

## Addressing Stigma with Languages of Reverence and Morality

By Darcy Baxter, M.Div. Delivered as a workshop presentation at  
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From Nicole Hardy's NY Times piece "Single, Female, Mormon, Alone." Hardy followed Mormon church teachings and remained celibate until her mid-30s:

*Of all the places I felt sure I'd never go, Planned Parenthood topped the list. Because, you know, they perform abortions and give condoms to kids, or so I'd been warned.*

*But what did I know? I was a 35-year-old virgin, preparing for my own "first time," which, incidentally, didn't happen until I was well into 36.*

*Oddly, my trip to Planned Parenthood provided much that the church had not in recent years. During my exam, the clinician explained every move before she made it, asked permission to touch me during the most routine procedures. I was mystified: by her compassion, by the level of attention paid to my body — as if it were fragile, or sacred.*

*Only then did it occur to me how many terrified and abused women Planned Parenthood must treat every day.*

*And that brought me to tears, sorrowful for the ways in which we all suffer, in whatever ways we do, and grateful for the unlikely refuge of this place. Grateful also for the safety granted my own tears, prompted by the delicate weight of a hand on my shoulder, the warmth of her palm against my back.*

*How unprepared I was to experience tenderness in the place I had been warned so vehemently against. How unprepared for the flood of relief, the bud of hope, after a life devoted to keeping myself separate from my body. Here was a path, an opening; here was empathy.*

Tenderness, flood of relief, bud of hope, empathy, connection to the body. These are powerful experiences, all things that our clinics do offer or have the potential to offer. I would call Hardy's experience a spiritual one, but however you name it, these experiences lie at the center of our discussion about stigma and language. Because the words that Hardy uses, the way she describes and relates to her Planned Parenthood experience, is destigmatizing. And I think one of the major reasons her language is destigmatizing is because she claims Planned Parenthood as a moral, even a spiritual, experience that involved deep care for her body and being.

Unfortunately and fortunately, when we liberals, back in the 1960's and 70s, rejected the religious orthodoxies (and for good reason), we also discarded a lot of powerful moral language and ceded it to conservative—we gave up language, metaphors that are really important for a lot of people in how they make meaning out of life, how they understand good and bad. Ethicist Beverly Harrison calls this the

“myth of moral superiority.” Because we liberals are often uncomfortable using a language of reverence and morality, conservatives are the only ones using the compelling symbolic language that taps into our deep-seated cultural stories of good and bad, justice, evil, and healing. Language is a key that unlocks for people a certain set of meanings and experiences. We need to begin (or continue) using language that taps into, that triggers those systems of meaning that help people understand why abortion is often moral and good; why life is hard and complicated.

And like Hardy, we find that this work can provide us sanctuary. Our clinics can be places that provide us and patients brief refuge from the deep-seated misogyny of our culture, from the deep suspicion of bodies and the feminine, from the gross injustices of this culture that values the promise of a perfect future more than it does the suffering of real people right here in the present. Providing abortions can offer us the taste of what compassion and justice really feel like.

But it’s not just about the words we say. 60%-80% of human communication is nonverbal. Researchers out of Princeton have found that people make judgments about another’s trustworthiness, competence, and integrity within the first tenth of a second of meeting them. People know when we are bullshitting. So, it’s not just about using new words. It’s about us, the abortion providing community, figuring out how to be, how to authentically and humbly communicate, verbally and nonverbally, the deep morality and goodness of the work. I think this is why Dr. Tiller called his work a reproductive health ministry. I think this is why Dr. Carhart speaks about the religious belief to have and provide abortions. This isn’t just about changing our words—it’s about shifting our way of being. And not only with our patients (which I think a lot of us do a pretty good job of) but also with each other and our broader circles of acquaintances, policy-makers, and advocates. The work you do is sacred work. There are both beauty and tragedy, frustration and tedium, I know. And it is sacred work. Let’s begin talking about, understanding it, as such.