DIVERSITY IN ACTION: PROTESTING ABORTION IN MISSISSIPPI

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Abortion remains a controversial contemporary social issue, spawning disparate and strongly held opinions among the American public. Pro-life activists play a central role in opposing abortion, mobilizing a disinterested public to public activism, and collectively working to restrict abortion access. This study focused on pro-life activism in Mississippi, the state with the most restrictive laws governing abortion, abortion clinics, and abortion doctors. Contrary to previous studies and media portrayals that homogenize pro-life activists and public pro-life activism, I find that diversity, rather than consensus, characterizes Mississippi pro-life activists who engage in public activism and direct action to stop abortion. Specifically, this study focuses on the diversity in turning points that propel activists into public activism, the multivalent ways activists construct abortion as a moral problem, and the ways activists create and use strategies of action to disseminate their worldviews and to stop abortion.
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PROLOGUE: COMING FULL CIRCLE

The young woman drives past the abortion clinic. It is eight o’clock in the morning and the protesters are already chanting and thrusting pictures of bloodied, dismembered, aborted fetuses toward passing motorists. She cannot make the turn into the clinic parking lot. Her heart pounds as fear rips through her body; she does not know if she is more terrified of what she has come to do or if she is more afraid of the protesters.

She turns the car into an empty parking lot and sits momentarily. She knows what she must do but knowing does not make the decision easier. As the tears well in the corners of her eyes, she thinks her “decision” is little more than the lesser of two unfortunate evils. Breathing deeply, she eases the car back into increasingly congested early morning traffic and drives back toward the clinic. This time, she makes the left turn into the clinic drive, and looks for a parking spot toward the rear of the clinic and away from the protesters. She sits in the car listening as the motor hums a lullaby of idleness. As she opens the car door, her eyes hurry to find the clinic entrance. The protesters scream, “Don’t kill your baby! Please don’t murder your child!” Gazing away, still their words sear and sting her already-assaulted heart.

Inside the door, air-conditioned coolness temporarily soothes the raw emotion fighting to explode inside her. She walks to the reception desk and signs her first name
on the registration pad. The woman on the other side of the counter smiles and shoves a clipboard holding forms toward her. A pen, attached to a long string, hangs from the clipboard. It reminds her of an umbilical cord, like the one deep inside her. She looks around the waiting room and sees fifteen or more girls, like herself, seated. Four or five of the girls balance generic clipboards on their legs as they complete the patient information, medical history, and consent forms. Fake plastic potted plants sit in contrast to the stark whiteness of the room. She feels her identity, her uniqueness, her individuality beginning to blend in with the walls as she sits, filling in the blanks on the forms. She feels herself becoming one of them—a generic body sitting in a generic chair in an intentionally sterile room; she feels the fear inside her begin to subside, replaced by a steely cold slowly enveloping her. Later, she hears her first name called and moves into a line behind several other women. Each enters, one by one, into a small lab area bustling with activity. Soon, she reaches the head of the line where she hands the nurse three hundred dollars in cash. She is directed to a counter in the lab where a nurse draws blood from her arm, checks her temperature, and monitors her blood pressure. A nurse asks her questions about the date of her last menstrual cycle. She hands a cup to the young woman, points toward a bathroom and tells her they need a urine specimen to verify that she is, in fact, pregnant. The young woman finds the request ironic for if she was not pregnant she would not be standing in the lab. She goes into the bathroom, returning moments later with a full cup of urine that she places on the counter. In exchange for her urine, the nurse gives a Dixie cup filled with water and a valium. She is
herded along with four others to another room that is empty except for a row of hooks on which rough cotton gowns hang.

She strips and puts on a gown. Protruding from the front pocket is a pair of fuzzy tennis socks. Hers are pink. Booties for big girls. She puts them on, grateful for the warmth on her cold toes. A clinic social worker, dressed professionally in a suit and wearing heels, enters and tells the young woman to follow her to a sitting area. For a brief moment, the young woman thinks except for the gown and booties she is wearing, she could be in any office in the city. The young woman follows the social worker down the hall, around a corner, and down another hall. The social worker opens the door and stands aside. The young woman enters a carpeted room filled with deep sofas and large pillows. She will wait here until the doctor is ready for her. Five women are waiting in the room. A television blares with Saturday morning cartoons. The young woman sits next to a teenage girl whose eyes remind her of an animal trapped by the teeth of a snare. She wonders if she looks as terrified as the young girl beside her. The social worker walks over to the television and pops a tape into a VCR. The doctor’s face suddenly appears on the screen and each woman watches intently as he explains the abortion procedure they each are about to undergo. The orientation takes ten minutes; afterward, one of the younger girls grabs the television remote control, returning the station to the cartoon channel. Sitting shoulder to shoulder between two others, the young woman begins to feel the chills inside of her radiating outward. Her shaking grows in intensity.

Soon, she hears her name called. She enters a small examining room and sees the stainless steel table looming before her. The nurse helps her onto the table, positions her
feet in steel stirrups, and tells her to scoot her bottom toward the edge. The coldness of the steel momentarily burns her buttocks and her knees take on a life of their own, shaking and jumping uncontrollably. The nurse rubs the young woman’s arm and tells her it will be over soon.

The doctor enters the room. He is Caribbean and speaks with a lilting accent. His voice reminds the young woman of a lullaby. A green hospital drape bridges the chasm between her eyes and his. He thrusts a surgically gloved hand into her vagina, telling her she is ten weeks pregnant. He confirms what she knows—his words are cold and cutting—and feel like glass shards piecing her womb. She feels the icy sting of an injection to her cervix. Moments later she grimaces as he slides the steel speculum deep inside her. The doctor tilts the table slightly downward and she clutches the rails, afraid she will slide into nothingness.

Suddenly she hears a whirring noise and feels her vagina being sucked into a whirring abyss. She gasps as sharp, rolling pains wrack her belly. She feels very cold and her lungs feel very small; she cannot inhale deeply enough to make any difference. Her body does not feel like her own. The room reverberates with echoes of swishing, gurgling sounds whirling all around her. The suction vacuum abruptly stops. Limp, she gulps air down into her burning lungs. The lilting voice tells her the abortion is complete and she will be fine. She hears the door open and then shut. The voice is gone. The nurse helps her up from the table and thrusts a sanitary pad into her hand, telling the young woman to place it between her legs to absorb the bleeding from the procedure. The nurse guides the young woman by her elbow into another room, deep in the bowels
of the clinic. She instructs her to lie down on one of the many cots lining the walls of the recovery area. Someone brings juice and a cookie to her. She must wait thirty minutes before leaving.

Soon, she gets up and takes the plastic bag that holds her clothes behind a make-shift curtain. She removes the gown and the booties and puts back on her own clothes. She shoves into her purse a small plastic bag containing post-abortion instructions and a ten day supply of penicillin. Keys in hand, she leaves through the same door she entered hours earlier. The protesters remain nearby; their chants of guilt and shame now sound more like an old and worn record, played over and over again. Insulated by the complexities of her own emotions, she feels immune from the sting of their words. It is twenty-five years later when I first stand in the midst of the rhythmic chanting of the protesters that the emotion of that day so long ago washes over me and I cry.
CHAPTER I
INTRODUCTION

Elective abortion in the United States was established in 1972 with the Supreme Court decision in Roe v. Wade (Roe v. Wade 410 U. S. 113). The decision spawned disparate and strongly held opinions among the American public and the emergence of activist groups taking a variety of positions on abortion. Much research on pro-life activism suggests that activists are bound together through shared beliefs, actions, and goals. This thesis analyzes the diversity among pro-life activists in Mississippi through an examination of: (1) the diversity of turning points that propel activists into public activism and direct action; (2) the multiple ways activists construct abortion as a moral problem; and, (3) how activists create and use strategies of action to disseminate their worldviews and to stop abortion.

Statement and Significance of Research Problem

Much research on pro-life activism portrays abortion protesters as angry people whose actions grow from conservative religious and political beliefs that privilege the
family and traditional gender roles, emphasize the primacy of motherhood, and construct
the body as a site of unrestrained sexuality (Ginsberg 1986; Luker 1984; Williams and
Blackburn 1996). Research further shows pro-life activists contending that abortion
pollutes American culture and erodes the family as the cornerstone of American society
(Hunter 1994). Pro-life activists, according to the literature, argue that abortion
evidences a declining morality that privileges sexual pleasure, de-centers motherhood,
and denigrates the family. Research depicts activists suggesting that controlling women’s
bodies and restraining the sexual practices of men and of women are paramount to re-
establishing moral order and a moral society.

The increased availability of elective abortion in the United States was established
in 1972 with the Supreme Court decision in Roe v. Wade (Roe v. Wade 410 U. S. 113).
This decision spawned disparate and strongly held opinions among the American public
and the emergence of activist groups taking a variety of positions on abortion. The
availability of elective abortion has called into question traditional beliefs about the
relations between men and women, has raised vexing issues about the control of women’s
bodies, and has intensified contentious debates about women’s roles and changes in the
division of labor, both in the family and in larger occupational arenas. Elective abortion
has called into question long-standing beliefs about the moral nature of sexuality.
Further, elective abortion has challenged the notion of sexual relations as privileged sites
symbolic of commitments, responsibilities, and obligations between men and women.
Elective abortion also brings to the fore the more personal sphere of the meaning of
pregnancy.
Much research on pro-life activism suggests that the pro-life movement is bound together through shared beliefs, action strategies, and goals (Ginsberg 1989; Luker 1984). Recent ethnographic work calls these portrayals into question. Williams and Blackburn (1996), for instance, suggest that abortion protest is characterized by internal dissension, competing motivations, and varying ideological commitments. My research aims at enriching scholarly understandings of the pro-life movement by examining abortion protesters at two abortion clinic sites in Mississippi. Mississippi is an ideal location for examining pro-life activism for the state leads the nation in the number of legal restrictions governing abortion. The state pro-life organization has actively and effectively lobbied the Mississippi Legislature to pass more pro-life legislation than any other state and has successfully closed all but one abortion clinic. Mississippi is the only state its size with a single abortion clinic within its boundaries. This study focuses on texts, actions, and accounts of abortion protest and, thereby, provides a lens to sharpen media and scholarly portrayals of abortion protest. Specifically, this study analyzes the turning points that propel activists into public activism and direct action at the clinics, the diverse ways activists construct abortion as a moral problem, and the ways activists create and use strategies of action to disseminate their moral views and to stop abortion.

**Previous Studies**

Previous studies of abortion protest focused on the differences between pro-life and pro-choice constructions of abortion (Ginsburg 1991; Hunter 1994; Luker 1984). The pro-life perspective was understood as underscoring abortion as an overt act of moral
depravity, as sinful, and as inherently evil. The pro-choice perspective, in contrast, was characterized as emphasizing abortion as preserving women’s autonomy and their right to control reproduction and their lives. Other studies add detail to these portraits by identifying socio-demographic factors that differentiate attitudes between pro-life and pro-choice supporters (Arney and Trescher 1976; Barnartt and Harris 1982; Blake 1971; Combs and Welch 1982; Ebaugh and Haney 1980; Evers and McGee 1980; Granberg 1991; Granberg and Granberg 1980; Hall and Ferree 1986; Hertel and Russell 1999; Lynxwiler and Gay 1994; Milet and Barnett 1972; Misra and Hohman 2000; Pomeroy and Landman 1972; Scott and Shuman 1988; Secret 1987; Westoff, Moore, and Ryder 1969; Wilcox 1990). Still other studies focus on the moral logics that underlie abortion protest and support (Becker and Eisland 1997; Boor 1996; Gilligan 1981). Research on pro-life activism reports that pro-life activists tend to be white, female, and middle class (Ginsberg 1989; Luker 1984) while the majority of women who seek abortions are also white (CDC Fact Sheet 2000). However, recent statistical reports on the rate of abortions in Mississippi indicate that a majority of women (72.1) who sought abortions during 2000 were non-white (MMWR 28 Nov 2003).

Scholarly research, however, has overlooked the significance of diversity among pro-life activists, activists’ multivalent constructions of abortion as a moral problem, and how activists create and use strategies of action to disseminate their moral views and end abortion. Through participant observation of protest actions and in-depth interviews with Mississippi pro-life activists, this study will help fill these lacunae.
CHAPTER II

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

Introduction

Abortion represents a central social issue dividing contemporary society. Competing narratives in the debate over abortion position the question of abortion either as one paramount to women’s autonomy and reproduction—one of many choices available to women—or abortion as a manifestation of moral depravity and the diminishing significance of motherhood. For pro-life activists, abortion symbolizes the denigration of the family as a cornerstone of society, the devaluation of women as caretakers and nurturers, and the disruption of gender relations.

In this portion of the study, I review the literature on the motivations and meanings of pro-life activism, paying particular attention to the kinds of symbols, images, rhetorics, and social practices used by activists in their public actions opposing abortion. Ann Swidler’s (1986) cultural theory provides a framework for examining how symbolic forms are brought to life through social practices. I explore pro-life perspectives as sets of beliefs and attitudes toward abortion and as a repertoire of social actions enlisted to protest this practice.
Pro-life activists understand abortion, as well as childbearing and sexuality, as moral issues (Luker 1984; Hunter 1984; Ginsberg 1989; Maxwell 2002). In an expansion of the conceptual framework provided by Swidler’s research, I integrate moral theories of development to analyze the moral dimensions of abortion as a social issue. A synthesis of the work of Carol Gilligan (1981) on ethical orientations and Michele Lamont’s (1992) theory of boundary work creates a multi-dimensional framework sensitized to the moral dimensions of social life.

After presenting the theoretical framework, I then examine ethnographic accounts of pro-life activism (Becker 1997; Boor 1996; Ginsberg 1989; Luker 1984; Maxwell 2002; Wedam 1997) to illuminate the differing constructions of the moral issue of abortion offered by pro-life activists. I then draw from recent research (Williams and Blackburn 1996) that suggests pro-life activism is characterized both by consensus and by divergence in the ideological commitment of activists, with activists often dissenting over the broad social and political issues embedded within pro-life platforms. Specifically, Williams and Blackburn suggest that, while activists express widespread agreement that abortion is “immoral” and that it must be stopped, they vary in their support of social and political agendas often associated with national pro-life campaigns.

In closing, I develop a portrait of pro-life activists through a review of empirical studies that examine the socio-economic factors associated with pro-life attitudes. Empirical studies indicate that pro-life activists are generally less educated, more likely to be under-employed, and more religiously and politically conservative than other
activists in the abortion debate (Blake 1971; Combs and Welch 1982; Ebaugh and Haney 1980; Mileti and Barnett 1972; Secret 1987). That is, pro-life activism is also associated with other factors such as traditional attitudes toward pre-marital sex, ideal family size, and women’s roles (Barnartt and Harris 1982; Granberg and Granberg 1980; Hall and Ferree 1986; Luker 1984).

The integration of cultural and moral theory with boundary work suggests that pro-life activism is both a site of solidarity and conflict for pro-life activists. This framework provides a vantage point for examining media and scholarly portrayals of abortion protest so that we can more fully comprehend the social contours of pro-life activism. Specifically, this research explores the diverse points of entry, activists’ multivalent constructions of abortion as a moral problem, and the ways activists use strategies of action to disseminate their moral views and to stop abortion, thereby illuminating facets that have not been given their due. By integrating these theoretical perspectives, this research explores the diversity that characterizes pro-life activism in Mississippi through an analysis of motivations, moral orientations and action strategies used by pro-life activists.

Theoretical Framework

Cultural Theory

In 1973, Geertz, a major cultural theorist, defined culture as the ‘entire way of life of a particular group of people including their technology and material artifacts’ (Swidler 1986; see also Geertz 1973). Sociologists and anthropologists have built on Geertz’s
characterization and now suggest that culture is more fully described as those symbolic forms through which people experience and express meaning in their lives (Keesing 1974; Swidler 2001; Wuthnow 1987). Swidler argues that culture is comprised both of symbols and strategies of action that provide individuals with a repertoire of tools or set of skills used to make sense of their worlds. Included in this repertoire are symbols, narratives, rituals, and strategies of action that provide individuals with scripts or meanings for shaping their everyday lives.

I explore pro-life activism both as a set of beliefs and attitudes toward abortion and as a form of culture that impacts social actions. Swidler (2001) suggests that such an approach allows for a richer, more complete analysis of the ways culture shapes social action and social organization as well as the ways culture itself changes. Thus, while pro-life culture provides activists with repertoires of scripts, narratives, language, symbols, and action strategies, the meanings embedded within these cultural tools and how those meanings are expressed publicly changes as the medical, social, cultural, and legal landscapes also change.

Moral Theory

One of major concerns in everyday life is making moral decisions. Gilligan (1981) in a critique of Kohlberg (1981) suggests that gender differences shape men’s and women’s moral development. In her research on ethical orientations, she explores how individuals develop meaningful narratives about the moral dilemmas in their lives. Gilligan suggests that moral problems are problems of relations and revolve around
conflicts arising from responsibility to self and obligations to others. She argues that moral orientations are gendered and arise from social roles and the responsibilities and obligations attached to those roles. She reports that moral problems are sometimes constructed as problems of care and responsibility in relationships and, at other times, as problems of rights and rules. Specifically, she suggests that ethical problems may be defined either as issues of justice governed by a logic of equality and reciprocity or as issues of care and compassion governed by a logic of responsibility and relationships. Whereas an ethic of care and compassion is informed by the psychological logic of relationships in which tensions arise from one’s responsibility to self and one’s responsibility to others, an ethic of justice is informed by the formal logic of fairness and the discovery and universal application of moral principles.

An ethic of justice defines moral problems as problems of competing rights which can be resolved by recourse to principles of equality and fairness. Resolution is achieved through the impartial application of abstract principles of right and wrong. An ethic of justice is premised on the belief in the existence of an objective reality that is available through a logic of fairness and equality and which can be universally applied.

Among pro-life activists who engage in public action, an ethic of justice is most readily identified in strategies of action where activists champion the rights of the unborn, construct the fetus as an actualized person, posture the woman and the fetus in an adversarial relationship, and denounce the injustice of a decision in which the interests of the powerful (adult) are exercised at the expense of the powerless (the unborn). Moreover, an ethic of justice critiques selfishness, the intentional harm to others, and the
immorality of unconcern. Thus, references to economics, family size limitation, or a preference to remain child-free are held to be irrelevant to the decision to abort.

In contrast, an ethic of care and compassion defines moral problems as problems of relationships where responsibility to self and obligations to others create sites of conflict. Gilligan (1981) suggests that conflict where responsibilities and obligations intersect entail self-subordination or self-sacrifice. Inflicting hurt is characterized as selfish, and thus, immoral, while the expression of care is constructed as the fulfillment of moral responsibility. Relationships are at the center of an ethic of care and define the caretaker’s responsibilities and obligations. Within the context of relationships, the self acts as a moral agent recognizing and responding to the perception of need. Emphasizing the interconnectedness of relationships, an ethic of care and responsibility calls for non-violence and reconciliation of conflict in ways that are minimally injurious to all parties and the competing interests concerned.

An ethic of care approaches resolutions to moral problems through judicious consideration of context, recognizes the limitations of any specific remedy, and acknowledges that, even after resolution, conflict often remains. An ethic of care is most readily identified in the efforts of activists to expand the options available to women considering abortion and include offers to provide limited financial or housing assistance, prenatal care, or adoption of the child. Premised on the recognition of the interconnectedness and value of relationships, an ethic of care focuses on non-violent resolutions in which the interests of both the woman and the fetus are weighed and protected.
Gilligan (1981) suggests that an ethic of justice and an ethic of care and compassion denote different ways of organizing the self, others, and the relationships among them. Although her research initially emphasized gender differences between these two orientations, evidence suggests that either men or women may reason based on the principles of justice or of care (Wedam 1997). Just as culture provides a repertoire of tools for individuals to make sense of their everyday lives, a society’s moral orientations provide individuals with ways to interpret and negotiate the problems they face. Moral orientations establish frameworks or boundaries making the everyday world more navigable.

**Boundary Work**

Cultural sociologist Lamont (1992) suggests that individuals and groups use culture to create and to maintain boundaries between categories of people. Specifically, Lamont and Molnar (2002) focus on symbolic boundaries, defined as those “conceptual distinctions made by social actors to categorize objects, people, practices, time, and space” (p. 168). They suggest these distinctions are tools individuals and groups use to define reality, to make sense of the fluid character of social relationships, to differentiate themselves from others, and to maintain systems of equity and inequality. The abortion struggle demonstrates the construction of symbols, narratives, and actions that define categories of people and impute moral scripts to those categories.

Symbolic boundaries separate people into groups and locate them in social and moral categories that influence their access to social and cultural resources. A central
tenet of sociologists and anthropologists who study culture is the belief that people label and classify objects, people, and actions in order to differentiate one group from another (Bourdieu 1984; Douglas 2002; Lamont and Fournier 1992; Levi-Strauss 1992; 1979). One way people and groups name things is by establishing boundaries of difference that denote inclusion [insiders] or exclusion [outsiders]. Lamont (1992: see also Levi-Strauss 1992;1979) suggests that boundaries are symbolic classifications organized around categories of binary opposites such as male/female, black/white, or by extension, pro-life/pro-choice. Denoting difference, these categories define who is included by necessarily defining those excluded from group membership. Thus, boundaries separate and distinguish one group from another and simultaneously generate feelings of similarity among group members (Epstein 1992). In everyday language, symbolic boundaries help differentiate “us” from “them.”

Using a logic of distinction, symbolic boundaries, crafted through our need to distinguish and separate ourselves from others, bring some people together while at the same time separating them from others. Boundaries can be tightly structured or relatively fluid categories. Such boundaries include gender, race/ethnicity, sexuality, beliefs, practices, or worldviews—all constructions through which everyday actions are organized. Epstein (1992) suggests the distinctions implicit in boundaries convey attitudes, govern behavior, and generally have a powerful effect on the way everyday lives are lived.

As mechanisms of inclusion and exclusion, boundaries are also sites of solidarity and conflict between and among collectivities, such as pro-life or pro-choice
communities, whose membership is supplemented by networks of relationships. As participants in a group, members have access to a system of classification that distinguishes insiders from outsiders, makes available to members a common language and rhetoric, and infuses symbols and images with meanings through which members create a shared identity. Sharing such categories denotes membership in a symbolic community (Hunter 1974; Lamont 1992; Wuthnow 1989). Pro-life and pro-choice organizations are examples of communities whose symbolic boundaries are sites of both solidarity and conflict. Characterized by divergent beliefs about women’s roles, family, sexuality, and reproduction, the members of both sets of organizations define themselves in opposition to the other, use language, symbols, and narratives in very different ways to express their perspectives, and generally talk past one another (Lamont and Fournier 2001; Luker 1984).

Among pro-life activists, shared moral expectations compose a type of symbolic boundary that is often a site of solidarity and a site of conflict. Race, ethnicity, gender, sexuality, and sexual morality intersect in pro-life activism and represent potential sites of conflict concerning issues of boundaries and identity, of inclusion and exclusion, of who and who is not part of the moral community. Malleable and always under construction, symbolic boundaries, by definition, often emerge as sites of moral conflict that require negotiation and reconstruction.

**Empirical Studies of Abortion**
Quantitative studies provide empirical evidence of the socio-demographic factors most closely associated with pro-life attitudes. Focusing on variables including age, sex, marital status, race/ethnicity, educational background, and religious affiliations of respondents, these studies tell us who tends to endorse pro-life attitudes and the strength of their attitudes. Quantitative studies assess the opinions held by the American public through analyses of responses to a battery of questions that focus on the circumstances surrounding an unplanned pregnancy. Research consistently indicates that respondents express strongest pro-life sentiments toward circumstances in which economics, family size limitations, or a preference to remain child-free underlies the decision to abort (Arney and Trescher 1976; Blake 1971; Ebaugh and Haney 1980; Granberg and Granberg 1980; Westoff, Moore, and Ryder 1969).

Other studies focus on gender and race/ethnicity as predictors of pro-life attitudes and report that women express stronger pro-attitudes than men (Blake 1971; Granberg 1991; Hertel and Russell 1999; Misra and Hohman 2000). Still other studies report African Americans are more likely to be pro-life than are other Americans (Arney and Trescher 1976; Ebaugh and Haney 1980; Evers and McGee 1980; Granberg and Granberg 1980; Hall and Ferree 1986; Lynxwiler and Gay 1994; Milet and Barnett 1972; Pomeroy and Landman 1972; Scott and Shuman 1988; Secret 1987; Westhoff, Moore, and Ryder 1969; Wilcox 1990). African American pro-life attitudes are attributed to strong religious ties (Harris and Mills 1985; Wilcox 1990), frequent church attendance (Harris and Mills 1985; Himmelstein 1986; Peterson and Mauss 1976), and strong religious commitment (Granberg and Granberg 1985). Still other empirical studies report
denominational differences, with Catholics expressing stronger pro-life attitudes than Protestants (Blake 1971; Ebaugh and Haney 1980; Evers and McGee 1980; Granberg and Granberg 1980; McIntosh, Alston, and Alston 1979; Mileti and Barnett 1972), a finding disputed in recent research (Sullins 1999) which reports Protestants are now more pro-life than Catholics. Sullins attributes this change in pro-life support to the dramatic decline in church attendance by Catholics and increased attendance among Protestants. Previous research by Harris and Mills (1985) and Wilcox (1990) find that strong pro-life attitudes are correlated with religious affiliation and religious commitment.

Empirical research suggests that pro-life attitudes are strongest among respondents who are less educated, who work low paying jobs with limited occupational prestige, and who live in non-urban areas (Blake 1971; Combs and Welch 1982; Ebaugh and Haney 1980; Mileti and Barnett 1972; Secret 1987). Thus, pro-life attitudes are more likely among those living in homogenous communities where there is little diversity and restricted occupational opportunities. Pro-life support is also associated with traditional attitudes toward pre-marital sex, large family size, and women’s roles (Barnartt and Harris 1982; Granberg and Granberg 1980; Hall and Ferree 1986; Luker 1984). Clearly identifying the socio-economic factors predictive of pro-life attitudes, empirical studies provide a portrait of who is more likely to hold pro-life attitudes toward abortion: they tend to be less educated, hold lower status occupations, live in rural areas, or be African American. However, to understand the underlying motivations and meanings infused in the public actions of activists opposing abortion, qualitative studies provide us with rich data detailing the context, meanings, and culture of pro-life activism.
Ethnographic Studies on Abortion

In an ethnographic study focusing on conflict and its role in making and remaking moral order in local religious communities, Becker (1997) suggests that congregational members, when faced with conflicts over moral ideologies, engage in a process of “interpreting together [italics added] the implications of deeply held values” (p. 140). Becker suggests that moral conflicts are conflicts over social inclusion and erupt when competing constructions of morality create sites of disagreement that can be divisive. These sites of disagreement or conflict require negotiation or reinterpretation of the ways members construct moral order to prevent conflicts from escalating into “all or nothing” propositions that can potentially separate members into factions or sub-groups. Members use both a logic of relationship that emphasizes “dialogue and compromise” and a logic of authority that originates from an “authoritative text or person,” such as a belief in God or a belief in Christian principles (p. 140) to resolve moral conflicts, but rely most heavily on resolution of moral conflicts through negotiation and compromise. By extension, Becker’s findings suggest that within the pro-life movement activists are motivated by diverse moral orientations that create sites of potential conflict that threaten to disrupt the solidarity and cohesiveness displayed in public activism. Thus, Becker’s research hints that the public solidarity portrayed in pro-life activism is the result of negotiated efforts to reconcile competing constructions of morality embraced by activists.
Moreover, her findings suggest that conflicts are arenas for building solidarity as well as arenas for divisiveness.

Wedam (1997), in a study of two pro-life organizations in Chicago, reports considerable within-group and between-group variability in the moral worldviews invoked by activists. She finds that a “multiplicity of ideological, political, and religious views” (p. 151) inform moral discourses and practices, suggesting that pro-life constructions of morality are not as consistent as portrayed by researchers. Specifically, she reports that some activists espouse a moral imperative of care grounded in constructions of justice that demand interventions on behalf of the powerless or innocent while other activists espouse a consistent life ethic that opposes all forms of violence and privileges life in all circumstances. An imperative care, absolutist in its reasoning, demarcates moral boundaries in which women’s interests are separated from those of their fetuses. In contrast, the consistent life ethic refuses to split the interests of the woman from the interests of the fetus. Thus, while activists may be bound through consensus regarding their belief that abortion is a moral issue, their beliefs concerning adjudication are diverse. Wedam’s findings suggest that some activists embrace an ethic of justice that emphasizes adjudication based on principles of right to life while others advocate a consistent life ethic that emphasizes adjudication based on principles of non-violence, suggesting that pro-life moral imperatives may be more nuanced than generally reported.

As ethnographic accounts indicate, narratives on abortion activism generally cast conflict as a point of ideological difference distinguished by the meanings activists attach
to the issue of abortion. Luker (1984), in a seminal study of abortion activists, suggests that abortion represents a “referendum on the place and meaning of motherhood” (p. 193). She argues that the pro-life perspective is a worldview founded upon a belief that men and women possess distinctly different natures that define the roles appropriate for each. While men are special because they articulate the family to the larger social world, women are special because of their capacity to nurture and sustain human life. For pro-life activists, abortion represents the destruction of life, empowers women to control their fertility, and exercise autonomy in their lives. Moreover, abortion destroys the social relationships between men and women by weakening women’s dependence on men and men’s authority over women.

The current debate on abortion focuses on the moral status of the fetus—a strategy that Luker suggests focuses the issue on the relative rights of women and fetuses as well as women’s divergent obligations to themselves and others. Luker (1984) states the “abortion debate has become a debate among women, women with different values in the social world, different experiences in it and different resources with which to cope with it” (p. 193). Thus, the debate is about differing views of motherhood that symbolize differing social worlds and the meanings of women’s lives.

Luker argues that pro-life and pro-choice activism grows from lives structured around different meanings of motherhood. Pro-life activists bestow personhood on the fetus, believe biological capacity determines social roles, and construct motherhood as a vocation. Luker suggests that it is the circumstances of pro-life activist’s lives that inform and shape pro-life worldviews. In particular, pro-life activists’ lives are not only
informed by their educational, income, and occupation levels but also by the marital and family choices they make. She suggests that the lifestyles of activists provide them with sets of values and beliefs that operate as tools or maps to make sense of their everyday worlds. In turn, these values and beliefs shape activists’ lives by reinforcing their choices of lifestyles, and, in particular, their constructions of motherhood. The moral issue at stake in pro-life activism is one of a particular social world and the meanings, beliefs, values, and opportunities that world symbolizes. Thus, a pro-life perspective reflects the reality of pro-life activists’ lives and provides activists with a particular framework through which they interpret the conflict of abortion. Luker (p. 215) writes, “pro-life and pro-choice activists live in different worlds and the scope of their lives fortifies them in their belief that their own views on abortion are the more correct, more moral, and more reasonable.” These divergent positions demonstrate how social context, experiences, and lifestyles converge to construct very different interpretations of moral conflict.

In contrast to Luker (1984), who argues that the abortion debate is one on the meaning of motherhood, Ginsberg (1989), in a study of abortion activists in Fargo, North Dakota, argues that activists construct abortion as a threat to female identity and the gender differences critical to “biological, cultural, and social reproduction” (p. 216). Specifically, pro-life activists construct abortion as a mechanism that enables women to control their capacity for pregnancy and their social obligations to nurture while simultaneously freeing men from their social responsibility to support women and children. The pro-life activists in Ginsberg’s study (1989) define female identity as an “achievement gained through the acceptance of pregnancy and nurturance” (p. 218). For
pro-life activists, abortion threatens to subvert the social organization of society by undermining the importance and place of procreation and nurturance in women’s lives and the place of women in the reproduction of culture.

Thus, while Luker (1984) suggests abortion calls into question the meaning of motherhood, Ginsberg (1989) suggests abortion calls into question the current state of gender relations and the orderliness of a society based on the different, but complementary, roles of men and women. The moral issues that emerge through Ginsberg’s (1989) work concern “contending interpretations of gender, sexuality, and reproduction” and represent the changing structure of gender relations and the changing division of labor that characterizes contemporary society (p. 15).

In an ethnographic account of pro-life activists in St. Louis who engage in direct actions to stop abortions from taking place, Maxwell (2002) suggests that activists act publicly out of “conviction experiences” described by activists as an “obligation placed on them from an external source” (p. 167). Specifically, she suggests that conviction is a type of conversion grounded in religious beliefs, an intensification of religiosity, or a re-commitment to religious beliefs that alters activists’ attitudes, behaviors, and worldviews (p. 169). Emanating from some type of “divine unction” that creates a moral commitment within the individual, the conviction experience creates a change in attitudes and the day-to-day life orientations of activists. Conviction experiences crystallize ones’ perspective and illuminate the moral demands that the new understanding places on the individual. Maxwell (2002) reports that the conversion experience “initiates a process whereby the individual reinterprets past experiences to make sense of the new worldview,
redefines herself, and accepts the moral responsibility inherent in this new moral order” (p. 171). Thus, she suggests that activists may use pro-life activism as an arena to express their personal conversion experiences as much as to express their moral commitments.

Boor (1996) suggests that the conversion experience figures prominently in pro-life activism. Drawing from the work of Branham (1991) who argues that “the anguish of guilty awareness prepares individuals for conversion” – “sorrow” is the precursor to “faith” (p. 413) – Boor suggests that pro-life activists use narratives of moral agony to legitimate their claims. Activists portray the decision to abort as a decision clouded by feelings of moral anguish, guilt, and shame that becomes mitigated through the conversion experience. Specifically, the conversion becomes a tool through which past experiences are reinterpreted to make sense within the new worldview. Thus, conversion experiences move beyond the personal and evolve into arenas of opportunities for activists, and others, to reconstruct experiences of personal agony into displays of public morality. In particular, the conversion experience provides women who have aborted, and who, as a result of the conversion experience have reconstructed their decision to abort and place that decision in a new moral narrative, with opportunities to express their agony, to experience public redemption, and to demonstrate their new moral commitments. Boor suggests the conversion experience is similar to Burke’s (1970) concept of “conscience-laden mortification” in which individuals seek redemption from their sins and purification of their guilt through public confessions of their sins (p. 207). Boor’s findings support Maxwell’s argument that pro-life activists use conversion
experiences as sites to publicly profess their religiosity, as sites to express their personal morality, and as sites to display their pro-life commitment.

Recent research on abortion suggests that activists may vary in their ideological commitment to pro-life platforms (Williams and Blackburn 1996). Similar to Wedam (1997) who reports significant variability in the moral worldviews among pro-life activists and suggests that internal discord over competing moral orientations threatens the solidarity among activists, Williams and Blackburn report that abortion symbolizes a range of social and political issues and worldviews neglected in previous studies on abortion. In particular, Williams and Blackburn suggest that pro-life platforms extend beyond the single issue of abortion and address other political and social issues such as legal rights for gay men and lesbians, euthanasia, the death penalty, and school prayer. The broad range of issues incorporated under the pro-life umbrella results in variations in levels of ideological commitment among pro-life activists, with some activists committed to all of these issues while other activists support only some of these agendas. Williams and Blackburn suggest that the social and political diversity among activists, along with the diversity of issues addressed by pro-life organizations, often makes pro-life activism a site of conflict for activists rather than a site of consensus and unified actions. Although activists generally express unity in their belief that abortion is evil, should be stopped, and that sexual freedom threatens the structure of male and female relations, they vary in their ideological commitments to other beliefs such as separation of church and state, use of political power to legislate morality, or the appropriateness of civil disobedience in abortion protest.
Williams and Blackburn attribute the diversity of commitments among pro-life activists to the disjunction between the formal ideologies of national pro-life organizations and the operative beliefs of grassroots activists engaged in direct action. Thus, activists at the local level may support some, but not all, of the ideological commitments articulated through formally organized pro-life organizations. This finding suggests that pro-life activism moves from partially shared meanings rather than from consensus. More importantly, this finding suggests that among local pro-life activists, commitments and beliefs will also vary, creating within-in group conflicts and factions among activists.

This study examines the turning points that propel pro-life activists to public activism and direct action, activists’ multivalent constructions of abortion as a moral problem, and the ways activists create and use strategies of action to disseminate their moral views and to stop abortion. Focusing on participant observation at two abortion clinics in Mississippi and in-depth interviews with activists who engage in direct action, I examine the diversity among pro-life activists, how this diversity shapes pro-life activism, and how activists’ worldviews shape their understanding of abortion as a moral problem.
CHAPTER III
RESEARCH METHODOLOGY

In this study, I draw on observational fieldnotes and in-depth personal interviews to draw attention to activists’ multivalent constructions of abortion as a moral issue and the diversity represented in their strategies to end abortion in the state of Mississippi.

Observational Fieldwork

I conducted extensive ethnographic fieldwork at two abortion clinic sites in a medium-sized city in Mississippi. I refer pseudonymously to these clinics as Pinedale and Oakhurst. Pinedale abuts a predominantly white, middle-class neighborhood; the other, Oakhurst, lies on the fringes of a marginalized, predominantly African American area of the city that borders an older, well-established, elite, white neighborhood. Both clinics are located in areas of the city where businesses push up against residential neighborhoods. In 2004, one of the clinics that provide the setting for this study closed its door after the staff physician was convicted of medical malpractice in a nearby state.

Over the course of approximately three years, I observed, interacted, and engaged in informal conversations with pro-life activists engaged in direct actions to stop abortion at the two clinics. I attended several city-wide, non-denominational rallies (Faith in
Action and Candlelight Vigil for the Unborn) sponsored by Mississippians for Life (MFL), a formally-structured state pro-life organization. The field observations represent seventy hours spent observing pro-life activists in action at two abortion clinics in Mississippi. I chose to conduct my observational fieldwork at two clinics in order to compare and contrast the activities of pro-life activists, to note similarities and differences among activists, to analyze the differing strategies used by activists at each clinic, and to recruit interview participants.

Preliminary observational fieldwork was conducted during the summer and fall of 2001. The initial observational fieldwork collected during this time provided queries for the development of a pre-interview, demographic questionnaire and open-ended interview guide. Additional observational data were collected at the same clinics during fall 2003 and spring and summer 2004. All told, I made twenty-four field observations, each ranging from one and one-half hours to three hours in duration. I conducted slightly more than half my field observations (fourteen) at the Pinedale clinic due to the expanded presence of pro-life activists at that location.

In January 2002, I attended the Candlelight Vigil for the Unborn held on the grounds of state capitol in Jackson, Mississippi. The Candlelight Vigil for the Unborn, held annually on the anniversary date of the U. S. Supreme Court decision Roe v. Wade, was attended by approximately 400 pro-life supporters. The Candlelight Vigil for the Unborn is a public event sponsored by Mississippians for Life to memorialize the “unborn killed by abortion each year.” I attended this event for two hours and recorded
extensive fieldnotes, carefully noting participant actions and conversations taking place around me.

During the summers of 2002 and 2004 I attended the annual Faith in Action Rally held in front of the Oakhurst clinic. The Rally is an annual pro-life, city-wide, family-oriented event featuring local speakers and Christian bands. Sponsored by Mississippians for Life, the non-denominational event is billed as a “praise and worship service.”

During these events, I was careful to take extensive fieldnotes of my observations. As well, these events afforded opportunities to interact with those in attendance. I noted, in detail, my conversations with participants. In situations where I wanted to directly quote my conversational partner, I explained my research purpose and sought their verbal permission.

Observations and informal conversations were recorded in a notebook during my field visits. I chronicled the number of activists at each clinic site, types of activities occurring at each location, brochures and pamphlets distributed, and noted the various posters and placards positioned in front of the clinics or carried by activists. Additionally, I recorded details of interactions between activists and clinic patients, clinic personnel, and the public. I noted activists in leadership roles as well as the different ways leaders interacted, motivated, and occasionally sanctioned other activists. I recorded interactions between activists, paying particular attention to conflicts or tensions among activists and to the ways those were negotiated or resolved.

After each field observation I transcribed my fieldnotes. The process of immediately transcribing my notes after field observations allowed me to fully describe
the events I had observed and to note questions, points of confusion, or issues that required clarification. I used these questions as “talking points” with activists in subsequent field visits. The process of asking questions and seeking clarification not only provided answers to my questions but also provided me with opportunities to explore activists’ direct action experiences.

Field observation data were analyzed using three interpretive frameworks: (1) a theory-generated coding scheme (with appropriate sensitizing concepts) drawn from cultural theory (e.g., cultural tools, meanings, motivations, and action strategies), moral development (ethics of judgment and compassion), and boundary work (social identity, processes of inclusion and exclusion); (2) coding of emergent themes distinct from those highlighted by the theoretical frame; (3) and, narrative analyses, including stories that reflect the diversity in activists’ constructions of abortion as a moral problems, points of entry into pro-life activism, victories and challenges in activists’ experiences, and differences in strategies of action as articulated by my respondents.

In-Depth Interviews

During the late spring and summer of 2004 I conducted in-depth interviews with twenty-five local pro-life activists. My observational fieldwork provided a context for cultivating a rapport with activists and leaders in the local pro-life organization. Respondents were selected purposively. Purposive sampling, one type of non-random sampling, involves selecting a convenience sample from a population with a specified set of characteristics. In this case, I recruited both male and female respondents actively
engaged in pro-life activism for at least two years. I solicited twenty-one of my interview respondents during my field observations at the Pinedale and Oakhurst clinics. Four interviewees, active in public pro-life activism but activists with whom I had not personally interacted with at either clinic, were referrals from those activists I met during my field observations. I selected interviewees at various life-course stages, with diverse family arrangements, and racial backgrounds to insure diversity in my sample of respondents. I interviewed husbands and wives separately, with the typical interview lasting between one and one-half and two and one-half hours.

I conducted interviews in a variety of settings. Most interviews were conducted in the homes of respondents (thirteen). Six interviews were held in a private conference room of the local pro-life office. While I had not envisioned conducting interviews in this setting, the director of the organization offered to make the space available and a number of respondents (six) expressed a preference for this setting due to its central location (and perhaps its neutrality). Five interviews were conducted in the offices of respondents and one was held in the lobby of a nearby hotel at the respondent’s request.

All in-depth interviews were conducted using a semi-structured format (Appendix C). Semi-structured interviews provide all respondents with the opportunity to address the same set of questions. In many cases, unanticipated topics surfaced during the interview which I pursued further through follow-up questions not originally included in the interview questionnaire. Prior to the initiation of the interview, respondents completed an informed consent (Appendix A) and brief pre-interview questionnaire (Appendix B).
The pre-interview questionnaire consisted of a series of basic socio-economic questions. Respondents answered questions about their age, education, occupation, religious background, marital status, family characteristics, race and ethnicity, family income, and affiliation with pro-life organizations. Pre-interview data, presented in aggregate form to protect the identity of my respondents, is presented to provide a contextual frame to illuminate the diversity and difference that characterizes the pro-life activists in my sample.

In-depth interview data were analyzed using the same interpretive framework as the observational data. This consisted of the development of a theory-generated coding scheme drawn from cultural theory, moral development, and boundary work. I identified and coded themes that were distinct from those articulated in my theoretical frame, and analyzed narrative stories told by respondents during the interview process. Following an analysis of the social setting within which pro-life activism occurs, my analyses of observational fieldwork and interview data are used to examine three specific dimensions of pro-life activism in Mississippi: (1) points of entry that propel activists into direct action; (2) diversity in activists’ constructions of abortion as a moral problem; and, (3) how activists create, understand, and use different strategies of action.

**Characteristics of Interview Sample**

In this section I describe the demographic characteristics of the activists I interviewed and observed in action. I use the data from the pre-interview survey as contextual information. My sample is composed of twenty-five pro-life activists who
actively engage in direct action to end abortion in Mississippi. Thirteen of my respondents are female and twelve are male. Among those in my sample, nineteen are white and six are African American. Activists range from 31 to 70 years old with an average reported age of 51.5 years. Females report a slightly higher average age (53.3) than do males (49.5) with little difference in the ages of whites (51.7) and African American (50.7) respondents.

Eighteen of the respondents are currently married. Four of the currently married activists report prior marriages. Marital duration ranges from two to 50 years with an average length of marriage reported of 25.9 years. Twenty-two respondents have children. The numbers of children range from one to nine, with three as the average number of children reported by respondents. Among the single respondents in my sample, three are female and four are male. The currently single females include one widowed, one divorced, and one unmarried woman. Among single males, three are unmarried and one is divorced.

Respondents provided information on the number of years of education they completed. The numbers of years of education reported range from twelve to twenty six with an average of 16.7 years. Two females and three males earned doctoral degrees and eight of those to whom I spoke earned undergraduate degrees after completing sixteen years of college. The occupations reported by those in my sample vary, with activists employed in academia, medicine, business, government, the service sector, and private industry. Eight respondents report they are not employed. Some are homemakers, others are retired, or are students. Two respondents in my sample declined to provide
occupational information. Data collected on respondent’s annual household income suggest that many of the pro-life activists to whom I spoke live financially comfortable lives. Reported household incomes range from under $20,000 to over $100,000 annually. Four respondents report annual household incomes over $100,000; one reports an annual household income between $80,000 and $100,000; four report incomes between $60,000 and $80,000; five report incomes between $50,000 and $60,000; three report incomes between $40,000 and $50,000; none report annual incomes between $30,000 and $40,000; three report incomes between $20,000 and $30,000; and two report annual household incomes of less than $20,000. Three respondents declined to furnish annual income information.

I asked the respondents in my sample several religious background questions. Among those in my sample, all are Christian, and respondents in general are highly religious. This high level of religiosity is not surprising, because MFL explicitly describes itself as a Christian organization within its mission statement. Among those interviewed, ten are Roman Catholic, five are Baptist, four are non-denominational, two are Presbyterian, one is Methodist, and one is Nazarene. Two respondents declined to identify their denominational affiliation. Twenty-four respondents state religion is very important in their lives and one reports religion is somewhat important. I asked those in my sample how frequently they attend worship services in an average month. Respondents report attending worship services between two and thirty times per month. The average number of services respondents report attending is 9.88 times per month. Frequency of church attendance is determined both by personal decision-making and by
the number of church services available to respondents. Among the fifteen non-Catholics in my sample, respondents report attending worship services between one and twelve times per month. Among non-Catholics, respondents report attending church services an average of 8.67 times per month. Among the ten Catholics in my sample, respondents report attending worship services between one and thirty times per month. Among Catholics in my sample, respondents report attending mass an average of 11.70 times per month. Comparing frequency of attendance between Catholics and others should take into consideration that the daily celebration of Mass provides Catholics a greater number of opportunities to attend services than other denominations.

Finally, I asked those in my sample questions about their affiliation with formally structured pro-life organizations. Fifteen respondents report a formal affiliation with Mississippians for Life, the state-level pro-life organization that is of particular interest in this study. Two of these fifteen respondents report additional affiliations with other pro-life organizations. Other interviewees have more informal ties to the organization or had not yet formalized their ties to it. Two respondents are affiliated with a local crisis pregnancy center that is a key ally of the organization. While all interviewed respondents are activists in the pro-life movement (and the vast majority have participated in clinic activism), it is worth noting that not all interviewees had established formal ties to MFL. Four respondents declined to answer the question about organizational affiliation with MFL, while the same number reported that they were not affiliated (e.g., activists new to activism).
In summary, the Mississippi pro-life activists in this study include blacks and whites, men and women, married and single, rank and file activists, pro-life leaders, those who are devoutly religious and those who describe themselves as spiritual but who do not participate in organized religion. Activists include those who have had an abortion, those whose lives have been touched by abortion, a former abortionist, as well as those whose pro-life commitment stems from other experiences and turning points. The pro-life activists in this study engage in activism in various ways. The majority of activists engage in some form of direct action at the Pinedale and Oakhurst clinics, while others devote their time to staffing crisis pregnancy centers. Still others educate the public about abortion or campaign to effect legislative changes in abortion laws.
CHAPTER IV

SETTING THE CONTEXT: THE CLINICS AND THE ACTIVISTS

In this chapter I examine the social settings that form the contextual backdrop for pro-life activism in Mississippi. First, I examine a statewide pro-life organization active in the fight to make Mississippi the first abortion-free state in the nation. Many of the activists to whom I spoke are members and active in this organization. Mississippians for Life (MFL) is both a formal and informal conduit for various pro-life events, activities, and actions. Second, I describe the two clinic settings that are the focus of my research. I examine the intersection of multiple boundaries that frame clinic operations and direct, influence, and constrain activists’ efforts to end abortion in the state. I pay particular attention to the ways activists understand, interpret, and negotiate these boundaries that frame pro-life activism in Mississippi. Finally, I describe the ways clinic boundaries are maintained, paying particular attention to the security guards who patrol, maintain, and enforce the boundaries that frame pro-life activism. Their actions to maintain the physical barriers that protect the clinics and their interactions with activists change as various activists move in and out of direct action.
Mississippians for Life

Most public pro-life activities in Mississippi occur within the context of a local, formally-structured pro-life organization. This organization pseudonymously referred to in this thesis as Mississippians for Life (MFL), was founded in 1979 in response to the opening of the states’ first abortion clinic in 1975. MFL’s membership is statewide and many of its members have been active since its inception. MFL recently changed its name to adopt a “21st century name for the 21st century vision” of making Mississippi the first “abortion free” state in the nation. Since the Roe v. Wade decision thirty-three years ago, Mississippi has had as many as seven abortion clinics; currently one abortion clinic serves the entire state. No other state the size of Mississippi has a single clinic to serve a population its size. Activists take great pride in this fact and voice high hopes that Mississippi will lead the nation by becoming the first state to eradicate abortion clinics in the state. To this end, many MFL members and supporters actively lobby state legislators to get legislation passed that will restrict the operation of abortion clinics in the state. To date, Mississippi has passed more pro-life legislative bills than any state in the nation. Still, for many activists, these “victories” fall short.

The only laws we can pass that seem to survive are ones that deal with the health [and safety] of the mother," points out an official in MCL. It'll be a beautiful day in Mississippi and in the United States when we can pass laws that have to do with the health of the little unborn baby. That's one thing that still needs to happen in our state and in our nation (www.agapepress.com).

To accomplish this long-range goal, pro-life activists focus on four arenas of action:
(1) education; (2) political/legislative action; (3) alternatives to abortion; and (4) direct action at the abortion clinics.

The state pro-life organization, formally chartered, non-profit, and tax-exempt, not only provides opportunities for pro-life supporters to become pro-life activists but also provides supporters with opportunities to participate in less conspicuous, less public, but equally important tasks to promote the pro-life agenda. While some activists choose to engage in direct action at the Pinedale and Oakhurst clinics, others work behind the scenes, organizing and preparing mass mailings, and maintaining displays of pro-life pamphlets, brochures, and flyers. Other activists volunteer at local crisis pregnancy centers, work within church congregations as pro-life liaisons or contacts, or supervise a lending library of pro-life videos and books. Both members of MFL and non-member supporters can be found working alongside one another to promote the pro-life agenda in Mississippi.

MFL claims to be the state’s oldest and longest sustaining pro-life organization. Its members define the organization as an autonomous Christian movement with a statewide membership that works alongside Mississippi pro-life leaders [and a number of national pro-life groups]. Funded by membership fees and donations, the organization’s purposes and goals are stated in the mission statement:

MCL is an organization of diverse and caring Christians. We are drawn together by our commitment to the sanctity of human life from fertilization to natural death. On behalf of those who cannot speak for themselves, we are a voice against abortion, infanticide, and euthanasia in Mississippi.
Our concern is to reach the state with the truth about these issues by educating its citizens, influencing political change within the government of Mississippi, and taking the pro-life message directly to those who threaten innocent life.

We feel the key to the success of our mission is to motivate into action the churches of Mississippi against these heinous sins.

The mission statement assumes that pro-life concerns are extensions of Christian commitment and faith rightly understood. By implication, it judges those Christians who are not pro-life as in some sense unfaithful. This statement establishes a moral or ethical boundary that includes some people while excluding others and explicitly ties moral rightness to a specific sectarian perspective. Whether witting or no, the statement draws a line that diminishes the possibility of cooperation with secularists or members of other faith communities, excluding them from the pro-life discussion. That is, MFL does not seek to build a broad political consensus across diverse religious and moral communities but rather represents a parochialized worldview and arena for activity. Ironically, the very message the state organization seeks to spread across the state may be less effective than they wish because many members of their intended audience are *prima facie* defined as working from morally suspect frameworks.

The pro-life activists I observed and interviewed included both members of the state organization and others who do not formally align themselves with MFL but who define themselves as pro-life. Whether MFL members or no, the men and women with whom I spoke are propelled into pro-life activism from different entry points, construct
abortion as a moral problem in different ways, create, understand, and use strategies of action that reflect their particular standpoints, and negotiate differences and tensions with other activists in creative and innovative ways in order to work collectively to end abortion in Mississippi.

Nearly all MFL members with whom I spoke voiced a discomfort with the label “abortion protester” and instead referred to themselves as witnesses for Christ, messengers of God, or conduits through which the “truth about abortion” is shared. Activists suggest that the terms “protester” connotes images of aggression, confrontation, and negative constructions of pro-life activists as “adversaries, troublemakers, or agitators.” Many activists echo the sentiments expressed by Miranda:

I don’t really consider myself a protester; I am here witnessing for the Lord.

Many activists suggest that media portrayals of pro-life activities and activists are purposefully biased, misleading, and characterize the pro-life movement, activists, and activism negatively. When probed for clarification, activists vehemently state that the binary pairing “pro-choice/pro-life” is incorrect and misleads the general public. Repeatedly I heard many activists speak of pro-life supporters as the only “truly” pro-choice people. They argue that one cannot make a choice unless one is presented or knows all the options available.

Many pro-life activists appropriate the rhetoric of “choice” to highlight the fallacy of a morality that they see based on pleasure and selfishness. These activists suggest that “pro-choice” supporters are, in truth, pro-abortionists (or pro-aborts as many call them).
They argue that “pro-choice” advocates understand abortion as a “solution” to a “problem” that is the consequence of a flawed morality that allows, if not encourages, irresponsible behavior, sexual promiscuity, and selfishness. Many pro-life activists bristle at being called “anti-abortionists.” They argue that the term does not accurately define who they are---men and women who believe in and publicly affirm the sanctity of human life from the point of fertilization to natural death. They are not anti-abortion but pro-life. This distinction is important to many pro-life activists: to be pro-life is to act in the interests of those whose lives may be threatened. For many activists, to be pro-life means not only to act and to work in the interests of the pre-born, but also in the interests of others who may be the victims of death penalty or euthanasia legislation.

Bob is a former front-line National Organization for Women activist; he worked with NOW up until ten years ago. Formerly a strong supporter of the “pro-choice” position, he has recently become active in the pro-life movement. He describes the invalidity of the “pro-choice/pro-life” opposition:

We are the only pro-choice people out here! You can’t make a choice unless you know the truth! They [pointing toward the clinic] don’t tell women the truth! We are here to tell them that God loves them and that abortion is evil. They don’t tell women they can die in there! They don’t tell women about the horrible guilt and depression they will feel after having an abortion! They don’t tell them about the risks of breast cancer after having an abortion! They don’t give them true information in there!
Many activists believe the general public fails to understand the nature of pro-life activism or the work done by activists at the clinics. They attribute this lack of understanding to selective journalistic and media accounts that limit public attention to radical activists and activists involved in abortion clinic violence. Mississippi pro-life activists, for the most part, see themselves as average men and women trying to make a difference in their communities by acting upon their Christian faith. Many activists I interviewed echo the words of Bob:

No one understands that Christians have a job to do---they have a responsibility to save babies and to save souls.

Pro-life activism then entails strategies to save the pre-born and strategies to bear witness to the Christian faith. Another strategy focuses on helping pregnant women craft satisfactory outcomes to an unanticipated or unwanted pregnancy. Oftentimes these strategies overlap and intersect. At other times, the action strategies come into conflict, move to different ends, and create fissures among activist stances.

Contested Space: The Clinics

Over the duration of the research project, one of the clinics that provided the setting for this study closed after the staff physician was convicted of medical malpractice in a nearby state. The other clinic, now Mississippi’s sole abortion clinic, faces increasingly restrictive licensing and regulatory requirements that may limit the types of procedures and services it can offer to women in the state.
Mississippi opened its first abortion clinic in 1975, two years after the U. S.
Supreme Court Roe v. Wade decision. Since that time, several clinics have opened,
closed, or relocated across the state. This pattern of opening and closing is partially the
result of active protesting by the pro-life community. MFL has adopted a strategy of
locating their offices next door to abortion clinics. The close proximity to the clinics has
allowed pro-life activists to watch, monitor, and report clinic activities. Other factors
contributing to clinic patterns of opening and closing are difficulties in recruiting and
keeping physicians on staff and the passage of Targeted Regulation of Abortion Providers
(TRAP) laws. TRAP laws regulate the medical practices of doctors who provide
abortions by imposing burdensome requirements that differ and are more rigid that
regulations imposed on comparable medical practices (Center for Reproductive Rights
2003). These laws place abortion clinics under the purview of state health departments,
imposing statutory and regulatory requirements that ultimately restrict women’s access to
abortion. The pattern of opening and closing is described by one pro-life activist as
similar to the “Gopher” game at a popular children’s pizza parlor. The gopher pops his
head up through holes, children whack the gopher on its head with a club, and the gopher
disappears, only to resurface almost immediately in a different location.

Pinedale and Oakhurst Clinics

Pinedale and Oakhurst see a high proportion of African American patients
seeking services. Activists engage in direct action at both clinics although activists at one
clinic appear to be more welcoming to clinic patients than activists at the other. This is in
part due to the differences in the number of pro-life activists at the two clinics. Pinedale, located in the white, middle class neighborhood, generally attracts more activists compared to Oakhurst which often has a single activist or a pair of activists present. Clinic patients appear less threatened by a single activist or a pair of activists than a group of activists.

Passersby might observe differences between the kinds of pro-life activities activists engage in at the Pinedale and at the Oakhurst clinics. Depending on the day of the week one passes by a clinic, these activities will vary. Abortion clinics in Mississippi provide multiple services: birth control counseling, pregnancy testing, pre-abortion counseling, pregnancy terminations, and post-abortion check-ups. Although pro-life activists maintain a presence during each clinic’s operating days, Fridays and Saturdays are the busiest for both activists and the clinics. These are the days on which abortions are performed. The remaining days are designated for pre-abortion counseling, pregnancy testing, birth control counseling, and post-abortion follow-ups.

Activists’ Construction of the Pinedale and Oakhurst Clinics

Pro-life activists use powerful language to describe abortion clinics and women who seek abortions. Activists choose a marketing model, rather than a medical model, to describe the clinics, the services these clinics provide, and the women who seek services there. Women who seek abortions are not “patients” but “customers” or “clients.” The “counseling” provided at Pinedale and Oakhurst is not “therapeutic” but a “selling session” in which a “service” is marketed and customers “buy.” Therefore, activists
interpret clinics as cold, bureaucratic institutions governed by efficiency, expansion, and profit and customers as purchasers of conveniences and services.

The marketing framework provides activists an interpretation that focuses on the entrepreneurial nature of the abortion industry rather than on individuals who struggle to make morally-laden life decisions. Activists construct the clinics as profit-driven and the consumer as selfishly driven. One hears the marketing analogy in the language of activists:

   Look at the car he [physician] drives! He’s driving a Lexus off blood money!
   They [clinic personnel] don’t care about you! All they care about is your money!
   Don’t go in[side] there sister! All those devils want is [your] hard-earned money.

This construction of clinics as entrepreneurial businesses suggests that the Pinedale and Oakhurst clinics privilege profits over people. Moreover, it casts clinics as exploiters and customers as the exploited. Such constructions posture the clinic and the patients who seek services there in an adversarial relationship. The question that emerges in the midst of these constructions is one that asks clients (patients), “Whose interests are being served?”

*Casting Doubt and Unmasking the Business of Clinics*

Activists use various rhetorical strategies to de-medicalize and de-professionalize the Pinedale and Oakhurst clinics. One hears some activists refer to the clinics as “facilities, “abortuaries,” “abortion mills,” or “abortion chambers.” Other activists refer to the clinics as “places of evil,” “death chambers,” or “killing places.” Several activists
argue that the term “clinic” is a medical metaphor symbolizing a place of healing, wholeness, and health. In contrast, they define Pinedale and Oakhurst as “places of death and destruction.” According to these activists, clinics, in the truest sense of the word, are therapeutic places—places where care and healing is rendered—care and healing for both mother and developing child. One activist articulately expresses the problem this way:

I don’t go to any ‘clinics’ that perform abortions. I go to ‘facilities’, and that’s a polite term because a term with the most currency is abortion chamber or abortuarium or abortion mill or whatever else. But for purposes of civil discourse, abortion facility is one thing. …a clinic is a place where healing goes on. I have talked to so many women who have been so wounded by abortion that I can’t call that place [Pinedale or Oakhurst] a ‘clinic’ any more than I could call Bergen-Belson a ‘clinic.’

The contested construction of Pinedale and Oakhurst as “true” medical clinics is further advanced through the language used by activists to describe the physicians who work at the abortion clinics. One hears some activists refer to clinic doctors as “abortionists,” “murderers,” or “killers.” The terminology used by some activists casts physicians who work at the clinics as criminals and the procedures they perform as crimes. Moreover, the language calls into question the training, expertise, and credentials of the physicians working at the clinics and suggests the procedures they perform sully the legitimacy of medical practice. Some activists frequently use public details about physicians’ personal troubles to de-legitimize and to question their ethics and professional status. On two separate occasions I noted an activist distributing copies of an affidavit, filed by a former
clinic patient, against a physician on staff at the Pinedale clinic. The physician was charged with medical malpractice for an incomplete abortion that resulted in the patient undergoing a hysterectomy. The activist had carefully blacked out the name of the complainant but left the physician’s name in view. On several other occasions I observed several activists distributing copies of news articles from a local paper detailing a murder trial that involved the physician at the Pinedale clinic. Although the physician had been exonerated through the trial process, activists used his personal troubles to call into question his credibility and that of the clinic. Personal troubles are brought into the public arena to justify activists’ campaigns to strip the clinics of legitimacy.

One weekend, after the Pinedale clinic had been closed for several weeks, one could hear activists shouting,

You know why this place has been closed? He [the physician] has been on vacation in the Caribbean! You think he cares about you? All he cares about is driving fancy cars and taking fancy vacations!

Another activist is more direct:

Don’t give them devils your money! Don’t make him [the physician] a rich man off the money you worked so hard to earn! Devils, I tell you! They are devils inside that place [the clinic].

Embedded within these examples is a rhetoric that illustrates how activists understand abortion as a form of profiteering and exploitation in which the rich [clinics and physicians] grow richer at the expense of the exploited [women seeking abortions].
Activists question how a place where life is terminated can be called a “clinic.” Drawing upon the Hippocratic principles that undergird the medical profession, activists argue that abortion facilities and the employees who work in them do not protect and value life or promote well-being. Activists understand abortion clinics, rather, as places where women are exploited, where promiscuity trumps morality, and where misinformation, incorrect information, and lies abound. Abortion facilities and the employees who work there are seen as agents of death, immorality, and depravity.

Some of the activists I observed work in the medical field. These activists are seen by other activists as “experts” on pregnancy, abortion, and the legitimacy of the clinics. Activists draw upon these activists for alternative definitions of the clinics and explanations of the procedures performed inside the clinics. Their education, training, and professional credentialing emerge as resources that other activists draw upon in their public activism. The alternative definitions of the clinics as “abortion mills” or “abortuaries” provided by activists with medical backgrounds to other activists function to de-legitimize, at least in the minds of activists, the clinics and the services performed there. The “expert” status conferred to activists from medical backgrounds by other activists positions these activists as leaders within the group. As leaders, their constructions of the clinics influence some of the other activists—particularly newcomers to public pro-life activism. Other activists use the constructions of the clinics as “mills,” “facilities,” or “abortuaries” to cast doubt on the legitimacy of the clinics and to focus the public’s attention on the injuries to women that occur inside the clinic. Activists monitor
and report the number of clinic emergencies that require the transport of clinic patients to area hospitals. These reports confirm activists’ constructions of the clinics as dangerous places and validate activist concerns about the legitimacy of these facilities.

*Clinics as “Killing Fields”*

References to the clinics as “killing places,” “abortuaries,” and “places of evil” are used to draw parallels between abortion and slavery, genocide, and racism. Conceptually, activists denote little difference between abortion, the Holocaust, and the racist lynchings conducted by members of the Ku Klux Klan. One hears activists at Pinedale and Oakhurst yelling, “They’re killing your race in there!” “Don’t be an Uncle Tom”—referring to slavery and African American slaves who betrayed their own people in exchange for the favoritism of the slave owner. The slogans favored by many white activists who direct their appeals to African Americans capitalize on the historical tensions of distrust that infuse race relations in Mississippi. A few activists emphasize that one of the physicians working at one of the clinics is African American. One hears the plea:

He’s in there killing your own kind! Your own race! What kind of place is this where blacks are killing blacks?

Another activist argues that abortion is, “another AmeriKKKan atrocity against the African American race.” He argues that abortion is another form of extermination or genocide. Other activists echo this sentiment. Driving by the Pinedale clinic one sees a
large black sign with bold white lettering that proclaims, “Abortion is Genocide.” The activist holding the sign rattles off the statistics:

African Americans are aborting their futures at twice the rate of other races; for every black baby born, two are aborted; black women abort at a rate three times that of white women; everyday more than 1,000 black babies are killed by abortion; 58 black babies are killed every hour; nearly one black child is killed every minute.

The activist holding the sign is white. Her sign suggests that she is anti-racist and pro-life. However, she neither approaches African American women entering the clinic nor does she make eye contact with them. It is difficult to discern whether patients dismiss her because she is pro-life, white, or because they see the irony in a white woman holding a sign about black genocide. It is after all, whites who formed the Ku Klux Klan, whites who enslaved African Americans, and whites who most often construct and perpetuate negative stereotypes of African Americans.

Legal Constraints on Clinic Operations

Mississippi law requires pre-abortion counseling and imposes a mandatory twenty-four waiting period before women can obtain an abortion. The mandatory delay law was instituted in August 1992 following the U. S. Supreme Court decision in Planned Parenthood of Southeastern Pennsylvania v. Casey. In this decision, the High Court let stand a Pennsylvania state statute requiring women to wait a minimum of twenty-hours after receiving state provided information on abortion before terminating a pregnancy.
Mississippi law requires: (1) the state to provide specific information to women seeking an abortion; (2) the state to deliver the above information \textit{in person}; and, (3) the imposition of a mandatory twenty-four hour waiting period after provision of this information (Joyce and Kaestner 2000). The 1992 changes in law had several effects on abortion provision and pro-life activism in Mississippi.

The changes altered the availability of abortion by mandating a delay in the abortion procedure protocol. Specifically, women are now required to make two separate appointments—one for counseling before the procedure and another for the termination procedure. Therefore, women who seek abortions are required to go to a clinic twice in order to terminate their pregnancies.

Changes in the abortion laws also effected changes in the way clinics operate. Both Pinedale and Oakhurst now see patients twice instead of once, dedicate four days each week to counseling and other types of visits, and limit termination procedures to two days each week. Therefore, the legal changes in abortion law have made terminating a pregnancy more complicated and costly, in terms of time and money, for both patients and the clinics. While activists construct these changes as favorable and indicative of a move in the right direction toward ending the availability of abortion in the state, the changes have altered pro-life activism as well.

Members of the pro-life community welcome the changes in the law. They understand the mandatory delay as a victory for fetal interests, an opportunity for women to re-think their decision to abort, and to question the health risks of abortion. Specifically, pro-life activists believe that clinic staff at Pinedale and Oakhurst
deliberately misrepresent the truth about abortion, minimize the prevalence of post-abortion trauma, deny the validity of reports linking breast cancer to abortion, and exploit troubled women. Activists interpret the twenty-four hour waiting period as an opportunity to reach women with the truth about abortion, to intercede, to witness, to persuade, and to stop women from seeking abortions. Therefore, the mandatory waiting period provides pro-life activists with an additional opportunity to reach out to the woman who seeks an abortion and to share information that activists believe is being withheld from her.

Changing Contours of Clinic Operations

In response to the increased opportunity for activists to agitate clinic patients, Pinedale and Oakhurst instituted a rotating schedule for patient appointments. According to activists, both clinics change their hours of operation periodically. This is a continual challenge to pro-life activists who feel like they are chasing a “moving target.” Pinedale and Oakhurst generally schedule pregnancy terminations on Friday and Saturday mornings although periodically these hours are changed to mid-afternoon or early evening. These changes make it difficult for the pro-life community to schedule volunteers to specific time slots and necessitate a contingent of activists whose schedules are flexible. These changes also require activists to remain vigilant and perceptive when they are present at Pinedale or Oakhurst. Activists discover changes to clinic schedules through their conversations with women or escorts at the two clinics. This suggests that pro-life activism includes both active engagement and active listening.
Physical Barriers: Clinic Boundaries

An eight-foot wooden fence surrounds Pinedale and a six-foot iron fence surrounds Oakhurst. The fences identify boundaries between pro-life activists and clinic employees and patients. The physical fence denotes multiple boundaries: that between public and private, the sacred and the profane, and the protected and the unprotected. Further, the fence demarks safety and risk, a world under the sway of morality versus a site of depravity, and just acts from unjust.

As a borderland between public and private, the fences encircling the abortion clinics represent the moral and legal boundaries that govern and restrict pro-life activism. Limiting activists and activism to the area outside the fence, the physical barrier designates the clinic as a sanctuary beyond the reach of activists. Activists understand abortion clinics as places where immoral decisions are acted upon, places where moral decision-making is suspended, as places where they are forbidden to go. Activists understand the clinics as a quagmire in which amorality and immorality come face to face. The fence signals the outer limits of life and death to pro-life activists. The fence barricades activists from clinic patients and insulates patients from activists. The fence, then, identifies a contested space where activists jockey to be heard, to make a difference, to intercede, to make moral what is constructed as immoral.

The fence also symbolizes a border between the sacred and profane worlds. The area lying outside the fence continues into the secular, ‘of the world.’ Here in the secular world, evil roams freely. Moral order exists in the secular world although activists
denigrate its morality and complain of the assaults against the moral foundations, which undergird the secular world. The area inside the fence is constructed not as profane, for the profane world while under assault is, for activists, a world under moral sway. Rather, the clinic is a morass continuously being defiled, a place where evil reins supremely, a “killing” place which obeys no moral rules. When clinic patients and staff move inside the fence, activists see them moving into a moral vacuum, where anything is possible, a moral chaos swirling with both the absence of good and the active presence of evil. This moral vacuum presents activists with a moral imperative to act against evil.

Activists respond through their presence outside the fence by creating a sacred space between these two areas—the profane world where moral action is possible and the depraved realm of the clinic where moral action is impossible. The clinic is demonic, a killing field, a place of deicide. Activists pray, recite religious homilies, read their Bibles, and sing religious hymns to reorder that space of demonic possibility into a space of moral possibility. Their actions create a sacred place facing the fences and opposing the forces active inside the fences. The crafting of this sacred space encircling the clinics then both stands in tension to the vacuous space inside the fence as well as to the secular, profane worlds. Their actions and the space they create through acts serve as a physical reminder that the moral order of secular world is flawed and decaying. Their actions point out the decay they see in the profane world—it is after all a secular world that permits the clinics to exist. Further, their actions and the sacred geography their actions evoke actively symbolizes the transgression of those who enter the clinic and plunges those passing through the fence into a place of depravity.
Boundaries mark movement in the opposite direction as well. As employees and patients leave the clinic, they must again cross the sacred space constructed by the activists to re-enter the secular world. That movement from a place of depravity back into the profane world is marked by activists’ harsh words and actions that name the choices that have been made inside the fence. The secular world, representing choices between good and evil, stands in contrast to the clinic where evil has been chosen. Thus, passage either way through the gate is condemned. Entry into the depraved space represents willful premeditation of immoral acts. Exit from the depraved space is confirmation of contamination and pollution (Douglas 1966; Turner 1969).

Activists use the sacred space they create to reconstruct personal problems as public issues (Mills 1959). The decision to abort is recast not as an individual or private decision but rather as a social problem for which both the desacralized profane public and the individual are responsible. As patients move through the sacred place toward the moral abyss just beyond the fence, activists see opportunity, hopefulness, and the potential to change the course of events looming just beyond their reach. They call on individuals to accept responsibility and to reconnect with the moral sphere

Admit! Repent! Seek God’s Salvation!

Quoting from Deuteronomy 30:19-20, another activist implores:

God sets before you life and death, the blessing and the curse. Choose life, then, that you and your descendents may live, by loving the Lord, your God, obeying His voice, and hold fast to Him. For that will mean a life for you, a long life for you.
The sacred space becomes both a place where activists defend the innocent, seek to protect the unprotected, speak for the silent, and advocate for the powerless, but also a location for assumption of responsibility by the patients and employees. From the perspective of many activists, they rally and attempt to intervene not only for the fetus, the unborn, the potential human being for whom the probability of death awaits beyond the fence, but also for the individual actors and a disinterested public. Just as the space beyond the fence symbolizes the place where blood is shed, choice triumphs over responsibility, and evil trumps good, the sacred space represents a place of possibility—possibility to act in ways that will preserve the potential of human life.

The fences encircling the clinics bound areas of safety and risk as well as realms for moral responsibility. Activists act from a construction of danger not only to the unborn but also to the pregnant woman. They emphasize the clinic as a place of physical and psychological risk for the patient—a place where women are hurt, injured, and sometimes killed. They recite reports of medical emergencies, accounts of the frequency with which the clinics must summon an ambulance to carry an injured woman to an area hospital, stories of women rendered infertile or those who have died as a result of abortion complications, as well as the legal troubles of physicians and the organizations operating the clinics. The clinics, then, are constructed not as places where private decisions are acted upon and problems resolved, but as places that are unsafe, inherently risky, and life threatening.
Outside the fence, pro-life activists represent the safety of a community of people ready to move into action and armed with resources to preserve and defend the sanctity of human life. Into the sacred space activists create, they bring information, referrals, and access to a pro-life network ready to save a fetus from death and a woman from a damaged future. For each of the risks represented by the space inside the fence, activists outside offer amelioratives and resolutions to the circumstances and problems that drive women to choose abortion, to kill their own, to choose evil. Activists, armed with an arsenal of strategies, seek to stop women from making decisions the activists understand as immoral, decisions seen as made in the wake of misinformation, duress, ignorance, or lack of will to do good.

Pro-life activists see the area inside the fence as a place of ritual defilement, damage, and intentional wounding for women and fetuses. Moreover, activists understand the space behind the fence as a pit that allows private decisions to be acted upon with impunity, a place where the very decisions that bring women to the clinic can be left behind once the act is committed, and a place where the remnants of these acts are trash, refuse, and waste for disposal. One activist, very outspoken and involved in direct action for many years, is chillingly direct:

They (pointing to clinic employees who are leaving during the noon hour) kill babies in there (pointing to the clinic). Are you going to eat fetuses for your lunch today?

His words are harsh and by his own admission, intentionally so. He states, “Harsh words are necessary. Murder is harsh and abortion is murder.” For this activist the idea of fetal
remains being handled as trash, refuse, and waste is deeply problematic. Not only does it violate his belief in the sanctity of all life—from conception to natural death—but also complements the story told by his wife, a former abortion provider now pro-life, who speaks of counting fetal body parts after each procedure before placing fetal remains into the garbage. For this activist, the brutality of abortion is made more brutal by the trashing of the “pre-born” life into garbage.

Another activist responds differently. She understands abortion as a path to longer term problems. She states:

It’s easy to go with a quick fix; it’s over and done. But after (the abortion), there’s always aftermath. There are emotional scars that they (women) have to deal with. They think they are leaving their problems behind when they leave; they can’t see the long term effects of this decision.

This activist constructs abortion not as a resolution to a problem but as the “beginning” of longer term problems. The area inside the fence is, for many activists, a gateway to post-abortion trauma rooted in the guilt, shame, and damage of a hastily entered decision.

Therefore, the area stretching from the fence into the profane world are contested spaces that call out to activists to act on moral imperatives. Accordingly, some activists understand each person who passes through the sacred space into the awaiting abyss as moving beyond the realm of moral possibility: inside has no possibility for goodness. However, when the employees or patients re-cross the fence, their movement denotes that whether through commission (intentional acts) or omission (acts committed through misinformation, duress, or ignorance) they have sinned and require moral restitution
through contrition. Now, once persons leave the clinic, they are susceptible to moral claims and one hears a few impassioned voices shouting pleas to, “Accept, repent, ask God for forgiveness!” For some activists, the evil wrought by abortion is remediable only through a three-step process: admission of wrongdoing and the commission of sin; repentance or telling God out loud one is sorry; and seeking God’s salvation. As one activist states, “It’s so simple but so hard to do.” These pleas are hurled both at those crossing into the dark space inside the fence as well as those who emerge from the darkness back into the light as they cross back outside.

The crises of the clinic as space for pro-life activists are multi-dimensional: saving souls, saving lives, ending the availability of abortion, and making the secular world more moral. With multiple strategies, each has at its core the reconstruction of private problems into social problems that can be resolved only through individual repentance and through public attention.

Pro-life activists bring to their public activism diverse ways of accomplishing this task. At the heart of pro-life activism is the belief that public attention to and understanding of the acts committed at the clinics will propel the citizenry to public action—actions that will overturn the Roe v Wade decision and once and for all permanently close abortion clinics. Pro-life activism has at its roots beliefs that equate a moral culture to a godly culture. Many pro-life activists understand God and morality as inextricably entwined. In a godly culture, Christ’s relationship to his chosen people provides not only a model for being moral but also a model for gender relations. It is, after all, the breakdown in moral behavior that taints and infects the personal relations
between men and women and creates the conditions for the possibility of abortion as a solution to unplanned, irresponsible, and unwanted pregnancies. Moreover, movement away from morality toward increased secularism are blamed for creating a culture that privileges sexual pleasure while emasculating men and encouraging women’s selfish autonomy over decisions about life and bearing children. These factors—individually and collectively—contribute to many activists views that the family is in a state of decline, no longer a cornerstone in the fabric of society, and exacerbating social problems that affect individuals, groups, and institutions of American society.

*Freedom of Access to Clinic Entrances Act (FACEA)*

The boundaries symbolized by the fence surrounding the clinics are patrolled, protected, and maintained through the presence of security personnel employed by each clinic. The 1994 federal Freedom of Access to Clinic Entrances Act (FACE or FACEA) prohibits any person from threatening, assaulting, or vandalizing abortion clinic property, clinic staff, or clinic patients, as well as blockading abortion clinic entrances by any person. Thus, the fences surrounding the two clinics create physical barriers that distance and separate pro-life activists from the people and activities of the clinics. FACE is understood by activists as a secular law that impedes their actions, activities, and efforts to stop women from seeking abortions, that thwarts their attempts to talk to clinic staff and patients, and that significantly decreases their opportunities to witness, distribute informational literature, and establish personal connections to the people going into the clinics.
Gatekeepers

Pro-life activists congregate outside the fenced clinics on public rights-of-way or along the streets that bound the two clinics. Each clinic is usually marked by the presence of two security officers—one assigned to the clinic entrance and another to escort clinic employees and patients to the clinic entrance or back to their cars. The security personnel are easily recognizable: they wear shirts with the word “Security” in bold letters across the front and back. Several of the security guards I observed wore gun holsters showing visible weapons and carried nightsticks on their belts. Pro-life activists offer various interpretations of the security personnel at the clinics. Several activists state the security officers’ weapons are not loaded while others believe the holstered weapons to be stun guns, non-lethal weapons that deliver a high-voltage, low-amperage electrical shock when discharged.

Interactions between pro-life activists and the security guards at the two clinics vary. At Pinedale, activists and the two guards on duty often exchange openly hostile words. This clinic employs an older black male and a younger white male to handle its security requirements. Field observations suggest their primary responsibilities are directing parking inside the clinic grounds, escorting patients into the clinic, and making sure activists do not move onto clinic property. Several of the activists refer to Buddy, the older black male security officer, as “Lucifer,” a Latin reference to the archangel cast from heaven for leading a revolt of the angels. It is another name for Satan as well. Buddy appears to be in his fifties, approximately six feet tall, stocky but muscular, and
usually wears a tan, straw hat to shade his head and eyes from the sun. His voice is commanding and authoritative and he does not shy away from confrontations with activists when situations call for intervention.

Rufus, the younger white male security officer, does not have a nickname. He is approximately five-foot seven inches tall, stocky, with a young-looking face. He appears less aggressive than Buddy and will, grudgingly, speak to activists on the front lines of the clinic. During lulls at the clinic, Buddy and Rufus can be observed sitting, standing, or smoking an occasional cigarette on the loading dock slightly behind the clinic. Even during times of inactivity, both men keep their eyes on the activists outside the gate.

Buddy and Rufus symbolize for the activists the activities that occur inside the clinic. Although clinic employees can be seen going into and coming out the clinic—they, too, must cross the sacred space created by the activists—the words exchanged with the activists present are mostly brief and many times activists’ taunts and greetings are ignored by the clinic staff. In contrast, Buddy and Rufus are permanent fixtures on the clinic landscape. As such, they are more subject to the taunts, jeers, and heckling of activists than are other employees. The relationship between security guards and activists at the Pinedale clinic is marked by tension—adversarial at worst and strained at best.

Buddy and Rufus usually stand away from the fence bounding the clinic. Positioning themselves near the back of the parking lot in an area furthest from the street, each moves forward toward the fence when a car turns into the clinic driveway. Motioning the driver forward, either Buddy or Rufus indicates where to park. The other walks toward the car and stands as an escort for those inside the vehicle. Both Buddy and
Rufus can be observed instructing patients and their accompanying escorts about clinic protocol. The Pinedale clinic prohibits patients from carrying purses, backpacks, or bags into the clinic. Other regulations restrict smoking to outside areas and prohibit small children from entering the clinic. Arbiters who take seriously their roles as “keepers of order” at the clinic, Rufus and Buddy inform patients of these rules, turning around women who attempt to carry their purses into the clinic, ordering smokers to extinguish their cigarettes, and stopping children from accompanying others inside. Many times during my field observations I watched women return to their cars to lock their purses in the trunk, women and men quickly stub out a cigarette as their hand reached for the clinic door, and patient escorts who remain outside the clinic returning to their cars with young children in tow.

Rufus and Buddy escort patients to the clinic door as well. Some patients appear apprehensive or hesitant about getting out of their cars once directed by Buddy or Rufus to park—just moments before they had crossed the sacred space, seen the graphic posters and harshly worded signs on either side of the driveway, heard the voices of activists pleading with them to stop, and reacted to the thrusting of activists’ hands pushing brochures and photos of aborted fetuses through open car windows or pressed against windshields. Then, when occupants of the cars exit, Buddy and Rufus position themselves between the patient and the activists, turning their own bodies slightly toward the patient and herding her safely to the clinic door. Their movements, choreographed to ensure the safety and protection of patients, elicit angry, irritated, and sometimes amused responses from activists gathered near the clinic entrance.
Some activists are particularly offended by the rule prohibiting women from carrying their purses into the clinic. Activists interpret that rule, in fact most likely a security precaution designed to limit the likelihood of someone concealing a weapon, instead as an insult to patient integrity and an indication that clinic workers question the trustworthiness of the patients they serve. Such constructions effectively reverse the stigma that has been historically associated with violent protesters, reframing it to call into question the need for the clinics to defend themselves. Activists also use the purse prohibition to call into question patients’ trust in clinic personnel and the procedures performed there. “Something’s wrong with a place that won’t let a woman take her purse inside!” These types of questions suggest that the clinic is a place where women are violated. Moreover, these questions imply that the clinic is unsafe terrain, a risky place, and an arena of personal danger caring more about its own safety than that of its patients.

Unlike Pinedale, where Buddy and Rufus work full-time, the Oakhurst clinic employs several security guards who rotate shifts. The primary security officer is a relative of a clinic employee. According to activists, the other security guards hold regular, full-time jobs in the community and moonlight at Oakhurst on a part-time basis. Similar to the Pinedale clinic, officers work in pairs at Oakhurst. One officer is posted at the gate that leads to the parking area and the other near the clinic entrance. The guards at Oakhurst are in closer proximity to activists outside the fence than are the Pinedale guards—in part this is due to its smaller parking area and to the iron fence that encircles the clinic. Unlike Pinedale, which is surrounded by an eight-foot wooden fence that barricades the clinic from public view, Oakhurst is more visible to activists and
passersby. Ironically, although the fence at Oakhurst provides a barrier, its bars are wide, open, and decorative, giving the clinic a less private feel than the solid, wooden fence surrounding Pinedale.

Omar, the full-time security guard, is a black male in his twenties who appears to have a sympathetic if not affectionate relationship with several of the regular activists at Oakhurst. On several occasions I observed Omar deep in conversation with Lillian, a white female in her fifties who spends several hours several times a week at the clinic. She knows many details about Omar’s personal life and future goals. She shares with me and other pro-life activists that Omar does not agree with his relatives’ decision to work at the clinic. Watching Omar and Lillian, one often sees an empathetic listener and eager conversationalist sharing with one another.

Similar to the guards at Pinedale, those at Oakhurst are responsible for managing traffic entering and exiting the clinic, escorting patients inside the clinic, and maintaining the clinic boundaries. The small parking lot at Oakhurst forces some patients to park outside the clinic fence on high traffic days. Although the two security guards work together, each mans a specific post. One stands near the clinic gate and the other between the parking lot and the sidewalk leading to the clinic door. The security guard at the gate stands at the edge of the sacred space created by activists. His location at the gate allows him to move into and out of the sacred space when patients approach—an advantage that activists lack—they risk arrest when they move onto clinic property.

Field observations at Oakhurst indicate that the fence boundary is more closely patrolled than that at the Pinedale clinic. Oakhurst is positioned on the corner of a side
street and a primary thoroughfare. The building sits approximately ten feet south of the
side street and eighteen feet west of the main thoroughfare. Two sides of the Oakhurst
clinic are publicly visible from the street and accessible to activists. Thus, security
personnel patrol an L-shaped boundary. The security guards patrol Oakhurst by moving
inside and outside the iron fence. In contrast, pro-life activists are restricted to the public
sidewalk or to the street that parallels the fence. The limited space available to pro-life
activists, the increased patrol of clinic boundaries, and strict enforcement of rules
governing these boundaries creates a strong impetus for activists to establish and
maintain amicable relations with the clinic guards and staff. Activists work to craft a
relatively friendly relationship with the security officers by engaging in conversation,
asking about family members, and showing an interest in the lives of individual officers.
Therefore, activists at Oakhurst negotiate their relationships with the security guards in
ways that do not compromise or impede their pro-life activism.

As sites of multiple interpretations, the clinics provide the frame for the work of
pro-life activists. Within this frame, activists create, interpret, and negotiate numerous
boundaries. Whether moral, spiritual, legal, or physical, the boundaries of pro-life
activism represent obstacles from which activists create new moral realms and act to
build a more moral world.
CHAPTER V
POINTS OF ENTRY: PATHWAYS TO PUBLIC ACTIVISM

Pathways to public activism represent a mosaic of motivations, experiences, and personal histories. Although many people profess to hold pro-life worldviews and some support pro-life organizations through their contributions, membership, or by volunteering in different capacities, only a few are moved to participate in direct action at the abortion clinics. In this chapter I examine the turning points in activists’ lives that propelled them into direct action and public activism. I use the term “turning points” to capture the multivalent experiences that activists define as catalysts in their transformations from a disinterested, passive, or indifferent pro-life stance to one of action, passion, and commitment. Many activists, upon questioning, reach into their memories to recount a specific incident, interaction, or experience they interpret as a “critical moment” in their lives as activists. The “critical moments” articulated by activists in this study vary. Some activists speak of being “drawn or pulled” into direct action; other activists recount experiences or “moments” in which dormant pro-life beliefs were awakened or re-awakened; still other activists share riveting narratives of
their transformation from pro-choice supporter to pro-life activist. The transformation to public activism articulated by many of the respondents in this study range from quiet and subtle to shocking and dramatic, yet each account is understood by individual activists as a “critical moment” that impacted them personally and led to their engagement in direct action.

Other activists recount less dramatic entries into public activism but report equally significant impacts through from their experiences with direct action. Some activists’ initial experiences with direct action were through church affiliations; other activists were invited to the clinic by a current activist; still others report becoming involved through their professional associations or the work they do. The thread that connects the variations in the stories shared by activists is an unwillingness to be silent anymore. The pro-life activists who regularly go to the Pinedale and Oakhurst clinics are committed to “trying to make a difference” by working to save lives and to end abortion in Mississippi.

**Spiritual Pushing and Pulling**

Some of the pro-life activists in this study report feeling “drawn” to the abortion clinics. Other activists report being “led” to public activism. Several of the men and women with whom I spoke express a belief that their first experience at the clinics was not a conscious decision but rather the result of “being led by God.” Jenn, a grandmother of three, relays her story of being “drawn” to the clinic:
I don’t know [why I stopped at the clinic the first time] except the spirit of the Lord. I had been by [the clinic] many times and seen them [activists] out there and never felt compelled to go and join them. I would see the street talkers [sidewalk counselors] when I was on my way to work. I felt confused about what they were doing. I did not really know how important it was [sidewalk counseling]. I thought it was someone else’s job. One day I stopped and went up on the hill [where the clinic is located] and I haven’t left since.

Anna Catherine describes her first experience:

I was driving to an accountant’s office and I rode by the clinic and realized that the sidewalk counselors were out there at an abortion clinic. I had some place I had to be and I did not stop. I returned [to the clinic] after I finished my appointment and I was crushed. It was like God told me, “You let me down.” So, the very next week at the same time, I made sure that I came back to that place to talk to them [activists] and sure enough, that’s what they were doing [direct action] and they needed help.

I never drove on the road [where the clinic is located] but that day I was lured to go down that [particular] street. I had to cross over [the interstate] to get to the accountant’s office. I did not stop at the time but later I returned. I did not know anything about what they [activists] were doing except they were trying to stop abortion there.

I worked with my husband and he was pretty flexible so I could take a three hour lunch break if I needed to. The first time I went to the clinic it was 11:00 on a
Tuesday in May. There was a woman out in front of the clinic. She was floored when I walked up to her. She said she had just prayed about someone coming and filling in this particular [time slot] so she could take a job. I had never felt such complete obedience in responding to God’s calling. He made a way for me to be out there [at the clinic].

Jenn and Anna Catherine express a belief that their involvement at the clinics was the result of divine intervention. Jenn attributes “going up on the hill” to the “Spirit of the Lord,” while Anna Catherine appropriates the language of “obedience” to explain her first experience with direct action. For these activists, the clinic represents a venue for “God’s work.” Both Jenn and Anna Catherine define themselves as faithful and committed, understand their faithfulness as a willingness to heed God’s word and to acquiesce to “divine direction.”

Dawning Realizations

Other activists recount “critical moments” in which the realism of abortion is transformed from an abstract to a concrete reality. These moments represent an epiphany in activists’ understanding of abortion as real or an act that causes death. Some activists remember with vivid detail when they first became aware of abortion. Harold speaks of the moment the reality of abortion dawned on him:

Well, the first I ever heard about it [abortion] was on the radio. I immediately thought about it as a tragedy.

When probed concerning his response to hearing the radio segment he responds:
I think my response was first more academic…[but then] all of a sudden it became real, very real. It had shown itself as the prime evil in this world. I truly believe that the devil is at the abortion clinic. I have been to the abortion clinic I’ve seen these people and I’ve seen real evil. They [clinic patients] come to the clinic and laugh. They try to run you down [with their cars] and kill you. They get to the back of the parking lot and pick up road stones and throw them at you sometimes. I have seen women and men going into the clinic who throw up the finger at you and say really horrible things.

Harold speaks of his initial response to the availability of abortion in intellectual terms. Vaguely aware of the legality and availability of the procedure, he had never thought much about it. Like some other activists, the issue of abortion was far-removed from his everyday life. The radio news segment represented a moment in his experience in which abortion suddenly changed from an abstract reality to one that would grow in personal meaning for him as he became involved at abortion clinics. He characterizes the clinic as a place of evil, a place where the devil is manifest, and a place where evil infects and pollutes those who go there.

Another activist, Aaron, an African American male, speaks of first participating in direct action through the urging of his pastor. He recounts the acute pain he first experienced at the clinic:

I was around during the controversy of Roe v Wade. It didn’t mean much to me at that point. I heard that women had the right to choose. I never really felt the weight of that [perspective] until I got involved in going to the clinic. It
[abortion] was never something that was really distinct for me. I knew it was available but I was not personally involved in any type of way. I first got involved through my church. My pastor was involved [in direct action at the clinics] and I went with him one Saturday. That first time at the clinic was very dramatic for me. I was very emotional about it. I cried a lot. It was the first time I had really been that close to it…to see the faces…to see people [women] go inside the clinic with a baby inside of them and then come out and their babies were dead. I tried to put together the experience of what they [clinic patients] were going through—seeing some come out in pain and others who were very angry. That first time I didn’t get involved, I was just basically there to listen and to cry. I had no idea what it [going to the clinic] would be like. Probably, if I had, I would not have gone the first time. If I had known that I would affect me like that [crying] I would not have gone. I thought I would just go out there, stand, and it would be over. It really had a big impact on me.

Aaron speaks of the significance of attaching faces to the women who go to the clinics. For Aaron and activists like him, direct action represents an unveiling of the anonymity of abortion. He now sees clinic patients as real women who are making choices that have life and death consequences for the fetuses they carry and as well as for their own lives. He speaks of the conflicting responses he feels standing at the clinic entrance watching a woman who is pregnant going into the clinic only to see her leave several hours later, no longer pregnant but now complicit in the death of her fetus.
Aaron works as a fireman. His job requires him to save lives. He speaks of the turmoil going to the clinic elicits and the conflicts between his public activism and his job as a firefighter:

The experience each week affects me even though I don’t cry as much [now]. It always has a deep impact on me. I realize that life is being taken there. I think about it...as a fireman we are expected to go in and save lives. When I go there [clinics] I am looked at as a fanatic because I am attempting to save a life. It’s okay if I go into a burning house to rescue someone—then I am a hero. When I go to the clinic and rescue a life I am called a fanatic. Just going out there and thinking about the differences—being confronted by police or being confronted by an individual who doesn’t appreciate that I am trying to save a life—it’s a contrast.

In one situation, Aaron is the consummate hero for he risks his own life for the lives of others. Yet, at the clinic he is often confronted by others who see his commitment to saving lives in very different terms. In his work situation, his commitment to his job is expected; in his volunteer capacity at the clinic his commitment is uninvited and unwelcome. The hero is recast as the bully, the protector becomes an interloper, the care he feels for the women going into the clinic is interpreted as alienating, vilifying, and intrusive.

Margery, now retired, speaks of the moment when her professional responsibilities and personal beliefs intersected and left her questioning her own role in a client’s abortion:
One of the events in my personal life that affected my beliefs about abortion occurred when I was a counselor. A young girl came to me and shared she had been raped at a summer festival. She’d already had a pregnancy test and knew she was pregnant. I asked her what she wanted to do about the situation she found herself in. She was hysterical and saying, “I don’t want to have a baby.” She and her mother wanted her to have an abortion. As a new counselor, I was required to present this case to the counseling staff and my supervisor in order to determine which counseling agency could best help this young woman. My supervisor and the counseling staff took the case over and provided this young woman with two psychiatrists who testified or signed paperwork that stated her life and mental health would be endangered if she had to carry this kind of pregnancy to term. The young woman had an abortion in another city. It was an incomplete abortion. She was in the hospital room after the procedure when she started feeling strange. She went into the bathroom and passed another fetus into her hands. She later told me, ‘That little baby’s eyes were just looking right up at me and saying, ‘why did you kill my brother?’’ She was very emotional. Now, did we do her any favors? She was going to have to live with that guilt, a very guilty conscience, for the rest of her life. We had done what she had said she wanted to do, but I felt like we had done her a disservice even though it was okay to have an abortion under those circumstances.

Margery’s account echoes the tensions between her professional responsibilities as a counselor and her role as activist. Through her professional facilitation of an abortion,
she is thrust into a new dilemma in which she questions the validity and appropriateness of her guidance. Margery sees herself both as an advocate for a young woman facing a dilemma and an unwitting collaborator in abortion. She is the savior who helps bring resolution to a crisis and yet she is also a co-conspirator in a decision that she sees as creating possible long-term damage to the very client she seeks to help.

**Awakening and Re-awakening Experiences**

Some activists report “awakening experiences” that serve to illuminate pro-life pathways previously unrecognized or misunderstood. Awakening experiences can best be described as experiencing “an Aha! moment” in which one sees clearly what has previously been clouded or veiled. Other activists report having “turned away” from their pro-life roots at some point in their lives only to experience a “re-awakening” of their true beliefs. Re-awakening experiences may be similar to awakenings but more often consist of experiences, incidents, or interactions that lead activists to a “pause” in their lives during which they re-evaluate themselves, their beliefs and actions, and ultimately return to their pro-life roots. Like the errant child who returns to the family enclave determined to “turn over a new leaf” and become the “model” child, activists who experience a re-awakening often throw themselves into their rediscovered pro-life beliefs, becoming very active in their efforts to end abortion.

Carson, an African American female, tells a story in which she “waffled” on the issue of abortion early in her career only to later take a strong pro-life stand. Now very active in working with crisis pregnancy centers, she recounts her re-awakening:
As a child, I was raised to be pro-life. During the 1970’s I waffled a little bit as women came forward and told me they needed abortion. I considered abortion a choice for them and their bodies but it never set right with me. When I stopped waffling and returned to my roots, which were ‘for life,’ I felt like it was not enough just for me to believe in life. As the Great Commissioner said, “Go you therefore, baptize, and evangelize.” I needed to let others know and to rescue them. However, it was not my personality to be on the street holding picket signs. One of the complaints against the pro-life movement has been the focus and concern on the baby rather than the mother. [There has been a belief] that once we saved the baby, we totally disregarded the mother and left her to fend on her own. When the opportunity arose to become involved with crisis pregnancy centers, which focuses on both the mother and the baby, I thought, ‘This is something I can grasp. This is something that I can do to let the mother know that we love them too.’”

Carson expounds on the “waffling” she experienced:

In the [period of] waffling, I actually worked in an abortion clinic. I was a nurse practitioner at the time and I did the physicals, post abortion examinations, and dispensed forms of birth control. I really thought I was helping. I really thought it [abortion] was a benefit so I made sure they [patients] were okay and the abortion had been performed safely. I believed if I got them started on birth control they would not repeat [the abortion experience]. I saw birth control as a way of stopping the need for abortion. Then I started seeing repeats [women who
had previously had an abortion] even though I knew I had counseled them on
birth control, I knew I had given them the Pill and encouraged them not to come
back, I was seeing them again. I started thinking, ‘What am I doing? Am I
enabling?’ I saw myself as a facilitator of the very things I was trying to prevent.
I resigned from my job and that helped me to see the way I was going about it
[stopping the need for abortion] was not appropriate.

Carson continues:
I was seeing enough repeats to think there was something wrong with this picture.
Their [patients’] behavior was not changing. The problem was not preventing
pregnancy; it was changing the behaviors that led to pregnancy so I became an
‘abstinence advocate’ dealing with the lifestyle not just the symptoms…

Another activist, Audrey, is a former abortionist. She shares both her entrée to abortion
and a poignant turning point in her awakening:
I was completing my internship at [a large urban hospital] I saw lots of women
who came to the hospital suffering from induced abortions. They were coming in
from the back alley of Chicago in 1969. Every night I was on the ward, we would
admit 15 to 20 women who were suffering from bleeding, fever, and other
medical problems associated with poorly performed abortions. They [patients]
did not talk to us because they feared there would be trouble with the law…we
would have to perform D&C’s [dilation and curettage] on these women to clean
out the infected tissues that the abortionists had left inside. They weren’t given
anesthesia. It was brutal. We might give them a little Demerol. It was awful; the
women were treated like low-lifes. I was appalled by the whole thing. Here were women who were desperate, being treated like trash, and they were not even given anesthesia. I was ready. I was mad. It was the beginning of the women’s movement and I had had my share of anti-female discrimination in my career. I was ready for the medical profession to start accepting some of the social responsibilities. The way I saw things at that point was we should offer safe abortions to these women in order to eliminate this problem [unsafe abortions]. I moved to Mississippi two years after Roe v. Wade and met a group of folks who were ready to open up an abortion clinic in the state. There was no family abortion facility in the whole state two years after Roe. The group was red hot about bringing Mississippi into the 20th century…they could not find anyone brave or foolish enough to be the abortionist. They came to me and asked me to step on board. I thought the worst that could happen was I would be run out of town on the rails and I was ready to go [in that case].

Audrey performed her first abortion at the end of 1975. She describes her early days as an abortionist in this way:

We were wearing white hats; we thought we were saving the world. By 1976, my marriage was coming apart. It was devastating to me because I had built my life around this man and I realized things were not going well. I was almost suicidal. I don’t know what part the abortion stuff played in this. I bought an inspirational book to read. The book was The Power of Positive Thinking by Dr. Norman Vincent Peale. In chapter one he listed ten things to do to get your act together. I
love lists because you can just check things off and go right down the list. I was doing fine until I hit number seven on the list—affirm ten times a day—I can do all things through Christ, who strengthens me. I finished everything on that list except number seven. I could not read the next chapter because I had not been able to complete my homework in the preceding chapter. I carried that book around and tried to find something to substitute for Christ. Nothing I came up with worked. Sometime in February of 1976 I was driving to work—I think it was a Monday morning—and the book was on the car seat beside me. I was just miserable—it had been raining for weeks, the sun was hidden, the days were short, and it was cold outside. I pulled into the parking lot of the hospital and I finally just gave up. I said to myself, ‘I can’t stand it, okay, I give up. I’ll say it: I can do all things through Christ who strengthens me.’ I am not prone to ecstatic religious experiences, but I was overwhelmed. I was not alone in that car. It was so real. Christ was in my car, in the backseat, behind my right shoulder. I just knew He was there. I did not know what was going on. I bawled my eyes out. I had to make rounds and I wound up saying that verse a hundred times that day and more to the point, I quit being suicidal. I was able to finish reading the book. In his book Dr. Peale suggested reading the Bible everyday and to participate in Christian fellowship. I did not own a Bible so I had to go buy one. I am Catholic and I thought I was probably the only Catholic in Mississippi so I did not know how to go about the Christian fellowship suggestion. I went through my list of people I had met during the previous year and realized I could identify one
Christian—a woman I had met at a childbirth education tea. Within five minutes of meeting Rebecca I realized she was a Christian. She realized I was a heathen but we decided to become friends anyway. What I did not know at the time was she had been so horrified when she found out I was planning to open this abortion clinic that she had gone home and called her best prayer warrior friend and they made a covenant over the phone to pray for me. I started hanging out with Rebecca.

I was spending time with her and I had another friend I met when she came into the office. She invited me to go to a seminary class with her and her husband. I went with them to the class and through her I started going to church. I think that experience—being in a worshipping experience again—started something gnawing inside of me. Now, nobody was telling me at church that there was anything wrong with abortion. The church had not waked up at that time. By 1978, I had grown in my faith to a point that I decided I would join the church. I was taking the kids to Sunday school and I thought I ought to officially join that denomination. We got baptized as believers but as I was approaching the baptism or planning for it, I thought, ‘I should do something about this abortion business.’ I decided something had to go, one way or another. By the grace of God, I knew I would say goodbye to the abortion folks. It was sad because I had some buddies up there [at the clinic] and friends.

One of the friends I had met at the abortion clinic was a young woman who worked as our office manager. One day she said, ‘I see you come out of the
[patient] room and go over to the sink. What are you doing?’ I told her after I did an abortion I had to make sure I got all of the parts out [of the woman’s uterus]. You see, I would sit down and do the suction. Then, I would go over to the suction machine and take the little cloth out [of the machine] and leave the patient in the room and go to the sink where I would get my little forceps out. I’d lay the cloth out and I’d see two little arms, two legs, a thigh, a skull…If I did not find all the parts I’d go back in and suction and scrape until I got it all. After she asked me what I did at the sink, I waited until I had one, a baby that was about 11 or 12 weeks, so it would be easy for her to see. When I had done the abortion, I called her over and said, ‘Come on and look.’ I started showing her and I guess it was that part of showing another human being and talking to another human being about [abortion]…it just made what we were looking at there…it just made it so real, and I remember it [fetus] was far enough along that you could see all the pieces and there was this little arm. I had this flashback to my youngest son when he was four or five years old. My neighbor had a granddaughter my son’s age and my three boys were trying to impress her. My youngest wasn’t getting anywhere with this little girl so he walked up to her and said, ‘See my muscle’ as he flexed his little bicep. It was so cute…and then there was this perfect little bicep before me and this overwhelming feeling of sadness just came over me. I asked myself, ‘What are you doing? Five minutes ago this was just a perfectly beautiful little body.’
It was disturbing enough to me that I just decided, ‘I’m the clinic administrator. I make out the schedule. I am going to schedule so that the other physicians do as many of these abortions as possible.’ I was backing away from abortion. I was not pro-life; I was just losing my stomach for it. Something was wrong. The bloom had fallen off that white hat I had been wearing. So, that happened about six months before I joined the church.

Audrey stopped performing abortions in 1978. She reports she spent the next two years “doing nothing either pro-life or pro-abortion.” In 1980, she attended a brown bag lunch at an area church. She reports:

It was a unifying experience because all of a sudden it all came together—what had been bothering me [voice trailing] the abortions. It was kind of like filtering my medical education through a Christian image. I realized we were created in the image of God. Abortion destroys the image of God. It rips apart a relationship between the mother and the child, the father and the child, and the grandparents and the child. It’s all dissolved. In a greater sense, the family is the main thing—everyone loses, everyone is lessened by death, particularly, the death of a human.

Audrey speaks of her awakening as a series of “critical moments” that pushed her away from abortion and pulled her toward Christianity and a pro-life stance. In contrast, Carson describes her own re-awakening as a return to her pro-life roots and a righting of errant ways.
Several activists with whom I spoke report their introduction to and engagement in direct action was precipitated by personal experiences with abortion. Several of the women in my study had abortions when they were younger and several of the men I interviewed recounted experiences with former partners who had terminated a pregnancy [with or without informing them]. Another activist, along with his wife, supported a close family friend through an abortion. He believes the experience created a lasting rift in the friendship. Some activists recount feeling disempowered and angered by their experiences; other activists express regret and sorrow; and, still other activists frame abortion experiences leaving hurtful and damaging residues in their lives. Many of the activists to whom I spoke cast their public activism as an opportunity to “right a wrong left undone.” In other words, direct action is ameliorative—a chance to make a difference, to actively intercede, to share their own experiences and to facilitate better outcomes for others from tragic lessons personally learned.

Mariah, an African American woman, shares her story of drug addiction and abortion:

In 1987 I had become addicted to drugs. I was in a bad accident. During this period in my life I did a lot of thinking and realized my drug addiction stemmed from an abortion I had many years ago. I spent nearly a year in prayer. One day someone invited me to pray with them at an abortion clinic. When I went out [to the clinic] I realized it was what I needed to be doing. I had been praying a psalm which, at the time, I did not realize was the same psalm the prophet David had prayed after he had a man killed. I kept praying that psalm over and over, asking
God to have mercy upon me. I did not even realize what I was asking mercy for—I kept asking Him to create a clean heart within me without knowing in my heart what needed to be cleansed. It was a very slow revelation and took nearly a year.

I sought help through a Catholic church in the area and met a wonderful priest who had tremendous insight into the struggles I was going through. He referred me to a woman who happened to be Jewish. She gave me a book to read by some Jewish psychologist and it really hacked me off. After the first session I went back to the Catholic priest and said, ‘Look, this woman can’t help me.’ He told me to go back one more time. I went back to see her and everything just came out.

I don’t remember when I made the decision to tell my story of abortion and addiction and how it affected the relationships in my life. Initially, it was very difficult to talk about but I did a television interview one day and I just blurted it out. I asked the interviewer not to show the segment on the 5:00 pm news. I asked her to wait until the 6:00 pm newscast because I wanted to tell my son first. I did not want him to hear about my abortion through the news. At first, I was scared. I thought people would reject me. Sometimes I would go to mass and no one would speak to me. I wondered if it was because I had had an abortion. I told myself, ‘No, that is not what it is.’ I think when we are so open about something so deeply secretive, it frightens people. Now, whenever I speak, I try really hard to do what I think the Lord wants me to do and to speak as the Holy
Spirit leads me to speak. Once, I spoke at a non-denominational church and afterward an 80 year old woman came up just weeping. I thought she was going to say how sorry she was that I had gone through that experience. Instead, she said, ‘Sixty years ago I had an abortion and I never told anyone.’ I had talked about the years I had kept my secret and how it had eaten me up inside and out and here she was—hiding an abortion for sixty years.

Mariah explains her transformation from silence to speaking out about abortion:

I have never spoken about my experience and had anyone say anything negative. Silence is a kind of blood guilt. You participate by your silence, by allowing something to continue and remaining quiet. It doesn’t mean everyone needs to get out in the street and scream and yell and shout about abortion. I think we are all called, no matter what denomination or beliefs we hold, to help one another in some kind of way. Now, I just talk about it [abortion]. I spend more time in prayer to make sure that I am saying what I think God wants me to say to people in order for them to hear. The secret of abortion permeates all of our society—no one wants to speak about whether they have participated in one or not.

Mariah’s narrative is an account of the unmasking of the secrecy of abortion. Her story is one of the empowerment and wholeness she accidentally discovered when she “blurted out” details of her abortion during an interview. Her experience gave “voice” to an abortion she characterized as the root of a drug addiction and failed relationships. She speaks of her former silence as imprisoning and destructive. Mariah has taken ownership
of her history, re-crafting that history to attack the “secret of abortion” and lifting the heavy chains of silence.

Another activist, Anya, who describes herself as a “post abortive” woman, underwent an abortion in her teens. Like Mariah, Anya can no longer keep silent:

I will just tell you that I can’t keep quiet anymore. See this girl dancing [pointing to the photo of a girl dancing]? That’s me. I was a captive and my child was a captive; and, because I was in pain and suffered for 20 years, when I found freedom, I can’t hold it back. *I cannot not tell.* This is not about me--this is about how horrible abortion is and it killed not only my child, but it also killed me. I walked out of that abortion clinic a different person than when I walked in. My self-esteem tumbled. I had no idea. This was a choice: it was [supposed to be] an empowering choice. Everyone told me my life was going to be better because I was postponing this [motherhood]. It’s a lie. It is a lie. I am pro-life only to tell women that if you choose this…it is a lie for you to believe that you can live your life better without your baby than if you had carried the baby. You will not be the same. But, if you have chosen abortion, we have a Redeemer who will forgive you and is seeking you. That’s the healing that women have to know about. If someone has had an abortion, this is what I want them to know. They do not have to stay in bondage. There is healing available. That’s what I say.

Anya defines herself not as a pro-life activist but as a “witness,” committed to actively demonstrating her love for Jesus Christ. She directs a majority of her time to working
with crisis pregnancy centers and using her own life history as a way of talking about the redemption and salvation she has personally experienced:

I was sixteen when I had my abortion. It wasn’t something I wanted to do. The very first doctor I saw was the first person to mention abortion to me. He said because of my age it was ridiculous for me to consider anything else. I was a junior in high school. Then, there was a lot of pressure from my boyfriend’s parents because he and I were headed toward college. He was an athlete and his parents were a very prominent family in my community and in the church. This [abortion] was a way to cover up and get rid of the problem [and the stigma the pregnancy would have brought to the family]. It was kind of funny because the year before I had completed a research paper on abortion. I had researched the developmental stages of pregnancy and I knew about the fetus. However, when people are talking to you and telling you it’s [the fetus] just a blob of tissue, that it is nothing, and if you hurry, everything will be okay. People told me the longer I waited the more likely I would be to ruin my life. There was so much pressure—I finally just gave in. As a sixteen year old, I felt like I was up against the world and pretty much just gave in to the pressure. I thought I was making my life better by postponing this baby.

Immediately after my abortion, I went into a deep denial that lasted almost 15 years. I could not allow myself to think about it. Whenever I heard the word “abortion” I had to turn and walk away. During the Sanctity of Life Sunday at church, I could not show up. I felt so ashamed and guilty. I knew the way I was
feeling had something to do with my abortion. About six years after the abortion I decided to attend a pro-life rally. Of course, I would have never told anyone that I had had an abortion. I wanted to go to the rally and felt such shame about attending. I felt like I did not have a right to voice an opinion about pro-life issues because I had chosen the other thing [death for my child]. There was a real battle brewing within me even though I wanted to protect women from abortion and to talk to them.

When probed about why she went to the first pro-life rally, Anya responds:

I just hurt inside. I wanted to save someone else from hurting the way I did. At first I was not very active. My participation was not consistent. Last year I took a break from my teaching career. I felt like I needed a break. The Lord laid it on my heart to volunteer at a crisis pregnancy center. I had a friend at church who was the volunteer coordinator and when she heard I was interested, she invited me to lead a Bible study. I thought it was something I could do. The women at the crisis pregnancy center go through different classes—parenting classes, Bible study, or other activities in order to earn points they use to “buy” baby items and that kind of thing. I love working with those women. The coordinator told me I should go through training so I could counsel women who came to center looking for an abortion. I seriously considered becoming a counselor and decided I would go through the training. When the time came for training, I could not go because I felt so ashamed and so guilty. I did not think I could sit down with a woman who was seeking an abortion and tell her not to have one when I had had an
abortion. After the training session was over, the coordinator asked me why I had not attended. I told her about my abortion—she was the second person in twenty years I had ever told. There was no one outside my family who knew I had an abortion—just my mom, my boyfriend, and his mom. I expected her [the coordinator] to say, ‘Well, you can just pack your bag and get on out of here because we don’t need people like you in here.’ Instead, she gave me a hug, told me she loved me, and then suggested that I explore a post-abortive ministry offered at another location. She picked up the phone, dialed the number, and handed me the phone.

There was new Bible study beginning that week and I went. I felt very small [holding her index and thumb about one-half inch apart] because I had been living the lie of abortion in pain and suffering. Even after I became a Christian and understood that God had forgiven me, there was no forgiveness inside me. If I couldn’t forgive myself how could I expect God to forgive me? I attended that Bible study for a month. I realized during that time I was not the only one on the face of the earth—there were other women who had chosen abortion. They loved me and I loved them and they were just normal people. They did not have horns growing out of their heads and they were seeking the same thing I was—being able to walk into a room and not feel like people were looking at them and thinking they were horrible. I felt like I was horrible. I never felt like I fit in or matched up or was comparable to anyone else. When I went to Bible studies at church or when I tried to participate in church activities, I always felt like
everyone else was better than I was. It did not matter how many Bible studies I
taught at church or how many youth girls I talked to about the importance of
staying away from sex before marriage or how I tried to minister to those girls—I
felt I could never do enough. I tried so hard.

Through that Bible study with other post-abortive women and through sitting with
the Lord, spending time with Him and seeking His will, He showed me there was
nothing I could do. There was no amount of work or loving on elementary school
children every single day that would “prove” I loved that baby [the fetus she
aborted]. There was no amount of helping at the crisis pregnancy center that was
going to cover my sin. The only thing that was needed was Jesus and all I had to
do was look up at Him.

I remember sitting in that Bible study with the other women as we listened to a
taped song written by a post-abortive woman. The song playing featured a child
who was singing to God about being wonderfully and wholly made. He [the child
in the song] asks God a question: ‘God, father God, what will my mommy do
when she sees me?’ God responds, ‘She’s going to run to you and she’s going to
pick you up and hold you just like any other loving momma would do.’ The child
then asks, ‘Well, father God, why has my mommy never gotten to hold me?’ God
says, ‘Well, she never got a chance.’ The child asks again, ‘Well, why didn’t she
ever get the chance?’ God responds, “I don’t remember.” That’s the God we
serve…that’s the God we serve. I spent my whole life thinking that God was
looking at me the way I was looking at myself or the way I thought people at church were looking at me, but that’s not who we serve.

It was only after holding a memorial service for her baby on Valentines Day that Anya has been able to bring herself to go to the abortion clinic where she stands and watches. She states:

I had a memorial service for my baby February 14th. It was a very powerful time for me. It was a time of just giving my child to the Lord. It was beautiful but what I felt afterward was that I wanted to see what actually goes on at the clinic. I had seen how the media portrayed these people [activists] and I knew that wasn’t me. My first time I just stood and looked; I wanted to see what was going on. I had to pick a time when no one else was going to be there and I needed to pick a time when they [women] were going to the clinic for counseling, not when they go for the procedure. I stand with my sign [“Abortion Hurt Me”] and I get a lot of questions and it’s just quiet and I stand quietly.

The memorial service Anya held for her baby six months before our interview was attended by the post-abortive women in her Bible study group. Members had given her a tiny hand-made white batiste gown to symbolize the son she had mourned for since she was sixteen. She had also drawn a picture of how she envisioned her child to look. She had the drawing copied onto a piece of beige heavy card stock on which she had written this poem:

Who were you my little one, too hidden for me to see?

A precious whisper, a gift of God
You were growing inside me

I didn’t feel you or see you or touch you or hear you

But I loved you more, so much more than I knew

They said you were just a blob of cells; that you were not a little baby

They told me I could have another—this was no way to start a family

They said you were an inconvenience, a disgrace and way too much trouble

This is best for all concerned.

It was over before I learned how terribly wrong they were.

My heart ached for you, my arms longed for you

I heard you in my sleep!

My shame and anger ran so deep that I thought I should die

I hated what I’d done to you and knew I couldn’t undo it

No matter what I’d try

Only Jesus Christ himself could heal my guilt, and shame, and pain

I never dreamed he could love me so

His mercy runs so deep

He promised me He would care for you

And when the right time came I would see you, and hold you, and kiss your toes,

and call you by your name
Until then, sweet [name]

I think about you every day and I miss you oh, so much

I love you more than I can say and long to feel your touch.

Stay cuddled up with Jesus, my dear

And know it won’t be long until I will look into your eyes and you’ll kiss away my tears.

I love you my baby.

-Momma

Anya’s powerful narrative is one of trauma and healing, anger and compassion, and grief and joy. She sees her own journey to healing and wholeness as a pathway through which she hopes to make a difference in the lives of others. Through the memorial service she feels finally able to lay to rest fifteen years of pain:

What I have discovered is the most beautiful peace I never dreamed possible. I committed murder. I never had to go to jail for it but I was in prison. I have been set free from that place and now I can’t be quiet anymore. What it’s done for me is given me this overpowering feeling that I must tell women the truth [about the lie of abortion].

For Anya, volunteer work at the crisis pregnancy center and her recent foray into direct action at the clinic provides a frame for acknowledgement, repentance, and acceptance of a decision that has been very problematic for her. She is driven to public activism
through a desire to spread, as she says, “the truth about abortion,” and to witness her faith.

Anya’s identification as a “post-abortive” woman raises several important issues: [1] the legitimacy of the term “post-abortion trauma;” [2] the appropriation of non-medical terms to legitimize strategies of action [discussed in the following chapter]; and, [3] the power of “naming” in pro-life activism. The Diagnostic and Statistical Manual of Mental Disorders [DSM IV], published by the American Psychiatric Association, does not identify “post-abortion trauma” as a mental disorder that impacts medical health. The closest mental disorder in the DSM IV is Post-Traumatic Stress Disorder [PTSD], an anxiety disorder that can develop after exposure to a terrifying event or ordeal. However, many of the activists with whom I spoke appropriate the term and use it frequently in their public activism. Sometimes referred to as PAT, the term is used by some activists as a catchall phrase to represent feelings of grief, guilt, shame, regret, doubt or a range of self-defeating behaviors that create negative consequences in the lives of women who undergo abortion. The term provides a way for some women to “name their pain” and re-craft from negative experiences positive outcomes. For a few women, identification as a “post abortive” activist may be seen as akin to wearing the “red badge of courage.” To be post abortive and to be a public activist is to be recognized by others as courageous, brave, and as having the strongest of convictions—the kinds of convictions needed in the battle for life.

Several men with whom I spoke also told compelling and potent stories of personal experiences with abortion. Some define their experiences as catalysts to their
public activism. Carter relays a story about a dear friend—a story that involves the impact of abortion on friendship:

Many years ago, my wife and I had a very best friend who had just gotten a divorce from her husband. It was a very messy divorce and she was pregnant. She wanted an abortion and it went on to the point where there wasn’t an abortion doctor in this area that could take care of it because the lateness of the term. She had to set up an appointment in [nearby state]. My wife and I asked our friend if she was willing to take the baby to term and allow us to adopt the baby. We wanted to have an open adoption where she could come and be part of the raising of the child. She said no, it was a matter of her health because the doctor told her she would not make it through this pregnancy. So there was a lot of crying and my wife and I looked at each other and said ‘we can’t abandon our friend.’ So we went down to [nearby state] with her. My wife drove to see relatives while I sat outside on the porch of this very plain house. We took her down the night before and we went to see the doctor and I took her [back] to the doctor the next day. She told us that we didn’t have to go--she could drive home but she was anything but able to drive. When she came out, we got in the car and she slept until we returned home. We thought we were helping our friend. After that we saw less and less of each other. After the abortion there was just a general parting of the ways. I mean it was not hard; it was not miserable; no one was screaming at one another. It was kind of a mutual separation. I think it had to do with the abortion.
Carter thinks about his friend often and tries to make sense of the dissolution of the friendship. Before he started regularly going to the clinics he states:

I would go to clinic on Sundays when the Knights of Columbus would be there praying and simply drive around. I did this for one or two months before I ever decided to walk up to the clinic and pray with them [Knights].

Differing from some of the male activists I interviewed who engage in more confrontational and aggressive tactics, Carter stands quietly as he recites the Catholic Prayer for Life rosary. Uncomfortable with the idea of counseling or confronting clinic patients, he feels his greatest contribution is prayer. He states he has grown more compassionate through his activism:

I used to have a real hard heart. I’ve softened up little bit. I don’t agree with the politics of abortion but I can see both sides. I think I can see their [ liberals] point a little better. Carter has not found resolution to the loss of his close friend but through his activism he acknowledges a developing compassion for people who hold different beliefs. Through his growing compassion, he has found a way to accept the loss of an important friendship.

Casey, another activist, reports:

When I was 19, a young lady got pregnant by me. She went out and got an abortion. It was during the time when Medicaid would take care of it [pay for the abortion]. She used her older sister’s Medicaid card, falsified her name, and got an abortion. I did not like not having a say in the process at all. I was not an equal part [in her decision]. Had she decided to allow the child to live, I would
have respected that. We were supposed to do everything 50/50 then or whatever the court would have decided. I just felt like we were in a situation where we were dealing with life and death both of us should have had a say [in the decision].

Casey grew up in a family of eleven children. He states his parents raised him and his siblings in the “worst economic times and they did not abort any of us. They made sacrifices along with their decisions.” Casey does not engage in direct action at the abortion clinics. Instead, through his work in the television and radio industry, he uses his position to push others into public activism. He states:

I have had people call me from out on the sidewalks [at the clinics]. Both blacks and whites know they can walk up the stairs [to his place of business] on any given day and be allowed access to the microphone.

Casey integrates his pro-life beliefs into his work and works to facilitate others’ public activism.

Rueben, another activist, states he does not remember being “pro-abortion or pro-choice.” He admits he had never really thought much about abortion although he was raised in ways that reflected egalitarianism and equality. He states:

I began my relationship with the Lord at age nineteen and began to think about it. Abortion bothered me because I held a firm belief that is was wrong but I never did anything and I never got involved. Then, I married and my wife became pregnant with my child. She had an abortion and I didn’t know it. I found out. She had a previous abortion and had told me about it. I was sympathetic toward
her because I understood that it was traumatic for her. I did not think that it would be something that happened to us. When I found out, our relationship changed. She thought I was going to leave her and I told her I felt like if it had not been for my sin and having sex with her before we were married that she would have never been in that position. Of course, I didn’t understand why she did it. She knew I was going to marry her and we would raise that child and do things right. That’s when abortion became really personal for me. It really hurt me. God used that experience to bring my wife into his saving arms. We married a year and a half later. During our first year of marriage I was watching TV and heard [name of another activist] talking about pro-life issues. I really liked what he was saying and I called him later that night. I thought I would reach a general hotline or something but he answered the phone at 12:30 at night. He said he was glad to talk to me. We talked about an hour and he invited me to come out to the clinic. I went out but I did not know what to expect. I had been to one pro-life rally in Atlanta where we prayed. Pro-abortion people were spitting on us and calling us names. I had a knot in my stomach my first time at the clinic because I only had a recollection of what had happened in Atlanta. I did not know if there would be people out there who would try and attack me. When I got to the clinic the first thing that struck me was how many people were going in there and having abortions. That just blew me away. I thought maybe two or three would be there. I don’t know why I assumed that but I just though it was strange how
casual people seemed to be about it. They were smoking cigarettes and hanging out. The guys [who brought women to the clinic] would just drop these girls off. Reuben attributes his public activism both to the abortion his wife had without his knowledge and his interaction with an activist he called following a local television program. His narrative suggests that the interaction with the activist provided an arena for him to explore his feelings about the abortion decision from which he had been excluded. Among some activists, abortion is understood as doubly heinous for it is not only represents the destruction of a living entity but also the disempowerment of men, who, through exclusion in the decision-making process, are marginalized, made invisible, and silenced. Barney shares his experience:

I’ve been at a point where I thought my girlfriend had actually had an abortion and had not told me she was even pregnant. I became vehemently pro-life at that point. In this day and age, I can’t even have sex with a woman who has consented to having sex with me or tell her how I feel about having a child with her. I can’t have her tell me that she doesn’t mind having a child by me without questioning whether or not she will turn around and abort the child. It’s my child just as much as it is her child. In this day and age, a man has no rights period as far as having children. When you give a woman the right to take a child’s life, you take away the man’s right to have children. A man is completely dependant upon a woman for child-bearing, plus as pro-creation people, men and women, we both have to participate in this thing and we both have to be able to trust each other. You know, maybe that’s why they say marriage is so important. But still,
what does that guarantee? You can’t even….In this day and age, with the laws being the way they are, a woman who is married to a man is not even compelled to do what she has agrees to in her marital vows. So, under those sacred vows, we can’t even compel our wives to have our children and to me that just does not seem right.

Barney’s narrative clearly reflects his anger and pain over reproductive decisions that he understands as privileging the autonomy of women at the expense of men. His experience has elicited strong feelings about fairness, justice, and the power relations between men and women. His story suggests that abortion is de-masculinizing and robs men of their power and rights to dominate others.

From the Margins to the Center

Other activists share less dramatic stories about their introduction to pro-life activism. A few activists report their public activism grew through their attendance at large pro-life rallies. Other activists first went to a clinic with a friend or a partner. Janice states:

I had a child late in life. I was part of a group of people and we were all busy doing our career thing. We were having our children late. We used to say when we got pregnant, ‘Oh, I used to be against abortion but now that I have carried a child I can really see that it is wrong.’ So that began it. But at that time I didn’t know anything about abortion. I didn’t know about clinics or anything. That was the beginning of at least thinking of the issue [and my activism] and that was in
1982. There were a couple of people in our Sunday school class who were actively involved in it [public activism]. They used to go picket in Atlanta on Saturday. The clinic hated them to be there and would turn their sprinkler system on to get them wet. These people would talk to other people about getting involved and all I could think of was, ‘alright. I am going to go stand in front of the clinic and let them turn their sprinkler system on me.’ [Laughs] The idea of doing something about my beliefs changed from [my friendship] with that couple.

Janice credits her affiliations at church and work for her beginning in public activism.

Another activist recounts her entry into public activism:

I was just getting married and for years I never thought about abortion one way or another. It never crossed my mind. When my husband and I moved to Mississippi in 1981, he got involved with Mississippians for Life and started going to abortion clinics on Saturday mornings. He would hold up a sign that said, ‘Abortion Destroys Mother and Child.’ He was involved with them and just prayed outside the clinics while holding that sign. I had my last baby by the time we moved here. I was at home with the four kids and I still didn’t think about abortion. I just thought, ‘That’s nice. I am glad you are doing that [going to the clinics].’ I never really thought about abortion until 1982 or 1984. I went with my husband and I saw women going in to have abortions. All of a sudden it was like, ‘That’s me.’ That could have so easily been me going up the stairs [to the clinic] but for the grace of God I could have conceived a child in college. I guess I had an idea who had abortions and I didn’t think it was ever going to be
anybody like me. Then I saw girls, like me, girls who were going to college, had
careers, and plans [for their futures]. They couldn’t have a baby now because
they had goals and stuff like that. I was very aware that had I had conceived a
baby while I was in college and had a doctor told me he could take care of my
problems, I would have had an abortion because I would have wanted to protect
my parents from knowing about it. I was very much aware that only by the grace
of God did I not conceive a child in my college years. I am fertile, fertile. I have
had no trouble conceiving children and it was just the Lord [taking care of me]
during those years and I am very grateful.

Like some other activists, Rebecca had never thought much about abortion. It was only
when she accompanied her husband to the clinic that she identified with the young
women “going up the stairs” to have abortions. Her recognition that she could have
easily been one of the young women going into the clinic propelled her into activism.
Rebecca’s story is one of immersion and immunity—she was so focused on raising her
own children that it was easy to remain blind to the realities of abortion until that fateful
Saturday morning. Only then were her eyes opened. Once opened, she recognized that
many of the women at the clinic were “women like her.”

The pro-life activists in this study come to pro-life activism and direct action from
diverse turning points that have occurred in their lives. These points of entry transform
them into public activists and move them from the sidelines to the frontlines. The
vignettes highlighted in this chapter suggest that there are several paths that abortion
protesters take in becoming active in the pro-life direct action. Some enter the movement
through spiritual or personal experiences, while the stories of others suggest
transformations in moral orientations or through volunteer work with crisis pregnancy
centers. It is important to recognize, however, that these paths are not mutually exclusive
points of entry into direct action. More like paths lightly trodden in the wilderness than
roads firmly laid in a busy city, these paths wind to and fro, intertwine, and point their
sojourners in a general direction while providing the traveler with plenty of latitude to
find his or her own way.
CHAPTER VI
TAKING IT TO THE FIELD: PRO-LIFE MORAL ORIENTATIONS AND STRATEGIES OF ACTION

Pro-life activists create moral realms, interpret their own and others’ motives and actions, and act to build a more moral world according to their understanding of abortion as a moral issue. Definitions of what is ‘just,’ ‘right,’ and ‘moral’ rest on activists’ experiences, biographies, and standpoints. The definitions and perspectives are not static but continually undergoing revision and reinterpretation. The grounds from which individual activists work are often at odds with the constructions of other activists. This chapter examines three specific dimensions of pro-life activism in Mississippi: (1) the diverse ways activists understand abortion as a moral problem; (2) the moral logics that underlie activists’ motivations to participate in direction; and, (3) how activists create, understand, and use different strategies of action. Building on the previous chapter which focuses on the multiple points of entry through which pro-life activists are propelled into public activism, I pay particular attention to the moral logics underlying direct action and analyze the ways activists craft and use action strategies to reflect their particular moral orientations.
Abortion as a Moral Problem

Pro-life activists construct abortion as a moral problem in different ways. Some activists confer the fetus with “personhood” at the point of conception. Many activists understand conception as more than the fertilization of an egg by a sperm—conception is the moment life and—by extension—personhood begins. Thus, activists understand the fetus as a “preborn” person. Discussed more fully in the section on moral logics, the bestowal of personhood to the fetus casts it as automatically entitled to the full protections accorded born persons.

Other activists understand abortion as a defining issue of the secular world, representative of a declining morality, the crumbling of the traditional values and institutions such as the family and the church, a catalyst that denigrates the biological capacities and importance of motherhood, and the stimulus for sexual freedom and the consequences of sexual promiscuity. Abortion, then, reflects the ills of modernity, the depravity of the human condition, and the spiraling decline of society. Pro-life activists also draw on pre-millennial thinking. Some see abortion as one of the “signs” of the moral decay of the secular world under Satan’s sway that marks the imminent return of Jesus. This construction adds impetus to activists’ call to action, requiring them to labor on the side of moral justice.

Still other activists understand abortion as the glorification of contemporary culture and the antithesis of a moral culture. Contemporary culture fails to honor the differentiated roles represented by the biological differences between men and women. Contemporary culture provides both men and women with alternatives to traditional roles
and the associated expectations tied to these roles. No longer do women (or men) value
mothering, marital duty and responsibility, or homemaking. No longer do men take
seriously their duties and obligations as heads of households, husbands, or fathers.
Instead, contemporary culture privileges individuality, selfishness, and pleasure.
According to some activists, the secular world has run rough shod over the moral world
and created a “touchy, feely” culture where morality is ambiguous at best and absent at
worst. Contemporary society has lost its moral backbone and replaced a defined and
concrete moral code with a pseudo-morality that privileges liberal ideologies and
individual interpretations. Society, according to some activists, is unraveling at the
seams and paving the way for Satan’s stronghold. Abortion is the product and symptom
of this moral unraveling for it places the pleasure of promiscuous sex over moral restraint
and responsibility. Miranda, a second-generation protester, explains:

Girls in public schools learn that is okay to have sex before marriage because
pregnancies can be aborted. The counselors in these schools hand out condoms
and teach children that sex before marriage is okay.

Several of the activists with whom I spoke voiced a similar theme---a belief that public
education has failed in its goals to produce responsible citizens. Specifically, these
activists believe that public education has partnered with liberals (defined by many
activists as Democrats) in the demise of a moral society. One prime example cited by
some pro-life activists is the availability of sex education in public schools, which they
believe has contributed to and encouraged sexual activity without marriage. The “proof”
offered by these activists to substantiate their claim is secondhand at best. No one I
spoke with at the clinics or during an interview had actually seen a condom distributed at a public school or heard a school counselor encourage a student to become sexually active or promiscuous—but many report “knowing” someone who “knows” these allegations to be true.

Many pro-life activists understand the proliferation of “abstinence” programs popularized in the last few years as evidence of a small but growing foothold of moral Christians fighting against the forces of Satan. According to some activists with whom I spoke, abstinence is the answer to abortion and the moral decline of society. While abstinence does eliminate the possibility of teenage pregnancy, the practice of abstinence neither insures that every pregnancy is wanted nor does it contribute to family stability, to a decrease in the incidence of child abuse, divorce rates, or to the numbers of female-headed households. Nevertheless, some activists take pride in being part of what they call a “crusade” to re-establish a moral world through their support of abstinence programs, the distribution of literature about the consequences of abortion, and by taking a public stand in support of sexual restraint, marriage, and family.

Many pro-life activists associate the changing gender relations with a loosening of morality bred and enhanced by the availability of abortion. These activists speak of a widening acceptance of sex before marriage, sex outside of marriage, increasing teenage pregnancy rates, growing divorce rates, raising rates of child abuse, and the proliferation of single women raising children alone. Accordingly, from this perspective, the availability of abortion contributes to these increases by presenting options to women and to men that erode the sanctity of marriage, the importance of family, and the importance
of responsible sexual behavior. Each of these contributes to the decaying moral fabric of society.

In a January 24, 2005, edition of Newsweek, Anna Quindlen reported that the Institute for Women’s Policy Research ranks Mississippi as the worst state in the nation for women’s reproductive rights. In summary: Mississippi is the only state its size with only one abortion clinic in operation; subsequent to the enactment of a law that requires in-person pre-abortion counseling followed by a 24 hour mandatory waiting period, second trimester abortions (13 to 24 weeks gestation) increased 4%; in 2004, the Mississippi legislature enacted legislation that prohibits all second trimester abortions except in cases where pregnancy continuation threatens a woman’s life (currently the law has not been enforced as the result of a Federal Court Order); Mississippi has the highest teen birthrate and the highest rate of infant mortality in the nation; the state fails national standards for the time it takes to return foster children to their families and to place children for adoption; more than half the total number of children in foster care are black; 22 out of 1000 children in the state are abused or neglected; African Americans make up 37% of the state’s total population but account for three out of four abortions.

Mississippians for Life responded to Quindlen’s article by pointing to the 2005 cover story featured in World Magazine, an online weekly news magazine dedicated to “reporting, interpreting, and illustrating the news in a timely, accurate, enjoyable, and arresting fashion from a perspective committed to the Bible as the inerrant Word of God” (www.worldmagazine.com). The cover story, entitled “Delta Force,” highlights the accomplishments of Mississippi pro-life activists. Among these highlights: a 41%
decrease in the number of abortions performed in the state—from a high of 8,814 in 1991 to 3605 in 2002, the most recent year for which statistics are available; the establishment of thirty crisis pregnancy centers across the state; and the passage of five pro-life laws by the Legislature in 2004. The bills enacted by the Mississippi legislature included laws governing comprehensive conscience protection (permitting physicians who oppose abortion to abstain from providing abortion services); fetal homicide (to classify the non-abortion killing of a fetus as murder when warranted by circumstance); requirements to report abortion complications to public health officials—for example, any time a patient who experiences medical complications that require transport by ambulance to a hospital; to new abortion clinic regulations (prohibition against allowing an aborted fetus born alive to die), and one prohibiting non-ambulatory clinics from “killing preborns beyond the first trimester.”

The Mississippians for Life web site responded to the Quindlen and “Delta Force” articles in this way:

Have any of you been reading the national media coverage on Mississippi and our drop in numbers of abortions? There have been some amazing things said about us – some positive and some not so positive. Here are two examples: We were the cover story for last week’s issue of World Magazine. The article was entitled “Delta Force” and described the activities of pro-lifers in the state over the last ten years or so. The article praised the work of Mississippi pro-lifers. Then there was the Anna Quindlen article in last week’s Newsweek. Not quite so positive. Ms. Quindlen had decided that every negative number in Mississippi
was because we did not abort enough babies. Women’s salaries are lower than men’s because we don’t abort enough babies. Black children make up more than half of those in foster care because we don’t abort enough babies. The state has a high teen birth rate because we don’t abort enough babies.

*I am so tired of those who support abortion.* They talk as if abortion will fix everything even though it has not done so in the 32 years abortion has been widely available. Child abuse (and NOT just in Mississippi) has increased 1500% since the legalization of abortion. Birth rates to unmarried women have increased dramatically. Everything that was supposed to go down with abortion legalized has gone up and now they try to convince us it is because we do not do enough abortions.

One notes here two striking illustrations of pro-life activists’ sense of embattlement and entitlement and their impact on the state legislature: first, the appropriation by the Mississippi Legislature of the rhetoric used by pro-life activists to construct the fetus as “preborn;” second, the naming of pro-life activists as “Delta Force” which echoes and references an elite US military force empowered to engage in covert and often illicit activities to protect the “national interests.”

The above response by Mississippians for Life to both articles captures the essence of much of public pro-life activism in Mississippi. Many activists believe that women are misinformed about abortion, are uneducated about fetal life, are witlessly under the sway of secular cultural beliefs about morality, and are unaware of post-
abortion trauma. Many of these beliefs inform direct action at the Pinedale and Oakhurst clinics.

The Moral Logics of Abortion

All of the pro-life activists in this study believe abortion is morally wrong. Activists understand abortion as the intentional, pre-meditated, and conscious destruction of human life. However, activists vary in their motivations and framing of abortion as a moral issue. Some activists are motivated from an ethic of justice that demands defense and advocacy on behalf of the unborn. Other activists are motivated from an ethic of compassion that supports women in crisis and preserves fetal life. It is important to recognize that activists do not construct the boundaries between these two moral logics as mutually exclusive but rather as fluid, allowing activists to move from one to the other and back again.

An Ethic of Justice

Many of the activists with whom I spoke are motivated to public activism through a belief in the unfairness and injustice of abortion. Motivated by an ethic of justice, direct action provides these activists with opportunities to rally for the unborn who are cast as innocent, powerless, defenseless, and dependent. An ethic of justice characterizes abortion as the consummate act of selfishness and exploitation. It portrays the fetus not as a problem to be eliminated but rather as an entity in need of advocacy and protection.
The pro-life activists with whom I spoke express support for three fundamental beliefs: (1) life begins at conception; (2) all human life has meaning, value, and worth; and, (3) the fetus *in-utero* and the infant *ex-utero* are indistinguishable. One and the same, the fetus is constructed as a “preborn” person. Thus, it is greater than an indistinguishable “blob of cells,” a developing embryo, or a human in the making. The “preborn” is a person entitled to the same rights, privileges, and benefits of the “born” person. Many activists speak of the “preborn” as having the same “inalienable rights” as persons—particularly the “right” to life.” The construction of the “preborn” as an actualized and complete person criminalizes the act of abortion and further legitimates activists’ call to action. Murder is an intentional, premeditated act in violation both of God’s law and of “mans” law. While abortion *per se* does not violate “mans” law, it remains, for pro-life activists, a violation of Biblical law. When God’s law and man’s law conflict, Christians are called to privilege God’s law. Activists are called to action out of Christian duty and obligation to stop abortion, particularly when secular law permits it, to intercede, and to work diligently to overturn state and national legislation and judicial precedents that threaten these inalienable rights of the preborn.

Embodied with both personhood and rights, the preborn is also entitled to the additional rights of advocacy. Thus, activists see themselves as champions and defenders of those they construct as powerless, voiceless, and defenseless. As such, activists motivated from a logic of justice believe they have a moral responsibility to speak out on behalf of the preborn, to protect it from injury, and to provide the kind of support necessary to ensure that its dependency needs are adequately met. Therefore, activists
believe they are called to act—to insert themselves between the preborn person and others who may cause harm, to advocate on its behalf to ensure its well-being, and to cry out against unjust acts that threaten the continuation of its life.

Some of the activists in this study who are motivated to direct action from a justice standpoint often cast the relationship between a pregnant woman and her fetus in adversarial terms. Activists understand the mother-fetal dyad as a relationship of competing interests and needs that intersect, collide, and erupt into crisis. The crisis that results is one of power—the power of a pregnant woman to exercise autonomy, to privilege her interests and needs over those of fetus she carries within, to choose death over life for her fetus. Therefore, a logic of justice compels activists to intercede in the decision-making process that brings women to the clinics. Abortion is understood by these activists as a “critical moment,” a life and death “crisis” that demands immediate, forceful, and sometimes aggressive actions to prevent an impending tragedy that will result in death. Activists motivated from a logic of justice are driven to rescue, protect and preserve fetal life.

An Ethic of Compassion

Other activists with whom I spoke are motivated to public activism through a desire to facilitate a resolution to abortion that provides both support to the pregnant woman and preserves the life of the fetus. Motivated by an ethic of compassion, direct action provides these activists with opportunities to interact with women going into the clinics and to act in a “problem solving” capacity. An ethic of compassion most often
characterizes abortion as situational, the result of dire circumstances and choices constrained by limited access to the resources necessary to carry a pregnancy to term. Accordingly, abortion is understood by activists as less of a choice entered into willingly and more as a decision forced by upon a woman by the conditions in her life.

A logic of compassion demands that activists move beyond casting the pregnant woman as an adversary of her fetus and to recognize her as an individual, as a woman seeking to negotiate tensions and limitations in her life that make it difficult or impossible to carry a pregnancy to term. It requires activists to move outside the frame of their own class positions, religious beliefs, or moral standpoints and to envision and empathize with the constraints imposed by “other” social locations of the women who come to the clinic. An ethic of compassion challenges activists to “step into shoes of the other” and to imagine themselves in her place. As well, the logic of compassion demands that activists see difference and disagreement in decisions, choices, and perspectives as opportunities for dialogue, the exchange of perspectives, and, ultimately, collaboration between activists and clinic patients.

The logic of compassion demands that activists: (1) to see clinic patients as individuals with real lives and problems; (2) to recognize that many women hold perspectives on abortion that emanate from either the conditions of their lives or from a misunderstanding of abortion and its consequences; and, (3) to acknowledge the importance of both the pregnant woman and her fetus. Activists motivated to direct action from a compassionate standpoint understand abortion as both hurtful and damaging to mother and child. Underlying the logic of compassion is the belief that
abortion leaves in its wake no unscathed victims—both fetus and mother are destroyed through abortion. Activists understand the fetal death as both violent and immediate. The maternal death is constructed as a symbolic “death of the spirit” that grows from a woman’s guilt, shame, and regret over the decision to abort. Abortion, then, renders destruction in the lives of all concerned. It robs the fetus of life, infects the spirit and well-being of the woman who chooses it, and destroys familial relationships that include fathers and grandparents. Activists motivated from a logic of compassion are driven to bring life-affirming resolutions to all whose lives are at risk from abortion.

Activists are motivated by a logic of justice, a logic of compassion, or in some circumstances, by both. In many direct action situations, activists move freely from one logic to the other in response to other activists, clinic staff and patients, or in response to passersby. In other situations, the logics of justice and compassion are in competition with one another, forcing activists to negotiate differences in order to project a unified front to others. In the next section, I analyze how activists infuse moral logics into the strategies of action they use in direct action. I pay particular attention to the ways activists use language and texts to promote the logics of justice and compassion as well as different ways they mold these logics to fit diverse situations.

Taking Moral Logics into the Field: Activists’ Strategies of Action

During my field observations at Pinedale and Oakhurst, I observed lone activists, activists working in pairs or small groups, and larger contingents of pro-lifers in direct action. Some activists came as “prayer warriors”—praying in front of clinic fences or
nearby the gates leading to the parking areas; other activists paced back and forth in front of the clinics carrying signs, posters, and placards proclaiming dense and morally-laden messages; still other activists confronted, pleaded, or begged the women going inside the clinic to stop, for just a moment, to hear the messages they brought to share. More often than not, activists sought to work alongside other activists in ways that accommodated one other’s motivational differences and goals. However, differences among the activists engaged in direct action did occasionally erupt as strategies of action used by some activists conflicted with the action strategies used by other activists.

As I spent more and more time in the field with pro-life activists, I identified three distinct typologies of action strategies activists use to stop abortion. These typologies include: (1) fetal advocacy; (2) maternal advocacy; and, (3) religious conversion. Multiple strategies of action fall within each of these typologies and the boundaries that distinguish a few action strategies are sometimes blurred as activists blend certain elements of multiple strategies. Some of the activists in this study use only a single strategy; others may move between one or two strategies; and, still others incorporate all three into their direct action.

Fetal Advocacy

Fetal advocacy strategies are directed to saving the fetus or the “preborn” from destruction. The “preborn” person has had no opportunity to err, is innocent, pure, and without sin. Blameless and potentially a non-culpable victim unjustly sentenced to death, activists take as their moral claim God’s mandate to “rescue those unjustly sentenced to
“death” (Proverbs 24:11). Strategies of fetal advocacy draw heavily on the logic of justice and fairness. Defending, protecting, and speaking on behalf of those unable to defend, protect, and speak for themselves, pro-life activists move into action to right the wrongs of abortion, to restore equality and justice to the blameless, and to protect the “inalienable” rights due the “preborn.” Some activists understand this imperative to mean the adoption of drastic measures to stop abortion. Drastic measures often include aggressive and antagonistic confrontations with clinic staff and patients, harsh and stinging words, and the use of vivid and graphic depictions of bloodied and dismembered fetuses to drive home the brutality of abortion. Jenn explains the necessity for the use of harsh words:

We have forty-five seconds between the time a woman gets out of her car and goes inside the clinic. Our words have to be harsh if we are to make a difference. Lance hands out a glossy brochure to women going into the clinic. The picture on the front of the brochure is one of the remnants of abortion--tiny, ripped and bloodied body parts tossed into a stainless steel surgical bowl. He states:

They make an impact, especially the ones with the pictures in them. They don’t want to look at the pictures. Also, we have small models of babies [approximately 2 inches long] and they don’t want to look at those either. So, there’s some denial of what’s actually happening in there. They know, but they don’t want to see it. So, I think the pictures show them exactly what’s happening in there and they don’t want to hear it.
Lance uses pro-life brochures along with a gentle approach to connect with women going into the clinic. He states:

I have really wrestled with what to say. Should we allow them to presently kill their child? Should we be very harsh to them? Should we be very gracious to them? So, I’ve seen both, and I’ve done both, a little bit. I’m not very much on the hard side. But sometimes when I do speak, I speak from anger when I speak harshly. I try to stay away from that. So my personality fits more with the softer side, so yeah, I usually just ask them, ‘How are you doing? Could you speak with us a minute before you go in? We would like to discuss with you other options or how we can extend the life of your child.’

Lance’s fetal advocacy is grounded in a logic of compassion which he finds more reflective of his own personality style. Yet, he acknowledges that the brevity of situation causes him to question which style of direct action is most effective.

In contrast, Melanie, hisses at a man accompanying a woman into the Pinedale clinic:

You are a coward! How can you kill your son or daughter? Be a man, not a coward!

Real men don’t kill their babies! Be a real man!

Melanie interprets the clinic as a site of fetal death and compromised masculinity. She challenges the young man to whom she shouts to live up to his responsibilities as both a father and as a male. Her voice rises as the young man and woman move closer to the clinic door. Melanie sees time to intervene on behalf of the fetus slipping away. She directs her words toward him, hoping to elicit some kind of momentary response that will
allow other activists a few minutes to try and reach the young woman before she places
her hand on the door and disappears inside.

Paul is a second-generation activist who rallies for the unborn, “It’s pretty poor to
decide a child must die so that you live like you wish!” He goads those going inside the
clinic. Paul states although he has been coming to the clinic off and on for several years,
he still cannot believe women kill their babies. He stands nearby a sign that has been
thrust into the ground near the entrance. The sign reads, “Abortion: Freedom of
Choice??” A woman in her thirties stands across the clinic drive with another sign: it is
a black and white image of an aborted fetus with the word “Choice” in bold, black
lettering. Beneath are the words, “10 weeks old.” The “choice signs” reflect an ethic of
justice for they rally on behalf of those unable to speak for themselves.

Mac, a long-time activist, stands on the top rung of a ladder positioned close to
the wooden fence surrounding the Pinedale clinic. In his right hand he holds a large
crucifix that he shakes toward a woman nearing the clinic door as he cries out loudly and
dramatically:

Mommy! Mommy! Please don’t kill me!

Mommy! Mommy! Why don’t you love me?

Abortion stops a beating heart! How would you like to have your head sucked
off!
Mac has been a pro-life activist for close to thirty years. By his own admission, he acknowledges that the tactics and strategies he uses as he tries to stop abortion are harsh, often cruel, and chilling. He states:

Abortion is premeditated murder. I think when I get to heaven there are going to be many souls there who walk up to me and say, ‘At least you spoke up for me and tried to persuade people not to kill me.’ I know it sounds strange but I am my best out here. I am at my most caring [at the clinic] and my least selfish.

Mac takes pride in recounting the number of women he claims he has impacted with his harsh strategies. He states “several thousand” over the course of his involvement have decided not to go through with a planned abortion. He believes abortion exists because American culture is a “contraceptive culture.” What he means by this is that within Christian marriages, many people profess to be pro-life when, in fact, they are using contraceptive to prevent pregnancy. Mac is one of a minority, but a very vocal minority, who are against the use of artificial contraception in marriage. Other activists find his stand on contraception too conservative or unrealistic given today’s family structure and the necessity for two-family incomes. Nevertheless, Mac is a constant presence at the Pinedale clinic and embraces his activism much like a job.

Reuben is one of a very few activists whose clinic strategies focus on abortion and African Americans. Reuben is white and married to an African American woman. He believes abortion is a form of black genocide. He can be often observed at the Pinedale or Oakhurst clinics where he distributes several pro-life tracts he has written. Reuben can be heard stating: “Abortion kills black babies!” He is very disturbed by the numbers of
African American women who seek abortions at the two clinics and believes that abortion and birth control “represent a means of crippling (not eradicating) the African American population.” He further states, “When you look at where the abortion clinics are located you see they are only located close to minority communities. The statistics bear this out because 3 out of 4 African American pregnancies end in abortion.”

Rueben’s strategy at the clinic is more compassionate than most. He speaks of trying to understand the women who go to the clinics:

As far as what works best, I am always surprised when someone responds to me. I tried to always show compassion to the woman and maybe that’s because of my wife and hearing about her experiences [with abortion]. Even when they outwardly seem cowardly, I try to remember this is a hard thing for them. They are scared inside. The parent or the boyfriend—whoever it is, I try to be respectful but if the boyfriend responds back at me, I will often be harsh. I try to challenge them as parents and as men because I really believe strongly that as men, and as parents, we have a responsibility for our children, our girlfriends, and our wives. Cowardliness causes the death of an innocent child.

Rueben’s fetal advocacy reflects both the logics of justice and compassion. He tries to demonstrate compassion toward the women going inside the clinic while simultaneously evoking the logic of justice to force [or shame] men into living up to their responsibilities as husbands, fathers, and males.
Reuben often carries a large black Bible around while at the clinics. He records the names and dates of his conversations with women who, after talking with him, have agreed to re-think their decision to abort. Reuben refers to this list of names as “saves,” a term that denotes fetal lives rescued from abortion. The term also denotes an activist’s success as a sidewalk counselor. At the end of a day, one can overhear some activists talking to other activists about the number of “saves” they have been a part of through their direct action. Thus, “saves” are a type of accounting that activists use to evaluate their own effectiveness as well as that of other activists. “Saves” are celebrated by the individual activist and others at the clinics. Much like the slaps on the back shared among football players when one team member scores a touchdown, “saves” elicit the same kinds of behaviors among activists.

Luke, a softly spoken male in his early thirties, uses a compassionate approach in his direct action:

M’am, could I just talk to you for a minute? We want to help you keep your baby. There are people who can help you. I have some information I’d like to give you.

Luke’s approach stands in startling contrast to that of Mac. He states:

Some people see their job as to save lost souls and others feel like they should try and save the babies first, and save souls second. They are coming here to abort their babies. If I can get them to think about what they are here to do, then that is
what is important. Finding the Lord comes later, but that is just my opinion.

Others see it differently.

Luke can often be seen at the clinic standing with a brightly colored gift bag near his feet. The gift contains a few baby items—bottles, a newborn outfit, a small stuffed animal, and perhaps a pacifier or two. He will give the gift bag to any woman who changes her mind about the abortion she has scheduled. Luke states he has not given a gift bag away in several weeks.

As these examples show, fetal advocacy incorporates multiple action strategies and language that may be harsh, gentle, or a combination of both. As a site of crisis where decisions to end a pregnancy and fetal life are enacted, activists must choose how they respond to the unfolding crisis. Each activist wrestles with strategies, trying on some that they find comfortable or particularly effective and shedding those they find ineffective or to cause them discomfort.

**Maternal Advocacy**

Strategies of action that promote maternal advocacy focus on providing pregnant women with needed resources to carry their pregnancy to term. Resources may include offers of free prenatal care and payment of obstetrical-related hospitalization costs, and sponsorship during the pregnancy that may include housing or the provision of other living costs. In some cases, maternal advocacy includes access to parenting classes, the provision of basic baby layette items such as a crib, newborn and baby clothing, diapers,
bottles, bottle brushes, infant formula, strollers, or a playpen. These items are often made available through local crisis pregnancy centers which provide women with “tokens” upon the successful completion of classes that teaching parenting skills. The tokens may be exchanged for the needed items.

Maternal advocates often work closely with crisis pregnancy centers. The crisis pregnancy centers offer free pregnancy testing and no-cost sonograms. The sonograms are a key part of maternal advocacy, for activists report that many pregnant women respond positively to the fetal images of sonograms. Some activists refer to sonograms as “windows into the womb” and state that some women, particularly the very young, have a difficult time envisioning the fetus as alive, real, and growing within them.

Maternal advocacy differs from fetal advocacy in several important ways: (1) it is a relationship-based strategy that requires activists to establish some degree of rapport with a pregnant woman; (2) it requires that rapport be followed by actions that lead to the development of trust between activist and pregnant woman; and, (3) it generally incorporates much gentler and kinder strategies, for defensiveness by either the activist or the woman severs the potential bond between the two.

Jenn describes her change from fetal advocacy to a strategy that emphasizes maternal advocacy:

I think a lot of people have different approaches. Mine was different at the very beginning--the first few times I went out I listened to the other women. Now I am pretty confrontive but not in a harsh way. I try to get them to stop for just a
second so I can tell them that it [pointing to her stomach] really is a baby. It seems to be that very few of them are aware that even at eight weeks there is an actual, real baby inside of them. I don’t know if they think it is just tissue. But after being there [at the clinic] for about a year, God asked me a question and it really changed my perspective and the way I handled the clients when they come in. At the beginning my main thing was to save the baby. Then God spoke to me one day and said he wasn’t concerned about the babies. I was like, ‘What? Did I hear you right?’ It isn’t that he doesn’t care about the babies, it is that he will see them. He spoke to me and told me it is the mother he is after because if their hearts don’t change even after they [decide] to keep that baby and they don’t become a Christian and start loving and worshiping God, they are going to lose that child anyway. That is what I was hearing him say to me--it was the mother—the mother was the one He was after. My whole perspective of counseling and the way I dealt with those women became different after that. After God told me about how He was more concerned about the mothers, I started to ask them more about their lives, about what concerned them, and what [options] they had other than killing the baby. If they didn’t want the baby then we had plenty of places to place those children. It was the mother that He was after. He wanted the mothers’ to change their hearts and minds so that they wouldn’t kill their babies; so they would love [those babies] and take care of them or give them to someone who would.
Jenn also moves between fetal and maternal strategies of action when she feels the situation warrants it. She and Lance often work the Oakhurst clinic as a pair, sometimes tag-teaming women entering through the clinic gate. Other times, they approach clinic patients independently. Jenn’s voice is typically soft and very southern; however, she will raise her voice in response to hostilities or cursing from clinic patients.

Some activists can be heard shouting to women as they go into the clinics, ‘You’re already a mommy!’ Other activists appropriate words similar to those used by Mac at the Pinedale clinic: “Mommy! Mommy! Please don’t hurt me!” or “Mommy! Mommy! Please protect me!” These rhetorical strategies are designed to reinforce beliefs about women as caregivers and nurturers. Moreover, the language used is a not so subtle reminder that women are, by nature, supposed to become mothers and caregivers and abortion is a selfish decision that disrupts the natural order of the world.

Many maternal advocates use brochures and pamphlets that feature images of fully developed infants and smiling mothers. Not only do these images in these brochures blur the distinctions between the fetus and the fully developed infant but they also feature “stories” that hint of abortion re-considered and imply that motherhood is always a rewarding experience. The brochures depicting fetal development are the most eye-catching as well as the most popular among activists. Often printed in color on glossy, high-grade paper, these brochures range from tri-fold booklets to 8 ½ x 11-inch broadsheets. The cover photo of one particularly popular 8 ½ x 11 inch brochure features a smiling woman embracing an infant who appears to be several months old. The color brochure showcases fetal development through a time series of photographs taken in
Entitled, “When Does Life Begin?” and subtitled, “Abortion and Human Rights,” it includes pictures depicting embryo development from fertilization until 19 weeks of gestation. The cover photograph—a healthy, developed infant—inscribes onto the fetus the pro-life construction of the developing embryo as human and as preborn and fully actualized. The brochure image is an example of the blurring between the fetus *in-utero* and the baby *ex-utero*, an idea reinforced in the brochure’s text:

- At fertilization, when the sperm and ovum meet to form a single cell, a new human life is created…at three weeks the baby’s heart has begun to beat and pump blood…At six weeks, the baby has brain waves that can be measured with an electroencephalogram…A seven week old unborn baby swims freely in the amniotic sac with a natural swimmer’s stroke…at nine weeks the unborn baby is extremely active…the ten to eleven week old baby can “breathe” amniotic fluid and urinate…at eleven weeks all organ systems are functioning…at fourteen weeks, the baby’s heart pumps several quarts of blood through the body every day…at eighteen weeks, the unborn baby is perfectly formed. Inside the mother, this baby could have been legally killed. However, outside of the mother the baby would be fully protected by law.

Alongside the photo of a nineteen-week old fetus, the following account is displayed along with an image of mother and child:

- This is Kenya King, born at 19 weeks, or just a little more than 4 ½ months after her life began. Pictured here with her mother, Lisa King, Kenya weighed only 18 ounces when she was born in Florida on June 16, 1985. When this photo was

The citations in the brochure illuminate the ways pro-life activists combine images and text to reinforce their message that life begins at conception and to promote ideas that affirm the role of motherhood and its meaning. Nothing in the text or footnotes indicates that Lisa King contemplated abortion during her pregnancy or that Kenya was an abortion candidate during her development. Moreover, the black and white photograph displayed in the brochure ties the image of 5-month old infant Kenya to one of a fetus of 21 or 22 weeks gestational age. The text makes no mention of the medical or personal resources required to sustain a prematurely born infant to viability. The brochure and the images within are misleading, mixing categories to make rhetorical points. Nevertheless, the brochure is a favorite among activists because they believe its color and size and graphic images capture the attention of women who go to the clinics. Moreover, the brochure features the smiling images of women and suggests that motherhood is both a fulfilling and joyous role.

Dana, an African American woman, is a maternal advocate who is often seen distributing one of several pro-life brochures. She first engaged in direct action during
her pregnancy and was encouraged to continue by other activists who believed her presence and pregnancy sent a powerful and positive message to women:

I was pregnant when I first went out to the clinic. The others encouraged me to come, especially since I was pregnant. They said it would be a real testimony to the other young ladies who were going in because they would see [pause] this is a pregnant person and she’s encouraging me to save my baby’s life, so maybe that would have an effect. That was something that really stood out to me. One of the other activists mentored me in direct action. He is so sweet and he encouraged me to pass out literature and speak to the women because the women really need another woman. He did not tell me what to say, he just encouraged me to speak to them. A lot of times when I go, I will pray, pass out literature, and I will encourage them—I tell them, ‘It’s a baby, it’s a person, and there are so many alternatives for them. There’s adoption, there are people who are willing to help and so many times they think this is their only option. If I can get them to think or maybe even shock them a little bit, then they are more willing to see the options.

Dana reports she passes out pro-life brochures that feature pictures of infants. She states “a few of the brochures depict a baby that has been aborted.” She blends several action strategies into her direct action: first, she focuses on establishing a “woman to woman” connection; second, she blurs the “fetus-infant” distinction to draw attention to the “preborn” as a person; and, third, she uses images of aborted baby parts to drive home the culpability inherent in the abortion decision.
She recounts a particularly fulfilling moment in her experiences with direct action:

Not too long ago, we were at the clinic and there was a young lady. I think she went in and she came out but then she came back in and she stopped and she talked to us and she asked us, ‘Were you trying to give me some information?’ It was refreshing because she was willing to say, ‘Okay, I want to hear what you are saying to me.’” Another time this young lady accepted one of our gift bags that had diapers, toys, and things for the baby. It was just something to let her know this is a baby and we are supporting you. It’s always encouraging when they take the gift bag and think, “maybe we won’t [have an abortion]. You never really know for sure but if they take the gift bag, at least they’re thinking ‘I am not going to do this.’

The use of gift bags in direct action raises several important issues: (1) the gift bags are a type of marketing tool. They are used as a “reward” for a change of heart and a reconsideration of a decision to abort. However, the “reward” pales in comparison to the costs of hastily making a decision to bear a child; (2) the bags are a source of curiosity to both passersby and those going into the clinics. Brightly colored with bows and ribbons affixed to them, the gift bags stand in stark contrast to the somber mood that surrounds the clinics and the activists who are present. Activists use the gift bags to pique the curiosity of clinic patients and to draw them into conversation with the activists. Once drawn into conversation, the topic quickly changes from the contents of the bag to often highly pressured techniques designed to coerce or intimidate women into changing their decision to abort; (3) the gift bags, then, are part of a “bait and switch” strategy used by
some pro-life activists. The gift bags are a ploy and as such, undermine the very premises that activists profess to uphold. Pro-life activists profess to value life—yet, their use of gift bags to manipulate clinic patients appears to denigrate that which they profess to value.

Another activist, Barbara, works at a local crisis pregnancy center and also works closely with those engaged in direct action at the clinics. She focuses her strategies toward educating young pregnant women. She uses a “woman centered” approach that includes the provision of general health information and information about various services available both at the crisis pregnancy center and in the community:

Our goal is to educate them and give them information about health and services available and about what’s going on; really about the risks with the abortion procedure. It is a surgical procedure and we want them to be aware of the risks for them as well as their baby. We want to be real woman centered here, not baby centered. We want this industry to be woman focused and we don’t believe abortion is good for a woman. We don’t believe that you can hurt a baby without hurting that woman. There is something in our nature as a woman that wants to protect that little life. I’ve had girls that would stay with us [she and her husband]. We got all these women that are involved with abortion. Women and men and parents and grandparents who have been involved in abortion and they feel hypocritical and we need to empower them to come out of the closet and say, ‘Abortion hurt me and it wasn’t good for me.’ It is not a good choice. We need to minister to women who have abortions. That’s another thing we do here.
Barbara uses strategies of action that target both the pregnant women and post abortive women who experience struggles following an abortion. She speaks of the importance of a “woman-centered” focus that empowers and creates positive impacts in the lives of the women with whom she works. Barbara’s definition of maternal advocacy as “woman centered” is very appropriate for it captures the emphasis on the pregnant woman, who is often pushed aside in direct action where the focus is all too often directed toward the fetus and fetal life.

**Religious Conversion**

Other strategies of action used by activists engaged in direct action focus on the religious conversion of clinic patients and, occasionally, clinic staff. For the activists who use these strategies, abortion is constructed as a “sin” that can only be redeemed by progressing through three stages: (1) admitting one’s sin; (2) repenting for the sin; and, (3) asking God for forgiveness. Religious converters believe “godlessness” or the weakening of Christian faith and values contributes to the prevalence of abortion and to the moral decline that many pro-life activists describe as characteristic of contemporary culture.

Conversion strategies emphasize redemption and salvation from the sin of abortion. These are strategies of invitation—invitations to turn away from abortion or to seek forgiveness for abortion. Many activists incorporate shaming strategies into conversion strategies—simultaneously damning the woman who has sought an abortion
and offering her the hope of redemption and salvation if she will turn away from the influence of the secular world and turn toward Christian righteousness. At the clinics, one hears the cacophony of shame and salvation being thrust toward those who move inside the clinic boundaries:

Shame on you! God hates killing! Shame on you!

Murderer! You are Satan! You are an abomination to the Lord! Repent! Beg the Lord for forgiveness of your sins!

Sinner, repent your evil ways! Repent! Change your evil ways!

Abortion is murder! These women [and men] are murderers who have the blood of sin on their hands!

Conversion strategies are most often strategies of judgment. They are warnings of hell, God’s wrath, and eternal suffering. Meant to invoke fear and feelings of condemnation in the recipients, many of these strategies are intentionally and brutally chilling. Nearly always used in conjunction with strategies of fetal advocacy grounded in a logic of justice, many activists who use conversion strategies pass verdicts of guilt on those at the clinics, foretelling of a future of continuous turmoil and the withholding of eternal peace. Other activists understand conversion strategies differently. For these activists, the primary focus is spreading the gospel rather than fear:

Our job is not to change their minds. We are called to spread the truth. If they decide to go through with an abortion after we have tried to talk to them then the blood is on their hands not ours.
For these activists, conversion strategies include sharing the Word of God and the promise of eternal salvation. Activists understand themselves as messengers whose responsibility lies in delivering the message. Whether or not the message is embraced is understood as outside the realm of their control and nested in the hand of God.

The moral logics of abortion infuse the strategies of action used by activists in their efforts to stop abortion and to make a difference in the lives of those with whom they come into contact. Yet, the logics of justice and compassion are not always clearly discernible for they lap and overlap one another in the various strategies in use at the clinics. The pro-life activists in this study appropriate the logics of justice and compassion, weaving them in both typical and atypical ways. Fetal and maternal advocacy strategies often bleed into one another; in other cases, they are infused into conversion strategies; in still other cases, conversion strategies overlay and undergird other strategies. The importance lies not in the particular strategies but in the fact that strategies of action are always being created, interpreted, and reinterpreted by activists in direct action. Many activists move into, out of, and in between action strategies, often pulling threads from each of the typologies highlighted in this chapter to craft new and innovative ways of drawing attention to the issue of abortion and grabbing the attention of women seeking abortions in ways that preserve fetal life, maternal life, and spiritual life. That strategies of action are not static but always being molded, altered, and re-invented by activists speaks to the strength represented in the diversity that characterizes the men and women who engage in direct action to stop abortion.
CHAPTER VII

DISCUSSION AND CONCLUSION

This thesis examines pro-life activism and direct action in Mississippi and calls into question previous studies and media portrayals that homogenize pro-life activists. In this study, I find that diversity, rather than consensus, characterizes Mississippi pro-life activists who engage in public activism and direct action to stop abortion. I analyzed activists engaged in direct action at two abortion clinics in Mississippi, and paid particular attention to the multiple points of entry that propel activists into direct action, the diverse ways activists understand abortion as a moral problem, the logics that underlie activists’ moral orientations, and the diversity activists express through the strategies of action they use to disseminate their moral views and to stop abortion.

Points of Entry

By way of summary, most activists described their entrées to direct action and public pro-life activism as the consequence of “turning points” in their individual lives. The turning points reported by activists are transformative—leading, pushing, or shoving activists from the sidelines of pro-life action and activity to the frontlines where they actively and passionately fight in a battle to end abortion and restore moral order to a flawed and immoral world.
Beyond this general pattern, there was great diversity in activists’ points of entry into the pro-life movement. Some activists experienced a spiritual calling that drew or led them to public activism and direct action. These activists described gnawing, intuitive or persistent feelings they could neither ignore nor shake that drove them to direct action at the abortion clinics. The language these activists used to describe their experiences is one of “purpose,” a driving sense of divine intervention and direction. Activists spoke of being “led by God,” of hearing a “voice in their head” that would not be quiet, or experiencing a “nagging” pull to the clinic sites. Some activists obediently heeded the call while others reluctantly and hesitantly acquiesced to the feelings they could dismiss. In each case, the activists attributed their engagement in public activism and direct action to external forces that were at work in their lives rather than conscious choice or volition.

Other activists experienced an “awakening or re-awakening” of dormant or submerged pro-life beliefs and standpoints. In some cases, activists “discovered” their pro-life roots through experiences that called into question or problematized their standpoints on abortion. Activists often described those experiences as helping to clarify their “true” moral orientations. In other cases, activists reported departing or turning away from earlier learned moral orientations that reflect pro-life worldviews toward more secular views of abortion, only to return to those orientations after experiencing an “epiphany” of sorts. The experiences recounted by activists often led to radical changes in their thinking about abortion or movement from a pro-choice to a pro-life stance.
Other activists moved into public pro-life activism and direct action through a personal experience with abortion that significantly impacted their lives and their understanding of abortion. Several activists in this study had an abortion earlier in their lives. Other activists were in relationships in which partner aborted or were close to a friend who terminated her pregnancy. These activists reported that abortion left a devastating and indelible imprint on them, negatively impacted the relationships in which they were involved, and substantially altered their own understanding of abortion.

Still other activists recounted less dramatic turning points in their movement into public activism and direct action. Introduced to direct action through church involvement, work or professional affiliations, friendships with active pro-lifers, or attendance at large, pro-life rallies, these activists found a niche in which believe they are making a “difference” in the lives of women who seek abortions and in the battle to make Mississippi the first “abortion-free” state in the nation.

The turning points shared by the activists featured in this thesis reflect the diversity in points of entry to public activism and direct action. These diverse turning points are interpreted through the lens of moral logics that, in turn, shapes activists’ moral orientations, motivations, and the diverse strategies of action in play in direct action.

Moral Diversity among Pro-Life Activists

Activists featured here all understood abortion as a moral problem, though it was defined as such in different ways among those within the movement. Some activists defined the moral problem of abortion as one that arises from the status of the “preborn”
as a fully embodied “person” entitled to the full rights, privileges, and protections accorded “born” persons. These activists blur the distinction between the fetus “in utero” and the infant “ex utero,” constructing each as “one and the same.” Abortion, then, is an act that robs the “preborn” of the “inalienable rights” due all persons.

Other activists understood abortion as part and parcel of the moral decline in the broader secular world and an affront to “traditional values.” These activists contended that abortion erodes the stabilizing institutions of family and church, and serves as a stimulus for sexual freedom and the consequences of sexual promiscuity. Symbolic of postmodernity in which choice is seen as a virtue in and of itself, abortion is understood by these activists as the manifestation of human depravity, the downward spiraling of society, and is a signifier of the moral decay wrought by Satan over the secular world. As a “sign” of an increasingly evil secular world, abortion is seen as a harbinger of the imminence of a second coming in which Jesus will restore moral order to the world.

Still other activists understand abortion as the hallmark of a contemporary culture that has blurred its moral boundaries to the point of ambiguity—and have replaced a moral culture with one that is premised on the ideologies of “if it feels good, do it.” Activists also understand contemporary culture as one in which clearly defined moral order has been transformed into a pseudo-morality that privileges individuality, liberal perspectives and politics, and redefines constructions of duty, obligation, and responsibility.

Abortion, then, symbolizes not only the destruction of the fetus but also the destruction of a traditional culture that has turned decidedly secular, fallen under satanic
sway and been transformed from a clearly defined moral order toward ethics that are clouded, opaque, and often absent.

The activists in this study were also motivated by various ethical orientations—justice, compassion, or some hybrid of the two. An ethic of justice is grounded in definitions of what is right (rules of moral propriety), and emphasizes personal responsibility for the consequences of one’s actions. Activists motivated into direct action through their beliefs in an ethic of justice construct abortion as a selfish and exploitative action that victimizes the fetus and privileges the convenience of those responsible for the pregnancy. The fetus is cast by activists as powerless, defenseless, and dependent. Activists motivated by an ethic of justice define abortion as murder, and seek to intervene to save the fetus from death. These activists cast the fetus as a “preborn” person who is entitled to “inalienable” rights regardless of the costs or inconveniences that bringing a pregnancy to term entails.

In contrast, an ethic of compassion is premised on caring and facilitation of resolutions to abortion that provide support to the pregnant woman and preserve the life of the fetus. Activists motivated to direct action through a logic of compassion are sensitive to the contexts and circumstances that constrain the choices available to some pregnant women and lead them to abortion. Activists motivated by a logic of compassion act in “problem solving” capacities. An ethic of compassion challenges activists to “step into the role of the other,” to acknowledge the contexts and contours of the lives of women who come to the clinic, and to act benevolently toward both the mother and her fetus.
Activists use the logic of compassion to construct abortion as hurtful and damaging to both mother and child. It kills the preborn, destroys the spirit of the woman who chooses it, and disrupts potential relationships that are prevented from being established, nurtured, and deepened. Thus, abortion represents both real and symbolic deaths. Activists who act out from an ethic of compassion work toward life-affirming resolutions to abortion and to ensuring that the needs of both the pregnant woman and the fetus are met.

Activists who engage in direct action and public activism may be motivated be either logic or they may move back and forth between these apparently competing moral logics. The logics of justice and compassion motivate activists in diverse ways. Moreover, activists cast their motivations and the logics that underlie in creative, interpretive, and often innovative ways.

Protesting Abortion: Manifold Action Strategies

In this study, I found three different action strategies that pro-life activists employ in protesting abortion. This finding is critical because popular perceptions and media portrayals often depict “pro-lifers” as adopting a singular approach to ending abortion. In contrast to such homogenizing portrayals, I found a remarkable degree of diversity in the protest strategies utilized by pro-life activists. First, some activists adopt a strategy of fetal advocacy. Fetal advocates focus on rescuing the “preborn person” from the threat imposed by abortion. Fetal advocacy is typically motivated by an ethic of justice because it focuses on the rights of the unborn, which are paramount, and emphasizes the woman’s
(or parents’) obligation to bring the preborn child to term regardless of the inconvenience or cost that might be incurred. Activists who display large pictures of the fetus—or, in some cases, fetal parts torn asunder through the suction of abortion—aim to emphasize the similarities between the fetus and the infant, and the inhumanity of abortion. In addition, activists who cry out, “Mommy, mommy, please don’t kill me!” to women who enter the clinic are utilizing a fetal advocacy strategy, one that places the rights and interests of the “preborn child” above those of the mother or parents.

A second strategy adopted by pro-life activists is maternal advocacy. This protest strategy focuses on the care and support of the pregnant woman. Although the preborn person is not wholly absent from this strategy, the strongest emphasis is directed toward the pregnant woman. This strategy draws its primary force from an ethic of compassion, inasmuch as it attempts to understand the pregnant woman’s life circumstances, identify her needs, and respond to those needs in a way that encourages and makes possible bringing the “preborn child” to term. For example, maternal advocacy is evidenced when brochures are distributed as a means of engaging women entering the clinic in conversation or dialogue. The effort here is to establish a relationship with women considering an abortion, and to build trust between the activist and a woman. Once trust is established, activists work to make available to women the resources that they have available (e.g., prenatal care, adoption services, or items needed for infant care).

The third protest strategy utilized by activists is religious conversion. Whereas fetal advocacy and maternal advocacy are predicated on this-worldly concerns (respectively, the well-being of the “preborn child” or the pregnant woman), religious
conversion casts pregnancy and childbearing in spiritual, other-worldly terms. This strategy uses religious tools (e.g., crucifix, Bible, prayer) in attempt to facilitate spiritual conversion of the pregnant women. This spiritual conversion aims to raise her awareness of what is at stake in the abortion decision—namely, redemption and salvation.

Interestingly, this strategy mixes the moral logics of justice and compassion. Activists employing a religious conversion strategy can be heard damning and shaming the woman for considering the option of abortion even as they offer to intercede on her behalf for God’s mercy. The goal among these activists is to dramatize the decision to abort as a war between good and evil, with the long-term consequences of this war hanging in the balance—namely, eternal suffering (hell) or salvation (heaven) for those considering abortion. For example, activists who talk about and record the number of “saves” for which they are responsible are identifying both the preborn children that they have spared from “murder” and the women they have rescued from damnation.

Implications and Future Research

The most significant implication that emerges from this study concerns the diversity and negotiation that characterize pro-life activism. This study focused on pro-life activism in the state with the most restrictive laws governing abortion, abortion clinics, and abortion doctors. One would surmise that if there is unity to be found in the pro-life movement, Mississippi would be the place to find it. The story that emerges from this study is that there is a combination of cohesion and diversity among Mississippi pro-life activists. For instance, all activists view abortion as a moral problem, one not
reducible to “choice.” In this sense, pro-life activists engage in cohesive boundary work. Their shared goal of ending abortion in Mississippi creates a sense of unity in the movement. However, activists utilize different moral frameworks to make sense of abortion, with some defining abortion as an assault on the personhood of the fetus and others viewing it as emblematic of the moral decline of American society. Thus, pro-life activism is best understood as a flexible coalition rather than a monolithic bloc of right-wing fundamentalists.

Moreover, in contrast to the caricature of pro-life activists as radical zealots who are uniformly harsh in their dealings with women seeking services at abortion clinics, this study found that those engaged in direct action at clinics adopt a number of different strategies to protest abortion. Indeed, some activists adopt harsh tactics in confronting women seeking abortions because they see clinics as a “killing field.” The media have quick to pick up on this very newsworthy approach to abortion protest. However, many pro-life activists also adopt more compassionate—and less newsworthy—approaches in their attempt to end abortion. Those who are motivated by an ethic of care have escaped the attention of cameras, reporters, and scholars, though this investigation suggests that they are an integral part of pro-life activism.

Despite these contributions, there is much that remains to be learned about pro-life activism in the contemporary United States. Future research is needed to examine if the moral definitions of abortion and protest strategies utilized in Mississippi are enlisted in other parts of the country that are marked by different religious, racial, and social demographics. In addition, a study of this nature could be useful to survey researchers in
the future. Whereas a great deal of survey research has explored attitudes toward
abortion, this study underscores the importance of moral definitions of abortion. Survey
research that explores the moral dimensions of abortion could be useful to determining
how effective different constituencies within the pro-life community are in
communicating their perspectives to the broader public. Until such research is
conducted, this study demonstrates that the pro-life community is marked by diversity
and difference. While “pro-lifers” share the goal of ending abortion, and hold in common
a core set of values that include religious convictions, an adequate understanding of one
of the most successful social movements in contemporary America must confront the
complexities found in the pro-life community.
BIBLIOGRAPHY


APPENDIX A

INFORMED CONSENT
Purpose of the Study

You are participating in a study on pro-life activism in Mississippi. I am interested in how and why men and women engage in public pro-life activism, as well as how you evaluate the effectiveness of your pro-life activism. To examine these issues, I am interviewing men and women who engage in public pro-life activism at the two abortion clinics in Jackson, Mississippi. The interview will last approximately one hour. The information will be used to foster a greater understanding of pro-life activism in Mississippi, and to ascertain the motivations for involvement in pro-life direct action.

Your Participation

Your participation in the study is completely voluntary. You may stop or interrupt this interview at any time.

Your identity will remain confidential under the limits of the law. Your name and any identifying characteristics will be removed from all written records and reports. I may assign a pseudonym or fictitious name to be used in the interview transcription and written reports. Audiotapes, which are used to record interviews to insure accuracy, will be stored securely in a locked filing cabinet.

You will be given a copy of this consent form as a record of your participation in the research project. If you have any questions about this research project, please feel free to address them to me at this time. If you have additional questions later, I will be happy to answer them as well.

You may contact me at home (phone: 662-324-6324; work: 662-325-2768; email: jhh71056@bellsouth.net) or through my faculty advisor, Dr. John P. Bartkowski, Department of Sociology, Anthropology, and Social Work at Mississippi State University (work: 662-325-8261; email: bartkowski@soc.msstate.edu). For additional information regarding human participation in research, please feel free to contact the MSU Regulatory Compliance Office at 662-325-0994.

Thank you for your time and participation.

Sincerely,

Jonelle H. Husain
Graduate Student
APPENDIX B

PRE-INTERVIEW SURVEY: PRO-LIFE ACTIVISM IN MISSISSIPPI
1. **Age, Education, Occupation**
   a. What, if any, is your current occupation? ________________
   b. [If employed] About how many hours per week do you work at this job? _____
   c. How many years of education have you completed, beginning with the first grade? ______
   d. What is your age? _____

2. **Religious Background**
   a. What is your current religious affiliation, if any? __________________
      Denomination: _______________________________________________
      What position, if any, do you hold in this congregation? _____________
   b. About how often in an average month are you able to attend worship services at your local congregation? ________________
   c. How important would you say that religion is to you? _____ very important ____ somewhat important ____ not important

3. **Marital Status:**
   a. Are you currently married? ____yes _____ no
   b. For how long have you and your spouse been married? ______
   c. Including your current marriage, how many times have you been married? ____
   d. [If prior marriage] how did that/those relationship(s) end? ______
      death of spouse ____ divorce ____ other: ______________

4. **Family Characteristics**
   a. Do you have children? ____ yes _____ no
   b. [If yes] How old are each of your children (from all marriages)? _____
   c. Age(s) of son(s): ____  ____  ____  ____
   d. Ages(s) of daughter(s): ____  ____  ____  ____
   e. Which of these children, if any, currently live with you? [Circle]
   f. [If previously married] Which of these children, if any, are from previous marriages? [*]

5. **Race and Ethnicity:** Which of the following best describes your ethnicity?
   ____ White (not Hispanic origin) ____ Hispanic (Mexican, Puerto Rican, Cuban Origin)
   ____ African American/Black _______ Other (please specify): __________

6. **Family Income:** Please mark which one of the following categories best estimates your annual household income (the combined income of all adult wage-earners in your home)?
   ____ under $20,000 ________ between $20,000 and $30,000
   ____ between $20,000 and $30,000 ________ between $30,000 and $40,000
   ____ between $30,000 and $40,000 ________ between $40,000 and $50,000
   ____ between $40,000 and $50,000 ________ over $100,000 annually

7. **Pro-Life Organizational Affiliation**
   a. Name of pro-life organization(s) to which you belong, if any: ________________
   b. Have you ever held a leadership position in this organization? _____ yes _____ no
   c. How long have you been involved in this organization? _____

How long have you been involved in public pro-life activism? _____
APPENDIX C

QUESTIONNAIRE FOR PRO-LIFE ACTIVISTS IN MISSISSIPPI
1. To begin, I am interested in your general views about abortion. What does abortion mean to you? If someone were to ask you what it means to be pro-life, what would you tell them?

2. How did you come to embrace these views on abortion? Were there any particular experiences or turning points that led you to become pro-life?

3. On the survey you completed before the interview, you were asked about your affiliation with pro-life organizations.
   (a) Is there any particular reason that you chose to join these specific organizations? What is it about them that you found most attractive?
   (b) How effective do you think these organizations have been in their efforts to reduce or eliminate abortion in America?
   [If respondent has no organizational affiliation, ask: Is there any reason that you have chosen not to join pro-life organizations?]

4. Next, I am curious how you personally became involved in public pro-life activism. What would you say are the main reasons that you have chosen to engage in direct pro-life actions at the clinic? Can you describe the circumstances that led up to your decision to engage in public pro-life activism? [Prompt, if needed: Many people are pro-life, but only some pro-life people participate in public activism against abortion. I am curious how you decided to become a pro-life activist.]

5. How has engaging in public pro-life activism affected the way you view yourself? [Prompt, if needed: Has public activism taught you things about yourself that you weren’t aware of before? Has it given you new personal insights or skills?]

6. As you know, abortion is a controversial issue in our country. How does your engagement in public pro-life activism affect the way you are perceived by your family members, friends, or co-workers? What types of reactions do people have if they learn that you engage in public pro-life activism at the clinic? What do you think of these reactions?

7. People who actively support a cause often have high points and low points in their pursuit of that cause. Could you describe for me a time when you felt that your public pro-life activism was most successful or effective? Then, could you describe a time when you felt that your activism efforts were least successful or were ineffective?

8. Racial issues have a long history in America and, particularly, in Mississippi.
   (a) Do you think race has anything to do with abortion? [Prompt, if needed: For instance, do you think that abortion affects white women, black women, or women of other racial groups differently? Do you notice that women of various racial groups have different understandings of abortion?]
(b) Do you personally address the issue of abortion differently depending on whether you are talking to a white woman, a black woman, or a woman of another racial group?
(d) [If woman:] Does abortion have a particular meaning to you as a ___________ woman?

9. Some people define abortion as a “woman’s issue.”
(a) What do you think of this idea? Why do you see it this way?
(b) Do men have any place in debates over abortion or in pro-life activism?

10. What do you think of the arguments made by people who call themselves “pro-choice” or who are in favor of abortion? Have you had much contact with people who describe themselves as pro-choice? If so, what have those interactions been like? [If needed, prompt for protest exchanges or personal relationships with pro-choice advocates.]

11. Have you seen or personally distributed the pro-life brochures that are made available by pro-life activists at the clinic? What do you think of the brochures? What are the brochures intended to do? [Prompt, if needed:] Do the brochures effectively promote the pro-life cause? What makes them effective or ineffective?

(b) If you have had the opportunity to see brochures distributed to women and men entering the clinic, how do these individuals react when they are given the brochures?

12. I would like to conclude the interview with a couple of general questions.
(a) If you could make one change in America regarding abortion, what would that be?
(b) Do you think America’s debates over abortion will be resolved anytime in the future? If so, how could such a resolution come about? If not, why is a resolution not likely?

This concludes our interview. Are there any other comments you would like to offer?

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