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Mediating abortion politics in Ireland: media framing of the death of Savita Halappanavar

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ABSTRACT

On 28 October 2012, Savita Halappanavar, an Indian woman living in Ireland, died in hospital while under medical care for a miscarrying pregnancy. According to her husband, her repeated requests for an abortion were ignored because of the presence of a foetal heartbeat. Ms Halappanavar's death was a critical event in the process leading to a referendum on 25 May 2018, when the Irish electorate voted to repeal the Eighth Amendment of the Constitution, removing the constitutional ban on abortion. The name Savita has become indelibly linked to the changing course of abortion politics, so it is timely to reassess the role of the media in shaping the parameters of the debate about the impact of her death on the issue. This study presents a frame analysis of Irish newspapers in the weeks following her death, mapping the political, medical, legal and socio-ethical discourses, as well as the related contemporaneous events that set the agenda for the type of debate that was to follow. It identifies four media frames: Public Tragedy, Political Opportunity, Abortion Legacy and Maternal Health. Our central argument is that the overall effect of media framing provided much face-saving for politicians in the way that the legislative issue was viewed through a conservative party-political lens, despite public outrage.

KEYWORDS

Savita Halappanavar;
abortion politics; Ireland;
discourse; media framing

Introduction

In Ireland, abortion, criminalised since the *Offences Against the Persons Act 1861*, was politicised as a moral concern when elevated to a constitutional issue in 1983. This followed the emergence a pro-life campaign intent on safeguarding against the future introduction of abortion either by a judicial or legislative route. In that year, a referendum resulted in the enshrining of the protection of the 'unborn' in the constitution. Known as the Eighth Amendment, the Article states:

The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right (Article 40.3.3, *Bunreacht na hÉireann*).

The elevation of abortion to a constitutional issue has meant that deliberations about it as a healthcare issue in its own right struggled to gain traction. A central narrative in media

and political discourses since 1983 is that abortion is a divisive issue, despite the fact that the state had never sought popular legitimacy to reform Ireland's abortion regime (Enright et al., 2015; Murray, 2016) until the repeal of the Eighth Amendment was put to the people on 25 May 2018, accompanied by heads of a proposed bill to liberalise abortion laws.¹ The turnout of 64 per cent was 10 per cent higher than the 1983 abortion referendum, and the 2 to 1 majority in favour of repeal was an exact reversal of the 1983 result. The resounding 'yes' vote recorded for all regions (*Irish Times*, 28 May 2018) flew in the face of the dominant narrative of 'divisiveness'. Media pundits expressed surprise at the level of support across the expected divides of age, gender and urban/rural. The post-referendum narrative spoke of historic change, a tectonic shift in public attitudes despite regular polls on attitudes to repeal over the previous five years revealing what one journalist described as 'a large, consistent and convinced majority in favour of making legal abortion more widely available' (*Irish Times*, 28 May, 2018).

The day after the referendum, the *Irish Times*, which on 14 November 2012 had broken the story of the death of Savita Halappanavar in a Galway hospital, carried her now iconic image captured in a mural tribute in Dublin (Figure 1) on its front page. Her image was also used in the *Sunday Business Post* under the heading 'A repealing vista'. This newspaper's



Figure 1. The 'Savita Wall' mural in Dublin, which became a shrine and focal point for the Yes campaign in the run-up to the referendum on the repeal of the Eighth Amendment on abortion in Ireland. This iconic image captures the post-referendum narrative and the importance attributed to the public's response to the Savita story as marking a historical juncture in Ireland's abortion politics.

political correspondent pointed out that her death had been the ‘trigger for change’ (27 May, 2018).

Savita Halappanavar, an Indian woman living in Ireland, was seventeen weeks pregnant when she presented at Galway University hospital with signs of an impending miscarriage. According to her husband’s public testimony, she had repeatedly requested an abortion as her health deteriorated. However, she was denied this because of the presence of a foetal heartbeat and was told that Ireland is a ‘Catholic country’. She died seven days later from septicaemia having spontaneously delivered after being eventually taken to theatre for an abortion (Holland, 2013). In this article, we present an analysis of how the print media framed what might otherwise have remained a personal tragedy as a critical event in Ireland’s abortion story, which in post-referendum media commentaries was the key turning point in nudging the abortion debate towards what media commentators now declare as a surprising, seismic shift in attitudes. The study covers six Irish newspapers for the period when the story of the death of Ms Halappanavar first broke in the *Irish Times* on 14 November 2012 to the end of January 2013. This time frame allows us to capture media coverage of public hearings by a parliamentary Health Committee (8–10 January 2013), which sought medical, legal and interest-group opinions on the government’s decision to introduce abortion legislation in response to a ruling by the European Court of Human Rights (ECHR) concerning Ireland’s abortion regime.² Within this short yet eventful period, in which ‘the Savita story’ became part of the bigger abortion story, many cultural tremors were made visible. This media coverage coincided with the publication of the much-awaited report by an Expert Group commissioned by the then coalition government (Fine Gael/Labour) to consider the options open to the state in implementing the ECHR ruling.

This study identifies four media frames: Public Tragedy, Political Opportunity, Abortion Legacy and Maternal Health, and a strong pro-legislative leaning in the way the media framed the impact of Ms Halappanavar’s death on the abortion debate. Subsequently, the introduction of restrictive legislation that effectively maintained the *status quo* on Ireland’s abortion regime was nonetheless a decisive break with legislative stasis. Our central argument is that the controversy surrounding Ms Halappanavar’s death was a critical moment in what was presented as a divisive, if not intractable, debate that had spanned three decades, but that the overall effect of media framing effectively maintained the *status quo* and provided much face-saving for politicians.

This is an opportune time to assess how the media responds to and shapes public discourse about abortion. We argue that the legislative issue was the point on which the movement in the debate turned, and in the analysis, we explore how this issue was framed by the media in light of the public controversy about Ms Halappanavar’s death as public vigils and demonstrations expressed public outrage and shame about Ireland’s abortion regime and demanded government action. The focus of our analysis is on how the politics of abortion is mediated and, therefore, we sought to identify the role the media played in mediating a consensus around what had become an intractable policy controversy.

The following case study develops this argument by providing a brief contextual account of the culture surrounding the policy issue of abortion in Ireland. Since abortion is deeply politicised and, hence, contested, this is important from the point of view of understanding how abortion discourse draws its symbolism from larger cultural narratives.

As a contested issue, however, given a particular constellation of opportunities and constraints, latent counter-narratives may arise given what Ferree, Gamson, Gerhards, and Rucht (2002, p. 70) call the 'proper cue'. In the controversy ignited by the news reports of Ms Halappanavar's death, that cue came in the form of the 'Catholic country' comment recalled by her husband in his public testimony about why she was refused an abortion, while the ECHR ruling on Ireland's derogation regarding the need to give regulatory effect to the constitutional position regarding the limited grounds on which women could legally access abortion was the opportunity to address the issue, albeit within the constraints of the what was constitutionally lawful. The next section outlines our methodological approach to media framing. This draws on the work of Gamson and Modigliani (1989), Ferree et al. (2002) and Entman (1993) and describes the method adopted. We begin by identifying the dominant discourses in the media coverage and then present each of the key media frames and discuss the interpretative work that they do in presenting the issue through the various idea elements that make up each of the frames. In our conclusion, we comment on the overall effects of media framing in terms of what was salient in the debate – what the debate came to be about, and what could and could not be said within the context of media framing.

The cultural politics of abortion

Abortion entered the cultural space of the Irish nation state at a time when the contours of social power had been shifting with respect to the waning institutional power of the Catholic Church. This was also a time of political instability. Three general elections were held between 1981 and 1983, which proved to be an opportunity for securing political support for reasserting traditionalist, Catholic values against what was construed as the tide of outside liberal and secularising forces. For over three decades, any attempted change in Ireland's abortion regime has been stymied by legal and political conservatism (Enright et al., 2015), as well as by medical conservatism that betrayed the 'influence of Catholic social norms on healthcare practices' (McCarthy, 2016, p. 9; McDonnell & Allison, 2006). The historical privileging of Catholic social thinking both with respect to the constitution and social policy has had a direct bearing on women in respect of sex, sexuality and reproduction (McCarthy, 2016; McDonnell & Allison, 2006). Despite the incremental liberalisation of sexual politics in Ireland, both Article 41 (which accords special privilege to a woman's role as mother) and Article 40.3.3 institutionalised a gender regime in which women's identity and status as citizens is bound up with motherhood (McDonnell & Allison, 2006). Against this background, the discourse of abortion has been inextricably tied to an official cultural narrative that Ireland is a 'familial nation' with a unique 'pro-life' ethos (Smyth, 2005).

Abortion politics in Ireland in the 1980s and 1990s highlight a number of dominant, albeit contested, cultural narratives about Irish identity and values that continued to define the contours of abortion discourse at the time of Ms Halappanavar's death. The official narrative was that Ireland's abortion regime represented the 'will of the people' and its role in protecting the 'unborn' symbolised Ireland's national identity (Fletcher, 2001; Smyth, 2005). Abortion has therefore largely been debated in terms of its moral consequences for Irish culture (Fletcher, 2001) and as an affront to the social values underpinning the 'familial nation'. However, this official narrative was challenged in 1992 when the

then Attorney General secured an injunction in the High Court restraining a 14-year-old suicidal rape victim from leaving the country to avail of an abortion. This is known as the *X* case. As Mullally (2008) points out, the restraint of a child who was a victim of a crime was an indictment of state power, and the powerful symbolism of this produced a counter-narrative about Ireland's 'barbaric' abortion regime that shamed a nation as the case led to public outrage and attracted widespread international media coverage (Fletcher, 2001). In overruling the lower court's interpretation that the Eighth Amendment constituted a total ban on abortion, the Supreme Court deemed abortion to be permissible where there is a 'real and substantive' risk to the life as distinct from the health of the mother, including the risk of suicide. The distinction between a threat to life and a threat to health is indicative of the type of legal conservatism that circumscribed the discourse on abortion. The political fallout from this ruling, which allowed for the right to travel for an abortion only in the case when a woman's life was in danger, triggered a further referendum in the same year involving three amendments. The first of these (Twelfth Amendment) sought to safeguard what was then euphemistically referred to as 'current medical practice' regarding life-threatening situations in pregnancy, while rolling back the ruling of the Supreme Court on suicide. This amendment was lost (as was a similar amendment in 2002), while the right to travel (Thirteenth Amendment) and the right to information about abortion services abroad (Fourteenth Amendment) were passed (Mullally, 2008). Consequently, legislation was introduced to govern how information about abortion services legally available outside of the jurisdiction could be imparted by healthcare providers who were restricted from the normal medical practice of referral, while advocating abortion was treated as an illegal practice irrespective of the health status of the pregnant women in question. This legislation serves to highlight the contradictions of Ireland's abortion regime that continued to be challenged by women's rights advocates and some healthcare providers as a case of the Irish state exporting Irish women's health and rights issues.

In contexts where policy issues are subject to continued controversy, new events can re-politicise an issue and bring to the fore latent tensions between competing cultural narratives (Gamson & Modigliani, 1989). Since our study focuses on a single snapshot of the abortion debate, we explore how the controversy surrounding the death of Ms Halappanavar re-politicised abortion, how this was framed by the media and the implications of this in terms of what could and could not be said in steering the public debate and political consensus towards a solution that simultaneously represented a shift away from the impasse of abortion politics and, at the same time, served to maintain a conservative *status quo*.

Methodology

In the public sphere, the media constitutes what Ferree et al. (2002, 10) describe as a 'master forum' for public discourse on an issue. The media draws its ideas from the discourses circulating in other arenas and contributes to its public packaging by giving standing to particular policy players, and selecting and giving salience to how an issue is defined by those players. At the same time, the media contributes its own framing in commenting on the positions of issue advocates and challengers (Ferree et al., 2002), dissecting the political logic and strategy of those positions, and reproducing particular repertoires of

language and *leitmotifs* from the broader culture surrounding an issue (Gamson & Modigliani, 1989). Indeed, Gamson and Modigliani (1989) argue that all policy issues have a culture that helps us make sense of the ongoing discourse surrounding an issue.

The analysis is based on national print media from the largest circulating daily and Sunday newspapers with Irish content. The three highest-circulation daily national broadsheets are the *Irish Times*, the *Irish Independent* and the *Irish Examiner*. We also use the two Irish-published Sunday broadsheets, the *Sunday Independent* and the *Sunday Business Post*. To look outside what is often deemed 'elite discourse', the tabloid *Irish Daily Mail* was also chosen. The following list contains the number of articles (with duplicates and articles deemed irrelevant or outside the news story removed): *Irish Times* (Total articles $n = 192$), *Irish Examiner* ($n = 123$), *Irish Independent* ($n = 191$), *Daily Mail* ($n = 118$), *Sunday Business Post* ($n = 58$) and *Sunday Independent* ($n = 64$). Articles consisting of news items and commentaries (including editorials and opinion pieces) were identified by using the search word 'abortion' in the electronic database NexisLexis for the time period 14 November 2012, when the story of Ms Halappanavar's death first broke, to 31 January 2013. Searches were completed between summer 2015 and autumn 2017.

Since the public debate arising from Ms Halappanavar's death concerned the need or otherwise to give legal effect to the constitutional provision for lawful abortion following the *X* case ruling, we first coded for pro-, anti- and neutral stances on the legislative issue in terms of both the newspaper's leaning and for those who were quoted within a news item or media commentary. This is the most basic categorisation of the articles. We then set about identifying the parameters and constraints for story coverage based on newspaper sections in which articles were placed. Particular themes, grouped broadly, may have been political, ethical, legal, social, medical or legislative. In describing frames later, we see that there is a clear distinction between them and the intended discursive orientation of article text. As Table 1 (below) shows, there are two elements to the discursive orientation of

Table 1. Discursive codes.

| Code descriptors | Discursive orientation (what the issue is about) | Legitimizing authority (primary and secondary sources) |
|-------------------|--|---|
| Ethico-moral | Broader moral or ethical questions for society or for individuals NOT including religion but may include medical ethics | Expertise/claims-making is about broader moral or ethics (the good) in society or for individuals NOT including religion but may include medical ethics |
| Medical | Healthcare, clinical protocols, practices, or medical regulatory/governance systems | Medical authority/clinical discourse |
| Political | Political party (or political groups') positions and strategies | Party political ideologies in defence of policy options and implications |
| Social | Wider societal concerns such as the stigma of abortion, abortion as damaging to society or women, the social implications of abortion policy for women | Evaluations of the social impact of abortion on society/of abortion policy for women |
| Religious | Religious belief and values | Religious authority/the law of God |
| Legal | The legal system (including the constitution) or laws and judicial decisions | Legal authority/legal discourse |
| Legislative | Political decisions by the legislature | Official state discourses relating to the legislature (government decision-making, and constitutional principles) |
| Human rights | The rights of the 'unborn'/the rights of women | Human rights/reproductive rights discourse |
| Abortion politics | How people position themselves as 'pro-life' or 'pro-choice' | 'Pro-life' or 'pro-choice', arguments |

media reports and commentaries. The first column relates to how the issue is defined by journalists and media commentators and the second to the legitimating authority referenced or quoted to support particular claims or positions. The numbers of articles for each categorisation were listed (see Table 2).

We then sought to identify frames inductively based on a qualitative analysis of the unfolding media discourse. In following Gamson and Modigliani (1989) and Entman (1993) we understand a frame as a means of organising discourse. For each newspaper article, we recorded: how information is presented (news items or commentaries); who is visible in the debate (media sources); the discursive orientation of an article (the central issue that is at stake) and legitimating authority (what discourse is given weight); what the central themes were, and the key propositional statements that gave salience to these themes.

In terms of our interpretative approach to the analysis, we followed Entman's theory that the constitutive elements of a frame are suggested by the four functions that they perform – they define what the issue is, attribute causes, evaluate those causes and their effects, and suggest how the problem should be dealt with (Entman, 1993, p. 52). Whether or not all of these elements are strongly present in the frames identified depends on the core idea at the centre of the frame. A frame can also contain competing propositions or narratives that have different policy implications (Ferree et al., 2002); therefore, we highlight the degree of controversy between the key positions populating a frame.

Table 3 represents the four key frames that the analysis identified relating to the story and its impact on the issue of abortion in Ireland. The interpretative work that the frames perform is explored in-depth in a later section.

Orientation and legitimating sources in abortion newspaper coverage

In our analysis, we identified the *orientation* of articles into the following categories: moral or ethical, medical, social, religious, legal or legislative, human rights (women or 'the unborn') and political (categorised separately as either party-political or relating to pro-choice or pro-life positions). This sets out the media selection decisions where the framing takes place. Political orientations of articles were most dominant. If we take publications separately, we saw in the *Irish Times* that legislative orientation ($n = 45$), political ($n = 42$) and abortion politics ($n = 36$) were some distance higher than next highest orientations of social ($n = 18$), religious ($n = 17$) and medical ($n = 15$). The medical orientations trend increased at the point in January 2013 when obstetricians gave medical evidence to the parliamentary Health Committee hearings. We found a similar pattern in the *Irish Daily Mail* where the highest orientations were legislative and political, $n = 22$ and $n = 21$ respectively. While these orientations had a high volume in the *Irish Independent* the political orientation was much higher than others at $n = 50$, but here we see a new category ranked second: ethics ($n = 39$), which primarily concerned medical ethics. For the *Irish Examiner*, the medical orientation ranks second, with political orientation again far eclipsing the others.

We also coded for *legitimating authority* using the same categories as orientation, but in this instance these categories are the quoted sources or explicit or implied deference to other policy players for justification. These roughly mirror the orientation with the

Table 2. Numbers of articles per publication with orientation (O) and legitimating authority (LA) sources.

| Publication | Ethics/ Morality | | Medical | | Political | | Social | | Religious | | Legal/ legislative | | 'Abortion politics' | | Rights (human) | | Rights (unborn) | |
|-----------------------------|---------------------|------|---------|------|-----------|------|--------|------|-----------|------|-----------------------|------|------------------------|------|-------------------|------|--------------------|------|
| | (O) | (LA) | (O) | (LA) | (O) | (LA) | (O) | (LA) | (O) | (LA) | (O) | (LA) | (O) | (LA) | (O) | (LA) | (O) | (LA) |
| <i>Irish Times</i> | 9 | 13 | 15 | 19 | 42 | 45 | 18 | 14 | 17 | 16 | 45 | 46 | 36 | – | 5 | 7 | 1 | 3 |
| <i>Irish Independent</i> | 39 | 27 | 9 | 12 | 50 | 48 | 8 | 9 | 6 | 5 | 19 | 37 | 9 | – | 2 | 3 | 1 | 4 |
| <i>Irish Daily Mail</i> | 16 | 26 | 15 | 22 | 21 | 18 | 5 | 4 | 12 | 8 | 22 | 18 | 2 | – | 0 | 0 | 0 | 0 |
| <i>Irish Examiner</i> | 8 | 21 | 21 | 20 | 42 | 24 | 8 | 14 | 2 | 4 | 12 | 39 | 21 | – | 1 | 0 | | 1 |
| <i>Sunday Business Post</i> | 4 | 8 | 7 | 8 | 23 | 21 | 4 | 4 | 0 | 0 | 3 | 11 | 10 | – | 1 | 0 | 0 | 0 |
| <i>Sunday Independent</i> | 4 | 16 | 5 | 5 | 26 | 17 | 6 | 10 | 0 | 0 | 3 | 10 | 10 | – | 2 | 1 | 1 | 0 |

Table 3. Four frames of Irish media coverage of abortion, with abbreviations and central organising idea.

| | |
|----------------------------|---|
| Public Tragedy (PT) | ‘women die because of a lack of legal clarity on lawful abortion’ |
| Political Opportunity (PO) | ‘a shift to the middle ground’ |
| Abortion Legacy (AL) | ‘Ireland’s values held up to the world’ |
| Maternal Health (MH) | ‘what we’re about is saving women’s lives’ |

exception of the *Irish Independent* and the *Irish Examiner*, both of which used legislative sources as legitimation far exceeding the actual orientation of the number of articles defining abortion as a legislative issue. Combining orientation and legitimating factors, both the political and the legislative dominate. A key finding were the low number of references to human-rights-based discourses, and this was particularly so for ‘the unborn’ in orienting the article (such as the rights of the unborn as the central message) or providing a legitimating source (such as the Catholic doctrine on status of the unborn). These two organising elements – the article orientation and its legitimating authority, based on both the constraints of editorial decision-making on where the article appears in the newspaper, and what discourses are selected as legitimating authorities – together perform a powerful gatekeeping role in influencing what could or could not be said about abortion in Ireland.

Mediating abortion politics: four frames

Public tragedy frame: ‘women die because of a lack of legal clarity on lawful abortion’

The original story that made the front page of the *Irish Times* on the 14 November 2012 focused on Praveen Halappanavar’s account of the events leading to his wife’s death, which was subsequently widely covered in the print and broadcast media. The controversy unfolded around Praveen’s public testimony of his wife’s repeated requests for an abortion. Ireland was a ‘Catholic country’, she was told, and as long as there was foetal heartbeat the pregnancy that she was miscarrying could not be terminated. While the ‘Catholic country’ comment was much-repeated in newspaper headlines and leads, abortion as a religious issue was not central to how the issue was defined in the PT frame. Instead, the media linked Ms Halappanavar’s death to abortion as a legal and medical issue.

The amplification of the tragedy of her death as a public interest issue we therefore identify as the Public Tragedy (PT) frame. PT storylines drew on legal and medical discourses defining the issue as a public interest question by associating the controversy with the lack of legal clarity about how Ireland’s abortion regime operated in practice with respect to medical decision-making. This proposition became the central organising idea of the PT frame. The central media message prompted the question as to whether this personal tragedy would have turned out differently if legislation giving legal certainty to medical practice in cases where a woman’s life is at risk had been in place. This question was of public interest given the ECHR ruling against the Irish state. However, the influence of Catholic ideology on medical ethics and healthcare practices was a blind spot in the debate, and this silence would later operate as an official disavowal of the influence of Catholic ideology when the coroner in the inquest stated categorically that religion has

no influence in clinical practice in public hospitals.³ As McCarthy notes in relation to the historical and on-going influence of religious authority in reproductive healthcare, 'clinical decision-making in relation to women's reproductive choices can be infused by Catholic ideology [...] through the ambiguity and interpretation of Irish laws on the permissibility of abortion' (2016, p. 21).

As the Savita story was breaking, it emerged that the Minister for Health had been presented with the much-awaited report by the Expert Group on the options open to the state in implementing the ECHR ruling. The central propositions in the PT frame concerning the lack of legal clarity and the moral remiss of successive governments in failing to address this problem were consistent with judicial criticism of the legislature in the *X* case ruling, which a number of commentators pointed out. For example, a legal commentator in the *Irish Times* (15 November) argued that continuing state inaction was 'inexcusable' in the face of judicial criticism of successive governments' failure to legislate and, in the context of the ECHR ruling, the same legal expert argued that the legislative vacuum 'breaches the rights of citizens to know what the law is' and prevents 'anyone to know how to operate it safely in practice' – an argument that resonated with medical authority as the debate developed.

In news items about the public protests that were organised in response to the story, the moral failure of successive governments to protect the lives of women was the dominant narrative captured in oft-repeated phrases such as 'political paralysis', 'moral cowardice', 'barbaric', 'medieval' and 'never again' by protesters. For example, the *Irish Independent* (15 November) published an opinion piece by a private citizen to capture the public mood, entitled 'Sickened and angry that for 20 years our leaders have refused to legislate'. Protesters calling for government action couched their responses in personal terms as women, mothers, and friends of women, spouses and fathers. The dominant media message in these news items was that what happened to Ms Halappanavar could happen to any woman, which served as an implicit counter-narrative to the long-standing claim of the pro-life lobby that abortion is never necessary to save the life of a woman. In some media commentaries the political establishment was portrayed as indifferent to the depth of public anger about legislative inaction. While pro-choice arguments were reported, the discourse of women's reproductive rights did not feature strongly either in the orientation of articles or as legitimating authority. Instead, the media reports of public protests were framed in terms of a protectionist discourse – the Savita story was an exemplar of what was at stake in Ireland's abortion regime in terms of the state's failure to provide legal protection in cases where a pregnant woman's life was at risk. This can be explained by what Ferree (2003) refers to as the 'discursive opportunity structure', which in the case of Ireland, was delineated by official legal discourse circumscribed by the constitution and its legal interpretation in the *X* case ruling, and subsequently by the ECHR ruling.

While public protests were an important lever in the debate as representative of the pulse of public opinion, medical authority was an important legitimatising source in the way the media framed the central idea in the PT frame. The dominant theme in storylines in which doctors were the main sources concerned the regulatory framework guiding professional conduct. Obstetricians introduced the 'grey zone' argument and the chill factor associated with the criminalisation of abortion as plausible contextual explanations as to why a decision to terminate Ms Halappanavar's pregnancy was delayed. Two of the most

prominent medical sources, Peter Boylan and Rhona Mahony,⁴ argued that the threat of legal sanction influenced clinical judgements to err on the side of a conservative assessment of risk when a pregnant woman's life was under threat (*Irish Times*, 20 November, *Sunday Business Post*, 18 November, *Irish Times*, 27 November). While some obstetricians were more circumspect about drawing the medical profession into a debate on legislation, both Boylan and Mahony were unequivocal that doctors were not protected by existing laws and argued that this had implications for the care provided to women. The grey zone argument challenged the pro-life narrative that doctors' ethical obligation to save a woman's life was legally protected, a narrative that was also repeated by government officials. In clinical terms, Boylan and Mahony argued that doctors assess the probability of risk, which can be difficult to quantify in relation to meeting the legal threshold of when a termination is allowed. The moral basis of the PT frame centred on the message of those with the expertise and professional standing to speak authoritatively about the distinction between health and life as a grey area in clinical assessments (for example, *Irish Times*, 17 November, *Irish Times*, 20 November, *Irish Examiner*, 19 November, *Sunday Business Post*, 18 November). The question of how risk is assessed assumed a moral dimension because of its implications for clinical judgement in meeting the legal threshold (fear of sanction) and, in turn, the implications of this for the care of pregnant women.

In summary, Ms Halappanavar's death was framed as public tragedy and the causal interpretation supporting the PT frame was the lack of legal clarity governing Ireland's abortion regime for which the government/legislature was held morally responsible. While the evaluative element of the frame drew on legal discourse in terms of judicial criticism of the legislature, these arguments would have remained relatively abstract and unconnected to the story without the intervention of doctors as key players in the debate that unfolded. The hook of public sentiments validated the PT frame. While the media leaning in the articles coded under the dominant themes in this frame was pro-legislation – those themes being the legislative vacuum, public mobilisation for legislation and regulatory uncertainty for doctors – the need for legal clarity as the proposed solution was sufficiently vague to allow for different policy solutions to be proffered as the debate developed.

Political opportunity frame: 'a shift to the middle ground'

In the Political Opportunity (PO) frame, which came to dominate the debate, abortion was presented as an issue for the legislature. In the short period between the breaking news of Ms Halappanavar's death and the government's decision to introduce legislation, much of the media commentary focused on the political theatre of parliamentary debates and dissecting how parties' ideological positions played out in their response to the event, specifically those in coalition government (Labour has been the most consistently pro-choice mainstream party, with a long-standing policy commitment to legislating for the X case, while Fine Gael traditionally has been anti-abortion). The broad theme dominating these storylines was the impasse that Irish abortion politics represented. The dominant propositions were that abortion was too ideologically divisive in terms of inter- and intra-party politics and too publicly divisive for the government to act with a clear mandate with respect to legislation. A sub-theme was the need for rational debate to counter the divisiveness of previous abortion debates. The dominant proposition here

was that the death of Ms Halappanavar had changed the political contours of the abortion debate, which saw the emergence of a 'middle-ground' in public and political opinions on abortion.

In an early intimation of the PO frame, the *Irish Times* political editor justified the lack of political will to hold another abortion referendum on the basis that this would embroil the government parties in 'an emotive and divisive debate' that risked derailing the coalition government (17 November). Tellingly in terms of the PO frame, Ms Halappanavar's death was presented as an opportunity that had 'galvanised public opinion' with the effect that a number of Fine Gael politicians formerly opposed to abortion had 'modified their views and now accept that legislation is urgently required to clarify the constitutional position that abortion is justified if there is a threat to the life of the mother'. In the absence of a unified position on abortion, the editor recommended that 'broad public support for a solution' could be commandeered to marginalise pro-life and pro-choice party-political challengers. Similarly, an *Irish Examiner* editorial (17 November) warned against letting the 'extremists' dictate the terms of the legislative debate. In the *Sunday Business Post* (18 November), the Savita story was presented as a turning point in shifting public opinions to the 'middle ground'. The middle ground represented the political space of 'rational and civil debate' that the commentator argued politicians should be leading and the media representing. In order to secure the middle ground, and support for a legislative solution, the 'hysterical voices' associated with the 'entrenched battalions of the extremes' needed to be excluded. The logic of equivalence suggested by the war metaphor, coupled with the claim that the shades of opinion represented by the majority in the middle ground who supported broadening abortion rights but who nonetheless 'balk at an abortion-on-demand regime', rendered the language of reproductive rights dangerous in negotiating a political solution.

The middle ground was a central framing device in how the media presented a solution to the impasse of abortion politics along party-political lines. As the media focused on the political calculations and trade-offs to secure the future of the coalition, politicians who were directing their framing towards the moderate position *vis-à-vis* their own parties' ideological stances on abortion could claim to be representing the majority view of the public. However, in the context of a serious rift between Fine Gael and Labour ministers in the lead-up to the government's decision to take the legislative route as the preferred option outlined by the Expert Group report, a shift to the middle ground could simultaneously be claimed as a victory and compromise by both parties.

Reassurances from the government parties that the *status quo* would not change with legislation was emphasised by political media commentators, which silenced debate about the restrictive direction that legislation would take. In the PO frame, the dominant media message was that neither pro-choice nor pro-life parliamentarians from each of the government parties could be conceived as winners. For example, in the face of pro-life dissenters within the Fine Gael party, the Taoiseach was reported in an *Irish Times* news item (29 November) to have told the party's parliamentary meeting that he was 'personally more conservative than many of them', while Alan Shatter, then Minister for Justice who had expressed liberal views on abortion rights, was quoted as saying that while suicide could not be excluded from any action on legal clarity, 'there was no question of abortion on demand being introduced in Ireland'. In another *Irish Times* quote (29 November), Alex White of the Labour Party and a Minister of State for Health, stated

that 'legislation will do no more than confirm and codify arguably the most restricted laws in the developed world on the termination of pregnancy'.

As previously mentioned, politically-orientated stories dominated, so it is no surprise to see the PO frame emerge strongly. It also suggests that the orientation, although political, commonly presented an opportunity for compromise, where 'finding a solution' was placed within the context of political gain. In summary, the prominence of the legislative issue dominated the PO frame, leading to party-political ideologies and strategies being a central focus of media coverage, and this political theatre side-lined debate about the direction of legislation and its implications for women's rights. Central to the evaluation in the PO frame was not whether it was right or otherwise to legislate, but that it had become less politically risky to do so. The implication of this framing was that if the government took action to introduce legislation acceptable to most, it would avoid the ideological divisiveness associated with the political impasse of abortion politics. As the political hiatus continued into December amidst media speculation that the government would support legislation, an opinion poll showing 85 per cent in favour of legislation in line with the 1992 Supreme Court *X* case decision was reported (*Irish Daily Mail*, 3 December). This was the so-called middle ground that the media championed as central to brokering a policy solution. The middle ground, however, did not by definition exclude a pro-choice position, whereas support for the *X* case ruling had consistently been rejected by pro-life campaigners. Hence, what had been a pro-choice campaigning position in previous abortion referenda⁵ was now defined as the moderate view and this interpretation was central to the solution offered by the PO frame.

Abortion legacy frame: 'Ireland's values held up to the world'

The Abortion Legacy (AL) frame was characterised by evaluations of the legacy implications of abortion politics. Social commentaries by journalists and by those who had campaigned against the Eighth Amendment in 1983 dominated in this frame. A dominant theme was the international spotlight, which was linked to two storylines early in the Savita story. The first of these concerned the international media's interest in the story and its negative coverage, which was seen as holding a mirror up to the societal values governing Ireland's abortion regime; the other storyline concerned Ireland's newly-won seat on the UN Human Rights Council. A sub-theme in these storylines was Ireland's identity as a Catholic country and the dominant propositions questioned the actions of the state in defending its international human rights obligations with respect to abortion. With international headlines implying that Catholic Ireland stood accused of 'murdering' Ms Halappanavar (*Daily Mail*, 16 November), accounting for her death to the outside world was about the bigger story of the legacy of abortion politics.

The AL frame consisted of counter-themes to the official narrative that Ireland is a beacon of respect for human life (Fletcher, 2001) and the Irish state became the main target of moral evaluations as Ireland, it was alleged, faced humiliation about the perceived myth underpinning this narrative. An *Irish Times* columnist argued that 'Ireland's values were yet again being held up around the world, not as a beacon of human rights but as a shameful departure from civilised norms [...] in which ideology takes precedence over women's lives' (17 November). This columnist accused the state of hypocrisy in acceding to the political pressure of pro-life interest groups by maintaining the myth

that abortion is never necessary to save a pregnant woman's life, while putting forward a contradicting fiction that abortion is lawful in such circumstances in order to defend its international human rights obligations. In the PT frame, much of the moral evaluation of the issue centred on state inaction, since highlighted by de Londras and Graham (2013) and Enright et al. (2015). Moral evaluations in this frame focused on the social implications for women arising from state actions in defending Ireland's abortion regime. Writing in the *Irish Times* (22 November), the lawyer for the women in the *A, B and C v Ireland* case, evaluated the severity of Ireland's abortion law in terms of the silence and stigma that this imposed on women, while leaving the medical profession, which the state had hidden behind with its claim of a 'clear bright line', with 'an unworkable regime of laws'.

Social commentators pointed to the political roots of abortion as a legacy issue that subsequently mired legislative action. Those commentaries that raised the legacy issue invariably referred to the 'architects' of the Eighth Amendment to intimate that the 1983 constitutional referendum did not come about through popular demand, but through design by those who wished to stem the tide of social change influenced by international currents. The Eighth Amendment was presented as having failed in terms of its intention of keeping Ireland abortion-free and, instead, was said to have created problems, as those who had opposed the amendment had warned.

In summary, the international media coverage of the Savita story was a source of national humiliation that exposed the official cultural narrative that Ireland is a beacon of respect for human life. In the AL frame, the issue at the heart of the Savita story was a contest of values related to the political and social roots of Ireland's abortion regime, and the tragedy was attributed to the implications of the Eighth Amendment. Social commentaries highlighted the implications of state strategies in defending Ireland's abortion regime in the context of its international human rights obligations. The cultural symbolism of a 'pro-life' nation was unpicked to reveal the fault lines of a state artifice built on conflicting myths. In challenging the cultural code of Catholic Ireland, the central moral evaluation was that the Eighth Amendment had failed in terms of its policy intentions and, instead, put women's lives at risk, and the state was identified as the source of the problem that consequently mired legislative action to remedy this problem. While relatively few of the commentaries in this frame explicitly called for a repeal of the Eighth Amendment as a remedy, implicit (and often explicit) in the moral evaluation discrediting its original framers was that the pro-life lobby was not a credible ally for policymakers in the current dispute.

Maternal health frame: 'what we're about is saving women's lives'

In the maternal health frame (MH) the issue was about the health and welfare of pregnant women. However, this frame was also strongly correlated with implicit abortion-related tropes. While medical sources dominated in the MH frame, medical care also became a site of contest about the preservation of cultural values codifying Ireland's abortion regime. Hence, in this frame, pro-life arguments were more visible. In news items concerning official state responses to the Savita story, the dominant proposition was that Ireland was a safe place to be pregnant and the evidence for this was the claim that Ireland had one of the lowest maternal mortality rates in the world. The world-class maternity

healthcare claim was repeatedly quoted by a range of sources who sought to distance the healthcare of pregnant women from the abortion issue, and it became a much repeated trope in headings, leads and closing statements in news items where the theme of maternal healthcare dominated.

In pro-life arguments, the narrative that Ireland is a beacon of respect for human life (Fletcher, 2001) was recast as a story of national pride about Ireland as an exemplar of world-class maternity care. A central tenet of the pro-life argument was that doctors are the guardians of a distinct value system that delivers a world-class maternity service without the taint of abortion. In an *Irish Times* opinion piece (23 November), William Binchy, a legal advisor to the pro-life lobby, argued that abortion legislation would 'transform the culture of Irish medical care'. While the pro-life campaign claimed that a ban on abortion had no bearing on the circumstances of Ms Halappanavar's death, it simultaneously argued that doctors were ethically obliged to save a mother's life in threatening situations, and were legally protected in doing so, although this could not be called an abortion. A key framing device of this argument was the distinction drawn between 'abortion' as a moral category and 'treatment' as a clinical category. Despite the official denial that clinical decisions about abortion and the ethos of healthcare providers could be influenced by religious values, a Catholic ethos was nonetheless assumed as the normative position determining medical attitudes about abortion.

For example, in an *Irish Times* editorial (15 November) highlighting the lack of legal clarity for doctors, the moral language of abortion was normalised as a cultural peculiarity: 'a Catholic ethos does not rule out medical intervention to save a mother's life, but for theological reasons this is not called an abortion'. Indeed, how doctors talked about abortion revealed the cultural contests central to the AL frame. Where doctors were directly quoted, the terms 'treatment' and 'intervention' were used to denote an ethical position on abortion as a moral wrong, while 'termination' was used where doctors emphasised the legality of their action. For the pro-life lobby, controlling the language of abortion was about holding a cultural line in which the term abortion is morally tainted and, therefore, abortion cannot be seen as a legitimate healthcare issue. In the *Irish Times* (24 November) the columnist and leading figure of the Iona Institute,⁶ Breda O'Brien, argued that the term 'termination' was a strategy to avoid the moral implications of abortion and, therefore, this term would not suffice either.

By the time the parliamentary Health Committee hearings became the key storyline in January 2013, the main focus of media coverage was on the expert testimony of doctors and support within the medical profession for legislation. At this point, the inclusion of the threat of suicide as a ground for accessing abortion in the proposed legislation had emerged as a contentious issue. The pro-life lobby claimed that this would open the floodgates for a liberalised abortion regime and within its framing of a treatment/abortion divide it argued that abortion was not a treatment for suicide. The pro-life framing of suicide as contentious emerged during the hearings in the widely-reported response of Dr Rhona Mahony to how women and doctors were being cast by the pro-life argument that doctors would be hoodwinked into providing women with abortion without legitimate medical cause. Dr Mahony's response was that 'the view that women will manipulate doctors in order to obtain termination of pregnancy on the basis of fabricated ideas of suicide ideation or intent' were 'pejorative' and 'judgmental' of women, and implied

'that doctors were unable to assess the issue of suicidal thoughts, something they did every day in their clinical practice' (*Irish Times*, 9 January).

In terms of defining abortion as a healthcare issue, the hearings were a game-changer in the debate about abortion legislation. Obstetric facts about abortion were presented at the hearings by the Masters of two of the leading maternity hospitals, Dr Coulter Smith and Dr Mahony who provided estimates of what they believed were annual incidences of cases where pregnancies were terminated to save the life of pregnant women (*Irish Times*, 9 January; *Daily Mail*, 10 January). That abortions were being carried out in Irish maternity hospitals was presented as a revelation that confirmed the public value of the hearings in opening up the debate about abortion, although this was not the first time that doctors had provided public testimony that life-saving abortions were provided in public hospitals (Oaks, 2002; Smyth, 2005). Both Dr Mahony and Dr Coulter Smith were extensively quoted in refuting the pro-life claim that 'legislation would lead to the targeting of the unborn in the womb', and the claim by the four Catholic archbishops that legislation would 'pave the way for the direct and intentional killing of unborn children' (*Irish Times*, *Irish Independent* and *Irish Examiner*, 9 January). For example, Dr Mahony was quoted as stating that 'where there is any chance of preserving the life of the baby we will do so. What we are about today is saving women's lives, not about killing' (*Irish Times*, 9 January). Whether or not this counter argument, which was framed within the rhetorical language of opponents, was a case of political reflex or strategy, pro-legislation doctors were presented in the media as the real winners in the debate.

The treatment recommendation in the MH frame was in support of legislation and it was most strongly characterised by the moral standing of those doctors who were willing to speak out in support of legislation. While the world-class maternity healthcare trope percolated through media coverage, it failed to gain traction as a counter-narrative to support the notion that abortion legislation, however restricted, would alter medical culture. The abortion versus treatment argument lost much of its currency once doctors were willing to publically challenge this as a moral distinction, which had long operated as code of subterfuge about how medical practices operated (McDonnell & Allison, 2006). While the suicide issue became a more contentious issue in the next stage of the debate on the drafting of the legislation (Murray, 2016), for now, those doctors who spoke up in favour of legislation were lauded for being candid about obstetric practice, as well as for challenging the claim that legislating in line with the *X* case ruling would lead to anything other than a restrictive abortion regime. As in the PO and AL frames, the counter-narrative was that the state, in hiding behind the medical profession, had left it vulnerable and, as one journalist noted, doctors were now calling for legislation 'to protect the medical profession in carrying out their jobs' (*Irish Times*, 9 January).

Discussion and conclusions

The cultural politics of abortion in Ireland seemed to change overnight following the tragic death of Savita Halappanavar. While the pro-life lobby accused the media of bias, our study shows that despite the pro-legislative leaning of the print media, the key policy message across three of the four frames identified operated to constrain public debate about the direction that legislation would take. Hence, it can be posited that the conservatism that mired the abortion issue for so long continued to be maintained by a surface-

liberal media. We conclude from the dominance of politico-legislative-oriented articles that despite the role of the media in framing the issue arising from Ms Halappanavar's death as question of legislative responsibility (in the PT frame), this was skewed by coverage of abortion as a party-political issue that could bring down the government (in the PO frame). This had a 'chilling effect' on politics and, hence, the legislative debate was primarily about maintaining the *status quo* on Ireland's abortion regime, which saw the introduction of restrictive legislation – the *Protection of Life During Pregnancy Act 2013* – providing a legal framework for doctors to protect women in life-threatening situations that may arise during a pregnancy, including the risk to life by suicide.

Murray's (2016) study on this stage of the legislative debate, which is outside the scope of this paper, argues that the floodgates narrative had a strong bearing on the shape of legislation in making the risk of suicide as a ground for access to abortion a more onerous process for women than in the case of a physical risk to life. Our study shows that at the point of enrolling political support in getting legislation over the line, the 'floodgate' argument was not part of the interpretative packaging of the media frames. Murray speculates that in the face of a polarised debate 'there was very little attention paid at the time to the practical operation of the statutory process, perhaps because a view was taken by those arguing from a 'pro-choice' perspective that it was strategically better to have imperfect legislation in place, which could be improved by regulation or amended ...' (2016, 669). While it is not possible to extrapolate solely from a media framing analysis the strategies of interest groups in seeking to influence public debate, our analysis argues that given the dominance of the PO frame, the media did not seek to present the legislative issue as hopelessly controversial; moreover, it viewed the legislative solution through a conservative party political lens. To this end, the middle-ground was a media constructed rhetorical device to delineate public discourse about abortion, which sought to convey that the Irish public were compassionate about hard cases like Ms X or Ms Halappanavar but were culturally anti-abortion. This specifically entailed the marginalisation of abortion rights discourse.

Across all of the coverage, the low standing given to religion or 'unborn' rights as legitimating discourses was indicative of a shift away from a debate historically dominated by the moral status of the foetus. Equally, however, there was little coverage of the arguments put forward by the Left and the pro-choice movement that have become central to the debate since, including the necessity to repeal the Eighth Amendment to allow for abortion reform and reproductive rights. In this respect, a shift to the middle ground in political and public attitudes towards abortion was central to how the media framed the opportunity for legislative action. While the middle ground was a somewhat nebulous construct, it nonetheless became a defining trope in media coverage to signify a shift away from the political impasse of abortion politics and the framing efforts of politicians were directed towards occupying this space. Although there was significant public outrage reported and political debate about the need for legislative action, the idea of the middle ground was appealed to in terms of setting the tone of that debate as moderate and measured. This entailed the marginalisation of pro-choice arguments, as the parameters set for the debate meant that all framing efforts by those seeking to influence policy were focused on the enactment of a 20-year-old Supreme Court ruling in the X case. This meant that those messages about the restrictive nature of the proposed legislation were firmly off the media's agenda.

While the medical profession has been long implicated in abortion politics, in this debate medical authority was giving standing as part of a nascent 'evidence-based' discourse in support of the need for a legislative solution. Abortion as a healthcare issue, however, remained contested and pro-life tropes continued to define how abortion was talked about in cultural terms. However, pro-legislation doctors recast the moral discourse about abortion by stressing the need to redress the balance between the life of the 'unborn' and the life of the mother in the debate, for example, with respect to the 'grey zone' argument and, to a lesser extent, the chilling effect of criminalisation. The key media message in relation to the shared concern for women's welfare was that those doctors who called on and subsequently lent support to the government decision to introduce restrictive legislation were not pro-abortion, but rather were concerned with saving women's lives. What this framing conveyed, which underestimated a shift in the politics of abortion within medicine, was that doctors who had been the guardians of the nation's pro-life ethos (and who were left vulnerable in the absence of legislation) would become aligned to an abortion rights coalition to repeal the Eight Amendment.

Given that the vast majority of articles were either pro-legislative or neutral, on the face of it this appears as liberal-dominated coverage. However, on closer examination, the disruption to the cultural politics surrounding the abortion issue was limited by the silences evident in the media's framing, which provided much face-saving for politicians. As Ireland entered a new historical phase in the long-standing abortion debate, the middle ground became more central to the framing efforts of all those seeking to influence the outcome of the 2018 referendum to ensure meaningful legislative reform. On the question of the middle ground in that debate, the media continued to underestimate the shift in public opinion, insisting that the middle ground would never support proposed legislation to make abortion available on request up to 12 weeks' gestation. The middle ground was a shifting and uncertain terrain. Ten days before the referendum, an *Irish Times* polls declared 44 per cent in favour of repeal, 32 per cent in favour of retention, and 24 per cent undecided (*Irish Times*, 15 May 2018). In media commentaries, it was widely assumed that the undecided were silent 'no' voters. What the media is willing to concede, however, in its post-referendum commentary, is that the 'Yes' campaign won over the middle ground, while the pro-life campaign to retain the Eight Amendment had failed to appeal to it. More importantly, perhaps, from the perspective of the much maligned pro-choice 'minority', an RTÉ and Behavioural & Attitudes (2018) exit poll revealed that amongst 'yes' voters, the most important issue for 84 per cent was the right to choose.

Notes

1. This move follows recommendations from a Citizen's Assembly in 2016 and a Parliamentary Committee on the Eight Amendment in late 2017. The latter recommended legislation to allow for abortion on request up to 12 weeks, and up to 24 weeks in medical cases where there is a serious risk to the life, physical or mental health of pregnant women and in the case of fatal foetal abnormality.
2. In *A, B and C v Ireland*, the ECHR (December 2010) ruled that the Irish state was in breach of Article 8 of the European Convention on Human Rights in relation to the woman known as applicant C who had unplanned pregnancy while in remission from cancer and was unable to find an Irish doctor to make a determination about the risk involved for her or her foetus if she continued her pregnancy (Bacik, 2015). The case highlighted the absence of

legislation concerning the limited circumstances in which women could lawfully access abortion in Ireland.

3. This comment arose when the coroner berated the nurse who had explained to Ms Halappanavar that she could not have an abortion while there was still a foetal heartbeat because Ireland was a Catholic country. The coroner held her responsible for the international headline issue that had garnered so much negative coverage (McCarthy, 2016, pp. 19–20).
4. Dr Peter Boylan is a former Master of the National Maternity Hospital, Dublin and currently chairs the Institute of Obstetricians and Gynaecologists; Rhona Mahony is current Master of the hospital.
5. The pro-choice campaign in the previous abortion referenda debates of 1992 and 2002 had argued against the rolling back of the X case Supreme Court ruling in relation to the threat of suicide as a grounds for accessing abortion, but it also opposed the proposed distinction between life and health being written into the Constitution, forewarning that cases like that of Ms Halappanavar would result. While the pro-life campaign was united in its opposition to the 1992 referendum, it was divided on the 2002 referendum, which in essence was the same as the Twelfth Amendment in 1992. The pro-life lobby reversed its position on the 1992 referendum on the premise that the proposed amendment in 2002 would offer a clear legal and, hence, moral distinction between treatment in life saving situations and abortion. However, other anti-abortion campaigners rejected this and called for a 'no' vote.
6. The Iona Institute is a conservative lobby group that supports Catholic teaching on issues such as abortion and marriage.

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No potential conflict of interest was reported by the authors.

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