



Abortion care and the talking cure: A documentary film on the work of providers

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Abstract With the Supreme Court overturning of *Roe v. Wade*, reproductive rights advocates and activists struggle to find a way forward. Drawing on her recent documentary on the work of abortion providers, the author describes this project and its guiding aim of finding ways of talking about abortion in more nuanced ways. The paper presents key lessons that emerged from filming providers and some common pitfalls in psychodynamic framing of the issue.

Keywords Abortion providers · Reproductive justice · Abortion care

The production of *Our Bodies Our Doctors* (Haaken, 2019) my recent documentary film, was guided by the aim of helping people to talk about abortion. But “breaking the silence” and other speech acts must be accompanied by the right of silence. In one interview, an OB/GYN resident talks about a question he often gets from curious friends: “Why do women get abortions? When you ask the women, what do they say?” And I say to my friends, most of the time I have no idea why they are getting an abortion because I don’t ask.” He goes on to explain the principle behind not asking. “If women have questions or are uncertain, obviously I do talk with them about whatever is going on.” But most women have decided before they come to a clinic for the procedure, he explains. With a tone of stirring conviction, he adds, “who knows what’s best for that woman and her situation? Is it *me* or is it *her*?”

What may seem initially as a situation where the doctor is too lazy or busy to inquire about medical history emerges in this scene as a principled stance. *Roe v. Wade* delivered women from the humiliations associated with the so-called therapeutic abortion. Prior to *Roe*, a woman could sometimes go before a hospital

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panel of physicians to plead her case. She had to present a tragic story of why she wanted to terminate her pregnancy. To protect themselves legally, physicians would document the reasons for the abortion—often based on psychiatric or medical necessity. Sometimes the woman had been raped, or already had too many kids, or was too poor, or had an abusive husband, or was carrying a fetus with anomalies, or felt like she was having a nervous breakdown. But sometimes she just did not want to have a child at this time in her life—for whatever reasons.

Feminists fought long and hard for this right to not explain themselves, to not be forced to produce a dramatic story in order to get the help they needed. Judith Arcana, a member of Jane, the underground abortion service that disbanded after *Roe v. Wade*, also makes this point in *Our Bodies Our Doctors*: “We wanted ourselves and other women and girls to take our lives into our own hands—to not give them over to the medical industry, to the police, or to organized religion. But to be able to say, ‘This is who I am, I have given this serious thought, this is what I need to do. I could outline the reasons for you but I don’t have to.’”

With the Supreme Court overturning of *Roe v. Wade*, we now depressingly have to outline those reasons again. But it is important to hold on to our collective memories of struggle. Amidst the horror of this right-wing assault on women’s bodily autonomy, we are witnessing a quickening of feminist politics and abortion rights activism. There is a return of the repressed, a consciousness that abortion access is both determinative of women’s freedom and overdetermined in the sense of carrying a heavy social symbolic weight. It is in this context of legal battles in dozens of states and public education campaigns underway that we need to think about the implications of differing ways of talking about abortion.

Psychodynamic principles can be useful but they also carry significant blind spots as we participate in public discourse. One of those blind spots centers on the tendency to rely on tragic stories to justify women’s decisions to terminate pregnancies. *Our Bodies Our Doctors* takes up this anxiety-ridden zone of ambivalence, where lines get defensively drawn between “good” abortions and “bad” abortions, between the “good” responsible patient and the “bad” one. Race, social class and other social factors also mediate who gets placed in these morally charged categories, particularly around timeliness, order and control, performative displays of self-management, and other bourgeois values. For people with fewer resources or who live under highly stressful conditions, it can take longer to get abortion services. With abortion now illegal in many states, the road to care is even longer and rougher.

As clinicians, we follow the language of our clients and speak to how they frame their own experiences. Some providers that I interviewed noted discomfort, however, in using the word “baby” even when patients used this term to refer to their pregnancy. In public discourse, we can provide language that acknowledges that fetal tissue has and probably should have a kind of special status but that this does not mean that the fetus is a person. The dominance of the Christian right in the US, including on the Supreme Court, has marginalized the many ethical and religious traditions that recognize the woman’s right to decide on whether she is willing or able to carry a pregnancy. This is not only an issue of bodily autonomy. It is also one of taking seriously and valuing motherhood and what this work requires of women.



We must also insist on a fuller collective subjectivity as we fight for abortion rights. As a number of physicians in the film say to patients, “just because you are sad doesn’t mean that it is the wrong thing to do.” And while many women who seek abortions feel sadness and grief, others feel enormous relief, and a sense of support and closure. While pro-choice advocates often avoid the difficult emotions that can accompany some abortion procedures, this film project sought to reclaim that complexity.

As we organize in response to the overturning of Roe and other laws that are integral to modernity itself, we need to hold parts of our collective history in mind and the gains that are not so readily undone. What I found in making *Our Bodies Our Doctors* was a quiet rebellion in the field of medicine, led by a younger generation of progressive providers. Uncowed by the anti-abortion movement, they have taken on an immense struggle within the healthcare field—seeking to normalize abortion care and to pass the torch to a new generation of providers. We hold other historical knowledge to pass on as well, including strategies of civil disobedience and networks of support for those seeking medical asylum from reactionary laws. A vital part of the work also involves talking about abortion in a way that deepens the conversation and the political grasp of what remains so much at stake.

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References

Haaken, J. (Director). (2019). *Our bodies our doctors* [Film]. Specular Productions.

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