



"They Just Went After Us:" Reproductive Justice Advocacy at an Abortion Fund

Jessica Gantt-Shafer*

Communication, Colorado Mountain College, Glenwood Springs, CO, United States

In this study, I explore how organizers at an abortion fund use new media to create communication outreach about abortion and their hotline service. The data for this study includes 1 year of digital ethnographic work as a hotline volunteer at the abortion fund, along with in-depth interviews with the fund's advocacy team. The fund organizers want to appeal to supporters, protect and empower communities, confront systemic oppression, and dispel medically incorrect, neoliberal (i.e., racist, sexist, and classist) anti-abortion myths. Due to societal stigma and silence, public abortion discourse is largely shaped by media (mis)representation. To combat misinformation and misogyny, reproductive justice (RJ) organizers disrupt mainstream abortion narratives with their own outreach. The organizers in this study use social media to interact with the public, supporters, donors, and anti-abortion activists alike. While these organizers publish anonymous data and stories from their hotline on social media, they also vigorously protect the privacy of their callers and hotline volunteers. The organizers recognize the importance of callers seeing their experiences represented in public discourse while also feeling protected from anti-abortion backlash. Therefore, I argue the abortion fund organizers carrying out this digital advocacy work are engaging in multifaceted emotional labor and putting their bodies on the line for a stigmatized issue. This study is informed by research that speaks to the promises and perils of new media for community building, movement organizing, and what Molina-Guzmán (2010) calls "symbolic rupture." Social movement organizers work within the shifting media environment to transform cultural narratives, build solidarity, sustain their organizations, fundraise, and stand on the front line of stigmatized issues - even while enduring the consequences of personal exposure.

OPEN ACCESS

Edited by:

Vinita Agarwal, Salisbury University, United States

Reviewed by:

Sarah Jane Blithe, University of Nevada, Reno, United States Leandra Hinojosa Hernandez, Utah Valley University, United States

*Correspondence:

jessica Gantt-Snater jessicalgantt@gmail.com

Specialty section:

This article was submitted to Health Communication, a section of the journal Frontiers in Communication

Received: 28 September 2019 Accepted: 12 October 2020 Published: 30 October 2020

Citation:

Gantt-Shafer J (2020) "They Just Went After Us:" Reproductive Justice Advocacy at an Abortion Fund. Front. Commun. 5:501276. doi: 10.3389/fcomm.2020.501276 Keywords: new media, health activism, abortion, stigma, reproductive justice (RJ), emotional labor

INTRODUCTION

On a Sunday morning in May 2009, while acting as an usher in the foyer of his church in Wichita, Kansas, Dr. George Tiller was shot in the head and killed. At the time of his death, he was 67 years old, and had already survived a previous assassination attempt as well as the firebombing of his abortion clinic (Stumpe and Davey, 2009). Dr. Tiller's murder is a famous example of anti-abortion violence, but it is not unique. In October 1998, Dr. Barnett Slepian returned from synagogue and was shot through his kitchen window by a sniper. He died in front of his family (Fletcher, 1998). Earlier that year, the bombing of an abortion clinic in Birmingham, Alabama, left an off-duty police officer dead and a clinic nurse gravely wounded (Sack, 1998). In 2001, a self-described

1

"anti-abortion terrorist" sent over 550 letters containing graphic death threats and white powder (an anthrax hoax) to abortion clinics across the United States (Associated Press, 2003). In 2015, a gunman killed three people in the parking lot of a Planned Parenthood in Colorado Springs (Paul et al., 2015). In 2019, an anti-abortion protestor backed his car into a 65-year-old volunteer clinic escort in Alabama, seriously injuring her (Johnson, 2019).

Since 1977, the National Abortion Federation (NAF) has documented 11 murders, 26 attempted murders, 42 bombings, 188 arsons, and thousands of other criminal acts committed against U.S. abortion providers and clinics (National Abortion Federation, 2019). In 2018, the NAF also identified recordbreaking numbers of trespassing, obstruction, and picketing incidents at clinics (National Abortion Federation, 2019). The violent expression of anti-abortion sentiment is a complex psychological issue. However, media (mis)representations of abortion can normalize rage as an acceptable response to abortion's existence. Media (mis)respresentations of abortion also perpetuate medical misinformation and demonize people who seek abortion care. Sisson and Kimport (2017) find abortion misrepresentation is rampant in mainstream media. For example, media narratives largely underrepresent the financial and legal barriers faced by many seeking reproductive healthcare, which can lead the public to doubt the existence or formidability of these obstacles. When media narratives do include abortions, the safe, routine procedures are regularly depicted as violent, sudden, or physically dangerous.

In response to media misrepresentation, poor societal understanding of women's health, and sometimes-violent antiabortion rage, reproductive justice (RJ) organizations are working to combat stigma and misinformation in order to protect abortion and other reproductive healthcare. One feminist organization doing this RJ advocacy work is the Althea Fund¹. The Althea Fund is an abortion fund in Texas that runs a hotline to help pregnant people access funding for their abortion procedures. Fundraising and funding hotline callers are the primary objectives of the hotline. However, when trained hotline volunteers speak with callers and ask voluntary demographic questions, they gather data from callers that is anonymized and added to already collected aggregate data. This data documents on the ground lived experiences with systemic inequity, providing a realistic picture of abortions and the people who seek them. Through outreach that includes snapshots of this aggregate data (e.g., "A majority of our callers are already parenting"), Althea organizers work to end abortion stigma, garner support for the RJ movement, and raise money for their hotline.

These "true stories" and facts about abortion care and access are persuasive, but due to abortion stigma, Althea organizers

are not willing to ask already marginalized and precarious callers to share their names or faces. Therefore, the organizers take anonymized hotline data and personally walk out into the (largely digital) public sphere-facing interpersonal conflict, societal outrage, and even death threats head on. Thus, I argue Althea organizers put their own minds and bodies on the line for the movement as they take on exposure and engage in multifaceted emotional labor on behalf of abortion access. I find Althea organizers to be an interesting case study, as they essentially act as digital "stand ins" for their vulnerable callers and marginalized people in the public sphere. This means when anti-abortion sentiment or rage flares up, it is often directed at highly visible individuals like these organizers. The internet and 24-h news cycle are always on, so there is always a chance that organizers will feel a buzz and look down to see someone asking for help, seeking political commentary, or overtly threatening them.

To contextualize Althea organizers' efforts, I first describe mainstream media representations of abortion. Next, I discuss the possibilities and perils of participatory new media as a potential tool for healthcare advocacy and mobilizing counterpublics. In particular, I discuss how RJ movement advocates have used new media to combat stigma, stereotyping, and medical misinformation. Finally, I turn to interview and observation data from Althea organizers who, at the time of interviewing, acted as the face of the organization and interacted with various publics to defend abortion access. I describe how Althea organizers grappled with best practices for using their own names and faces to lessen abortion stigma, create compelling RJ-centered messages, and convince people to donate.

METHODS

The data in this study was gathered across 1-year and over 100 h of ethnographic participant-observation as a volunteer at the Althea Fund. During that year, I tried to adhere to self-reflexive feminist research values. Sprague (2016) also argues that, for feminist researchers, "understanding how things work is not enough" (p. 3). With that, I attempted to do ethnographic work that helped further the Althea mission in tangible ways. My efforts included taking weekly shifts to return calls as a hotline volunteer, listening to voicemails and logging the calls, traveling to participate at in-person advocacy events, and providing simple data analysis and visualization for board meetings.

Throughout my research, I recorded, transcribed, and thematically analyzed over 25 h of phone and video interview material with 22 Althea organizers and volunteers. All of this data and experience informs this study. However, for the purposes of this paper, I attend primarily to expansive interviews with two Althea leaders. While the organization has grown and added outreach and advocacy staff, these two leaders were personally managing the organization's outreach at the time of interviewing.

¹This data was collected with Institutional Review Board (IRB) approval, as well as approval from the abortion fund organization. The names of the organization, organizers, and volunteers have been changed to protect privacy. The IRB at Texas A&M University waived the need for written consent. Verbal informed consent, including for the reproduction of their verbatim quotations was obtained from the participants before the interview.

MEDIA, POLICY, AND ANTI-ABORTION LANGUAGE

Banet-Weiser and Gray (2009) suggest mediated "representations structure and construct the cultural meanings of identities, practices, and systems of power" (p. 14). The Althea Fund's communication outreach exists within a public context saturated with meaning constructed and shaped by media. Media representation is especially important when considering stigmatized issues like abortion that are rarely discussed openly in interpersonal conversations. Because abortion is not discussed in "polite conversation" or even public sex education, mainstream media becomes a "particularly powerful and prominent" source of public understanding and opinion about the issue (Jaworski, 2009, p. 105). Though it is difficult to directly correlate public opinion with media consumption, Jaworski (2009) calls for researchers and activists to pay attention to how mainstream media narratives depict reproductive healthcare (p. 117). Language and narratives about abortion in healthcare policy, news media, and fictional stories continue to influence societal and individual understanding of abortion procedures, experiences, and accessibility.

Anti-abortion Sentiment and Abortion Stigma

To understand how mainstream media embodies antiabortion sentiment, we must first understand the values underlying neoliberal and neoconservative anti-abortion rhetoric. Neoliberalism in the United States is not unique, as researchers have studied the effects of similar ideologies in the United Kingdom, Canada, and beyond (McGregor, 2001). This Western, globalized ideology is rooted in beliefs of achieved equality, commercialized diversity, and individual excellence (Brown, 2006; Gray, 2015). Ideas emphasized in neoliberalism are choice, accountability, and merit, all at the individual level (Lipman and Hursh, 2007, p. 162). Duggan (2003) states neoliberalism was "constructed in and through cultural and identity politics," co-opting antiracist and feminist movements and suggesting their goals had been achieved (p. 3). Neoliberalism is an ideology of "post" realities that suggests the United States is a postracial and postfeminist society with equitable individual opportunity for all. In this "post" society, Gray (2015) says "consumer friendly discourses of multiculturalism and diversity replace historic concerns about the lack of cultural parity" (p. 1108). Because everyone is said to have equitable opportunity, systemic inequality "takes shape as a political norm rather than a political challenge" (Brown, 2006, p. 708).

While neoliberalism is an ideology that is neutral, marketbased, and amoral at its core, in the United States it exists in tandem with the neoconservative ideology. Neoconservatism consists of moral governance practices that rest on neoliberal constructions. While neoliberalism is a "secular faith" (Duggan, 2003, p. XIII), Brown (2006) describes neoconservatism as an "unevenly and opportunistically religious" ideology that has laid the groundwork for authoritarianism to work alongside an intense focus on the individual (p. 696). A belief in the neoliberal, moral self as hardworking, self-made, righteous, and deserving means the existence of permanently poor, "criminal," or otherwise struggling people can be seen as the natural and "inevitable cost" of virtuosity being rewarded (Brown, 2006, p. 695). As Duggan (2003) writes, financially and socially rewarding only the "virtuous" class enables "attacks on downwardly redistributive social movements," like the Black Lives Matter or reproductive justice movements (p. XII).

Even in healthcare, where pregnancies or medical complications can be difficult or impossible to prepare for or address until they arise, neoliberalism transforms care issues into "individual problems with market solutions" (Brown, 2006, p. 704). Though the neoliberal ideology touts empowerment, it "produces citizens as individual entrepreneurs and consumers whose moral autonomy is measured by their capacity for 'self-care'—their ability to provide for their own needs" (Brown, 2006, p. 694).

Women are citizens who have particularly had their human rights jeopardized by market forces, neoliberal individualism, and patriarchal neoconservative norms. Though women in countries like the U.S. have achieved "formal" gestures of equality, such as the right to vote, inequality continues through "occupational segregation," the gendered work-pay gap, and the "double burden of unpaid care work and wage earning" (Smith, 2008, p. 131). Briggs (2012) notes that abortion in particular has long been tied to "narratives of fault, punishment, and personal responsibility," which are gendered narratives usually associated with the pregnant person (p. 23). Pregnant people who need access to abortion services are typically deemed "irresponsible," made to seem selfish, and often shamed into silence (Kennedy, 2001, p. 164).

Goffman (1963) explains that feelings of shame and stigma come from not meeting societal "demands." In society, Goffman (1963) suggests, "we lean on these anticipations that we have, transforming them into normative expectations, into righteously presented demands" (p. 2). People who experience shame and feel stigmatized perceive they have been "reduced in our minds from a whole and usual person to a tainted, discounted one" (Goffman, 1963, p. 3). Abortion is readily understood in U.S. society as a tainted act. Abortion stigma, then, is a "negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood" (Kumar et al., 2009, p. 4). Inferior members of the "bad girls tribe," then, are seen as "deserving stigma because of their own personal failings" (Cockrill and Nack, 2013, p. 975). Feelings or expectations of abortion stigma typically lead people to believe hiding their abortion experience(s) is the only acceptable path forward. In the United States, United Kingdom, Mexico, Nigeria, Pakistan, Peru and beyond, studies have documented the connection between abortion and stigma, selfjudgment, isolation, and concerns for secrecy in both people who have abortions and people who help provide abortion care or access (Shellenberg et al., 2011; Astbury-Ward et al., 2012; Cockrill et al., 2013; Hanschmidt et al., 2016).

Abortion stigma at times still comes from "pro-choice" advocates, as even people who believe in bodily autonomy

can still strongly believe in personal irresponsibility and failure (Cockrill and Nack, 2013, p. 981). However, anti-abortion labels of "murderer" and "killer" tend to be more intense and aggressively silencing. Anti-abortion imagery has traditionally been more visceral than pro-choice imagery. As Hayden (2009) describes, the "significance of fetal imagery for the articulation of clife> cannot be overstated" (p. 114). Anti-abortion activists use the word murder and, at times, grotesque imagery.

Fetal imagery and calls of murder can lead to normalized rage and, in extreme cases, the violent actions described at the start of the paper. Mainstream abortion narratives regularly discuss and reflect shame, stigma, and silence, which RJ organizations seek to combat. Through understanding anti-abortion sentiment, we can see "the influence of political opponents and social detractors on movement ideology" (McCaffrey and Keys, 2000, p. 41). That is to say, popular anti-abortion sentiment dictates what RJ activists must respond to and normalizes the violent or other threats they endure.

Abortion Stigma in Public Health Policy

Importantly, the language used in media coverage of abortion draws upon (and feeds back into) healthcare policy. Sun-Hee Park (1998) argues explicit language in public policy is important, as the attitudes and beliefs espoused through proposed polices "have the power to affect the everyday lives of individuals" through perpetuating stigma, taboo, and shame—regardless if the law is passed or not (p. 193). The language used in reproductive healthcare policy affects the public psyche and can serve to silence or scare individuals who have received or might seek abortion care.

There are many documented examples of policies that include language attempting to intensify or silence abortion discourse. In 2004, the U.S. House of Representatives created the Unborn Victims of Violence Act, in which they shifted federal policy away from using the term "fetus" and instead used "unborn children" in their prenatal language (Unborn Victims of Violence Act, 2004). Similarly, in December 2017, *The Washington Post* broke a story that alleged Center for Disease Control officials had effectively "banned" seven words from being used in CDC documents for the upcoming budget (Sun and Eilperin, 2017). The list of words notably included the term "fetus," suggesting other words should be used in the place of this term.

In Texas's 2017 Senate Bill 8, policymakers repeatedly used the term "dismemberment abortion" to describe a common abortion procedure. "Dismemberment" is not a term used or recognized by medical professionals in relation to the procedure (Texas LegiScan, 2017). In the same year, proposed Texas House Bill 948 suggested women and providers should be charged with murder if an abortion procedure was performed. The lawmaker behind the bill stated knowing there would be "repercussions" would force women to be "more personally responsible" (Guarecuco, 2017). In 2018, expansive coverage of "heartbeat bills" and other policies debated across multiple state legislatures continued to stoke confusion, anger, and fear. When policymakers write non-medical, violent, or emotionally charged language into proposed laws, they insure those words media coverage in the public sphere.

Media Coverage of Abortion

Ferree (2002) documents that public abortion discourse in the United States went through a "century of silence" from about 1890 until 1950 (p. 25). With the signing of Roe v. Wade, abortion reemerged in U.S. public discourse as a polarized, stigmatized, and misunderstood issue relegated mostly to mediated depictions rather than meaningful conversations (Ferree, 2002; Hayden, 2009). Data from a 2015 research survey showed that nearly 70% of participants "reported that 'media' was the most popular source of abortion information" in their personal livesfar outweighing discussions with their family members, in educational spaces, or with people who have had abortions (Conti and Cahill, 2017, p. 429). While abortions are a common procedure (it is estimated that one in four U.S. women will have an abortion in their lifetime), there continues to be relative stigma and silence around personal experiences with abortion. Media narratives fill this silence. Reproductive justice researchers and advocates know "media frequently use negative language and framing when covering abortion, and that such frames work to produce abortion stigma" (Sisson et al., 2017, p. 395).

When media coverage perpetuates scary, shameful abortion discourse, it can serve to silence meaningful discussion about abortion. In their creation of content, then, journalists and other media creators have the ability to help provide opportunities for more robust and humane discourse. Yet, both Conti and Cahill (2017) and Sisson et al. (2017) describe how journalists find it difficult to accurately depict abortion experiences and medical opinions due to false equivalency norms in reporting. These norms suggest journalists have to appear unbiased and present all sides of an issue "even if one side is scientifically false or based on no evidence at all" (Conti and Cahill, 2017, p. 427). Furthermore, Sisson et al. (2017) found 80% of the journalists they interviewed who report on abortion access with a "progressive" stance have faced harassment and even threats from readers and viewers.

While journalists try to retain their jobs and stay safe, news media continues to decenter the public health aspect of abortion and normalize a polarized framing of the issue. As Hernández and de Los Santos Upton (2018) carefully document, popular conservative news outlets frame abortion as "divisive" and often "remove women and women's bodies from the abortion context altogether" unless referring to "botched abortions" or other graphic imagery (p. 33).

While anti-abortion language, neoliberal framing, and misinformation permeate healthcare policies and subsequent news coverage, ideally the realm of fictional media could offer a space to portray accurate information and humanizing narratives. There are several recent examples of film and television media that normalize abortion. In 2014, actor Jenny Slate and writer and director Gillian Robespierre created the film *Obvious Child*, which follows a young female comedian who decides to have an abortion after an initial one-night stand (Holm and Robespierre, 2014). Film critics and the president of Planned Parenthood praised the film's depiction of abortion as a normal choice and safe, common procedure (Kermode, 2014; Richards, 2014).

The 2019 television series *Shrill*—created by and starring comedian Aidy Bryant—includes an abortion-positive narrative

in its first episode. Bryant's character, Annie, goes to Planned Parenthood to have what appears to be a common aspiration abortion procedure. Annie holds her roommate Fran's hand for support as the physician explains the process aloud. The physician describes how she is numbing and opening Annie's cervix, reminding her that "light cramping" is normal. Then, a few days later, when Fran asks Annie how she is, Annie responds with a grin, "I feel really, really good ... I don't know. I feel very fucking powerful right now" (Bryant et al., 2019).

Some abortion providers and activists have hailed Obvious Child and Shrill as celebrating autonomy and depicting abortion with heartfelt, honest sensitivity. Yet, these narratives still center young, white characters who are not parenting, which is not the primary demographic that seeks abortion care. The narratives also do not explicitly include financial and other obstacles to abortion access. However, the new HBO film, Unpregnant, and a recent short film, Lucia, Before and After, do depict some of these obstacles. Lucia won the 2017 Sundance Film Festival Short Film Jury Award. This 13-min film shows how a young woman, Lucia, in west Texas spends the 24 h mandated waiting period between her ultrasound consultation and abortion procedure (Nadig and Valia, 2016). Lucia drives several hours to the clinic, has her ultrasound, and then, without extra money to spend, runs out of a bar unable able to pay for her meal and sleeps in her car while trying to pass the time before her abortion. Lucia shows a glimpse of some of the realistic challenges a pregnant person might navigate to access abortion care.

Outside of rare examples like these, however, medically and otherwise inaccurate depictions of abortion permeate fictional media. As Sisson and Kimport (2017) remind us, "television representations of all aspects of life, including different areas of medical care, often depart from reality for the sake of a good story" (p. 57). The issue of abortion is no exception. In recent fictional television and film abortion narratives, Conti and Cahill (2017) culled several striking research findings. For example, 37.5% of characters who obtained an abortion experienced a complication or negative health effect, when the actual aggregate risk is 2.1% (Conti and Cahill, 2017, p. 428). In addition, onscreen depictions of deaths due to abortion occurred in 5% of plotlines, which is "about 7,000 times the actual mortality rate" of practically zero (p. 428). Moreover, characters obtaining abortions were "disproportionately white, young, wealthy, and not parenting" in media depictions (Conti and Cahill, 2017, p. 428). In addition to these findings, Sisson and Kimport (2017) note that only 4% of all fictional abortion-related stories show a character meeting an "insurmountable" obstacle, which stops them from obtaining the procedure. This underrepresentation of systemic barriers to access suggests abortion and general reproductive healthcare is more easily accessible than in reality. These misrepresentations bolster a neoliberal, individualistic framework in which any person who chooses to have an abortion can readily access the procedure and make their decision based on (selfish) individual desire.

With depictions of abortion across news and entertainment media continuing to spread misinformation and perpetuate neoliberal myths, RJ movement media outreach acts as a response. In an ideal world, these activists' advocacy would help shift dominant narratives and public policy to be more medically accurate, inclusive, and humane.

NEW MEDIA FOR SOCIAL JUSTICE

Though Banet-Weiser and Gray (2009) posit media in "the contemporary era continues to be influenced by expert knowledge holders who act as gatekeepers," they also echo others (Jenkins, 2006; Chun, 2009) who assert that new, interactive, and increasingly accessible media and technologies are challenging traditional gatekeeping (p. 15). It is true that many people still get their information through mainstream media and pay attention to dominant discourse to make sense of the world (Downey and Fenton, 2003; Costanza-Chock, 2014). Still, as we have seen with campaigns like Black Lives Matter, new media can elevate a social movement to mainstream discourse and widespread media coverage.

Furthermore, it is through the media we consume and create that we "relate to, visualize, and recognize each other" and ourselves (Chun, 2009, p. 9). In a time when most people's daily interactions with media revolve around "rapid forms of production and circulation enabled by new, mobile, miniature technologies of production and circulation," there is potential for new ways of understanding ourselves, others, cultural norms, and stigmatized issues to emerge (Banet-Weiser and Gray, 2009, p. 15).

By connecting like-minded individuals and activists, new media's collective intelligence becomes a form of power for social movements to harness (Jenkins, 2006, p. 4). Molina-Guzmán (2010) describes the possibility for digital users to create "symbolic rupture," or "disrupt the process of symbolic colonization" in mainstream representations of their own lives and experiences (p. 9). New media users can discuss and circulate what Hall (1993) would call oppositional readings of dominant narratives to produce symbolic rupture.

Using new media, creators and activists can offer new narratives and counter stereotypes. When people encounter multiple narratives, simplistic understandings of issues and groups becomes more difficult to maintain. As Ramasubramanian (2011) documented in her study on white students and media exposure, "exposure to a few counterstereotypical media exemplars can bring about a definite shift in racial attitudes" (Ramasubramanian, 2011, p. 14). Other studies have shown similar results, with exposure to counter narratives and diverse media representation positively influencing viewers' understanding of and emotions about stereotypical groups and issues (Power et al., 1996; Ramasubramanian, 2007; Ramasubramanian and Oliver, 2007; Holt, 2013).

Thus, new media's capacity for rupturing dominant narratives is important for social movements. Rohlinger (2002) writes that social movement organizations and organizers are no longer "simply the objects of media coverage," but rather "reflexive agents that interact with the structures of media" and use new media strategically to influence public discourse (p. 483). Costanza-Chock (2014) echoes this sentiment, noting how "over the course of the last 20 years, widespread changes in our communications system have deeply altered the relationship between social movements and the media" (p. 2). In their 7-year experience as a movement ally in transmedia immigrant rights activism, Costanza-Chock (2014) found social movements use the shifting media ecology to "build movement identity, mobilize people for action, shift cultural narratives, and advance policy goals" (p. 181).

In healthcare movements in particular, Gillett's (2003) analysis of HIV/AIDS patients' use of social media for self-representation is one example of research documenting new media's potentials for health activism (Zoller, 2005; Berridge, 2007; Moorhead et al., 2013). Furthermore, in Dehlendorf and Rinehart's (2010) review of health communication research, they cited the work of over 20 studies as evidence that using media and other resources to encourage "discussion of reproductive issues" individually and societally has led to demonstrated beneficial outcomes on both levels (p. 324). More specifically, new media and "internet-based health interventions" are considered "low in cost and resources, convenient for users, help to overcome feelings of isolation, reduce stigma, and involve substantial user control over the intervention" (Upadhyay et al., 2010, p. 419).

New Media Advocacy in the Reproductive Justice Movement

Reproductive justice, like most contemporary movements, uses the internet, new media, and technology prolifically. Importantly, though I will focus on RJ movement media, the internet is a space for everyone to gather and exchange (mis)informationincluding anti-abortion activists and organizations. While I document strategies and successes of RJ new media in this paper, viral anti-abortion sentiment is also part of the oftenmanipulative online context of social media. So, while they are regularly met with threats and well-organized virtual antiabortion sentiment, Althea Fund and other RJ organizations use new media to counteract mainstream narratives and influence social attitudes about abortion (Rohlinger, 2002, p. 483). Movement supporters, the public, and people in need of abortion care are all potential audiences for RJ movement outreach. When constructing messages, McCaffrey and Keys (2000) maintain RJ organizers should be concerned with both establishing the "legitimacy of the movement" while also mobilizing their supporters (p. 44).

One instance of new media swiftly mobilizing support in the RJ movement was the use of Twitter during Wendy Davis's famous 11-h filibuster in the Texas Senate to oppose the antiabortion bill, HB2, in 2013. While nearly half of all tweets with hashtags such as #StandWithWendy and #StandWithTXWomen came from Texas GPS locations, the rest of the Twitter support came from regions including "the West coast, the Mid-Atlantic, the Midwest, and the coastal North East" (Stevenson, 2014, p. 504). While people were physically in the Texas capitol watching Senators Wendy Davis and Leticia Van de Putte speak out against the bill, hundreds of thousands more were tuning in and engaging in real-time with the filibuster livestream online. Online consciousness-raising through hashtags creates discourse that "bridge[s] gender issues in the public and digital spheres" (Lane, 2015, p. 5). The use of new media to organize and mobilize supporters is important for demonstrating loud, vocal support for abortion and other stigmatized issues (Costanza-Chock, 2014; Conti and Cahill, 2017).

However, as detailed above, abortion stigma is strong in U.S. public discourse. In this context, RJ movement organizers try to create space for people to speak safely about their personal abortion experiences. In particular, pro-choice abortion speak-outs have allowed individuals who were ashamed or scared to break their silence about their abortion experiences. Abortion speak-outs have a long history in women's rights activism. As many have described, speak-outs have typically been organized spaces in which people could share their abortion stories (Shulman, 1980; Salmon and Neuwirth, 1990; Ross, 1993, Dubriwny, 2005). Ideally, individuals speaking about their abortions could help break the "spiral of silence" around the issue (Salmon and Neuwirth, 1990). In turn, speak-outs as a consciousness-raising practice can improve individual and collective understandings of abortion obstacles, policy, procedures, and experiences (Dubriwny, 2005).

Yet, speaking out about abortion might be more closely aligned with a pro-choice rather than reproductive justice movement, particularly if the "speaking out" does not acknowledge the complexity of reproductive oppression and violence. Reproductive justice, as defined by SisterSong Women of Color Reproductive Health Collective, includes "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities." (Reproductive Justice, 2018). Loretta J. Ross (1993), a founder of SisterSong and the RJ movement, tells us we must listen to Black and marginalized women's voices in order to comprehend how abortion access is embedded in systemic (neoliberal) inequity (p. 141). The voices of women of color begin to illuminate the sexist, racist, classist, and other oppressive forces underpinning this inequity. Crenshaw (1991) famously explained how the intersection(s) of structural, political, and representational forces further subjugate and marginalize women of color. With that, the experiences of wealthy white women seeking abortions will likely not be as fraught as the experiences of poor Latina migrant women in California seeking prenatal care (Zavella, 2016), and yet intersectional reproductive justice encompasses both circumstances. Fregoso (2014) might call this "decolonizing human rights," or moving away from "the liberal doctrine of human rights codified in law" toward the "collectivist politics of social justice activists" (p. 586). Generally, we describe this expansive, collectivist approach as intersectional.

In current new media RJ activism, *We Testify* (https:// wetestify.org/) exists as an intersectional digital space for documenting and circulating personal abortion stories. *We Testify* is an online platform for "abortion storytellers" to share their experiences. Storytellers can accompany their story with their name and photo, or they can use a pseudonym or tell the story anonymously. By posting on *We Testify*, storytellers "demand to be counted" in public discourse (Testify, 2017). The site and organization behind it aim to shift "the way the media understands the context and complexity of accessing abortion care" (About, 2017). Cristina, the executive director at the Althea Fund and former *We Testify* contributor, described *We Testify* as a "storytelling cohort" that centers narratives from women of color and marginalized people. She commended *We Testify* as a platform for sharing abortion stories that combat the neoliberal narrative. Cristina told me:

[They are] a great example of storytellers who use real stories and voices of people who have had abortions to change the narratives, to be upfront, and to center their experiences. As opposed to, like, this "good" abortion, or exceptional or moral *blah blah blah* examples. It's great. The majority of people who receive abortions are women of color, and [*We Testify*] is women of color run and centers women of color. That's the kind of shifting I think we need in the movement and they're in the thick of that.

As Cristina highlighted, *We Testify* focuses on stories shared from people "of color, those from rural and conservative communities, those who are queer identified, those with varying abilities and citizenship statuses, and those who needed support when navigating barriers while accessing abortion care" (About, 2017). In doing this, the platform aims to challenge dominant (mis)understandings of abortion and abortion access, shifting the conversation from "choice" toward "largely inaccessible human right."

If an organization like We Testify can create successful outreach, "they can expand the debate around an issue, energize a movement by mobilizing a population, and increase movement and organizational legitimacy in the political sphere" (Rohlinger, 2002, p. 479). McCaffrey and Keys (2000) elaborate on the importance of establishing public credibility as it is "a crucial commodity for movement organizations because it translates into influence;" the media creator who possesses "the greatest degree of credibility has the power to define the issues and the bounds of the debate" (p. 56). Furthermore, Cockrill and Nack (2013) argue "increasing social contact between people with abortion experiences and people without abortion experiences may be one of the most important elements for changing social attitudes," which can include not only social media from people who have personally had abortions but also people who have intimately provided abortion services or access (p. 987). There is a healthy infrastructure of RJ advocacy organizations and new media initiatives, and direct service organizations like the Althea Fund and clinics rely on these efforts to continue generating credibility for the RJ movement in public discourse.

COMMUNICATION OUTREACH AT THE ALTHEA FUND

Even as they rely on storytelling and other large organizations (e.g., Planned Parenthood, the ACLU, NARAL) for movement legitimacy, the Althea Fund also creates outreach in order to promote and sustain their organization. Riya, the then-president of the Althea Fund, explained that communication outreach, while not the centerpiece, is essential to the organization. When discussing RJ organizations, Riya felt "people see [the Althea Fund] as one that has an anti-oppression voice and one that talks about our work in a way that is meaningful to them." Riya contributed Althea's success and longevity to the continuous outreach efforts of the organization and its members. Moreover, outreach is the primary means through which the Althea Fund solicits donations. Because Althea leadership recognized the positive impact of consistent outreach, these efforts were highly valued and carefully crafted.

Though volunteers largely run the hotline, Althea leadership intentionally limits organizational outreach labor to a small team of organizers. Not only does this help streamline the labor, as there are fewer voices and opinions involved, but Althea organizers are seasoned activists who have long done movement work. Ideally, this means outgoing content will remain aligned with intersectional RJ values, but it also presents a challenge in making sure Althea volunteers feel heard. As Riya told me:

We haven't figured out a good way to get more people involved in communications work, it's been an ongoing challenge. Part of it has to do with how communications works. You have to pay really close attention to detail and be in constant communication with those you're working with. It's not something people can dip in and out of.

Riya's description of Althea outreach labor adheres to the tenets of Rohlinger's (2002) small communications team. These small teams can be more responsive to real-time engagement needs, but they also take on all of the work and personal consequences. The Althea organizers doing this outreach work were consistently interacting online with supporters, donors, and anti-abortion activists alike, readily adjusting their intellectual and emotional responses. They were performing complex emotional labor at all hours of the day.

Hochschild (1983) defines emotional labor as labor that "requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others" (p. 7). As in, your job requires that you actively manage your own emotional expression in order to elicit beneficial emotions—and, hopefully, desired actions—from your customers, clients, or audience. Humphrey et al. (2008) observe that leaders in particular have to be ready to "display a wide variety of emotions, ranging from friendliness, to sympathy and support, to anger" as they interact with employees, clients, and the public as the "face" of their organization (p. 155).

Emotional labor is well documented in abortion access work, due in large part to abortion stigma. Simonds (1995) documented how laborers involved in "abortion work" are regularly "being called upon to demonstrate empathy and nurturance to their clients and with each other, yet at the same time to appear controlled, united, and assertive in the face of the enemy" (p. 255). Furthermore, Wolkomir and Powers (2007) drew on 16 months of participant observation at a women's healthcare clinic to describe how employees detached or invested in various patients in an effort to process their emotional labor and continue to provide abortion care.

However, an important distinction between abortion work and other types of customer service-oriented emotional labor is the sense of purpose abortion access workers might feel.

Wolkomir and Powers (2007) find that, when it comes to abortion care, "people often enter these fields because they believe the work is socially important and are therefore more likely to have heavily invested in the work and infused it with valued selfmeanings" (p. 154). If an employee has a job they feel embodies their personal values, it can boost their sense of authenticity and self-efficacy at work. O'Donnell et al. (2011) echo that "for individuals involved in abortion care, abortion is understood not as simply a moral, political, or intellectual discourse, but as a lived experience" (p. 1362). The work of providing and/or paying for abortion is a hands-on experience for all involved. People doing the work do not provide money to someone else to try to fight for reproductive rights, but rather they safeguard and provide someone's access to those rights. Doing abortion work means you feel like you are tangibly helping someone while facing the stigma of doing "dirty work," or work society deems "morally dubious" (Martin et al., 2014a, p. 586). Yet, the "high levels of pride" involved in abortion work can offset the fatigue and negative emotions associated with stigmatized labor. In their study of abortion providers, Martin et al. (2014a) documented these providers "experienced higher than average levels of compassion satisfaction, and lower than average levels of burnout and compassion fatigue" (p. 585). In a separate study of abortion providers, Martin et al. (2014b) found:

Approximately half of the workers (54%) reported feeling proud to work in abortion care "all of the time," and an additional 29% felt proud "often." Participants also felt their work made a positive contribution to society—84% reported feeling this way "all of the time" or "often" (p. 647).

While abortion stigma can be exhausting to navigate, a sense of pride and purpose can buoy the psyches of abortion workers and lead to less burn out and more resiliency. Yet, though mightily resilient and steadfast, Althea organizers acting as the "face" of the organization had to be prepared at any moment to greet misinformation or open hostility with emotional finesse.

Social Media at the Althea Fund

In his influential book *The Presentation of Self in Everyday Life*, Goffman (1959) suggested people have a public self they curate and show to society, which they try to keep consistent and aligned with their purported values. The same goes for organizations like the Althea Fund, who are mindful of the strained cultural context and careful about intersectional values-alignment. At the Althea Fund, they construct their public image primarily through social media, though they also send email newsletters and maintain a website. The work necessary to maintain Althea's public image is constant digital labor that involves informing and managing multiple publics in an emotionally effective way.

As the only fulltime staff member at the time of interviewing, Cristina spent a lot of time creating and monitoring Althea outreach. She managed the Facebook and Instagram pages, while also writing emails to supporters, which Riya later edited before distribution. Recognizing the power of Twitter to support spontaneous organizing via hashtags, Cristina also took to Twitter "on big days when [the Althea Fund] needs to have a presence." Examples of these "big days" were days when public hearings about anti-abortion bills SB8 and HB214 were scheduled during the 2017 regular and special summer Texas legislature sessions. Outside of live-tweeting major policy and protest events, Cristina told me she would log into the Facebook page to post material "two or three times a day" to inform followers about the RJ movement and keep supporters engaged.

Intersectional Consciousness-Raising and Managing Supporters' Emotions

Many supporters only associate the Althea Fund with abortion, yet Cristina wanted to insure Althea was still associated in intersectional solidarity with reproductive and social justice mutual aid broadly. As will be described below, at times, these intersectional associations jeopardized Althea's fundraising efforts. Yet, Cristina and other Althea organizers did not waver from promoting an intersectional consciousness in their supporters and donors. For example, she posted about statewide organizing for mandatory paid sick days for Texas workers. Cristina used these posts to remind followers that economic inequity leads to reproductive inequity, so labor justice is important to the RJ movement. The Althea Fund and other RJ organizations also post and repost from each other regularly about issues of immigration, queer and trans representation, and the U.S. maternal mortality rate, which is the highest in developed nations (Chuck, 2017).

Intersectional awareness, education, and motivation to act are major themes in Althea content. In creating what is hopefully educational but also persuasive content, I asked Cristina who she envisioned as the audience for her outreach:

I'm thinking of people who are already with us. I'm not trying to persuade anyone—trying to make someone who is anti-choice pro-choice. I'm thinking of people who have shared values. But I'm also thinking very much of our donors... our main kind of donor is pretty much a grassroots advocate. The majority of our donations are grassroots smaller amounts. We aren't top heavy we're super bottom heavy. Yes I'm thinking about them as donors, but I'm also thinking of them as grassroots advocates.

Cristina mentioned she was always thinking about fundraising, but it seemed important that she stress the framing of a typical Althea donor as truly "a grassroots advocate" for the movement. Cristina agreed when I pointed this out: "We're trying to validate our base. I'm working hard to activate people who are already on board and just need a little push or need some validation."

Alice, a then-board member for Althea, echoed these sentiments about mobilizing an intersectional RJ movement base. She reflected on how often she interacted with "pro-choice" advocates who were not aware of abortion funds. When trying to fundraise for the Althea Fund, Alice said a "shocking number of people don't understand what abortion funds are." Cristina, Alice, and other organizers found "pro-choice" supporters often took abortion access for granted. As Cristina said, "you hear the saying that people don't think about abortion until they need one." Alice agreed, speaking bluntly about her frustration interacting with people who identify as pro-choice: "People don't realize what the Hyde Amendment is. People don't realize this stuff is not covered. People don't realize how much it costs. I don't think people understand the system of policies and inequities producing the need for abortion funds."

Despite frustrations felt by some Althea organizers at the lack of knowledge about obstacles to abortion access, Cristina acknowledged these supporters were usually ideal targets for Althea communication outreach. When thinking about crafting outreach, Cristina reflected:

I think there is this sort of this profile of a person. A person who says, "I wouldn't have an abortion, but I'm ok with it. I don't really want it in my face." We reach those folks, too. I would say we do some narrative shifting in that way.

When considering supporter-focused outreach, there was regular discussion at Althea about balancing messages that inspired all supporters, messages that solicited action, and messages that educated about intersectional values. As Cristina and Alice stated above, Althea often catered to supporters and donors who were not fully aware of the myriad social and financial obstacles hindering callers from obtaining safe and legal abortion care. Thus, Althea organizers felt they had to find ways to effectively (yet gently) push back against a lack of structural awareness and intersectional consciousness. If someone holds a more traditional pro-choice stance and is unaware of the many facets of the reproductive justice platform (e.g. anti-capitalist abolitionist trans-inclusive antiracism), Althea organizers suggested their messaging might be alienating or confusing.

Regardless, Althea organizers created messages that stuck to their interpretation of RJ principles. This meant they took the emotional labor necessary to manage criticism from supporters upon themselves. During my year of participant observation, donors regularly expressed concerns about the intersectional RJ platform and its impact on Althea's public image. For example, when police killed Philando Castille and Alton Sterling on backto-back days in the summer of 2016, the Althea Fund quickly expressed solidarity with the Black Lives Matter movement through a mass email to supporters. Riya described how this email was, at first, received poorly by a major (white male) donor:

We have an intersectional, antiracist lens. We've had two donors push back-two white male donors. They don't like it for various reasons... they've been major donors. When Philando Castille and Alton Sterling were killed, that same week [we] put out a Black Lives Matter email by [Tiffani, a Black Althea organizer]. She wrote a beautiful piece that we put out. We were really proud of it and then our donor-the most significant family of our donors, they've given more money than anyone else-he wrote to us with an earnest concern, I think. He thought we might do [the Althea Fund] a disservice if we were "straying from our message and starting to talk about other things, we might turn donors off." So what we did is we worked very carefully on drafting a response to him that was like "Look, these are major issues in our clients' lives. This is part of our mission. This is how we're carrying out our mission. And by talking about these issues, we're actually bringing more people into our organization. We're going to be able to do more." I'm very proud because we brought him along with us and he actually continued to donate.

Riya felt Althea Fund leadership was able to successfully diffuse the situation and explain to a donor how and why the Althea Fund is antiracist. By taking time to communicate openly and warmly with the powerful donor about the intersectional nature of oppression, Althea organizers were able to sustain the relationship in a way they felt would not compromise their intersectional principles or disrespect the lived experiences of their callers. This takes carefully executed intellectual and emotional effort, and probably a bit of what Hochschild (1979) calls "surface acting," or a painstaking focus on expressing emotions in a way that does not shift anything deep inside of you but still gets the job done (p. 558).

However, in another instance of donor-pushback, Riya felt the tactic of "calling in, not calling out" was not necessary or useful. The second instance happened in late summer 2017 after Donald Trump had been president for several months:

This past week, though, we sent out our annual report ... Well, we get this nasty email from this donor-this millionaire-who said I have racist views and that I was insulting white people. There's a line in the letter that says: "because the majority of white people voted for Donald Trump." It is a factual statement about how Donald Trump was elected-primarily white people accepted bigotry and other things. Well, he had a huge problem with it and his email was really nasty. We're having our white board members respond to him. They're telling him why this is an issue—since the majority of policies being passed are by white men ... It's not a "bring him along" message, because his message was nasty. For people who don't think they are racist but are racist, they're going to have a problem with our message. That's ok, we don't need their support. There are other people who can support us. We're not trying to alienate donors, but we're also not trying to cater to racists. We don't need to compromise our values for support, we have plenty of people who want to support because of our values.

In this case, Althea organizers still responded to an emotional outburst, but in a way that did not suggest they were concerned with future engagement. Althea organizers were clear: reproductive justice is antiracist and the Althea Fund is part of that movement. Neoliberal beliefs allow systemic racism to persist as normal, and this normalization has implications for Black and brown Althea callers who seek affordable healthcare. Though the Althea Fund acknowledges and addresses systemic racism regularly, several organizers also told me it is not their job to convince white donors that white racist society perpetuates itself. Instead of this powerful donor, Althea organizers chose to preference the emotions of their callers and people they felt need to see themselves and their lived experiences with racism reflected in abortion narratives in order to heal or feel empowered. Though Althea organizers came together and decisively agreed on their response, knowing their actions would likely sever ties with a large donor was difficult and emotionally (and financially) draining.

Importantly, these are only two examples of the many times Althea organizers had to decode, manage, and respond to supporters' emotionality. When people rally around misunderstood or stigmatized issues, support often comes with expectations, judgment, and, in this case, internalized abortion stigma. Althea organizers were well aware of the expectations in abortion discourse. As Cristina mentioned, there are societal and even pro-choice narratives around what constitutes a "good" or acceptable abortion. Through their efforts to call in (rather than call out) pro-choice supporters, Althea leadership worked to expand supporters' understanding of abortion through outreach that felt welcoming and engaging rather than chastising. The organizers' ongoing efforts to interact with donors and supporters in a benevolent yet effective and decisive manner was, at times, exhausting to witness. Althea organizers internally vented exasperation with societal (mis)understanding of intersectional abortion oppression, yet externally communicated openhearted invitations to "join the fight" to end abortion stigma and help individuals seeking abortions access their care in real time.

Undeniably, these individuals' highly personal "real-life" abortion stories are vivid, heart wrenching, and persuasive. "True stories" can illustrate how "undue burdens" operate in the real world and help to disrupt mainstream or choice-specific abortion narratives. Yet, even while sitting on a pile of tantalizing qualitative data, due to abortion stigma, Althea organizers were insistent that care for callers and caller privacy was paramount. A mantra several organizers regularly stated was, "The caller owes us nothing." Therefore, in order to protect callers and further the movement, Althea organizers placed their names and faces next to these nameless facts and faceless "true stories," putting themselves emotionally and sometimes physically on the line to share truth.

Anti-abortion Sentiment and Managing External Threats

While managing communication with Althea supporters and donors seemed stressful, Althea organizer interactions with antiabortion advocates was much more intense to witness. Because the Althea Fund focuses on protecting callers and hotline volunteers from further harm or abuse in the public sphere, Althea organizers are usually the voices and faces in Althea communication outreach. Being "the face" of the Althea Fund meant looking directly at palpable hostility. In using social media platforms and free technologies from giants like Google, Facebook, and Twitter, Althea organizers, like anyone using new media, "face increased surveillance when they take their activities online" (Costanza-Chock, 2014, p. 8). Not only can the public keep up with the Althea Fund, but so can antiabortion activists, or "antis" as Althea and other organizers called them.

When I asked Althea organizers about their experiences with external threats due to media exposure, they greeted me with several stories of being targeted and threatened online. The president, Riya, described an incident that happened where she was personally targeted: We actually had to lock down [the Althea] Instagram ... Our Instagram was public before and there was a picture of me and other board members and I was wearing ... this dress that says "Abortion" with hearts all over it. I was wearing it in the picture and some like terrible right-wingers downloaded it from our Instagram and tweeted it all over the place saying really terrible things about us. It was ... it was really nasty. We started to realize we had to get some control over that.

Riya told me this story as some Althea organizers had recently started being "more forward" with their names and images. Social media is meant for exposure, and feelings of personal connection can sustain traffic and interaction. Riya wore her dress with intentionality. She was purposefully exposing Althea followers to the word "abortion" being worn by a woman in public without shame. However, as we have all experienced, online content does not always (or ever) remain only on the feeds of our intended audience. When Riya wore a dress as a form of embodied activism in a photo, she became a target for antiabortion threats and rage—rage normalized through abortion stigma, misinformation, and division.

Due to threats like those Riya received, Riya and Cristina both described the ways in which the Althea Fund was actively considering the emotional and physical safety of any individual connected to their outreach. Riya said:

If we're going to put out pictures or names, it's generally someone very involved in the organization like a board or staff member. If we have a volunteer that wants to write something for us, it might just be their first name... or if they include their last name, they approve it. We are primarily concerned about our executive director's safety. [Cristina] is the public face of our organization. She's in the news all the time. An anti-choice publication quoted her last year. That is a concern for all of us. I don't know if we've quite figured out what to do with that.

Even though her face was the one most consistently and prominently featured in Althea content, Cristina spent much of our interview talking about ways in which she thought about others' exposure and safety. I also experienced this first hand when I participated at an in-person advocacy event. At the event, there were around 30 of us working in small groups to discuss best practices for RJ advocacy. We then donned t-shirts with the word "Abortion" written repeatedly inside of a heart and walked into the Texas capitol to visit with state representatives about anti-abortion bills that session. There were many individual and group photos taken of participants in our shirts. Cristina gave us all forms listing each individual social media platform where the Althea Fund might share the photos. If you did not sign next to a social media platform, images with your likeness would not be posted on or linked to that site. This was one of many precautions taken by Cristina and other Althea organizers.

When I reminded her about my experience at this event, Cristina began to elaborate on her considerations for her own and others' safety in media exposure:

I do think about [safety]. If we're at a rally and there's a cute photo of a woman and her kid, I would never post a photo of a kid

without permission ... or pretty much at all on our organization's page. People we don't know, I think about. But our board members, spokespeople, the ambassadors of our organization, that's kind of the job. You're out there, kind of high profile ... I mean I guess I'm technically the most high profile. I go in front of the media. There was one documentary done by *The Guardian* where they showed an entire shot of my house. They interviewed me at my house, but some of the B roll was just a shot of my full house. This is my house that I own. Y'all can't be doing that.

Cristina continued to tell me about other times she was featured on various media platforms when she testified at policy hearings, spoke in front of marches, or wrote newspaper op-eds. Time after time, Cristina worked for abortion access, talked openly about a stigmatized issue, and subsequently navigated personal threats and attempts at emotional abuse.

Furthermore, organizers not only faced threats on an individual level, but they also managed threats to the organization. Althea's social media pages sometimes became gathering places for online trolls, or "antis," which at times led to large-scale abuse aimed at the fund. One particularly intense influx of rage on the Althea Facebook page happened after Hurricane Harvey in late August 2017. Althea organizers posted a graphic about how the natural disaster limited already precarious abortion access. The post was meant to boost fundraising efforts. However, a national conservative news organization also found it and quickly circulated it in a story.

On the news organization's Facebook page, they linked their story along with a link to the Althea Fund Facebook page. The organization used quotation marks in their story and headline, seeming to hint at discrediting or ridiculing Althea's mission. For example, there were quotation marks around the word "emergency" when referring to the funds being raised. The accompanying story suggested organizations like the Althea Fund were run by "left-wing activists" who are known for "politicizing tragic events" in the name of their social justice "pet projects." The news organization's Facebook post was reacted to over 40,000 times, with thousands of comments on the post suggesting there is a "special place in hell for these folks" who are "still promoting killing babies" in hurricane-ravaged areas. The comments on the post echoed the title's use of quotation marks, suggesting there could be no "emergency" when it comes to abortion care.

Meanwhile, on the Althea and other abortion fund hotlines, calls were coming in at nearly twice the rate. Clinics were closed for several weeks and all appointments were canceled without rescheduling. This was an emergency for people making abortion pregnancy decisions, with each week that passes bringing higher procedure costs and different procedure expectations. Plus, with varying state restrictions, if a few weeks or days pass, a pregnant person might hit the number of weeks at which abortion becomes illegal for them in that state. This means they would have to spend time and money to travel across state lines.

Nevertheless, the Facebook post and accompanying news stories ended up rousing anti-abortion advocates and crowds to action. The Althea Fund's Facebook page was flooded with aggressive threats and calls for the fund to shut down. Cristina recalled, "They just went after us. We had to shut down comments. We had to block people. We had to be on 24/7 watch. We were getting horrible threats ... really violent shit."

Though the Althea Fund cannot always plan for exposure like this, they do have some procedures in place to try and mitigate potential harm to their organization and supporters. Cristina told me many organizations communicating about abortion have "plans in place for when shit like that does happen." When their Facebook page was flooded with threats, Cristina told me: "I went straight to [our] networks that have lawyers on hand. The national network is known for security resources, so people asked if we wanted to contact them about our physical safety." Althea organizers swiftly reacted to the threats by locking down their social media and turning to their national network for support. Yet these same organizers also had to emotionally process and intellectually prepare for their rapidly changing personal safety.

Abortion stigma and media misinformation perpetuates and normalizes this kind of anti-abortion rage. Knowing this rage exists and is ready to mobilize means Althea organizers, who work daily to protect and provide abortion access, also have personal and organizational safety strategies ready to deploy when they are inevitably threatened. Even though threats faced by Riya, Cristina, and the Althea Fund at-large were persistent and sometimes violent, the organizers navigated it all while still try to manage and harness their supporters' emotions. For example, Althea organizers tried to wield the news organization story and subsequent digital attacks strategically to mobilize their supporter base. The Althea Fund cannot control when attacks will happen, but, as Cristina said, "What we can control is how we respond. So we actually leverage it. We fundraised even more [after the news organization incident]. We raised \$15,000 from that." While handling anti-abortion rage is arduous and stressful, Althea organizers have become emotionally nimble enough that they can promptly leverage the most violent of communications to invigorate their supporters. With this, I saw firsthand some of the "stigma resilience" and pride documented by researchers who have previously studied abortion work. A sense of quiet purpose and dogged resilience infiltrated our conversations about these ongoing brushes with stigma and aggression. Though their emotionally charged labor was erratic and at times intense, Althea organizers never once faltered or suggested they were "unsure" about their individual roles in the collective intersectional mission.

DISCUSSION

Althea organizers are doing multifaceted emotional labor as they constantly communicate with various publics. They stay true to their intersectional principles and their callers, but also stand in as the "face" of their organization and for a highly stigmatized issue. This means these organizers take on the brunt of antiabortion threats while trying to make sure facts and stories about actual abortion experiences are heard.

Stigma and misunderstanding about abortion remain central in U.S. media and society. Though abortion is a safe and common procedure, interpersonal conversations about the subject remain political, divisive, or altogether missing. Statistics and stories about marginalized individuals, "real people," who desire or struggle to access abortion are important to hear and can help humanize and demystify abortion healthcare. Yet, public health policy and media misrepresentation perpetuate silence and shame. This media (mis)representation not only misinforms the public and enables stigma to persist, but it also repeatedly normalizes rage as an acceptable response to abortion. In the face of rampant misinformation, silence, and rage in the public sphere, reproductive justice organizers and activists take it upon themselves to do what it takes to break stigma, correct misinformation, and advocate for robust reproductive rights and healthcare.

Not only do organizers have to vigilantly prepare for antiabortion rage, though, but they also regularly assuage the emotions of their own choice-oriented supporters. During my year with the Althea Fund, I was reminded daily how an intersectional approach (none of us are free until all of us are free) was understood not as a choice in the work, but as an imperative. Each time a new communication crisis or decisionmaking moment arose, intersectionality was the main criteria against which messages were measured: Does this reflect our callers' complex lived experiences? Does the narrative we are creating not only accurately depict the intersecting oppressive systems that hinder people from accessing abortion care, but that also thwart their attempts to have and raise children safely? Every meeting and conversation I had at the Althea Fund was evidence these organizers would not purposefully allow each other to take a simpler emotional or communicative road if it meant forgetting the long-term goal: actual reproductive freedom for everyone.

Through their efforts, Althea organizers strategically wielded emotion and new media to form inclusive, intersectional counterpublics built on "solidarity and reciprocity ... grounded in a collective experience of marginalization" (Downey and Fenton, 2003, p. 194). Of course, using media for organizing and sharing marginalized stories is nothing new, as "social movements have always engaged in transmedia organizing" using any means available to take their message to the public (Costanza-Chock, 2014, p. 19). However, the intersection of abortion stigma, intersectional consciousness, emotional labor, and new media advocacy is particularly interesting due to the "always on" nature of both the internet and passionately divisive abortion discourse. Any moment in the life of these organizers might become one in need of intellectual, emotional, or technological prowess. Though I am sure people working for liberation have always been relentlessly engaged emotionally in their movements, I wonder

REFERENCES

About (2017). In We Testify. Available online at: https://wetestify.org/testify/

Associated Press (2003, November 22). Anthrax hoax letters mailed to abortion providers also went to anti-abortion group. *The Bismarck Tribune*. Available online at: https://bismarcktribune.com/news/state-and-regional/anthrax-hoax-letters-mailed-to-abortion-providers-also-went-to/article_ee6f51a2-45ab-5ac1-ba57-8e84863a7772.html

how relentless technological engagement changes, enhances, tempers, or intensifies this work.

More recently, through grants and other major donations, Althea has been able to hire more full-time staff and organizers focused solely on advocacy. While this does not mean the threats or labor have lessened, hopefully the digital work, the emotional exposure, and the tangible outcomes can be shared and shouldered by several experienced organizers. Moreover, Althea organizers have also discussed wanting to let callers know they can be part of advocacy work (in the near or distant future) if they feel empowered or called to share their story. However, as always, organizers do not want already vulnerable callers to feel coerced into sharing their stories while they seek funding for healthcare especially in a neoliberal society where they already feel pressure to prove the value and worth of their humanity.

Moving forward, ideally the Althea Fund and other reproductive justice organizations can continue to expand and make space for people who have had abortions to feel safe and empowered to share that part of themselves. As we move toward a world where abortion is less stigmatized, we move toward a world where a few, brave, visible activists do not carry the emotional burden for all of us. By holding true to their intersectional principles, organizers like those at Althea can also continue to make it apparent to the public that oppression is an intricately layered web, and expansive freedom cannot be obtained when one issue is ignored, silenced, or stigmatized.

DATA AVAILABILITY STATEMENT

The datasets generated for this study are available on request to the corresponding author.

ETHICS STATEMENT

The studies involving human participants were reviewed and approved by Texas A&M University Institutional Review Board. The ethics committee waived the requirement of written informed consent for participation. Written informed consent was not obtained from the individual(s) for the publication of any potentially identifiable images or data included in this article.

AUTHOR CONTRIBUTIONS

JG-S designed and performed all research, analysis, writing, and editing of this manuscript.

- Astbury-Ward, E., Parry, O., and Carnwell, R. (2012). Stigma, abortion, and disclosure: findings from a qualitative study. J. Sex. Med. 9, 3137–3147. doi: 10.1111/j.1743-6109.2011.02604.x
- Banet-Weiser, S., and Gray, H. (2009). Our media studies. *Television New Media* 10, 13–19. doi: 10.1177/1527476408326028
- Berridge, V. (2007). Public health activism: lessons from history? BMJ 335, 1310–1312. doi: 10.1136/bmj.39399.61 2454.AD

- Briggs, K. C. (2012). "The most dangerous place": race, neoliberalism, and antiabortion discourses (Master's thesis). University of Texas Electronic Theses and Dissertations Repository, Austin, TX, US.
- Brown, W. (2006). American nightmare: neoliberalism, neoconservatism, and de-democratization. *Polit. Theory* 34, 690–714. doi: 10.1177/0090591706 293016
- Bryant, A., Rushfield, A., and West, L., and Peretz, J. (2019). Annie [television series episode]. *Shrill*, ed D. Shinder (New York, NY: Hulu).
- Chuck, E. (2017, August 12). Texas has the highest maternal mortality rate in the developed world. Why? NBC News. Available online at: https://www.nbcnews. com/news/us-news/texas-has-highest-maternal-mortality-rate-developedworld-why-n791671
- Chun, W. (2009). "Introduction: race and/as technology; or, how to do things to race," in *Camera Obscura: Feminism, Culture, and Media Studies*, eds L. Joyrich and W. Chun (Durham, NC: Duke University Press), 7–35.
- Cockrill, K., and Nack, A. (2013). "I'm not that type of person:" managing the stigma of having an abortion. *Deviant Behav.* 34, 973–990. doi: 10.1080/01639625.2013.800423
- Cockrill, K., Upadhyay, U. D., Turan, J., and Greene Foster, D. (2013). The stigma of having an abortion: development of a scale and characteristics of women experiencing abortion stigma. *Perspect. Sex. Reprod. Health* 45, 79–88. doi: 10.1363/4507913
- Conti, J. A., and Cahill, E. (2017). Abortion in the media. *Curr. Opin. Obstetr. Gynecol.* 29, 427–430. doi: 10.1097/GCO.00000000000412
- Costanza-Chock, S. (2014). Out of the Shadows, Into the Streets!: Transmedia Organizing and the Immigrant Rights Movement. Boston, MA: MIT Press.
- Crenshaw, K. (1991). Mapping the margins: intersectionality, identity politics, and violence against women of color. *Stanford Law Rev.* 43, 1241–1299. doi: 10.2307/1229039
- Dehlendorf, C., and Rinehart, W. (2010). Communication in reproductive health: intimate topics and challenging conversations. *Patient Educ. Couns.* 81, 321–324. doi: 10.1016/j.pec.2010.11.001
- Downey, J., and Fenton, N. (2003). New media, counter publicity, and the public sphere. *N Media Soc.* 5, 185–202. doi: 10.1177/1461444803005002003
- Dubriwny, T. N. (2005). Consciousness-raising as collective rhetoric: the redstockings' abortion speak-out of 1969. Quart. J. Speech 91, 395–422. doi: 10.1080/00335630500488275
- Duggan, L. (2003). The Twilight of Equality? Neoliberalism, Cultural Politics, and the Attack on Democracy. Boston, MA: Beacon Press.
- Ferree, M. M. (2002). Shaping Abortion Discourse: Democracy and the Public Sphere in Germany and the United States. Cambridge: University of Cambridge Press.
- Fletcher, M. A. (1998, October 25). Sniper kills abortion doctor near Buffalo. The Washington Post. Available online at: https://www.washingtonpost. com/archive/politics/1998/10/25/sniper-kills-abortion-doctor-near-buffalo/ 040f1ad1-320f-4feab0dd-f710a28dda06/?noredirect=on
- Fregoso, R. L. (2014). For a pluriversal declaration of human rights. Am. Q. 66, 583–608. doi: 10.1353/aq.2014.0047
- Gillett, J. (2003). Media activism and Internet use by people with HIV/AIDS. Sociol. Health Illness 25, 608–624. doi: 10.1111/1467-9566.00361
- Goffman, E. (1959). The Presentation of Self in Everyday Life. London: Harmondsworth.
- Goffman, E. (1963). Stigma: Notes on the Management of Spoiled Identity. New York, NY: Simon and Schuster, Inc.
- Gray, H. (2015). The feel of life: resonance, race, and representation. Int. J. Commun. 9, 1108–1119.
- Guarecuco, L. A. (2017, January 23). Lawmaker: criminalizing abortion would force women to be 'more personally responsible.' *Texas Observer*. Available online at: https://www.texasobserver.org/~texas-lawmaker-no-abortionaccess-would-force-women-to-be-more-personally-responsible-with-sex/
- Hall, S. (1993). "Encoding, decoding," in *The Cultural Studies Reader*, ed S. During (New York, NY: Routledge), 507–517.
- Hanschmidt, F., Linde, K., Hilbert, A., Riedel-Heller, S. G., and Kersting, A. (2016). Abortion stigma: a systematic review. *Perspect. Sex. Reprod. Health* 48, 169–177. doi: 10.1363/48e8516
- Hayden, S. (2009). Revitalizing the debate between life and choice: the 2004 march for women's lives. *Commun. Crit. Cult. Stud.* 6, 111–131. doi: 10.1080/14791420902833189

- Hernández, L. H., and de Los Santos Upton, S. D. L. S. (2018). Challenging Reproductive Control and Gendered Violence in the Américas: Intersectionality, Power, and Struggles for Rights. (Lanham, MD: Lexington Books).
- Hochschild, A. R. (1979). Emotion work, feeling rules, and social structure. Am. J. Sociol. 85, 551–575. doi: 10.1086/227049
- Hochschild, A. R. (1983). *The Managed Heart: Commercialization of Human Feeling*. Berkeley, CA: University of California Press.
- Holm, E., and Robespierre, G. (2014). *Obvious Child [Motion Picture]*. A24 (New York, NY).
- Holt, L. F. (2013). Writing the wrong: can counter-stereotypes offset negative media messages about African Americans? J. Mass Commun. Q. 90, 1–18. doi: 10.1177/1077699012468699
- Humphrey, R. H., Pollack, J. M., and Hawver, T. (2008). Leading with emotional labor. J. Managerial Psychol. 23, 151–168. doi: 10.1108/02683940810850790
- Jaworski, B. K. (2009). Reproductive justice and media framing: a case-study analysis of problematic frames in the popular media. Sex Educ. 9, 105–121. doi: 10.1080/14681810802639830
- Jenkins, H. (2006). Convergence Culture: Where Old and New Media Collide. New York, NY: New York University Press.
- Johnson, J. (2019, May 21). I'm a clinic escort in Alabama and I've been subject to harassment and physical violence. *Huffpost Personal*. Available online at: https://www.huffpost.com/entry/abortion-clinic-escort-alabama_n_ 5ce2c985e4b087700992a282
- Kennedy, A. (2001). Abortion, patriarchy, neoliberalism. *Studies* 90, 162–170. Available online at: https://www.jstor.org/stable/30095456.
- Kermode, M. (2014, August 30). Obvious child review a forthright romcom that tackles abortion. *The Guardian*. https://www.theguardian.com/film/2014/aug/ 31/obvious-child-review-gillian-robespierre-abortion-jenny-slate
- Kumar, A., Hessini, L., and Mitchell, E. M. H. (2009). Conceptualizing abortion stigma. *Cult. Health Sex*. 11, 625–639. doi: 10.1080/13691050902842741
- Lane, L. (2015). Feminist rhetoric in the digital sphere: digital interventions and the subversion of gendered cultural scripts. Ada J. Gender New Media Technol. 8, 1–14. doi: 10.7264/N3CC0XZW
- Lipman, P., and Hursh, D. (2007). Renaissance 2010: the reassertion of ruling-class power through neoliberal policies in Chicago. *Policy Futures Educ.* 5, 160–178. doi: 10.2304/pfie.2007.5.2.160
- Martin, L., Debbink, M., Hassinger, J., Youatt, E., Eagen-Torkko, M., and Harris, L. H. (2014b). Measuring stigma among abortion providers: assessing the abortion provider stigma survey instrument. *Women Health* 54, 641–661. doi: 10.1080/03630242.2014.919981
- Martin, L., Debbink, M., Hassinger, J., Youatt, E., and Harris, L. H. (2014a). Abortion providers, stigma and professional quality of life. *Contraception* 90, 581–587. doi: 10.1016/j.contraception.2014.07.011
- McCaffrey, D., and Keys, J. (2000). Competitive framing processes in the abortion debate: Polarization-vilification, frame saving, and frame debunking. *Sociol. Q.* 41, 41–61. doi: 10.1111/j.1533-8525.2000.tb02365.x
- McGregor, S. (2001). Neoliberalism and health care. Int. J. Consum. Stud. 25, 82–89. doi: 10.1111/j.1470-6431.2001.00183.x
- Molina-Guzmán, I. (2010). Dangerous Curves: Latina Bodies in the Media. New York, NY: New York University Press.
- Moorhead, S. A., Hazlett, D. E., Harrison, L., Carroll, J. K., Irwin, A., and Hoving, C. (2013). A new dimension of health care: systematic review of the uses, benefits, and limitations of social media for health communication. *J. Med. Internet Res.* 15:e85. doi: 10.2196/jmir.1933
- Nadig, G., and Valia, A. (2016). Lucia, Before and After [Motion Picture]. Refinery29 Shatterbox (New York, NY).
- National Abortion Federation (2019). 2018: Alarming Escalation in Anti-Abortion Trespassing, Obstruction, and Vandalism. Available online at: https://prochoice. org/2018-alarming-escalation-in-anti-abortion-trespassing/
- O'Donnell, J., Weitz, T. A., and Freedman, L. R. (2011). Resistance and vulnerability to stigmatization in abortion work. *Soc. Sci. Med.* 73, 1357–1364. doi: 10.1016/j.socscimed.2011.08.019
- Paul, J., Steffen, J., and Ingold, J. (2015, November 27). Planned parenthood shooting: 3 killed, including 1 police officer in colorado springs. *The Denver Post.* Available online at: https://www.denverpost.com/2015/11/27/plannedparenthood-shooting-3-killed-including-1-police-officer-in-coloradosprings/

- Power, J. G., Murphy, S. T., and Coover, G. (1996). Priming prejudice: how stereotypes and counter-stereotypes influence attribution of responsibility and credibility among ingroups and outgroups. *Hum. Commun. Res.* 23, 36–58. doi: 10.1111/j.1468-2958.1996.tb00386.x
- Ramasubramanian, S. (2007). Media-based strategies to reduce racial stereotypes activated by news stories. J. Mass Commun. Q. 84, 249–264. doi: 10.1177/107769900708400204
- Ramasubramanian, S. (2011). The impact of stereotypical versus counterstereotypical media exemplars on racial attitudes, causal attributions, and support for affirmative action. *Commun. Res.* 38, 497–516. doi: 10.1177/0093650210384854
- Ramasubramanian, S., and Oliver, M. B. (2007). Activating and suppressing hostile and benevolent racism: evidence for comparative stereotyping. *Media Psychol.* 9, 623–646. doi: 10.1080/15213260701283244
- Reproductive Justice (2018). SisterSong Women of Color Reproductive Justice Collective. Available online at: http://sistersong.net/reproductive-justice/
- Richards, C. (2014). Planned Parenthood on Summer Rom-Com Obvious Child. Available online at: https://www.plannedparenthood.org/about-us/newsroom/ press-releases/planned-parenthood-on-summer-rom-com-obvious-child
- Rohlinger, D. A. (2002). Framing the abortion debate: organizational resources, media strategies, and movement-countermovement dynamics. *Sociol. Q.* 43, 479–507. doi: 10.1111/j.1533-8525.2002.tb00063.x
- Ross, L. J. (1993). "African-American women and abortion: 1800–1970," in *Theorizing Black Feminisms: The Visionary Pragmatism of Black Women* eds A. P. A. Busia and S. M. James (New York, NY: Routledge), 143–162.
- Sack, K. (1998, February 15). North Carolina fugitive, 31, charged in clinic bombing. *The New York Times*. Available online at: https:// www.nytimes.com/1998/02/15/us/north-carolina-fugitive-31-charged-inclinicbombing.html?rref=collection%2Ftimestopic%2FRudolph~%2C%20Eric %20Robertandaction=clickandcontentCollection=timestopicsandregion= streamandmodule=stream_unitandversion=latestandcontentPlacement= 43andpgtype=collection
- Salmon, C. T., and Neuwirth, K. (1990). Perceptions of opinion "climates" and willingness to discuss the issue of abortion. J. Mass Commun. Q. 67, 567–577. doi: 10.1177/107769909006700312
- Shellenberg, K. M., Moore, A. M., Bankole, A., Juarez, F., Omideyi, A. K., Palomino, N., et al. (2011). Social stigma and disclosure about induced abortion: results from an exploratory study. *Glob. Public Health* 6, 111–125. doi: 10.1080/17441692.2011.594072
- Shulman, K. (1980). Sex and power: sexual bases of radical feminism. *Signs* 5, 590-604. doi: 10.1086/493754
- Simonds, W. (1995). "Feminism on the job: confronting opposition in abortion work," in *Feminist Organizations*, eds M. M. Ferree and P. Y. Martin (Philadelphia, PA: Temple University Press), 248–260.
- Sisson, G., Herold, S., and Woodruff, K. (2017). "The stakes are so high": interviews with progressive journalists reporting on abortion. *Contraception* 96, 395–400. doi: 10.1016/j.contraception.2017.08.005
- Sisson, G., and Kimport, K. (2017). Depicting abortion access on American Television, 2005–2015. *Feminism Psychol.* 27, 56–71. doi: 10.1177/0959353516681245

- Smith, A. M. (2008). Neoliberalism, welfare policy, and feminist theories of social justice. *Feminist Theory* 9, 131–144. doi: 10.1177/1464700108 090407
- Sprague, J. (2016). Feminist Methodologies for Critical Researchers: Bridging Differences, 2nd Edn., Gender Lens Series. Lanham, MD: AltaMira Press.
- Stevenson, A. J. (2014). Finding the Twitter users who stood with Wendy. *Contraception* 90, 502–507. doi: 10.1016/j.contraception.2014. 07.007
- Stumpe, J., and Davey, M. (2009, May 31). Abortion doctor shot to death in Kansas church. *The New York Times*. Available online at: https://www.nytimes.com/ 2009/06/01/us/01tiller.html
- Sun, L. H., and Eilperin, J. (2017, December 15). CDC gets list of forbidden words: fetus, transgender, diversity. *The Washington Post*. Available online at: https://www.washingtonpost.com/national/health-science/cdc-gets-listof-forbidden-words-fetus-transgender-diversity/2017/12/15/f503837a-e1cf-11e7-89e8-edec1639010_story.html?utm_term=.~066dcb338ea5
- Sun-Hee Park, L. (1998). "Navigating the anti-immigrant wave: the Korean women's hotline and the politics of community," in *Community Activism and Feminist Politics: Organizing Across Race, Class, and Gender,* ed N. A. Naples (New York, NY: Routledge), 175–195.

Testify (2017). In We Testify. Available online at: https://wetestify.org/testify/.

- Texas LegiScan (2017). Texas Senate Bill 8. Available online at: https://legiscan. com/TX/bill/SB8/2017
- Unborn Victims of Violence Act (2004). Public Law 108–212. GPO's Federal Digital System. Available online at: https://www.congress.gov/108/plaws/publ212/ PLAW-108publ212.pdf
- Upadhyay, U. D., Cockrill, K., and Freedman, L. R. (2010). Informing abortion counseling: an examination of evidence-based practices used in emotional care for other stigmatized and sensitive health issues. *Patient Educ. Couns.* 81, 415–421. doi: 10.1016/j.pec.2010.08.026
- Wolkomir, M., and Powers, J. (2007). Helping women and protecting the self: the challenge of emotional labor in an abortion clinic. *Qual. Sociol.* 30, 153–169. doi: 10.1007/s11133-006-9056-3
- Zavella, P. (2016). Contesting structural vulnerability through reproductive justice activism with Latina immigrants in California. *North Am. Dialogue* 19, 36–45. doi: 10.1111/nad.12035
- Zoller, H. M. (2005). Health activism: communication theory and action for social change. *Commun. Theor.* 15, 341–364. doi: 10.1111/j.1468-2885.2005.tb 00339.x

Conflict of Interest: The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Copyright © 2020 Gantt-Shafer. This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY). The use, distribution or reproduction in other forums is permitted, provided the original author(s) and the copyright owner(s) are credited and that the original publication in this journal is cited, in accordance with accepted academic practice. No use, distribution or reproduction is permitted which does not comply with these terms.