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Criminalization, medicalization, and stigmatization. Genealogies of abortion activism in Poland

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Abstract

This article explores the long history of Polish abortion activism from the late 1950s to the present day. Using feminist genealogy, we examine how (de)criminalization, (de)medicalization, and (de)stigmatization are addressed in the strategic narratives of three interconnected organizations: the Polish Planned Parenthood Association (PPPA), established in 1957; the Federation for Women and Family Planning (FWFP), established in 1991; and the Abortion Dream Team (ADT), established in 2016. The PPPA, active during the state-socialist period and supported by the state, applauded the legalization and medicalization of abortion while actively discouraging women from terminating pregnancies. The FWFP, which introduced the notion of abortion as a right during the democratic transition and continues to fight for access to legal abortion under current restrictions, leaves the medicalization of abortion largely unchallenged. The ADT encourages women to become their own abortion providers, to share their experiences, and to support other women. Focusing on the underlying spheres of social norms, practices, and networks, they actively work to remove the connotations of danger, sin, irresponsibility, and crime from abortion, fostering a concept of termination as the positive solution to the problem of unwanted pregnancy. Our analysis of the intersecting space between (de)criminalization, (de)medicalization, and (de)stigmatization challenges the idea of progress and modernity in abortion activism and brings to the fore the contextual implications of positioning, goals, and rhetoric.

Introduction

In 2020, the slogans on Polish feminist placards shifted dramatically from the usual, often witty rallying cries to such unprecedented and unrestrained expressions of anger as “Get the fuck out!” and “You shouldn’t have pissed us off!”. What had angered Polish women to such an extent and provoked the largest anti-government protests in recent Polish history, was a ruling by the Constitutional Tribunal, considered by many as merely an instrument of the Law and

Justice party's right-wing, authoritarian-leaning government. On January 27, 2021, publication of the Tribunal's ruling ("Wyrok Trybunału Konstytucyjnego" 2021) rendered abortion illegal in cases of fetal malformation: a further limitation of one of the most restrictive abortion legislations in Europe and, in practice, a total abortion ban. This, combined with pandemic-related anxiety and exhaustion and increasing frustration with the government, led to social unrest, which, in turn, was met with escalating police violence.

By summer 2021, rather than a return to the law in place since 1993, those leading the Women's Strike (Ogólnopolski Strajk Kobiet) were demanding total decriminalization of abortion following the "Canadian model" (Karwowska and Paś 2021). Will this dissent produce change in Poland, a Catholic country heading in an increasingly authoritarian and fundamentalist direction? Or will the potential of these protests be lost? Maybe the newfound emotional intensity of women's political expression is a value in itself. Certainly, we are on the cusp of something new and the future is unclear.

In times of change, strategy becomes crucial. While in times of stability the "pro" and "anti" stances on abortion can seem predictable, even banal, when transformation appears possible, social movements are faced not only with the question of what they oppose but what exactly they are fighting for. This article analyses the genealogies of abortion activism in Poland, tracing the diversity and adaptability of abortion activist strategies in the second half of the twentieth century and beginning of the twenty-first. We analyze the strategies of three major Polish activist organizations focused on abortion, solely or alongside other reproductive issues: the Polish Planned Parenthood Association (PPPA), a state-funded organization tasked with popularizing modern family-planning methods in the state-socialist period; Federation for Women and Family Planning (FWFP), the largest Polish NGO in reproductive rights, founded in the early 1990s; and Abortion Dream Team (ADT), an informal group established in 2016 that popularizes at-home abortion with pills and targets abortion stigma. By analyzing the strategies of these organizations, the most significant in Polish abortion activism, we reveal the crucial differences in their approaches to the criminalization, medicalization and stigmatization of abortion. This is a conflicted family: bound by genealogy and disagreement.

Our approach is rooted in feminist applications of Foucauldian genealogy (Pillow 2003; Sawicki 1991; Tamboukou 1999, 2003), a theoretical tool that facilitates unearthing of the historically surprising, unheard and hidden (Foucault 1980, 1998, 1991; Gutting and Oksala 2019) by tracing lineage and mapping the branches linking ancestors to ancestors. Despite the

existence of such branches between our three protagonists, their identities, strategies and goals have so little in common that, other than "activism opposing abortion criminalization," it is hard to name a common denominator. Genealogy focuses on systems of thought as the "result of contingent turns of history, not the outcome of rationally inevitable trends" and examines "historical practices through which the body becomes an object of techniques and deployments of power" (Gutting and Oksala 2019, 8).

Unlike most of East Central Europe, the democratic transition in Poland brought about the criminalization of abortion, after almost forty years of legality. A genealogical perspective enables us to focus on historical discontinuities: how organizations and groups break with past endeavors to forge their own way, and how these discontinuities are situated in a particular place and time. As historian Dagmar Herzog has stated, "it would seem that at least with regard to the most contested issues of life, sex and death, historical time simply does not accumulate or progress but rather reverberates in complicated ways" (2018, 10). In sketching these complicated ways through genealogical sensitivity to even the smallest practices, even if (or rather, especially if) they do not fit the preconceived notions of "progress" or "development," it is our goal to move beyond the label of "pro-choice movement", focusing instead on uniqueness, diversity, ambivalence, and contradiction.

Our approach dialogues with recent feminist scholarship that has revisited the history of state-socialist women's organizations and women's rights policies and discourses, and the processes of their erasure from Eastern European genealogies of feminist thought and practice (Bonfiglioli 2021; De Haan et al. 2016; eg. Ghodsee 2019). We are particularly indebted to the pioneering work of Magdalena Grabowska, who has examined the history of women's activism in state-socialist Poland as an example of a "broken genealogy" (Grabowska 2018).

The past and present of abortion activism in Poland have been shaped by both a state-socialist past and the preeminence of the Catholic Church. Abortion for socio-economic reasons was first legalized in Poland in 1956, little over a decade into state-socialist rule. Widely available, abortion became one of the most important birth control methods (Ignaciuk 2021). With the end of state socialism in 1989, the Catholic Church emerged as "the strongest political formation of the transformation" (Borecki 2008, 47), and, through intense political lobbying, swiftly achieved most of its goals, including the reintroduction of religion in public schools, and the recriminalization of abortion (Borecki and Janik 2011, 21; Chełstowska et al. 2013; Kowalczyk 2012, 240; Mishtal 2015).

In 1993, legal abortion was limited to pregnancies that resulted from criminal sexual acts, those that constituted a serious threat to the pregnant woman's life or health, and cases of severe fetus malformation. Abortion was also restricted to the public healthcare system, in which interpretations of "health" have rarely embraced the holistic bodily and social well-being defined by the World Health Organization (WHO) upon its foundation following World War II (Constitution of the World Health Organization 1946). In the decades that followed, a white-coat abortion underground expanded, with doctors providing illegal, but generally safe, abortion for a fee. Due to the concurrent processes of stigmatization and commercialization, accessibility to legal abortion in public healthcare became harder to access even when criteria were met (Chełstowska 2011).

Numerous legislative initiatives have attempted to either liberalize or further restrict abortion. Calls for the 1993 legislation to be subject to a public referendum, supported by over 1.3 million citizens, were ignored (Mishtal 2015, 71). In 2016, the conservative Catholic think-tank *Ordo Iuris* launched a "Stop Abortion" project, submitting a draft bill to initiate a total abortion ban and place legal liability for their own abortion onto women. It was this draft that prompted the Black Protest, the first mass public demonstration by Polish women focusing solely and explicitly on abortion. At the time of writing, women seeking advice about, or having an abortion are not criminalized, but anyone who performs, assists or helps a woman secure—only vaguely defined—a termination that does not meet the remaining legal criteria can be prosecuted (Grupa Edukatorów Seksualnych Ponton et al. 2018, 23).

Abortion stigmatization, spearheaded by the Church and anti-abortion activists, has not only affected public discourse in what has been called a "lost battle for language," with words like "fetus" being replaced by "baby" etc. (Graff 2005), but also medical practice, as the majority of abortion services have moved to the white-coat abortion underground (Chełstowska 2011). Political efforts to criminalize abortion were tightly interwoven with public admiration of John Paul II, the "Polish Pope" elected in 1978. In this context, public debate on possible changes to the law has been limited to ethical, philosophical, legalistic, and religious aspects, with little consideration given to women's actual experiences.

Just as the development of abortion laws and feminist mobilizations have been central to feminist scholarship on abortion in the Global North (e.g., McBride Stetson 2001; Dummitt and Sethna 2020), scholarship on abortion activism in Poland has largely concentrated on (de)criminalization ("Aborcja w Paragrafach" 1993; Fuszara 1991; Holc 2004; Kozakiewicz

1997). This has provided insights into the historical realities of women's lives under restrictive abortion laws (Kligman 1998; Reagan 1998), paths and results of abortion legalization (Schoen 2015; Browne and Calkin 2020), and recent efforts to criminalize the de-medicalized use of abortion drugs (Assis and Erdman 2021). Recognizing the importance of understanding how existing laws and their implementation set the context for social movements, we explore activist approaches to the medicalization and stigmatization of abortion and thereby map their diversity and complexity.

The medicalization of abortion—conceptualizing pregnancy termination as a medical procedure to be performed by doctors in medical settings—has acquired different meanings in parallel with (de)criminalization processes in various national contexts. Feminist historians have examined how medical elites and governments have shaped and implemented legal frameworks for abortion practice in twentieth-century North America and Western Europe (Reagan 1998; Solinger 1994). From the mid-twentieth century onward, decriminalization processes often meant placing abortion under the strict supervision of medical authority. Canada's Therapeutic Abortion Committees, three doctors to assess requests for abortion, exemplify this process. The 1967 British Abortion Act was one of the earliest pieces of legislation to authorize abortion for socio-economic reasons, if validated by a doctor (Sheldon et al. 2019). Legalization of abortion in East Central Europe in the mid-1950s was also linked to medicalization (Bogdan 2018; Dudova 2012; Lišková 2018, 2021). In Poland, historians have interpreted state interest in controlling the abortion marketplace as a broader biopolitical interest in supervising women's reproductive bodies. Barbara Klich-Kluczewska (2021) has shown how the scrutiny that midwifes came under during the late 1940s and early 1950s was part of this process. Sylwia Kuźma-Markowska has highlighted how the 1956 legalisation instigated the medicalization of abortion through an aggressive elimination of demonised female empirical providers (Kuźma-Markowska 2017). Atina Krajewska has shown how the attitudes of twentieth-century Polish medical elites towards abortion have been shaped by their relationship with the state, and how doctors utilized abortion to maintain their privileged social position and authority (Krajewska 2021). Concurrent processes of legalisation and medicalisation changed pre-existing illegal and legal abortion marketplaces: from the mid-1960s, this space also became inhabited by activists, who, often without formal medical training, pursued referral and the provision of underground abortion services (Cline 2006; Ignaciuk and Sethna 2020; Reagan 2000). Historian Kelly O'Donnell has shown how some activist groups who explicitly or

implicitly targeted abortion stigma, such as the Chicago Jane collective, have been assigned a prominent place in the newly constructed genealogies of contemporary American abortion activism (Brown 2019; Kissling 2018; O'Donnell 2017).

Abortion stigmatization is a relatively new and under-researched field of inquiry. A 2016 systematic review revealed only fifteen articles in peer-reviewed journals that explored experiences of stigma, public perceptions of abortion, or stigmatization interventions (Hanschmidt et al. 2016). The initial conceptualization of abortion stigma followed Erving Goffman's definition of "an attribute that is deeply discrediting" and reduces the bearer "from a whole and usual person, to a tainted, discounted one" (Goffman 1963, 3). Link and Phelan described stigma "as an exercise of power of a dominant group over members of a less powerful group, who are considered different, negatively stereotyped, discriminated against and marginalized within society" (Hanschmidt et al. 2016, 169; Link and Phelan 2001). Research into abortion stigma has on occasion adopted models from studies of other stigmatized phenomena, such as mental illness (Kumar et al. 2009; e.g., McMurtrie et al. 2012; Cockrill and Hessini 2014, 594). In their seminal article, Kumar, Hessini and Mitchell defined abortion stigma as "neither natural nor 'essential'," but a result of local social production; "a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood" (2009, 628). This growing academic focus has often been inspired by recent activism, increasingly focused on understanding and counteracting abortion stigma. Janet Hadley, in her essay on the "awfulisation of abortion", was an early voice on the way political struggles have negatively affected the perception and experience of abortion (Hadley 1997). Recently, authors such as Katha Pollit, Erica Millar, and Jenny Brown have highlighted the need to eliminate the conditionality of abortion access, question the moral hierarchy of abortions, and reject the need to prove oneself worthy of access (Pollitt 2014; Millar 2017; Brown 2019), while others have concentrated on key social media campaigns targeting abortion stigma (Kissling 2018).

This article contributes to these discussions by examining how genealogically-connected Polish activist groups from the mid-twentieth century on have worked around the key intersecting issues of abortion criminalization, medicalization, and stigmatization. After discussing sources, we explore the history and abortion narratives of the PPPA, FWFP, and ADT, and compare the strategies of these organizations within their historical context and in relation to each other.

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Our genealogy is based on a range of print and online documents produced by the PPPA, FWFP and ADT. We selected publications that discussed abortion, were intended for the public and described, fulfilled, or reported the organization's mission, strategy, or activity. For PPPA, this included their reports and popular books, as well as the journal, *Problemy Rodziny* [Family Issues]. For FWFP, which has produced a vast amount of material, we focused on their major publications, such as reports, guidebooks, and collections of women's testimonies, and for information on particular events and strategic litigation cases we analyzed material from their website. As most of these originated in the second and third decade of activity, we included their Bulletin *Mam Prawo* to increase earlier material (numbers 1–14, 17–23, 1995–2002). For ADT, we analyzed publications and material available on their website, but as these do not fully reflect the controversy and publicity this new kind of activism has received in Poland, we included press interviews, in which the activists explain their vision. Social media posts (Facebook and Instagram, 2016–2021) are another vital part of ADT's activism and strategy. We also conducted interviews with each organization's leader to verify our theories, discuss goals and strategies, and gain additional information. Our approach combines historiography and ethnography, as we have also drawn on our own participation in public life in Poland. Author 1 is a former activist engaged with issues of abortion stigmatization and reproductive justice; author 2 has been academically engaged with the history of abortion politics in Poland since 2007. This expertise gives us an overview of major accomplishments, campaigns, and the historical contexts of FWFP and ADT action from the perspective of engaged observers.

Criminalization

The three activist groups featured here have been involved with abortion criminalization in very different ways, molded by the changing legal and political context of their activism, and their relationship with the state. Founded in 1957 as the Society for Conscious Motherhood (Towarzystwo Świadomego Macierzyństwa) and changed to the Society for Family Planning (Towarzystwo Planowania Rodziny) in 1970, in 1979 the organization received its present name – Society for Family Development as pronatalist family "development" became the dominant paradigm (Kuźma-Markowska 2019). For the sake of clarity, we follow Agnieszka Kościańka (2021b) in referring to this organization as Polish Planned Parenthood Association (PPPA) throughout. Formed by activists and physicians, some previously active in the Polish interwar birth control movement (Kuźma-Markowska 2013), the state delegated PPPA with

providing family planning advice. The legalization of abortion in cases of "difficult life circumstances" in 1956 was part of a wider cultural shift in the post-Stalin Thaw (Stańczak-Wiślicz et. al 2020). The PPPA published books and brochures, gave talks, and provided family planning counselling in out-patient clinics. Membership became increasingly professionalized, and activities expanded to include sex education and family planning training for both professionals and end users (Ignaciuk 2020; Jarska 2019; Kościańska 2021a, b; Kuźma-Markowska and Ignaciuk 2020). Support from the Party-State fluctuated, from substantial backing for the "conscious motherhood" campaign of the late 1950s and early 1960s, to less encouragement with the resurgence of pronatalism in the 1970s (Klich-Kluczewska 2017). Official support consistently diminished during the 1980s, when the PPPA lost many of its members and membership of the International Planned Parenthood Federation (Kozakiewicz 1985, 1989; Kulczycki 1999; Kuźma-Markowska and Ignaciuk 2020).

Although its status shifted throughout the communist period, PPPA's position on abortion remained constant. The organization's response to the 1956 law was ambiguous: while making abortion legal protected women's reproductive health from backstreet abortionists, legal abortion was itself represented as potentially damaging. A 1960 brochure with the telling title, "No way to go" [*Nie tędy droga*], exemplifies this ambiguity:

> The intention of the [1956] law was to protect women's health from backstreet abortions, performed by unskilled local women, unfamiliar with the female reproductive anatomy and surgical practice. But by legalizing abortion, the law did not deny and does not deny the potential harm abortion can inflict on women … The woman has to be educated about the abortion procedure, so she does not abuse the law and she does not have one abortion after another. The best way to go is to prevent the pregnancy that the woman would later terminate (Towarzystwo Świadomego Macierzyństwa 1960, 3).

As Sylwia Kuźma-Markowska has shown, the medicalization of abortion was explicitly gendered, with "unskilled" providers represented as predominantly female. However, the medical profession was not defiantly masculine: the proportion of women doctors in Poland had reached forty-seven percent by the end of the 1960s (Ignaciuk 2020, 1330).

The PPPA's mission, as explained at their 1960 conference, was to take the lead role in contraceptive education and popularize contraceptive methods, thus actively preventing reliance on abortion (Towarzystwo Świadomego Macierzyństwa 1961; Ignaciuk 2014). A 1974 article on the organization's foundation also described "fighting abortion through popularizing

contraception" as PPPA's principal goal (Brzozowska 1974). The organization successfully lobbied for mandatory post-abortion contraceptive counselling for women in public hospitals (Towarzystwo Planowania Rodziny 1972, 8). In the report of the PPPA's Fifth General Assembly in 1979, abortion was characterized as "a necessary evil that women should be protected against by means of effective contraception"; at the same time the PPPA advocated that "legalization of pregnancy terminations is fair and should be sustained" (Towarzystwo Rozwoju Rodziny 1980, 38, 45).

In the early 1990s, the PPPA joined forces with a number of NGOs in an attempt to prevent changes to the abortion law (Kacpura 2018). This coalition became the Federation for Women and Family Planning in 1991. Dr Grzegorz Południewski, former PPPA vice-president, had great respect for FWFP's "political and social engagement" and described Polish abortion law as an undesirable "concession" to the Catholic Church (Południewski 2019). However, PPPA publications from the early 1990s were less openly critical: apart from one interview with a lawyer describing the possible consequences of criminalization, information was presented in a matter-of-fact manner ("Aborcja w Paragrafach" 1993; "Od Redakcji" 1993; "Tak Było - Tak Będzie" 1993; "Tekst Ustawy" 1993).

The initial incentive for FWFP's creation was public debate on a possible ban on abortion at the start of the democratic transition in 1989 (Kacpura 2018). Formed in 1991 as a coalition of young NGOs to counteract the increasing influence of the Catholic Church on Polish politics (Kacpura 2018; Nowicka and Walko-Mazurek 2011, 4), FWFP was part of the unsuccessful push for a referendum on abortion. "Bujak's committees" (*Komitety Bujaka,* after a well-known democratic opposition leader) collected over 1,370,000 signatures, an impressive achievement in the early chaotic years of Polish democracy.

While some groups in the coalition left following defeat, those that remained formed an NGO under the same name (Statut Federacji1992). They refocused, and began advocating for liberalization of the abortion law and mitigating its negative impact (Kacpura 2018). By counselling individual women and publishing information, FWFP attempted to help women access legal abortion under the new law. This soon proved difficult, due to the legislation's "chilling effect" (Mishtal 2015):

> Reality confirmed our worst fears. The [new abortion] law negatively affected the lives and health of women. It turned out to be more restrictive in reality, than it is on paper. Women are often denied the procedure despite having the right to it, that is:

> when the pregnancy carries a risk for their life or health, is a result of rape or when the fetus is seriously malformed. The [new] law has not reduced the number of abortions, but instead forced women to seek other, often dangerous ways to get rid of a pregnancy ("Działania Na Rzecz Legalnej Aborcji" 1995, 2).

From the outset, FWFP highlighted this phenomena; the new legislation was more restrictive *de facto* than *de jure*. The foundation of FWFP coincided with the post-Cold War inclusion of women's rights, and especially reproductive rights, in the human rights agenda (Goodale 2017, 168). By rooting abortion in a discourse of human rights and conducting strategic litigation in international courts, FWFP mobilized legal discourse to support their own goals.

A particular landmark was the 2007 case of *Alicja Tysiąc v. Poland* at the European Court of Human Rights (ECHR) (Nowicka and Walko-Mazurek 2011). Polish citizen Tysiąc sued the government for denying her abortion access, despite the threat to her health resulting in partial sight loss. With FWFP support, Tysiąc won the case and received compensation from the state. Buoyed by success, FWFP established a Legal Team and has thus far brought three other cases before the ECHR, in 2004, 2008 and 2009, and won two, imposing concrete effects on successive Polish governments (Nowicka and Walko-Mazurek 2011, 9, 22).

The FWFP has also proposed new laws through a citizens' legislative initiative in 2003 and supporting those by others in 1994, 1996, 2011, 2017, and 2020, by circulating petitions and lobbying MPs ("Apel Do Posłów" 1997; "Apel Uczestników " 1998; "Co Dalej" 1995; "Działania Do Podjęcia" 1996; Nowicka and Walko-Mazurek 2011, 18, 19, 38, 39). The longest-serving Executive Director of FWFP, Wanda Nowicka, became a legislator herself when elected to Parliament in 2011. Like many NGOs, FWFP also monitors public institutions to ensure the law is followed, producing, for example, an annual "shadow report" on implementation of the 1993 abortion law and other aspects of reproductive rights (Nowicka and Walko-Mazurek 2011). They have also published numerous brochures and guidebooks advising women how to navigate the healthcare system (Dziewanowska et al. 2012; Dziewanowska and Więckiewicz 2015; "Terminacja Ciąży - Poradnik" 2020; "Zdrowie Znaczy Życie. Informacje Dla Dziewcząt" 1996; "Zdrowie Znaczy Życie. Jak Dbać o Zdrowie" 2006).

The FWFP stance on legal regulation of abortion access is ambivalent. While they have supported or initiated many bills to alter existing abortion law, FWFP's Director recently declared support for the elimination of all legal barriers to abortion, as these are always "limiting" (Kacpura 2018). Simultaneously, the Director declared that a more detailed and clear

set of procedures would be helpful in FWFP's day-to-day work of negotiating abortion access (Kacpura 2018).

An informal group of activists, some of whom previously worked for FWFP, ADT employs radically different strategies. They carry out work in two main areas: building networks of non-medical volunteers to help women access self-managed abortion with pills and, since December 2019, surgical abortion abroad (*Aborcja Bez Granic* n.d.), and challenging abortion stigma in Poland. Team member Broniarczyk has described her departure from FWFP and adoption of a new kind of activism as motivated by personal experience: despite being involved in pro-choice activism, she still lacked the knowledge required to terminate her own pregnancy (Sussman 2019).

The relationship between ADT and the law is fundamentally different: their primary goals are not to change Polish law (Broniarczyk 2018), or secure access to legal abortions in Polish hospitals (Abortion Dream Team, 2019), as explained in one of their zines:

> Access to abortion in Poland is very limited. You can have a procedure in a hospital only when you fulfil one of the conditions mentioned in the Law on family planning from the year 1993. These are extreme situations, which do not reflect our real, everyday experiences.
>
> These experiences show that the most common motives for terminating pregnancies are that we do not want and cannot continue with them. And the conditions specified in the law do not apply.
>
> We have to deal with these situations. How? This zine was created so that everyone has access to information about existing possibilities (Abortion Dream Team, 2019, 1).

Only on the final pages of this document do the authors discuss the legal context of abortion in Poland. Practical information on how to access abortion abroad or with pills at home is prioritized. Thus, ADT questions the relevance of legal discourses for both their activism and women wanting abortions.

Asked about the perceived illegality of their actions in numerous interviews, ADT activists have deployed three lines of argumentation: their actions are legal (Domagalska 2018; Sroczyński 2020, 2); the 1993 law is dead and its only practical role has been to stigmatize abortion (Sroczyński 2020, 3); and the abortion law is morally wrong and breaking it is therefore a moral act (Sroczyński 2020). The first line of reasoning is the most popular and stems from basic legalities: ADT provide information that enables women to self-induce

abortion, not covered by the regulation, and Polish law does not apply to later-term abortions carried out abroad. One such interview in 2018, featured on the cover of the feminist-leaning Saturday magazine, *Wysokie Obcasy*, and issued with the principal liberal daily newspaper *Gazeta Wyborcza*, became a public scandal. Stating that their activities did not constitute "inciting" or "aiding" an illegal abortion (Domagalska 2018), ADT activists emphasized their own interpretations could not guarantee the authorities would not take an interest, as interpretations and implementation of the law depended on many factors (Abortion Dream Team 2019, 27). Therefore, ADT activists openly instruct abortion pill users and their loved ones on how to avoid implicating themselves in a police interrogation (Abortion Dream Team 2019, 12, 25–27; Sroczyński 2020). By speaking openly about their activism (interviews), encouraging women not to be afraid to help and support each other (social media) and telling women seeking abortions they are "not alone" (through a billboard campaign), ADT also targets the products of criminalization: fear, secrecy, and isolation.

In a 2019 zine, ADT claimed that women seeking abortions who qualified for a legal procedure constituted about five percent of all abortions in Poland ("Potrzebujesz Aborcji?" 2019). Having completely abandoned advocating for women within the existing system, ADT attempt to find increasingly effective ways of bypassing legal restrictions, and prioritize facilitating access to "not respectable" abortions. This departure follows the logic of activist literature that critiques the very idea of laws limiting abortion access to cases considered "necessary" or "justified", and echoes Millar's recent critique of "hierarchies of reproductive choices" and "politics of compassion" in an Australian pro-choice organization, Abortion Law Reform Association (Millar 2017, 59–61).[1] In the genealogical vein, we have traced ADT statements and actions that appear to counter these declarations: ADT does refer to legal battles, particularly abroad, such as abortion legalization in Argentina and Ireland (Aborcyjny Dream Team 2018b, 2020b), and, following the 2020 protests, they have supported a legislative initiative to liberalize Polish abortion law (Aborcyjny Dream Team 2021b).

[1] A similar departure from the politics of respectability is taking place in the context of the Black Lives Matter movement in the US, as exemplified by Jackie Wang in "Against Innocence: Race, Gender, and the Politics of Safety" (Wang 2014).

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Medicalization

Consisting largely of medical professionals, the PPPA actively participated in the Party-State project of medicalizing female reproductive health, and particularly the medicalization of both contraception and abortion. The former was systematically framed as an alternative to the latter, and abortion, despite medicalization, as harmful for women's bodies. An internal report from 1977 provides a further nuanced representation of this juxtaposition:

> The publication, in spring 1956, of the new abortion law, did not mean and could not mean for the authorities and family planning activists the encouragement of abortion, but rather was an adaptation of the application of the law to the sense of social justice and everyday practices (in 1955 an estimate of half a million abortion took place, out of which 100,000 were performed in hospitals). The possibility of performing abortion without penal responsibility strongly contributed to the clarification of the true meaning of conscious motherhood: the maternal instinct … needed to be boosted (*wymagał uzupełnienia*) with education about biological consequences of abortion and contraceptive methods (Towarzystwo Planowania Rodziny 1977, 5–6).

This extract is particularly illustrative of the complexity of interweaving the role of doctors, including those affiliated with PPPA, as abortion providers, and responsibility for framing abortion as inherently unhealthy. It is worth noting that this representation was commonplace among Polish gynecologists in general (Ignaciuk 2021). This extract also shows how family planning was gendered in state-socialist family planning activism, with motherhood at the center of a construction of femininity. Here, as elsewhere in PPPA publications, "maternal instinct" lay at the core of family planning practices and counselling, a feature of Polish popular marriage and sexuality manuals from the late 1950s to the 1980s (Ignaciuk 2020). This literature, the majority of which was developed and promoted by PPPA, often insisted that women choosing to terminate a pregnancy were victims of their own carelessness or ignorance, a similar framing to that Radka Dudová has described in state-socialist Czechoslovakian expert discourse on abortion (Dudová 2012, 956). In Poland, such framing was prominent in popular contraception manuals by PPPA doctors, such as Tadeusz Bulski and Krystyna Jordan (Bulski 1967; Jordan 1981). Therefore, the role of activist~provider was ideally to provide abortion as a last resort, but also educate and persuade women against the consequences of their own decisions:

Activists ~ Providers → Women seeking abortion

The FWFP has had a complicated relationship with medicalization, reflecting the complicated relationship between medicine and the feminist movement. The organization used medical discourse as a counterbalance to the emotional and moralistic discourse of the Catholic Church, publishing and citing WHO research to provide the public with reliable and scientifically accurate information on abortion. However, given the aforementioned "chilling effect" of many doctors refusing to perform legal abortions in public hospitals (Chełstowska 2011; Mishtal 2015), the FWFP sees its mission as helping women negotiate with medical professionals to secure access to abortion (Nowicka and Walko-Mazurek 2011; "20 Lat Tzw. Ustawy Antyaborcyjnej" 2013; Chełstowska et al. 2016; Kacpura 2018). This role requires activists to be fluent in both medical and legal terminology, and to educate women about their rights to better equip them to fight for themselves ("Zdrowie Znaczy Życie. Informacje Dla Dziewcząt" 1996; Dziewanowska et al. 2012; "Zdrowie Znaczy Życie. Jak Dbać o Zdrowie" 2013; Dziewanowska and Więckiewicz 2015; "Terminacja Ciąży - Poradnik" 2020).

Given this intermediary, advocating position of FWFP, the positionality of its activists can be represented as follows:

Providers ← Activists → Women seeking abortion

The strategic relationship between FWFP and medicalization reflects the complex relationship between the twentieth- and twenty-first-century medical profession and feminist movements in the Global North. Demanding information, fighting for medical access, but also criticizing the negative effects of treatment and advocating for the interest of women as patients to be prioritized, were at the core of the 1970s women's health movement, which flourished in the US and parts of Western Europe (Perkovich 2005; Kline 2010; Ortiz-Gomez 2014; Nelson 2015).

The youngest activist group, ADT, attempts to reverse the entire power dynamic between women seeking abortions and doctors by demedicalizing abortion. This is motivated by dissatisfaction with representatives of the medical profession and their reluctance to negotiate, as well as a recognition that the interests of patients are unavoidably and inextricably different than those of doctors. To remove doctors as gatekeepers, ADT has been advocating for at-home use of abortion pills, and refers women to a not-for-profit service, Women Help Women, which sends pills from outside Poland in the mail. The ADT Team also refers women to "Kobiety w Sieci", an online forum that provides emotional support and first-hand knowledge on self-managed abortion with pills (Abortion Dream Team 2018; Domagalska 2018). Ordering

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abortion pills online enables women to bypass Polish doctors, access a relatively cheap and reliable method, and experience the entire process in the familiar and comfortable environment of home (Broniarczyk 2018). The activists hope to banish the image of abortion as a dangerous procedure that only doctors can perform, and show women they can terminate a pregnancy themselves by self-administering five pills and experiencing a bleeding similar to an above-average menses (*Potrzebujesz Aborcji? Nie Jesteś Sama! Najważniejsze Informacje. Zin* 2019, 6–8).

On their social media accounts, ADT post infographics depicting what a woman might need when taking the pills. These are similar items to those used during a painful menstruation, including a hot water bottle, painkillers, sanitary pads, and comfortable sweatpants (Aborcyjny Dream Team 2021a, 2020a; Korzeniowski 2021). This both familiarizes women with the experience and helps destigmatize abortion, breaking away from the image of abortion as something mysterious, life-threatening and unmanageable. This strategy of do-it-yourself abortion, and in a wider sense, reclaiming health knowledge and one's own body, has a vital history in radical feminist movements (O'Donnell 2017) and is becoming increasingly popular in other countries where abortion is criminalized (Baum et al. 2020).

Image: Aborcyjny Dream Team (2020, September 30). Planując aborcję farmakologiczną w domu warto mieć pod ręką...[Things that come in handy when you plan an abortion with pills at home] [Instagram]. Aborcyjny Dream Team. instagram.com/p/CFw6Mgpla58/

The ADT also mobilizes women to become activists; to share information about abortion with pills and be ready to help each other when needed. This help could be as simple as

providing a couch and companionship during a self-managed abortion: under one of the group's Facebook posts, over five hundred women declared themselves ready to accompany someone who needed a quiet place and emotional support during a self-managed abortion with pills (Aborcyjny Dream Team 2018a; Różańska 2018). Some comments only contained the name of the city/town where they lived, while others listed comforts they could provide: Netflix, a dog to pet, blankets, etc. Thus, the ADT Facebook page became a site for dispersing fears about terminating pregnancies outside a medical environment.

Such radical demedicalization has raised questions and resistance among the public and medical professionals (Broniarczyk 2018). In response, ADT emphasize that self-administered misoprostol or a combination of misoprostol and mifepristone for pregnancy termination, has been successfully implemented in the public healthcare systems of several European countries. In their aforementioned *Wysokie Obcasy* interview the group cited two WHO documents and reports on abortion with pills in the French and German public healthcare systems (Domagalska 2018; World Health Organization 2012, 2015). Therefore, the group does not refuse to engage with medical discourse and provides assurance by citing medical authorities. Not unlike FWFP activists mastering legal discourse and appealing to international conventions, courts and legal standards, ADT advocates for the most advantageous medical solutions for women by mastering, criticizing and critically applying medical knowledge to transform the status quo.

The ADT has organized meetings and workshops in a number of Polish towns and cities, providing face-to-face, informal seminars to popularize knowledge about abortion with pills (Abortion Dream Team 2019b). As Natalia Broniarczyk explained in an interview with author 1, the content of a workshop depends on requests from the local co-organizer and participants, and can include such topics as pharmaceutical law, the physiological aspects of abortion, post-abortion contraception and even role-plays illustrating how a "*Kobiety w Sieci*" consultation would usually take place (Broniarczyk 2018). These local workshops, at which participants share practical knowledge regarding the female body, its functions and physiology, are reminiscent of the women's health movement's self-help practices of the 1970s (Kline 2010; Morgen 2002; Nelson 2015). In sum, the positionality of activists in the demedicalizing approach of ADT can be depicted as follows:

Women seeking abortions ~ *becoming* ~ Abortion providers ~ *becoming* ~ Activists

Stigmatization

As stated, PPPA created and sustained an ambiguous framing of abortion. From the late 1950s to the 1980s, PPPA literature contained dire warnings about pierced wombs resulting in hysterectomy, unexpected infections and inflammations, and women becoming both physical and social "cripples" (Ignaciuk 2014). Such dramatic representations of legal abortions were contrasted with the preferred alternative: conscious family planning under careful PPPA guidance. A 1981 information booklet listed "educating society about the harmful consequences of abortion and promoting contraception to prevent undesired pregnancies" among PPPA goals (Towarzystwo Rozwoju Rodziny 1981, 5). This framing, in which abortion was continually associated with infertility, is similar to that used in Soviet health education campaigns following the legalization of abortion in the USSR in 1955 (Randall 2011).

This positionality endured after the democratic transition. The 1992 report of the Eighth General Assembly continued to underline PPPA's fundamental opposition to the "abusive" use of abortion:

> In the resolution it has been stressed, that the Association for the Development of Family has always opposed and will continue to oppose treating abortion as a means of birth regulation ("Z Obrad VIII Krajowego Zjazdu Towarzystwa Rozwoju Rodziny" 1992, 3).

Not only was abortion framed as a poor choice compared to contraception or birth, it was also a moral failure: the post-abortion counselling that PPPA lobbied for and implemented was intended to ensure women did not decide to terminate their pregnancy too "lightly". In a presentation at PPPA's national conference in 1988, one member summarized the role of family planning clinics:

> We should popularize…a form of pre-abortive counselling that is counselling before a decision about abortion is made. The aim is to limit the number of pregnancy terminations to the minimum of the really necessary procedures by restraining decisions which are careless or even thoughtless. The difference between our counselling and that carried out by the Church is that the Catholic counsellor wants to always persuade the woman to not terminate her pregnancy, and our counsellors—only in the cases when the decision is hasty, medically or existentially unwarranted ("Referat Programowy Na VII Zjazd TRR" 1988, 11).

Opposition to abortion was a fundamental ingredient of PPPA identity: "The Society has always opposed abortion", wrote Anna Markowska in a *Problemy Rodziny* article summarizing the history of cooperation between PPPA and the Ministry of Education since 1958 (Markowska 1999, 37). The PPPA awarded itself the authority to judge whether an abortion was "really necessary" or a woman was being "hasty". This counselling, as a 1980 General Assembly report suggested, played a key role in "protecting" women from abortion: protecting them from their own carelessness and ignorance (Towarzystwo Rozwoju Rodziny 1980). In PPPA discourse, abortion was not a woman's right unless mediated and validated by the authority of experts and counsellors. The repeated characterization, a "necessary evil" (Lesiński 1959; Towarzystwo Rozwoju Rodziny 1980), epitomizes PPPA's perception and creation of abortion stigma. The 1993 passing of a restrictive abortion law is perhaps less surprising in light of this conclusion; the Act merely institutionalized this logic, sanctioning an approach in which authorities and doctors decide which women can access legal abortion.

In contrast to the PPPA, FWFP has tended to avoid value judgements about abortion. Distancing themselves from emotional testimonies about abortion, mainstreamed in public debate by the Polish Catholic Church and affiliated anti-abortion activists during the 1990s (Nowicka 2011), and becoming ever stronger and all-encompassing (Graff 2005), the FWFP has continued to provide the public with an alternative discourse. Following a division of areas of abortion stigma in Hanschmidt et al. (2016, 171–175), we can classify FWFP tactics as attempting to combat negative societal attitudes to abortion and women who seek/have the procedure (Sorhaindo et al. 2014), and addressing enacted stigma against women who have/seek abortions (Hanschmidt et al. 2016; Shellenberg et al. 2011). Intertwining abortion with rights associates the procedure with ideas of morality, justice, and dignity. At the ECHR, FWFP did not directly address whether abortion is good or bad; instead they proved that being denied an abortion she had been entitled to had negatively impacted Alicja Tysiąc's health. Framing abortion as a right elevates it to a normative level, and the favorable court ruling, framed as a victory for Polish women over a victimizing state, legitimized their claim to abortion access.

Aside from legal discourse, FWFP has also employed a rhetoric of bodily autonomy and choice. This was particularly evident in their 2005 poster competition. The majority of artwork utilized this rhetoric, with posters declaring such slogans as "private property—my body—my

choice", "don't let others write laws for you", "not your business", "my life—my decision"; one depicted a woman's stomach emblazoned with the words "private property" (Nowicka and Walko-Mazurek 2011, 61–64). This discourse, linking the right to abortion to the right to privacy and bodily autonomy, echoes that used in the Roe v Wade case that paved the way for the legalization of abortion in the US (Francome 2004; Schoen 2015).

The FWFP has also pioneered other forms of activism intended to reduce abortion stigma. In 2003, Women On Waves' ship "Langenort" harbored in a Polish port to express FWFP dissent against Polish abortion restrictions and revive public debate on the topic (Nowicka and Walko-Mazurek 2011, 8). An important FWFP tool is first-person abortion narratives, which, by targeting internalized stigma (Cockrill and Nack 2013; Shellenberg et al. 2011; Shellenberg and Tsui 2012), interrupt the prevalence paradox: the idea that abortions are rare and deviant (Kumar et al. 2009, 629). Personal accounts of abortion became a significant part of FWFP communication strategy towards the end of the 2000s, although we find traces of this strategy as early as 1995 ("Fragment z Listu" 1995; "Córka Poszła Wieczorem..." 1996).

In 2007, FWFP organized women's testimonies to be read during Public Hearings in Parliament, and later published in a brochure entitled "Women's Hell Continues" (Federacja na rzecz Kobiet i Planowania Rodziny 2007). The title alludes to *Women's Hell*, a 1930 book by a key voice in the interwar debate on abortion legislation that concluded with partial decriminalization in 1932, physician Tadeusz Boy-Żeleński (Ciaputa 2019). The narratives described consequences of the abortion ban: difficulties securing factual information about fetal health and development, impediments to legal abortion, and health threats. Also included were stories of women who had undergone illegal abortion for "social" or "personal reasons," rather than legal or medical "justifications," and were happy with their decision (Federacja na rzecz Kobiet i Planowania Rodziny 2007). Illuminating how disconnected abortion regulations were from the experiences of Polish women began marking a new way of escaping the trap of respectability politics.

The destigmatization of abortion is one of ADT main goals. They work towards by amplifying discourse on abortion on the internet forums where women share advice on how to acquire and use abortion pills. Team member Natalia Broniarczyk described how astonishingly different this was from anything heard in the public sphere:

> It turns out, that the people who help access abortion…talk about abortion in a completely different way than the feminists who usually appear in media. This language is devoid of any euphemisms. They don't talk about human rights. They don't talk about being able to make choices about one's body. This is not the language we know from publications or political debates. Abortion is discussed point-blank: "I want an abortion, because I don't want to be pregnant". "I am for abortion". "I terminated [a pregnancy]". "If my friend wanted to have an abortion, I would help her order the pills". "I would lend her money for a curettage". These are the kind of direct discussions which do not find their way into the public debate (Broniarczyk 2018).

Unlike this direct discourse, rooted in experience, the "euphemized" discourse feminists employ with the Polish media is, in Broniarczyk's opinion, impeding change (Broniarczyk 2018).

The ADT employ various methods to "normalize" abortion: workshops on accessing abortion, engaging with the media and social media, publishing personal stories of abortions on their website, and organizing crowd-funding campaigns for billboards that state "Statistically, 1 in 3 of your friends has had an abortion. You are not alone". By highlighting the number of unreported abortions and the fact it is a common experience, ADT hopes to alleviate the isolation women can feel when they undergo, research, or even consider abortion.

Throughout their activism, ADT are deploying a new type of aesthetic, one in stark contrast to the sober tone adopted by FWFP. The most prominent example of this aesthetic is perhaps the cover of the aforementioned February 2018 issue of *Wysokie Obcasy*, on which, against a light pink backdrop, three smiling ADT activists wear T-shirts emblazoned with "Abortion is OK". This interview provoked a nationwide discussion, including a backlash against normalizing abortion, not only on the political right, but also among feminists (Wiśniewska 2018). The interviewees' positive attitude to abortion incited more controversy than the accompanying practical information on abortion pills. It appears that shattering internalized abortion stigma by not maintaining a remorseful tone is a greater transgression of social norms than accessing a secret abortion.

Another element of ADT's aesthetics is their social media presence: they publish bright, optimistic graphics and memes such as "every reason for abortion is ok", "abortion without apologizing" and "we don't talk enough about how many people are happy they could end their pregnancy" (Aborcyjny Dream Team 2019a, 2019b, 2019c). In light of the "awfulization" of

abortion (Hadley 1997), this destigmatizing strategy could be termed a "deawfulization" of abortion.

One of ADT's main goals is to create space for all accounts of abortion and thereby encourage women to exchange experiences in an honest, unfiltered way. The "Kobiety w Sieci" internet forum is a source of heartfelt, minute-to-minute accounts, a selection of which ADT published in 2018 (Kobiety w Sieci 2018). Inspired by the American group Shout Your Abortion, ADT aims to expand public discourse on abortion to encompass all emotions women may experience, including relief, happiness, pain, sadness, and grief (Natalia et al. 2019; Wieczorkiewicz 2019). The ADT's social media and workshops become a forum for women—including ADT activists—to share experiences and emotions (Broniarczyk 2018). The intention is to eradicate the expectation of trauma, while giving women space to experience a wide range of emotions without fear of political instrumentalization. This is a genuine shift in attitude, and a new quality in Polish abortion activism. Although ADT was not the first organization to appeal for this shift, it is unarguably the first to successfully embody such a transformation. This activism is intended to address internalized stigma (Cockrill and Nack 2013; Shellenberg et al. 2011) and help women abandon secrecy and connect with other women (e.g., Major and Gramzow 1999; Cockrill and Nack 2013). Personal accounts familiarize women, and the wider public, with the quantity and diversity of abortion experiences, changing abortions from something that happens to "them", to something "we" do. We could call this strategy an "intimization" of abortion.

Conclusions

In this article, we have presented a feminist genealogy of three connected organizations: the Polish Planned Parenthood Association (PPPA), Federation for Women and Family Planning (FWFP), and Abortion Dream Team. Using a genealogical approach in the intersecting space between (de)criminalization, (de)medicalization and (de)stigmatization, we have identified features in narratives produced by these organizations that enable us to depart from ideas of "progress" and "modernity" in abortion activism, and recognize the contextual implications in their positionings, goals and rhetoric through continuities and changes. The PPPA, supported by the State, had operated in a non-democratic context where abortion was legal and accessible. It applauded the legalization and medicalization of abortion while actively discouraging women from terminating pregnancies. During the democratic transition, FWFP played a crucial role in

introducing the notion of abortion as a right. Founded in reaction to the abortion restrictions of the 1990s, it continues to lobby for liberalization of the law while attempting to help women access legal abortion. It therefore mitigates the consequences of the institutional medicalization of abortion, and leaves the idea that abortion should be provided by doctors within the healthcare system unchallenged. The FWFP has purposefully constructed abortion as a rights' and health issue, attempting to introduce new elements into a public discourse that is heavily influenced by the Catholic Church and political right. The youngest organization, ADT, has been active through the intensifying anti-abortion politics that led to a near total ban in January 2021. Rather than lobbying for legal change, they focus on the underlying spheres of social norms, practices, and networks, encouraging women to become their own abortion providers, share their personal accounts and support other women through the process. Stories of personal experiences have played a prominent role in both FWFP and ADT publications, used by the former as illustrative and strategic, by the latter as a tool to destigmatize and personalize abortion, as well as an end in themselves.

We are convinced that law, medicine and shame, utilized here to analyze abortion activist strategies in Poland since the late 1950s, can be usefully applied to other contexts and social movements. Challenging criminalization can include proposing new legislation and scrutinizing the direct and indirect impact of laws. Medicalization can be challenged by critiquing the bias behind medical and scientific discourses, and creating new dialogues and environments, away from mainstream medical discourses, practices and professionals. This can involve creating new kinds of knowledge and practices pertaining to the body or moving away from the medical context altogether. Finally, creating opportunities for story-telling, sharing of experiences, and mutual care can challenge stigmatization. It can also involve the creation of language and aesthetics based predominantly on joy: an emotion Poland urgently requires in 2021.

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