

The Feminist Potential of Docudrama

*Destabilizing the Primacy of Primary Sources
through Paula Kamen's Jane*

ANNIKA C. SPEER

On April 8, 2011, Republican Jon Kyl argued for the defunding of Planned Parenthood, declaring to the Senate that abortions comprise “well over 90 percent of what Planned Parenthood does.”¹ Statistically, abortions amount to about 2–3 percent of Planned Parenthood’s work nationally, and when asked to account for his blatant lie, representatives from Kyl’s office responded that his remark was “not intended to be a factual statement.”² A few days later Kyl had his statement stricken from the congressional record.³ The option to withdraw such an egregious statement from the congressional record highlights the problems with privileging official documents as truth-telling accounts and denigrating other histories. The scholastic privileging of documentary theater (which incorporates only preexisting data such as media footage, trial transcripts, or primary source material) over docudrama (which allows a blending of primary sources with fiction) is similarly problematic. Paula Kamen’s unpublished docudrama, *Jane: Abortion and the Underground*, opens a space through which the appeal of “reality” operates alongside the imaginative potential of fiction, allowing practitioners and audiences a unique realm in which to tackle difficult and politically charged issues, such as abortion. The piece challenges the presumed inferiority of docudrama as a theatrical and historical form by illustrating the evidentiary possibilities inherent in performing oral histories while incorporating fictionalized scenes based upon those histories.

Abortion is a fraught subject, and the melding of oral histories with fictionalized recreations enables a simultaneous reshaping of abortion history to the lived experiences of specific women and a live reinterpretation of those events through created scenes that invite the audiences’ own (re)interpretations. In addition to blurring interviewees’ narratives with fiction, Kamen’s play further develops abortion narratives by bridging the voiced with the embodied. Significantly, two of *Jane’s* fictionalized scenes include the staging of

abortions—a theatrical rarity. Kamen fictively actualizes the abortion experience on stage by bringing the actual (yet fictionalized, as it is an actor's body) into the narratives. The “realness” of depicting an on-stage abortion forgoes a reliance on the spoken, which, when considered within the historical context of the abortion debates, has operated almost exclusively by depending on the rhetorical (the disembodied voice of the fetus vs. the testimony/narrative of the woman's lived experience). Although one can claim that docudrama purposely disrupts the integrity of oral histories—whose very existence is already fragile—I maintain that, in the case of *Jane*, this disruption strengthens the embodied history of the play (the representation of abortion on stage in conjunction with the interviewed women's verbatim narratives is central to this) and provides the audience with an evocative introduction to a historically polarizing subject.

In 1969, before the Supreme Court legalized abortion in the 1973 case *Roe v. Wade*, a Chicago group of students and housewives, “The Jane Collective,” created an underground abortion referral network in response to illegal abortion-related deaths. Upon learning that the collective's main “doctor” was not actually an MD, these women taught themselves how to perform abortions.⁴ From 1969 to 1973 the group members administered approximately eleven thousand abortions with no fatalities.⁵ *Jane: Abortion and the Underground* details this relatively unknown yet significant historical moment, blending verbatim interview-based monologues with fictionalized reenvisionings of the collective's formation and development. Prior to demonstrating that docudramas such as *Jane* offer pedagogical and activist merits for feminist theater, I will briefly summarize some of the scholastic criticism leveled at docudrama.

Much of the literature on documentary theater (including but not limited to docudrama) focuses on the medium's inevitable failure, its unavoidable inability to adhere to accurate truth.⁶ Further, much criticism of documentary theater questions the documents, historian accounts, journalistic reports, and other troubled mediations of “reality.”⁷ Although documentary scholars already trouble notions of “truth,” “authenticity,” and the “real,” it merits noting that many of these same documentary scholars tend to treat docudrama pejoratively, deeming it of lesser quality than documentary theater that strictly incorporates preexisting data such as media footage, newspaper quotations, trial transcripts, or “primary source material.”⁸ Theater historian Gary Fisher Dawson argues that documentary theater and docudrama are “antithetical” to each other, as documentary theater relies solely on primary sources, and docudrama allows a blending of “facts” with invented fiction.⁹

Dawson is not alone in deeming docudrama as the lowest form of the documentary genre. Nicolas Kent, artistic director of the Tricycle Theatre Com-

pany, describes docudrama as “dishonest and misleading.”¹⁰ Playwright, theater critic, and former long-time Columbia University professor Eric Bentley also argues vehemently against docudrama. He describes the form as “unsatisfactory,” because the spectator is left with no means to distinguish fact from fiction; as such, Bentley goes so far as to label docudrama a “bastard and dubious sub-genre.”¹¹ He argues that a “solution” to the problematic form of docudrama is to “put into people’s mouths only words which they had used and which indeed they had placed on the public record. No investigative reporting. No confidential sources. Just what people had said in public and for the public.”¹² While Bentley’s argument for ethical theater construction and his emphasis on transparency and visibility are responsible, such an apotheosis of the public record leaves alternative accounts underexplored.

Privileging the words recorded on the public record rather than seeking the words of parties who have been marginalized or left out perpetuates a cycle of listening to some while ignoring others, overlooks the circumstances that shaped the utterances, and continues a problematic notion of what and who count as credible. One of the key purposes of interview-based theater is to obtain the stories of individuals who have not yet been heard. For example, how many documentary theater pieces on abortion narratives pre-*Roe v. Wade* would we be able to construct if we relied solely on the public record and eschewed confidential sources?¹³ The Jane Collective advanced its goals off the radar; it was a subversive and underground operation in which women pursued strategic rights-gaining strategies outside of the framework of the government or the state. Given the radicalness, the illegality, and the secrecy of the collective’s functioning, obtaining detailed public accounts was not an option. Kamen explains that she found her interviewees through “luck, advertisements, and word of mouth” and notes that finding the women who relied on the collective for help was the “toughest.”¹⁴ Many women were reluctant to talk about their experiences because they did not want to incriminate themselves or draw attention to their participation in illegal activity. Additionally, there was disparity in the media or public voices about abortion from the voices of women involved in an underground movement. In this regard Dawson is somewhat more generous with his definition of documentary than Bentley. Unlike Bentley he does not demand that all accounts be obtained from the public record, and he recognizes the merits of oral history collection.¹⁵ The valuing of oral history within the definition of documentary is significant because it credits sources beyond the public record or media and widens the scope for the concept of primary source material (an essential component of the documentary genre). The interview portions of the *Jane* play can be considered primary source material, and they adhere to defini-

tions of documentary; however, the fictionalized scenes in which Kamen rewrites and imagines the development of the collective and stages the abortions do not.

While Dawson's and Bentley's criticisms of docudrama are worthy of consideration when defining the tenets of documentary theater, my argument here is not about the perceived quality of *Jane* as a docudrama versus documentary script. Additionally, my mission in this article is not to argue over the categorical labels or to redefine the form. From an activist and pedagogical perspective it is less interesting whether or not a performance is aesthetically "good" or cleanly adheres to prescribed rules of formatting; the more pressing issues pertain to the political and social potential of the performance: what the performance does or what the performance offers. Documentary theater centralizes topical social issues or events; in many cases this art form may not withstand the test of time or appeal to a wide audience. The main goal of documentary theater is to serve a current political purpose, typically commenting on contemporary and, in many cases, local problems. This play serves an important pedagogical and activist function: *Jane* highlights the circumstances under which women obtained abortions prior to *Roe v. Wade* and motivates us to consider the current state (and future) of reproductive rights. With this in mind I ask: How can scholar-artist-activists reconsider their criticality about construction and form to open their minds to see the invaluable merits the *Jane* play offers as it highlights a little-known historical moment?

David Román's concept of "critical generosity" provides a worthy framework for furthering this inquiry. Román's critical generosity fuses criticality with kindness. His argument is that "canonical prejudice" should be usurped by "critical generosity," a process that journeys outside the confines of traditional critical inquiry.¹⁶ Román's notion of critical generosity troubles the critics' standards that "good theater" can be assessed primarily as theater that withstands the test of time or reaches wide audiences through "universal appeal."¹⁷ Such categories privilege the already privileged and further subjugate works that fall outside of mainstream dominant ideological classifications. Although Román focuses specifically on performances about HIV and AIDS, his argument can be extended as an umbrella for other realms of performance analysis.

To judge a docudrama such as Kamen's *Jane* based upon standards of structure and form is to ignore and negate its other values, as well as to miss more unique opportunities of analysis. Román's framing of theater criticism as a practice, an imperfect procedure, and an ongoing rehearsal neither fixed nor final is particularly useful. Rather than denounce an artistic work for failing to meet theater critics' rubric of structure, content, or form, critical generosity

examines a production through myriad angles, as an intellectual engagement with the art that looks beyond standardized conventions. The debate between scholars about the categorization, formatting, and content of documentary theater versus docudrama need not *always* be the focus of the rubric. Perhaps docudrama is not “good” documentary theater in the sense that it does not cleanly adhere to Dawson’s rule of primary sources or Bentley’s rule about the public record. However, a docudrama such as *Jane* offers potential as an activist and pedagogical resource worthy of exploration.

PUTTING ON JANE: A PEDAGOGY IN PRACTICE/PROCESS

Although a few of the monologues from the play have been published in monologue books, the *Jane* play currently remains unpublished in its entirety.¹⁸ Despite being unpublished, *Jane* has been produced at several theaters and numerous college campuses.¹⁹ The prevalence at universities is unsurprising because the play functions pedagogically in several ways: First, Kamen created three versions of *Jane* with run times ranging from thirty minutes to two and a quarter hours to accommodate various producers’ needs. Second, her website includes access to a “Student Organizing Guide for Productions of *Jane*,” a packet of information intended to help students lacking theatrical experience to organize their own staged readings or theatrical productions on campus. Although I am not proposing that playwrights must make their works easily accessible to nontheater practitioners, I do think that Kamen’s flexibility and strategy as an artist show a strong commitment to the political message and a desire to have students from various backgrounds and skill sets engage with the material.²⁰ Her mission is for the story of the Jane Collective to be told, for students to be involved in the telling, and for dialogue to be sparked. Further, when I contacted Kamen about obtaining the rights to direct her play, she informed me that she was willing to waive any fees since my production served as a Planned Parenthood *Roe v. Wade* anniversary event. Kamen’s willingness to waive fees for activist productions that enact the greater politics of the piece demonstrates her investment in making the play increasingly accessible. Increasing access for student groups or small community theaters with limited budgets allows the play to reach a wider audience. Using theater as a platform to generate discussion and interest in keeping abortion legal and to reflect on the circumstances of women obtaining illegal abortions prior to *Roe v. Wade* is a socially and politically relevant mission in our current political climate. The year 2012 marked a national election, and Republican presidential candidate Mitt Romney identified as pro-life, touting overturning *Roe v. Wade* as one of his presidential goals.²¹

With pedagogical and activist potential in mind I committed myself artistically and scholastically to a production of *Jane* by directing a cast of University of California Santa Barbara (UCSB) students in two sold-out shows at Center Stage Theater in downtown Santa Barbara on January 15 and 16, 2011. This project was the main event for the Santa Barbara Planned Parenthood thirty-eighth annual *Roe v. Wade* function. I coproduced this event with my peer Carly Thomsen as a collaborative endeavor with the Santa Barbara Pro-Choice Coalition, Planned Parenthood, the UCSB Women's Center, and the Hull Chair in Feminist Studies.

Our purpose in producing this play was manifold: Thomsen and I wanted to support Planned Parenthood; to commemorate the thirty-eighth anniversary of *Roe v. Wade*; to facilitate education, local action, and dialogue on reproductive health and justice issues; and to embark on a project that bridged our academic and activist goals with the community through artistic practice. Our mission was not to change the minds of people who identify as pro-life, nor was it to engage in debates about abortion. Given that our production was for the Planned Parenthood *Roe v. Wade* event, we were aware that the vast majority of our audience likely identified as pro-choice or was at least somewhat invested in issues surrounding reproductive rights. With this in mind we sought to enhance education about the Jane Collective and the history of reproductive rights. Prior to the start of the play audience members filed in, took their seats, and were greeted by information projected on the upstage wall, which sought to give context to the performance. The statistics and historical information provided were gleaned from resources such as the National Organization for Women, the National Abortion Federation, *Our Bodies Ourselves for the New Century*, the *New York Times*, and the Guttmacher Institute. The projections served as pedagogical preshow conversation starters, and we could hear audience members discussing the information with the people seated near them.

This play serves educational purposes not just for audiences but also for individuals involved in the production. My own process with Kamen's *Jane* was rooted in pedagogy. Ten of the eleven cast members were undergraduates—six were my former students—and our development throughout the project was similar to work we had done in the classroom. Our rehearsals emphasized process, research, and intellectually embodied involvement.²² Because many members of the cast had little to no experience as actors, they were learning about the actor's process in conjunction with learning about the Jane Collective and the history of abortion politics.²³

The collective approach to the rehearsal process mirrors (or potentially stems directly from) the collectivity emphasized in the *Jane* script. *Jane* is

an ensemble production. Kamen's play examines (and imagines) the experience of a group of Chicagoan women situated in the context of the years directly preceding *Roe v. Wade*; it fits the bill for the feminist strategy of anti-spotlighting. In her book *The Auto/biographical I: The Theory and Practice of Feminist Auto/biography* feminist sociologist Liz Stanley argues that "the baseline of a distinct feminist auto/biography is the rejection of a reductionist spotlight attention to a single unique subject."²⁴ Feminist theater scholar Elaine Aston builds on Stanley's concept and explains that a theatrical means for implementing an anti-spotlighting approach is to frame the biographical focus on a community or faction of women rather than an individual protagonist.²⁵ Ryan Claycomb, a scholar specializing in feminist autobiography and documentary, notes that a defining tenet of staged oral history is the "tension" between the individual and the collective, "between chorus and polyphony."²⁶ Claycomb argues for the feminist potential of staged oral history, explaining that the communal but disparate constitution of the onstage subject(s) "seems to grow out of a feminist critique of the subject and theorizations of subjectivity and voice that look toward investing women and other marginalized groups with the authority that hegemonic discourse has traditionally denied them."²⁷ Kamen's play works with the tension between the individual and the communal. Her attention to multivocality, foregrounding the voices of numerous women, both those within the Jane Collective and those of women seeking abortions who relied on the collective for help, is a prime example of anti-spotlighting. Kamen's *Jane* exemplifies such emphasis on collective narratives as a means for broader understanding of social political context.

The feminist method of anti-spotlighting—the refusal to privilege one narrative—in many ways parallels the docudrama form. Just as multivocality allows more room for varied perspective, the blending of primary source material with fiction promotes valuing different forms of knowledge production. The docudrama format refuses to only privilege primary source material. The scholarship that distinguishes documentary from docudrama (because docudrama allows a blending of primary source material and fiction) sets up the premise that such blending is always already bad. The implication is that docudrama compromises a preexisting "authenticity." An alternate way to think about this would be to consider that docudrama acknowledges its own positionality; it does not purport to be an authentic reproduction of fact. Rather than continue the valorization of primary source materials in an effort to present the story as an unaltered version of the "real," the docudrama acknowledges its own framing.

The opening moments of *Jane* directly call attention to the play's construction. The play begins with a voiceover of the playwright conducting an in-

terview: "Testing, testing, testing. Interview with Crystal on Friday, October 23, 1992. Do I have your permission to tape this?" Crystal, the interviewee, represented by an actor onstage, responds to the voiceover, "Yes, you have my permission to tape this."²⁸ As a director I chose to stage this by opening the show with all of the women on stage. After Crystal's line, "Yes, you have my permission to tape this," I asked the women as a group to echo her, so everyone stated in unison, "Yes, you have my permission to tape this." I wanted to immediately set the precedent that this was not one woman's story. Following this prologue Act I opens with a fictional scene imagining the first referral. That Kamen's play opens with the playwright's voiceover setting up the premise for an interview, provides a brief monologue of one interview, and then immediately launches into a fictional scene destabilizes the primacy of the recorded interview or primary source material. The direct reference to the interview followed by a dramatic scene shows *Jane's* position as both informative and resistant to established truth(s).

As a director I was interested in highlighting the communal while also punctuating the bleariness of "real" with fiction. I staged *Jane* in a theatrical style meant to call attention to the artifice of the environment. On the intimate black-box stage the actors stepped out of their scenes to directly address the audience and then stepped back into in-progress scenes, blurring the lines between verbatim narrative and fiction. Because the script covers multiple years and the scenes are mostly short vignettes, I decided to use title slides (e.g., "The First Referral, 1965"), projected on the upstage wall, to help give the audience context. My production was minimalist.²⁹ Our set consisted of one platform, a table, and a couple of black cubes (approximately 3 x 3 x 3 feet) that could be moved around, used as chairs, or pushed together to make the medical table. By using projections to announce the scenes and relying on sparse props and costumes, such as the curette and blindfolds, to add punches of realism, I sought to remind audiences that they were in a theater but also that their live presence in the room constituted an active witnessing of these narratives *and* the abortion procedure. Claycomb analyzes the way the move from a single subject toward a wider focus on the collective or the communal implicates the audience as part of the community: "This radical approach to subject formation not only disrupts the empowered status of the subject's authority, but also encourages the integration of the audience into the tenuous sense of community created by the theatrical event itself."³⁰ I agree with Claycomb that the audience can be integrated into the staged oral history and believe that anti-spotlighting is paramount to setting up a space in which such integration is possible.

My directorial goal was to concurrently integrate and distance the audi-

ence, allowing them to think critically about the circumstances of the women staged in front of them. For the abortion scene, I emphasized alienation by juxtaposing the artifice with the actual vis-à-vis the minimalist design elements and the dark, void-like stage.³¹ Staged as far downstage as our space would allow, the abortion scene attempted to include the audience in the surgical procedure, making them witnesses to an intimate event. The actuality of the doctor's medical tools and the presence of the blindfolded patient underscored the vulnerability of the patient. By simultaneously positioning four blindfolded women upstage, I highlighted the theatricality of this event. The presence of numerous blindfolded women created a sense of discomfort, juxtaposing the focus between the medical procedure and the circumstances of the patient(s).

STAGING ABORTIONS AND DISRUPTING DICHOTOMIES

Theater historian Lisa Hagen writes about representations of reproductive women in theater. Although Hagen never addresses differences between documentary and docudrama (this is not the focus of her work), she does explain *Jane's* "unique position in the theatre landscape," positioning it within the category of documentary or verbatim theater by aligning it with plays such as *The Laramie Project* and *God's Country*, while also noting that it "keeps a foot firmly in the realm of more conventional theatre," by which she means dramatic fiction.³² She simultaneously plays up the "docu" or "verbatim" aspect of the play as a "counterpoint" to the other plays about abortion, while also privileging its use of "invented dramatic dialogue" or fiction.³³

Hagen's book focuses on abortion "on or near" the stage, but with the exception of *Jane* the plays in her book (*Fucking A, Keely and Du, The Credeaux Canvas, Mitzi's Abortion, Retrospect for Life, and The Water Children*), and most plays about abortion, place abortion *around* or near, without actually being "on." She cites *Jane* as the play that puts abortion "on" the stage, explaining, "Rather than *referencing* American women's realities, the play [*Jane*] uses a form that attempts to *capture* the reality of specific women. Lived experience is therefore staged in two ways: the abortion act on stage, and the documentary format, which acts as a confrontation."³⁴ Hagen examines *Jane* in relation to six other abortion plays, none of which stage the procedure and none of which are within the documentary genre. Thus, compared to the other plays that focus specifically on abortion, that *Jane* is a docudrama rather than an entirely documentary play is less contextually relevant given that *Jane* is the only one of the plays about abortion to highlight individuals' lived experience. Additionally, were *Jane* an entirely documentary or verbatim play (drawing

material only from primary sources), it would fail to include the abortion act on stage because both of the scenes that stage abortions are fictionalized creations (i.e., reenactments based on the interviews). The abortion act on stage works alongside the narratives of the women to depict a more detailed and complicated presentation of abortion. Both the verbatim narratives of these women *and* the representation of abortion procedures are essential in better developing our understanding of lived experiences.

The *Jane* play includes the staging of two abortions, which serve different functions. The first abortion on stage occurs in Act I, scene 7, during Sunny's monologue (a verbatim interview account). This moment is in some ways a twilight moment, hyphenated between primary source material (by which I mean the oral history accounts—the real words from real people) and fiction (the dramatic enactment, the theatrical envisioning). The moment is a theatrical creation, an imagining of an event that could not be documented in its own time. In what Laura Kaplan labels “a collective memoir” about the Jane Collective, she writes, “The group deliberately kept few records. What we were doing was illegal—details about individual women, highly confidential. In case of a raid, it was essential that documentation be minimal.”³⁵ Kaplan, a member of the collective, emphasizes that her primary source material came from “our [the collective's] recollections.”³⁶ Kamen, like Kaplan, reconstructs the collective's history through interviews that draw on their recollections. As a playwright Kamen adds a visual component: the onstage abortion. The moment is hyphenated not just between “real” and fiction but also between the verbal and the visual, the voice and the body. That such confrontation of the abortion procedure happens for the audience simultaneously through a blending of dramatic reenactment and verbatim interview does not negate or minimize its power. While Sunny describes her experience of finding the Jane Collective and meeting with a Jane representative, the stage directions dictate that Doctor C and Ruth (a member of the Jane Collective) “begin to set up an abortion operation on the other side of the stage.”³⁷ On Sunny's line “So, [a woman] came and took me into the room and explained to me again that I would have to be blindfolded to protect the identity of the doctor,” the stage directions note that a blindfolded patient enters the room and lies down on the bed.³⁸ I staged this scene not only by having the blindfolded patient enter and lie down but by having four other blindfolded women enter and remain standing upstage. The presence of the other blindfolded women served as a reminder that Sunny's experience is not an isolated event. I positioned Sunny on a slightly elevated platform overlooking the doctor and the blindfolded patient (downstage center) as she recounted her experience of the event.

Sunny's monologue is interwoven with the action of the abortion being performed onstage on another woman's body. The blindfolded woman, characterized in the script as "Patient Six," stands in as a symbol both for Sunny's specific experience and also for countless anonymous women's experiences, as is indicated by giving the character a number for a name and by placing other blindfolded bodies onstage. Sunny's monologue, remembering the event in the past tense, is intercut by the dialogue between Doctor C and Patient Six, who are in the height of the event. Although Doctor C technically speaks to Patient Six, the overlap in verbal context creates a perceived dialogue between the doctor and Sunny.

SUNNY: *I told him he was an asshole. I said, "How do you know how this feels?"*

DOCTOR: I just have to make sure it's clean in here so that you don't have any problems.

SUNNY: *You're a man. How do you know what is supposed to hurt and what isn't?" He said, "I'm a doctor.*

DOCTOR: This is for your benefit.

SUNNY: *"I know this stuff."*

PATIENT SIX: I just . . . I gotta get outta here.

SUNNY: *I felt sick. You feel sick afterwards. . . .*³⁹

Recalling an event from her life that happened in the late 1960s in an interview in the early 1990s, Sunny speaks in the past tense, as is indicated by the verbs "I told," "I said," "I felt," "He said." The doctor and Patient Six speak in present tense, because although their scene is set in the late 1960s, as an audience we are meant to feel that we are witnessing the abortion in action. As Sunny recalls the dialogue between herself and the doctor, the doctor completes her sentences in present tense to Patient Six. It is unclear whether the absent closing quotation mark after "I'm a doctor" is the result of a typo or a deliberate choice allowing Sunny's line to blend directly into the doctor's following line, "This is for your benefit." Because Sunny's continued imitation of the doctor, "I know this stuff," opens and closes with quotation marks, it is possible that the prior lack of quotation mark is merely an editing error. However, the lines still work together to allow the doctor to speak to Patient Six, as well as to be an active part of Sunny's memory, reenacting the dialogue that occurred during her own abortion. Staging Sunny just above and behind Doctor C and Patient Six allowed her to appear to be simultaneously inside and outside the scene. She overlooked the doctor and patient, her words intertwined with theirs, but it was not her body on which the abortion was being performed. Despite Sunny's slight spatial removal, the three sentences

between Sunny and the doctor function aurally as part of one seamless utterance: “I’m a doctor. This is for your benefit. I know this stuff.”

The overlaying of verbatim text from Sunny’s interview with the invented yet correlating dramatic reenactment between Doctor C and Patient Six serves multiple functions: it collapses time (allowing the audience to hear about an abortion from the past while witnessing a theatrical enactment in the present); it highlights one woman’s lived experience while also implying the broader commonality of this experience (although it is Sunny’s story, the enactment occurs with another woman’s body, and the larger point is that thousands of women have had similar experiences); it shows the horrific circumstances women had to withstand to obtain illegal abortions (exhibited by both the blindfolds and the manner in which the doctor speaks to the patient); and it forces a visual engagement with the event by depicting a woman in the process of obtaining an abortion (albeit a theatrical one) rather than solely relying on the language of the woman speaking in the past tense about the event. Adding the presence of other blindfolded women onstage further highlights the commonality and the circumstances of many women who obtained illegal abortions.

The second abortion in the play occurs in Act I, scene 9, directly following a scene in which the women in the Jane Collective discover that the “doctors” to whom they were referring women were not, in fact, doctors. While the discovery is terrifying, it is also freeing, as it is accompanied by the realization that they are no longer at the mercy of men who abuse their authority by requesting exorbitant fees or sexual favors in exchange for an illegal abortion, a point Kamen notes in her interview with Hagen.⁴⁰ Act I, scene 8, closes with the women’s recognition of their own autonomy and efficacy:

JANE TWO: . . . What difference does it make who does it [the abortion], as long as the person knows what in the hell they’re doing? They could be anyone: a doctor, a paramedic, or . . .

ROSE: Even a Hyde Park housewife . . . The possibilities are endless.⁴¹

Rose’s final statement, alluding to the Hyde Park housewife as the new potential underground abortionist, leads into scene 9, which takes place in an apartment-cum-operating room with Doctor C, Patient Seven, and two members of the Jane Collective, Jody and Rose. Rose informs the doctor that she has already dilated the patient, and when the doctor expresses surprise at her developing skills, Jody explains that they are learning as much as possible to help minimize his workload due to the high volume of women who need abortions.⁴² After a bit of a power struggle between Doctor C and Jody, the doctor acquiesces and helps teach Jody the procedure:

(He hands curette to JODY, who stares at it with doubt.)
DR. C: (weakening) Here, you scrape around and see if it's clean.
(JODY leans over and motions with curette, as if she is scraping.)
(impatient) Harder, harder. Hold it this way. Pull toward you. You can't be afraid to use your muscles. You can't be so afraid to cause pain that you don't do the job right. . . . O.K. Good.
JODY: (surprised at her own success) Good.
(DR. C takes over procedure and JODY pushes her way back to observe [the] woman.)⁴³

Unlike the previous abortion scene, which focuses on the pregnant woman's experience in obtaining an abortion, this scene focuses on the literal process of administering the procedure. As a director I had some difficulty figuring out how I wanted to stage this scene, and we experimented with a variety of tactics in rehearsals. One of the ideas I toyed with was staging the scene in a nonrealist or hyperstylized manner. I positioned the doctor and Jody on one side of the stage, with the medical equipment and the patient on an entirely different portion of the stage. The doctor and Jody pantomimed with the curette on a nonexistent body, and the patient stood blindfolded and unmoving under a light. Although spatially separating the doctor and patient created an interesting stage picture, I ultimately decided against this. I felt that the purpose of this scene was the unadorned portrayal of the abortion procedure and that overtly stylized staging would be a distraction here. I staged this scene by having the patient lie down with a sheet draped over her knees and positioned the doctor and Jody as though they were actually performing the procedure.

I used simple staging because I believe this scene has straightforward objectives and that the matter-of-fact engagement with the abortion is central to these goals. The purpose of this scene is twofold: it employs candid language about the abortion process (the first half of the scene discusses dilation and curettage, as well as pastes ordered from Sweden for inducing miscarriages), and it shows the process of the women in the collective transitioning from referral service to active agents. The language in this scene is direct and mechanical, much like the language throughout the play as a whole. Hagen describes it as "frank and uncompromising," and Kamen responds that she "never held back in being too 'graphic.'"⁴⁴ Using blunt language about scraping with a curette serves to focus on the abortion as a medical procedure rather than a broader moral concept. The language in this scene is forthright about the actions being performed on the patient's body.

The second purpose of this scene is to reenact how the women from the Jane Collective developed their roles from referral service to abortion practi-

tioners. With a focus on the Jane practitioners, Jody and Rose, and the doctor, who acts as reluctant educator, the patient is somewhat erased even as her body is being highlighted. Patient Seven, blindfolded, never speaks in this entire scene, and Jody and Doctor C work on her body as though it were a car and they mechanics. Doctor C encourages Jody to disregard whether she is causing the patient pain because the job needs to get done “right.” While the first abortion scene highlights the patients’ (Sunny’s and the anonymous women’s) experience, this scene emphasizes the experience of the individuals from the Jane Collective developing into abortion practitioners.

In an effort to showcase the agency of the Jane Collective, the patient remains mute for the entirety of the scene, compromising the portrayal of the agency of the patient as she becomes an object. Despite its other merits this scene creates a problematic dichotomy, ironically underscoring the experience of a member of the collective at the expense of the experience of the patient (the person for whom the collective formed and functioned). While one of the purposes of the abortion acts on stage is to help foreground the women’s lived experiences, the goal is not to foreground one woman while silencing another. Perhaps part of the reason Kamen inadvertently participates in such a dichotomized portrayal is due to the extent to which the entire abortion debate has been laden with divisive rhetoric.

Embodied experience complicates abortion rhetoric, a necessary intervention as the debate over abortion is fraught with complexity and dichotomies. Dichotomies work to further polarize issues, cleanly separating them into either-this-or-that distinctions and erasing acknowledgment of both-this-and-that intricacies. In her article “Sometimes, It’s a Child *and* a Choice: Toward an Embodied Abortion Praxis,” Jeannie Ludlow argues for more nuanced understandings of the vast complexity of differing women’s experiences with abortion. Emphasizing the separation of the fetus and the woman as one such dichotomy, in which the anti-abortion movement co-opts the use of fetal imagery and the abortion rights movement rebuts by deflecting the focus from the fetus and spotlighting the woman’s right to make decisions about her own body, she argues “that the abortion rights activist movement’s reticence to engage in discussions of the fetal body has left the door open for all uses of fetal imagery to be read as anti-abortion.”⁴⁵ The bigger picture, as Ludlow notes, is the role such dichotomies play in the “erosion of our reproductive rights.”⁴⁶ Laury Oaks makes a similar argument, calling on feminist researchers to foster arguments and praxes that regard the fetus as “but one part of a cultural-political reproductive position centered on the complex webs of women’s embodied experiences, social relationships, and individual needs and desires.”⁴⁷

Although the aforementioned scene in *Jane* displays a problematic dichotomy, foregrounding the experience of the Jane Collective instead of the pregnant woman's experience, on the whole Kamen's play avoids participating in simplistic binaries. Kamen follows the trajectory of politically charged theater by making invisible forces of power socially visible through dramatic art. The decision to stage multiple abortions is a highly political move on Kamen's part and is a key component of the push toward public visibility. Kamen's willingness not to hold back on being too graphic helps disrupt the separation of a woman's body and rights from an acknowledgment of the fetus. Act I closes with a woman from the Jane Collective describing the process of inducing miscarriages by breaking the patient's water. Jane Two explains: "*And a, one day, I was, started to, I was trying to break the water bag with forceps, and I reached in and pulled out a little leg, a little foot, and I said, 'Wow, all right, we better go ahead and finish this.'*"⁴⁸ Similarly, Act II opens with another member of the collective, Ruth, being equally candid:

The actual emptying out of the womb was the thing that made us abortionists. All the way up to dilating didn't make any difference. And you couldn't do anything dilating—didn't mean anything at all. Putting a speculum in—giving a shot—you could be doing anything in the whole medical practice—and not be doing an abortion.

*(Did we think) that we were killing babies? (pause) Absolutely.*⁴⁹

The striking image of "a little leg, a little foot" as well as the use of the term "killing babies"—both taken verbatim from interviews—are obvious examples of an amenability on behalf of the women within the collective as well as Kamen to engage with the topic of the fetus as a being. Although necessary, such engagement can feel unsettling because it is laden with risks. Ludlow details the controversy that erupted in response to Catholics for a Free Choice founder Frances Kissling's article "Is There Life after *Roe*? How to Think about the Fetus," in which Kissling argues for *both* respecting the woman's right to make decisions about her body *and* considering the "value of developing human life."⁵⁰ Ludlow notes that the response was "strong and swift," with anti-abortion activist John Mallon arguing that the article was indicative of "Cracks in the Wall" (i.e., flaws in abortion rights advocacy) and abortion rights activists Ellie Smeal (Feminist Majority Foundation) and Susan Hill (National Women's Health Organization) contending that focus on the fetus detracts from focusing on the woman.⁵¹ Smeal further expresses concerns that Kissling's article was co-opted to start internal strife or "in-fighting" among abortion rights activists.⁵² The idea that an acknowledgment of both the woman *and* the fetus will spark infighting implies a kind of pre-

existing uniformity in beliefs among abortion rights activists, an oversimplification at best.

The false notion of uniformity was made glaringly clear to me by my recent attendance at a reproductive rights event. On January 22, 2012, I attended the Santa Barbara Planned Parenthood's thirty-ninth annual *Roe v. Wade* anniversary event. The event featured an introductory speech by Congresswoman Lois Capps and a keynote lecture by sociologist Carole Joffe. Throughout Joffe's speech a woman in the audience screamed comments meant to be statements of energetic assent, such as "It's not a baby it's a parasite," and directly following Joffe's speech a different woman took the microphone to urge us all to stop using the word *abortion*, because she felt that the very word was a disservice to the cause. I felt little to no resonance with these women's views regarding the issue of reproductive rights and its articulation. The notion that using the word *abortion* or so much as acknowledging the fetus as a developing human can be appropriated as evidence of "cracks in the wall" is particularly worrisome at such a precarious point in current policy and legislature on access to legal abortion services.⁵³ The avoidance of candid language about the abortion process fails to strengthen feminist activism for abortion rights and is, in fact, a disservice to the cause. It implies an unwillingness or inability to engage in a discussion about the various complexities and nuances of the issue. Such avoidance perpetuates stigma; it plays directly into the hands of anti-abortion advocates by espousing timidity and shame among abortion rights advocates.⁵⁴

To its credit *Jane* does not simplify the debate, nor does it minimize the gravity that abortion holds for many individuals or the ambivalence it holds for others. Rather, it highlights the reality of a time period in which women, faced with limited options, were forced to obtain illegal abortions and the circumstances that surrounded such an event. Using candid language about the abortion process, including the fetus and its "little leg," is an honest part of this discussion. *Jane's* forthright account about the abortion process, the collective, and the issues women faced before abortion was made legal makes a productive contribution to current political conversations about abortion measures.

FEELING "FACTS": POLITICAL THEATER ON STAGE AND OFF

Senator Jon Kyl's false declaration that abortions comprise 90 percent of Planned Parenthood's work is a deliberate misrepresentation of facts. Claiming that abortion services account for 90 percent of Planned Parenthood's work is a presentation of faux logos that actually functions rhetorically as pathos. The "statistic" is meant to inflame people's outrage about abortion and

motivate them to vote against the funding of an institution for women's health by erroneously depicting it as an abortion factory. According to sociologist Joel Best, who examines how statistics get deployed in political and social debates, as a culture we "fetishize" statistics, regarding them as "powerful representations of the truth."⁵⁵ Kyl's gross numerical inflation plays directly on this fetish. As Best explains, large numbers indicate a large problem, "compelling our attention, concern, and action. . . . Numbers seem to be "hard facts"—little nuggets of indisputable truth."⁵⁶ Although Kyl's large number was undeniably disputable, his wielding of a big number was intentional in his efforts to portray abortion—and specifically Planned Parenthood's services—as a major social problem that warrants attention, concern, and action. Given that abortions amount to 2–3 percent of Planned Parenthood's services, Kyl's depiction undermines and minimizes the *actual* 90-plus percent of their services (e.g., STI/STD testing and treatment, contraception, cancer screening and prevention, prenatal services, etc.).⁵⁷

The problem is that narratives like Kyl's frequently circulate among anti-abortion supporters regardless of accuracy. For example, Laury Oaks examines the politics at play in the anti-abortion campaigns that purport that abortion heightens women's risk for developing breast cancer.⁵⁸ Oaks explains how publishing this information as "scientific fact"—irrespective of contradictory studies and findings—benefits anti-abortion advocates' own political interests because elevating women's fears about breast cancer has the potential to "mobilize voters to lobby legislators to implement anti-abortion policies."⁵⁹ Additionally, under the guise of a public health campaign, in 1996 Christ's Bride Ministries received free ad space to propagate their abortion-causes-breast-cancer message on billboards and buses.⁶⁰ Masking a political agenda composed of unsubstantiated information as a public health service enables anti-abortion advocates to further spread misinformation. Such misinformation affects policy. As Oaks notes, in 2001 eighteen different states established measures necessitating that informed consent procedures include warnings about breast cancer risks.⁶¹ Similarly, on July 24, 2012, South Dakota passed a law that requires doctors to include warnings of suicide risk in informed consent procedures, despite conflicting studies.⁶² As with Kyl's groundless statistic and subsequent erasure of the statistic in the public record, the abortion-causes-breast-cancer campaign and the abortion-correlates-with-suicide informed consent legislation illuminate how fiction is already embedded in the "real" (or how the "real" is already embedded in fiction). Thus, scholars' aforementioned depictions of documentary and docudrama as "antithetical" to each other fail to acknowledge the power that fiction can—and already does—offer the document or pri-

mary source material: the “public health” campaign, the resultant legislation, the Senate speech, the official congressional record, and so on.

Fiction has effects on real-life policy. The derision of docudrama for its incorporation of fiction fails to account for the ways in which fictional stories construct or mold our understanding of abortion. The imaginary holds weight, and thus it stands to reason that some of *Jane’s* strength lies in its format as a docudrama, that it does blend the “real” stories with the hypothetical. The blending of “real” with fiction is a characteristic of docudrama, but it is also already a characteristic of the “real” (and therefore it is a characteristic of primary source material). Kamen takes a strategy already frequently used by anti-abortion activists and inverts it. Rather than imagining the abortion event solely from the perspective of the fetus, Kamen normalizes it as a medical procedure experienced by many and imagines the event from the perspective of the women seeking medical treatment and the women striving to provide that treatment. In *Jane* the procedure of an abortion is theatrically staged, standing in as a representation for the imagined event that, while often unspoken or erased, is actually a very real and fairly normal medical procedure, despite its minimal onstage presence in other plays.⁶³

Given the fervor with which people debate abortion, it is puzzling that abortion tends to lack a stronger presence in theater, documentary or otherwise. Linda Kintz explains that it is curious that abortion, “an intensely private and intimate matter fought over in the most public and violent ways,” has not been more commonly placed in the public forum of the theater, especially since the streets outside clinics have served as public spaces of “militantly theatricalized activism.”⁶⁴ The minimal theatrical representation of abortion is surprising not solely due to the immensely public and theatrical off-stage debates but also because theater typically thrives on heightened stakes, and this issue, regardless of where one’s support lies, fits the bill for heightened stakes.⁶⁵ Hagen’s use of the word *confrontation* is apropos. Abortion—despite being a legal and common medical procedure—is frequently an uncomfortable social topic; viewing a theatrical presentation taps into this discomfort.⁶⁶ Placing abortion on stage confronts the reality that abortion is an actual human experience (one that many audience members may have had) rather than a broader moral, rhetorical debate. Though some may argue that seeing an abortion performed in a theatrical setting is less “real” than the verbatim interviews, such an interpretation privileges the written over the embodied and the recollection over the representation. The abortions in *Jane* are significant moments because they stage a taboo medical procedure—taboo, even now, despite its current legal status. The play takes a stigmatized topic—shrouded

in political rhetoric, infrequently staged—and handles it as a lived experience, a reality for many.

The social and political merit of docudrama in *Jane* is the confrontation of a complex reality layered with imaginative fiction, the use of fiction to fill in the historical gaps of the Jane Collective both by staging accounts of the stigmatized illegal abortion and by representing (through theatrical staging) the unspoken or frequently absent event (the abortion procedure). Privileging an imagined account is already quite common in anti-abortion rhetoric, as anti-abortion activists frequently use such tactics, for example: speaking from the perspective of the fetus verbally or through signs and t-shirts. Peggy Phelan illustrates such activities in her research on the anti-abortion group Operation Rescue, noting the group's adult males "ventriloquizing for the unborn child" through statements like "Mother, please don't murder me."⁶⁷ Similarly, Linda Kintz details her attendance at a Concerned Women for America (CWA) event in Washington, DC. During a ceremonial memorial service for all the aborted fetuses post *Roe v. Wade*, the CWA leaders individually placed roses into an empty crib in front of a sobbing and deeply affected audience.⁶⁸ Kintz describes the young adolescent girl sitting next to her as "limp from the emotional impact" and notes how "the ceremony would define the humanity of the fetus for that twelve-year-old girl in a way that would never again have to be articulated; the 'fact' would be felt in terms of belief that fully engaged her body."⁶⁹ As with the men ventriloquizing for fetuses, the memorial service conducted by the CWA was a highly theatrical event, a symbolic reimagining of living and breathing (and in the ventriloquists' case speaking) babies that never were born (babies that are, by the way, always imagined to be future presidents or curers of cancer, but never imagined to be future Planned Parenthood workers).⁷⁰ This imaginative fiction works to bolster one's beliefs through the power of pathos, or as Kintz explains, the issue's "facts" are now "felt." The CWA rally and the Operation Rescue protests create their own form of docudrama. Both groups blend the "real" (the fact that some women have abortions) with the imagined (the imagined life of the unborn babies). Rather than imagine the life of the unborn baby post-*Roe v. Wade*, *Jane* imagines the circumstances of the women obtaining illegal abortions pre-*Roe v. Wade*. The play also imagines the formation of a collective of women who helped other women obtain the medical care that they needed. The hybridization of fiction in conjunction with the documentary accounts is an attempt to simultaneously honor and disrupt the idea of lived experience. As a docudrama *Jane* works in opposition to a performance such as the CWA's rose-in-crib rally, by using a blend of historical dramatic reenactment and verbatim interviews to make a different set of "facts" (or individuals' narratives and experiences) felt.

A FINISHED YET ONGOING EVENT?

It was several months after *Roe v. Wade*'s passage that Illinois's legal and medical infrastructure caught up to enable abortion access consistent with the ruling's terms.⁷¹ On March 9, 1973, the case against the seven Jane members who had been arrested in May 1972 was dropped.⁷² But because of the ruling's language, members of the collective remained concerned about women's access to (and treatment during) abortion. As Kaplan notes, "*Roe v. Wade*, written emphatically in terms of physician's rights, not women's rights, revalidated the medical profession's control of women's reproductive health."⁷³ Many women in the collective worried about the (mis)treatment women might receive at the hands of medical professionals, if indeed they were able to access services at all. While some members wanted to keep the organization running, ultimately the women recognized that it was too dangerous to maintain services once legal clinics were in operation, so the Jane Collective disbanded.⁷⁴

Dawson implies that documentary theater typically occurs in response to a finished event. He explains that before an event can be staged and interpreted, "the full consequence of the event must be known."⁷⁵ Although the Jane Collective is no longer an operating group, the full consequence of the reproductive rights debate cannot be known. The battle over reproductive rights remains intensely ongoing. *Jane* holds up a mirror to an important historical moment, allowing us to reimagine the lives and experiences of women at a time when abortion was illegal. The unspoken yet powerful implications of this play demand that we not only imagine the past but also consider the ramifications of a future in which *Roe v. Wade* is overturned or abortion access is further restricted. The imagined future seems none too distant given the state of current politics.

The intensity of the abortion debates, in conjunction with the rapidity and frequency with which anti-abortion laws are propagated, reminds us that the docudrama *Jane* has an important contemporary message, one that need not be ignored because of form. The debate over docudrama as a valid form is similar to the longstanding feminist critiques about what and who count as credible. The dismissive treatment of the medium for not adhering to prescriptive unities rings similar to scientific notions about objectivity or anthropological critiques about feminist writings and form.⁷⁶ Feminist theater practitioners can disrupt or destabilize such a hierarchy of forms. Acknowledging the merits of employing a docudrama form or a hybridized style of interview-primary source material and imaginative fiction, a docudrama such as *Jane* offers a unique opportunity, allowing the audience to simultaneously experience a version of the "real" alongside the fictive and to think about the broader

implications of both. Given the limited representations of abortion narratives in theater, and the general absence of abortions on stage, *Jane* makes a vital pedagogical and theatrical intervention.

NOTES

1. Louis Jacobson, "Jon Kyl Says Abortion Services Are "Well Over 90 Percent of What Planned Parenthood Does," *Tampa Bay Times*, Apr. 8, 2011, <http://www.politifact.com/truth-o-meter/statements/2011/apr/08/jon-kyl/jon-kyl-says-abortion-services-are-well-over-90-pe/>.

2. "For statistics see 2010 Annual Affiliate Service Census Report," Planned Parenthood Federation of America Inc., http://www.plannedparenthood.org/files/ppfa/pp_Services.pdf (accessed Sept. 17, 2011).

3. Eyder Peralta, "Sen. Jon Kyl Corrects Erroneous Statement on Planned Parenthood," NPR, Apr. 22, 2011, <http://www.npr.org/blogs/thetwo-way/2011/04/22/135641326/sen-jon-kyl-corrects-erroneous-statement-on-planned-parenthood>; Ben Smith, "Kyl Statement Stricken from the Record," *Politico*, Apr. 22, 2011, http://www.politico.com/blogs/bensmith/0411/Kyl_statement_stricken_from_the_record.html.

4. Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (Piscataway: Rutgers University Press, 2002), 6; Julie Enszer, "One Jane's Poems: Writing Our Herstory, Living Our Future," *Off Our Backs* 36, no. 2 (2006): 55.

5. Morgen, *Into Our Own Hands*, 5-6.

6. Paul Arthur, "Jargons of Authenticity (Three American Moments)," in *Theorizing Documentary*, ed. Michael Renov (New York: Routledge, 1993); Attilio Favorini, *Voicings: Ten Plays from the Documentary Theatre* (Hopewell: Ecco Press, 1995); Derek Paget, *True Stories? Documentary Drama on Radio, Screen, and Stage* (Manchester: Manchester University Press, 1990).

7. Carol Martin, "Living Simulations: The Use of Media in Documentary in the UK, Lebanon and Israel," in *Get Real: Documentary Theatre Past and Present*, ed. Allison Forsyth and Chris Megson (New York: Palgrave Macmillan, 2009); Janelle Reinelt, "The Promise of Documentary," in Forsyth and Megson, *Get Real*.

8. Gary Fisher Dawson, *Documentary Theatre in the United States: An Historical Survey and Analysis of Its Content, Form, and Stagecraft* (Westport: Greenwood Publishing Group, 1999), 32.

9. Dawson, *Documentary Theatre in the United States*, 161.

10. Will Hammond and Dan Steward, *Verbatim Verbatim: Contemporary Documentary Theatre* (London: Oberon Books, 2008), 152.

11. Eric Bentley, "Writing for a Political Theatre," *Performing Arts Journal* 9, nos. 2-3 (1985): 51-52.

12. Bentley, "Writing for a Political Theatre," 51.
13. In an interview with Lisa Hagen, Kamen notes the challenge she faced to portray the history of the collective accurately while also dealing with minimal documentation or published information about the collective. Lisa Hall Hagen, *Examining the Use of Safety, Confrontation, and Ambivalence in Six Depictions of Reproductive Women on the American Stage, 1997–2007: Staging "the Place" of Abortion* (Lewiston: Edwin Mellen Press, 2010), 377.
14. I asked Kamen if I could include information about her process collecting interviews, and she emailed me with details. This information comes, with Kamen's permission, from our email exchange.
15. Dawson describes oral history interviews as "documents *about* the past as opposed to film clips, letters, or reports, which are documents *from* the past" (*Documentary Theatre in the United States*, 108).
16. David Román, *Acts of Intervention: Performance, Gay Culture, and Aids* (Bloomington and Indianapolis: Indiana University Press, 1998), xxvi.
17. Román, *Acts of Intervention*, xxiv.
18. The monologues have been published by Smith & Kraus in *The Best Women's Monologues 1999* and *The Best Stage Monologues 1999*.
19. Paula Kamen, "Jane Play and Student Guide," www.paulakamen.com (accessed Nov. 29, 2010). *Jane* has been performed in staged readings at Winona State University (2003), Northeastern Illinois University (2004), George Washington University (2006), the University of North Carolina (2009), and Saint Mary's University Women's Center (2010). In addition to staged readings, campuses such as Florida State University (2003) and the College of William and Mary (2003, 2005, and 2007) have mounted full productions.
20. In many ways *Jane* is not a play for so-called theater people. Its primary purpose is activism and outreach. Thus, the criticisms that theater scholars would have about a play like *Jane* are not necessarily as relevant for the context in which *Jane* gets produced. (E.g., I produced this production for a Planned Parenthood event.)
21. "Values: Marriage, Family, Life," Romney for President, Inc., <http://www.mittromney.com/issues/values> (accessed Jan. 5, 2012).
22. Intellectually embodied performance is a feminist-oriented process informed by theories from Bertolt Brecht (emphasis on intellectual engagement), Augusto Boal (emphasis on process), and Konstantin Stanislavski (emphasis on research). Directors such as Katie Mitchell emphasize this in their work. Katie Mitchell, *The Director's Craft: A Handbook for the Theatre* (New York: Routledge, 2009).
23. Six of the cast members were not actors. We held auditions for the play in conjunction with the auditions for the *Vagina Monologues*. Two of my former students, Angela Chandra and Sevasti Travlos, were involved in directing the *Vagina Monologues*. *Jane* and the *Vagina Monologues* drew the attention of women from depart-

ments outside of theater, and we were able to incorporate women into the cast from various fields such as feminist studies, biology, psychology, etc.

24. Liz Stanley, *The Auto/Biographical I: The Theory and Practice of Feminist Auto/Biography* (Manchester: Manchester University Press, 1992), 250.

25. Elaine Aston, *Feminist Theatre Practice: A Handbook* (New York: Routledge, 1999), 161.

26. Ryan M. Claycomb, "(Ch)Oral History: Documentary Theatre, the Communal Subject and Progressive Politics," *Journal of Dramatic Theory and Criticism* 17, no. 2 (2003): 109.

27. Claycomb, "(Ch)Oral History," 109.

28. Paula Kamen, *Jane: Abortion and the Underground* (n.p., 2004), 6. Kamen uses italics to indicate lines that are verbatim from interviews or other documents, a point she makes clear in her "Playwright's Note" (2). In an effort to further emphasize the multivocality, the production I directed opened with all the women on stage. Following Crystal's response, the rest of the ensemble echoed her in unison, "Yes, you have my permission to tape this." My hope was to highlight the multiplicity of voices and to reiterate that these stories reflect the experiences of many and do not belong to one.

29. Due to budgetary constraints we were only able to afford the theater space for the two evenings that we had performances. As we worked creatively within financial limitations, our rehearsals took place in alternate locations, and I made staging decisions that heightened theatricality but relied on few set pieces, props, and light and sound cues.

30. Claycomb, "(Ch)Oral History," 95.

31. The alienation effect, also known as *Verfremdungseffekt*, is a theatrical concept conceived by Bertolt Brecht "which prevents the audience from losing itself passively and completely in the character created by the actor, and which consequently leads the audience to be a consciously critical observer." Bertolt Brecht, *Brecht on Theater: The Development of an Aesthetic*, ed. John Willett, trans. John Willett (New York: Hill and Wang, 1964), 91. By staging the abortion as close to the audience as possible, I sought to integrate them into the event, but by placing multiple blindfolded women upstage, I simultaneously sought to distance the audience so that they could be critical observers of the event.

32. Hagen, *Examining the Use of Safety*, 296.

33. Hagen, *Examining the Use of Safety*, 296.

34. Hagen, *Examining the Use of Safety*, 287.

35. Laura Kaplan, *The Story of Jane: The Legendary Underground Feminist Abortion Service* (Chicago: University of Chicago Press, 1995), xviii.

36. Kaplan, *Story of Jane*, xviii.

37. Kamen, *Jane*, 47. The page numbers here correspond to the "medium version" of the play. This merits notation because there are multiple versions of the text, a point I will expand upon later.

38. Kamen, *Jane*, 48.
39. Kamen, *Jane*, 49.
40. Hagen, *Examining the Use of Safety*, 381.
41. Kamen, *Jane*, 58.
42. Kamen, *Jane*, 59.
43. Kamen, *Jane*, 61–62.
44. Hagen, *Examining the Use of Safety*, 382.
45. Jeannie Ludlow, “Sometimes, It’s a Child *and* a Choice: Toward an Embodied Abortion Praxis,” *NWSA* 20, no. 1 (2008): 32, 37.
46. Ludlow, “Sometimes, It’s a Child *and* a Choice,” 26.
47. Laury Oaks, “Irish Trans/National Politics and Locating Fetuses,” in *Fetal Subjects, Feminist Positions*, ed. Lynn M. Morgan and Meredith W. Michaels (Philadelphia: University of Pennsylvania Press, 1999), 192.
48. Kamen, *Jane*, 63.
49. Kamen, *Jane*, 65.
50. Ludlow, “Sometimes, It’s a Child *and* a Choice,” 29.
51. Ludlow, “Sometimes, It’s a Child *and* a Choice,” 29–30.
52. Ludlow, “Sometimes, It’s a Child *and* a Choice,” 30.
53. Despite the Supreme Court’s 1973 *Roe v. Wade* ruling, many states’ policies continue to severely limit and control women’s access to abortion. There are numerous organizations and websites that detail the abortion restrictions enacted in 2011. Several resources include NARAL, the Guttmacher Institute, the *Washington Post*, and NPR. See “Key Findings: Threats to Choice,” NARAL Pro-Choice America, <http://www.prochoiceamerica.org/government-and-you/state-governments/key-findings-threats-to-choice.html> (accessed Oct. 17, 2012); “State Policies in Brief: An Overview of Abortion Laws,” Guttmacher Institute, http://www.guttmacher.org/statecenter/spibs/spib_oal.pdf (accessed Oct. 17, 2012); Sarah Kliff, “2011: The Year of the Abortion Restrictions,” *Washington Post*, Dec. 29, 2011; Sarah Kliff, “2012: Another Record Year for Abortion Restrictions?,” *Washington Post*, Mar. 7, 2012; Julie Rovner, “New Restrictions on Abortion Almost Tied Record Last Year,” NPR, Jan. 19, 2012, <http://www.npr.org/blogs/health/2012/01/19/145465011/new-restrictions-on-abortion-almost-tied-record-last-year>.
- Joffe describes 2011 as “the year of the war on women,” explaining that in 2011 there was an introduction of over 1,100 anti-abortion bills, 135 of which passed. Although only 10 percent of these bills passed, that over 1,100 were introduced shows the extensive amount of time, money, and energy being funneled into restricting abortion access. Carole Joffe, *Dispatches from the Abortion Wars: The Costs of Fanaticism to Doctors, Patients, and the Rest of Us* (Boston: Beacon Press, 2009).
54. Feminists should address rather than avoid these complexities. For a noteworthy engagement with the complicated rhetoric and issues that arise in the abortion

debates, see Jeannie Ludlow, "Abortion Witness: Abortion-Positive Thoughts and Questions from Someone Who Has Been There," Blogspot, <http://abortionwitness.blogspot.com/> (accessed Oct. 17, 2011).

55. Joel Best, *Damned Lies and Statistics: Untangling Numbers from the Media, Politicians, and Activists* (Berkeley: University of California Press, 2001), 160.

56. Best, *Damned Lies and Statistics*, 17.

57. "2010 Annual Affiliate Service Census Report."

58. Laury Oaks, "The Politics of Health Risk Warnings: Social Movements and Controversy over the Link between Abortion and Breast Cancer," in *Risk, Culture, and Health Inequality: Shifting Perceptions of Danger and Blame*, ed. Barbara Herr Harthorn and Laury Oaks (Westport: Greenwood Publishing Group, 2003), 82.

59. Oaks, "Politics of Health Risk Warnings," 85.

60. Oaks, "Politics of Health Risk Warnings," 86.

61. Oaks, "Politics of Health Risk Warnings," 82.

62. Kristi Eaton, "Federal Appeals Court: South Dakota Doctors Must Warn Women Seeking Abortions of Suicide Risk," *StarTribune*, July 24, 2012.

63. According to the Guttmacher Institute's statistics on abortion in the United States, nearly 50 percent of American women's pregnancies are unintentional, and four out of ten of these pregnancies are terminated through abortion. "An Overview of Abortion in the United States," <http://www.guttmacher.org/media/presskits/2008/01/12/abortionoverview.html> (accessed Sept. 9, 2011).

64. Linda Kintz, "Chained to the Bed: Violence and Abortion in *Keely and Du*," in *Staging Resistance: Essays on Political Theater*, ed. Jeanne Colleran and Jenny S. Spencer (Ann Arbor: University of Michigan Press, 1998), 187.

65. "Raising the stakes" is a concept theater artists (actors, directors, playwrights) use to discuss escalating conflict and dramatic intensity within their work. The idea is that greater conflict or heightened stakes create more engaging theater. See Jeffrey Hatcher, *The Art and Craft of Playwriting* (Cincinnati: Story Press, 1996), 15–17, 19, 44, 63, 75; Jon Jory, "Raising the Stakes: Please Pass the Hot Sauce," Educational Theatre Association, Sept. 2000, <http://schooltheatre.org/Publications/featuredarticles/Raisingthestakes>.

66. On her blog site *Abortion Witness* professor and reproductive rights advocate Jeannie Ludlow details the various complexities related to discussions about abortions. One theme that emerges in her writing is navigating the discomfort of the topic of abortion. In her June 27, 2011, blog post entitled "Abortion: A Motherhood Issue," Ludlow acknowledges that her use of the term *baby* "makes many pro-choice activists uncomfortable." In her July 20, 2011, blog post, "Talking about the Babies: Saying 'Things We Cannot Say,'" Ludlow again tackles the discomfort of the term *baby*, along with the uneasiness of discussing death: "it is hard for abortion providers and activists to talk about babies in the context of abortion. We all know that an unborn child dies

in each abortion. . . . The majority of people (even those who identify as ‘pro-choice’) are uncomfortable talking about death. Add this to the way abortion-rights opponents have long invoked death to condemn abortion and you have a perfect recipe for silencing people.” Her blog post on July 25, 2011, “Talking Civilly about Abortion,” details her experience attending the SisterSong Women of Color Reproductive Justice Collective conference in Miami Beach. Ludlow notes how “cultural norms and expectations about sex and sex education set us all up to be uncomfortable talking about reproduction, generally, and abortion, specifically.” See Ludlow, “Abortion Witness.”

67. Peggy Phelan, *Unmarked: The Politics of Performance* (London and New York: Routledge, 1993), 131–32.

68. Kintz, “Chained to the Bed,” 196.

69. Kintz, “Chained to the Bed,” 196–97.

70. This is a common trope in anti-abortion rhetoric. For example, in Apr. 2010, following Oklahoma’s passage of a law that requires doctors to show a woman requesting an abortion an ultrasound of her fetus, Oklahoma senator Todd Lamb stated in an interview, “Maybe someday these babies will grow up to be police officers and arrest bad people, or will find a cure for cancer.” See James C. McKinley Jr, “Strict Abortion Measures Enacted in Oklahoma,” *New York Times*, Apr. 27, 2010.

71. Kaplan, *Story of Jane*, 276.

72. Kaplan, *Story of Jane*, 277.

73. Kaplan, *Story of Jane*, 275.

74. Kaplan, *Story of Jane*, 279.

75. Dawson, *Documentary Theatre in the United States*, 168.

76. Lila Abu-Lughod, “Can There Be a Feminist Ethnography?” *Women and Performance: A Journal of Feminist Theory* 5, no. 1 (1990): 7–27; Ruth Behar and Deborah A. Gordon, “Introduction: Out of Exile,” in *Women Writing Culture* (Berkeley: University of California Press, 1995); Donna Haraway, “Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective,” *Feminist Studies* 14, no. 3 (1988): 575–99.

ANNIKA C. SPEER is a doctoral candidate at University of California, Santa Barbara, in the Department of Theatre and Dance, with an emphasis in feminist studies. Speer is the recent recipient of the 2012–13 American Association of University Women (AAUW) Dissertation Fellowship. She would like to thank the AAUW and Paula Kamen for their help in making this article possible.

MYTHELI SREENIVAS is associate professor of history and women's, gender, and sexuality studies at The Ohio State University. Her research and teaching focus on women's and gender history, sexuality and the family, colonialism and nationalism, and the cultural and political economy of reproduction. Her book *Wives, Widows, and Concubines: The Conjugal Family Ideal in Colonial India* (2008) was awarded the Joseph Elder Prize in the Indian Social Sciences from the American Institute of Indian Studies. She is currently working on a book about the intertwined histories of population and reproduction in India, tentatively titled "Counting Indians: Population and the Body Politic, 1800–1970."

RICHARD F. STORROW, professor of law at the City University of New York, brings human rights and social justice perspectives to his comparative research on the regulation of assisted reproduction. His recent articles have explored the legal dimensions of cross-border reproductive care, the use of the proportionality principle by European courts reviewing restrictions on assisted reproduction, and how the regulation of international commercial surrogacy in some countries is resurrecting illegitimacy classifications. During the fall of 2010 he was a Fulbright Scholar to Spain, where he conducted research on the development of the Spanish law of human assisted reproduction.

CHIKAKO TAKESHITA is associate professor of women's studies at the University of California, Riverside. She is the author of *The Global Biopolitics of the IUD: How Science Constructs Contraceptive Users and Women's Bodies* (2012). Takeshita's work is informed by science and technology studies (STS) and feminist studies. She has published articles in biodiversity prospecting and indigenous resistance, contraceptives and reproductive rights, and feminist research methodology in STS. She is currently working on her second book, which will investigate the heterogeneous discourses around cesarean section childbirth, and various articles on reproductive health, as well as environmental feminism.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.