



RHETORICS of REPRODUCTIVE JUSTICE  
in PUBLIC and CIVIC CONTEXTS  
a special issue for Reflections

*special issue*

**Rhetorics of  
Reproductive Justice  
in Public  
& Civic Contexts**

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A TOOLKIT

*Reflections: A Journal of Community-Engaged Writing & Rhetoric*  
*Fall/Winter 2020*



## DEAR READER,

During our 2019 Feminisms & Rhetorics presentation, Jenna Vinson correctly reminded attendees that rhetorical scholars have been late to facilitating community-engaged action around reproductive justice. Many other disciplines and community stakeholders have been taking up this call to action for some time. Recognizing this reality, the toolkit is one approach to overviewing tools, methodological frameworks, and key takeaways that can inform how rhetoric contributes to the coalition work already occurring around reproductive justice.

With this toolkit, we hope to offer a set of tools for *Reflections* readers in the form of information, ideas, artifacts, protocols, and inspiration for concrete future action.

Take this toolkit and become an actor in whatever space it is you occupy: the classroom, your community, or even the dinner table. Always remember that with words comes an important responsibility—practice.

The time to act has arrived.

In solidarity,

Maria Novotny, Lori Beth De Hertogh & Erin Frost  
*Reflections* Guest Editors

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# Coalition Building for Reproductive Justice: Hartford as a Site of Resistance against Crisis Pregnancy Centers

By Megan Faver Hartline, Erica Crowley, Eleanor Faraguna & Sam McCarthy

## ABSTRACT

In the midst of contemporary struggles to fight back against challenges to abortion rights, other important areas of reproductive justice work can be elided. One such issue area is Crisis Pregnancy Centers (CPCs), which are non-profit (often religious) organizations that offer services like parenting classes, religious counseling, and material goods for newborns (i.e. diapers or formula), but many CPCs also present themselves as if they are comprehensive reproductive health clinics that offer abortion services. In Hartford, the four of us have been part of a larger coalition working to curb deceptive advertising practices at CPCs, and this article outlines both why CPCs are a central reproductive justice issue and how we have addressed them in our community. We argue that tactical, flexible coalitions that prioritize lived experiences of community members are key for making rhetorical interventions that advance reproductive justice. Thus, we present multiple perspectives of reproductive health partnerships—community partner (Erica), faculty (Megan), and student (Eleanor and Sam)—to analyze the role of public storytelling in coalitional activism focused on regulating crisis pregnancy centers.

## POSITIONALITY STATEMENT

We represent multiple facets of a reproductive justice partnerships—community partner, faculty, and student. At the time of our initial partnership (fall 2017 and spring 2018), Erica was an organizer with NARAL Pro-Choice CT; Megan was Director of Community Learning at Trinity College where she taught a class on community-engaged research; and Eleanor and Sam were first-year students in Megan's class. Although our positions have shifted since that time, we are all still involved in working with various reproductive justice issues both with NARAL and through other organizations.

## TAKEAWAYS

**Public writing and storytelling can be used as both a central component in a communications strategy as well as a coalition building tool in local reproductive justice issue campaigns.** Due to the highly sensitive political and emotional nature of these campaigns, rhetorical scholars are uniquely positioned to understand, support, and engage in these campaigns as coalition partners. We offer a case study on Hartford, Connecticut where a broad coalition of community groups came together to regulate crisis pregnancy centers in the city. As authors we illustrate the importance of public writing in reproductive justice campaigns and the ways that faculty and students in higher education can build partnerships with organizations doing reproductive justice work.

## TOOLS

- [Here](#) is an example of Megan's syllabus and two assignments for her first year students in Trinity College's Community Action Gateway program. In their spring course, "CACT 102: Building Knowledge for Social Change" students are asked to work with a Hartford community partner on a project that includes both research and a communications product such as a white paper, print materials, a series of infographics or social media graphics, or other written content.
- [Here](#) is a [patient story brochure](#) and [infographics](#) (both examples of print materials) created by Erica (NARAL organizer) and Eleanor and Sam (Trinity students). These were used as organizing tools when meeting with coalition partners and building support for the campaign on social media platforms.
- [Here](#) is a power map that includes the list of coalition members prepared for the evening of the public hearing on Hartford's Pregnancy Information & Disclosure ordinance. The purpose of a power map is to reveal different avenues of influence on decision makers, which in this case was the Hartford City Council.
- When engaging in organizing and advocacy on reproductive justice issues, it's important to learn from campaigns in other places, but that kind of research takes up time that under-staffed organizing groups struggle for. What follows are two examples of student generated writing that have supported NARAL Pro-Choice Connecticut's organizing work: [Eleanor's written report "Organizing Strategies for Comprehensive Sexual Health Education Campaigns in Connecticut,"](#) and [Sam's research poster detailing her interactive database on 5 categories of anti-choice legislation in the U.S.](#)

## ADDITIONAL LINKS

- [Trinity College Center for Hartford Engagement & Research](#)
- [NARAL Pro-Choice Connecticut](#)
- [National Institute for Reproductive Health](#)
- [Moral Monday CT](#)
- [True Colors CT](#)
- [Hispanic Health Council](#)
- [John Oliver's CPC Segment on Last Week Tonight](#)

# The Reproductive Justice Champion's Guide to Discussing and Analyzing “Motherhood”

By Brianna R. Cusanno and Nivethitha Ketheeswaran

## ABSTRACT

In this toolkit we offer tools and guidance for critically analyzing notions of Motherhood in order to promote reproductive justice. As champions of reproductive justice we are committed to doing the work of recognizing and undoing the inevitably oppressive ways we and those around us have been encultured into making sense of “Motherhood.” This work includes engaging in critical analysis of how those who hold authority in such constructions, such as health-care providers, may implement more racially just conceptualizations of motherhood. We developed the methodology described below through extensive research on narrative analysis and through our efforts to make sense of our interviews with reproductive healthcare providers (HCPs) who spoke about the intersections of race, policy, and health.

## POSITIONALITY STATEMENT

Our perspectives on narratives, reproductive justice, and Motherhood are deeply informed by our positions as Communication scholars, cisgender women, and patients who have personally experienced the harm that dominant narratives about Motherhood can perpetuate. Our (embodied) theoretical experiences have convinced us that stories are never just stories; stories have material consequences for the lives of patients, families, and HCPs. As such, we view critical narrative analysis as a practical tool for interrogating and transforming unjust stories and the systems they uphold. We also recognize that our daily realities are different from those of the HCPs we interviewed; the narrative approach here may not make sense in their diverse contexts. We honor the time and vulnerability HCPs shared with us and hope that this toolkit can be of some use.

## TERMS TO KNOW

**The Reproductive Justice Movement:** a mode of theory and activism conceptualized and led by women of color. It promotes the shift from individualist to systemic approaches to improving reproductive health. Reproductive Justice highlights “three interconnected human rights values: (1) the right not to have children, (2) the right to have children under the conditions we choose, and (3) the right to parent the children we have in safe and healthy environments” and particularly attends to the intersectional forms of oppression that affect women of color.

**Dominant Narratives:** the “stories that underlie, reflect, and perpetuate predominant cultural values and assumptions about how the world is constituted and how society functions.”

**Western Modernity:** a dominant narrative that situates the height of morality and progress in the hands of Western development. Western modernity patterns the strategies of European coloniality. Western Modernity valorizes scientific knowledge produced by those who claim objectivity and



neutrality, and works to delegitimize forms of knowing which recognize emotionality, subjectivity, and fragmentation.

**White Supremacy:** a dominant narrative that complements Western Modernity, by constructing white people (and attributes associated with whiteness) as superior, natural, and normal while also positioning people of color as inferior, irresponsible, and expendable. involved in working with various reproductive justice issues both with NARAL and through other organizations.

## ANALYSIS TOOLS

**Critical Narrative Analysis** (CNA) integrates thematic, interactional, and structural approaches to narrative analysis (Riessman, 2005), scrutinizing both how talk is accomplished through interaction and what meanings are produced through talk to understand how power operates and social reality is constructed through everyday narratives. Rather than examining transcripts in the aggregate and fragmenting text into thematic categories, CNA necessitates close readings of “an extended account preserved and treated analytically as a unit.”

### Steps to conducting CNA:

**1. Identify and (co)create narratives** - Narratives may be pulled from existing sources (existing scholarly literature, media, creative literature, etc.), co-created through interviews, created as a reflection of an experience, or a combination of all three. In identifying or creating narratives it is important to keep in mind what dominant narratives are being considered.

**2. Analysis of narratives** - Analyzing narratives using CNA can be done through engaging in a reflective reading of the selected narrative,

comparative reading of existing literature, and then engaging in analysis following CNA guides. Some questions may be more suited for different types of narratives and how to employ each question is dependent on one’s positioning and analytical choices.

Please refer to Table 2 for assistance when conducting a CNA.

## COUNTERSTORYING TOOLS

When conducting CNA and analyzing the role of dominant narratives, it is important to continually open one’s mind to the possibilities of counter-narratives or Counterstories. This practice allows for developing a sense of continual questioning of the dominant narrative and searching for stories that may have been silenced throughout our daily engagements. “Counterstory” is a methodology of Critical Race Theory which emphasizes that an understanding of racism must privilege the embodied and experiential knowledge of people of color. Counterstories allow for “challenging the status quo with regard to institutionalized prejudices against racial minorities.”

The following tips are aimed at cultivating a reflexive Counterstory method for healthcare providers and researchers with a commitment to championing reproductive justice in their work and daily lives. As people occupying authoritative social positions, providers and researchers hold great power over how dominant narratives are formed around Motherhood. Providers and researchers both witness stories and then bear the stories of marginalized mothers. Learning the skill of “Counterstory” can allow for providers and researchers to become more generous witnesses and therefore more just bearers of stories.



**Choose a narrative that you have heard about a patient experience with reproductive health.**

Focus on a narrative you are hearing second-hand. For healthcare providers, this may be a narrative you heard from colleagues, in a lecture, or read about. For researchers, it may be a narrative told about someone in an interview, one you've heard from colleagues, or a narrative you read about.

**What is the dominant story of this narrative?**

Practice: Write a 55 word story that encapsulates the story being told

**What is your Counterstory of this narrative?**

Practice: Write a 55 word story that encapsulates how your own positioning may tell a different story of the narrative

**What is another's Counterstory of this narrative?**

Practice: Consider a relationship you have with someone who experiences a different social location and different forms of marginalization than you. Be sure to ground your understanding of your relational partner's experiences in truths they have expressed rather than assumptions. Write a 55 word story that encapsulates what their Counterstory could be. If you feel comfortable, ask your partner to write their own Counterstory and consider the ways your constructions may be similar or different.

Table 1 is an interactive table in which to record thoughts about the CNA questions throughout the process of analytical reading, used alongside Table 2 on the following pages:

Basics (plot, place, arc, time, moral, emotions, genre, mood)	
Characters (narrator, protagonist, antagonist, relationships, tropes)	
Construction (presence, absence, level of detail, role of narrator, world of story, emotions, uptalk, pauses)	
Critique (morals, values, ideology, Discourses, interests served, goals, work done, effectiveness, silencing, colonialist practices)	
Interviews (identities claimed, local context, role of interviewer, power negotiations, story ownership)	

*Table 1*

<b>Aspect of Narrative Analyzed</b>	<b>Questions to Consider</b>	
<b>The Basics</b>	What is the story about? When does it take place? Where does it take place? Who are the characters? What is the story arc? What is the climax? Is there a transformation? Temporal scaffolding? (Is there a beginning-middle-end? How	is time handled?) What is the moral of the story? What emotions are expressed? What gives this person authority to speak on this subject? Causality? What is the genre of the story? What is the mood/tone of the story?
<b>Characters</b>	Who is the protagonist? Who is the antagonist? Who/where is the narrator? What groups are characters shown to be members of? Who is given sympathy? Who is condemned? Who is responsible? Who is to blame? How do the characters stand in	relation to one another? Are they describing the actions of the characters or theorizing about what this person was thinking or doing? What tropes are used? (e.g., hero, victim, martyr, etc.) What archetypes of patients and providers are (re)produced?
<b>Construction</b>	Who is shown as an agent? Who is an object? How is Grammar being used? Who is absent? What is absent? How much detail and elaboration is described for different scenes? (more detail indicates that narrator sees it as more important) How much of a role does the teller play in their narrative? Are they mostly describing others' actions or their own? What worlds are constructed as the settings? (E.g., family, professional, political?) Do they say things like "bla-bla-bla"? Could that be indicative of not valuing these words or belittling them? What aesthetic tools are used? (similes/allusion/imagery/metaphor) How are ambiguity, irony, paradox,	and tone used? How are other texts referenced? How frequently do they discuss their own feelings or how things affect them personally? What embodied experiences are described? What beliefs have I suspended or kept unsuspended? What beliefs need to be suspended to "believe" this story? Are they using "I" or "you"? Are they using uptalk? Are there many pauses? Are they stuttering?
<b>Critique</b>	What is the speaker's moral orientation? (Helping others? Going against stereotypes?) What are the values and goals this narrative supports? How does the story represent a world view? What is legitimized by this story? What is normalized by this story? What is taken-for-granted in this story? What is unsaid but implicit?	Whose interests are served by this story? What dominant discourses are being drawn on? (Racial, gender, class, ability, sexuality, capitalism, neoliberalism, religion) How does the process of meaning-making interact with broader institutional/cultural norms or events? What stories are difficult to tell because of tacitly under-

*Table 2*

	<p>stood processes of social sanctioning?</p> <p>How does the narrator position herself to herself—that is, make identity claims? (What identities are claimed or distanced from?)</p> <p>How is the speaker creating her identity as a provider and or moral agent through institutional, cultural, dialogic, and self-constructed discourses?</p> <p>How are dominant cultural narratives being engaged with? Is this a deviant or traditional case? What larger social narratives are embedded in this story? (How are these being accepted and/or resisted?)</p> <p>What is the point they are trying</p>	<p>to get across?</p> <p>What is the goal of this story?</p> <p>How effective is the story in meeting it's goals?</p> <p>What work does this narrative do within the health care community? Does it obscure oppression?</p> <p>How does this story serve as a colonialist practice? Or resist colonization?</p> <p>What is the point of the story?</p> <p>What is its purpose?</p> <p>What is the moral or causal claim?</p> <p>What is glossed over?</p> <p>How does this story erase other stories? (particularly of WoC)</p>
<b>Reflexivity</b>	<p>What do I (the reader) notice?</p> <p>Why do I notice what I notice?</p> <p>What words or phrases stick out to me, and why?</p> <p>What interpretations am I making?</p> <p>What emotions does this story bring up for me? How do I feel after reading this?</p> <p>What appetite or emotion is satisfied by reading this? What bodily sensations do you have while reading this? What intellectual or emotional desires arise?</p> <p>Put more simply: what is the overall feeling you have when reading this? (A related and</p>	<p>interesting question would be: And what does this reveal about you as the reader?)</p> <p>What might the teller be inclined to exaggerate or leave out based on this story relation context?</p> <p>How has this story changed me?</p> <p>Who do I become in reading this story?</p> <p>Am I taking the position of skepticism, forgiveness, sentimentality, cynicism?</p> <p>How might have this story unfolded otherwise?</p>
<b>For Interview Analysis</b>	<p>How is power being negotiated interpersonally?</p> <p>How is the narrator responding to questions?</p> <p>How does the narrator seek to affect the listener?</p> <p>What change does the narrator seek to bring?</p> <p>How did the local context and research relationship shape this account?</p> <p>What questions do people answer directly? What do they answer indirectly or avoid?</p> <p>Do they respond to simple, direct questions with narratives?</p> <p>Was this story spontaneous or elicited?</p> <p>How does the audience respond to the story?</p> <p>How and when does the interview try to take control?</p>	<p>Is this a hypothetical/mythic narrative or a story of a singular event?</p> <p>Whose story is this?</p> <p>Why was the story told in this way?</p>

*Table 2 Cont.*

# The Role of Confianza in Community-Engaged Work for Reproductive Justice

By Rachel Bloom-Pojar and Maria Barker

## ABSTRACT

This article presents a narrative about community-engaged research, promotores de salud (health promoters), reproductive justice, and confianza. Confianza is often translated as trust or confidence, but this piece discusses the dynamic ways that it can function beyond the literal translation in research and community education. The co-authors discuss how they developed relationships with each other, community members, and the promotores de salud who work with Planned Parenthood of Wisconsin (PPWI).

This piece also describes how the PPWI promotores program began with a focus on community interests and how reproductive justice became a central part of its curriculum. Ultimately, we argue that confianza is an integral component to reproductive justice research, and as such, we encourage researchers to consider the role of confianza in their own work when pursuing community-engaged partnerships.

## POSITIONALITY STATEMENT

In this article, we discuss working with Latinx communities in Wisconsin, promotores de salud from those communities, and Planned Parenthood of Wisconsin (PPWI). Maria is the founder of the promotores de salud program and the Director of Latinx Programming and Initiatives at PPWI. She has more than 20 years of experience working with Latinx communities in Wisconsin, and has spent many years building confianza with Latinx community members who use Planned Parenthood clinic services and community education.

Rachel is an academic researcher who has spent the past three years building a relationship with Maria and others at PPWI. She has previous experience working and doing research with Latinx community health leaders in the Dominican Republic and interpreters in Michigan. Through focus groups and presenting at PPWI's Safe Healthy Strong Conference with Maria,

Rachel has been getting to know the promotores de salud and plans to continue building this relationship.

## TAKEAWAYS

**1. Prioritize building relationships with community partners over shared interests.** This might mean letting authentic research trajectories emerge from that rather than arriving with a research objective to direct future interactions.

**2. Recognize that funding is very important to compensate communities for their time and expertise.** It is also an essential part of accounting for the economic injustice and disparities between communities of color and predominantly white institutions. Apply for funding that can direct resources into the programs and communities you work with while being cautious of any reporting requirements that request identifying information

from individuals.

**3. Consider how confianza functions as a dynamic communicative activity that people can establish, have, enter into, and create with others.** Be reflexive about what it takes to build trust and create spaces where people are trustworthy. Then keep in mind the need to respect that trust with all future actions such as publishing, teaching, or talking about what was shared with you in a space of confianza.

**4. Researchers must think about what their research project will leave behind for the community to continue to use.** Communities are tired of just getting by. They want to help develop tools for themselves as well, that they, their family and the community can use to thrive and not just exist.

## QUESTIONS TO CONSIDER

1. How do we develop rhetorical theory and praxis that center the voices, strategies, and priorities of women of color rather than analyzing reproductive justice through a white rhetorical gaze?
2. How might studies of rhetoric and reproductive justice benefit from meaning making in languages other than English?
3. How do we navigate the politics of translation without losing the core of community-based rhetorics when communicating about them with predominantly white, English-speaking audiences?

## ADDITIONAL LINKS

- [Promotores de Salud and Health Promoter Programs](#)

# Helping Everyday Rhetors Challenge Reproductive Injustice(s) in Public

By Jenna Vinson

## ABSTRACT

In a sociopolitical context that continues to constrain reproductive agency, many organizations, media, and people construct pregnant or mothering teenagers as “things that are other than it should be” and many young mothers report being talked to as if they were a defect that must be addressed. People who experience dominant discourses of “teenage pregnancy prevention” are prompted to immediately respond to the rhetorical exigence of pregnant and parenting teen bodies. When visibly young pregnant or parenting people venture into public, they face an unpredictable and potentially hostile rhetorical arena.

In this article, I reflect on a community-based workshop I facilitated in Boston from 2015-2019 at an annual one-day event for young parents called the Summit for Teen Empowerment and Parenting Success. Drawing on feminist rhetorical theories of interruption tactics, this workshop prepares young pregnant and parenting people with researched information and scripted responses they can use to interrupt and transform everyday moments in public places when strangers read their bodies as problems to criticize or loudly bemoan. However, findings from the surveys circulated at the 2019 workshop indicate that what participants value most about this experience is the opportunity to share and relate to one another’s experiences of reproductive injustice. This article offers feminist rhetoricians, community literacy scholars, and other scholar-activists an approach to sharing research findings and facilitating discussion in a useful way with those who embody exigences of reproductive justice.

## POSITIONALITY STATEMENT

I am a volunteer workshop facilitator at the 1-day Summit for Teen Empowerment and Parenting Success (STEPS)—an initiative of the Center for Community Health and Health Equity at Brigham and Women’s Hospital in Boston, MA—and I operate in solidarity with young pregnant and parenting people (see [Mia McKenzie’s “No More Allies”](#)). I have experienced pregnancy and parenthood in the ephemeral period labeled “young” and the socioeconomic context of being “low-income” (i.e., working and using government funding for medical/food needs) and, thus, have some sense of shared experience with the pregnant

and parenting young people from the greater Boston area who attend the summit. However, in relation to the health equity practitioners who run the event and the young people who attend the event—who are, primarily, people of color—I am an outsider, a professor from a local university they do not attend, and a comfortably middle-class, single, white, cisgender woman in her 30s. Mindful of this positionality, I seek to respond to what participants state they want and need.



## CHALLENGES

As the editors of this special issue note, when the idea of a toolkit was broached at the 2019 Feminism(s) and Rhetoric(s) conference, I offered a word of caution: “we” (feminist scholars of rhetoric, writing, and literacy) are late to broader discussion about, and activism for, reproductive justice. While individually we may be working with community organizations to address the many human rights issues that fall under the umbrella of reproductive justice, as a field, we have not articulated our theories or praxis as relevant to or in service of these movements. The field is also overwhelmingly white. And, as the editors of *Radical Reproductive Justice: Foundations, Theory, Practice, and Critique* (2017) explain, “In realizing the power of the RJ movement, we move from the politics of inclusion to the politics of leadership. . . .women of color are ideologically leading the movement, centering ourselves, and transforming relationships in the process.” Mindful of this, when thinking about how theories, research, and pedagogies might become “tools” to aid the movement, I urge that we ground ourselves in the movement as it has existed and continues to exist beyond the academy. In other words, the work is already happening, tools have been crafted, communities forged, and alliances made. While ongoing injustices demand our field’s attention and our activist efforts, we should proceed by listening, learning, and positioning ourselves in solidarity with those already involved with the movements so that when a need for tools of literacy, rhetoric, and teaching arises, we can offer what the community needs. I may very well be preaching to the choir as readers of *Reflections* likely know what good community engagement looks like, but I take this opportunity to remind us to avoid what Ellen Cushman calls “missionary activism” and strive, instead, for “scholarly activism which facilitates the literate activity that already takes place in the community.”

There are many rhetorical exigencies of reproductive justice: an ever-growing prison industrial complex that takes parents and children; corporate and industrial practices that poison our air, food, and water; increasingly stringent (or nonexistent) insurance coverage that blocks people’s ability to access the healthcare they need; multiple obstacles to women’s, immigrant’s, and young people’s access to information about sexual health and healthy sexuality, etc., etc. In my own research, I have found that the tragic “teen mother” is a character constructed, in part, by people lobbying for safe and legal abortion or sex education. She is the problem “we” (non-teen mothers) are called to solve by keeping sex education in schools or by keeping abortion accessible. In telling this story, lobbyists, politicians, journalists and others have helped to create the embodied exigence experienced by everyday pregnant and parenting people.

## QUESTIONS TO CONSIDER

1. How can rhetorical scholars help to address these exigences while being mindful of not pathologizing particular bodies and reproductive experiences as always and only an urgent problem?
2. How do rhetorical scholars not reproduce pathologizing rhetoric as we stress the urgency of these human rights issues? Or, to put it another way, how do we avoid producing what Eve Tuck calls “damage centered research”? She defines such research as “. . . a pathologizing approach in which the oppression singularly defines a community.”

## TAKEAWAYS

### **Facilitating Workshops with Young Parents:**

As I write in my article, the research that challenges the idea that “teenage pregnancy” is a social problem is not well known. As a young mother, I found something liberating in the discovery that all those “facts” I had heard about women who become parents before the age of 20 were wrong—like a weight had been lifted off me, like I could quit blaming myself for whatever happened to my kids (though, honestly, I still struggle with this). If you would like to help in circulating this information by conducting workshops like the one I describe, I recommend looking for places in your communities that have youth empowerment as part of their mission: nonprofits that serve pregnant and parenting teens, schools with young parent programs, hospitals with childbirth classes for young parents, summer enrichment programs, and even programs receiving government grants to lead “teenage pregnancy prevention” efforts. Often these latter programs include initiatives to avoid “repeat pregnancies”—a phrase designed to pathologize subsequent births to parenting people under the age of 20—and, thus, serve pregnant and parenting teenagers.

### **Translating Research into Comebacks:**

As I write in my article, I hope that other feminist rhetoricians and scholar-activists think about how the research they are doing to interrogate and interrupt discourses that pathologize, shame, and blame those who are (already) marginalized could be shared in productive ways with communities beyond the academy. In support of this, [I offer the template of my workshop handout.](#) Adapting the template prompts reflection on how research might be put to work in everyday encounters. Just open the file and replace the image and instructions typed in red font with your own visuals, language, and research. Imagine ways to

sum up information that confronts particular commonplaces. Be sure to consider your target audience for the handout—those who experience judgmental comments reflecting dominant discourses about “them” as a group. They will likely want creative but easy-to-say quips for these spontaneous and slippery moments. It’s okay if they get silly. When this handout is used as a talking point during community workshops, it can educate and break the ice. For example, the line in my handout “Children actually can’t have children. It is physically impossible” usually gets a good laugh from young parents.

## ADDITIONAL LINKS

- [Proud2Parent: STEPS](#)
- [Brigham and Woman’s Hospital’s Center for Community Health and Health Equity Stronger Generations Program](#)
- [Proud2Parent Blog Post](#)

# We are BRAVE: Expanding Reproductive Justice Discourse through Embodied Rhetoric and Civic Practice

By Roberta Hunte and Catherine Ming T'ien Duffly

## ABSTRACT

In this article, we share the example of our recent community-based performance project on reproductive justice, We are BRAVE, to serve as a model of how community-based performance can be an embodied strategy for social change. We draw from the work of scholars of feminist rhetoric, community-based performance, and reproductive justice. This case study examines elements of the community-created script to demonstrate how we knit together intersectional narratives of reproductive (in)justice that challenge and expand a mainstream discourse of reproductive rights and move towards a broader vision of reproductive freedom. The We are BRAVE project was a form of cultural work that went alongside other grassroots organizing efforts to persuade both legislators and constituents to think about the significance of abortion and to engage with more complexity around intersecting identities and issues that impact our reproductive lives. This strategy was used to frame groundbreaking legislative work. In sharing the example of We are BRAVE, we show how using community-centered, performative storytelling as embodied rhetoric can be an effective mode of public and political persuasion.

## POSITIONALITY STATEMENT

A close working and collaborative relationship between Western States Center and partners Roberta and Kate was key to the success of this project. This relationship was rooted in the previously established relationship that Roberta had developed over years of connection with Western States Center's organizing efforts. Roberta has been connected with Western States Center's organizing work since 2009 through her work as a board member of a partner organization of the Center. She joined their first cohort of BRAVE leaders in the fall of 2013. Her connection with the Center's work and staff was born from a long-standing commitment to its political work in the community. Participation in the cohort deepened that connection. Roberta, in partnership with staff

and other BRAVE participants hosted webinars on Reproductive Justice and co facilitated workshops on racial justice and movement building for BRAVE and other groups. Roberta's close relationship with Western States laid a foundation of trust for working on this theatre project, trust that was extended to Kate as Roberta's collaborator, but also through the relationship developed through the embodied work of performance.

## TAKEAWAYS

- **Engagement in community must become a part of the scholar's life, not simply a component of a specific project.** When a scholar creates regular and lasting ties with community members and community groups, collaborations that arise from those relationships have deeper and multiple ties that allow for truer collaborations built on trust established durationaly.
- **Be prepared to adapt one's process and project in collaboration with community partners is key.** This openness to adaptation can mean adjusting one's original ideas to more closely align with the needs of the community partner, as opposed to adhering to the scholar's original plan or vision.
- The BRAVE link below is a sample storytelling workshop demonstrating our method.

## ADDITIONAL LINKS

- [Western States Center](#)
- [SisterSong Collective](#)
- [Center for Performance and Civic Practice](#)
- [We are BRAVE Toolkit](#)

## CHALLENGES

- **The work of community engagement is time intensive and highly relational.** It doesn't necessarily map onto an academic calendar, or even onto the expectations of scholarly output.
- **All of this work must be understood within its immediate context.** For rhetorical scholars who do community-based work, it is important to be able to bring that work back to their scholarly community, to make it legible in an academic context and, in so doing, undergo a process of translation so that work can be (re)contextualized within their field of study.

# Complicating Acts of Advocacy: Tactics in the Birthing Room

By Shui-Yin Sharon Yam

## ABSTRACT

This article examines the tactics doulas deploy to support birthing people in a hospital setting, where both the doulas and their clients are marginalized. In order to cultivate and preserve calmness in the birthing room, doulas mobilize what I call “soft advocacy” to avoid overt confrontation with medical staff, while promoting their clients’ preferences and interests. “Soft advocacy” entails affective management of all stakeholders in the room, strategic body positioning by the doula, and descriptive narration that holds medical staff accountable for their actions. These tactics are transferrable outside the birthing room and can be deployed by advocates who want to protect their clients’ interests, but cannot afford to overtly challenge the status quo.

## POSITIONALITY STATEMENT

I connected with doulas in my community first to conduct semi-structured interviews. Through snowball sampling, social media recruitment, and professional conferences, I interviewed 30 doulas—many of them serve primarily marginalized pregnant and birthing people. I remain in touch with several of my interviewees, and continue to attend reproductive justice conferences for activists and birthworkers.

## TAKEAWAYS

- **Employ soft advocacy when advocating.** Birthworkers who are marginalized in medical institutions deploy “soft advocacy” to support their birthing clients—namely, non-confrontational tactics that promote the interests of the birthing person through gendered affective management, strategic body positioning, and descriptive narration that holds medical staff accountable for their actions. Rhetorical scholars conducting community-engaged work can mobilize similar tactics when they must advocate for marginalized subjects while occupying

a liminal position of power themselves.

- **Attend meetings and conferences frequented by reproductive justice activists from outside academia.** Listen, learn, and cultivate relationships with participants there, even if that means temporarily decentering your research agenda or revising your research questions.
- **Honor the epistemic privilege and lived experiences of community practitioners and activists by inviting them to share stories they deem significant and transformative.** Focus less on whether these stories directly answer your research questions, and more on why your participants find them important so that the meaning and agenda of your research are co-created with your participants.

## KEEP IN MIND

...that while community activists, practitioners, and organizers may deploy common terms and concepts in rhetorical studies, in my case advocacy, we cannot assume that we share the same assumptions and interpretive framework. It is important to interrogate the different ways in which we understand and deploy these concepts, and examine how and why community practitioners and organizers enact those concepts the way they do.

...that while advocacy is commonly understood in rhetorical studies as acts of overt persuasion to shift the audiences' positions and the existing power relations, community practitioners may enact advocacy differently in ways that are more multimodal, embodied, and subtle in its effects. As rhetorical scholars, we must learn to acknowledge and recognize the power of these acts even—and especially—when they do not fulfill the canonical definitions of advocacy in our field.

## ADDITIONAL LINKS

- [Ancient Song Doula Services](#)
- [Black Mamas Matter Alliance](#)
- [Black Women Birthing Justice](#)
- [Decolonize Birth Conference](#)
- [SisterSong Let's Talk about Sex Conference](#)



# In the Fight of their Lives: Mothers of the Movement and the Pursuit of Reproductive Justice

By Kimberly C. Harper

## ABSTRACT

Reproductive justice is an all-encompassing theoretical approach for solving community needs associated with the right to have children, the right to health care, and the right to safe environments for children and families. My work as an RJ activist addresses the need for safe environments that are free of gun violence, police brutality, and access to support systems that nurture Black mothers with pre-and post-natal care. As such, my tool kit is for scholars whose primary focus is on using rhetoric to effect change in the school system as well as in maternal health.

## POSITIONALITY STATEMENT

I am a Black, Muslim woman who wears a hijab and a variety of head coverings that signify to people I am a Muslim. I use the terms Black and African-American to describe my ethnicity and use both of these terms to described people of African descent who were brought to America as part of the system of chattel slavery. **They were not slaves.** They were enslaved and there is a difference. As such the convergence of my African- American and Muslim identities affect my world view and response to the systemic racist polices that affect Black, Brown and Muslim communities across America and internationally. In addition I earned my education at a Historically Black College/University (HBCU) and two different Predominately White Institutions (PWI)—one in the Midwest and one in the South, so my approach to teaching is rooted in those experiences—some good and some bad. Finally, I am a mother who experienced birth trauma and did not have access to resources to assist me with my trauma and ensuing postpartum depression. Consequently, I am deeply committed to working on behalf of Black women and their maternal health needs.

## TAKEAWAYS

**Scholars who engage in community-based RJ work need the following:**

- A firm understanding of the life cycle of a social movement. Understanding this can help activists position their work. Jeff Goodwin and James Jasper have a solid introduction to this topic in their text *The Social Movements Reader: Cases and Concepts*.
- Anti-racist methods/tools to assist with unpacking the privilege of white institutions, white supremacy and white privilege. Robin DiAngelo's book *White Fragility* and Carol Anderson's book *White Rage* are excellent resources.
- A clear understanding of how language affects our LGBTQ communities and the new language that people of color are using. For example, the use of pronouns matter for the LGBTQ community or how BIPOC is now being used to describe brown and Black people. My students are teaching me this every semester.

## CHALLENGES

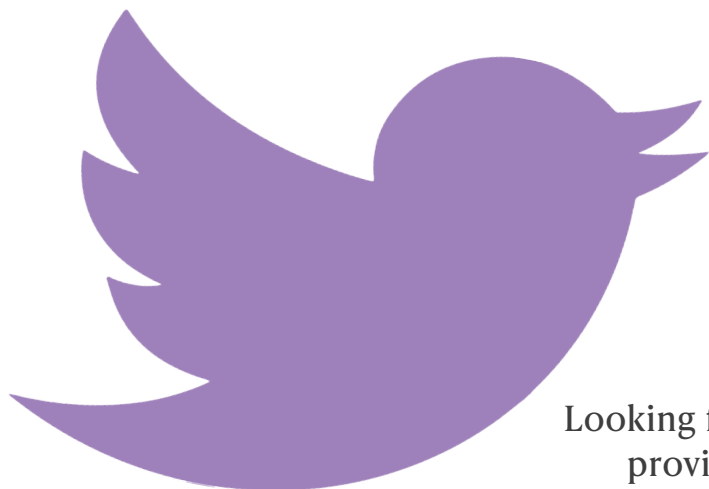
Rhetorical scholars come from a number of perspectives and that makes for a rich constellation of opinions, experiences, and actions. However, this also presents as a problem because the narrative of what's scholarship turns into a monolith that can't be challenged or even added too—from traditionally marginalized people. I believe there are two challenges and they closely related to silence and erasure.

**Challenge 1:** Requesting that people prove racism or health conditions exist as a means to silence women. I talk about this a lot, but as a society we need to move away from people having to prove racism exists or share their trauma in order to gain access to help. If a mother tells a doctor “something is amiss,” or “she doesn't feel right,” she shouldn't have to prove it to a doctor in order to get assistance.

**Challenge 2:** Silencing the people that we are helping. In other words, rather than asking what they need, activist and scholars tell people what they need without any real consideration of the group's desired outcome for their own community. For example, telling Black women that if they have a doula it will improve their birth outcome. Well that is true, but not all Black women want a doula as a form of birth support (this is just an over simplified example).

## ADDITIONAL LINKS

- [BLM Organization](#)
- Gholdy Muhammad's book *Cultivating Genius*
- [The Trayvon Martin Foundation](#)
- [Life Camp](#)
- [SisterSong](#)
- [Women's Islamic Initiative in Spirituality and Equality \(WISE\)](#)
- [Believers Bail Out](#)



# SPREAD THE WORD

Looking for ways to spread the information provided in this Toolkit? Let's take it to Twitter. Below is a tweet for every article featured in this issue of *Reflections*.

## **HARTLINE, CROWLEY, FARAGUNA & McCARTHY**

How can we use stories in organizing and advocacy? In Hartford, organizers have used multiple rhetorical modes to build flexible coalitions around pressing reproductive justice issues. See "Hartford as a Site of Resistance against Crisis Pregnancy Centers."

## **CUSANNO & KETHEESWARAN**

How do the stories we tell about motherhood contribute to reproductive injustice? And how might we story motherhood differently? Bria Cusanno and Niv Ketheeswaran explore these questions by analyzing healthcare providers' narratives about race and motherhood.

## **BLOOM-POJAR & BARKER**

In "The Role of Confianza in Community-Engaged Work for Reproductive Justice," Maria Barker of @PPAWI & @Rachel\_Bloom discuss relationship building, community-engaged research, & the importance of promotores de salud in the pursuit of reproductive justice.

## **VINSON**

Translating Research into Comebacks: young parents speaking back to dominant narratives of teen pregnancy. See the strategies #STEPS #NoTeenShame

## **HUNTE & DUFFLEY**

We are BRAVE: Expanding Reproductive Justice Discourse through Embodied Rhetoric and Civic Practice" by Roberta Hunte and Catherine Ming Tien Duffly brings RJ stories to the stage to shift culture and support policy change #ReproductiveJustice @WStatesCenter

## **YAM**

To effectively protect their birthing clients' interests and autonomy in a hospital setting, doulas deploy a range of "soft advocacy" tactics to navigate the complex power relations in medical institutions @ancientsong7 @blkma-masmatters @sistersong\_WOC @sharonyamsey

## **HARPER**

The world is paying attention and people are making plans to follow anti-racist agendas, don't tease BIPOC with acceptance into spaces that you don't really intend on remaking @ronbett75 @spaceof\_grace