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## The Cultural Production of Pregnancy: Bodies and Embodiment at a New Brunswick Abortion Clinic

### ABSTRACT

This article examines the interactions that occur every Tuesday morning in front of the Morgentaler Clinic in Fredericton, New Brunswick. Anti-abortion protestors, volunteer clinic escorts, abortion-seeking women, and members of the public engage in debate outside of the clinic building. Far more is at stake, however, than the legal right to abortion. According to the author, a longtime clinic escort, national health policies, representations of embodied experience, provincial regulations, abstract conceptions of the female body, and regional identities combine to create a theatrical space of visibility around the clinic. There a range of identities—matron, Maritimer, warrior, victim and superhero—are performed as part of the cultural production of pregnancy.

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“If it’s not a baby then you’re not pregnant!” a male anti-abortion protestor shouts at a woman about to enter the Morgentaler Clinic in Fredericton, New Brunswick. His rhetoric insists that the terms “baby” and “pregnant” are inseparable: one

cannot exist without the other. He nevertheless favours the term “baby,” for it is the primary referent determining the secondary classification of “pregnant.” Pregnancy is not a temporal or physical process that creates a baby; instead, a baby makes a woman pregnant. Implying that his definition of pregnancy is both unchanging and universal, the protestor assumes an authoritative role. He informs the woman that she has misconstrued her corporeal identity and must accept the fact that pregnancy is a condition determined not by her, but by another.

Pregnancy has not always been described in such concrete terms. Throughout the early modern period in Europe, male medical practitioners hesitated before declaring a woman pregnant. According to French surgeon and male midwife Jacques Guillemeau in 1609, men would look ridiculous if the swollen wombs of their apparently pregnant clients produced menses, water or wind instead of a child. He and other medical men considered the interior of the female body a dark and mysterious realm able to foster substances both natural and unnatural (Duval 1612: 111; Guillemeau 1609: 2; Huet 1993; Mauquest de La Motte 1729: 49; McClive 2002). Historian Barbara Duden argues that pregnancy was confirmed by early modern women only when they felt “quickening” or movement inside their bodies (1991). By interpreting their embodied experience, women were authorized to name and announce publicly their condition. Duden contrasts this historical form of female agency with the medical procedures that today have made pregnancy an objective condition (1993). Even if a woman suspects that she is pregnant, she does not know for certain until her hormone levels are measured by a pregnancy test either purchased at a drug store or administered by her physician. She might publicize her pregnancy only after being shown the interior of her body on the screen of an ultrasound machine. According to Duden and other scholars, these technologies alienate modern western women by transforming pregnancy into a disembodied experience that is evaluated by experts (Duden 1993; Franklin 1991; Givner 1994; Hartouni 1992; Squier 1996).

In this article I continue to examine the cultural construction of modern pregnancy; unlike Duden however, I find a number of similarities between early modern and modern understandings of pregnancy. In the past, pregnancy was difficult to determine and subject to debate, acquiring meaning only within particular historical, geographical and social locations. The situation is not entirely different today. The protestor at the abortion clinic found it necessary to broadcast his definition of pregnancy, suggesting that not everyone would agree with him. To avoid generalizing modern pregnancy, I analyze one location in which its meaning is contested, namely the space immediately outside of the Morgentaler Clinic in Fredericton. Focusing on this case study, I consider how the past informs, but is not merely replicated in, the present. I explore how pregnancy is produced and reshaped in relation to national health policies, provincial regulations, regional identities, representations of the female body and embodied exchanges between protestors and abortion-seeking women. My discussion sheds light on the so-

called abortion debate, indicating that it does not exclusively concern the status of the fetus or “unborn child.” More significant to this debate are the processes by which women become recognized or misrecognized as pregnant, as well as the ways in which they accept or reject that label.

Recent scholarship on abortion in Canada emphasizes issues of access, arguing that women’s experiences vary according to the province or territory in which they reside, while exploring the diverse reasons women seek abortions (Childbirth by Choice Trust 1998; Palley 2006). My discussion draws on this important research but departs from it, by concentrating on the mutually constitutive relationship between bodies and spaces at one abortion clinic. It is primarily inspired by the work of feminist cultural geographers such as Heidi J. Nast and Steve Pile, who study the politics of “the ways in which bodies and places are understood, how they are made and how they are interrelated, one to the other—because this is how we live our lives—through places, through the body” (1998: 1). The literature on “place” is itself vast, including considerations of how spaces become meaningful places that contribute to the production of subjectivity, are embedded in power relations and provide ways of understanding the world (Cresswell 2004: 1-14). Feminists enrich this dialogue about place by highlighting the body, showing how connections between bodies and places are continually renegotiated in, for example, modern cities or a royal palace in Kano, Nigeria (Grosz 1998; Nast 1998). The approach of cultural geographer Robyn Longhurst is perhaps closest to my own, for she investigates “the social and spatial processes that help make mothers” by analyzing, among other things, the ways in which pregnant women are encouraged to feel uncomfortable by the dress codes and spatial organization of a particular shopping mall in Hamilton, New Zealand (1998; 2008: 4). In contrast to Longhurst’s work my study features bodies that are not easily identified as pregnant and considers how their meanings shift in conjunction with the unstable, temporary place that is immediately outside of the Morgentaler Clinic in New Brunswick.

My selection of this case study is not exclusively based on theoretical considerations; it is also informed by my experiences as an escort at Fredericton’s Morgentaler Clinic almost every Tuesday morning between 1999 and 2007. When I first noticed anti-abortion protestors beginning to picket outside the clinic, I approached Judy Burwell, then the clinic manager, offering to organize a group of volunteers to greet and protect women as they entered the building.<sup>1</sup> I had undertaken similar work at Planned Parenthood in Rochester, New York, during the early 1990s when I was a graduate student at the University of Rochester, and in Buffalo, where I joined hundreds of other pro-choice feminists to prevent the extremist anti-abortion group Operation Rescue from blockading clinics in 1992. My commitment to reproductive rights was inspired by my specialization in the visual culture of pregnancy and childbirth in Europe during the 16th and 17th centuries (McTavish 2005). I did not think, however, that my volunteer work outside the

clinic in Fredericton would produce research results or publications. Nevertheless I found myself interpreting the interactions occurring there in historical and cultural, as well as political terms. Part of the evidence for my arguments below thus stems from personal experience, a loaded category sometimes valorized within the disciplines of women's studies and history but also denounced as inevitably leading to essentialism or unreflective assertions of authority. According to historian Joan Scott, experience is an indispensable concept except when it is assumed that individuals simply have experiences rather than being constituted through them (1991). In keeping with her arguments, I refer to my own embodied understanding of the space around the clinic in the discussion that follows, avoiding claims of neutrality by noting how I simultaneously participated in and was transformed by debates about the cultural definition of pregnancy.

### Abortion Politics and the Formation of Regional Identities

The small city of Fredericton—in 2006 its population was a little more than 50,000—is located along the banks of the Saint John River in New Brunswick, one of three Maritime Provinces on the east coast of Canada. As the provincial capital, Fredericton hosts two universities and contains a mixture of social conservatives and liberals, as well as a sizeable francophone population composed mainly of Acadians. When the abortion rights crusader Dr. Henry Morgentaler first opened a clinic in Fredericton in 1994, the conservative contingent of the city responded negatively, calling for it to be banned. With unusual haste, the provincial government enacted legislation prohibiting doctors from performing abortions outside of hospitals, though it was overturned in subsequent legal proceedings (Abortion Rights Coalition of Canada 2005). Despite being unable to prevent the clinic from operating, the government of New Brunswick has consistently refused to fund the abortions performed there. Provincial governments are responsible for the administration and delivery of health services, having some leeway in such decisions as where to locate hospitals and how much money to expend. The provinces must, however, adhere to the *Canada Health Act*, passed in 1984, to receive transfer payments from the federal government. This *Act* includes principles designed to ensure that Canadians have equal access to “medically required” services administered publicly on a not-for-profit basis (Government of Canada 2005). Although all provinces have recognized abortion as a medically required service, the government of New Brunswick has created policies that restrict access to it.

In order to qualify for a funded hospital abortion in New Brunswick, women must obtain the written approval of one physician and one gynecologist. Known as Regulation 84-20, this policy is at odds with the Supreme Court ruling of 1988, which struck down Canada's abortion regulations as discriminatory, arguing that they violated the Charter of Rights and Freedoms as well as the principles of

fundamental justice (Supreme Court of Canada Decisions 1988). Women must make haste to receive the two approvals, because the provincial government further limits coverage to the termination of pregnancies under twelve weeks' gestation. Since 2006, only two hospitals in the province have provided these abortion services, performing about twenty procedures per month (Hagerman 2002a; 2002b; Llewellyn 2006a). Because of New Brunswick's regulations—nothing similar exists anywhere else in Canada—women are routinely denied hospital abortions, especially in the predominantly Roman Catholic Saint John region. Every year more than 600 women pay out-of-pocket for abortions obtained at the Morgentaler Clinic in Fredericton (Burwell pers. comm.).

Many political activists and federal officials attempting to address this have noted that New Brunswick is not complying with the *Canada Health Act*. In 2001, the federal government began insisting that New Brunswick fully fund abortion services, but was slow to take official steps toward remedying the situation. It has never withheld transfer payments from New Brunswick for its violation of the *Act* (Abortion Rights Coalition of Canada 2005). In April 2005, then Federal Health Minister Ujjal Dosanjh began a dispute avoidance resolution process with the government of New Brunswick, but it lost momentum with the election of a Conservative government; Federal Health Minister Tony Clement has decided not to pursue it (Morrison 2006). Even before that process was started, however, Dr. Morgentaler had launched a lawsuit to force the government of New Brunswick to cover abortions in clinics as well as hospitals (Hagerman 2002a). The provincial government declared that it was already providing adequate access to abortion in the two hospitals, ignoring the hundreds of women that continued to rely on the Morgentaler Clinic for services. The New Brunswick government has succeeded in slowing down the legal proceedings, with a ruling on Dr. Morgentaler's standing in this case still pending as of June 2008. Dr. Morgentaler's supporters nevertheless have reason to believe that New Brunswick will eventually be required to fund clinic abortions. In August 2006, a court judgement ordered the government of Quebec to refund 13 million dollars to the approximately 45,000 women who had paid some fees for their abortions in women's health centres and private clinics between 1999 and 2006 (Carroll and Dougherty 2006).

The situation in Quebec indicates that the governments of other provinces have not always adhered fully to the *Canada Health Act* with respect to the provision of abortion services. Until recently Quebec women had to pay part of the cost of private clinic abortions unless they could prove they had been unable to obtain the procedures within the public system (Radio-Canada 2007). While the 2006 judgement required a mass refund, it was not until January 2008 that the provincial government decided to cover the full cost of all abortions (Leduc 2008). Though the province of Manitoba now similarly pays for abortions performed both in clinics and hospitals, it arrived at this point earlier and by different means.

Initially the Manitoba government refused to finance abortions undertaken at the privately owned Morgentaler Clinic in Winnipeg. However, in July 2004 the clinic was purchased by a group of women who reorganized it as a not-for-profit institution and then launched a successful lawsuit obliging the government to cover the costs of all therapeutic abortions (CBC News 2004). The government of Alberta finally agreed to fund abortion under yet another set of circumstances. In 1995, the federal government ordered Alberta to pay for all medically necessary services performed in private clinics, withholding substantial transfer payments. At this point the provincial government asked the Alberta Medical Association and the College of Physicians and Surgeons to define “medically required” as it related to abortion services, but both bodies refused to produce restricting categories (Arthur 2003). In these cases and in most other provinces, governments resisted paying for abortions, particularly those performed in private clinics, but were ultimately forced to do so after protracted negotiations, punitive measures or definitive court cases. The only province that does not offer any abortion services is Prince Edward Island. However, if equipped with a doctor’s referral, women can get funded abortions in hospitals outside the province and they usually go to the Victoria General Hospital in Halifax, Nova Scotia.

Scholars often compare the abortion policies of provincial governments, questioning why they have developed differently despite an apparently unifying *Canada Health Act* (Arthur 1999; Eggerston 2001; Erdman 2007). In his 2006 survey of Canadian abortion policy, sociologist Howard A. Palley argues that the refusal of provinces such as New Brunswick to comply with federal abortion policies “illustrates a situation where cooperative federalism—that is, the ability of federal, provincial, and territorial governments to act cooperatively, with some federal authority being exercised—has failed in Canada” (2006: 568). Palley alludes to the ways this struggle between federal and provincial governments reveals the fiction of a unified Canada. His article also suggests that these power dynamics, while seemingly unrelated to the abortion debate, affect access to abortion. There are many reasons various provincial governments have refused to deliver adequate abortion services, including their desire to avoid raising a controversial subject and jeopardizing re-election, the timing of the construction of private abortion clinics and the personal beliefs of individuals acting as health ministers or serving on other regulating bodies. The resistance to funding abortion has additionally been influenced by the particular forms of anti-abortion activity in each province, which have included picketing at selected clinics and which have sometimes become violent. In 1997, Winnipeg obstetrician and gynecologist Dr. Jack Fainman was shot; in 1996 the Morgentaler clinic in Edmonton was attacked with toxic butyric acid (Arthur 1999).

Refusing to fund abortion has also become part of the negotiation of regional identities, particularly in such provinces as New Brunswick. Various interlocutors have linked the provincial government’s abortion policies to the image of New

Brunswick itself. In May 2005, the editors of *The Daily Gleaner*, Fredericton's only daily newspaper, criticized Ottawa for "flexing its muscles" by initiating the dispute resolution process. Though the paper is owned by the Irving conglomerate, which has a virtual monopoly of print media in the province, the editors claimed to speak on behalf of the "little guy," asking "Surely we [New Brunswickers] can make our own decision on this matter without interference from the feds?" (*Daily Gleaner* 2005). Local anti-abortion activists have also spoken for all New Brunswick residents. In 2002 Peter Ryan, executive director of New Brunswick Right to Life, asserted that New Brunswick should "stand its ground" in the dispute between Ottawa and Fredericton, while noting that "New Brunswickers do not think that [abortion on demand] is health care" (Abortion Panel 2002). According to him and others opposed to legal abortion, New Brunswick is a conservative province that, in distinction from much of the rest of Canada, remains devoted to "traditional family values."

Other voices have disputed this image of the region, arguing that the abortion policies of the provincial government misrepresent New Brunswick. In 2006 Allison Brewer, then leader of the provincial New Democratic Party, asserted that Regulation 84-20 made New Brunswick look "backwoods," even though residents of the province were likely no more conservative than those living in other parts of Canada (Llewellyn 2006b). When several anti-abortion advocates insisted that Acadians—who comprise about 30 per cent of the population—were especially opposed to abortion rights, a group of Moncton-based Acadian women took offence. Acting as the group's spokesperson, Université de Moncton law professor Michèle Caron announced that if the Health Minister refused to reconsider the province's restrictive abortion regulations, she and others would initiate legal action (Robichaud 2007). Her statements responded not only to those who claimed to represent her, but also to the image of New Brunswick as a province unified in its acceptance of the status quo. The abortion policies of New Brunswick involve much more than the issue of abortion. They both inform and are informed by the divergent understandings of the province's identity.

This continuing battle over abortion policies and regional identities has encouraged demonstrations at the Morgentaler Clinic in Fredericton. When the clinic first opened its doors in 1994 there was a large number of protestors which soon dwindled. A mere handful of picketers was present when Dr. Morgentaler reopened his clinic in a new downtown location in 1998. Protestors began picketing the clinic more often after the funding debate received media attention, especially in June 1999, when Conservative premier Bernard Lord reaffirmed that the government would not finance abortions done at the clinic (Porter 1999). Anti-abortion protestors might have felt, perhaps correctly, that they had the support of the government. A number of picketers carried signs reading "Not with my tax dollars," keeping the funding dispute in the public eye. When an anti-abortion centre—first known as The Mother and Child Welcome House and

later as the Women's Care Centre—opened next door to the Morgentaler Clinic in 2001, the protesting became more regular; between three and ten picketers were present every Tuesday morning. While some of them held signs and rosaries, others approached women, attempting to lead them into the anti-abortion centre for “counselling.” The clinic escorts, who also started working in greater numbers, greeted the women and guided them past the protestors and into the clinic. A complex array of issues has encouraged picketing at the Morgentaler Clinic in Fredericton long after similar demonstrations have diminished in the rest of Canada. In order to arrive at a fuller comprehension of this situation, it is worth considering how bodies and spaces become meaningful in the contested zone outside the clinic.

### Embodiment and the Female Body

Escorts at the Morgentaler Clinic work in pairs, standing at both the front and back doors while looking attentively for women who might be approaching. Most clients live in New Brunswick and are driving from diverse parts of the province, particularly the Saint John region. A small number travel from Prince Edward Island, deciding to pay for the procedure in Fredericton because it requires a single visit instead of multiple hospital appointments (Burwell pers. comm.). Clinic escorts strive to provide these women with a reassuring welcome before the protestors begin either shouting at them or directing them into the anti-abortion centre. Escorts encourage the women and their companions to ignore the protestors, a task that is not always easy. When I worked at the clinic, I would typically initiate a conversation about the weather, a form of social ritual designed to normalize an otherwise unpleasant situation. We would discuss the cold and potential for snow storms while being screamed at by anti-abortion protestors.

According to cultural theorist Jody Berland, representations of the weather are far from neutral. Canadians continually comment on the weather to create both a shared sense of identity and what she calls “the pleasure of the located body” (1993: 223). Berland argues that discourses about the weather attempt both to control and deny its significance. They reveal a contradictory ethos of the body that strives for pleasure—understood primarily in terms of sunshine on the weather channel—in the face of the often unpleasant climactic conditions that are central to regional identities (209). My conversations about the weather in New Brunswick were indeed ambivalent: I attempted to bond with those entering the clinic by joking about the highways they had just driven, particularly the treacherous Route 7 which stretches between Saint John and Fredericton and is typically covered in ice as well as moose during the winter months. We employed narratives about the weather to create what historian Carroll Smith-Rosenberg calls the fantasy of a coherent body politic, achieving “a sense of homogeneity in an otherwise diverse populace” (1999: 171). This activity held particular significance outside the



clinic, for it established an immediate sense of community between escorts and abortion-seeking women—groups that in reality may have had little in common. In front of the Morgentaler Clinic, we confirmed our status as vigorous and good-humoured Maritimers able to overcome the natural elements, a collective identity not entirely unique to the region, though we insist that our roads are worse. This temporary and in many ways fictional identity—I am, for example, originally from Ontario—allowed me and other escorts to show concern for the well-being of incoming women, signalling respect for their decision to have an abortion without invading their privacy.

This commentary on the cold (or sometimes extremely hot) weather reinforced a rather commonplace image of embodiment, but it also led to discussions of particular bodies. Without any prompting on my part, the women coming to the clinic regularly remarked on their physical exhaustion after getting up at 5:00 a.m. to drive from the north shore, or on their bladders which were uncomfortably full in preparation for the ultrasounds to be performed inside the clinic. When they requested permission to relieve this pressure, staff inside the clinic would suggest that the women half-empty their bladders, a physical challenge most had not previously contemplated.

I also spoke with the women who periodically came outside to smoke cigarettes. I interpreted this activity as both the women's desire for nicotine and their defiant insistence on bodily pleasure in the face of the protestors. Some women felt vulnerable outside the clinic, wondering if they would be physically attacked by the protestors. Other women were adamantly certain of their right to have an abortion and shouted right back at the protestors while shivering in the smoking area. Many of these women explained their reasons for having an abortion, telling me that at sixteen years old they were too young to have a child, that their pre-existing medical conditions would be exacerbated by a pregnancy, that they had been raped, or that they already had more children than they could support. A surprising number of women shared the intimate details of their lives. One distraught Acadian woman described in French how her initial happiness at being pregnant was destroyed when her boyfriend's ongoing infidelities were revealed. Her tale was punctuated by the angry interjections of her parents, both of whom supported her decision and had accompanied her on the voyage from northern New Brunswick.

Whether part of a deliberate strategy or not, these statements worked to counteract the abstract and essentialist understanding of the female body promoted by the protestors. Some of the protestors repeatedly yelled "it's a baby," and "you are already a mother" in order to assert their own understanding of pregnancy. They attempted to stabilize the meaning of both pregnancy and the bodies of the women either entering the abortion clinic or smoking outside of it. Several protestors carried signs featuring enlarged images of fetuses. The use of fetal imagery by

the anti-abortion movement has been studied in detail by a number of feminist scholars, but the groundbreaking work of political scientist Rosalind Petchesky, first published in 1987, remains influential. She argued that images of fetuses shown floating against a celestial backdrop suggest that they are autonomous individuals able to exist apart from the female body (57-80). By separating the fetus from the maternal body, such representations erase women's crucial role in parturition. They encourage viewers to identify with the fetus as a masculine figure in need of protection from an aggressive and dangerous female body.

Literary critic N. Katherine Hayles distinguishes such generalized representations of the body from the lived experiences of material bodies. According to her, "the body" is an abstraction attempting to be universal in its scope. Embodiment, on the other hand, is "contextual, enmeshed within the specifics of place, time, physiology, and culture" (1999: 196). Yet the two categories are not polar opposites. Hayles notes that abstract understandings of the body both continually inform and are informed by the concrete experiences of embodiment. At the same time, the two exist in a state of tension because embodied experiences are usually not congruent with universalizing representations of the body. Hayles argues that exploring this tension can heighten the perception of disparity between the body and embodiment, potentially transforming them both.

In many ways, feminists who study abortion have already exploited the tension described by Hayles, though without using her terminology. Foregrounding the voices of individual women, they have examined the stories told by Canadian women about their efforts to access illegal abortion during the early 20th century, the mostly social reasons given by Yoruba women to explain their attainment of illegal abortions in Nigeria and the unexpectedly diverse ways in which Chinese women comprehend the fetus, even as most of them accept as necessary the national policies designed to limit population growth (Childbirth by Choice Trust 1998; Koster 2003; Jing-Bao 2005). In an especially interesting case study, anthropologist Elaine Gale Gerber collected data during the late 1990s at a reproductive health clinic just outside of Lille, France. She noted how French women narrated their experiences of early terminations enacted by RU-486, sometimes called the "abortion pill," though it involves the ingestion of two synthetic hormones (mifepristone and misoprostol). Gerber found that French women did not reify the embryo, but often described what they expelled from their bodies as an "egg" (1999: 137). Instead of viewing pregnancy as a definite medical condition, they saw it as a continuum that could develop differently. Explaining that they did not feel pregnant, the women receiving RU-486 distinguished the current state of their bodies from what they called their real pregnancies, namely the earlier ones that had resulted in children. Gerber discovered that like the early modern women described by Duden, modern French women confidently decided whether or not they were pregnant, using medical technology to confirm rather than determine their perceptions.

The interactions occurring every Tuesday morning at the Morgentaler Clinic similarly reveal the distinction between abstract evaluations of the pregnant body and women's lived bodily experiences, albeit in a context far removed from Lille. The anti-abortion protestors at the clinic in Fredericton promote an abstract vision of the female body as either a passive host whose meaning is predetermined (it is "already a mother") or a silent absence erased by the presence of the fetus. In contrast to these images, women arriving at the Morgentaler Clinic often emphasize what Hayles refers to as embodiment by recounting their individual stories, unique bodily perceptions and even by smoking, an activity considered irresponsible during pregnancy. The space around the clinic is thus not simply oppressive. Government policies force women to travel to the clinic and face protestors attempting to instill their particular understandings of the pregnant body. Yet the women can also assert themselves, speaking of their embodied experiences in ways that could be both empowering and transformative.

### The Performance of Pregnancy

The processes through which women become identified as pregnant, or identify themselves as pregnant, are not strictly medical. Even today, when childbirth is understood by means of technology throughout the Western world, the determination of pregnancy also occurs in particular geographical and social spaces, including the area outside of the Morgentaler Clinic in Fredericton. Any woman between the ages of fifteen and fifty who comes within a one-block radius of the clinic is assumed to be pregnant by the protestors and is approached by them. The identification of these women as pregnant is produced both by their proximity to the clinic and by the protestors' essentialist view of the female body as either potentially or actually pregnant. It is not always easy, however, to recognize an abortion-seeking woman, for none of them is visibly pregnant. The protestors often approach women who are there to support their friends, or are simply passing by on their way to work. These women respond with puzzlement, laughter, anger or fear. Even as the protestors insist on the immutable status of pregnancy, these exchanges reveal that pregnancy is far from obvious. They also indicate that women can have a kind of bodily knowledge that others lack, a standard belief during the early modern period, when even medical men respected women's comprehension of the female body as both intrinsic and authoritative (McTavish 2005: 143-71).

Nevertheless, women who are actually coming to the Morgentaler Clinic are publicly exposed once they enter the zone of surveillance around the building. The clinic building, completed in 1998, is a modest one-storey yellow brick edifice in the modernist style. To a certain extent the building is responsible for demarcating the significance of place in the perimeter outside of it, because as a freestanding abortion clinic it houses staff who provide counselling, contraceptive

advice and abortions. Women usually enter the building for abortion-related reasons, making them vulnerable to the protestors, yet the spatial dynamics of the building's location may also facilitate protest. When Dr. Morgentaler first opened a clinic in Fredericton it was located on a secluded street on the north side of the city, in a reconditioned home with an adequate parking lot. Protestors had little physical access to people entering the clinic. When the clinic was moved to its current site downtown, the number of protestors steadily increased. The new location has many advantages, for it is served by city bus routes, near the SMT bus terminal and arguably easier to find than the previous building. At the same time, the building is situated on a small lot, in close proximity to public sidewalks at both its front and right side, and equipped with a parking lot that accommodates few cars. Clients must park in a public garage across from the clinic and walk across the street to enter the building. Not only do the protestors regularly try to intercept clients during this short walk, but they also use the nearby sidewalks to shout at people passing through the clinic doors. A strikingly different situation is described by Karen Dean, former security worker at the Everywoman's Health Centre in Vancouver, British Columbia, where abortions are fully funded by the provincial government and a "bubble zone" prohibits protesting within fifty metres of abortion clinics. She claims that the number of protestors dramatically decreased after the organization moved from a freestanding, street-level location into a multi-storey building with private businesses, offering anti-abortion activists a more challenging target (Bohn 2007).

The significance of the Morgentaler Clinic in Fredericton is nevertheless determined in large part by the protestors and escorts outside of it. Their activities draw people's attention to the clinic, often for the first time. Members of the public have remarked that they had not even noticed the building before seeing the protestors. The space outside the clinic is nondescript, consisting of concrete sidewalks, paved streets and a standard multi-level parking garage across the street. This perimeter is usually unoccupied, becoming a zone of visibility only on Tuesday mornings when abortions are performed. On those days protestors and escorts occupy the space and various people pass through it, either to enter the clinic or on their way to some other place. While much literature on the production of place focuses on the locations and practices of human dwelling, this particular space becomes a place only temporarily, at repeated intervals (Karjalainen 1995). However, it is not the mere presence of human actors near the clinic that transforms this space into a meaningful place, but the embodied interactions between them.

Many abortion-seeking women are more concerned with their privacy than the medical procedure they are about to undergo. Since New Brunswick is a relatively small province, it is not unheard of for a woman to drive a long distance to the clinic only to discover that an acquaintance is in the waiting area. The protestors exacerbate this situation by running to intercept, interrogate and shout at the women outside the clinic. They create a spectacle meant to reveal the women's "secrets,"

making them public by both creating and participating in a space of exposure. This process is not unprecedented. It recalls the early modern confrontations described by historian Laura Gowing in her book about women's bodies in 16th- and 17th-century England. Gowing argues that when unmarried women were suspected of being secretly pregnant, they were subjected to "the investigating eyes and hands" of a group of matrons—older, married women with children—who would search their bodies for signs of pregnancy or squeeze their breasts to see if they produced milk (2003: 78). Although the women about to enter the Morgentaler Clinic are appraised visually rather than manually, the power dynamics are in some ways similar to those that occurred in early modern England. Most of the protestors outside the clinic in Fredericton are men, but those who question women to see if they are pregnant are exclusively older married women who proudly identify themselves as mothers. The women they investigate are always younger and often of lower economic status. These modern-day matrons strive to enforce morality by creating a punitive space designed to make pregnancy public.

Yet the similarities between the past and the present should not be exaggerated. During the early modern period, older matrons were allowed to determine pregnancy in order to do more than denounce illicit sexual behaviour. They could also question unmarried pregnant women about paternity, in order to assign financial responsibility for potential children to particular men rather than have it provided by the local parish. Authorities also feared that single pregnant women would be tempted to commit infanticide to evade social censure, depriving newborns of either baptism or a proper burial (Jackson 2002). In contrast, modern-day matrons focus exclusively on women without mentioning men, even though male partners regularly accompany women to the clinic. The protestors affirm the responsibility of women to remain pregnant and give birth, decrying what they consider the abortion-seekers' selfish consideration of their own needs rather than those of another. Modern-day matrons insist that younger women accept maternity as their predetermined feminine role, assuming that all women naturally want to have children. They make motherly pronouncements, warning those about to enter the clinic that: "You might never be able to have another baby. I could only have one." Despite such assertions, female protestors at the Morgentaler Clinic in Fredericton are not considered authoritative and abortion-seeking women regularly advise them to "mind their own business." These contested discourses about proper femininity, which include considerations of who or what has the right to make claims on the female body, contribute to the sense of place created outside the clinic, underpinning the activities occurring there.

The pro-choice clinic escorts generally have rather different ideas about what women should do with their bodies, embracing the vision of a liberal subject who can shape her own future and is not duty-bound to obey moral strictures. When I worked as an escort, I was attuned to any indication that a woman was merely obeying another, perhaps her mother or male partner, by having an abortion,

something also considered by staff inside the clinic. As a matter of policy, no procedures are performed on women apparently coerced into having an abortion. Protecting each woman's personal rights is of primary concern. In keeping with this approach, I held a particular respect for women who displayed their individuality and steadfastly proclaimed what they wanted, whether it was to have an abortion or to continue with a pregnancy, something a handful decided to do once inside the clinic. Other clinic escorts expressed views that similarly valorized female agency and rejected calls for female subservience, but I am reluctant to generalize about this group because studies by such scholars as Andrea Lee Press and Elizabeth R. Cole show that pro-choice views vary widely according to the class identifications of particular individuals, among other things (1999). At the same time, the contested space outside the Morgentaler Clinic challenges any simple insistence on women's free will by revealing that women inevitably make decisions within the context of governmental policies, particular places and the opinions of others.

Pro-choice clinic escorts strive to counteract the public exposure produced outside the clinic. While protestors attempt to impede women who might be heading into the clinic, escorts endeavour to identify these women first, in order to welcome them and explain the situation. Instead of assuming that all women are pregnant, however, they read the female body for particular signs. If women near the clinic are carrying water bottles and a bag, escorts suppose that they are preparing to have ultrasounds and change into comfortable clothing once inside the clinic. Volunteers have the advantage of knowing how many women have appointments on a given day and approximately when they will be arriving. All the same, clinic escorts participate in creating a zone of surveillance that can oppress women. They produce an alternative but equally abstract image of the female body, unwittingly reinforcing the public identification of pregnancy. They furthermore risk invading the privacy of the women coming to the clinic. During my years as an escort, for example, I encountered women known to me, including some of my own students and colleagues at the University of New Brunswick, where I worked as a professor.

In keeping with philosopher Michel Foucault's arguments about the productivity of power, my identity as an escort was created within the power relations that I simultaneously contested (1978: 95-96). Escorts were (and still are) taught to be alert and to move quickly but calmly to greet women and their families as they approached the clinic. We would typically go in pairs and situate ourselves on either side of the woman whom we assumed was pregnant, acting as her protector. She was often extremely grateful for our presence. For me this interaction created an image of my body as strong and sturdy, able to withstand both freezing weather and the assaults of the anti-abortionists. Other escorts had similar reactions and one young volunteer even wore a spandex superhero costume during her shift. Her playful performance made light of the confrontational situation at the clinic

while amusing the women who were arriving for their appointments. Yet our heroic stance may have reproduced the stereotype of the fragile woman in need of protection and of pregnancy as a time of vulnerability rather than empowerment for women. On the other hand, by publicly supporting women's efforts to enter the clinic, we displayed faith in their ability to make their own decisions (Lemire, pers. comm.).<sup>2</sup>

Very few of the women arriving at the clinic desire the visibility that is conferred on them, but both the escorts and the protestors seek it. Escorts wear blue aprons emblazoned with the words "Clinic Escort" to broadcast their identity to the women coming to the clinic; clients have been advised by clinic staff to look for the escorts as their "helpers." This uniform furthermore lends a sense of group identity to the escorts, encouraging them to bond in a shared sense of purpose as they undertake volunteer work that is challenging as well as rewarding. The protestors are also intent on displaying themselves and their large signs, which they carefully direct toward the passing traffic. This opportunity for public visibility is yet another reason for the increasing number of protestors since the Fredericton Morgentaler Clinic relocated to the downtown. Some of the drivers passing by honk in support of the protestors while others give them the thumbs down. It is not unusual for members of the public to stop and speak with the protestors, urging them to cease their activities. During the summer of 2007, an unknown young man arrived with a mock light sabre in hand, ready to "battle" the anti-abortion demonstrators. Recognizing the theatricality of the space outside the clinic, he played the role of a jedi warrior fighting for justice. At the same time, his actions revealed as performative the identities of everyone occupying the same space.

Both anti-abortion protestors and pro-choice clinic escorts try to manage how the place outside the Morgentaler Clinic will be understood by the public as well as the women who traverse it in order to enter the building. A particularly concrete example of this battle to determine the meaning of place is the location of an anti-abortion centre in an adjacent building only a few feet from the left side of the clinic. According to its supporters, this centre offers women an "alternative" to abortion; however, in terms of spatial politics it is an aggressive assertion of one particular definition of pregnancy. This anti-abortion strategy is standard; similar "crisis pregnancy centres" have been constructed near abortion clinics across Canada and the United States. Those opposed to legal abortion hope that abortion-seeking women will mistakenly enter these centres, but the buildings are also designed to enact a kind of spatial intimidation that continues even in the absence of protestors. In the end, neither anti-abortion protestors nor pro-choice escorts are really in control of the space around the Morgentaler Clinic in Fredericton, partly because unexpected events, such as the appearance of a man with a lightsabre, regularly occur.

The activities outside the clinic produce another unexpected result, one that anti-abortion protestors would no doubt find objectionable. The presence of protestors shapes the meaning of the interior of the clinic, encouraging many abortion-seeking women to rush toward the building and breathe a sigh of relief once they are inside. Though the protestors try to demonize the clinic, they actually transform it into a kind of refuge for women. In contrast to the shouting and sign-wielding protestors outside, the clinic workers inside appear to be calm, friendly and rational. The Morgentaler Clinic is indeed staffed by sympathetic feminists who try to recognize female embodiment rather than the female body alone. All the same, I do not want to romanticize the clinic, for once inside women are subject to the medicalization of their bodies by means of such technologies as the ultrasound machine, operated by an authority figure who interprets and measures the female body. This person informs the abortion-seeking woman that she is nine weeks pregnant, or that she has had a miscarriage and is no longer pregnant, or that she is past the clinic's gestational limit of sixteen weeks and can no longer acquire an abortion in New Brunswick. Inside the clinic, abstract understandings of the female body continue to exist in tension with diverse expressions of female embodiment.

## Conclusions

In some ways it is obvious to say that the space outside of the Morgentaler Clinic in Fredericton is contested. Yet the interactions occurring there on Tuesday mornings concern far more than whether or not women should have the legal right to abortion. The temporary activity outside the clinic participates in the social production of pregnancy, the female body, embodiment, regional identity and place. The theatrical space created on Tuesdays produces the identities of all who enter it, whether they are matrons attempting to enforce their morality, escort superheroes surviving both the harsh weather and the protestors, abortion-seeking women discussing their embodied experience in the face of images that erase it, or passersby engaging in heated political debate before continuing on their way to work. It is clear that the interactions outside of the Morgentaler Clinic in Fredericton create particular kinds of bodies even as those bodies produce the spaces both outside and inside the clinic. These mutually informing bodies and spaces are involved in a struggle over meaning, most immediately concerning who has the authority to define and regulate pregnancy.

This case study of the Morgentaler Clinic in Fredericton confirms that Western women continue to experience pregnancy in subjective and intimate ways. There are surprising links between early modern and modern conceptions of pregnancy. Even today pregnancy can remain difficult to ascertain and can be a "secret" condition that women wish to conceal. The women who come to the clinic in Fredericton are singled out by those who strive to make their bodies public, but



they are not simply victims. Most of the women resist the efforts to classify their bodies by giving voice to their embodied knowledge and none of them turns back. Even as the female body is medicalized both outside and inside the clinic, abortion-seeking women participate in determining its meaning, refusing to see it as fully defined by an other. By insisting on their embodiment, they reveal that the body is experienced differently depending on time and place, even within the same country.

In this article, I have tried to show how national health policies, representations of embodiment, provincial regulations, abstract conceptions of the female body and particular spaces and identities are intertwined, without privileging one factor over another. I have nevertheless been involved in political lobbying efforts designed to change the situation outside the Morgentaler Clinic in Fredericton. I have participated in demonstrations, letter writing campaigns and meetings with the provincial Health Minister calling for an end to Regulation 84-20 and for greater access to funded abortion in New Brunswick, whether in hospitals or clinics. More recently, other political activists have requested a “bubble zone” of protection around the clinic in Fredericton, so that protestors can no longer impede or harass the women attempting to enter the clinic (Abortion Rights Coalition of Canada 2007). This kind of legislation has been enforced elsewhere in Canada. While highly desirable, this zone would not bring New Brunswick “into line” with such provinces as British Columbia, a position that assumes New Brunswick is simply less progressive than other parts of Canada. My analysis insists on a more complex understanding of the way that particular conceptions of regional identity and place inform the current abortion policies of the New Brunswick government. At the same time many of the interactions I have described above occur at other abortion clinics, especially in the United States, yet their circumstances differ significantly. My own experiences of escorting outside of clinics in New York State indicate that the meanings produced at each site vary according to distinctive spatial dynamics, local governments, forms of media coverage, racial politics and the presence or absence of representatives from the American Civil Liberties Union, among many other things. My study of the cultural production of pregnancy in relation to a single Canadian abortion clinic stresses the uniqueness of the Morgentaler Clinic in Fredericton; it could, however, be compared and contrasted with abortion-related demonstrations occurring elsewhere, which would likely enrich our understanding of the mutual construction of bodies and places.

## Notes

1. Personal communication. Judy Burwell, director of the Morgentaler Clinic in Fredericton (1999-2005), 2007. She now volunteers at the clinic.

2. Personal communication. Shannon Lemire, a nursing graduate student originally from New Brunswick, 2007.

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