Spring 2014

The Embattlement of Reproduction: Exploring the Contemporary Pro-Life Movement as Embodied in Crisis Pregnancy Centers

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The Embattlement of Reproduction:
Exploring the Contemporary Pro-Life Movement as Embodied in Crisis Pregnancy Centers

Project Submitted to
The Division of Social Studies
of Bard College

by
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Annandale-on-Hudson, New York
May 2014
Acknowledgements

My eternal gratitude:

To MB, sis, and dad for always being there to help me grow

To Roomz—I finally found my soul sister. Here’s to three more years

To my informants, for letting me into your world and opening my eyes

To Mario, Peter, and the Anthropology & Human Rights Departments for helping me find my path

To Diana, for inspiring me with every word and always reminding me to breathe.

I can’t thank you all enough.
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Abstract

My senior project examines the contemporary pro-life movement through its embodiment in three Crisis Pregnancy Centers located within the New York City metropolitan area. The first chapter presents a brief history that chronicles how abortion became such a morally decisive issue. Following this, I use the previous writing of Kristen Luker (1984) and Faye Ginsburg (1989) to develop a portrait of the abortion debate as it existed during the end of the 20th century. I introduce my research locations and include a brief description of my methodological process. My second chapter establishes the theoretical frameworks that I am utilizing in this project. Here, I use third wave feminist theory to discuss whether or not such a diverse theoretical approach can accommodate identities that clash with it, such as self-identified pro-life feminists. I also include a brief discussion on collective identity and social conflict theory to look more closely at the dynamic between pro-life and pro-choice groups. In my third chapter, I delve into a discussion on fetal rights as an extension of human rights. This chapter grapples with the fundamental issue of conflicting and incompatible rights. Here, I discuss reproductive technology, the emergence of the fetus as a subject, the former fetal person versus the new fetal citizen, and the implications that this holds for human rights as a discipline and praxis. My fourth, fifth, sixth, and seventh chapters are comprised of the findings from my interviews. Following the interview chapters, I hypothesize on where the pro-life movement may be going and whether there is any hope for progress in resolving the conflict.
Introduction

The seed for what would later become this project was planted in my mind in the spring of 2012 as I was sitting on an overstuffed couch in the Teen Clinic at Planned Parenthood. I had been working with the Teen Clinic for a few months by then, but this day stood out from all of the rest. That was because today was the first really beautiful day of spring. The blue skies and warm sun had the streets abuzz with activity. Citizens of the small Upstate New York town were out enjoying the weather, stretching their legs and stopping to catch up with one another after the hard winter that had kept them locked indoors. Among those out enjoying the beautiful day were a group of protesters standing just beyond the fence that surrounds the Planned Parenthood office, the very first group of protesters that I had seen there. Though I was already aware that there was some kind of conservative group across the street housed in a rundown shack, this was the first time that I had seen them cross the busy street to picket, standing only a few yards away from where I was sitting and observing them curiously.

As I peered out of the window, straining to get a good look at the group of middle-aged protesters, I realized fully for the first time that the abortion debate was truly a war being waged from both sides. Having grown up in such a diverse, liberal environment, I had never laid eyes on a pro-life picketer until this very moment. I had only ever seen the pro-choice rallies with the eclectic crowds donning their startlingly pink “I stand with Planned Parenthood!” t-shirts. Once I started badgering my boss with questions about the pro-life group, I could not stop. I was insatiably for information about them. I wanted to know every thing about this new, foreign world that I had only ever read about in the newspapers or heard mentioned disparagingly by my friends and family. That day I learned about the Crisis Pregnancy Center right next door to the
Planned Parenthood where I helped teens fill out their daunting paperwork in preparation for their appointment or gave informal sex education workshops and contraceptive demonstrations, unaware that only a few hundred feet away someone in the building next door was giving the exact opposite tutorials. That day I started mentally grappling with the questions that would set this project rolling a few years later.

Crisis Pregnancy Centers, otherwise referred to as Pregnancy Resource Centers, are pro-life organizations that provide free services to women facing unplanned pregnancies in an attempt to persuade them against having an abortion. The basic tenet of these centers is that women are choosing to terminate their pregnancies because they do not have the financial resources or support systems to provide for themselves or their future children. Therefore, if the economic and social obstacles that are inhibiting women from choosing to parent are removed, Crisis Pregnancy Center’s believe that the vast majority of women will no longer feel compelled to abort. In this conception, abortion is thus a symptom of a greater issue—namely, society’s failure to provide for women in need or give special consideration to pregnant women. These centers are often religiously affiliated and are sponsored by national pro-life organizations. The publicized methods that Crisis Pregnancy Centers have used in the past to dissuade women from choosing abortion have been dubious and morally questionable. These practices have come under both media and governmental scrutiny in recent years and have been criticized as unethical and underhanded.

Crisis Pregnancy Centers have received immensely negative public attention through the media, pro-choice organizations, and even the government. They have been surrounded by controversy, especially in the face of the publication of several damaging investigations. Perhaps the most notable example of this is a report issued in 2006 by the Special Investigations Division
of the Committee on Government Reform within the United States House of Representatives entitled “False and Misleading Information Provided by Federally Funded Pregnancy Resource Centers”. Through an investigation conducted at California Representative Henry Waxman’s (D) request, 25 Crisis Pregnancy Centers that had received federal funding under the Bush Administration were contacted by undercover members of his investigation team posing as pregnant teenagers requesting information about abortion. The report found that in order to attract “abortion vulnerable clients” (Waxman 2006:2), Crisis Pregnancy Centers would mask their pro-life and/or religious affiliations through many dubious methods. These include advertising under ‘Abortion Services’ in the phonebook, purchasing advertisement on Internet search engines under keywords such as “abortion” and “abortion clinic”, and using the language of “pregnancy options” and “choices” in order to obscure their anti-abortion commitment (Waxman 2).

The investigation found that 87 percent of the centers—20 out of 23—provided “grossly inaccurate or distorted” information to the callers (2006:6). The majority of the false information fell under three broad areas: first, the supposed relationship between abortion and breast cancer; second, the supposed relationship between abortion and infertility; and third, the supposed relationship between abortion and mental illness (2006:6). The centers that Waxman investigated seemed to substantiate their claims with completely invented, arbitrary figures. One center stated the risk of developing breast cancer after an abortion “can increase 80 percent depending upon how the risk factors fall into place” (2006:8). Representative Waxman concluded that “their tactics may be effective in frightening pregnant teenagers and women and discouraging abortion but it denies teenagers and women vital health information, prevents them from making an informed decision, and is not an accepted public health practice” (2006:18). This report, and
others like it, were obviously devastating for the pro-life movement and Crisis Pregnancy Centers. To recover from such systematic condemnations from many well-respected sources required a complete revitalization of the movement in order to regain some of its lost legitimacy.

Crisis Pregnancy Centers occupy a tense space in the American mind. The widespread criticism of their unscrupulous tactics has influenced the way they are perceived, even for those who identify as pro-life. As one journalist stated, Crisis Pregnancy Centers are “the foot soldiers in the war against women” (Bancroft 2013:1). There are an estimated 2,500 Pregnancy Resource Centers involving more than 40,000 activists in the United States (Belluck 2013:1), as compared to a startlingly low 724 remaining abortion providers (Keller & Yarrow 2013:1). The representations of Crisis Pregnancy Centers in the mainstream media and in academic writing have been overwhelmingly critical and highly partisan. Through my project, I hope to gain insight on the other, underrepresented side of the debate—those who are actively engaged in campaigning for the fetuses right to life. I plan to research the ways in which those who volunteer their time at Crisis Pregnancy Centers see their involvement in the pro-life movement as a whole. I am interested in how pro-life community coexists, clashes, and negotiates seemingly insurmountable, innate conflicts with other opposing groups such as the pro-choice community and the political left.

As someone who was raised in a large, liberal town with ardently pro-choice parents, I was never able to comprehend the other side of the abortion argument. It was baffling to me that there even was opposition to a woman’s right to choose. The pro-life community seemed completely foreign; an intangible and far-away entity that only existed in remote, religious towns in Middle America or the Bible Belt. I had never even met someone who publically identified as pro-life until I was nineteen years old. It was only after coming into contact with the Crisis
Pregnancy Center in upstate New York that my interest in seeing things from the other side of the debate was truly ignited. While I worked at the Teen Health Clinic located in the Planned Parenthood office in this town, I saw seemingly normal people going in and out of the center every day. Watching these completely unassuming employees going to and from their nine-to-five jobs every day humanized the issue in a way that triggered me to think critically about a subject that was always, for me, cut and dry. I could no longer think of the pro-life community and all the various physical manifestations of it (such as Crisis Pregnancy Centers) as simply the abstract enemies that existed for the sole purpose of antagonizing what I thought of as the logical campaigners for women’s rights. Once I saw the faces of those abstract enemies, I began to realize that the issue must be infinitely more complex than I had once assumed. My goal in writing this senior project is to gain a deep, personal knowledge about the opposing side of an issue that I am very passionate about and involved with—to study the ‘other’ of the pro-choice abortion debate. My greatest personal challenge in this endeavor is moving away from my highly critical and partisan position, which I still hold, to a position and set of questions that will enable me to see the other side of the issue for what it truly is, rather than just conceptualizing of it as the antagonistic adversary of the pro-life movement. I hope to gain insight into the lived experience of those campaigning against the right to choose.

This senior project is a joint endeavor that combines the disciplines of Anthropology and Human Rights. It seeks to explore the contemporary pro-life movement through the lens of Crisis Pregnancy Centers and investigate how the movement has been influenced by the political, social, and cultural atmosphere of American society. Anthropological fieldwork methods offer the chance to personalize the abortion debate by collecting personal narratives to integrate into the theoretical, impersonal conversation. Additionally, anthropological theories on collective
identity and social conflict hold great weight for exploring the contemporary pro-life movement. The issue of abortion and Human Rights is highly complex because the two groups campaigning in the abortion debate are arguing over conflicting, irreconcilable interpretations of rights. Any progress made towards the rights of one entity—the woman or the fetus—is a diminishment of the rights of the other. Exploring the abortion debate through these two disciplinary lenses reveals its immensely convoluted, subjective nature.

I am using two foundational texts written on the abortion debate from the mid- to late 1980s as the primary baseline from which I aim to gauge how the contemporary movement has changed since their publication. These texts are Kristen Luker’s *Abortion and the Politics of Motherhood* (1984) and Faye Ginsburg’s *Contested Lives: The Abortion Debate in an American Community* (1989). Both of these immensely important works argue that views on abortion are irrevocably tied to several other moral considerations such as sexual behavior, family life, traditional gender roles, and personhood.

Through my own research, I hope to find out the reasons why people *today* are becoming involved in the pro-life community and if those reasons have changed from those of the past, such as the reasons identified by Ginsburg and Luker. I would like to investigate whether religion and political orientation, the two factors that have conventionally been cited as the most predictive forces for an individual’s opinion about abortion, remain significant driving forces today. Ultimately, I want to find out whether the intensification of the political right in recent years, as well as its intimate connection to religion, has had any effect on the contemporary discourses of the pro-life movement. I hope to understand the motivating factors that draw participants to their pro-life organizations and to gain further insight on the complexities inherent in their task of attempting to enforce the rights of an entity incapable of speaking for itself.
Since Faye Ginsburg and Kristen Luker published their pivotal works on the abortion debate in 1984 and 1989 respectively, there have been eight targeted murders of individuals affiliated with abortion clinics that were committed by pro-lifers. There have also been nine attempted murders, at least 194 instances of bombings and arson since 1984 when Luker’s text was published and 133 instances since Ginsburg’s, and 654 anthrax letter threats (National Abortion Federation, 2014). Suffice it to say, the abortion landscape has changed significantly since these two portraits of the pro-life movement were published. Attempting to forge middle ground between the two sides of the debate is even more crucial now because there is so much at stake. The exponential escalation of violence since the mid- to late 1980s texts calls attention to the radicalization of certain sects of the pro-life movement. The militant-minded anti-abortion groups such as Operation Rescue* and the Army of God have received a torrent of media coverage since the violence and their continued association with the larger pro-life movement as a whole has posed a public relations disaster. The contemporary pro-life movement, I believe, is one that is actively attempting to distance itself from its negative reputation in mainstream media outlets and the American mind, due in part to the anti-abortion violence committed in the name of the unborn. The pro-lifers that I encountered while conducting my research in Crisis Pregnancy Centers described a movement in flux, evolving and adapting in response to heavy criticism.

Each word of this project has been written and rewritten until I was finally able to locate my nonpartisan voice. There are undoubtedly moments in this text where my bias bleeds through, despite how hard I have tried to move from my derisive starting position to one of openness. Some of the words that were used to describe the writing that I produced during the

* The original Operation Rescue organization is now known as Operation Save America.
very early stages of this project were “polemical”, “argumentative”, and “contemptuous”. In my categorical slander of the anti-abortion movement, I was just as much of a zealot as I ignorantly painted all pro-lifers to be. Dogma is dogma, regardless of which side of the political spectrum it falls on. The discourse that I have entered into through writing this project has aids me in nuancing my own opinions while simultaneously helping me to foster a deep respect for the opinions of those who I may disagree with. In speaking with my informants, their passion for women and for their work left me grounded. The abortion debate is so polarizing because its significance extends far past the isolated act of ending a pregnancy.

To quote Luker in the introduction to her own text, “Some very large proportion of the people who open this book will have already made up their minds on the abortion issue. They will have opened it because they search for new ammunition to confront their opposition to or to persuade the uncommitted” (1984:xiv). This project is not intended to provide ammunition or to persuade. Through this project, I aim to piece together a small and intrinsically partial portrait of the contemporary pro-life movement, as it manifests through Crisis Pregnancy Centers in the New York City metropolitan area. This portrait is reliant on the voices of those who are actively involved in the debate. In constructing this project, I hope to foster multi-vocality and diversity that refuses efforts to be streamlined or disentangled. The contemporary pro-life movement and those actively involved with it are complicated—like all humans and human movements— and thus, reject efforts to consolidate them for the sake of simplicity or easy consumption. Though mainstream media paints the entire movement as the embodiment of simple-minded conservatism or as completely static, crazed zealots, the individuals that I met through my interviews were dynamic and abstruse; they contradicted themselves and their movement; they were at times both surprisingly liberal and anachronistically conservative; sometimes they spoke
eloquently and other times they fumbled with their words. Essentially, they were like the rest of us—inextricable and forever in transformation.
Chapter One

Subject and Scope

A historical analysis of abortion is remarkable in that it was such a publically unremarkable issue for hundreds of years. Only in very recent history has abortion been an issue that features prominently and problematically in the public mind. In her historical overview, Kristen Luker traces abortion as it has appeared over the last two thousand years. The two opposing stances towards abortion—that it is impermissible because the fetus is the moral equivalent to the child it will become or that the fetus is not the same as a child and thus does not merit the same moral concerns—have existed at least since the Ancient Greek Pythagoreans and the Ancient Athenian Stoics (Luker 1984:11). These two opposing positions have coexisted and clashed with one another since that ancient period, but have only in the last two hundred years come to the forefront of the legal and moral consciousness. Well into the 19th century, abortion could only be prosecuted as a crime if it took place after quickening (during the late second or third trimester), and even then it was largely ignored by the legal system (1984:13). Not until the first right-to-life movement took place in the United States between 1850 and 1890 did campaigners seek to redefine abortion at any point during pregnancy as an act of murder. But even then, as Luker explains in her historical analysis, the motivations of that first right-to-life movement were infinitely more complex than simply the moral urge to protect the fetus.

The first right-to-life movement emerged at a time when no statute laws governed abortion in America and the only vague regulation that existed was that abortion after the period
of quickening was subject to indictment, but because there was no reliable way to prove whether a pregnancy had quickened or not, this regulation was rarely enforced (1984:15). Quickening, borrowed from the English common law tradition, was a term that denoted the period of pregnancy when a woman can begin to feel fetal movement. The moment when fetal motion is evident varies from woman to woman and can obviously only be accurately determined by the woman herself—the thus, legally enforcing any abortion regulation that relies on that basis was subjective and almost impossible. At the beginning of the nineteenth century there were no statute laws that regulated abortion but by 1900, every single state in the Union had passed laws forbidding the procurement of abortion at any stage of pregnancy unless it was deemed necessary to save the life of the woman.

The factors that contributed to this drastic shift in the regulation of abortion are complex and multifaceted, including an American climate that was in a state of rapid industrial growth and social transformation. Between 1890 and 1900 the population of the United States had shifted from one that was primarily rural and agricultural to urban and industrial, which then contributed to a declining birth rate from an average of 7.04 births per woman in 1800 to an average of 3.56 births in 1900 (1984:15). This, coupled with the first great wave of immigration to the United States between 1870 and 1900 and the changing social atmosphere that followed accordingly, set the stage for the first right-to-life movement. Comprised of physicians, the movement was more concerned with regulating the practice of medicine in order to ensure their employment and authority than it was with saving the fetus for moral reasons. As Luker contends, in the absence of a formal licensing process or guild structure for physicians, it seems likely that “the proliferation of healers in the nineteenth century created a competition for status and clients” (1984:27) for physicians and “outlawing abortion would remove a lucrative source
of income from competitors they called ‘quacks’” (1984:27). By regulating abortion as a medical concern rather than a moral issue, physicians gained control over the procedure and were able to implement formal—albeit, very vague—restrictions. Legal limitations were put into place for abortion, where it was only lawful for an abortion to be performed by a licensed physician for the sole sake of preserving the life of the woman. What ‘the life of the woman’ meant was left intentionally ambiguous and up to the discretion of the physician. This equivocal term could be interpreted to include the woman’s physical, emotional, and/or social life and as such, almost any reason for wanting to terminate a pregnancy could be incorporated within it. From this moment in the late nineteenth century up until the 1960s, it was doctors who had the ultimate right to make the decision to terminate a pregnancy, not the woman. The physicians’ professional control over the procedure largely removed it from public scrutiny and “abortion as a major social, political, and ethical issue could disappear beneath the cloak of an emerging profession’s claims, there to rest quietly for almost a century” (1984:40). Effectively, abortion was removed from one private sphere—namely, the home, and placed into another—the doctor’s office.

There was very little said about abortion from this point in the late nineteenth century until the 1950s and 1960s when improvements in medicine and technology largely eliminated the majority of physical threats to the life of the mother that had once made abortion the only viable option, such as tuberculosis, heart disease, and kidney disease (1984:55). The life of the mother represents one of the “hard” (1984:229) cases for abortion that a substantial amount of Americans support. The other “hard” cases include rape, incest, and the likelihood that the fetus will be born with severe defects. What was left after these physically life-threatening illnesses became manageable were the “soft or discretionary reasons” (1984:228) such as the emotional and mental well being of the woman, severe financial limitations, or simply not wanting
children. These “soft” reasons receive markedly less support from the American public. According to a 2011 Gallup poll, self-identified pro-choice and pro-life individuals largely agree on most of the ‘hard’ cases—threat to the life of the mother, rape, and incest—but disagreed by remarkable margins on the ‘soft’ cases. Whereas 64 percent of pro-choice respondents believed that abortion should be legal when the woman cannot afford a child, only 9 percent of pro-lifers agreed. Similarly large in the margin of difference was abortion when the woman’s mental health is endangered by the pregnancy. 87 percent of pro-choice respondents believed that the woman’s mental health was a valid reason for abortion, but only 37 percent of pro-lifers agreed (Gallup 2011). The substantial gap in percentages reflects the long-standing denunciation of the ‘soft’ cases for abortion.

In her text *Contested Lives: The Abortion Debate in an American Community* (1989), Faye Ginsburg identified what she saw as the core motivating factors that drew people into becoming active in the pro-life community at that time. According to Ginsburg, these motivating factors include religiosity, an embrace of traditional values and conventional gender roles, and political affiliation. Ginsburg also explores the way in which femininity and domesticity have increasingly become defined by their relation to reproduction and motherhood and the effect this has had on abortion in the United States. She uses the small metropolitan center of Fargo, North Dakota as a microcosmic representation of the larger debate over abortion in America during the 1980s. With the opening of the first freestanding abortion clinic in the state in 1981, the formerly quiet town was thrust into the fray of the divisive abortion debate, something that once seemed reserved only for morally questionable, far-away urban megalopolises like New York City. The introduction of the abortion clinic into Fargo immediately spurred the formation of a local pro-life coalition, which then in turn prompted the creation of a pro-choice group.
The attitudes and opinions of those engaged on both sides of the Fargo conflict were more or less aligned with the attitudes and opinions on a national level. As Ginsburg explains in her introduction, for the local pro-life activists, “the availability of abortion in their own community represented the intrusion of secularism, narcissism, and materialism, the reshaping of women into ‘structural men’” (Ginsburg 1989:1); whereas the local pro-choice activists “reacted to right-to-life protesters as the forces of narrow-minded intolerance who would deny women access to a choice that they see as fundamental to women’s freedom and ability to overcome sexual discrimination” (1989:1). The conflict spurred intense commitment from female activists on both sides of the debate, which Ginsburg argues is a byproduct of “its potent metaphorical connection to critical sources of cultural and social identity, especially in relation to sexuality and reproduction” (1989:3). Though in clear opposition to one another, the female activists on both sides of the abortion debate were united (at least in theory) by their commitment to what they saw as the best interests of women. The tragedy in this story lies in the ability of the abortion debate to divide women, both against their fellow woman and against themselves. The abortion debate constructs the female herself as an enemy—with wage labor outside of the home being put into conflict with reproduction and motherhood (1989:219) and thus leaving the woman in a fractured, partial state. By fragmentizing women into separate identities—of either traditional homemaker or modern laborers—the debate implicitly states that those two identities are incompatible with one another. The insidious under-workings of this paradigm serve not only to oppress women, but also to make women oppress themselves. These narrow definitions of what it means to be a woman disenfranchise females by forcing them to pick and choose the parts of their identity to embrace and mold themselves into these preconceived, simplified roles. Instead of recognizing the natural identity of all humans as multidimensional, the abortion debate
compels women to fashion themselves into the embodiment of modernity or traditionalism, as caretakers or as go-getters. In these arguments over the role of women, there seems to be no middle ground.

Though Ginsburg was doing her research nearly a decade after the 1973 *Roe v. Wade* Supreme Court decision, abortion still existed as a profoundly stigmatized and highly dividing medical procedure, as it still remains today. Abortion is unique in its problematic confluations with various deeply rooted cultural meanings. Because of this, “abortion continues to exist in a gray area on the borders of acceptable social and medical terrain” (1989:3), despite it being one of the most frequently performed surgical procedure in America. Though the conflict is spurred by and expressed through the lens of abortion, what is being argued goes much deeper than the act of terminating a pregnancy. Abortion, in this conception, is not the problem—it is a symptom of a much larger crisis in America. Pro-life advocates identify this crisis as stemming from the growing attitude of “heartless individualism” in America (1989:218), characterized by increasing materialism and selfishness. This attitude is contrasted with their own embrace of what they see as “true femininity” (1989:217), exemplified by the “natural” female trait of nurturance and self-sacrifice. Abortion is thus conceptualized by pro-life activists as symptomatic of this environment of individualism. As Ginsburg argues:

> Right-to-life proponents see easy access to abortion as decreasing women’s power by weakening social pressure on men to take emotional and financial responsibility for the reproductive consequences of intercourse. In this sense, it undercuts a system in which the linking of sex to pregnancy and marriage is the linchpin for the material security of women with dependents. To work, this system must be seen as inevitable, a “natural order”. When a woman can safely
and legally terminate a pregnancy for whatever reason, the insistent motivation to connect female sexuality to this cultural chain of events is undone. The links are exposed as social constructions—that is, not inevitable—and the imperative of motherhood as a condition beyond human control is dismantled (1989:214-215).

It becomes clear that abortion is not understood as simply the isolated act of ending a pregnancy, but instead becomes laden with social anxieties about the unraveling of prototypical gender roles, traditional family values, and sexual identities. By campaigning to prohibit abortion, right-to-life advocates actually aim to curb and reverse this unraveling and restore a familiar, idealized traditional social system with conventional gender roles. In this conception, being a woman is not simply the biological differences that distinguish the sexes—it is a woman’s feelings towards that biological difference and embrace of this self-sacrifice. Following the identification of pro-life women with true femininity and womanliness, pro-choice women accordingly became identified with masculinity and selfishness. This culturally male identity is characterized by the pursuit of “sexual pleasure and individual ambition separated from procreation and social bonds of caretaking” (1989:217). Ginsburg observed that the women involved with the right-to-life movement saw the pro-choice movement as a serious threat to the well being of all women. As explained by Ginsburg, the pro-life activists that she interviewed believe that:

Social changes that could be interpreted as casting reproduction and childbearing as a liability are antiwoman. Abortion is thus a condensed symbol for the devaluation of motherhood and the central attribute assigned to it in this culture—the self-sacrificing nurturance of dependents. Abortion represents, in addition, a threat to social guarantees that a woman with children will be supported by the
child’s father. It is seen as undermining an informal cultural code that links sex
with reproduction and male support of families. (1989:6-7)

That the debate over abortion goes far deeper than the ethics of terminating a pregnancy is
obvious—the war over abortion is so passionately fought because the pro-life activists see
countless lives at stake, both present and future, both born and unborn.

Ginsburg sees the abortion debate as exemplified in Fargo as both tragic and misguided.
As she states, “by casting two interpretations of female lives against each other, the abortion
debate masks their common roots in the problematic conditions faced by women living in a
system in which wage labor and individual achievement are placed in conflict with reproduction,
motherhood, and nurturance” (1989:220). This debate alienates women from their common
cause—helping other women—and instead pits them against one another and against themselves.
Abortion remains such a highly charged, contested space in social life because “the struggle over
the place and meaning of procreation in women’s lives, and its relation to the place of women in
reproducing the culture are being reorganized in oppositional terms” (1989:220). Women are
effectively being placed into war with themselves, being forced to isolate and objectify the
different parts of themselves—their identity as mother, as woman, as a member of society—and
choose which to embrace.

Ginsburg identifies her own intentions in writing Contested Lives as an attempt “to reveal
the dynamics of the contemporary dilemma over abortion with appreciation for its complexities,
its place in American culture, and the depth of feeling that it arouses for those who have made
that cause a central concern in their lives” (1989:xxxix). One of the clear goals of Ginsburg’s
work is to complicate both sides of the debate, but she paid special attention to the oft-overlooked nuances of the pro-life argument. For some, the abortion debate is less of a debate
and more of an indignity—how can people actually oppose something that is fundamental to
women’s freedom and their status as fully-fledged human beings? Ginsburg addresses this in her epilogue:

> It is one thing…for an anthropologist to offer the natives’ point of view when the subjects are hidden in the highlands of New Guinea and have little impact of the lives of the assembled audience. It is quite another to describe the world view of people from the same culture whom some people in my audience considered to be the enemy (1989:223).

By simply remaining neutral and not demonizing the pro-life advocates, Ginsburg was accused of ‘going native’ and becoming pro-life herself. The power of the abortion debate to attract such highly emotional, partisan responses is both what makes it irresistible to explore but also difficult to study.

I conducted my research for a period of two months from February to the first of April with three different Crisis Pregnancy Centers. I located which centers to target for interview requests from a list provided by OptionLine.Org. This website is an online resource developed by Care Net and HeartBeat International, two of the overarching pro-life associations that sponsor most Crisis Pregnancy Centers as affiliates. I targeted centers located in the New York City metropolitan area and reached out to upwards of three-dozen organizations. The vast majority of those e-mails and phone calls, as I expected, went unanswered. The hesitation that the employees of these centers had towards being interviewed was obvious—they were very suspicious about my intentions, very upfront about questioning my political orientation or viewpoints on abortion. This air of caution is emblematic of the contemporary pro-life
movement. After dozens of undercover reports* that have sought to expose Crisis Pregnancy Centers dastardly, coercive tactics, the pro-choice community as a whole has been forced to become highly vigilant of the motives of strangers that they encounter and perpetually wary of those outside of the movement.

I chose my three research locations in an attempt to represent the vast diversity that is present amongst centers. My first research location was in a rural town in Upstate New York with a very high poverty rate. My second research location was the high-crime city of Irvington, New Jersey which has close to 54,000 residents (United States Census: 2010). My last research location was in an extremely affluent beachfront town in southern New Jersey. Because of the tremendously different areas that the centers were located in, they differed vastly from one another in the demographics of their clients. While all three centers had a spiritual dimension, they varied in their religiosity from highly Evangelical to loosely faith-based. My interviews lasted on average about an hour and a half and they took place in private rooms within the centers. My interviews were semi-structured and included 16 pre-formulated questions that touched upon several core themes. Many of the questions were based on the findings of Ginsburg and Luker and were designed to gauge if and how the pro-life movement has changed since the publication of those texts. The themes that I addressed included religion, political orientation, fetal personhood and reproductive technologies, feminism, and the role of men in Crisis Pregnancy Centers and the pro-life movement as a whole. All of my interviews were one-on-one with the exception of one focus group interview with four employees at an Upstate New York center. Through these interviews, my findings suggest that the movement has changed drastically

in several key aspects since the mid- to late 1980s when Ginsburg and Luker were writing.

Further, these changes are not just incidental or the natural result of growth—the movement is actively seeking to recreate itself, in part through distancing themselves from the earlier pro-life movement. This revitalization was both implicitly and explicitly stated by all of my informants.
Chapter Two

Theoretical Frameworks

The utilization of third wave feminist theory in anthropology offers the possibility to move beyond prescribed, dated categories of difference and the opportunity to reevaluate the politics of representation, to embrace variability and multi-vocality, and to investigate the ingrained framework of structural power inequality and dominance that underlie traditional discourses. By grounding my analysis in feminist theory, my research will be inclusive towards a multiplicity of voices and will foster a discussion of the immense diversity of people and experiences in the pro-life movement. Many of the activists involved on the front lines of the grassroots pro-life and pro-choice movements are women whose wide range of backgrounds, experiences, and opinions require an equally diverse theoretical framework to accommodate their separate voices. These two ardently opposing groups are united by one common thread—their devotion to what they see as the best interests of women. The extreme diversity between women involved in the debate demands the use of a theory which not only accommodates, but prizes, multi-vocality. This diversity and embrace of difference also relies on a rejection of universalist and objectivist claims in favor of a knowledge that is situated and inextricable from the circumstances of the individual who possesses it. By grounding my ethnographic study of the employees of Crisis Pregnancy Centers in a feminist theoretical framework, it will allow me to represent the complexity of the contemporary abortion debate as well as the nuances of a collective identity that is formed in part through opposition. As Pamela L. Geller and Miranda K.
Stockett explain in their introduction to their comprehensive text *Feminist Anthropology: Past, Present, and Future* (2006), feminist anthropology:

See[s] power as a critical component, insofar as it is exerted upon and derives from the construction and expression of identity through the recognition (and reaction to) difference. Here, difference is taken to mean social differences that lend themselves to the construction of identity. Indeed, the very act of identification necessitates the recognition of similarity and difference. Furthermore, the construction and enactment of identity, whether self or social, occurs through discourses and actions that are often structured by contexts of power that are sociohistorically generated. (11)

In many of the texts that have been written about women involved in the pro-life movement, the author expounds upon their social identity that is formed through its opposition to an ‘other’—in this case, the pro-choice woman.

The embrace of a feminist anthropology relies heavily on knowledge that is situated in space, time, and its own particularities and therefore rejects claims of objective truth and universal knowledge. Throughout this project, I directly address my own biases in writing. As someone who was raised to be uncompromising in my beliefs and in my support for women’s rights, the project that I am producing is indivisibly linked to that situatedness. But through this project, I have attempted to write from a location that simultaneously addresses my biases while also not giving in to them. As stated by Frances Mascia-Lees, Patricia Sharpe, and Colleen Ballerino Cohen in their article “The Postmodernist Turn in Anthropology: Cautions from a Feminist Perspective”, “Feminists will not relinquish the claim to understanding women’s gendered experience in the hierarchal world in which we continue to live. This situatedness
affords feminists a ground for reclaiming objectivity for our enterprise while at the same time recognizing the partiality of truth claims” (1989:27-28). Because the feminist perspective in anthropology has an explicit political agenda and subjective partiality—namely the goal of destabilizing the power inequalities that result in women’s oppression and because it is inextricably rooted in the female perspective—the knowledge that is produced by feminist anthropological endeavors refuses to claim any kind of wholeness or timelessness and instead relies on a multiplicity of partial, marked voices that work in conjunction with one another to formulate a choir of voices. Here, the influence of feminist scholars, most notably Donna Haraway, can clearly be seen.

In her foundational text “Situated Knowledge: The Science Question in Feminism and the Privilege of Partial Perspectives”, Haraway advocates for situated knowledge, which she sees as the key to “feminist objectivity” (Haraway 1996:581). Haraway’s critique of the “scientific and technological, late industrial, militarized, racist and male dominant societies” (581) that the hegemony over knowledge reinforces is essentially a critique of the exclusion of multi-vocality in favor of one, coherent voice that inaccurately presents itself as impartial and unbiased. This one, coherent voice is what Haraway calls the “conquering gaze from nowhere…that mythically inscribes all the marked bodies, that makes the unmarked category claim the power to see and not be seen, to represent while escaping representation” (1996:581). The opposite of this conquering gaze is an embodied, partial perspective that is situated in one’s own marked circumstances. This situated knowledge is integral to feminist anthropology because it:

- Requires that the object of knowledge be pictured as an actor and agent, not as a screen or a ground or a resource, never finally as slave to the master that closes off the dialectic in his unique agency
of the ‘objective’ knowledge… coming to terms with the agency of
the ‘objects’ studied is the only way to avoid gross error and false

While the anthropological gaze has oft been criticized for objectifying the subject of its vision, a
feminist anthropology not only resists the urge to construct ‘women’ as a static, objectified
category of identity, it also refuses to pacify the object of study by denying its agency. A new
feminist anthropology must resist treating ‘women’ as a unified social category. Geller and
Stockett explain, “as third wave feminists locate intersections of age, race, ethnicity, sexual
preference, religion, class, and gender, the latter comes to be considered as a component of
relative importance within identity construction, rather than an identity in and of itself”
(2006:11). A feminist approach to anthropology must rely on rejecting the urge to streamline
women’s experience into one thread and instead, must foster a cacophony of diverse voices. As
you will see in later chapters, my pro-life informants were vastly different from one another.
Though their commitment to the anti-abortion cause was a large part of how they formed their
identity, they were anything but a cohesive, streamlined social group and representing them as
such would be inaccurate to their identities and disempowering to their mission.

In a third wave feminism framework that prizes multi-vocality and diversity of
experience and sentiment, are pro-life women who identify as feminist compatible? Can a
woman who favors the illegализation of abortion be considered a feminist? The binaries of pro-
choice/feminist and pro-life/antifeminist are naturalized to such a degree that it seems
inconceivable that they have not always existed. But they haven’t. Only in relatively recent times
has the right to abortion been widely considered as an irrevocable tenet of feminism. As
Ginsburg elucidates, in the nineteenth century, feminists were, for the most part, stringently
opposed to abortion (1989:29). Ginsburg quotes Elizabeth Cady Stanton’s contribution to the first volume of the feminist journal *Revolution* (1868) where she states that abortion represented “the degradation of woman” (1989:29). While today, the right to abortion represents, amongst many other things, a woman’s right to the agency over her own body, in the nineteenth century, the opposition to abortion:

> Was linked to social goals to advance the position of women more generally through education, the vote, and control over the conditions of motherhood…these feminists interpreted abortion not as evidence of female abdication of motherly responsibilities, but as yet one more piece of evidence of the unhappy consequences for women of unbridled male lust (1989:29).

This nineteenth century feminist opposition to abortion is pertinent to this study for two reasons: first, simply in that it shows “how opposition to abortion encompasses a range of cultural meanings” (1989:30); and second, because all but one of my informants identified with this form of pro-life feminism. A woman’s right to abortion was not always core to the feminist project and today there remains pro-life individuals who self-identify as feminists. Can third wave feminism, a discourse that is so defined by its quest for unbridled inclusiveness, embrace of difference, and pursuit of partialness, accommodate the pro-life feminist within its framework or is this self-proclaimed identity, what Rapp actually labels as “antifeminism” (1989:47), incompatible with mainstream feminism? Who are these self-identified pro-life feminists and how do they conceptualize their own relationship to feminism, a movement that has historically vehemently rejected them?

One of the most visible manifestations of this pro-life feminism is the group Feminists for Life of America. Feminists for Life is a nonprofit, pro-life NGO that was established in 1972 and
essentially argues that “abortion is opposed to everything feminism stands for, especially the
championing of the rights of the weak and socially dispossessed, including the embryo” (Luker
1984:113). Not only do Feminists for Life identify with a social movement that has almost
entirely rejected them, they go so far as to wholeheartedly claim that contemporary mainstream
feminism is a misinterpretation of the true meaning of the term. In their mission statement,
Feminists for Life state that:

Abortion is a reflection that our society has failed to meet the needs of women.
We are dedicated to systematically eliminating the root causes that drive women
to abortion—primarily lack of practical resources and support—through holistic,
woman-centered solutions. Women deserve better than abortion” (Feminists for

This formulation seems to fall within the lines of a traditional feminist argument—specifically,
that our society has structural barriers that put a woman’s right to work in opposition to
motherhood and that pregnant women are entitled to extra support if they so need. This sentiment
can be seen in the 1981 Fargo, North Dakota case where local pro-life women appropriated
mainstream feminism and molded it into a theory that meshed with their own ideologies. Though
the form of feminism espoused by the pro-choice women in the Fargo case was incompatible
within the pro-life conception, the pro-life activists constructed their own interpretation of
feminism that represented their traditionalist mission. As one pro-life activist stated, “We are
feminists, but we are not rabble-rousing bra burners. We named the group the Baker’s Center for
Women because we are also feminine and the idea of baking break is very woman-oriented…”
(Ginsburg 1989:39). This pro-life feminism, as conceived of by the women in Fargo, is
intimately linked with traditional feminine values such as domesticity, motherhood, caretaking,
and the protection of the weak or defenseless. This sentiment, concerning the entanglement between feelings towards abortion and attitudes towards motherhood and the domestic sphere, is reiterated by Luker as well. She explains, “women come to be pro-life and pro-choice activists as the end result of lives that center around different definitions of motherhood” (1984:214). The deeply held values about fetal personhood, traditional gender roles, motherhood and faith that activists in the pro-life and pro-choice community were raised with often differ in vast, oppositional ways that all influence where the individual identifies themselves in the abortion debate.

The idea that anti-abortion campaigners can also be feminist is highly contested by the liberal feminists and the pro-choice community. In her critique of Feminists for Life, Katha Pollitt, writing for The Nation, states:

It is indeed feminist to say no woman should have to abort a wanted child to stay in school or have a career…Exposing the constraints on women's choices, however, is only one side of feminism. The other is acknowledging women as moral agents, trusting women to decide what is best for themselves. For FFL [Feminists For Life] there's only one right decision: Have that baby. And since women's moral judgment cannot be trusted, abortion must be outlawed, whatever the consequences for women's lives and health (Pollitt 2005:1).

Though there are certainly parts of the pro-life feminist perspective that do align with liberal feminist arguments, Pollitt argues that these are simplifications of feminism used by pro-lifers in order to serve their purpose, while ignoring the aspects of liberal feminism that repudiate their viewpoints. Pollitt concludes with a bold assortment that these pro-life women are not feminists—they are “fetalists” (Pollitt 2005:1). The self-proclaimed feminism that some pro-life
activists articulate is an appropriation of one feminist argument—the right of women to reproduce without coercion or constraint—and a rejection of all the other incompatible arguments such as a woman’s right to unfettered agency over her own body. Is there a feasible way to balance the interests and rights of women while still fighting to create recognition for, and in turn protect, the interests and rights of the fetus? Are contemporary pro-life feminists working to balance that boundary or are they, as Pollitt asserts, favoring the interests of the fetus above the mother? Can the diversity of third wave feminism accommodate this conception?

Though they were systematically rejected by mainstream liberal feminism, I have found through my interviews that many positive sentiments are shared between pro-life feminists and mainstream feminism.

Another prominent self-proclaimed pro-life feminist group is the Susan B. Anthony List, an organization that campaigns to get pro-life candidates elected to United States office. Emily Buchanan, the Executive Director of the organization, writing for Time Magazine, states:

From its early beginnings, feminism was a young women's movement. Susan B. Anthony, Elizabeth Cady Stanton, Alice Paul, Charlotte Lozier and so many others began their suffragist work in their 20s. These women - the original feminists - understood that the rights of women cannot be built on the broken backs of unborn children. Anthony called abortion ‘child murder.’ Paul, author of the original 1923 Equal Rights Amendment, said that ‘abortion is the ultimate exploitation of women.’ (Buchanan 2013:1)

Later on in her article, Buchanan goes on to compare the pro-life movement with the Civil Rights Movement and aligns her own sentiments with those of Martin Luther King Jr. In this conception, the fetus is the victim of egregious civil right’s violations and thus, the woman
becomes the violator. A woman’s fundamental rights to privacy and self-determination are pitted against the fetuses right to life. Because the two sets of rights are incompatible with one another, there is an impasse between the two sides. Conceptualizing fetal rights as civil rights is extremely problematic for women’s rights because it constructs the termination of her pregnancy as a potential discriminatory act that leaves the woman vulnerable to prosecution. Further, because the potential victim in this conception—the embryo or fetus—is incapable of speaking for itself or expressing its own interests, the argument has to be made on behalf of the ‘victim’, without any possibility of consultation.

Another productive theoretical framework that can be used to examine the pro-life movement is collective identity, defined as “an individual’s cognitive, moral, and emotional connection with a broader community, which…is distinct from personal identities, although it may form a part of a personal identity” (Polletta & Jasper 2001:285). Collective identity plays a crucial role in the mobilization of the pro-life movement. Though those active in the movement now shy away from the term ‘pro-life’ because of its negative connotations, the power of the anti-abortion movement lies in the solidarity and shared sentiment of those involved, even if they have never met one another. As explained by Hank Johnston in his extremely influential text Social Movements and Culture:

A certain degree of emotional investment, which enables individuals to feel like part of a common unity, is required in the definition of collective identity…Passions and feelings, love and hate, faith and fear are all part of a body acting collectively, particularly in areas of social life like social movements that are less institutionalized (2005:45).
The abortion debate is conceptualized as a life and death matter for those campaigning on the right-to-life side. By envisioning the issue in such dire terms, the pro-life identity is one that is constructed around immense emotional investment. The bonds that unite activists in the campaign are so strong because of this massive emotional connection.

The conflict between the pro-life and pro-choice communities has been waged with words, with slander campaigns, with coercive or intimidation strategies, and with violence. Within the theoretical understanding of collective identities, violence represents one of many methods used to accomplish a goal and validate a mission. As explained by Igno W. Schröder and Bettina E. Schmidt in their collection *Anthropology of Violence and Conflict*:

> Violence can be interpreted as an instrumentally rational strategy of bargaining for power. Yet by limiting our view to its operational properties in conflict solution we fail to grasp the dialectic nature of violence. It is also a form of symbolic action that conveys cultural meanings, most importantly ideas of legitimacy (2001:8).

The eight murders, nine attempted murders, and the hundreds of other acts of violence and property destruction committed against abortion-affiliated individuals in the name of the unborn—though they were publically denounced by the majority of the mainstream pro-life movement—can be seen as desperate efforts to exert power and legitimize the collective cause. If we examine violence in a cause-effect model, it is a logical response to the lack of legislative and social progress made in their cause taken in order to influence change. Examining the pro-life violence in symbolic terms calls attention to the indignation that is being expressed through that act. According to LifeSiteNews.Com as of January of 2012, 54.5 “American babies have died through abortion” (LifeSiteNews.Com 2012). When considering these numbers from the
radical pro-life perspective, the murder of eight abortion providers is not only justified homicide, it is also an act that will save millions of future lives. Thus, the anti-abortion violence can be seen both as a rational escalation due in part the lack of progress in the pro-life mission and a symbolic act that both asserts their legitimacy and ‘rescues’ millions of American babies.
Chapter Three

Fetal Rights as Human Rights

Central to the pro-life discourse is the construction of the fetus as a human subject with interests and needs separate from—and often in opposition to—that of the woman. The definition of the fetus as either a baby or as something not yet human is integral to the abortion debate and both sides of the issue have vested interests in their particular conceptions of the embryo. As Luker states:

Participants in the abortion debate...are defending a world view—a notion of what they see as sacred and important—as well as a view of the embryo...a decision about the moral status of the embryo is an implicit statement about the role of children and women in modern American society (1984:8).

The interests of pro-life and pro-choice individuals are set in opposition—progress made for one is a setback for the other. This manifests concretely in conceptions of the fetus. If the fetus is defined as a human, it is a loss for the pro-choice movement and for abortion rights, and if the fetus is defined as a nonhuman, it is a loss for the pro-life movement and fetal rights. Luker summarizes: “Beliefs about the rightness or wrongness of abortion both represent and illuminate our most cherished beliefs about the world, about motherhood, and about what is means to be human. It should not surprise us that these views admit for very little compromise” (1984:11). There can be no compromise about the central tenet of the abortion debate—whether the fetus is a person or not—because settling for a gradation of humanity would discredit both arguments. It
is obvious that the immense polarization and strife over abortion is not simply a conflict over the medical procedure—the ability of the abortion debate to spur such passionate reactions is in large part due to the social meanings attached to it and the perceived implications and consequences that its illegalization or continued legalization would hold.

The female reproductive body is laden with cultural meaning and because the cultural meaning attached to it is wholly subjective and easily influenced, it becomes a site of polarizing conflict. These meanings are attributed to the body through rhetoric and imaging. The language we use to describe the female body is a rhetorical strategy in and of itself—each and every word used to describe it is a strategic choice. Using the term ‘fetus’ instead of ‘unborn child’, or ‘uterus’ instead of ‘womb’, or calling her a ‘mother’ or ‘mommy’ before she has given birth or even decided whether she wants to continue with the pregnancy—these are all subversive tactics designed to subliminally influence. The language we use reveals our standpoint and is an implicit tool of persuasion. The politics of the abortion debate are hinged on these tiny rhetorical tactics. These discursive strategies serve to construct the fetus as a rights-bearing public subject. The appropriation of rights-based language can clearly be seen in the pro-life campaign. For instance, the proposed Human Life Amendment that would reverse the Roe V. Wade ruling and effectively criminalize abortions states: “The paramount right to life is vested in each human being from the moment of fertilization without regard to age, health, or conditions of dependency” (Newman 18). The power of rhetoric in constructing personhood and human rights for the fetus is also explicitly visible in pro-life texts such as Closed: 99 Ways to Stop Abortion by Joseph Scheidler, director of the Pro-Life Action League. In his manual, he instructs pro-lifers to “Rarely use the word ‘fetus.’ Use ‘baby’ or ‘unborn child.’” (Newman 19). In this text, Scheidler essentially writes a how-to book for pro-lifers. The book is designed to be read as a manual for effective
strategies of deterring women from having abortions, convincing pro-choice individuals to reevaluate their beliefs, or how to force an abortion clinic to close. While instructing pro-lifers on how to be ‘sidewalk counselors’, he explains that “It may be necessary for the sidewalk counselor to get the woman’s name and phone number and help her during her pregnancy….perhaps the counselor may want to talk to parents, husband, or boyfriend. Whatever the problem caused her to want an abortion, it must be solved” (Scheidler 1985:1). This vaguely threatening strategy of coercion is but one of many outlined in his manual.

One of the central ways in which the fetus is constructed as a human subject is through reproductive technologies such as the sonogram. The effects of these modern technologies on fetal personhood are profound and far-reaching. The gray scale, fuzzy sonogram image has penetrated the American mind so completely that the formerly invisible human fetus is now an immediately recognizable character. Though it is hard to imagine the experience of pregnancy without the sonogram, the technology’s experimental application to pregnancy only occurred in 1956 (Nicolson & Fleming 2013:1) and not until the end of the twentieth century was ultrasonography ubiquitous with the experience of pregnancy. Ultrasonography was both a symptom of and a crucial driving force behind the increasing medicalization of childbirth. This reproductive technology has had monumental implications for the abortion debate. As Nicolson and Fleming explain:

Imaged by the ultrasound scanner, the developing human being became, for the first time in its history, a clinical entity, a patient in its own right. Ultrasonography has comprehensively revealed the fetus, its age and state of development, whether it is single or twinned or more, its problems and imperfections. What is more, the fetus has
acquired a public presence, a social identity. It now features in family photograph albums, pictured apparently as casually as a toddler on the beach (2013:1).

What was once an indiscernible internal process that was experienced solely by the woman has now become a shared moment. Whereas pregnancy was once conceptualized as a sinuous and developmental journey where the unseen embryo slowly became human, the introduction of imaging technology has established even the early fetus as an observable being.

In her foundational article “Real Time Fetus: The Role of the Sonogram in the Age of Monitored Reproduction”, Rayna Rapp explores the role that ultrasound and other reproductive technologies such as amniocentesis plays in the experience of pregnancy and motherhood for a diverse array of women (and men). The implications of fetal personhood are wide ranging and as Rapp states, “fetuses visualized as persons loom large in the contested politics of feminism and antifeminism that have become a central aspect of our social landscape” (1997:47). With the ever-evolving field of reproductive technology, the fetus is becoming a public actor earlier and earlier during a pregnancy. Where at one point the woman was the ultimate source of knowledge on her pregnancy and acted as a guide for physicians and other outsiders such as the father or the family to gain insight into her internally developing fetus, the physicians and medical professionals are now able to bypass consulting the woman and instead examine the fetus itself. Rapp refers to the effect of this technology as the “surveillance”(1997:44) of women’s internal bodies. The medicalization of pregnancy, in conjunction with the proliferation of fetal images into the American mind, serves to depersonalize pregnancy and to create the fetus as an independent being.
As Rapp argues, fetal imaging is but one example of the “extension of medical control over pregnant women, constructing what a fetus is and how it should be treated. Sonograms may also be used to further the separation of the fetus as an independent entity, a potential patient, and occasionally a contested ward in the legal system” (1997:32). The extreme dissemination of these reproductive technologies, as well as the wide proliferation of the prototypical image of the fetus in utero has a vast impact on the modern experience of publicized pregnancy, abortion rights, and fetal personhood. The physician’s modern ability to peer into the pregnant woman’s uterus and see the fetus funnels the attention away from the mother and instead onto the fetus, or more precisely, onto the sonogram image. As Rapp articulates:

Sonography bypasses women’s multifaceted embodiment and consciousness, providing independent medical knowledge of the fetus. Moreover, the technological framework reduces the range of relevant clues for whose interpretations women act as gatekeepers…this reduction also sharpens the focus from a diffuse knowledge of women’s embodied experience to a finely tuned image of the fetus as a separate entity or ‘patient’. (1997:39)

This technology has the implicit ability to construct the woman as mere vessel—once medical professionals can consult directly with the fetus, the pregnant woman becomes somewhat of an arbitrary container that knows less about her pregnancy than they do. The erasure of the woman from depictions of the fetus serve to construct the fetus as a rights-bearing subject while simultaneously deconstructing the woman into the passive capsule that envelops the entity. As elucidated by Karen Newman in her text *Fetal Positions: Individualism, Science, and Visuality*:

“This isolation of the uterus from the female body, it is claimed, emphasizes fetal personhood and erases the already fully human status of the woman giving birth” (1996:68) which thus
“demonstrates a certain set of social relations in which women and their bodies are subject to men” (1996:8). Obscuring the woman from representations of her reproductive capabilities serve to destabilize female autonomy while constructing the fetus as a dependent human subject.

Through the sonogram, the fetus becomes a public figure that is divorced from the mother while still in utero. The personification of the fetus occurs in a wide range of ways, from the first recorded heartbeats, to blurry sonogram images, then to the revealing of the sex. Rapp argues that the sexing of the fetus is arguably the most powerful part of fetal personification (39). Once the sex is revealed, the largely amorphous fetus becomes constructed into a pre-girl or pre-boy, an entity that can now be shopped for and purchased little pink or blue onesies, or can now have the walls of it’s pre-nursery painted the appropriate gendered color. The transformation of the fetus from largely imaginary and shapeless into a gendered body constructs even early pregnancy into a highly politicized state, where a woman’s right to abortion becomes a competition of interests—mother versus fetus.

The pro-life movement is aware of the power that the sonogram has and acknowledges it as one of their most effective tools in their battle against abortion. This is evident in the existence of
entire pro-life organizations dedicated to the importance of the sonogram. One such organization, Project Ultrasound, describes itself as “a non-profit organization which has been formed for the purpose of raising awareness about the effectiveness of ultrasound machines in deterring abortions, and raising funds to provide ultrasound machines to crisis pregnancy centers nationwide” (Project Ultrasound). The organization goes on to explain that,

Various reports indicate that 70-90% of ‘abortion minded’ mothers who see an ultrasound at crisis pregnancy centers change their mind and choose life*. At present only 40% of crisis pregnancy centers nationwide are equipped with these machines because of their extremely high cost and the extremely limited budget of these non-profit centers (Project Ultrasound, n.d.)

In this pro-life conception, ultrasound technology is not only useful for their mission, but it would be negligent not to use it because of how effective it is in this particular application—namely, persuading women not to terminate their pregnancy. When the abortion debate is couched in the fight for the preservation of millions of lives, a technology that is said to be so successful in convincing women not to abort is tantamount to a godsend.

Images of the fetus—whether grainy sonogram printouts or high resolution, groundbreaking photographs—are integral in establishing fetal personhood. The photographs that the pro-life movement is most notorious for utilizing are the graphic depictions of aborted fetuses that are meant to convince the public that abortion is an act of violence against a living being. These images can be seen on picket signs touted by protesters outside of abortion clinics,

* This was the finding of a survey by the Heidi Group, a Christian evangelical organization that advises Crisis Pregnancy Centers on fund-raising and administration, Such statistics could not be independently verified.
on billboards throughout the country, and on pro-life websites and publications.

Figure 2: Operation Rescue’s “Truth Truck” photographed in Denver, Colorado

Though these graphic images are more shocking, perhaps the more influential types of photographs are those that display the embryo and fetus at the earliest, usually invisible, stages. These powerful images humanize the early fetus and bolster the pro-life rhetoric of fetal personhood. Technological advances in the 1950s that allowed the internal embryo to be photographed in great detail in the very early stages of pregnancy completely transformed the way that many envision pregnancy. These images were immensely significant for the pro-life movement, whose goal of persuading the public that life began at conception was more believable when they could refer to these unprecedented photographs that showed just how baby-like an early fetus can appear. One such photographers, Lennart Nilsson, is a Swedish-born artist and scientist who is renowned for his macro-photography of the embryo. Nilsson’s photographs have become culturally iconic—as stated by Janelle Taylor in her text The Public Life of the Fetal Sonogram: Technology, Consumption, and the Politics of Reproduction, Nilsson’s fetal images “have circulated so widely in public culture that they have, to a considerable extent, come to define shared cultural imaginings of what ‘the fetus’ looks like and what it is” (Taylor

2008:44). By using macro-lenses and wide-angled optics developed specifically for him, Nilsson reinvented the way that we visually imagine embryos and fetuses. Using an intrauterine endoscope, he was able to capture what is undoubtedly the most iconic image of a fetus still inside of a woman.

One of Nilsson’s projects, a photojournalist book entitled A Child is Born: The Drama of Life Before Birth in Unprecedented photographs (1965) that is composed of groundbreaking, detailed photographs of the early fetus. Though his images have been widely appropriated by the pro-life movement and can be seen on “Choose Life!” billboards and protest signs outside of abortion clinics throughout the country, many of the photographs in A Child is Born are actually depictions of surgically or spontaneously aborted fetuses. Only years after the photographs were published were their true circumstances revealed. As explained in an exhibition titled “Making
Visible Embryos” by the University of Cambridge:

Although claiming to show the living fetus, [Lennart] Nilsson actually photographed abortus material obtained from women who terminated their pregnancies under the liberal Swedish law. Working with dead embryos allowed Nilsson to experiment with lighting, background and positions, such as placing the thumb into the fetus' mouth (Buklijas & Hopwood 2008).

The irony of the pro-life movement usurping these images of aborted fetuses is not lost on Nilsson’s critics. The pro-choice critique asserts that Nilsson’s book is both scientifically inaccurate and personifies the fetus in a way that is misleading. The feminist critique centers on the ways in which the woman’s body is (or isn’t) depicted in the book. A Child is Born erases the woman from representations of pregnancy. Images such as Nilsson’s have a profound impact on fetal politics, as can be seen in a statement by the president of the Catholic pro-life organization Human Life International, Reverent Thomas Euteneuer: “In utero photos, 3-D ultrasounds, more accurate knowledge of the stages of fetal development - all these glimpses of the truth just demolish the view that the unborn child is just tissue” (Smith 2009:1). Euteneur concludes that in the face of such images that depict the personified fetus, pro-choice individuals who do not view it as a human are “pro-abortionists who seek to deny the obvious humanity of the unborn” (Smith 2009:1).

Following logically from the creation of the fetal person, fetal rights are an oft-articulated discursive strategy of the pro-life movement. The abortion debate is hinged in the language of rights claims. Pro-life campaigners argue on behalf of the rights of the fetus (the right to life) whereas pro-choice campaigners argue on behalf of the rights of the woman (the right to choose,
the right to autonomy). Implicit in these rights claims are concepts of personhood. As Kristin Luker states,

> The debate about abortion is a debate about personhood. Whether the embryo is a fetus or a baby is important because virtually all of us agree that babies are persons and that persons have what our eighteenth-century ancestors called ‘inalienable rights’—basic rights that cannot as a rule be lost, sold or given away (1984:18).

The rights claims of the fetus and of the woman converge in conflict because the two are mutually exclusive. As Sara Dubow explains in her work *Ourselves Unborn: A History of the Fetus in Modern America*, “the proliferation of rights-based movements for equality in the 1960s and 1970s provided the seductive language and compelling logic of ‘fetal rights’ as a strategy of resistance” (2011:8). Dubow identifies several trends beginning the 1970s as the origin of legal conceptions of fetal rights. These trends, which included court-mandated medical interventions on behalf of the fetus and fetal protection policies in work environments, marked the beginning of the creation of the conflict between woman and fetus, as well as the legislative privileging of fetal rights over women’s rights. As Dubow explains, state policies beginning in this period and continuing forth are marked by the “proliferation of claims on behalf of fetal rights that came at the cost of women’s constitutional and legal rights. It situates this fetal rights discourse in the context of the growth of the New Right, and the backlash to the legalization of abortion, feminism, changing gender roles, and the welfare policies of the Great Society” (2011:8). Here, state policies and medical practices can be seen as constructing this oppositional binary—woman as divorced from fetus, pregnancy as a competition of interests.
Though fetal personhood is undoubtedly the more commonly discussed of the pro-life claims to the status of the embryo, the attempt to establish the fetal person as a fetal citizen is equally significant. The proliferation of rights claims on behalf of the fetus can be interpreted as an attempt by anti-abortion campaigners to create a new class of American citizen. The evolution of representations of the fetus can be seen as a trajectory—first, from embryo into human, than from human into citizen. There is a lack of consensus about what exactly is to gain by identifying the fetus as simply a person or as a citizen. The two states of fetal being are interrelated in many ways, including the fact that the right to be a citizen is protected under the Universal Declaration of Human Rights (1948), where Article 15 states that “everyone has the right to a nationality”. Conceptualizing the fetus as a citizen poses thorny complications that simple personhood does not.

One of the clearest examples of the nuances of a fetal citizen is a 2004 case that appeared in front of the United States district judge in Missouri. In this case, the deportation of a pregnant Mexican woman was temporarily prohibited by the judge because it was decided that “if this child is an American citizen, we can’t send his mother back until he is born” (Washington Post, 2004). For pro-lifers arguing on behalf of fetal personhood, it is obvious that both the mother and the fetus are humans. But for fetal citizenship, the issue is more precarious. What are the implications of having a woman bearing an entity that, while still in utero, holds more rights and entitlements than she does? Another obvious example of this push towards fetal citizenship is the Unborn Victims of Violence Act, alternately known as the Laci and Connor (Peterson) Act. In this law, passed in April 2004 by Congress and signed by then President George W. Bush, the death of a pregnant woman and her zygote, embryo, or fetus in a federal crime is punishable as two separate criminal violations (Dubow 2011:1). This law was ardently opposed by many in the
pro-choice community because of the intrinsic threat that its basic premise poses to the foundation of Roe v. Wade and abortion rights. In an open E-Mail sent by Senator John Kerry in 2003, he explains his opposition to the Act: “I have serious concerns about this legislation because the law cannot simultaneously provide that a fetus is a human being and protect the right of the mother to choose to terminate her pregnancy” (Kerry 2003:1). Though none of these examples explicitly mention abortion rights, they “are products of and participants in the politics of abortion that began in 1973. For nearly forty years, the Roe v. Wade decision has intersected with political exigencies, social tensions, religious beliefs, and technological developments to generate a series of conflicts about the meaning and status of the fetus” (Dubow 2011:2). The indirect chipping away at the framework of Roe v. Wade and of the legal right to abortion can be seen through the introduction of the fetus as both a person and as a citizen in the American public.
Chapter Four

February 20th: Upstate New York
First Interview

The contemporary abortion debate is tangibly encapsulated in one tiny area in a small city in Upstate New York where three organizations form a small triangle that is predicated on issues surrounding reproduction. Each of the three points of the triangle is a building whose occupants have a stake in the abortion debate. Together they succinctly illuminate—on a microcosmic scale—the multifaceted and diverse nature of the contemporary pro-choice and pro-life movements. On one side of the busy multi-lane street is a Planned Parenthood clinic. Next door to Planned Parenthood is a Crisis Pregnancy Center. Across the street from those two organizations is a conservative, anti-abortion protest shack.

Figure 4: The Triangle in Upstate New York: Planned Parenthood (A), the Crisis Pregnancy Center (B), and the Anti-Abortion Protest Shack (C)
The parking lots of the Planned Parenthood and the Crisis Pregnancy Center meet in the middle—albeit, separated by a formidable chain-link fence. The organization on the other side of the street is housed in a rundown shed. Almost every inch of the shed, and its surrounding plot of land, are plastered with various religious and politically conservative battle cries that are printed on huge signs. Many of the signs are explicitly pro-life, with slogans such as “Thank God your grandma was pro-life!”. 

Figure 5: The pro-life signs outside of the protest shack.

Other signs outside of the building focus on separate politically conservative themes such as one that proclaims: “The enemies of America & Israel are enemies of God”. The shack has a constant
stream of old pickup trucks going in and out with small groups of rugged looking men unloading unmarked boxes from the cars and into the building. This triangular microcosm of the abortion debate became a one-stop shop for me as I went from one location to the next in my search for the representative contemporary pro-life campaigner. What I actually found was hardly so cohesive or neat.

My interview with the Crisis Pregnancy Center in the small Upstate city in New York was scheduled for a Thursday afternoon in late February. I was both anxious and eager to meet with the Center that had started it all for me—it was the first Crisis Pregnancy Center I had ever seen, and in inquiring about it to my supervisor at Planned Parenthood, I was first introduced to the faction of the contemporary pro-life movement that are portrayed, as one highly critical, exposé-style writer dubbed them, as “the foot soldiers in the war against women” (Bancroft 2013:1). Dulled with the conventional demonizing representations of Crisis Pregnancy Centers that fill the liberal news with villainous caricatures, I was excited about my opportunity to explore the reality of a topic that has thus far been almost completely neglected from the realm of unbiased writing.

If you do a Google search for “Crisis Pregnancy Centers”, 3,170,000 results are returned. Within the first three pages, four of the results are pro-choice organizations warning women to avoid these centers, one result is a call to action for pro-choice students to participate in “Crisis Pregnancy Center Week of Action” where “Feminist Majority Foundation and NARAL are taking on fake clinics” (Rios 2013:1), seven of the results are pro-life organizations that positively portray the centers and seek to dispel the ‘myths’ about them, three of the results are exposé-style newspaper articles where journalists describe all the misinformation they received when they went (often undercover) to a center, fourteen of the results are websites for actual
Crisis Pregnancy Centers, and the last result is an entire popular blog devoted to “exposing fake clinics” (ExposingFakeClinics.Tumblr.Com). Obviously, none of these results are neutral. With an issue as hotly contested and deeply significant as abortion rights, it is almost impossible to find someone who is writing about Crisis Pregnancy Centers without an implicit political agenda. Yearning to begin my attempt at contributing to the non-polemical writing that is missing from the debate, I eagerly set out to my early-morning interview.

The scenic drive to that triangular hub of reproductive focus was one that I had done hundreds of times in the two years that I spent working next door to the Center at the Teen Clinic housed within Planned Parenthood, but when I pulled into the parking lot that adjoined with my old employer’s, I had absolutely no idea what to expect. I sat in my car for what felt like a lifetime fretting over whether or not my clothing was conservative enough, whether they would recognize me from my time working next door, or whether they would be completely off their rocker, as the newspaper articles have recently represented them to be. I had arranged the interview with the Director of Client Services at the Center, and that is who I had expected to be greeted by. Instead, I walked into the tiny waiting room and was surprised to see four women waiting for me. Sitting in the room was Cindy Lillard, the Director of Client Services who I had spoken with on the telephone; Anne-Marie Dodge, the Executive Director; Marilyn Lattner, the Registered Nurse; and Allison Lillard, an intern and the daughter of the Director of Client Services*. The cramped Center was undergoing construction as they were building a much-needed addition. With all four employees of the Center present and looking up at me expectantly, I surmised that this was not going to be a standard interview. I mentally scrambled to restructure my interview into a focus group discussion instead. We all eventually found suitable seating (I ___________________________

* These names are pseudonyms.
was on the waiting room couch, next to Marilyn Lattner; Anne-Marie Dodge was perched on a barstool in the corner of the room; Cindy Lillard sat in what looked to be an old children’s school desk with the adjoining seat; and Allison Lillard, like most interns, got the short end of the stick and was left standing awkwardly in the doorway.) This unexpected change in plans had me fumbling, especially in regard to where on earth one puts a digital recorder when there is no surface and informants are scattered haphazardly around the room, but after a few adjustments the interview started and continued for over two hours with relatively few hitches.

We began the interview with some basic background information on the women and the Center. All of the women worked between 10-25 hours a week at the Center—the nurse clocked the lowest hours at 10 per week, whereas the Executive Director, Anne-Marie Dodge, had the highest at 25 hours per week. Ms. Dodge was one of the founding members of the Center. She was actively employed in business administration, but in 1988, following a particularly rousing sermon that touched on the sin of abortion, she had a conversation with her deacon’s wife who felt that they “needed to have an alternative for women…there’s reasons why they’re choosing” (Dodge 2014). In 1989, Ms. Dodge and a few other women scraped up the little money that they had and used it to rent out the rectory of a church. After a couple of moves, they finally settled on their current location in 2003. The language used here in the very early part of the interview presents what I have identified as two recurring, related themes that were integral not only in the language of this interview, but in all of the other interviews that I conducted as well. The first of these themes is the appropriation of traditional pro-choice rhetoric into their own pro-life discourse. I was surprised to hear the language of choice being employed so consistently by these women, exemplified in Ms. Dodge’s assertion that there’s “reason’s why they’re choosing”. They conceptualized abortion not as a woman exercising her right to choose, but as the end result
of a woman’s lack of options and opportunities and thus, her lack of the means that would enable her to choose freely. These structural barriers that pro-lifers identify as impeding women to choose life include insufficient material and financial support for pregnant women, the trend of not getting married or waiting much longer to be married, and sexual education and contraceptives being provided in public schools, which they see as encouraging premarital sex and teen pregnancy. This appropriation of traditionally pro-choice rhetoric is clearly a direct and cognizant response to the labeling of pro-lifers as ‘anti-choice’. The second running theme that this quote illustrates is the mainstream pro-life movements utilization of viewpoints made famous by Feminists For Life, which include the sentiments expressed in their motto: “Refuse To Choose, Women Deserve Better Than Abortion”. The imperative “Refuse to Choose” harnesses the basic tenet of abortion rights—namely, that women have the right to choose freely to end their pregnancies—and reconstructs the argument into an admonishment. “Refuse To Choose” articulates the belief that the ‘choice’ that women make to end their pregnancies is not truly their own choice, but one thrust upon them by others. It also connotes the oft-articulated belief within the pro-life community that the liberal pro-choice movement is anti-mother. Here, ‘refusing to choose’ can be seen as an urging for women to stop feeling compelled to choose between being a mother or pursuing other goals. These two themes will be addressed in detail later on in this chapter.

The services that the Center provides are relatively standard for Crisis Pregnancy Centers and include free pregnancy tests, ultrasounds to confirm pregnancy, ‘options’ counseling, abortion recovery, abstinence education that is delivered by a local youth pastor, adoption support, birthing classes, breastfeeding classes, infant care classes, and parenting classes. Marilyn Lattner, the R.N, conducts all of the pregnancy tests and ultrasounds at the Center.
When Mrs. Lattner is not in the office, the clients must perform their own pregnancy test. The Center also offers a sexual integrity program which is explained by the Director of Client Services as a program designed to educate young people or single people about what it means to be “pure”, not to have premarital sex but even more than that, try and stay away from things that would just, I guess, put you in an uncomfortable situation and “pollute”—uh I don’t wanna say “pollute”—but uh, distort the way things should be for a young lady. (Lillard 2014)

The language of ‘pollution’ used here by Lillard is a common theme among conservative Christians and Jews today, where the loss of purity renders young men and women unclean and dangerous. The binaries of clean/unclean, pure/polluted, and holy/profane recur frequently within the New Testament in regard to many different subjects such as food, speech, thought, illness, hygiene, and sexuality (Neyrey 1996:80-104). The same way that those who consume ‘unclean’ food are considered themselves to be ‘polluted’ by it, those who do not follow prescribed sexual morals are thus labeled ‘polluted’ by their sexual thoughts or acts. During the interview, this moment represented one of the very few instances where any of the four women made a moral judgment of condemnation. Their extreme desire to present themselves as professionally neutral (though they readily admit to being highly religious and politically conservative in their personal life) was easily observed in their oft-echoed mantra that it was “not our place to judge another”. The self-awareness of all four employees in regard to their highly deliberate and carefully chosen words was very apparent and Lillard’s verbal slip in the quote above, coupled with her quick backtracking in order to choose a more neutral word illustrates
this. I will discuss the precisely formulated rhetoric of the employees and their need for this self-
reflexivity in depth later on in this chapter.

At their other location, which is located in the basement of a church about thirty minutes
south from them, they offer a Mom’s Club where local mothers can meet, make friends, and
where their children can make friends as well. Dodge explained that the program is designed for
women who, “because of their circumstances, are not able to be out having coffee with other
mothers while their kid is at daycare”. The program is intended to foster a sense of community
and camaraderie among women who would otherwise be unable to afford to buy this free time
with childcare. They also offer programs specifically geared towards single fathers who are
either in need of parenting classes or who need material assistance like diapers and baby food.

The post-abortive man is a figure that, while almost altogether absent from the services
offered by reproductive clinics that offer abortion, features prominently in the pro-life centers.
Post-Abortion Syndrome is a psychological issue that is described as being similar in nature to
Post-Traumatic Stress Disorder and is both accepted and promoted by this pro-life organization.
This concept is highly contested within the pro-choice movement, whose proponents adamantly
argue that “mainstream medical opinions, like that of the American Psychological Association,
agree there is no such thing as ‘post-abortion syndrome’” (National Abortion Federation [NAF]).
When I inquired about the services that this pro-life center offers for males, Ms. Dodge spoke
about a post-abortive man she had recently encountered in her church who spurred her
development of a program geared specifically towards men “dealing with the loss of their unborn
child, sometimes without them even knowing about it”. This new actor, the man reeling from the
termination of a pregnancy, is notably absent from earlier writing on both the pro-life and the
pro-choice movements. In actuality, earlier pro-life arguments explicitly blamed the father,
stating that abortion was a coerced choice that women were being forced to make because of “the refusal of the father to take responsibility for the child” (Ginsberg 1998:68) and allowing abortion to remain legal and easily accessible is “decreasing women’s power by weakening social pressure on men to take emotional and financial responsibility for the reproductive consequences of intercourse” (Ginsburg 1998:214-215). Thus, the new significance of the “post-abortive man” is a reconfiguring of the essential gynocentric focus of earlier pro-life discourse that saw the failure of men to support women as the linchpin of abortion. I believe the emergence of the post-abortive man marks the development of a new attitude which, instead of implicitly seeing irresponsible men as the enemy, now sees abortion as a coerced decision for both men and women. But if men are no longer the coercers, then who is? Through my interviews, it seemed that these pro-lifers put the blame for abortion primarily on the American government for their lack of material support, lack of (abstinence) education programs, and for their continued refusal to illegalize abortion.

This evolution in the locus of who is to blame for abortion represents perhaps the modernization of the argument, where women are pictured as more independent and not necessarily reliant on a man’s emotional and financial support during or after pregnancy, and men have moved from villains to sympathetic figures—especially when they are raising a child on their own. The single father who has a child from a relationship with a woman who is deceased, incarcerated, or has otherwise abandoned her family was described by the women in the interview as an endearing figure that requires particular compassion and feminine assistance. While describing their services for men, Lillard recounted:

We had a sweet man come in a few weeks ago. He had just lost his job and he needed diapers and wipes and all that stuff. [So] he came in and
filled out a little form and we saddled him up with stuff. It’s hard. I felt bad. I can only imagine how hard it must be for him to raise a kid all by himself and then to come in here and admit he needed help. It musta been really hard and embarrassing.

The pity and fondness that Lillard expressed in her remembrance of that father calls attention to the fact that, within her very traditional beliefs about family, she finds it unnatural for a man to have to raise a child on his own and thus, she feels like he deserves understanding and assistance from women. On the other hand, while recounting a story about a single mother who was struggling to raise her four children, Lillard was notably less forgiving. She described the woman’s children as “dirty, wild, and unkempt” and when the woman arrived at their Center for assistance, “she was pregnant once again and she was happy about it! And I was like ‘oookkkayyy…’ ya know? She clearly had some mental health stuff going on, she even had the kids taken from her a couple times” (2014). Therefore, while the single father is forgiven for the hard time that he has raising a child, the single mother who does not live up to certain standards of parenting is portrayed in a more negative light, because, according to Lillard, motherhood is “what we’re designed to do”.

This new male-focus in the pro-life movement is exemplified in the creation of an immense network of support groups and organizations dedicated solely towards the post-abortive man. What was seen as the absence of men from the abortion discussion led to a backlash in the pro-life community. As explained by the Men and Abortion Network (MAN), the new male focus began in 2005:

When the first ever Men’s Summit to specifically address the issue of men and abortion, was held in Kansas City. The purpose was to gather
key leaders who were involved with the issue of men and abortion.

The Summit served as a groundbreaking event in which the focus was on how to reach these men in more effective ways and also to begin efforts to create greater awareness in our culture of how abortion impacts men” (Men and Abortion Network, n.d.).

The integration of men into the post-abortive discussion is very recent and represents what I see as a ‘new wave’ of the pro-life movement, one that is highly self-reflexive and is responding directly to the earlier pro-life movement. One such male-oriented pro-life organization, Fatherhood Forever, states:

Our goal, first and foremost, is to reach out to broken and hurting fathers who regret lost fatherhood and are searching for help…Men have a natural instinct to provide for and protect their families. For many men, this instinct kicks in as soon as fatherhood is realized…And abortion prevents that instinct from being exercised. This in turn can leave you feeling empty, powerless, defeated, helpless, confused and without purpose. These thoughts and feelings can haunt you for years after the procedure (Fatherhood Forever, n.d.).

In this formulation, abortion is conceptualized not only as an act that robs a child of its life, but as an act that robs men of their preordained, natural role. If this ‘natural instinct’ to provide for and protect ‘kicks in’ as soon as a woman becomes pregnant and then she aborts, men are described as being sent into a sort of limbo where their paternal instincts are awake and active, but they no longer have a child to direct them towards. Thus, the post-abortive male and his
negative emotions are due to his being ‘without purpose’. This argument is parallel in many ways to the pro-life position on the female post-abortion syndrome where motherhood in conceptualized as natural and abortion as unnatural. The integration of men into Post-Abortion syndrome is intended to reconfigure the abortion debate which has historically not only been female-dominated, but explicitly prejudiced towards allowing men a voice. By reintegrating men into the discussion, the pro-life movement hopes to attract double the opposition to abortion and unify families in their support for the pro-life cause.

The negative emotions that pro-life proponents argue are triggered by abortions and which they classify as ‘Post-Abortion Syndrome’ are thoroughly gendered. Women experiencing Post-Abortion Syndrome are said to feel overwhelming guilt, depression, frequent crying, grief, emotional numbness, sexual problems, lowered self-esteem, nightmares, anorexia, drug abuse, and suicidal urges (Pro-Life America, n.d). But as explained by Bradley Mattes in an article written for the pro-life educational resource Life Issues Institute Inc., entitled “Losing a Child to Abortion”, the symptoms of Post-Abortion Syndrome in men are described very differently than those of women. These male symptoms include anger that is harmful to himself or others, frustration, becoming workaholics, resentment and mistrust towards women that may result in their experimenting with homosexuality, and violence (Mattes 2009:1). Men with Post-Abortion Syndrome are described as being “ticking time-bombs just waiting to go off” (2009:1). Whereas women are said to self-destruct when they experience Post-Abortion Syndrome, men often erupt and harm everyone around them. In his article “When Daddy’s Dream Died, Daddy Died Too” for Life Issues Institute, Inc., Mattes recalls one such case that exemplifies the way that abortion negatively affects men and their families:
In May 1996, a young man from Minneapolis was dating a woman with an 18-month-old daughter from a previous relationship. She became pregnant and he was elated. Tragically, without his knowledge or consent, she aborted their baby. Furious, he went to her house where an argument ensued and escalated. He pulled out a gun and said that because she killed his baby, he was going to kill hers. He then shot and killed the woman's daughter in front of the mother. Then, in another act of cruelty, he took his own life. He allowed the mother to live to grieve the loss of her two children - one born and one unborn (2003).

In the contemporary pro-life movement, former conceptualizations of the man as the force that, implicitly through abandonment or explicitly through threats, coerced women into having abortions have almost entirely been replaced with the reconstruction of men as fellow victims of the abortion industry. The above quote goes so far as to suggest that not only is that particular man not truly responsible for the horrific violence he committed against his family, but that the woman whose child has just been murdered by that man is inadvertently complicit in the act. By terminating her pregnancy without his “knowledge or consent”, he then felt justified enough in his anger to take the life of her child. Within this conception, both women and men are victimized by abortion—but whereas women grieving with so-called Post-Abortion Syndrome are said to become hyper-emotional and harm themselves, men become overtly violent and lash out at those around them. Within this pro-life formulation, both expressions of grief are excusable because they are both victims of the abortion industry.
One of the core motivating factors for becoming involved in the pro-life movement that was expressed time and time again in the interviews that I conducted was a direct, personal encounter with abortion. Whether it was the informant themselves or someone very close to them, the catalyst for becoming hands-on in the movement was very often a first-hand experience with abortion and its consequences. While all four women employed at the Center said that their families raised them to be pro-life, it was not until a defining encounter with abortion that they were motivated to transform their vague moral views into direct action. Ms. Dodge went so far as to assert, “You’ll find a lot of people in this movement, especially if they’re in it for the long haul, have known people or have directly been a victim of abortion. It’s kind of like Mothers Against Drunk Driving or some of those groups, they just have to do something with the tragedy that happened to them to help others. It’s not easy. It can be very hard”.

By comparing the pro-life movement to Mother’s Against Drunk Driving, Dodge once again implicitly articulated the common pro-life belief that abortion represents the victimization of women. The comparison between a mother whose child has been killed by drunk driving and a woman who has chosen to terminate her pregnancy may seem strained and overdramatic but in actuality, variations of that same sentiment were expressed time and time again in my interviews. Because these women and many others just like them view abortion not as a choice, but as something that is forced upon women (by lack of knowledge, by their families, by their circumstances, or by abortion providers themselves), it makes perfect sense for a post-abortive woman to mourn for the fetus. I was struck by how open and forthcoming the women who worked at the Center were about their own experiences during our interview. When I asked the group about whether or not they were raised pro-life, I was taken aback by Cindy Lillard’s raw,
emotionally charged description of an abortion that she had when she was 19 years old—a story that she narrated in front of the whole group, including her own young daughter who interns at the Center. She recounted, “I felt like at that time I had no choice…but to have an abortion. No other choices were presented to me. So I just went ahead and had the abortion. And I knew, truly, in my heart that I was killing my baby, I knew that. I totally knew that and it was agonizing”.

Here, the language of the pro-choice movement is appropriated and inverted. In the pro-choice discourse, the right to abortion is the absolute right of women to choose—to have unfettered control over their own reproductive health. But in the contemporary pro-life rhetoric, the formulation is flipped and abortion is represented as something that women are forced into by their lack of choices. This conceptualization is a constant, both in my interviews and in contemporary pro-life publications. While describing an abortion that she too had as a young woman, the registered nurse at the Center, Marilyn Lattner declared:

I wasn’t given any kind of information. It was really presented to me like it wasn’t even a baby yet, it was just a blob of tissue and its not a big deal, ‘we’ll just take care of it’. And really, as a nurse and understanding, this was not nothing, this was a baby. I think everyone has a right to make a truly informed choice. I kind of cringe a little when you hear ‘are you pro-choice or pro-life?’, I mean obviously I want the choice to be you’re gonna choose life, but I say I’m more pro-information.

Lillard described the time after her abortion as a state of denial—she still aligned herself with a pro-choice viewpoint because, as she explained, “I didn’t really wanna deal with the choice that I
had made”. It was only after she married and she gave birth to her first child that she realized how wrong she had been to have an abortion. She concluded her story by stating:

> Even though I have moved on from it, I’m never over it. Never. That child had it’s own separate DNA that can’t be replicated. You can say ‘oh well you’ll have another baby’, yah I will, and I did, but that was a separate human being who had it’s own identity, who had it’s own purpose, who had it’s own plan for this planet and you know, that was destroyed, that can’t ever be taken back.

This sentiment—that through terminating her pregnancy, she eradicated non-replicable, unique DNA—attests to the fundamental belief in the pro-life movement that life is inviolable and that it begins at conception. The act of conceiving a child is truly viewed as a miracle for many in the pro-life movement. In this conception, it is divine and almost superhuman to create new DNA and thus terminating it goes against nature and the holiness of creation.

Though the pro-life movement has evolved in many ways since it’s early contemporary period following the Roe V. Wade case, it shares certain characteristics as well. In Ginsburg’s research in Fargo, North Dakota, she quotes a local pro-life woman as stating: “We’re feminists, but not rabble-rousing bra burners” (1989:79). This pro-life feminism, intimately connected with traditional femininity, domesticity, and family, is still extremely prevalent today. As the Executive Director of the center, Anne-Marie Dodge firmly believes that she and her center as a whole are feminists. She explains, “Abortion is a disservice to women, I’m a feminist and I don’t like to see the oppression of women. I don’t like to see people making money on the backs of women”. This pro-life feminism aligns itself explicitly with the early feminists of the first wave
such as Susan B. Anthony and Elizabeth Cady Stanton and opposes abortion on a foundational level as the exploitation of women. During the interview, Lillard, speaking on behalf of the group, asserted:

We absolutely consider ourselves feminists. I think motherhood is powerful, I have 8 kids and I think its one of the most powerful positions for a woman because you can really shape peoples lives…It’s empowering and I think women need to start embracing more who they are and what they’re designed to do and be’’ The group went so far as to state that abortion is a crime against women.

Because pregnancy and motherhood are considered to be the natural, intrinsic role for women within conservative religious traditions, abortion is literally the antithesis of the femininity and domesticity.

The contemporary pro-life movement is inextricably marked by its history. The movement has been highly criticized, villainized, and discredited for the methods and means that some pro-lifers employed in the past. Between 1993-2009, the height of anti-abortion violence in the United States, at least eight people affiliated with abortion clinics were murdered by pro-life groups and individuals (NARAL 2014). The violence includes shootings, bombings, kidnappings, and arson and led to the pro-life movement being characterized in the media as domestic terrorists and fanatics. In addition to the characterizations that emerged from pro-life violence, there have also been several damning governmental and media reports about Crisis Pregnancy Centers. Undercover journalists and congressmen alike have investigated Crisis Pregnancy Centers and have published highly critical exposés that portray the Centers and those who work there as dubious, underhanded anti-choice crusaders who use lies, intimidation, and
fear-mongering in order to coerce women into choosing motherhood. In my fieldwork, I have found that Crisis Pregnancy Centers today are highly self-aware of this reputation and are actively working against it by distancing themselves from both the violent pro-life groups of the past and from the protest-oriented groups of today. This self-reflexivity can be seen in almost every aspect of the Centers in which I conducted interviews, from how carefully they choose each and every word, to how suspicious they are of those asking the questions (like myself).

During our interview, Marilyn Lattner explained:

> It’s kinda like when you have extremists in anything, people are gonna associate you with them. If you say pro-life, people will think something like those people holding the offensive signs or bombing people… I’m a born-again Christian but I don’t ever say I’m a born-again Christian because the stereotype makes people cringe. So I’m cautious who I’m talking to when I’m explaining what we’re doing ’cause if I say pro-life right off the bat, people just shut down (Lattner 2014).

The above quote epitomizes the self-awareness that I see as characteristic of the contemporary pro-life movement. Not only is Marilyn Lattner hyper-aware of the negative connotations that go along with terms such as ‘pro-life’ and ‘born-again Christian’ because of their negative image in the public mind, she also expresses the need to be constantly vigilant about her audience. Whereas she would probably be open about her pro-life beliefs when in the company of her church, she does not advertise her political orientation or religious beliefs to those that she does not know for fear of alienating them.

Arguments for or against abortion in the ‘hard cases’—namely, rape, incest, extreme fetal disability, or danger to the life of the woman—have always been hotly contested. Evidence
suggests that, contrary to popular belief, abortions were fairly common in the nineteenth century. In 1871 a committee of the American Medical Association concluded that 20 percent of all pregnancies were deliberately aborted (Luker 1984:18). The predominant opinion of the time was that abortion before quickening was only slightly different than using contraception. In the second half of the nineteenth century, physicians began arguing for the criminalization of abortion as a moral crime and a medical danger. The physicians’ crusade resulted in the regulation of abortion, not its outright illegalization. By 1980, anti-abortion laws became standard throughout the United States but by 1900, all but six states included a “therapeutic exception” in their abortion laws—a clause that stipulated that any abortion that was advised by a physician to preserve the life of the mother was legal (Luker 33). These vague laws did not specify what exactly constituted a threat to the mother’s life and could be interpreted as either her physical life or her social and emotional life. California’s Therapeutic Abortion Act (1967), signed by Ronald Reagan, made abortions legal if a hospital committee decided that the pregnancy would impair a woman’s physical or mental health or if a court found probable cause to believe that the pregnancy was a result of incest or rape. Anthony Beilenson, the legislator who carried the bill, explained

We weren’t talking about abortion on demand, we were talking about cases of rape or incest…in the cases of that sort, it was just clearly barbaric and wrong that women couldn’t have access to decent medical care…the existing state of the law [before the bill] was barbaric or archaic, not moderate (Luker 1984:70-71).
By 1972, 79 percent of people polled in a national opinion survey supported abortion in the case of rape or incest and an overwhelming 87 percent supported it if the pregnancy was a threat to the woman’s health (1984: 225).

Before I began conducting my interviews I took it as a given that, as the data above shows, even the most ardent pro-life campaigners conceded that there are certain dire situations in which abortion is justified and denying a woman the right to end her pregnancy in those cases would even be considered morally reprehensible. When I posed the question of whether there were any circumstances in which abortion was defensible, I expected to hear the standard ‘hard cases’ list that have received special consideration throughout modern history—rape, incest, threat to the mother’s life, and fetal deformity, but the answer that I actually got floored me. One after one, each of my informants wholeheartedly asserted that no, abortion was never justifiable, not even in the hard cases. Cindy Lillard firmly stated, “rape is horrible…sexual abuse is awful…but no. It’s two violent acts and they don’t equate”. She was echoed by Anne-Marie Dodge who explained,

No. especially with adoption being such a positive solution to make, such a loving plan for your child, especially with open adoption. I think to put a woman through that [abortion], because that’s still life and we’re life-giving beings, whatever we do, even if we never have children. To violate a woman bodily again, it’s like Cindy said. And we have tapes with women who have been interviewed who were conceived through rape and they’re happy to be here (2014).

This uncompromising position on the hard cases of abortion shocked me. I had done the research, read all the books, and none of it could have prepared me for this position. Because of
the very little precedent for this kind of unqualified stance on rape, incest, fetal disability, and threat to the life of the mother in the former writing on the abortion debate, I believe that this is another characteristic that sets the contemporary pro-life movement apart from its predecessor.

Their opposition to abortion in the hard cases fell into two categories—first, that women who have suffered a trauma like rape or incest are being further victimized by abortion. This is obviously predicated on the belief that abortion is an unnatural violation of the female body and a form of exploitation. The second category of their opposition is that the child is innocent and even if the mother does not want it, other people do. Marilyn Lattner, the RN, took up the argument against abortion in the case of severe fetal deformity/disability with a moving personal anecdote:

My son is autistic and my best friend has adopted five kids with disabilities. There are people out there that want children with disabilities…Saying ‘oh your baby is gonna have Down Syndrome so we should really just weed him out’ is real eugenics-y, ya know? Children with disabilities give so much back to the world that people can’t even begin to imagine. I don’t ever think that [abortion] would ever be right. It’s never right, it’s really never okay.

This systematic rebuttal of all traditional justifications for abortion was thorough and planned. It was obvious that they have been asked these questions many times and are well versed in their reasoning and prepared in their argument. As soon as I broached the subject of justifiable cases for abortion, Cindy Lillard explained that she had just been thinking about these issues because she “was anticipating [me] asking them”. Along with this, the women at the Center also once
again demonstrated the self-reflexivity of the contemporary pro-life movement by addressing the criticism they often receive. Lillard explained:

That’s the thing. We see. It’s not that we don’t get it. We would rather see the effort and the energy going into supporting and helping women who have those issues [rape and incest] instead of having them end their pregnancies and terminate the life.

This complete abandonment of all of the traditional concessions that even the more conservative pro-life groups have historically made is laden with themes of self-sacrifice and female strength that are derived directly though Christian teachings. In her influential text *Each Mind a Kingdom: American Women, Sexual Purity, and the New Thought Movement*, Beryl Satter explores the New Thought Movement, a nineteenth century group comprised mainly of women that aimed to reform contemporary American society through feminine spiritual purification. As she explains, the prevailing beliefs of the time characterized “pure, maternal womanhood” (Satter 2001:188) as “selflessness, altruism, and love” (2001:188) and that “women’s deepest instinct was love defined as self-sacrifice” (2001:173). Because this conservative Christian conception of femininity and motherhood is so inextricably tied to beliefs of selflessness, it follows that what I see as a rising conservatism and religiosity in the pro-life movement would manifest in the rhetoric of the women at the Crisis Pregnancy Center.

I believe that this pattern of opposing abortion on all grounds that I observed in my interviews represents a trend in the pro-life movement as a whole towards an increasingly conservative position. Contemporary attempts to criminalize abortion and the subsequent turn in the pro-life community towards a more stringent, uncompromising position can be interpreted within the context of moral panic and social backlash. This backlash is understood and
acknowledged by the pro-life movement, and represents another example of the self-awareness of the contemporary campaign. As articulated by Susan Tyrrell, a writer for the independent pro-life news agency LifeNews, in her report “Obama's Pro-Life Backlash, Record Number of States Limit Abortions”:  

What happened in the United States is that pro-lifers were shaken awake by the election of a man who advocated abortion with few restrictions, who walked into the Oval Office and started signing documents to increase abortion funding…and who then pushed through a health care plan that would expand abortion more than any other time in US history, and includes an abortion ‘premium’ all Americans must pay. And pro-lifers said ‘No more!’ And we roused a bit from our slumber and peeked out from under our rock (Tyrrell 2012:1).

The election of Barack Obama, labeled by the news agency as “the most pro-abortion president in history” (2012:1), is acknowledged as the catalyst for the modern reinvigoration of the pro-life movement. Tyrrell goes so far as to wonder, “is President Obama the best thing to happen to the pro-life movement?” (2012:1). Moral panics occur when a society is faced with rapid social changes that it cannot adapt to, leading in turn to conservative backlashes. American history is rife with examples of these panics and backlashes—from the second ‘sexual revolution’ of the 1960s to the subsequent neo-conservatism and ‘Reagan Revolution’; the HIV/AIDS moral panic of the 1980s and the subsequent scapegoating of supposed social and sexual deviancy, as well as ethnic groups such as Haitians; High rates of teen pregnancy in the 1980s and early 1990s (especially among unmarried, low-income women of color) and the following panic and outrage
concerning ‘welfare queens’, which led to the passage of the 1996 Welfare Reform legislation that included Abstinence-Only education policies (Herdt 2009:24).

The backlashes in the abortion debate are multifaceted and have come in many stages. First, out of frustration with their lack of influence on legislation and the unwavering rates of abortion, newly mobilized, radicalized and sometimes militant pro-life groups emerged in the late 1970s and 1980s, including Operation Rescue and the Pro-Life Action League who advocated for civil disobedience and used nonviolent means in order to force abortion providers out of business. With the 1992 election of Bill Clinton, a vocal supporter of abortion rights, violence against clinics doubled (Ginsburg 1989: xvi). By 1994, this civil disobedience of Operation Rescue and similar groups evolved into a call for violent action by the radical pro-life activists who claimed that the murder of abortion providers was “justifiable homicide” (Strickland 1998:22).

Figure 6: Operation Rescue’s famous ‘Wanted’ posters provided the home addresses and phone numbers of doctors who performed abortions

security guard Robert Sanderson (1998), Dr. Barnett Slepian (1998), and most recently Dr. George Tiller (2009) have led to a mounting legislative and social backlash against the pro-life movement as a whole. But within the pro-life community, as my informant Cindy Lillard suggested, this moment in time was crucial in reinvigorating the movement. She explained:

The whole Randall Terry* and Operation Rescue thing was going on and it was craziness, but I kinda think that what happened at that time was the church was asleep on the issue of pro-life…and then Roe. V. Wade happened and nobody was really paying attention to what was going on, and then you got these Operation Rescue people who probably are overly-passionate about it, their methods were a little scary, but I think they woke us back up!

The perceived affront to the pro-life movement and to the lives of the unborn that was made by electing an adamantly pro-choice President shocked the movement into outrage and pushed some of its constituents over the edge into escalating violence.

The second backlash occurred within the pro-life community itself. As discussed above, the women that I interviewed claimed that the election of Barack Obama and his support of the pro-choice movement has reawakened and remobilized pro-lifers who claim that they were in a state of stasis. The third backlash, which I believe is still actively in progress, is the desperate attempt by pro-lifers to distance themselves from the negative connotations that the pro-life movement has attracted. This extremely heightened self-reflexivity marks a new stage in the movement where pro-lifers are reacting against the actions of their violent counterparts. This was spurred most recently, I believe, by the 2009 murder of Dr. George Tiller, an abortion

* Randall Terry founded Operation Rescue in 1986
provider in Kansas. The backlash from the murder was almost immediate and the case received highly critical news coverage nationwide. One MSNBC reporter went so far as to introduce the topic of George Tiller’s murder with the sensationalized assertion that it was: “A religious jihad by fundamentalist crusaders who believe that murder is justified, their acts of violence having the intended effect of changing behavior. Our fifth story on the Countdown: Not the Taliban, not Hamas, not al Qaeda” (Olbermann 2009). Pro-life organizations, even combative ones like Operation Rescue, publically condemned the murder. On the other hand, radical underground anti-abortion terrorist groups such as the Army of God publically supported the murder and still advocate for continued violence.

![Figure 7: An image featured on the Army of God’s website.](http://www.armyofgod.com)

![Figure 8: An image from the Army of God’s website](http://www.armyofgod.com)
But the mainstream pro-life community viewed the murder as not only morally wrong, but also as a huge setback for their movement. Pro-lifers almost instantaneously predicted the public backlash and condemnation they would face and braced for the drop in political and public support. Immediately following the murder, Cynthia Gorney, a professor at University of California and a reporter for the Washington Post asserted that: “They’re going to get a huge backlash against Right-to-Life. You’re going to get a lot of people now saying, see, those people are all crazy. They all advocate violence” (Balan 2009). This sentiment was also expressed by those within the pro-life movement who instantly predicted that the murder would negatively impact their mission.

In the time that I spent working at the Planned Parenthood located across the street from the protest shack, the latter loomed in my mind as a place that was dangerous to people like me—those who are visibly involved in the struggle for and the implementation of women’s unfettered right to all forms of reproductive health care. The men that I saw going in and out of the building, nailing up huge protest signs or putting in large model tombstones in remembrance of the fetuses that have been aborted since 1973 seemed menacing. The shack was consistently abuzz with activity; old pickup trucks were constantly pulling in and out of the lot and unloading large boxes. I often saw those same men in the groups of protesters that were almost always gathered outside of the Planned Parenthood office, and when it was lunch time or bad weather suddenly arose, the protest group would walk across the street to the shack for shelter. For the most part, the protesters were respectful; they would often spend the day singing hymns or silently praying. Sometimes, they were more combative and would yell or accost the female patients with graphic images or insults. Generally, the protester trend that I observed was that the groups that would sing and pray were mostly elderly and were most often present during the
morning hours. The more aggressive individuals were younger and included boys and girls who looked as young as sixteen or seventeen. I heard horror stories from fellow employees at Planned Parenthood who recounted how those men toed the line between legality and illegality, doing every barely licit thing in their means to challenge Planned Parenthood while making sure not to breach the line into unlawfulness outright. One employee told me how one man at the shack (she assumed he was the leader) had been known to follow Planned Parenthood employees to their homes after they get off work, tailing them closely in his pickup truck so that they were aware of his presence and then, once they arrived at their homes, idling for a while and then driving off without saying a word. There is no way for me to know whether those stories are facts, embellishments, or outright inventions, but what I do know is that the men at the shack had a way of sitting in their front yard and unblinkingly staring you down as you left Planned Parenthood and walked to your vehicle that could make anyone uncomfortable or anxious. I did not know what went on inside of the shack but I could only assume that it was nefarious. In my mind, I had built this protest shack up into the shadowy hub of all things anti-feminist and evil, a gathering place for close-minded zealots who would use any means necessary to stop women from exercising their legal right to abortion. I would find out later that, like most things that exist solely in the realm of rumor and imagination, the reality of the protest shack was much more prosaic and underwhelming.

Years later, after a lack of funding had caused the Teen Clinic in the Planned Parenthood where I worked to close and the curiosity was still overwhelming, I finally found myself parked outside of the shack. A small sign on their door listed their hours, their religious affiliation with a local church, and also declared “All Welcome”, so I took that as my invitation into the mysterious building that I had spent so many days staring at and musing over from across the
street. Of all the sensational sights that I imagined that I would be faced with upon opening that
door, the reality was so banal that it stopped me in my tracks. I was perhaps more shocked than I
would have been if I had walked into a cultish training center for violent pro-life terrorism
(which, to be honest, might have been what I was expecting in the back of my mind). Inside of
the highly politically charged and controversial façade of the building was an unremarkable,
commonplace food pantry geared towards expectant mothers. As I took my first step inside, an
elderly woman in a very modest, shapeless dress called out, “Take whatever ya need, girl.” She
was echoed by a shirtless preschool-aged boy, cradled in the woman’s lap, who excitedly
shouted out, “It’s all free!” The front room of the shack was dominated by a giant folding table
that was overflowing with fresh pastries and bread that, according to a sign, are baked and
donated daily. On the other side of the room was a wall of shelves that featured religious
pamphlets, books, and specialty bibles geared towards young adults or mothers. One such
pamphlet that I took with me is entitled “No! No! It is a Sin!: A Message to the Young Adults of
Today From Saint Maria Goretti Patroness of Youth”, written by Father Richard J. Rego and
Bishop Rene H. Gracida in 1992. It’s index includes topics such as “The Sin of Scandal”, “The
Declaration on Certain Questions Concerning Sexual Ethics”, “The True Meaning of Human
Sexuality”, “Premarital Sexual Activity”, “God’s Definition of Love”, “Homosexuality”,
“Masturbation”, “Mortal Sin is Individual”, “Helps for Overcoming Sins of the Flesh”, “God
Wants You To Be a Saint”, and “A Word About AIDS: Dear Teenager”. The introduction of the
dramatic Catholic pamphlet inquires, “How much of the evil influence of the pagan world has
eroded Christian attitudes and behavior? Have today’s Catholics exchanged Magisterial
Teachings for the drivel of atheistic sociologists and psychologists?” (Rego & Gracida 1992:2).
This pamphlet, what the author labels as a “defense of Catholic morality” (1992:2), touches on
themes that range from the evil of television (especially Oprah Winfrey), to the devastating effects of the liberalizing of religious doctrine to accommodate homosexuality—what the author calls “hedonistic accommodations to paganism (1992:8), to the ‘reality’ of “masturbation, also called self-abuse, self pollution, ipsation, and onanism” (1992:31), and finally to ‘misconceptions about HIV—“It’s still easy to think about AIDS as something that happens to other people, homosexuals, hemophiliacs, Haitians and heroin heads...Magic Johnson must have felt that way, and now he has the AIDS virus” (47).

The back room of the pantry was cluttered and claustrophobic. It was overflowing with baby clothes, cookbooks, cribs, cooking pots and pans, children’s toys, and dozens of little fetus models made from what felt like the same pliable, jelly-like material that stress balls are made out of. The pantry was clearly religiously affiliated and had a politically conservative leaning but their agenda was unexpectedly uncontroversial—they were essentially just a charitable pantry for pregnant women in distress or need. My astonishment at this reality led me to blurt out the question on my mind—namely, whether they were affiliated with the Crisis Pregnancy Center across the street or the protesters who spent the better part of most days a mere fifty or so feet away from the shack. My curiosity had gotten the best of me and in that unwelcomed inquiry; I aroused suspicion from the elderly woman supervising the pantry. Defensively, she snapped that no, they were not affiliated, “just sometimes we let ’em park their cars here.” With that, she turned away and resumed reading aloud to the squirming child in her lap and I took the hint and left. As I walked out of the shack, all I could wonder was where were the threatening men in their pickup trucks? As a matter of fact, why were there no cars outside of the building at all? Though technically a city, this was not the type of place where you could realistically walk from
your house. The visit to the shack aroused more questions in my mind than it answered and I was left feeling like I had not gotten even close to knowing the real story.
Like many urban areas, Irvington, New Jersey is suffering the after-effects of post-industrialization. With a crime rate six times higher and a murder rate eight times higher than any other city in New Jersey (Jones 2007), Irvington is surrounded by an air of grit and danger to onlookers from local suburbs. Newspapers in northern New Jersey are saturated with references to the city—violent crimes, an ever-rising unemployment rate, failing school systems, drug epidemics—all are sensationalized in print and poured over by suburban New Jerseyans who wonder what keeps going wrong for Irvington. As of the 2010 census, 85.41% of the city’s population is African American, 10.6% is Hispanic or Latino of any race, and 5.64% is Caucasian (United States Census: 2010). The urban decay and white flight that plague Irvington are constant topics of both media reports and casual conversation by residents. Much like how the weather or local gossip are chatted about among neighbors in other towns, the steady declination and dilapidation of their city are offhand musings for residents of Irvington. As I arrived to the interview location, I scrambled to find parking on streets with lines of cars double-parked. After a few minutes of searching with no luck, I decided to park in the short-term bus parking lot. The lot was covered with trash and abandoned high-heeled shoes scattered haphazardly around. Squeezed between a large fast food restaurant and a beauty supply shop was a small metal door that I was instructed to enter. After climbing three stories up a tight stairwell, I entered the waiting room of the Center. I was greeted by John Garson*, the Executive Director

* This name is a pseudonym
of the pregnancy center, as he was vacuuming the floors of the tiny office. He took me to a small meeting room where our interview commenced. The meeting room was overflowing with towering shelves of pamphlets and literature on topics ranging from post-abortion support groups to “the realities of contraception”. After a few minutes of small talk and greetings, the interview commenced.

Mr. Garson gave a short autobiography that chronicled his early life—a childhood characterized by “mental, emotional, and psychological abuse” that resulted in what he explained as “OCD that I still have today…because I was so traumatized as a kid”, to his college days as a social work major, and finally to the turning point of his life—when he became a born-again Christian in 1987 and began the process of forgiving his parents for his upbringing. When he found God, Mr. Garson realized that social work was well intentioned but ultimately insufficient—he explained: “That’s how I looked at social work: as me helping out poor people instead of me being equal to those poor people and that’s what has changed now for me since then”. He spoke rapidly with a strong Long Island accent in a conversational manner. His exuberance and passion for his work was obvious, as well as his love for his city and his allegiance to the lower classes, though he himself was raised in a middle class household. At several points during our interview, Mr. Garson explained his motivations and mission with the assertion, “I’m a street person!” This statement was a mantra of sorts that he used to articulate his feelings about administration, academia, and politics— all of that stuff is well and good, but he believes that he is serving God and God wants more from him than just talking and theorizing about the issues abstractly. Becoming disconnected or hands-off from the population that he serves and their particular struggles would be a fatal flaw for his mission. He went on to explain that his center is not a medical facility, but a “ministry for all people”. They provide free
pregnancy tests, free sonograms to verify the pregnancy, give away free baby items and clothing, and provide counseling (for adoption, sexual abuse, trafficked women, and post-abortive women). But more than that, Mr. Garson aims to foster the kind of repertoire in his Center where he can provide or refer his clients to whatever they need. He spends 75-85 hours per week working at the Center and his ultimate goal is to create a lasting support system for Irvington that is proactive rather than reactionary; instead of solving the symptoms, he wants to cure the underlying illness itself. He explained that this is one of the main problems he sees with humanitarian, nonprofit work as a whole. He lamented this throughout the interview and explained, “people just blow into town on their white horse to try and help short term and don’t stay. That’s not real change”. Mr. Garson’s holistic view on pregnancy and his commitment to helping his clients in any manner throughout their lives is unique among the centers that I have encountered and interviewed.

The Center was a bit worse for the wear—the paint was peeling, the furniture was mismatched and patched, and the carpet was stained and worn thin. From the outside, the building was in obvious disrepair. But as Mr. Garson explained to me:

We came to Irvington because there were 14 abortionists, and not one place that delivered a baby. Abortion was three times more prevalent here than any other place in New Jersey. There were so many inter-city issues that just as a literal alternative, just literally, we said we have to set up…We will work day and night and for free. I mean if you look around us, the office is in horrible shape, and I’d rather move to a nicer building but not without the bus stop because this is where the ladies are. You need to be where people are…
His intense commitment to serving those in need is evident in his self-sacrificing embrace of humble, minimalist living. His piety and devotion allow him to put others before himself. This also puts him at odds with the lifestyle that many expect from Executive Directors of large organizations. As he stated, “I think people need to focus what their talents gifts are and their passions, and I’ve noticed that I feel better with the FBI helping to track trafficked women and with a homeless girl and speaking and writing, than I would running five centers like others. I’ll speak and vacuum and I’ll write, which I love doing, I enjoy research and the hands-on stuff. I particularly do not enjoy corporate lifestyle. That’s not my thing”. Mr. Garson considers himself truly of the people—his Christian beliefs enable him to adopt the “street person” persona that is at the center of his identity.

Mr. Garson views his organization in a much larger scope than simply a pregnancy center—he wishes to address the underlying and associated issues contributing to and resulting from unplanned pregnancy. This, he believes, is a relatively recent development within the pro-life community. I believe that this holistic focus on the root causes of unplanned pregnancy is another feature, along with self-reflexivity and a heightened conservatism, that is emblematic of the new era in the pro-life movement. As Mr. Garson explained,

In the years since ’86, for me the hallmark has been multiple issues, not just ‘I’m pregnant, lemme go get a pregnancy test’. Now it’s HIV, multiple boyfriends, just a bunch of stuff going on in there and then multiple issues like poverty, depression, post-abortion stress, that have led to violence by women, violence by men, date-rape, all new when I first came aboard.
He identified structural issues like poverty, homelessness, unemployment, discrimination that work in conjunction with systemic problems like incarceration, domestic violence, sexually transmitted infections and HIV/AIDS, and single-parent households as some of the core underlying conditions that result in the termination of pregnancies. Describing this holistic approach his center employs, he recalled a particular case:

As long as a client needs help, I’m gonna be there. A client 20 years later, we’re still working with her. In fact, one of our gals, we went to jail because she was in jail in ’97. It was a big case— she had a lawyer for her unborn child and such, well now her kid is 16 and wants to be a lawyer and is going to school and all that. We’re still in her life.

Mr. Garson stressed that although this was a crisis pregnancy center, the support he offers does not necessarily begin and end with pregnancy. As long as someone is in need, Mr. Garson wants to be there. For example, during Hurricane Sandy he refashioned the meeting room in his center into a temporary shelter “because pregnant people are not pro-life or pro-choice, they’re just hit with a hurricane or snow and they don’t have diapers. So we gave them diapers and blankets, you know, cause that’s our job”. Rather than limiting his center to the narrow mission of swaying women to choose life, he aims to alleviate the structural issues that he believes are forcing women to even have to consider not choosing life.

At one point during the interview when we were discussing the underlying issues related to abortion, Mr. Garson said to me:

If you were doing this on a bigger scale, you’d talk about white-flight and putting people into little boxes and such, where Irvington was German/Italian and then everyone up and left and now we’re struggling.
I just wish people would buy books for kids in a town like this.

Unfortunately, I have to be honest, I haven’t seen a lot of the reach-out programs except for the ‘oh you need contraceptives and soap’ people.

We need just a little more understanding. I can’t imagine being black…how insensitive and dehumanizing is that?...'No money for books but here’s some condoms!’ Do ya see what I’m saying here?!

How can we justify that?

Here, Mr. Garson argues that contraceptives not only represent the state’s attempts to control the African American population, but that they also serve to distract people from the real problems. Here, condoms and birth control are conceptualized as just a way to appease a population that is truly suffering from lack or resources and material support. Mr. Garson constantly referenced Star Parker, a Republican politician and conservative political activist, and her controversial views about abortion and welfare and the danger they pose to minority groups. Mr. Garson explained:

She’s an African American woman, grew up on welfare, Christian, got off welfare, and calls it a big plantation because basically she feels abortion and welfare and some other things are a string that holds people….Government is not going to resolve it…in the 44 years, it’s horrible. I can sit here and give clothes out all day…I can have a line of people here, valid people who are in need. The job market and poverty are such that we’ve really dug in. We’ve taken poor places and made them poorer…now it’s become such a chain around some people especially in New Jersey.
According to Mrs. Parker, and echoed by John Garson, the welfare state placates low-income families into a state of stasis and dependency. She compares the welfare system to a huge slavery plantation where unproductive behaviors are perpetuated and “black families are destroyed” (Parker 2013:1). Another aspect of this attack on the black family, according to Parker, is abortion. The disproportionately high prevalence of abortions among minority groups, combined with what Parker sees as the targeted locations of Planned Parenthood in predominantly African American neighborhoods, serve to break down the black family.

This is obviously a viewpoint that Mr. Garson has adopted and influences much of his rhetoric and his strategy of creating himself as the one true reproductive organization in his city that is on the side of the people, not the bureaucracy.

Mr. Garson self-identified as a “1920s feminist”. He aligned himself with the viewpoints of the early feminists such as Elizabeth Cady Stanton and Mrs. Arthur Dodge, “the ways that movement was in its purity, before it was co-opted—mostly by men”. He characterized the
second and third wave of feminists as women who were “deeply hurt, abused, physically or sexually, sometimes both…” He conceptualized the contemporary feminist as one who is positioning herself directly against men because of some traumatic event, rather than someone who has deeply held, rational beliefs. Though his life’s work centers around women and women’s issues, Mr. Garson would fall far outside of the framework of today’s liberal feminism. Instead of framing his particular form of feminism in terms of women’s liberation and empowerment, he couched his beliefs in what he calls a “Biblical respect” for women. This respect, he explained, is something that must be learned through traditional monogamous unions, like his own 34-year marriage. Whereas mainstream feminism would identify beliefs as distinctly anti-feminist and as propagating harmful prototypical gender norms, Mr. Garson’s pro-life feminism conceptualizes those same traditional gender roles as beneficial to women. During the interview, John Garson expressed a common sentiment of the contemporary pro-life movement—his dislike for the term ‘pro-life’. He, like many others, believes that the term has been co-opted by people outside of the movement in order to disparage pro-lifers and depict them as “liars, weirdos, and not scientific” (Garson). In addition, the negative connotations that are wrapped up in the term, due in large part to the anti-abortion violence perpetrated by individuals who identity as ‘pro-life’, have, as Mr. Garson stated, “ruined it for millions of gray-haired women and old guys like me”. This cognizant distancing of himself from the term ‘pro-life’ is a reoccurring theme that was articulated by every individual that I interviewed and is related, I believe, to what I see as a new era in the pro-life movement. This new ‘pro-life’ is highly self-aware and is recreating itself in response to its predecessors and their mistakes. Instead of the term ‘pro-life’, Mr. Garson preferred to label himself as “biblically life affirming”. The murders of doctors who perform abortions or those who are affiliated with abortion clinics is
especially tragic to Mr. Garson because he believes that the whole basis of being pro-life is to have an unwavering respect for all forms of human life, without concern for their beliefs or actions. As he explained, “I think abortion is not a good job profession but the abortionist is still a worthy person, like me. They are equal to me. I need to treat them with the respect that God had…God has been merciful to me. That’s the approach I have”. This Christian compassion and empathy influenced the vast majority of Mr. Garson’s rhetoric. As a born-again Christian, he explained to me that being pro-life did not necessarily equate to being a Godly person or even a good person. He stated:

I wrote a pamphlet called ‘are you pro-life or do you have eternal life?’ because there’s a lot of people who are pro-life but are pro-guns or pro-liquor or anti-immigration, but do they possess something that changes their life?... People say they’re pro-life but then yell at the girls goin’ in for the abortions. That ain’t good. Well, okay, but on the other hand, have you gone to a place that does abortion and said ‘this girl needs diapers’? They’re not gonna give you diapers. It ain’t gonna happen. And who’s caring about the HIV person? Or the trafficked girl? Or even the mentally ill girl? We do, because God would.

Mr. Garson’s beliefs and the way that he runs his Center are based on a foundational Christian benevolence that guides his entire mission.

In addition to the attempt to separate the contemporary movement from it’s controversial predecessor by shying away from the term ‘pro-life’, another related aspect of the reinvented pro-life movement is the distancing of themselves from the combative, protest-oriented pro-lifers
that are active today and who attract the majority of the media coverage. Mr. Garson expressed a
disapproval of the antagonistic protesters outside of abortion clinics and stated:

You’re standing outside yellin’ at the woman as a murderer, the
abortionist as a killer, I know from being on that scene years ago.
There’s nothing the abortion movement would like better than for
us to be yelling at the people we’re supposed to be helping or at the
people doing the abortions as if they were Satan or something. It’s
the procedure that kills people and hurts people. It’s more
dangerous for me to hand somebody some literature and say
‘here’s pelvic inflammatory disease as a result of first trimester
abortion’ than me yelling at some poor girl. I’ve been given mercy
at 20 years old by God, there’s not a chance I’m gonna turn around
and waste it on trashing people.

In this quote, Mr. Garson first articulates the point that by using those aggressive tactics, pro-life
people are actually doing a service to abortion rights by discrediting themselves. Much like the
backlash in public opinion about the pro-life movement following the anti-abortion violence in
the 1990s and 2000s, these protesters are a public relations disaster for the movement. In trying
to revitalize the image of the pro-life movement, it is necessary for people like Mr. Garson to
disassociate themselves from the controversial campaigners in the limelight. In addition to the
negative attention that it attracts, Mr. Garson also believes that those methods are ineffective for
influencing change. Instead, he believes that disseminating information is the most efficacious
means of positively influencing the abortion landscape and converting the public to their cause.
This argument is identical to the traditional pro-choice argument—namely, that women need to
have access to comprehensive information in order to make a truly free choice about their reproductive health. The appropriation of pro-choice rhetoric by pro-lifers working at Crisis Pregnancy Centers was a motif that reoccurred throughout all of my interviews. This reflexivity and self-awareness was not just isolated to his rejection of the label ‘pro-life’ and relabeling of his beliefs as ‘biblically life affirming’, Mr. Garson also exemplified these characteristics in many other parts of our interview. One such instance came about 30 minutes into our conversation when he was explaining what happens during a typical appointment with his clients. He stated:

When a girl comes in, if she doesn’t have an understanding of abortion, we will fill her in and that’s the tricky part because I’m always aware that what I say is not only what a pro-choice person is gonna pick apart and argue at, but I have to make sure it’s absolutely correct…like if you ask me point blank ‘are condoms better than not using condoms?’ the answer is ‘of course they are’. But if you ask me the efficacy of condoms I will tell you 70 [percent] instead of 98 [percent] and I can prove it.

Due to the highly critical attention that the pro-life movement in general and Crisis Pregnancy Centers in particular have been consistently receiving in the media over the last two decades, Mr. Garson and others in his line of work must be perpetually vigilant of the possible connotations of every word they say and the validity of every fact they reference. Not only is he aware that the pro-choice movement, given the opportunity, would attack his research and purported facts, he also expressed a moral imperative to tell the absolute truth to his clients. Every fact and figure
that Mr. Garson references is rooted in pro-life scientific research. Though these facts are contested by the pro-choice side and by most mainstream medical and scientific organizations, he is not being deceitful or lying. These are subjective truths, ones that both dispute mainstream medical facts and are disputed themselves. Thus, from my interviews I believe that the pro-choice movement’s condemnation of Crisis Pregnancy Centers due in part to what they perceive as blatant lies that are told by employees in order to coerce or manipulate women is in fact inaccurate. The contested pro-life medical facts are not coming from the Crisis Pregnancy Centers themselves. Instead, they are the product of research that is sponsored by the overarching pro-life organizations that support Crisis Pregnancy Centers as affiliates and then distributed to the centers themselves. Further, I have found that these facts are not questioned by the employees because they have no reason to doubt them. The pro-life and pro-choice communities are thus at an impasse—there is no hope for productive, constructive discussion if the two groups cannot even agree on what constitutes an irrefutable fact. They are speaking different languages with no one willing or able to translate between the two.

When we reached the topic of the ‘hard cases’ for pro-lifers—namely rape, incest, severe fetal deformity, or threat to the life of the mother—Mr. Garson followed the pattern that I observed in my previous interviews. He categorically stated that there was no instance in which he or his center felt that abortion was justified. Though his opinion was similar to the ones expressed in my other interviews, he differed from them in the strategy with which he argued against it. Whereas all four of the women I interviewed in the Crisis Pregnancy Center in Upstate York used emotional anecdotes such as stories about former patients of theirs who chose to go through with their pregnancies despite the child having been conceived through rape or incest, Mr. Garson used statistics and research to argue that there are absolutely no reasonable
justifications for terminating a pregnancy. Early on in the interview, he had given me a huge manila folder that he had prepared for me that was filled with hundreds of pages of very neatly bound pro-life scientific research on a huge range of topics. All of his arguments throughout the interview were based off of his pro-life research. Though many of the findings in the research are disputed by mainstream physicians (such as the link between abortion and breast cancer, the existence of a concrete psychological disorder known as Post-Abortion Syndrome, or the risk of infertility following an abortion), Mr. Garson put all of his faith into the facts and figures and truly believes them to be one hundred percent factual.

His first reasoning he articulated on why abortion is never justified was that it is a dangerous procedure that is detrimental to the physical and emotional health of women. He explained:

The procedure doesn’t change based on how she becomes pregnant.

The procedure doesn’t know if you’re Catholic, Protestant, pro-life, republican or democrat, whether you go to church or not, liberal or conservative—the procedure has some inherent dangers like piercing the cervix, STDs after that, infertility later, and post-abortion stress and such”.

Though countless studies, including those conducted by the Guttmacher Institute, have found that first trimester abortions pose virtually no threat to fertility or future pregnancies and that the “relative risk of mental health problems among adult women who have an unplanned pregnancy is no greater if they have an elective first-trimester abortion than if they deliver the pregnancy” (“Abortion and Mental Health”, The Guttmacher Instituite, 2011), Mr. Garson’s opinions are still based on what he sees as scientific facts. This is an example of one of the fundamental barriers
that stands in the way of a productive conversation about abortion between both sides of the 
debate—pro-lifers and pro-choicers do not agree even on the language of the conversation. What 
are facts to one side is propaganda to the other and what is seen as scientifically neutral findings 
to one side is seen as completely partisan to the other.

This first point leads into Mr. Garson’s second reasoning on why abortion is never 
justified, which is another common opinion that was reiterated throughout my interviews—

namely, that abortion further victimizes women that have already been made victims (by rape or 
incest). This reasoning is intimately linked to that of Feminists For Life, who argue that abortion 
is detrimental to women because it fails to hold men accountable for the biological products of 
the sexual act. Mr. Garson stated, “studies show that it hurts a woman who has been a victim 
because she becomes a victim a second time and the rapist gets off cause they don’t have to face 
what they did”. Like in my other interviews, Mr. Garson believes that abortion is a symptom of 
society’s failure to protect and care for women. Thus the woman who gets the abortion is not the 
enemy of the pro-life movement, she’s the victim of our society. This sentiment was reiterated 
by Mr. Garson throughout the interview and the compassion he felt towards women in unplanned 
pregnancy, whether they choose to abort or parent, was extremely evident.

The third and final reasoning Mr. Garson gave was his belief that the pro-life movement 
has lied about the true facts of abortion and thus, women are unable to make informed decisions. 
This argument falls into two categories—first, that the statistics of pregnancies that were the 
product of rape are false and second, that abortion to save the life of the mother is an antiquated 
concept that is no longer relevant in modern medicine. He stated: “I’ve done the study to 
absolutely prove it, there’s only about 200 rapes that end in pregnancy in the U.S. I know the 
figure is out there at 10,000 but it’s only 200 when you factor in the infertility of the men”. This
reasoning points to the belief that pro-choice movement has extremely overstated the prevalence of pregnancies that were the result of rape in order to appeal the public’s emotions and sway them to support abortion. The assertion that the pro-choice movement overstates what is actually a statistically insignificant percentage of pregnancies that fall within the ‘hard cases’ is common among those who are anti-abortion. There have been many rebuttals to this claim by supporters of abortion rights, but perhaps the most articulate and well-reasoned one comes from a surprising source. Christopher Kaczor’s *The Ethics of Abortion: Women’s Rights, Human Life, and the Question of Justice*, provides one of the most comprehensive, nuanced pro-life arguments on behalf of the moral impermissibility of abortion. As an acclaimed author and professor of ethics, his argument comes not from a religious motivation but instead from a moral and philosophical standpoint. Within his discussion on the ‘hard cases’ of abortion, he states:

> Even if any given kind of abortion took place only a handful of times per year, these abortions still make a gigantic difference for those involved. It is not a comfort to someone dying from lethal disease that the disease is extremely rare...so for critics of abortion and defenders of abortion alike, the fact that a certain kind of abortion is rare, even extremely rare, makes no important difference to its moral permissibility or impermissibility (Kaczor 2010: 178).

Though Kaczor discredits the ‘prevalence’ argument made by pro-lifers, he goes on to complicate the discussion by using personhood to reveal why he believes that abortion, even in the case of conceiving through rape, is unethical. He explains:
Even if you were not conceived from an act of rape, it is undoubtedly true that there are many human beings around who are incontrovertibly persons who were conceived through an act of rape...such human beings clearly exist and are undoubtedly persons. So if a human being is conceived from an act of rape, it does not follow that the human being is not a person. Therefore, even if a human fetus is conceived as the result of a rape, it does not follow that that human fetus is not a person (2010:183-184).

Through his discussion, the author is critically examining traditional pro-life rhetorical and discursive strategies for arguing against abortion and instead seeks to show that there is no need to use these strategies because the very premise of personhood rejects any justifications for abortion. Though his arguments throughout the text fall under a pro-life classification, Kaczor does not rely on religion or on discrediting the reasons why women choose to have abortions, instead his argument is premised on the ethics of personhood and his belief that fetuses, like all people, should be included under human rights standards.

The second argument within Mr. Garson’s belief that the pro-choice movement is not being honest about the facts is that it is no longer a reality in contemporary American society that doctors must choose between saving the fetus or saving the life of the mother. He explained:

The extensive research shows that—and doctors tell you this—the fetology has gotten to the point that you can carry the pregnancy no matter what. Now the only discussion is whether it will attack the framework of Roe V. Wade on a legal/philosophical basis, not
whether she’s gonna drop dead. There is no doctor who is worth any salt that is gonna let a woman die during childbirth.

Whereas the mainstream scientific community and the pro-choice movement distrust pro-life research and supposed medical facts, the pro-life movement feels that same distrust towards mainstream medical research and “abortion apologists” (Garson 2014). The refusal to acknowledge any justifiable reasons to terminate a pregnancy perhaps also represents the pro-life movement’s fear of getting too close to the slippery slope. The idea of the slippery slope is a very common rhetorical strategy with those who identify as pro-life—the argument essentially states that if we allow women to terminate their pregnancies, we as a country will start down the slippery slope of allowing (or even condoning) the abandonment or intentional murder of other weak, dependent groups such as newborns, the developmentally disabled, and the elderly. The refusal to acknowledge any scenario in which abortion may be justifiable can also be interpreted as that same concern about getting dangerously close to the slippery slope—if there is even one instance in which they concede that abortion may be necessary or justified (for instance, if doctors agree that the fetus will unquestionably miscarry during pregnancy or die following childbirth), than the fear is that that one exception made will open the door for other exceptions until all cases can be argued to fit within that exception. This is an argument made often by pro-lifers about the idea of therapeutic abortion. They believe that what started as a tangible category with noted boundaries has now become broadened to such an extent that anything can now fit within the category of ‘therapeutic’.

Mr. Garson represented the far right of the conservative viewpoint on abortion and sexuality as a whole; he is not only against abortion for any reason, but is also against the use of contraceptives. As a middle class white male in an overwhelmingly lower class, African
American and Hispanic city, Mr. Garson took an interesting approach to arguing against contraceptives. He framed his opinions on birth control and condoms as if they were the only true anti-racist, anti-classist viewpoint in the discussion. Relying on the historically cited mistrust of the health care system among African Americans caused by a long history of ethical and human rights violations perpetrated by the American medical field against minorities (and in particular, African Americans) such as the Tuskegee Syphilis Experiment (1932-1972) and various compulsory or involuntary sterilization programs—including Native American women, Puerto Rican women, low income women of color, and drug addicted women, (Washington 2006) — Mr. Garson portrayed the proliferation of abortive services, contraceptives and sex education by outsider (white) social programs in a predominantly negative relationship between race and abortion was reiterated by Mr. Garson repeatedly throughout the interview, as well as his belief in the duty he has to the African American population of his city. He explained:

Because I’m in a Black community and the breast cancer rate and the rate of infertility is so much higher above Caucasian [for African Americans] after an abortion that there’s no way I could support a woman getting one. I’m not stopping her, I’m not making her my prisoner, but I will not tell her where she can go to hurt herself and the baby.

Concerns about race and ethnicity were at the forefront of our conversation and informed every aspect of his rhetoric. This was my only interview in which the topic of race was even breached.

By situating himself on the side of the lower class residents of his city, Mr. Garson consequently posited himself against government. On the consequences of contraceptives and sex education programs, he explained:
When I go to health fairs and such, what sometimes I see is literature that emboldens an African American man on how to use a condom instead of any risks of it or any relational thing about the girl. It’s just performing…that to me is what a feminist probably would be rolling in her grave, in the ‘20s, if they went to a health fair like I do...because it ends up being anti-feminist and the only thing it achieves is creating promiscuous African American guys with no intention of having or raising kids, and that ain’t good for anybody!

Not the girls, not the kids, not the community, not the guys themselves.

Viewing contraceptives as detrimental to his struggling community allows Mr. Garson to then position himself on the side of the people, rather than the state. It also offers yet another reason to oppose abortion and contraceptives rather than religion. By depicting abortion and contraceptives as an example of the state’s attempt to cripple the black family and not just as a religious sin or a moral crime, Mr. Garson opens up the possibility of recruiting support from the secular and the practical.

During our interview, gender was both an explicit and implicit concern. It came up in almost every question I asked and every topic we stumbled upon. Very early on in the interview when Mr. Garson was describing how he became involved with Crisis Pregnancy Centers, he explained, “I found a women’s center in Elizabeth that didn’t have a director but I felt that only women should do this because it was a woman’s center, but then I realized that a man deserves some input in it, too”. While Crisis Pregnancy Centers have traditionally been almost entirely female staffed, the contemporary pro-life movement is indefinitely branching out to include men
in the conversation. Employing men in the operation of centers is one aspect of the integration of men’s issues into what has been historically a gynocentric topic. Other aspects of this new era that I discussed in the previous chapter include the emergence of the post-abortive man as a character in the pro-life landscape and the development of new programs designed for single fathers. I believe that these changes are emblematic of the new pro-life movement.

One facet of the gender issues posed by having a male Executive Director in a traditionally exclusively female realm is his religion. While describing the services that his center offers, Mr. Garson stated “I enjoy speaking to a guy, which I do, or speaking to a young lady, with her boyfriend or another person present. I am never one-on-one with the girls”. Not only is Mr. Garson the only male Executive Director of a Crisis Pregnancy Center that I encountered, he is also the only male working in any of the centers that I conducted my research in. Because of this, issues of gender and sexual difference were at the forefront of daily operations at his Center, more so than at the other centers.

As a born-again evangelical Christian, Mr. Garson’s avoidance of being alone with his female patients is not surprising. The problems that the religiously conservative have with ‘cross-gender friendships’ are a common topic in Christian advice columns and magazines, especially those geared towards women. Carrie Oliver, a writer for Today’s Christian Woman, explains that it is “both unwise and dangerous to spend one-on-one time with [opposite-sex friends] after you're married” (Oliver 2008:1). She goes on to qualify this statement with a description of the agreements that her and her husband have made in regard to this. While her and her husband may consider members of the opposite sex as friends, they have agreed not to talk to them too often, never to share their frustrations about their spouse with them, and never to meet one-on-one.

This is because:
We don't trust our fallen human nature. If you make a commitment to avoid even the appearance of evil, you will be much more effective in avoiding evil. We don't want to provide any opportunity that might compromise our love for each other and our love for God. Friends are valuable but the most important friendship married men and women have is the friendship with their spouse, and that needs to be where the most time, effort, and commitment are invested (Oliver 2008:1).

Mr. Garson’s own 38-year marriage thus complicates his daily work as he does not allow himself to be alone with female clients. Though he did not explicitly state the specific reason why he does not allow himself to be alone with his female clients, it almost surely has to do with respecting his and his wife’s marriage and ensuring that there is no chance of rumors or wrong ideas.

Issues relating to gender were also expressed in many other parts of the interview, including Mr. Garson’s discussion on the underlying causes of abortion. He explained:

We find that the guy has not just a macho involvement, but he has an involvement that, for the woman, goes on the base level. ‘I’m not chasing him for child support. I love my baby but I’m not chasing him for child support. That’s why I’m going to go get the abortion…not just because I love him and ‘father knows best’ type of thing, but it’s practical things.

Here, lack of self-sufficiency for pregnant women combined with the male’s inability or refusal to support the pregnant woman and her child are understood as one of the underlying causes of
abortion that Mr. Garson is fighting against. Thus, if he can empower the woman and convince the man to stay involved, he believes that he can prevent the need for abortion. Perhaps the most obvious and significant tool for the pro-life movement—the sonogram—also has substantial implications for gender and the male involvement during ‘crisis pregnancies’. Mr. Garson explained to me:

Sonograms have included the man in the bigger picture of pregnancy, we’ve seen, because he’s in the room and he becomes responsible. It helps the sociology of the woman’s life. Rather than him asking ‘are we keeping it or not’, he jumps in to actually do something and becomes mentally involved, and that avoids her having to chase him across state lines to. And that’s important.

While the sonogram humanizes the fetus while still in utero, it has been argued to also have the effect of objectifying the woman. Because the highly personal experience of pregnancy can now be made public through a direct look inside the uterus, women no longer hold sole authority over the regulation of information about her pregnancy. Whereas before the proliferation of sonogram technology women were required to act as interpreters to outsiders who wished to gain knowledge on the fetus, now the sonogram technician can bypass the interpretation by the woman and instead go straight to the source—the fetus. This inadvertent consequence of the technology was surprisingly articulated by Mr. Garson himself:

In the last few years, people have seen that the man is a critical asset in pregnancy but it’s how you address his involvement that creates problems. We don’t look at a girl’s stomach; we look in her eyes because she is a woman. We do believe it is a separate child, but that
type of behavior is condescending. It’s looking at the woman as if she is a carrier of something, instead of as a holistic person. And that’s how we see the guy too. He’s a part of a family, not a dominator, and he’s an integral part. So if we have that right, we can do the work right.

There are entire organizations devoted to the task of collecting donations in order to purchase ultrasound machines for Crisis Pregnancy Center. The sonogram is such a huge deal within the pro-life movement because, as one such organization claims, “70-90% of abortion-minded women who see an ultrasound at a crisis pregnancy center choose life” (Project Ultrasound, n.d). That Mr. Garson would offer even the smallest criticism about the technology surprised me because ultrasounds are consistently hailed as the single most powerful tool that the pro-life movement has at its disposal. One pro-life newspaper even calls it “an abortion clinic’s worst nightmare” (Baklinski 2013:1). Sonogram images provide pro-life with an emotional appeal to women that can actually be seen, heard, and shown to others. Convincing a woman that the invisible embryo in her uterus is a real baby when everyone else may have told her that it is an inanimate lump of cells is a hard sell; but showing her a moving picture, having her listen to a heartbeat, and printing out images that she can show to her friends and family humanize the fetus in a way that is difficult to do through words. Not only can the woman now envision the baby, she can have others validate that experience by sharing with them the printouts of her internal, oft-invisible reproductive process.
Monmouth County is a picturesque, ocean side enclave in coastal central New Jersey. Sprawling green lawns surrounding large, modern houses give way to sand and crowded boardwalks. It is currently ranked as the 38th highest income county in the United States, which makes it in the top 1.2% of American counties by wealth (United States Bureau of Economic Analysis, 2009). The towns in this beachfront region are the epitome of well-to-do suburbia. Like much of the Jersey Shore, the borough where I conducted my final interview was ravaged by Hurricane Sandy; but unlike many other of the towns on the coast, most of its residents had the means to rebuild and repair the damage with haste. This small borough where I met with my final Crisis Pregnancy Center has a population of 3,809, where 95.62 percent of the population is Caucasian, the median household income is $111,648 per year and zero percent of households fall under the poverty line (United States Census Bureau, 2010). These demographic statistics are very different than those of the other two locations where I conducted interviews. In Irvington, the median household income is $42,580 per year, 14.4 percent households fall under the poverty line, and 5.64 percent of the population is Caucasian (United States Census Bureau, 2010); and in the small Upstate New York town where I conducted my first interviews, the median family income is a low $24,279 per year with 23.87 percent of households below the poverty line and 60.29 percent of the population is Caucasian (United States Census Bureau, 2010). What should have been a two-hour drive from Annandale-on-Hudson to southern New Jersey took nearly four hours on the unseasonably warm day that my interview was scheduled for, as those in the
northern part of the state went “DTS” (Down The Shore), as we New Jerseyians say, to defrost from the hard winter. Having never been to this part of the state, I had no idea what to expect from the town. I was surprised to see that the Center was located on an upper class, downtown street. Where my first interview location had been grimly urban and my second interview location had been rundown and rural, this building was on a fashionable street a few blocks away from a woman’s clothing chain whose dresses run an average of three hundred dollars. Not only was the street beautiful, but the Center itself was immaculate as well. It looked like a fancy house, complete with a balcony with French doors and a sprawling back lawn with.

As I pulled into the parking lot of the Center with a few minutes to spare before the interview, I was surprised to see a large group of men, women, and children hanging around next to the barn. The children who were old enough to walk were running around the parking lot and many of the women were visibly pregnant. When I walked into the main building, I was greeted by Jennifer Keeton—the executive director of the Center. Keeton, a petite, sharply dressed blonde woman with a strong New Jersey accent, led me through the beautiful lobby and up a flight of stairs to her office. Perched between her huge desk which was overflowing with boxes of baby bottles with her Center’s logo on them and a set of large French doors that were opened to let in the breeze was the small table where we began our interview. After reading and rereading the consent form and interview questions, Ms. Keeton finally signed the form and we began.

Before I even had the chance to ask my first question and was still distractedly fumbling with my digital recorder, Ms. Keeton hit me with one of her own questions. Almost immediately after sitting down, she bluntly asked if I was pro-life. A little taken aback and cautious not to end our interview before it even began, I responded that I considered myself pro-information and I
believe that every woman requires access to complete, unbiased information before she can make whichever choice she decides is right for her. Ms. Keeton thankfully responded well to that answer and went into a discussion on informed choice. She explained:

We [pro-lifers] are called anti-choice but we’re not anti-choice, we understand that she has a huge choice here and so giving her the tools to make that choice, it just seems like both sides should be able to agree on that… I almost feel like we’re more pro-choice than the pro-choice side! Because we show all the options so now she has some real choices to make.

This claim, that the pro-life movement is “more pro-choice than the pro-choice side”, was echoed in every single one of my interviews and is an example of the appropriation of pro-choice rhetoric. This pro-life discursive strategy of adopting the language of choice is an attempt to radically reconstruct the identities of both themselves and those on the other side from them on the abortion debate. If pro-lifers begin using words like “options”, “choice”, and “informed choice”, the hope is that the public will start to see the very foundation of the debate in different terms. If pro-lifers are no longer thought of as anti-choice and anti-feminist and are instead thought of as promoting free choice and options for women, than the pro-choice movement thus loses its association with women’s rights and liberty and becomes a force that seeks to actively promote women to terminate their pregnancies. This role reversal, accomplished through the appropriation of language and the redefining of conventional meanings, is in direct response to the damaging labeling of pro-lifers as anti-choice.

Ms. Keeton gave a short biography that chronicled her 23-year involvement with the Center. The Center had been open and flourishing for about five or six years when the grassroots
group that created it realized that they did not have the experience or tools to effectively run the rapidly growing Center. When they began looking to hire someone with practical experience running an organization, they found Ms. Keeton who was actively employed in the human resource field at the time. Since Ms. Keeton became involved with the Center, it has flourished into an extremely successful, top-of-the-line Crisis Pregnancy Center. Unlike the vast majority of Crisis Pregnancy Centers, Ms. Keeton’s has its medical license. Though it is not necessary in New Jersey to have a medical license to operate an ultrasound machine, Ms. Keeton wished to go above and beyond the baseline requirements. She explained:

Through the years, some of our services came into question. There was the question of ‘are pregnancy centers using ultrasounds, are they practicing medicine without a license?’ – well in New Jersey, ultrasound is not regulated by the state. That’s why centers are not doing anything wrong… But every now and then, legislation has been presented to regulate it, and we just feel like it is such an important tool in educating a woman and making this decision, that we wouldn’t want to lose the right to operate our ultrasound equipment or buy new ultrasound equipment, so we just decided ‘let’s just get our medical license!’”

Having their medical license has enabled this Center to expand its services in ways that other Centers are barred from. Ms. Keeton’s Center has two exam rooms—one for ultrasounds and one for STI testing—, two physicians who come in to see patients and do gynecological exams, and a medical lab that they have a gift in kind with. In addition to these extensive medical services that are relatively rare in the world of Crisis Pregnancy Centers, they also offer a wide array of classes for their clients. These include parenting classes, pregnancy classes, post-abortion
counseling, and abstinence education in local public schools. Her Center also uses a voucher system for their clients where men and women earn vouchers by attending classes and programs and those vouchers are used as a form of currency in the donation room where they house all their baby items. This program, dubbed ‘Earn While You Learn’, is devised to entice clients into attending pregnancy and parenting classes by the accumulation of credit that they can then redeem in order to ‘buy’ baby and maternity clothing, diapers, and more expensive items such as cribs, strollers, and highchairs. The program, which is also referred to as “Mommy Money or Daddy Dollars”, is akin to Republican arguments that the welfare system causes recipients to become lazy and complacent. She chirpily exclaimed, “it’s empowering you with the tools you need to be a great parent…it’s not a handout, it’s a hand-up!”

While Ms. Keeton was explaining the services that her Center offers, she described the three typical types of clients she sees. First, she described those clients whom she calls the “Happy-to-Carries”—these are the women who come in to her Center because they may not have health insurance and need the free pregnancy test, but who were never considering abortion as an option. Because these women are not considering terminating their pregnancy, they often just need the test and the free baby clothing. The second category of patients that Ms. Keeton often sees is those women who are one hundred percent unsure of what to do. They have considered carrying the pregnancy and they have also considered abortion. These women require “someone to talk to, to unload some of this, break it down into bite-sized pieces and see how she can do this. We help her with that”. These are the clients that require the majority of the anti-abortion and options counseling. Because they have not made up their minds, these women are, in a sense, their most important clients because they are the ones who are at the most risk of ending their pregnancies. The third type of client that Ms. Keeton sees is the abortion-determined woman.
She stated that these abortion-determined women are a very recent development that they are seeing at her Center for the first time. These women come in to her Center to receive the free pregnancy test so that they do not have to spend as much time and money at the abortion clinic. By utilizing the free pregnancy test that Ms. Keeton’s Center provides, they are able to streamline the abortion process. She explained:

The decision is already solidified for them. They’re completely detached from being pregnant and when they walk out our door, they’re going straight to the abortion clinic. They don’t wanna know anything else, they don’t want any information. It’s a new thing. ‘Yep that’s the ultrasound, yep that’s the baby, and I’m getting rid of that’. Very detached, so shut down. Its crazy because it’s probably the most important decision she’s ever gonna make.

The abortion-determined client was a topic Ms. Keeton brought up during the Center’s annual banquet where she was admittedly “a little harsh”, but it was obvious that she was upset about this new figure in her clientele. These women who come for the free test in order to reduce the time and cost of their future appointment at the abortion clinic but who refuse to hear any counseling about their decision are so offensive to Ms. Keeton because they not only use her Center to make the abortion easier and more convenient for them, but they also represent the lack of respect for human life that Ms. Keeton sees as a tragic but sad reality of contemporary American society.

Though religion plays a part in Ms. Keeton’s life, her opposition to abortion is rooted in her deep regard for traditional family values and morality rather than spiritual reasonings. She
told me that when she first became involved in the pro-life movement, she was not religious at all. She explained:

I always felt that there were consequences to decisions that you make, if you make a lifestyle decision to be involved with someone sexually outside of marriage and you get pregnant, you have a responsibility from that point on… but morally you know, it just seemed that why should the child pay the price for what I chose?

Ms. Keeton constantly used the phrase “do the right thing” in reference to women choosing to carry their pregnancy to term. Her strong moral opposition to abortion results in her classifying women into two different categories—those who get abortions, and those whose moral compasses will not allow them to. She stated: “The reasons that some women feel like they have to have an abortion, the same set of circumstances could be faced by another young woman but her morals won’t allow her to consider an abortion”. Though it perhaps was not her intention, statements such as these have the effect of constructing a ranking system of women. It implies that some women are born inherently with a higher set of morals than others.

Out of all of the informants that I interviewed, Ms. Keeton expressed the strongest opinions on the role of men in women’s decision to abort and more generally, the role of men in contemporary society. Her opinions are rooted in an extremely traditional, politically conservative, and gender-normative conceptualization of what the American family should be like. When I inquired whether her Center offered services to men, she excitedly informed me that that was their newly implemented platform for the future. At her Center’s annual banquet that was held a week before our interview, one of the main focal points was reintegrating men
into the abortion discussion and Ms. Keeton urged men to start volunteering with her organization. This further points to my belief that first, the contemporary pro-life movement is distinct from the past pro-life movement; and second, that this new era in the contemporary pro-life movement is a very recent development. I believe that the recent focus on men within the anti-abortion movement is something that is being promoted by the overarching, national pro-life organizations that sponsor Crisis Pregnancy Centers as affiliates. Ms. Keeton explained to me that:

One of the exciting things is the president of our national group, which is Care Net, is from the National Fatherhood Initiatives. That’s why we had Roland [Warren]* come and speak at our banquet. From his perspective we have, across the country, focused on the woman and the baby...So now the real focus is on serving them together—father and mother.

Care Net’s selection of a male president who previously served as the president of the National Fatherhood Initiative, an organization that seeks to reverse the trend towards absent fathers in the United States, is a powerful statement on the project of the contemporary pro-life movement—namely, reintegrating the male into the abortion debate.

* Roland Warren, appointed in 2012 as the new president of Care Net.
Ms. Keeton believes that men are integral in the pro-life mission to convince women not to terminate their pregnancies. She explained:

80 percent of the women making abortion decisions say that they believe they would not have had their partner’s support in the pregnancy. That’s a huge factor in women choosing to terminate their pregnancies. At least if we can get them communicating, we can help.

That women choosing abortion is due in large part to the lack of male involvement during the pregnancy or perceived refusal to support the woman after she gives birth is a very common belief in the pro-life movement, but Ms. Keeton expanded on this idea. Not only does she believe that women are choosing to end their pregnancies because they do not feel like they will have the support of the male, but she also believes that this is mostly invalid and the result of a lack of communication between the two. She expressed the belief that if men and women were able to improve their communication skills, women would realize that men are willing to provide
support. She continued, “how many women march off to an abortion clinic really thinking she’s sparing him when he really would have made a couple sacrifices and spared some things to have had his child with her, maybe work towards marriage? It’s a communication problem”. In the conceptualization, men are integral in eradicating abortion and the focus is shifted from women to men and women as a unit. I believe that this is due in part to Ms. Keeton’s highly conservative opinions of family values. Single motherhood, to Ms. Keeton, is a tragedy that goes directly against human social nature. She stated the belief that “our country is filled with way too many single moms trying to be mom, dad, bread winner, and everything. Its wrong, it’s really wrong”.

What Ms. Keeton sees as our society’s prizing of material accumulation and higher education has led to a devaluation of motherhood sacrifice. She explained:

I think how we fit into the pro-life movement is women can come here even facing adverse circumstances, where no one in their personal life is applauding them, maybe no one is thinking it’s the smart decision to have a baby at this point in her life and I think we can come along side and respect her and recognizing that it’s gonna be a sacrifice but it’s honorable! It’s not shameful to do the right thing, ya know, I think we live in a society right now that’s so materialistic. Anything that challenges the accomplishments—of either education or the material accumulation—is looked down upon and no one applauds being a mother and making a moral decision anymore. So we wanna be able to help her because we respect that. No matter how hard it’s gonna be, she’s gonna try to pull it together with the baby’s father and make some sacrifices to have the baby. That’s respectable.
The above quote illustrates Ms. Keeton’s conservative, traditional opinions on the proper role of women in society and on our contemporary culture of consumerism. In this formulation, being a mother is noble because it involves making sacrifices for the sake of another. The egoism and materialism of today’s society is contrasted with a former ideal of femininity as defined as self-sacrifice and altruism. In this conceptualization, abortion is perceived as the easy way out, as opposed to becoming a mother, which is harder but nobler. Thus, clients who make the choice against abortion and instead decide to make sacrifices in order to parent receive the respect of Ms. Keeton and her fellow employees.

All of the other centers where I conducted research aligned themselves with a particular pro-life feminism that they believe was popular with the early 20th century feminists. Ms. Keeton was the definite exception to that pattern. When I raised the question of whether or not she considered herself a feminist, there was a long, awkward silence followed by her asking me to clarify what I meant. When I explained to her that many of the individuals that I had interviewed considered themselves ‘original’ feminists, she was still visibly uncomfortable with the term. She responded: “we have been so lopsidedly pro-woman that we haveforgone the men and their needs in this pregnancy. I’m pro-family, not a feminist”. Though it was clear from the very beginning of our interview how traditional Ms. Keeton was and how immensely her beliefs were entrenched in a very conservative viewpoint on what the American family should be like, this statement was the beginning of a short but very strongly worded rant against feminism. It was as if she had lost control for a few brief moments. The pity and fondness that the women from my interview at the Crisis Pregnancy Center in upstate expressed towards single fathers is miniscule compared to the sentiments that Ms. Keeton expressed. She seems to be mourning for the loss of traditional 1950s-style gender roles and family structure and she blames feminism and women’s
rights for this supposed subjugation of men. She stated, “They [men] are really unsure of their role with women because we have gotten so—” she puts up her hands to make air quotations, “—empowered that men aren’t sure how to relate to us anymore. I think we need a little correction there”. Ms. Keeton’s whole manner had visible changed, her demure and eloquent demeanor had transformed into a frenzied, dismissive tone filled with quiet outrage and indignation. The perceived loss of wholesome values and the traditional nuclear family unit is devastating for Ms. Keeton and motivates her entire work at the Center. Though her goal is of course to assist and counsel women facing unplanned pregnancies, she also sees her work in a much larger scope. Through their services, Ms. Keenan and her Center are attempting to—in whatever small way they can—reestablish the two-parent American family that she and many others have idealized. In an outraged whisper, she went on:

If one TV show ever came out disrespecting women the way every TV show mocks and disrespects men and fatherhood, there would be an uproar. We’ve sorta taken the feminist movement way too far. We can mock the crap out of men, but don’t let them mock us. So now, what’s happened? It’s a double standard. It’s no longer ‘do unto others as you would want others to do onto you’, we’ve lost that. Now men are fair game, mock them, disrespect them, ridicule them and call them stupid, it’s fine. But the women are ‘the smart ones’ and they’re ‘empowered’, and where has it gotten us?

Her lamentation of what she sees as our cultures loss of respect for men, which she believes is a direct result of feminism and women’s empowerment, was even stronger in an impassioned
tirade that followed. This fervently whispered outburst, which she requested be off the record, pertained to the extremely negative consequences that she believes that feminism has had on our society. Following the statements made while off the record, she concluded: “That doesn’t sound like progress to me. But being loved, being respected, and loving and respecting others, and valuing life, now that sounds like something that’s a win-win.” Because she had been extremely positive and had avoided making any controversial statements up until this point, I was shocked into a bit of an awkward silence following her confession.

Ms. Keeton’s off the record statement represented a break in what had been, up to that moment, a highly controlled, self-aware interview. Because she took the first ten minutes of the interview to review the consent form and the interview questions closely, she was prepared for the topics that I was intending to raise and the direction that the interview was intended to go. All of her answers were very carefully worded and neutral until the moment when she could no longer contain her indignation. This exemplifies one of the core characteristics of what I see as the new era in the pro-life movement; I believe that the self-awareness that I have observed during my interviews with the employees of Crisis Pregnancy Centers is emblematic of the contemporary pro-life movement as a whole and is a direct response to the American media’s slur campaign against pro-lifers, especially in response to anti-abortion violence and the militarizing of certain factions. Ms. Keeton directly addressed this self-awareness early on in our interview when I inquired about the role of men in her organization:

Men have mistakenly been taught that it’s her body and her choice and nobly, he really feels that ‘I’ll support you no matter what you choose’. And that sounds so good and politically correct, but some women really want the man to be honest and tell her what to do.
This quote illustrates her awareness that, as a representative of her Center and while being audio-recorded for a research project, she is aware that she is expected to portray an image that is non-controversial and inoffensive.

I ended the interview shortly after Ms. Keeton’s off the record statements. The atmosphere was tense after her outburst and I think that we could both tell that the conversation had taken an irreversible turn and it would be impossible to settle back into our casual conversation. As I left the Center and walked to my car, I was overcome with delayed outrage at her comments that I had unconsciously suppressed while in her presence. How incredulous I felt that there are people like her who actually share those feelings reminded me that I am the product of a liberal upbringing and education and that my beliefs have been shaped in large part by my circumstances. In that moment, standing outside of my car and reflecting on my own visceral, hateful reaction to her opinions, I was disappointed in myself for judging her. Before I set out to begin this project, I decided that it would only be truly worth it for me to write about this subject if I could do something I had never been able to do—namely, write with academic neutrality about the abortion debate. My feelings are so strong, my commitment so deeply rooted, that whenever I wrote about the pro-life side of the debate, my words always became derisive before I was even aware of it. In that moment hesitating outside of my car, I could not help but feel like I had backtracked in my progress.
Chapter Seven

Core Interview Findings

In *Abortion and The Politics of Motherhood*, Kristen Luker critically examines the past, present, and possible future of the abortion debate. The core question that Luker seeks to shed light on is how “people decide whether to regard fetuses as the single-celled creatures they once were or as the babies they will become” (Luker 1984:3). Luker conducted 212 thorough interviews with individuals involved on both sides of the abortion debate. Through this data, she argues that opinions on abortion are not randomly occurring, but instead are the byproduct of the very different life experiences that each group has. As Luker explains, “reasonable people who are located in very different parts of the social world find themselves differentially exposed to diverse realities, and this differential exposure leads each of them to come up with different—but often equally reasonable—constructions of the world” (1984:191). One of Luker’s core arguments in her text is that the abortion debate is not about facts, but about the significance given to those facts and how they are interpreted. For example, as she explains:

Both sides agree that embryos have heartbeats by approximately the twenty-fourth day of pregnancy but that they do not breathe until birth. They cannot agree, however, about what these facts mean. For those on the pro-life side, it is important that embryos have heartbeats. They consider the lack of respiration unimportant and argue that in any case it will occur in time. For pro-choice people, the converse is true: because embryos do not breathe until birth, and all babies breathe, the presence of a heartbeat is merely
an indicator that a baby may eventually be born, and until then the
embryo is something else, namely, a fetus. The two sides therefore
examine exactly the same set of ‘facts’ but come to diametrically
opposed conclusions about them (Luker 1984:5).

This is one way that I believe that the contemporary pro-life movement has changed since the
publication of this text. Through my interviews, I have found that the pro-life and pro-choice
communities can no longer even agree on the basic medical facts. The hegemony over the
production of knowledge and scientific research has been destabilized by the proliferation of the
Internet and the opportunity for online blogging and independent studies. No longer is the ability
to conduct research and disseminate findings reserved for published scientists and large
organizations—now, anyone with a basic Internet connection can broadcast their beliefs. While
conducting my interview with Mr. Garson in Irvington, he handed me a colossal binder filled
with pro-life research that had findings that fly in the face of all mainstream medical facts. Mr.
Garson, highly aware that Crisis Pregnancy Centers and their employees are consistently
represented as dishonest and manipulative, emphatically gestured towards this binder to prove
his point that all of his data is based on facts. If we are using the traditional definition of ‘fact’,
listed by Merriam-Webster as “something that truly exists or happens”, than it becomes evident
that my informant was indeed only using facts.

Another one of Luker’s core arguments is that the abortion debate is so polarizing and
fraught with such emotional significance because those involved in the argument—
predominantly women when Luker was writing—have deeply-rooted social interests in whether
or not the embryo is defined as a baby. She explains, “both sides can fairly claim to be
altruistic— the pro-choice side on behalf of women (especially poor women) who need safe,
clean, legal abortions, and the pro-life side on behalf of unborn babies” (Luker 1984:7). In my research, I have found that this is another way that the contemporary pro-life movement differs from the pro-lifers that were active while Luker was writing. Again, the contemporary pro-life movement has responded to criticism directed at it—in this case, the criticism was that the pro-life movement was entirely focused on the baby and not the woman. Reacting against the claim that they only care about ensuring that pregnant women choose to give birth and not about what happens to that woman following the birth, the pro-life movement directly responded by broadening their rhetoric. In my research, all of those that I interviewed explicitly stated that they were enormously focused on women, and all but one of my informants said that they were more focused on the woman than they were on her fetus. Today, it is not just the pro-choice movement that is considered pro-woman, as Luker asserted above, but the pro-life movement has also reinvented themselves as female-centered in response to their highly critical portrayal.

Another significant way that the contemporary pro-life movement differs from that described by Luker is in her description of the typical pro-life campaigner. She states that they were:

Predominantly women with high school educations (and occasionally some college), who were married, had children, and were not employed outside the home. They were, as the earlier pro-life activists called them, ‘the housewives’. (1984:138).

This description that Luker gives of the typical pro-life woman during her period of research is notably different from those that I met during my own interviews. All but one of my informants had gone to college and almost half of them had a post-graduate education as well. Obviously all of my informants were also employed outside of the home because I conducted interviews with
the directors and employees of Crisis Pregnancy Centers who were all paid employees. But even before they began working at their respective Centers, about half of the individuals that I interviewed were actively employed outside of their homes. Additionally, the pro-life movement that Luker describes is almost entirely comprised of women but the contemporary pro-life movement is one that is actively attempting to reintegrate men back into their activities.

One of the clearest ways that the pro-life activists described by Luker differ from those that I encountered through my research was their close, personal proximity to an experience with abortion. Describing her own interviews, Luker stated:

None of them [the pro-life activists] had ever had an abortion, and only a few of them had ever had a friend who had had an abortion; the closest most of them came to actual experience in the matter was having heard rumors in high school about someone who had ‘gotten in trouble’ and ‘done something’ about it. Their values and life circumstances made it unlikely that they themselves would need abortions, and they were surrounded by people who shared these values. Moreover, since they were known to be devout, traditional women who valued motherhood highly, they were not likely to be on the receiving end of confidences from women who did not share these values. (1984:138)

Whereas the pro-life women that Luker interviewed were reluctant to even discuss an unplanned pregnancy that they had experienced and had no (admitted) experience with or relation to abortion, my informants all described the way an abortion—whether it was their own or that of someone close to them—negatively impacted their lives. Two of my informants explicitly stated
that they had received an abortion when they were younger. They described how traumatized they were by the procedure and how much they now wish that someone had steered them in the direction of a Crisis Pregnancy Center like the ones they were now working with. Every single one of my informants described their direct witnessing of the negative consequences of one of their friend’s or family’s choice to abort. For instance, Mr. Garson’s adopted son was “rescued” from abortion when his mother—who was incarcerated—was persuaded not to abort and instead gave her child to him. This experience with abortion was often described as the turning point in their lives, when they realized that they had an obligation to become involved in the pro-life campaign. As Anne-Marie Dodge explained to me in my very first interview: “It’s kind of like Mothers Against Drunk Driving or some of those groups, they just have to do something with the tragedy that happened to them to help others” (2014). These three core findings, in conjunction with the other related findings articulated in the previous chapters, point to what I believe is a clearly defined new era in the pro-life movement.
Conclusion

Sitting in bumper-to-bumper traffic in the smoggy, post-industrial wasteland that dominates central and northern New Jersey, passing by the oil refineries and abandoned factories adorned with graffiti that litter the edge of the Turnpike after having just completed my final interview for this senior project, I thought back on both my earlier interviews and my opinions before I began this endeavor. Reminiscing on the caricature of the prototypical, narrow-minded pro-lifer that I had imaged before embarking on this exploration, I was almost ashamed at the narrow-mindedness that I myself showed. My informants were all so different from one another yet unified by their loving devotion to women and to the pro-life mission. The power of the pro-life movement lies in its ability to accommodate such a broad range of dynamic, unique individuals from such varied walks of life within its framework. Like any other group of people, I got along very well with some and not at all with others. Regardless of that, it would be impossible to deny the fact that whether or not you agree with their political opinions or tactics, these individuals have whole-heartedly devoted themselves to serving women and families. Through my interviews, I have heard them recount stories of self-sacrifice and true benevolence; I have heard passion saturating each and every word. The tragedy in the abortion debate lies in its ability to make enemies out of two groups who are essentially committed to the same basic principles and both stand in unwavering solidarity with women in need. In my interviews, I did not observe the calculated and cold-hearted manipulation that Crisis Pregnancy Centers are said to employ. Instead, I saw normal men and women engaged in a profession that they feel a moral imperative to, that they devote their entire being to, that they drain their emotions and resources into for the sake of serving others. Perhaps best articulated by Ms. Keeton during my final
interview: “Women can come here even facing adverse circumstances, where no one in their personal life is applauding them, maybe no one is thinking it’s the smart decision to have a baby at this point in her life and I think we can come along side and respect her” (2014).

Whether or not there can be a forged middle ground between the pro-choice and pro-life communities remains doubtful when the two sides are speaking such vastly different languages. Whereas the pro-choice movement speaks in terms of individual liberties, women’s rights, and social welfare, the pro-life movement couches their beliefs in terms of religious authority, the sanctity of life, and the protection of the helpless. If the disparate languages of the debate stay as they are today, there is no hope for dialogue or compromise. But if we abandon our attempt to translate between those two separate languages and instead create one shared language, there may still be a chance at progress. As proposed by W. Barnett Pearce and Stephen W. Littlejohn in their text *Moral Conflict: When Social Worlds Collide*:

This debate could be transformed into a dialogue about ethics and moral decision making, apart from the limited issue of abortion. Here a common language of moral decision making would need to be created. In this type of discussion, the parties would have the opportunity to understand the moral assumptions on which the claims of each side are based. Such an analysis would not center on whether a woman has the right to have an abortion; instead, it would focus on the criteria one uses to make a moral decision, any moral decision (1997:160).

Constructing this shared language that may one day due away with the dialectic tensions between the two groups and establish a moderate middle ground where productive interchanges can take
place is dependent on each side recognizing the legitimacy of the other. Until both groups can acknowledge the logic that informs each other’s basic platforms, there is no chance for reconciliation. In a debate as emotionally jarring and passionately contested as this one, the likelihood of developing a mutual respect for one another seems remote—but it is something to aspire to.

Though the abortion debate has in many ways grown into a drastically different dispute between two ever-evolving movements, it also remains rooted in the same core discrepancy as when Kristen Luker and Faye Ginsburg conducted their research in 1984 and 1989 respectively. Neither side can agree on what it means to be a woman and we, as a society, are still entrenched in a structural system that situates reproduction and motherhood at odds with wage labor and individual achievement. As Ginsburg sadly concluded, “As long as the American gender system is ‘at war with itself,’ it seems, ‘the truth’ about women will continue to be in dispute” (1989:220). What is being grappled with in the abortion debate extends far past the fetus and will remain staunchly uncompromising until we are able to locate a middle ground.

I started this project with a very particular idea in my mind of what I thought I was going to see. The pro-life employees of Crisis Pregnancy Centers were, to me, the furthest of ‘others’. They were mysterious, completely foreign, vaguely dangerous, and utterly enthralling. I had exoticized the pro-life movement in a way that only a born and bred liberal girl could. My small group of informants humanized the pro-life movement for me in a way that I had always been missing. As Luker states early on in her introduction,

This book was written to explore my own feelings about an enormously complicated topic. While the militants on both sides would have us believe that the abortion debate is actually very simple, such simplicity
is both a necessity and a luxury for them. A necessity because we must believe that the things about which we are passionate are either clearly good or clearly bad. But because the belief in simplicity reduces any possibility of dialogue or learning or coming to terms with real human dilemmas, it is a luxury that neither society nor the debate itself can afford (1984:xiv).

We must refuse the urge to conceptualize our personal beliefs about the rightness or wrongness of abortion as if they are the only logical beliefs to hold. By misrepresenting them as simple truths, we are inadvertently aiding in the perpetuation of bigotry and intolerance that is not only obstructing productive discourse, but also encouraging the escalation of fanaticism and violence.

The contemporary pro-life movement is one that is in a state of transition. It is redefining itself in opposition to the negative qualities of the earlier pro-life movement that they wish to distance themselves from. Though the abortion debate is extremely different than it was thirty years ago, the fact remains the same that any progress made towards the resolution of the conflict must rely on an extensive effort by both parties involved. Only by redefining the terms of the debate can we open up the possibility of moving past the long-standing stalemate between the pro-choice and the pro-life worlds that has thus far proven impenetrable.
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