part of the process in which the infant comes to identify herself as a unified person, a whole object (Segal, 2002). Therefore, not only is the caregiver one being that disappoints and gratifies, but the self is one being who experiences both love and hate. Though this new relationship to ambivalence is a major developmental achievement, it comes at the expense of idealization and pure feelings of love and hate, both in relation to others and the self (Berzoff et al., 2008). Klein terms this the *depressive position* because the reconciliation of feelings of love and hate toward one object is ultimately a



loss of innocence, and it demands the child tolerate often painful and depressing feelings of ambivalence (2008). In this position the infant still becomes frustrated and has destructive phantasies of the mother, though her love for this same mother inspires immense feelings of guilt and sadness, which bring about the desire to repair the relationship. It is through holding the ambivalence of both frustration and love that the infant comes to achieve the depressive position (Segal, 2002).

Klein believes the capacity for an ongoing desire for reparation with the mother, fueled by the libidinal instinct, is crucial in maintaining the depressive position. In order to uphold the internal model in which objects are whole, the child must feel that her potential for love, safety, and repair is stronger than her impulses for rage and destruction (Mitchell & Black, 1995). In other words, the child must believe that her destructiveness will not ruin the good objects and pleasurable parts of the self. Over time and with enough experiences of love and pleasure, the infant learns to repeatedly repair, restore, and internalize the good object in the depressive position (Klein, 1986). Klein asserts that when destructive impulses become too intense, children and adults may temporarily operate from the paranoid-schizoid position, which is a normative aspect of life and development; people tend to move in and out of the positions throughout their lives (1995). Klein states that reparation with external objects is a continual process and development does not “plateau” in the depressive position; she claims rather that aggressive and libidinal urges must be managed over the course of one’s life (Mitchell & Black, 1995, p. 96).

### **Projective Identification**

Beyond an articulation of the developmental positions, one of Klein’s most significant contributions to psychoanalytic theory is the concept of *projective identification*. Projective

identification is a complex and nuanced defense similar to Freud's concept of projection, in which one splits off and disavows unacceptable impulses by projecting them onto another person (1995). In projective identification, however, it is not merely impulses, but segmented *parts* of the self that become projected *into* another person, and then controlled in the other (1995). The self does not want to completely lose the disavowed self-parts, and thus maintains not only a connection to, but also control over, that unwanted self-part in another person (Berzoff et al., 2008). Stephen Mitchell and Margaret Black (1995) explain projective identification as follows:

A piece of experience, not simply an impulse but a generic dimension of human relatedness, does not register within the boundaries of oneself, but rather is experienced in a dramatically highlighted fashion in others, where it becomes an object of great focus, concern, and efforts at control (p. 102).

Moreover, projective identification is a defense that can occur in both the paranoid-schizoid and depressive positions, and is frequently witnessed in the therapeutic relationship (Rasmussen & Salhani, 2010).

One of the most important Kleinian analysts was Wilfred Bion. Bion was a psychoanalyst in England and the United States in the mid twentieth-century; he engaged with Klein's concept of projective identification in the clinical encounter (1995). He was particularly interested in the ways one receives the projected self parts of another in projective identification, and how actual experiences and feelings are in essence, given, to another (1995). He asserted that the therapist ultimately becomes the "container" for a client's discarded mental and affective content, and *containing* is primary for growth and healing (1995). This idea has played a significant role in the field of clinical theory and practice.

## Envy

I turn now to the final Kleinian concept relevant to this project: envy. Klein introduced her theory of envy later in her career, but it remains a central component of her work. Related to feelings of greed in infancy, envy is arguably one of the most destructive early impulses. Klein asserts the infant becomes greedy at the breast, and believes the breast is at once powerful and withholding (1995). In moments of greed, the infant desires to possess the milk, the breast, and the magical nourishing qualities of the object. In a state of envy the infant ultimately wants to ruin the very goodness of the good object; the theory holds that the infant resents the helplessness she experiences in relation to the imagined power and joy of the good breast, and thus desires to destroy it (1995). Klein states that whereas greed “aims primarily at completely scooping out, sucking dry, and devouring the breast,” the envious infant not only desires to possess the object, but is also intent on “putting badness, primarily bad excrements and bad parts of the self in the mother...in order to spoil and destroy her” (Klein, 1975, p. 181). Klein articulates that this desire to destroy the good object is ultimately a wish to destroy both its creative capacities and the infant’s persecutory anxieties. The distinction between greed and envy is that greed is primarily a process of taking in, or introjection, whereas envy also involves projection, or the process of expelling bad parts of the self out (1975). For Klein, gratitude and the capacity for love is paramount to overcoming early envious feelings. This is a process wherein the infant can assimilate and take in the representation of the good object over time; where once she felt utterly dependent on and envious of its power, the infant will ultimately feel she is able to absorb and assimilate the wealth and power of the good breast within her self (189).

## **Summary of Concepts**

To summarize, Klein's contribution to psychoanalysis has been largely overlooked, and yet her theories of human development and intrapsychic functioning are at once compelling and original. The four central elements of Kleinian theory I have discussed in this chapter, the paranoid-schizoid position, the depressive position, projective identification, and envy, have been utilized, negated, and expanded by her peers and followers. Klein's belief in unfixed positions, the primacy of objects and their representations over drives and urges, her utilization of a play therapy technique for children, and her imaginative understanding of the psychic conflicts of infancy, are all significant contributions to the field of psychoanalytic theory and practice.

## **Post-Kleinian Contributions**

Beyond her contributions to psychoanalytic theory, contemporary scholars have borrowed her concepts in exploring larger social phenomena. In this section I will explore how Rasmussen and his colleagues (2010) and Sussal (1998) used the concepts of projective identification and envy to understand the underlying motivations involved in racism and homophobia. In discussing this I hope to lay the foundation for my final chapter, in which I will utilize her ideas in the context of anti-choice ideology.

Other authors have employed Klein's theories in the realm of critical social thought. For instance, Rasmussen and Salhani (2010) applied Klein's concepts of the positions, projective identification, and envy to interpersonal racism and racial microaggressions. According to Derald Wing Sue and his co-authors (2007), microaggressions are:

Brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional that communicate hostile, derogatory or negative racial slights

and insults toward people of color (p. 271).

Using this model for understanding racism in the United States, Rasmussen and Salhani (2010) aptly explore the ways racism functions within the psyches of both the perpetrators and the victims of microaggressions. Applying Klein's theories to understand racism, they provide an analysis of how interpersonal racism functions and highlight several narrative examples of microaggressions. One example they provide revolves around the commonplace feelings of inferiority and anxiety experienced by otherwise competent African American students in predominantly white higher learning institutions. They argue this anxiety can be explained with the use of projective identification. The white students' anxiety about academic performance becomes projected into the one African American student in the class, who in turn identifies with the feeling that she is not smart enough and does not belong (2010). The authors state that the object of projective content is typically in a socially or psychologically vulnerable position, which only serves to strengthen this psychic process (2010). In this case, anxieties around belonging and intellect, which can be attributed to all students, become singularly manifested in the student of color who may already be prone to feeling like an outsider in an all white environment.

The authors also discuss Kleinian envy in the context of racism. They note an example in which a white professor at a university sees an African American male student and remembers to lock the door to her office, which contains her purse. They state that unconsciously, the professor implicitly believes the black student does not belong there and "must be up to no good" (Rasmussen & Salhani, 2010, p. 503). They argue that this response may be both a product of cultural conditioning around criminal images tied to black masculinity, but may also be the result of primal envy, in which "the subject fears that something good will be stolen or scooped away,"

in this case, the woman's purse (2010, p. 503). Thus, underlying racist thinking is the threat that others, in this scenario, the black student, will ultimately take away the good and unearned privileged position of whiteness as it relates to social power represented by the purse. The authors state that this psychic dynamic propagates a cycle of advantage and persecutory anxiety in which fear of those with less social power abounds because it directly threatens one's sense of dominance and entitlement (2010, p. 504). Ultimately these authors utilize Klein's psychodynamic theory to explore a social phenomenon, adding profound layers of depth and understanding to advance anti-racism discourse in the US.

In a similar endeavor, Carol M. Sussal (1998) employs Kleinian theory in an effort to understand homophobia in intrapersonal, interpersonal, institutional and systemic contexts. Sussal asserts that for those with homophobic belief structures, gays and lesbians come to represent the bad breast, or the totally devalued, intolerable parts of self (1998). Homophobic people thus project their disavowed homosexual urges or curiosities into the queer community, and reject it outright, thus ridding themselves of feelings of badness caused by socially unsanctioned sexual feelings (1998). In this way, those with homophobic feelings can still maintain an attachment to homosexual libidinal instincts by maintaining a negative tie with it in those who identify as gay. By disparaging homosexuality, heterosexual men, for instance, are unconsciously envious of "gay men who [are] perceived as unconstrained by the masculine ideal" and thus exercise "much greater sexual freedom" (1998, p. 205). She asserts that people with homophobic feelings are unconsciously envious and hateful towards the freedom associated with the refusal of compulsory heterosexuality. The envious feelings of unrestrained freedom may cause homophobic feelings in those who unconsciously experience themselves to be restricted and controlled from within or without. Both Rasmussen and his colleagues (2010) and

Sussal's (1998) arguments are excellent examples of how Kleinian analysis can be adroitly applied to larger and complex social contexts.

In Chapter V, I will utilize key Kleinian concepts, including the positions, projective identification and envy, to access the unconscious motivations involved in the affirmation of anti-choice ideology. Essentially, I will argue three points related to the anti-choice belief system: 1) it operates from the paranoid-schizoid position, 2) it is engaged in projective identification with women via policies and rhetoric, and 3) it maintains envy for women, and in particular, abortion-seeking women, for their subversion of patriarchal norms and thus a greater relationship to freedom. I will argue that women who seek abortions subvert and defy patriarchal expectations related to the refusal of motherhood, the practice of sexuality outside the realm of reproduction, and the engagement with the arenas of culture, public life and work. Just as homosexuality and racial difference may represent the distilled part objects of an insecure self in the paranoid-schizoid position, so does the abortion-seeking woman represent the threat of the bad breast for men and women who define themselves in and through dogmatic patriarchal norms and values.

In the coming chapter, I aim to synthesize a feminist Foucaultian lens and Kleinian theory. I will examine the implicit negative female subjectivity proposed by anti-choice beliefs, and unpack what unconscious forces underlie this social movement's phantasy of woman. I assert that anti-choice ideology simultaneously purports an inherently naïve and victimized *and* hyper-sexualized and evil female subject, and this is this group's unconscious attempt to expel these hated self-parts into the category of woman, and ultimately control these aspects of self within the imagined female subject. This process is made visible in abortion discourse, predominantly in increasingly controversial anti-choice rhetoric and legislation on the state and federal level.

**CHAPTER V:**  
**A DECONSTRUCTION OF THE HEGEMONIC PSYCHIC UNDERPINNINGS OF**  
**ANTI-CHOICE IDEOLOGY**

The recent economic downturn in the United States has created a sociopolitical climate of uncertainty and fear around the current way of life that is manifesting in growing conservative political action. Increasingly conservative federal and state legislatures have generated and have supported measures that directly undo the political gains women have made since the beginning of the women's movement in the 1960s. Women's reproductive health and rights have been at the center of these attacks in many states across the US, particularly in 2011-2012 (Kliff, 2012). Liberal critics have termed this repeal of women's rights a "war on women" (Rich, 2012). In order to better understand this phenomenon, I will apply Foucaultian and Kleinian theories to analyze the external power dimensions, as well as the intrapsychic motivations driving this war on women. First, I will provide an overview of three policies: House Bill 2036 from Arizona, house Bill 3517 from Tennessee, and House Bill 462 from Virginia. I will then explore these policies by applying a feminist Foucaultian analysis of biopower, discipline and governmentality, and the production of a female subjectivity in anti-choice discourse. Next, I will synthesize these ideas with a Kleinian perspective to understand the psychic underpinnings of the policies in relation to women, specifically exploring the concepts of the paranoid-schizoid and depressive positions, projective identification, and envy. Finally, I will discuss the implications of this analysis for social work practice.



## Policy

The first piece of legislation I explore is House Bill 2036 passed in March of 2012 in the Arizona state senate, which restricts abortion after twenty weeks gestation due to a claim that fetuses can feel pain at this point. The second piece of legislation I discuss is House Bill 3517 passed in both the Tennessee Senate and House of Representatives that criminalizes any activity, beyond the assault of a pregnant woman, that induces the miscarriage of a fertilized egg at any gestational age (Badash, 2012). Finally, the third measure I explore is a recent bill in Virginia, House Bill 462 that would require women seeking abortion to undergo a medically unnecessary transvaginal ultrasound. The introduction of extreme measures such as these are akin to guerilla warfare in the political arena; such measures are employed by the anti-choice movement at the chance that any advancement in eroding the rights of women will be solidified by the enactment of a law.

I turn first to the anti-choice measures that will ground my subsequent analyses. The first is House Bill 2036 in Arizona, which is modeled on the “Pain-Capable Unborn Child Protection Act,” a template for state legislation created by the National Right to Life Committee; the bill essentially restricts abortion after twenty weeks gestation (Sheppard, 2012). Governor Jan Brewer signed the bill into law on April 12<sup>th</sup>, 2012 (Beard Rau, 2012). The bill is premised on the assertion that fetuses can feel pain after twenty weeks time, despite several studies published in peer-reviewed journals that claim fetuses do not feel pain until the twenty-eighth week, well into the third trimester (Associated Press, 2012). In 2011 alone, seventeen other states have passed measures like this one into law or have impending legislation around twenty week bans (Guttmacher, 2012). Pro-choice activists note that Arizona’s law is one of the most restrictive in the country, in that it prohibits abortion from the time of a woman’s last menstrual period, which

means the regulation begins at eighteen weeks gestation, not twenty (Beard Rau, 2012). Though HB2036 includes the constitutionally bound exception to save the life of the woman, it has no exception for fetal abnormality or fetal health, which is common in other abortion legislation. Moreover, the bill states that doctors who perform abortions after eighteen weeks are subject to criminal charges, and suspension or revocation of their medical license (Sheppard, 2012). It also requires women undergo a pre-abortion ultrasound at any stage of pregnancy.

This Arizona bill is highly restrictive for both women and providers, and illustrates an increasing reliance on dubious medical knowledge in abortion legislation. To provide some context on the demand for this kind of abortion, only twenty-three percent of abortion providers perform abortions after twenty weeks, and according to the literature, only 1.4 percent of abortions occur at twenty-one weeks and beyond. Most commonly, women seeking abortion later in pregnancy do so because of health-related concerns and complications or unexpected abnormalities of the fetus (Sheppard, 2012). It is a wonder, when twenty-week abortions are so rare and hard to obtain, why anti-choice activists continue to be cavalier and committed to these kinds of restrictions. The increasing anti-choice effort to limit and ban abortions at twenty weeks is less about saving a mass number of lives, and more about a continued effort to chip away at the accessibility of abortion and establish a precedent for fetal pain and personhood.

The second piece of legislation is HB3517. This bill passed in the Tennessee Congress, and declares that the destruction of a fertilized egg, including the earliest phase as an embryo, can be prosecuted as murder (Badash, 2012). The bill appears to be a protective measure for women who may be attacked while pregnant, however it essentially criminalizes miscarriage. The contentious spirit of this bill, if passed, criminalizes any woman who miscarries. Opponents of the bill also question how law enforcement officials will implement this bill, since nearly fifty

percent of all conceptions naturally miscarry in the first eight weeks of development (Badash, 2012). Moreover, questions remain for opponents of the bill regarding the feasibility of this law in practice. Aside from implementation challenges, its intended impact is meant merely to symbolically affirm the establishment of fetal personhood. Tennessee politicians are in effect engendering a paradigmatic shift in the way citizens and lawmakers conceptualize and legislate life. Though the bill's intention appears to be benevolent and protective of women, it simultaneously operates as a grave threat to pregnant women who may miscarry.

The third bill, HB462, which initially incited national outrage, was passed as of March 8<sup>th</sup>, 2012, when Republican Governor Bob McDonnell signed the edited bill into law (Mukhopadhyay, 2012). The original version of the bill mandated an unnecessary ultrasound procedure for women terminating pregnancy that provides “the best image of the embryo or fetus” (Dusenbery, 2012). Early stages of pregnancy typically require the use of the transvaginal probe for the clearest ultrasound image. Since the vast majority of women seek abortion in the first twelve weeks of pregnancy, this bill essentially mandates doctors use an internal probe without allowing women the option of the external abdominal method. This bill in Virginia did not initially include a clause for women to opt out of the internal procedure, which activists argued is tantamount to “state-sanctioned rape”; this prompted national backlash from pro-choice activists and feminists across the US (Dusenbery, 2012). The requirement that doctors use transvaginal probes was summarily redacted from the final version of the bill, largely due to the national response, yet the law remains problematic. Moreover, women must be “offered” a verbal description of the fetus if they choose not to look at the ultrasound image (Eckholm & Severson, 2012, para. 6).

The significance of HB462 lies not only in the flagrant and punitive content of its

mandated medical practices, but in the way it echoes similar legislative measures across the US. In 2011, thirteen states have introduced twenty-two bills requiring women view an ultrasound before obtaining an abortion (Guttmacher, 2011). Virginia is now the eighth state to require an ultrasound before an abortion, and several other states, including Pennsylvania, Mississippi, Idaho, and Alabama, have begun legislating mandated pre-abortion ultrasounds (Eckholm & Severson, 2012). Many of these bills include provisions that doctors show or describe the fetal image to women, and doctors who do not comply are subject to fees or criminal charges. Similarly, Pennsylvania's "Women's Right to Know Act" would require doctors to scan and print sonogram images and add it to the medical files of women who undergo abortion, which might be argued as providing women and their future doctors with more 'information,' but remains a clear attempt to shame and stigmatize women who have undergone abortion. Many of these restrictions require doctors to describe or show the fetal image to the pregnant woman, and some require relatively lengthy waiting periods between the ultrasound and the abortion procedure (Eckholm & Severson, 2012). Pro-choice activists note that the ultrasound bill in Virginia, and the others like it, are problematic not only in an increased cost to women, as ultrasounds range in cost from two to twelve hundred dollars, which is rarely covered by insurance companies, but in the overall attempt to make abortions more difficult and burdensome to obtain (Dusenbery, 2012). Virginia's ultrasound law requires a twenty-four hour waiting period between the ultrasound and the procedure. This law has material repercussions for women, particularly low-income women or women in rural areas because they have to take time off of work, find and afford childcare, or travel to abortion clinics.

### **Discussion**

In the following section, I will synthesize a feminist Foucaultian perspective with Kleinian

theory to examine the ways in which anti-choice ideology and practices reveal an attempt to control women's bodies that is driven by unexplored power relations and psychic processes. The policies discussed above deconstruct the ways in which a problematic female subjectivity is produced, related to, and manipulated within an anti-choice discourse. There is therefore an underlying conceptualization of the female subject as diminished, dependent and in need of regulation, which is reflective of an oppressive patriarchal practice that actively constructs female deficiency as an essential truth. The following discussion will reveal that the constructed discursive approaches of fetal personhood and woman-centered tactics are built upon a web of intricate power practices driven by a primitive understanding of the value of women.

I first explore biopower in the context of Klein's paranoid-schizoid position, as the cultural investment in fetal life reveals persecutory anxiety in an early developmental state. In the context of abortion, fetal life signifies the good breast, in which a narrow definition of life is upheld and safeguarded, and abortion-seeking women collectively represent the annihilatory bad breast within anti-choice culture. I will extend Foucault's analysis of state racism to better understand the ways women's humanity and rights have become secondary to the fetus, or potential, future citizen life, as it relates to a Kleinian understanding of development. I will focus on the inflexible relationship to fetal personhood in anti-choice ideology, the splitting defenses made visible in anti-choice practices and rhetoric, as well as the ways in which the category of woman has become the bad breast within this culture.

Second, in exploring Arizona's HB2036, I pair the Foucaultian concept of criminality in a biopolitical schema and Klein's concept of envy to illustrate the ways in which the systematic prioritization of the life of the fetus over the subjectivity of the woman signals a deep-seated anxiety around any perceived challenge of patriarchal norms. These norms center on distinct

gender roles, in which women are subordinated members of society, limited to the private and familial realm. From a Kleinian perspective, the anti-choice push to privilege fetal life over female life is an enactment that exposes a deeply rooted anxiety in our culture around women's assertion of power outside the domestic realm. The binary division and hierarchization of the sexes is a constructed and rigid split in which women are subordinated, while men are entitled to power and control. Arguably, this anti-choice anxiety around abortion stems from a subversion of patriarchal power, in which women claim power and control not only in relation to their bodies, but in relation to the state and the population. Women's exercise of power and freedom beyond motherhood, and beyond the dictates of patriarchy, incites destructive feelings of envy in those whose subjectivity is constrained by these discursive norms.

Third, I will synthesize Foucault's analysis of discipline and governmentality with Klein's concept of projective identification in the context of HB462 and the anti-choice utilization and co-opting of both medical and feminist discourse. I will focus on the ways in which these discourses have at once been utilized and undermined by anti-choice politicians. I will argue that the discourse of hyper-medicalization, when used for the purposes of anti-choice ideology, provides greater access to and control over women's bodies under the guises of benevolence, increased knowledge, and the performance of normative and routine medical practices. The practice of co-opting liberal rhetoric is an illustration of projective identification in which anti-choice politicians identify with an introjected patriarchal anti-woman sentiment, yet are confronted with the seemingly undeniable good and liberating aspects of women's empowerment vis-à-vis abortion. In co-opting feminist rhetoric for the purposes of anti-feminist practices, anti-choice culture maintains a distant connection to that disavowed desire for the freedom from oppressive and restricting hegemony they simultaneously reject.

Fourth, I will explore the political push that attempts to bring about increased access to women's bodies illuminates a discursive and imagined anti-choice female subject that is at once naïve and childlike *and* aberrant and devious. In this context, I will apply a Kleinian analysis of defensive splitting in the paranoid-schizoid position and projective identification. It is clear that the anti-choice movement is undergirded by a rigid morality that states abortion is always wrong. This assumption engenders the notion that someone is at fault, and it is either that women are the helpless victims of an amoral society, or that it is women themselves who are corrupt and immoral. I will argue this morality is undergirded by a splitting defense, in which either society or women are perceived of as "all good" or "all bad." This is the primary defense of a paranoid-schizoid culture, in which individuals relate not to multidimensional whole objects, but split partial objects. This is ultimately a protective mechanism, to safeguard against the destruction of the idealized woman and the denial of the complexity of womanhood. From a Kleinian perspective, this reflects a cultural immaturity, and an inability to hold the depressive position whereby individuals have divergent and conflicting opinions. The vacillating qualities of good and bad that the anti-choice movement ascribes to women are, in essence, helplessness and destructiveness. I will argue that these feelings are disavowed parts of anti-choice ideology that are projected into and controlled in the discursive female subject.

I will then explore the contemporary sociopolitical context for the conservative war on women, arguing that the economic recession and current political strain has engendered increased anxiety in US culture generally. The capitalist and patriarchal systems through which we live are currently undermined, likely stirring fears and anxieties around annihilation for those who gain power and control through the existence of these oppressive systems. Anti-choice culture is gaining power due to a growing yet displaced impulse to reestablish control over and

contain women's bodies, like since the culture is out of control in other spheres. Finally, I will tie the urgency of this thesis to the field of social work, and how this project may be useful for those in the profession working in both micro and macro settings.

### **Biopower and Paranoid-Schizoid Ideology**

Anti-choice policies and rhetoric around the establishment of fetal personhood illustrate that power's investment in life has both intensified and redefined *life* as Foucault conceptualized it. Foucault states that in the modern era, tyrannical sovereign power is superseded by a seemingly humanitarian disciplinary power. This historic shift reordered power's relationship to human life, as it no longer operated as a threat to citizens, but is disguised as an ally. In the following analysis, it will be evident that power's investment in fetal life is clearly illustrated in the anti-choice articulation of in-utero pain and fetal personhood, and this investment is driven by a primal envy permeating anti-choice culture.

In many ways, the safeguarding of future life is a new and amplified instance of Foucaultian biopower. Whereas once the sovereign had the right to "take life," now power's indicator is the capacity to "make live and let die" (Foucault, 2003). Foucault argues that in the eighteenth century, the state's interest in monitoring and controlling practices related to birth and death rates became normalized, and the lives of citizens were increasingly protected and invested in, as it is citizens alone that give the sovereign power and life (Foucault, 2003). Similarly, he states that racism is essential in determining whose life is protected, and whose life is alienated. The category of race appears to be a "biological domain" that power utilizes to further fragment and divide the population it aims to control; the active neglect or attack on a subset of a populace speaks to maintaining power for the privileged, in this case, the dominant race (Foucault, 2003, p. 255). For Foucault, racism ultimately functions as a normalizing discourse, reifying notions



of good/bad and self/other respectively, that seek to justify the often destructive acts of the state, including war, poverty, incarceration, and capital punishment.

I extend this analysis on race further to argue that sex is a determining factor in who is selected to thrive, and whose rights are summarily curtailed. The attempt to imbue fetuses with rights, sanctity, and personhood is an implicit but direct assault on the rights of the women they exist within. Fetal personhood is also an issue of the biological domain that appears to be based on a set of truths that further divides and hierarchizes the population. It is a silent discourse of privileging life for the future generation, the future citizen, and thus the power of the state, over the rights, autonomy, dignity, and full subjectivity of women. The fetus comes to represent the state in this relation of power, where the woman becomes the disregarded and inessential subject. If the fetus is held as the privileged citizen, then women are understood to be enemies of the state from within. They are individuals with the capacity to allow or disallow future life, and thus their rights and autonomy are a direct threat to the entire population and must be revoked on behalf of the populace. Women, like the inferior race or the enemy of the state, are constructed as the wrongdoer and perpetrator in the abortion narrative and, as in Foucault's theory, are deemed criminal and outside the protection of the state. Thus in this instance, the fetus is made to live, and the woman is neglected, or left to die. The culture of life appears a benevolent discourse, merely investing in the lives of babies and children of the future, but remains actively yet silently exclusionary and oppressive towards women.

Where the potentialities of life proliferate for the fetus, the sexuality, subjectivity, and agency of women is actively neglected and sacrificed in the name of biopower. The fetus is thus produced in the anti-choice imagination as an unborn human victim of the criminal 'not-mother' with definitive personhood, a point allegedly validated through discursive medical knowledge. It

remains clear that the anti-choice party is ultimately attempting to reposition and redefine life to include potential, future life. Though personhood is an abstract and discursively constructed concept, anti-choice ideology rigidly purports that life begins rigidly at the moment of conception. The premise of fetal personhood is rooted in a socially constructed knowledge, which claims to be at once moral and scientific fact. In a Foucaultian sense, the anti-choice push for personhood is a discursive attempt to normalize a truth claim.

Despite scientific studies that show the fetus does not feel pain until the third trimester and other medical evidence that points to the fact that the beginning of life is a slippery and uncertain discourse, anti-choice ideology rigidly clings to the concept of fetal personhood (Associated Press, 2005). Undergirding this rigidity is a paranoid-schizoid psychic schema in anti-choice culture that guards against developmentally early persecutory anxieties. Klein asserts that these anxieties stem from malevolent and hateful instincts that are projected outwards onto others, much like the frustrated infant resents the mother's withholding and rejecting bad breast. These instincts ultimately come from the death drive, or the inborn tendency towards destruction, anger, and hate that is typically mediated and tempered over the course of one's life (Klein, 1986). She believes that all people move in and out of the paranoid-schizoid and depressive positions throughout life to varying degrees, but the ability to first attain the depressive position is a developmental achievement that cannot be taken for granted (Rasmussen & Salhani, 2010). Indeed, here I argue that much of anti-choice ideology operates from this early psychic position, as evidenced by the three bills I will focus on from Arizona, Tennessee, and Virginia. In arguing for fetal personhood, the anti-choice movement has depicted women as ruthless baby-killers, and when arguing for a woman-centered approach and justifying intrusive medical interventions, women are cast as the duped, naïve or helpless victims of a society, doctor, or relationship that

has deceived them into a regretful decision (Halva-Neubauer & Ziegler, 2010). Women are thus portrayed as either totally malicious, or totally innocent, further illuminating a split worldview that is rooted in the paranoid-schizoid position. Women are conceived of as part-objects, who are either wholly bad or good, not multidimensional whole-objects with complex and nuanced intellectual and affective experiences. In the context in which women are held as “all bad,” there is a different way of splitting in the cultural psyche, in which the woman is devalued and the fetus is idealized. Defensive splitting and the idealization of the fetus illustrates that abortion triggers anxieties around the loss of the good object and good self for the anti-choice party.

If what is good is destroyed, all that is left is a world full of bad, aggressive, and malevolent part objects. In anti-choice culture, if the fetus is killed off, one’s selfhood and life is left fragile in a world where *life*, in the narrow terms defined by this culture, is no longer sacred, protected, and valued. In other words, the malicious, bad object of the abortion-seeking woman symbolically destroys the good object of life. It is no wonder that the termination of a fetus tugs at the early, primal feelings of persecution in the anti-choice movement, as these anxieties stem from vulnerability in infancy. The group identifies with the helplessness and dependency of the unborn fetus, and unconsciously believes they are being attacked when the fetus is aborted. It is not their body under siege, but their core identity and way of being defined by their morals, norms, and relationship to patriarchy and gender. In rescuing and preserving the life of the fetus despite the woman, anti-choicers ultimately preserve the good object in their internal object representation, and split off and deny the bad, persecutory fears from within. The destruction of the fetus comes to psychically represent the destruction of the good and protective object, which constitutes a grave and annihilatory threat to the self in anti-choice ideology.

The dogmatic and inflexible relationship to fetal personhood within the anti-choice

ideology that positions women as immoral and criminal reveals an underlying rigid psychic split. This schema demonstrates Klein's concept of splitting in which the fetus is the 'all good' victim of the bad mother, whose subjectivity is no longer a biopolitical investment. In this case, anti-choice ideology regards the fetus as the good breast, and the woman as the bad breast. The former represents life, while the latter is associated with persecution and death, the antithesis of an allegedly humanitarian, biopolitical society. Unable to hold the subjectivity of both fetus and woman at once, the primacy of citizenship and agency must be given to only the fetus in anti-choice juridico-legal discourse. In this split, the woman is in effect not regarded as a whole-object, but as a part-object, merely gratifying the patriarchal demand to propagate and mother the population and perpetuate life, e.g. the good breast. In this sense, the category of woman is symbolically and unconsciously perceived to be the mother of the anti-choice movement, and the group is equivalent to the infant that fears the bad object's abortive persecution, the literal murder of the infant. Thus the fetus must be protected and invested in at all costs, including criminalizing women or leaving them to die in the case of Tennessee's HB3517, or punishing them, in Virginia's HB462 transvaginal ultrasound policy.

Ironically, the pro and anti-choice positions are not in direct opposition. Where the anti-choice position asserts that abortion should never happen, often not even in the case of rape, incest, or to preserve the health of the woman, the pro-choice argument is not that abortion must or *should* happen, but that it must remain a choice. Though both ideologies often evidence rigid thinking, anti-choice ideology operates from the paranoid-schizoid position in that it adheres to a rigid position in its argument, as well as that its arguments are neither nuanced nor reflective of an understanding of women's complex realities. The concept of choice illustrates the progressive capacity to tolerate ambiguity and opposing truths: abortion should not have to

happen yet it may be necessary given our sociocultural context. As an oppressed population with intersecting marginalized identities for many, women continue to experience both structural barriers to equality and a lack of corporeal autonomy in the US. Many women lack access to birth control, to comprehensive sex education, and to resources, while many survive abusive relationships. These are a few of the myriad, complicated, and understandable reasons that might lead a woman to terminate a pregnancy. Beyond abortion, Anti-choice ideology is also set against promoting preventive conditions for abortion, such as comprehensive sex education and accessible birth control, signaling a lack of consideration for the greater context of women's lived experiences. This either-or, split-off nature of anti-choice ideology epitomizes the rigidity and paranoid-schizoid tendencies of the movement. Pro-choice ideology on the other hand demonstrates a capacity to see women as multidimensional, whole-beings in the context of an oppressive society, rather than the split "all good" or "all bad" part-objects characterized as the "other" in anti-choice ideology.

### **The Biopolitical Criminal and Envious Ideology**

Moreover, in the message to women that they are always responsible for the life of a fetus, this hegemonic rhetoric implicitly privileges the fetus above all else. Compulsory motherhood is the silent effect of abortion restrictions, and an essential component of the propagation and perpetuation of patriarchal power structures. In this instance, *compulsory* refers to the way motherhood, and the maternal instinct, have become naturalized and normative aspects of culture, to the point that 'not-motherhood,' represented by abortion, is deemed pathological or criminal (Boyle, 1997, p. 38). This position produces femininity as always-already imbued with the qualities of mother and caretaker, and limits the full and varying capacities of women. It also eliminates the possibility that female sexuality can exist beyond the utility of motherhood,

further restraining the full expression of life for the female subject. As Boyle notes, patriarchy relies on compulsory motherhood, as it is an effective tack in maintaining women's economic dependence on men and restricting their role to the private realm, ultimately limiting their capacity for public engagement (Boyle, 1997).

Foucault stated that the biopolitical neglect or attack on certain segments of the population is justified not by the "enormity of the crime," but by the "monstrosity of the criminal, his [sic] incorrigibility, and the safeguard of society" (Foucault, 2003, p. 138). By the logic of the legislation out of Tennessee, if a woman miscarries, whether through an attack, an accident, neglect, etc. she is implicitly understood to be a murderer. Though miscarriages are historically and relatively commonplace, and often emotionally and physically painful for women, the measure privileges fetal life in a radical new way. The state's investment in the future and potential citizen is undergirded by the 'criminality' of the woman who is essentially the murderer of the future subject. Moreover, Arizona's HB2036 draws upon a parallel notion, that if fetuses can feel pain, then women are not only committing murder, but also torture. This bill highlights the monstrosity of women who would kill and torture a victimized baby, despite questionable medical evidence.

Both HB3517 and HB2036 mirror Foucault's biopolitical understanding of capital punishment, in which it is not the crime itself but the dangerousness of the criminal that becomes paramount. Women, the 'criminal' in the abortion narrative, are painted as baby-killers and self-serving monsters that refuse to mother and propagate the state for their own convenience. They do not participate in a culture of life, but rather a culture of death. Because women are thus 'killing' part of the populace, as any other criminal, their freedoms must be curtailed. Women who are the victims of rape and incest are not constructed in the same way, as they have not, in

essence, participated willingly in the sexual act that created this life, and are not necessarily shirking the role of mother on other terms. What makes the abortion-seeking woman, or in this case, the miscarrying woman so monstrous is a two-fold reclamation of power. The abortion-seeking woman is both asserting power and control in her choice and enacting a powerful subversion of patriarchal norms through the tacit refusal of motherhood. In many ways, the establishment of fetal personhood merely operates as a means to enhance the criminality of women's claim to power in her rejection of motherhood, the very premise of patriarchal culture. In other words, in anti-choice ideology, when femininity is tied to power and the subversion of norms, it is produced as immoral, criminal, and destructive.

The criminality of abortion-seeking women stems from the assumption that women are subordinate not only to men, but also to the state — as it is symbolized by fetal life in the promise of a future generation. Women's transgression is arguably not related to the destruction of life, but to the exercise of a kind of power in the form of freedom of the corporeal and subjective autonomy that is beyond the rule of a binarized, oppressive society. The act of abortion thus symbolizes not only the destruction of life in terms of the greater population and the individual self, but also the destruction of life as we know it. Abortion represents women's reclamation of control in relation to their bodies, sexuality, and roles in society; this act is intolerable to a population of men and women who stringently live within the confines of patriarchal demands, particularly clinging to motherhood and normative gender roles.

Klein asserts that the envious infant “cannot tolerate the very existence of something so powerful and important, able to make such an enormous difference in his experience, yet outside his control” (Mitchell & Black, 1995, p. 100). The infant is thus intent on spoiling entirely the powerful object she is dependent upon. When applied to the culture of anti-choice ideology, the

abortion-seeking woman's exercise of freedom and autonomy, both good and powerful, is the target of destruction. Anti-choice culture is not greedy, wanting to claim the choice of existing in a liberated way for itself, but it is a culture simply intent on ruining abortion-seeking woman's power *because* it is good. Anti-choice ideology does not itself seek the pleasure that might come as a result of liberation from patriarchal norms, it wants to spoil what is good about freedom; it is a systematic attack on the pleasure and power of the good breast, and in this context, women's power and freedom coheres as the symbolic good breast (Mitchell & Black, 1995). Unable to resolve the paranoid-schizoid position in relation to abortion in particular, anti-choice culture is frustrated by its own sense of restraint and deprivation, and thus must diminish the freedom that abortion symbolizes.

Sussal (1998) argues that heterosexual men with homophobic beliefs inevitably project their envious feelings into gay men who are "unconstrained by the masculine ideal," and thus have "greater sexual freedom" than heterosexuals (Sussal, 1998, p. 205). Similarly, I argue that the freedom represented by the abortion-seeking woman uproots at once the sexual, corporeal demands on women in patriarchy, *and* reverses a flow of power in which women have a freedom of choice that men cannot access. The notion that women are the gatekeepers to sex, life, and death is unconsciously disturbing to people who rely on a system in which men are dominant and women subordinate. The envious anti-choice destruction of the good object, in this case, women's corporeal and subjective freedom in abortion discourse, is thus assigned a criminal status and is taken up in legislatures across the US. Tennessee's HB3517 is just one example from the contemporary political 'war on women' that exposes a clear assault on women's freedom, as even the accidental refusal of motherhood implicit in miscarriage might hold dire material consequences for women who miscarry. It is an extreme measure that reveals the extent



to which anti-choice ideology operates from a place of unexamined primal envy.

The sanctioned destruction of life, though in opposition to biopower's aims, has historically been strictly relegated to the practices of men. Boyle (1997), for instance, argues that the military lends itself to the further separation of the sexes, which upholds the physical and emotional strength, aggression, and dominance of the warrior as a masculine ideal (Boyle, 1997). She asserts that the silent gendering of war upholds a system that encourages men to be socially sanctioned fighters and killers, while women are compelled to occupy the caretaking roles of nurse, mother, and replacement worker during wartime (Boyle, 1997). Boyle states that this constructed separation of the sexes is essential in privileging masculinity over femininity, and thus reproducing a patriarchal value system. Abortion, a specifically feminine destruction of *life*, or potential life, severely infringes upon the distinct separation of the sexes so essential to patriarchy. Woman's refusal of motherhood represented by abortion, compounded by the masculine activity of justifiable killing, is ultimately disturbing and intolerable to men and women who identify themselves narrowly and ardently through patriarchal gender roles.

### **Discipline, Governmentality, and the Role of Projective Identification**

The twentieth century has witnessed an increasing societal reliance on medicine and science in the US, as they have become primary and validated forms of knowledge among most political groups (Gauchat, 2012). *Roe v. Wade*, for instance, shifted the locus of power around abortion from politics to medicine, as it gives physicians, "in consultation with his [sic] patient," the right to terminate a pregnancy (Boyle, 1997, p. 62). The language makes explicit that abortion is not a woman's inherent right, but rather gives power to medical professionals who now have the right to perform the procedure (Buker, 1990, p. 829). Thus the doctor occupies the role of expert, the holder of a specialized discursive knowledge, a central component of

disciplinary power. Increased public trust and respect for the discourses of science and medicine has had an impact on abortion policy, as advocates on both sides of the debate have relied on medical discourse to support their truth claims.

In an effort to keep apace with the dominant paradigm, anti-choice politicians have co-opted both feminist and medical discourse and language to legitimate their claims to truth. The woman-centered approach reveals an intention to protect women who will inevitably suffer after an abortion, and who have a 'right' to know the fetus is a person. In their distorted use of these discourses, however, anti-choice politicians undermine the intended tenets of both; in other words, they distort the basic principles of science and feminism at once, actually undermining the supposed legitimacy of these very discourses. Not only do they consistently use biased or questionable scientific research, they use it to chip away at the rights and humanity of women. It is a new practice of hyper-medicalization and faux-feminism that ultimately blurs the boundaries of knowledge; they fight on established discursive terms, but in ways that essentially delegitimize and quietly distort the very discourses they are attempting to use. By adopting and utilizing this new tact, as opposed to fighting against liberal society's established norms, the anti-choice movement has successfully undermined humanitarian disciplines and ideological systems that are central to governing power.

The alleged benevolence of these policies is premised on the notion that women are unknowing, helpless, innocent, and in need of paternalistic guidance. The docile female body is subject to highly scrutinized measures that may in fact be punitive towards the body, but have the aura of compassion. Anti-choice power is hidden and tucked into the normative practices of medicine while maintaining the pretense that they support the right to bodily and familial privacy. Normalization of and trust in medical practices allows for greater control and access to

women's bodies, and anti-choice politicians are co-opting this discourse as a means to establish greater control under the guise of small and civilized governing policies. The discourse of medicine, then, works in tandem with state power, as a means of producing a docile female body. Because women seeking abortion are presumed to not be able to self-discipline in the realm of sexuality, they are subject to the governing techniques of medicine, in this case, the ultrasound. The three bills I have discussed would enact severe restrictions on women's reproductive rights, but are framed rhetorically as providing women with the "right" to more information about the fetus. Aimed at taking away rights, politicians have cleverly framed this bill as a mechanism for providing women with increased rights and knowledge about their bodies, appealing to 'progress' through feminism and science.

The stated goal of the ultrasound law HB462 in Virginia is to provide women with more information. Similar bill titles in other states such as the "Women's Right to Know Act" and the "Right to See Act" reveal a rhetorical move that attempts to align with women's "rights," despite the highly antagonizing and punitive measures towards women they actually enact (Eckholm & Severson). The use of the term "right" is an overt appropriation of women's rights and empowerment language. As Alabama Senator Clay Scofield who sponsored a similar bill in that state asserts, "I do think it is very important that these women are given as much information as possible before they make this difficult decision" (Eckholm & Severson, 2012). Anti-choicers like Scofield frame the issue around increasing women's knowledge about her pregnancy, and empowering her with this knowledge, which is ultimately a discursive utilization of the pro-woman approach.

When looking beyond insulting rhetoric, transvaginal ultrasound legislation blatantly increases the state's grip on and power over the corporeal experience of women's bodies under

the guise of benevolence. Though it supposedly gives women more “information” about the fetus and their bodies, it is a way of attempting to establish greater control and insert the hand of the state violently into the body of women. Foucault states that the docile body is most useful when it is fully obedient and disciplined (Foucault, 1995). The female body is most ‘productive’ and useful to power when it is obedient as either sexual object or mother. Proscribing doctors to insert a vaginal probe into the body of a nonconsenting woman, sends the message that women’s bodies, and reproductive organs specifically, are not their own. It is a threat, made through seemingly common and friendly medical practices, to women who have moved beyond patriarchal power’s demand for a docile, mothering body.

Apparent in this Virginia bill is Foucault’s assertion that in liberal society, the crux of biopower’s effect is life enhancement (Foucault, 2003). The bill purports to give women greater freedom and knowledge, but simultaneously dehumanizes women and provides no actual new information, as ultrasounds merely tell abortion-seeking women information they already know: that they are pregnant. The alleged knowledge that anti-choice proponents assume will become known in the moment a woman views the ultrasound is not actually apolitical *knowledge*, but a particular worldview and set of morals that recognize the fetus as a full person with equal rights to the woman carrying the fetus. The goal, in essence, is for women to change their minds upon seeing the image of the fetus, and to suddenly become aware of the guilt, shame and empathy that anti-choice ideology presumes women with correct knowledge will come to experience; the ultrasound can serve as the wake up call necessary to evoke a properly moral and informed response. Despite facts that show women are not likely to change their minds upon seeing the fetus, this continues to be a growing tactic in anti-choice ideological practice (Medoff, 2003; Dusenbery, 2012). Anti-choice politicians continue to manipulate the normalized and

legitimated everyday use of medical technology and intervention to extend their power in a distorted, but seemingly benevolent form.

Virginia's ultrasound bill, HB462, reveals an extreme attempt at manipulating and punishing women under the guise of benevolence. Klein's concept of projective identification illuminates the underlying motivations of such extreme measures and manipulation. Projective identification involves the projection of introjected but threatening parts of the self into an other, and maintaining a connection to this self-part by attempting to control it in the other. In this context, proponents of the anti-choice movement experience an internal cultural conflict between the introjected patriarchal feminine ideal and the good, humanitarian aspects of liberal, progressive culture, namely women's rights and empowerment. Socialized in a patriarchal hegemony, the general culture has over time introjected anti-woman practices and thinking, and come to identify with its restricting demands. As such, when liberating ideas are introduced, psychic conflicts are stirred up because primitive desires to be whole are now in conflict with the introjected part-object self that identifies with the oppressive hegemony. While the cultural psyche recognizes this disavowed goodness in what the anti-choice movement presents, it cannot internalize this liberation. In defense, this psychic conflict is resolved by the use of projective-identification, in that the anti-choice movement has come to foster a kind of pseudo pro-woman stance in their rhetoric. By using empowering language in a distorted way, the anti-choice proponent is thus able to project away the disavowed parts of itself to avoid unbearable inner conflict, while they manipulate liberatory *good* into *bad* for the pro-choice proponents.

In this manner, women's newfound power and freedom is experienced as an annihilating threat to the anti-choice self. In order to stave off the ambivalence and dissonance brought about by this contradiction, anti-choice culture instead appropriates and uses a woman-centered agenda

by distorting it as beneficial for both the fetus and the woman, thus maintaining a connection to the qualities of liberal culture that are pro-woman. The culture maintains a connection to pro-choice tenets, namely women's autonomy and empowerment, in a distorted and disavowed fashion that in practice undermines the very idea. Through Virginia's HB462, through similar policies such as the aptly titled Women's Right to Know Act, and through their use of women's empowerment language, anti-choice proponents have demonstrated that the annihilatory threat posed by pro-choice groups must be contained but managed at an arms length. By co-opting the language customarily used by pro-choice groups and feminists, anti-choice proponents can thus own the covertly desired power and freedom fostered in pro-choice ideology while they simultaneously disavow women's rights.

This same argument holds when applied to the manipulation of science for anti-choice means. Though science is often at odds with the anti-choice belief system, they have utilized flagrantly distorted scientific methods to prove that abortion causes breast cancer or PAS. In this way, they reject sound scientific and medical knowledge, but simultaneously maintain a connection to scientific thinking in their blatant distortion of truths. In these instances, the Anti-choice culture must disavow women's corporeal autonomy and modern science as *good* because it conflicts with their core identity; through legislation such as HB3517 and HB462 in which they attempt to control and punish women's bodies, the anti-choice movement is able to preserve an attachment to a pro-woman sentiment through the co-opting of feminist rhetoric.

### **The Discursive Female Subject and Projective Identification**

The notion that women are ideal and moral, and conversely, promiscuous and amoral, has been in operation for centuries. As Boyle (1997) notes, in Judeo-Christian mythology women have been cast as either the "moral agent" or the "temptress" who lead men into sin (Boyle,

1997, p. 40). Biddy Martin states that femininity has alternatively represented “passivity and powerlessness on the one hand, and monstrosity and chaos on the other” (Martin, 1982, p. 18). Throughout history, in different moments, these incongruous conceptions of woman’s nature have taken precedence in distinct ways in the cultural ethos. In the nineteenth century in the West, for instance, women were understood to be the moral compass of society, occupying a purified and idealized version of womanhood (Boyle, 1997). I argue that in the current moment, discursive knowledge about the nature of woman has shifted alongside social and medical advances in US culture. Through anti-choice ideological practices, the female subject is cast, often at once, as contradictorily naïve and pure *and* evil and hyper-sexualized. Taking cues from dominant contemporary discourses, anti-choice parties have employed hyper-medicalization and feminism as a technique to dehumanize women and invalidate these very discourses; the use of science and humanistic consciousness suggests both cultural and scientific progress, but in fact upholds, in a new way, a long-standing paradigmatic belief about women. In a Foucaultian sense, the anti-choice use of disciplines has lent credence and power to a system that ultimately remains oppressive, impinging upon the freedom, autonomy, and subjectivity of women. This is ultimately a curious reversal of biopower’s aim to invest in life-enhancing conditions, though the rhetoric and messages of anti-abortion policies claim to uphold a culture of life.

Virginia’s recent policy reflects an underlying relationship to women and motherhood that presumes women either do not have the essential moral code or knowledge to understand the effects of abortion, or, conversely, that they do, and they must be made to feel guilt and shame for knowingly making an amoral decision. This reifies the conception that women are both naïve and childlike, or immoral and murderous. Thus the requirement that women undergo an ultrasound is a new technique of governmentality and discipline, a means to instill proper self-

government in women who have strayed too far from patriarchal values and norms. All pre-abortion ultrasound requirements reveal a punitive manipulation of women who defy such norms, a technique that in its extremity is made thoroughly clear in transvaginal mandates. Thus, through policies and rhetoric, anti-choice politicians attempt to produce a norm in which the symbolic rejection of motherhood not only becomes antithetical to the propagation of life, but is deemed criminal, pathological, and immoral and must be punished.

The policy measures I have discussed reveal a distorted perception of the female subject that is at once generated and regulated in anti-choice discourse. In the case of fetal personhood, women are cast as the shameless killers, or the criminal subjects who must be subject to the governing intervention of the state. Produced as subjects unable to self-govern, state apparatuses are forced upon women, in conjunction with the medical field, as a method of disciplining and generating the norm of an obedient female body. The obedient female corporeal subject is one that has internalized her role as mother, and defines herself through patriarchal norms and dictates. In the case of the transvaginal ultrasound, anti-choicers reveal a relationship to a female subject that is inherently lacking the proper information or knowledge that is inevitably revealed through viewing a sonogram image of the fetus. Women must be required to undergo an invasive and intrusive procedure to get the 'clearest image,' to make sure they can truly see the effects of what they are doing. Transvaginal ultrasound regulations and similar restrictions like waiting periods, parental consent, and abortion counseling, implicitly produce a female subjectivity that requires the regulation and supervision of both politicians and doctors.

Both instances demonstrate an assumption that women are not capable of making decisions for themselves, either due to a lack of a moral code, or lack of knowledge, or both. Women are thus depicted as partial subjects, with an inherent lack in relation to both men and the fetus, in



terms of morality and knowledge. In lacking proper morality, the female subject is implicitly understood as guilty (e.g. all bad); in lacking knowledge, she is imagined to be innocent and childlike (e.g. all good). This conception of the female subject is simply an old narrative recast in this new context of abortion.

This internal schema is defined by a defensive splitting of women, in which they are alternatively idealized and devalued objects. This split is not only a way of relating to others as totally good or bad, but also reflects a split relationship to the self. In this way, the anti-choice movement, in their rhetorical and practical approaches, demonstrates an unconscious split in which women are regarded as alternatively innocent and devious; this simultaneously reveals a parallel relationship to the self. It is confusing and depressing for a fragile self to experience others as multidimensional objects, both good and bad at once, as it destroys the wholly safe and idealized object. Thus, anti-choice ideology is engaged in a process of projective identification from the paranoid-schizoid position, in which the autonomous parts of the self that are free from patriarchal introjections, are split off and projected into abortion-seeking women. When a woman is depicted as the persecutor in the abortion narrative, often evident in the fetal personhood approach including Tennessee's HB3517 and Arizona's HB2036, it is clear that such affects as rage, destruction, and immoral murderous instincts are the consequences of having to split off and project away conflicting internal experiences which will otherwise compromise the whole person. In the context of the woman-centered approach, made clear in Virginia's HB462, women are cast as innocent, dependent, and juvenile; it remains clear that these are the anxiety-inducing self-parts that are projected out of the anti-choice ideological self and into the category of abortion-seeking woman. Not wanting to lose both these helpless and aggressive self-parts entirely, anti-choice culture seeks to control, tame, and punish those very attributes in women as

a way to remain vicariously tethered to these disowned affects. In doing so, anti-choice proponents are able to continue to disavow what is intolerable in the self, yet maintain a safe distance from and a professed power over those self-parts in abortion-seeking women. The policies discussed in this chapter expose that such brazen attempts to control women's bodies ultimately reveals what is intolerable within the anti-choice cultural self.

In 2011, state legislatures passed eighty-three restrictive abortion laws, and states are poised to maintain this legislative trajectory through 2012 (Kliff, 2012). This number more than triples the number of state abortion restrictions from 2010, which marks a rapid and dramatic increase in anti-choice policy (2012). This unprecedented rise in restrictive and punitive abortion legislation across the US is a byproduct of a heightened national anxiety involving the current sociopolitical climate. Anti-abortion culture and ideology is in fact gaining political traction because increasing national economic instability and wartime fears have served to compound persecutory anxieties in the culture at large. The US is struggling to gain security and control after the major economic downturn of 2008, and it is no wonder that such displaced persecutory fears around abortion have become so prevalent. The disavowed qualities of helplessness and murderousness that anti-choice culture has projected into the category of woman are intensified in the current moment due to a broader national experience of anxiety stemming from the current economic strain. The recession has illustrated that the patriarchal and capitalist systems in which we live in are no longer viable without a fundamental change in the ways groups have become segregated into those who have resources and power, and those who do not. The weakening of the economy has caused a national stir of anxiety, but is particularly manifest in those who are rigidly dependent on the strength and survival of these very systems for their psychic wellbeing.

The anti-choice movement and conservative culture are firmly rooted in the survival of such outmoded and oppressive systems, but this amplified anxiety around maintaining the current way of life has been directed squarely at women. As Rasmussen and Salhani (2010) assert, “projections frequently target people who are socially and psychically vulnerable” (Rasmussen & Salhani, 2010, p. 503). Those with less power and control implicitly pose a threat to the dominant group, as they have the ever-growing potential to displace the dominant group. If women have access to abortion, corporeal autonomy, and therefore an ability to stave off motherhood temporarily or permanently, they will have greater opportunity to enter the sphere of work and public life. Abortion thus disrupts the discursively constructed and normative gender binary. In abortion discourse, women are no longer strictly nurturers, but also killers; women are no longer only mothers but also professionals; women might not be the passive recipients of male sexuality, but are equally sexualized beings. The subversion of rigidly binarized gender norms inspires fear in those who rely on patriarchal power structures that uphold a constructed and deeply held division of the sexes, in which men and women maintain opposing, complementary, and hierarchized roles. The threat of women overtaking men’s role in society, including their jobs, and displacing the already fragile current economic and political order causes unconscious anxiety in men whose selfhood is defined by their objects, work, class status, and relative gender dominance; it also creates internal turmoil for women who benefit from and strongly identify with the conservative paradigm in which woman is equivalent to mother. The more dependent, frustrated, and anxious this group becomes, the greater their efforts to repeal the rights and freedoms of women will be. In experiencing a loss of control and chaos as a broader population, the anti-choice movement ultimately attempts to control women’s bodies as a way to reestablish power and control within the self.

## Conclusion

In this chapter I have aimed to synthesize a Foucaultian framework for understanding the external power dynamics involved in anti-choice ideology, practices, and rhetoric, with a Kleinian lens to interpret the psychic processes underlying this movement. In this analysis I have paired Foucault's concept of biopower with Klein's ideas on envy and the paranoid-schizoid position; I also utilized discipline and governmentality in the context of projective identification; and I applied the creation of a discursive female subject with Klein's concept of projective identification. It remains clear that the ways in which the anti-choice movement relates to women, as a split and partial object, as an entity to be envied and destroyed, and as an alternatively innocent and devious object, ultimately reflects a poorly developed relationship to the self that undergirds this political group's beliefs and actions.

Through the systemic discourses of policy and rhetoric, I have sought out the underlying interpersonal conceptions of female subjectivity that are propagated in and promoted by anti-choice ideological practices. Through normalizing practices such as transvaginal ultrasounds and the 'discovery' of Post Abortion Syndrome, power relations that attempt to establish control over the female body and the imagined female subject become visible. The state is not the origin of the discourse, but a conduit through which smaller, multiple, and micro expressions of power that occur in the everyday anti-choice practices becomes legitimized as laws. Upon scrutiny, anti-choice policies and rhetoric reflect two different Foucaultian concepts: a fetal personhood strategy, which is largely in line with Foucault's analysis of biopower, and a woman-centered approach, which lends itself to analysis centered on discipline and discourse; ironically, both these anti-choice approaches rely on the established and affirmed knowledge bases of disciplines, namely science and feminist thought. These strategies and relations of power

ultimately reveal the psychic underpinnings of this group, as how they relate to the category of woman is a measure of a relationship to the anti-choice self.

### **Implications for Social Work**

This thesis is relevant to the values and ethics of the social work profession in many ways. Social work aims to empower and support marginalized populations; the dismantling and undoing the war on women is one way to work towards a more just and liberated world. This thesis will be useful to social workers, activists, and feminists, as it is a new way of understanding the war on women and the internal and external dynamics of the contemporary anti-choice movement. In order to diminish the effects of this anti-choice attack on women's bodies, subjectivity, and rights, we must collectively examine and acknowledge the fears that arise from political and economic instability for this group, and simultaneously address these fears to embolden a pro-choice movement. The rebuilding of the US economy must include space for women's autonomy and access to abortion, and it must recognize women as multidimensional, whole objects in the context of an unidealized and nuanced world.

Moreover, social work is a profession that engages with both micro and macro systems. We must bring awareness to both the implications of power and the underlying psychic motivations in anti-choice ideology, as it will help the pro-choice movement adequately address and push back against these oppressive dynamics on a systemic level. Social workers must be sensitive to and engaged with the impact of anti-choice policies on individuals, as they will likely affect, both practically and emotionally, many clients in communities they serve. It is important to remember that abortion is both a highly politicized and personal discourse; social workers must be able to understand and hold the effects of the dynamics influencing this political attack on women for their female populations. The war on women is a full fledged effort to manipulate

and shame women; it is the role of social workers who work with women, particularly those who have undergone abortion, to remain actively supportive, non-judgmental, and encouraging of women's choices and freedoms. In sum, I hope the synthesis of the knowledges and perspectives utilized in this thesis will ultimately provide feminists and the pro-choice movement with new insight and vigor to fight for a more just world.

## Bibliography

- Ainsworth, Scott H., Hall, Thad E. (2011). *Abortion politics in congress: Strategic incrementalism and policy change*. New York: Cambridge University Press.
- Associated Press. (2005, August 24). Study: fetus feels no pain until third trimester. Retrieved from <http://www.msnbc.msn.com/id/9053416/#.T6Qs8oVYvst>.
- Badash, David. (2012, April 24). Tennessee: miscarriage will be murder—legislature passes embryo bill. Retrieved from <http://thenewcivilrightsmovement.com/tennessee-miscarriage-about-to-be-murder-after-legislature-passes-bill/politics/2012/04/24/38401>.
- Bassett, Laura. (October, 2011). *Protect life act passes house: House passes controversial anti-abortion bill*. Retrieved from [http://www.huffingtonpost.com/2011/10/13/protect-life-act-passes-house-of-representatives\\_n\\_1009876.html](http://www.huffingtonpost.com/2011/10/13/protect-life-act-passes-house-of-representatives_n_1009876.html).
- Beard Rau, Alia. (2012, April 12). Brewer signs bill banning most abortions after 20 weeks. Retrieved from <http://www.azcentral.com/news/politics/articles/2012/04/12/20120412arizona-abortion-bill-20-weeks-law-brewer.html>.
- Berzoff, Joan, Flanagan, Laura Melano, Hertz, Patricia. (2008). *Inside out and outside in: Psychodynamic clinical theory and psychopathology in contemporary multicultural contexts, 2<sup>nd</sup> ed*. Lanham: Jason Aronson.
- Boyle, Mary. (1997). *Re-thinking abortion: Psychology, gender, power and the law*. New York: Routledge.
- Buker, Eloise A. (1990). Hidden desires and missing persons: A feminist deconstruction of foucault. *The Western Political Quarterly*, Vol. 43 (No. 4), 811-832.

- Cannold, Leslie. (2002). Understanding and responding to anti-choice women-centered strategies. *Reproductive Health Matters*, Vol. 10, (No. 19), 171-179.
- Caron, Simone M. (2008). *Who chooses?: American reproductive history since 1830*. Florida: University Press of Florida.
- Cohen, Glen I., Sayeed, Sadath. (2011). Fetal pain, abortion, viability, and the constitution. *Journal of Law, Medicine, and Ethics*, 235-242.
- Dean, Rebecca. (2007). Erosion of access to abortion in the united states: Lessons for australia. *Deakin Law Review*, Vol. 12 (No. 1), 123-166.
- Dusenbery, Maya. (2012, March 3). Why virginia's new mandatory ultrasound law still sucks. Retrieved from <http://www.motherjones.com/mojo/2012/03/why-virginias-new-mandatory-ultrasound-law-still-sucks>.
- Eckholm, Eric, Severson, Kim. (2012, February 28). Virginia senate passes ultrasound bill as other states take notice. Retrieved from [http://www.nytimes.com/2012/02/29/us/virginia-senate-passes-revised-ultrasound-bill.html?\\_r=4&pagewanted=all](http://www.nytimes.com/2012/02/29/us/virginia-senate-passes-revised-ultrasound-bill.html?_r=4&pagewanted=all).
- Foucault, Michel. (1990). *The history of sexuality: An introduction, volume 1*. New York: Vintage Books.
- Foucault, Michel. (1995). *Discipline and punish: The birth of the prison*. New York: Vintage Books.
- Foucault, Michel. (2003). *Society must be defended: Lectures at the college de france, 1975-1976*. New York: Picador.
- Gauchat, Gordon. (2012). Politicization of science in the public sphere: A study of public trust in the united states, 1974 to 2010. *American Sociological Review*, 77, 167-187. doi: 10.1177/0003122412438225.



Guttmacher Institute. (October, 2011). *State policies in brief: An overview of abortion laws.*

Retrieved from [http://www.guttmacher.org/statecenter/spibs/spib\\_OAL.pdf](http://www.guttmacher.org/statecenter/spibs/spib_OAL.pdf).

Guttmacher. (2011). *Laws affecting reproductive health and rights: Trends in the first quarter of 2011.* Retrieved from

<http://www.guttmacher.org/statecenter/updates/2011/statetrends12011.html>.

Gutting, Gary, "Michel Foucault", The Stanford Encyclopedia of Philosophy (Fall 2011 Edition),

Edward N. Zalta (ed.). Retrieved from:

<<http://plato.stanford.edu/archives/fall2011/entries/foucault/>>.

Halva-Neubauer, Glen A., Ziegler, Sara L. (2010). Promoting fetal personhood: The rhetorical and legislative strategies of the pro-life movement after planned parenthood v. casey.

*Feminist Formations*, Vol. 22 (No. 2), 101-123.

Heyes, Cressida J. (2007). *Self-transformations: Foucault, ethics, and*

*normalized bodies*. Oxford: Oxford University Press.

Hinshelwood, R.D. (1996). The social relocation of personal identity as shown by psychoanalytic observations of splitting, projection, and introjection. *The Johns Hopkins University*

*Press*, Vol. 2, (No. 3), 185-204.

Hout, Michael. (1999). Abortion politics in the united states 1972-1994: From single issue to

ideology. *Gender Issues*, Vol. 17 (No. 2), 3-34.

Jones, Rachel K., Kooistra, Kathryn. (2011). Abortion incidence and access to

services in the united states, 2008. *Perspectives on Sexual and Reproductive Health*, Vol.

43 (No. 1), 41-50.

Kelly, Mark (November, 2010). Michel foucault (1926-1984). Retrieved from:

<http://www.iep.utm.edu/foucault/>.

- Klein, Melanie. (1975). *Envy and Gratitude and Other Works, 1946-1963*. The Hogarth Press and the Institute of Psycho-Analysis.
- Klein, Melanie. (1986). *The selected melanie klein*. Juliet Mitchell, (Ed.). New York: The Free Press.
- Kliff, Sarah. (2012, March 7). 2012: Another record year for abortion restrictions? Retrieved from [http://www.washingtonpost.com/blogs/ezra-klein/post/2012-another-record-year-for-abortion-restrictions/2011/12/29/gIQAw5tKxR\\_blog.html](http://www.washingtonpost.com/blogs/ezra-klein/post/2012-another-record-year-for-abortion-restrictions/2011/12/29/gIQAw5tKxR_blog.html).
- Krisberg, Kim. (2002). Crisis pregnancy centers pose threat to women's health, choices. *The Nation's Health*, 16.
- Lake, Randall A. (1986). The metaethical framework of anti-abortion rhetoric. *Signs*, Vol. 11 (No. 3), 478-499.
- Martin, Biddy. (1982). Feminism, criticism, and foucault. *New German Critique*. (No. 27), 3-30.
- McLaren, Margaret A. (1997). Foucault and the subject of feminism. *Social Theory and Practice*, Vol. 23 (No. 1), 109-127.
- Medoff, Marshall H. (2003). The impact of state anti-abortion activities on state abortion rates. *Journal of Socioeconomics*, Vol. 32, 265-282.
- Medoff, Marshall H. (2009). The relationship between state abortion policies and abortion providers. *Gender Issues*, Vol 26, 224-237.
- Medoff, Marshall H. (2010). State abortion policies, targeted regulation of abortion provider laws, and abortion demand. *Review of Policy Research*, Vol. 27 (No. 5), 577-594.
- Mitchell, Stephen A., Black, Margaret J. (1995). *Freud and beyond: a history of modern psychoanalytic thought*. New York: Basic Books.

Mukhopadhyay, Samhita. (2012, March 8). McDonnell signs virginia ultrasound bill. Retrieved from <http://feministing.com/2012/03/08/mcdonnell-signs-virginia-ultrasound-bill/>.

Nadeson, Majia Holmer. (2008). *Governmentality, biopower, and everyday life*. New York: Routledge.

NASW. (2011). *Code of ethics of the national association of social workers*. Retrieved from: <http://www.socialworkers.org/pubs/code/code.asp>.

Phelan, Shane. (1990). Foucault and feminism. *American Journal of Political Science*, Vol. 34 (No. 2), 421-440.

Rasmussen, Brian, Salhani, Daniel. (2010). A contemporary kleinian contribution to understanding racism. *Social Service Review*, The University of Chicago, September.

Rich, Frank. (2012, March 25). Stag party: the gop's woman problem is that it has a serious problem with women. Retrieved from: <http://nymag.com/news/frank-rich/gop-women-problem-2012-4/>.

Robinson, Gail Erlick, Stotland, Nada, Russo, Nancy Felipe, Lang, Joan A., Occhiogross, Mallay. (2009). Is there an "abortion trauma syndrome"? critiquing the evidence. *Harvard Review of Psychiatry*, Vol. 17, (No. 4), 268-290.

Sanger, Carol. (2006). Infant safe haven laws: Legislating in the culture of life. *Columbia Law Review*, Vol. 106 (No. 4), 753-829.

Sawicki, Jana. (1986). Foucault and feminism: Toward a politics of difference. *Hypatia*, Vol. 1 (No. 2), 23-36.

Segal, Hanna. (2007). *Yesterday, today and tomorrow*. New York: Routledge.

Sheppard, Kate. (2011, May 26). Behind the right's fetal-pain push. Retrieved from <http://www.motherjones.com/politics/2011/05/fetal-pain-bills>.

Sussal, Carol M. (1998). A kleinian analysis of homophobia. *Smith College Studies in Social Work*, 68:2, 203-214.

Thorne-Thomsen, Aimee. (April, 2010). *Keep abortion safe and legal? yes. make it rare? not the point*. Retrieved from: <http://www.rhrealitycheck.org/blog/2010/04/26/safe-legal-rare-another-perspective>.

Valenti, Jessica. (2011, April 2). The new assault on abortion rights. *The Progressive*. 22-25.

Walsh, Deirdre. (October, 2011). House passes bill on abortion funding. Retrieved from: [http://articles.cnn.com/2011-10-13/politics/politics\\_health-bill-abortion\\_1\\_abortion-services-health-care-pitts-bill?s=PM:POLITICS](http://articles.cnn.com/2011-10-13/politics/politics_health-bill-abortion_1_abortion-services-health-care-pitts-bill?s=PM:POLITICS).

Wing Sue, Derald, Capodilupo, Christina M., Torino, Gina C., Bucceri, Jennifer M., Holder, Aisha M. B., Nadal, Kevin L., & Esquilin, Marta. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, Vol. 62, No. 4, 271–286. doi: 10.1037/0003-066X.62.4.271.