IN THE NAME OF THE MOTHER:

GENDER AND RELIGION IN THE CRISIS PREGNANCY CENTER MOVEMENT

by

KIMBERLY CARTER KELLY

(Under the Direction of Linda Grant)

ABSTRACT

The crisis pregnancy center movement is understudied relative to other pro-life movements. Using data from 38 women and men research participants, 18 months of ethnographic fieldwork, and content analysis of primary movement documents, this dissertation explores how gender and religion intersect within the crisis pregnancy center movement. I analyze the history, formal frames, and strategies of the movement; the role of religious identity in sustaining the movement; and how gender prompts activists to act in ways that run counter to movement rhetoric. I focus on the perspectives of the activists in this movement, and explore how they perceive their work as an expression of their religious faith and personal beliefs regarding abortion. I ground the study in the literature on women in conservative social movements and religions, drawing from subcultural identity theory to analyze multiple levels of the movement.

INDEX WORDS: Religion, Gender, Abortion, Social movements, Pro-life movement, Anti-abortion movement, Evangelical Christianity, Subcultural identity

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DEDICATION

To Grant,

who prompts me to rethink what I take for granted and

thereby made this project and so much else possible.

I love you, Buddy Bear.

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TABLE OF CONTENTS

LIST OF TABLES

Page

CHAPTER ONE

INTRODUCTION

Crisis pregnancy centers (CPCs) are a topic of heated debate, yet little of substance is known about the movement. CPC activists seek to dissuade women in unplanned pregnancies from having abortions by providing lay counseling and material resources related to pregnancy and parenting. Openly pro-life, these centers draw fire from pro-choice activists, feminists, and government figures for providing misleading information about the risks of abortion, promoting a patriarchal family structure, and interfering in a woman's right to choose what she does with her reproductive body. Simultaneously, CPCs are staunchly defended by pro-life, religious, and conservative groups for preventing women from "murdering" their unborn offspring, serving women in need, and serving as advocates for the traditional American family.

To date, there are no academic or in-depth studies of the CPC movement, only glowing anecdotes from pro-life organizations, and sharply critical reports from pro-choice groups. These limited sources reflect the one-dimensional perspectives currently characterizing public portrayals of CPCs. A typical pro-life example comes from the National Institute of Family and Life Advocates (NIFLA), a national organization that provides legal services and advice to CPCs. According to NIFLA, "These ministries of compassion have provided caring support services to enable women in crisis pregnancies to carry their babies to term. Because of this, thousands of women have chosen life for their babies" (NIFLA 2006: n.p.). In contrast, pro-choice accounts accuse centers of working against the best interests of women. The National Abortion and Reproductive Rights Action League (NARAL), one of the largest and most

politically active pro-choice organizations in the U.S., routinely monitors the CPC movement and publishes its findings. NARAL describes CPCs as "fake clinics" where staff use "anti-abortion propaganda, misinformation, and intimidation to dissuade women from exercising their right to choose…[and] refuse to refer for abortion or birth control, preaching abstinence as the only method of preventing unwanted pregnancies" (NARAL 1999: 4). Such conflicting accounts clearly present a complicated picture of the issues of crisis pregnancy and reproductive rights.

However, CPCs are gaining in political clout. Millions of federal dollars earmarked for abstinence-only education are granted to these centers every year. In addition, it is increasingly common for national politicians to draft bills to fund CPCs. Some states specifically allocate funds to CPCs, and state legislators across the nation are increasingly likely to propose 'Choose Life' license plates as a way to raise revenues for CPCs. Some states offer tax exemptions specifically to CPCs. Many CPCs purchase ultrasound equipment with these monies, and others have expressed intentions to expand their services to include prenatal and other medical care (Edsall 2006; Lin and Dailard 2002; Simon 2007).

The increasing support and exposure of CPCs trigger investigations by a number of entities. Private citizens and pro-choice organizations protest 'Choose Life' license plates as a government endorsement of a particular political position. In the last two decades, at least a dozen former CPC clients filed high publicity lawsuits corroborating pro-choice groups' allegations. Prominent pro-choice organizations continue to monitor CPCs and report their findings on a regular basis. In 2002, then-New York Attorney General Eliot Spitzer issued 24 subpoenas to CPCs to investigate whether their advertising and counseling materials promoted deliberate deception. In response, pro-life groups claim these investigations are nothing more

than politically motivated "witch hunts" that seek to unfairly discredit CPCs and deny thousands of women meaningful alternatives to abortion (Blunt 2002: 13).

The ferocity of the debate over CPCs indicates a clash of ideological positions over pregnancy, abortion, reproductive rights, and women's social roles. Abortion is at the forefront of state and national politics in the context of an increasingly conservative political climate in the United States. Thus, CPCs are in a position to gain in funding, numbers, and influence, yet remain understudied as a topic important to academic and applied understandings of these key issues.

In what follows, I describe the empirical context of the CPC movement as both a pro-life and evangelical Christian movement. I note the significance of this study in terms of its contributions to the discipline of sociology. I then review the research questions guiding this dissertation and offer a synopsis of the subsequent chapters.

<u>The Crisis Pregnancy Center Movement</u>

The crisis pregnancy center movement is simultaneously a pro-life and evangelical Christian movement. Evangelical Christianity is a conservative religious tradition noted for its emphasis on personal religious conversion, or becoming "born-again." Evangelicals are expected to try to convert others, with the ultimate goal of creating a more moral, fully Christian society (Smith, Emerson, Gallagher, Kennedy, and Sikkink 1998). Given that evangelicalism mandates followers must take action on behalf of their values, pro-life activism is an ideal outlet, as it addresses several core evangelical values. Evangelicals believe that life begins at conception and abortion is therefore murder. According to believers, abortion is part of a larger trend of cultural decline epitomized by sexual promiscuity, single motherhood, and secular lifestyles. In light of these convictions, evangelicals have been very active in the pro-life movement since the 1970s,

and today comprise at least two-thirds of all pro-life activists (Ginsburg 1998; Gorney 1998; Risen and Thomas 1998).

Crisis pregnancy centers (CPCs) are non-profit, evangelical organizations that exist to persuade women in problematic pregnancies to forgo abortions. There are an estimated 2500 to 4000 CPCs and about 60,000 activists in the United States (Care Net 2008b; Gibbs 2007; Heartbeat International 2008; Lin and Dailard 2002). Centers are local, community-based organizations that try to attract women clients who believe they may be pregnant, and perceive the potential pregnancy as a crisis. Centers offer free pregnancy tests in hopes these women will visit a CPC and offer activists an opportunity to intervene in women's decisions about abortion. Beyond preventing abortions, the primary goals of the movement include converting clients to born-again Christianity and promoting traditional gender roles, specifically adoption or marriage in the event of a pregnancy and sexual abstinence before marriage.

Activists in this movement believe that if women in unplanned or problematic pregnancies receive material and emotional support, they will forgo abortion. To meet these needs, CPCs offer pregnancy options counseling performed by volunteers, baby items, maternity clothing, social service referrals, housing, and financial assistance. Pregnancy tests, counseling, and referrals are free of charge. However, activists also believe clients must be introduced to evangelicalism in order to address the problems that make pregnancy a crisis situation. Therefore, materials goods and financial assistance require clients to meet obligations set by the center, such as attending Bible studies, parenting classes, or abstinence seminars.

Activists serve at the national or local levels. At the national level, two network organizations, Care Net and Heartbeat International, serve as information clearinghouses and the public relations arm of the CPC movement. The majority of local centers affiliate with one or

both. Centers are not owned or operated by the network organizations. Centers pay fees ranging from $225-350 per year to be affiliates of a given organization, but are not bound by specific rules or procedures beyond some general statements of principle. Accordingly, local centers maintain a high level of autonomy, and selectively seek out the resources and guidelines of the network organizations as local center directors see fit. In exchange for paying the affiliation fee, centers receive a predetermined amount of consultant hours, client brochures, and volunteer and staff training manuals, and discounts on additional materials.

Most CPC activists work within local, community-based centers. Each center has a small number of paid administrative staff members, usually a full-time director and a varying number of full-time and part-time staff members, depending on the center's size and budget. Staff members are responsible for enforcing network standards, community fundraising, scheduling volunteer shifts, deciding client curricula, and general center operations. However, the vast majority of CPC activists are local volunteer counselors who interact one-on-one with clients. Counselors administer pregnancy tests, discuss the options of adoption and parenting with clients, and try to discourage abortion. They may also teach Bible studies, parenting classes, or abstinence seminars.

The movement cultivates a moderate image, shunning the confrontational and violent tactics associated with other pro-life movements in favor of relational, one-on-one approaches to activist-client interaction. Virtually all national and local activists are women, so this is a feminized movement as well (Willke and Willke 1997: 19). Activists are required to be born-again Christians and to hold pro-life views. Most activists are white and solidly middle-class and they promote lifestyles to clients that reflect these affiliations. In contrast, clients are ethnically diverse, and most are socioeconomically disadvantaged relative to activists. Clients are typically

unmarried, sexually active, and do not share the religious beliefs of the center volunteers (eKyros 2009a: 2009b: 2009c: 2009d).

All CPCs offer free pregnancy testing, counseling, and information about abortion, pregnancy, adoption, and parenting from a pro-life perspective. Beyond these basic services, centers can vary widely in what they offer clients. Included in the resources centers may offer are maternity and baby clothing; items needed to care for an infant, such as cribs and car seats; diapers; formula; parenting classes; prenatal care; financial assistance; housing; abstinence education; 'post-abortion' counseling; Bible studies; couples' counseling; and testing for sexually transmitted diseases. Ironically, the range of services attracts a significant proportion of clients who are not considering abortion. Only half of CPC clients request pregnancy tests or counseling, while the remainder seeks material aid for pregnancies they already plan to continue. Among pregnancy test clients, only 20% are even considering abortion (eKyros 2009a).

The CPC movement originated in the early 1970s, prior to the legalization of abortion in the United States. The number of centers and network affiliates grew slowly until the mid 1990s, when there were approximately 600 centers. At this time, pro-choice groups began to scrutinize CPC practices. Pro-choice activists claimed CPCs subjected women to graphic visual images of aborted fetuses, provided inaccurate information about abortion and pregnancy, and relied on heavy-handed, often coercive counseling to prevent women from having abortions. The movement went into a period of decline as these accusations gained traction with the public and other evangelicals. However, the national networks were able to re-mobilize evangelicals in support of the movement by standardizing center practices and minimizing the questionable practices. The shift in the movement proved successful, and center numbers grew to 2500 or

more by 2008. Currently, crisis pregnancy centers outnumber abortion clinics by a ratio of at least 6 to 1 (Jones, Zolna, Henshaw, and Finer 2008; Lin and Dailard 2002).

Significance of the Study

There are a number of reasons the crisis pregnancy center movement is an ideal study to further sociological understandings of gender, identity, religion, and social movements. First, CPCs represent gaps in our empirical knowledge about the pro-life movement and evangelical women. The CPC movement has always been the most woman-centered pro-life movement, standing in stark contrast to abortion clinic protests or efforts at legally restricting abortion. Simultaneously, while the CPC movement has more organizations, volunteers, and volunteer hours than all other pro-life movements combined, it remains least studied of these movements (Munson 2009). *Time* magazine called the CPC movement "the new face of an old movement" and "the abortion war you never hear about" (Gibbs 2007). These quotes are telling. The CPC movement is not new; in fact, it is nearly 40 years old and therefore older than the other modern pro-life movements. The description in *Time* demonstrates how little public attention CPCs receive relative to other pro-life movements (Blanchard 1994; Diamond 1989; Ginsburg 1998; Maxwell 2002; Maxwell and Jelen 1995). These gaps are substantial and need to be addressed.

Second, CPCs offer the opportunity to expand sociological understandings of women's participation in conservative movements in the Global North. American sociologists and feminist scholars overall are reluctant to study women in conservative social movements, and the scope of the literature on gender and social movements suffers as a result of focusing primarily on more progressive women (Einwohner, Hollander, and Olson 2000). This reluctance is understandable; abortion is an intensely polarizing issue, and any sympathetic or even neutral scholarly treatment of such activists may be viewed as antithetical to women's interests by more progressive scholars

(Ginsburg 1997; Simonds 1996). However, there is a price to be paid in terms of academic understandings of conservative women's activism. When scholars only study movements and activists with whom they share common values, they may take for granted some of these same values and fail to ask critical questions (Polletta 2006). There is a small but growing research tradition focused upon Global North women in conservative movements that reveals the complexity of these movements and how popular characterizations of such women are inaccurate or incomplete (Avishai 2008; Aune 2008; Blee 2002: 2008; Brasher 1998; Davidman 1991; Day 2008; Griffith 1997; Ingersoll 2003; Kaufman 1991; Korteweg 2008). However, as a whole, the body of literature addressing women's activism in the Global South is currently more nuanced and extensive than analyzing North American women (two collections of such work include the April 2005 issue of *Gender & Society* and the 2002 volume edited by Power and Bacchetta). A study of the CPC movement offers the potential to extend transnational perspectives to the North American context by beginning with the assumption that conservative women are cognizant of their self-interests and formulate legitimate interpretations of their situations and take meaningful actions accordingly. In short, I avoid any approach that automatically dismisses the authenticity of conservative women's worldviews, even though as a feminist scholar, I personally oppose much of what they believe and do.

Third, my study highlights the relationship between women's agency and participation in conservative religions. Recently, several studies of women in conservative religions explored the meanings of women's participation (Brasher 1998; Bartkowski and Read 2003; Davidman 1991; Gallagher and Smith 1999; Griffith 1997; Kaufman 1991; Stacey 1990; Stacey and Gerard 1990). In a comprehensive overview, Avishai (2008) summarizes the findings in these works into typology of women's participation. The first category is complicity, wherein women comply

with the dictates of traditions that would seem to violate their self-interests. Women may feel constrained within these religions, but given the structural forces shaping their lives, they may also feel empowered or at least protected. Participation may mitigate the effects of the patriarchal family or shield women from harsh labor markets and other gender inequitable institutions. The second category is classified as noncompliance. Here women's agency is associated only with resistance and subversion of the conservative religion. The last group falls under the heading of strategic compliance. Women comply with religious doctrines, but only do so to achieve non-religious ends, such as improving marital relationships, aligning political affiliations, or promoting a specific cultural ideology (Avishai 2008).

As Avishai notes, these works tend to dichotomize agency and compliance, and conflate agency with resistance or the pursuit of non-religious ends only. There is little room for a conceptualization of women in such religions as "doing religion" for its own sake (Avishai 2008). However, Avishai argues that a better way to understand women's participation in conservative religions is to consider "doing religion" a way in which women deliberately construct legitimate religious identities. Thus, agency may encompass ambivalence about a religions' gender order, but need not entail resistance or non-religious ends. The purpose of observance is to establish a particular identity. Observance of religious norms is the essence of a legitimate religious identity and thus women seek to construct a particular religious identity through their participation in conservative religions.

My study seeks to expand on these recent works. CPC movement participation is an obligation beyond their basic religious duties that activists willingly assume. I therefore can eschew explanations of women's participation in such movements that posit such women as "cultural dupes" (Davis 1995), "doormats" (Stacey and Gerard 1990) or suffering from false

consciousness (Dworkin 1983). Instead, I follow the example of transnational scholars by grounding the study in the perceptions of the activists themselves. This has proven to be quite illuminating, as I demonstrate in the subsequent chapters. Understanding how gender and religion are implicated in identity and social movement processes offers a more complex understanding of women's agency within conservative movements. Following Korteweg's (2008) concept of embedded agency, I examine how women work within the constraints of religious structures to actively shape their lives.

Fourth, this project can extend the application of subcultural identity theory, which explains how evangelicalism thrives in a social context where it is marginalized (or at least followers perceive their faith as marginalized). Subcultural identity theory posits evangelicals enjoy a vital religious identity because they practice "engaged orthodoxy." Evangelicals feel only they truly understand the values and norms God wants human society to reflect. They therefore feel they have the duty to try to change society for the better by engaging with non-believers, and trying to convert them to evangelicalism. Only then will the "fallen world" around them improve. Evangelicals perceive secular society to be hostile to their efforts, but this perception heightens the salience of their religious identities and makes them even more determined to act as God would want. Because of the emphasis on changing society, evangelical Christianity can be considered both a religion and a religious movement.

A study of the CPC movement extends subcultural identity theory to a new context. Smith et al. (1998) constructed subcultural identity theory using survey and interview data. As such, the theory is based on the reported attitudes of evangelicals, not on their behaviors or the application of these attitudes in everyday life. Smith et al. noted this in the book, and called for future studies to examine evangelicalism in action. Furthermore, the authors did not address

gender in their analyses (Bendroth 2000). An in-depth case study of an evangelical, sex-segregated movement wherein religious activists and secular clients address the issues of pregnancy and abortion offers the potential to explore how gender shapes the process of subcultural identity formation.

Fifth, this project highlights the movement's implications beyond sociology and academic knowledge. Popular media accounts of the movement are either inflammatory or simplistically positive. A detailed analysis such as this serves as a corrective to such misrepresentations. Knowing more about the CPC movement will allow women to evaluate what, if any, meaningful aid CPCs may offer women in crisis pregnancies. Depending on whether centers do provide helpful services, policymakers will also need to determine whether CPCs should receive public funds or if CPCs should be ineligible for public support. The growth and increasing public awareness of CPCs suggest the movement's interpretation of abortion may be gaining credibility with the public. Therefore, this study also provides the opportunity to determine the extent of the CPC movement's ability to undermine the pro-choice movement.

In summation, this topic offers significant appeal as a sociological study. It involves a movement that is historically neglected, yet significant in its numbers and differences from other pro-life movements. The project will contribute to the small but growing field of women in conservative movements in the Global North. CPC activism represents a voluntary extension of women's religious roles, and thus the opportunity for a better conceptualization of women's agency with patriarchal religions. My study demonstrates how evangelical attitudes translate into identity construction, and how gender is implicated in this process. Finally, this project can correct inaccurate claims about the movement and offer the insights needed to evaluate the

movement's potential to assist women in crisis pregnancies or to challenge the pro-choice movement.

<u>Study Synopsis</u>

In this dissertation, I use qualitative methods to explore questions about gender, social movements, conservative religions, and identity. I employ ethnographic fieldwork in one crisis pregnancy center, semi-structured interviews with CPC activists on the local and national levels, and content analysis of over 250 movement texts. I seek to understand the history and substance of the movement, how evangelical subcultural identity shapes the movement, and how women negotiate conservative religious movements. In particular, my dissertation addresses the following questions:

- What is the history and contemporary form of the CPC movement? How is it connected to the larger pro-life and evangelical contexts?

- How is evangelical gender ideology implicated in the formal frames and strategies of the CPC movement? How do core evangelical values shape the movement's rhetoric about the problem of abortion and the proposed solutions?

- What meaning does CPC movement activism hold for activists? How do they construct their efforts as an expression of religious faith?

- Do conservative women activists recognize conflicts between religious dictates and their gendered interests as women? If so, how do activists resolve these conflicts?

Thus I am interested in exploring women's participation in conservative movements with explicit reference to religious beliefs, gender, and agency.

Chapter One establishes evangelical, pro-life women and pregnancy centers as understudied topics within the sociological literatures on social movements, gender, and religion,

and described the anticipated contributions of the study. A summary of subsequent chapters follows.

Chapter Two provides an overview of the literature relevant to this study, including gender and social movements, women in patriarchal religions, evangelical Christianity, and pro-life activism. The chapter closes with a discussion of this study's contributions to these literatures.

In Chapter Three, I describe the rationales, data and methods, and ethical concerns affecting this study. I describe the data and methods I used to construct a thickly detailed qualitative study of the movement and discuss my methods choices of participant observation, semi-structured interviews and analysis of primary and secondary sources. Here I pay particular attention to the difficulties I incurred in gaining access to my field site as a pro-choice feminist in a pro-life religious context. I note how the dialectical approach I used in data collection led me to expand the study from a single organization to a multi-level movement. Finally, I consider the difficulties in fairly representing my research participants' worldviews in light of our differences and the polarity of the abortion issue.

Chapter Four provides the first systematic historical overview of the CPC movement, and situates it within the larger pro-life and evangelical Christian movements. I provide a succinct history of reproductive politics prior to the nation-wide legalization of abortion in 1973. After 1973, pro-life activism divided into four separate movements, each of which is dominated by evangelical Christians but vary in the relative emphasis they place on the fetus versus the woman. I provide a detailed account of the CPC movement's history, from its inception, to severe decline in the 1990s, followed by its reorganization and subsequent success.

Chapter Five analyzes the formal frames and strategies of the CPC movement, drawing on publications and other materials from CPC network organizations and movement elites. Movement framings rely upon essentialist conceptualizations of gender and the alleged harm that comes with breaking these prescriptions via abortion, nonmarital sexuality, and non-traditional families.

Chapter Six considers a central contradiction of the CPC movement. The movement is strikingly unsuccessful in meeting its central goals of preventing abortion, converting clients to evangelicalism, and promoting marriage, adoption, and abstinence, yet it continues to attract growing support from evangelicals. The willingness of volunteer and donors to remain committed to the movement is tied to three factors. First, the organizational solidarity of conservative Protestantism provides a primed supporter base willing to provide labor and financial resources. Second, CPC activism is a significant resource in constructing religious identities. Third, evangelicals do not define success in terms of external outcomes and instead prioritize more intrinsic meanings of activism.

Chapter Seven examines the disjunctures between evangelical movement framings and everyday practices. Women activists selectively privilege gender solidarity with clients over religious dictates by breaking with the movement's approved strategies when they do not perceive these options to be in clients' best interests. However, these points of slippage become grounds for gendered conflict between the movement and the wider evangelical and pro-life communities.

Chapter Eight considers the sociological implications of my findings. I discuss the importance of gender in maintaining a strong collective identity, mobilizing resources, and deflecting resistance. Finally, I consider how the CPC movement is a unique blend of

evangelism, pro-life attitudes, and conservative gender ideology, and the implications of this movement for sociological understandings of gender, identity, religion, and social movements.

CHAPTER TWO

LITERATURE REVIEW: GENDER, SOCIAL MOVEMENTS, AND RELIGION

Analyzing the CPC movement can provide insight into the intersections of gender, social movements, and religion that make possible a conservative, woman-led social movement centered on reproductive politics. To date, this is the first sustained study of the CPC movement and as such the first academic study to explore how gender and religion interact to produce a woman-centered pro-life movement. The movement offers a critical opportunity to further sociological understandings of women's participation in conservative movements and patriarchal religions as well as the broader topic of gender and social movements. In particular, the movement represents a site to explicate women's interpretations of their activism and how these meanings reflect gendered religious identities.

My project focuses on evangelical women activists in the CPC movement, how gender and religion determine the nature of the movement, and the role of activism in the construction of gendered religious identity. To address these questions, it is necessary to incorporate several areas of sociological literature.

In this chapter I review the literature on gender and social movements, women's participation in patriarchal religions, evangelical Christianity, and pro-life activism. Throughout the review I pay particular attention to how gender affects the nature of social movements and religion as well as the experiences of women within these contexts. I identify relevant gaps in the literature and note how this study helps fill in these areas. I begin by reviewing the studies on gender and social movements while noting the disadvantages of feminine gender, particularly

within conservative movements. Next I explore women's participation in patriarchal religions, paying particular attention to why women take part in such movements and how women actively shape these seemingly disempowering contexts. I then narrow my focus to evangelical Christianity as an example of both a conservative movement and a traditional religion. Here I also summarize subcultural identity theory, the theoretical approach most often associated with evangelicalism to consider how gender and anti-structuralist beliefs are implicated in core evangelical values. Next I consider how the CPC movement contradicts the existing literature on pro-life activism and consider how this study can expand on these works. The chapter ends with a discussion of the study's contribution to sociology more generally.

Gender and Social Movements

For the most part, the sociological literatures on gender, religion, and social movements developed independently of each other (Einwohner et al. 2000; Taylor 1999; for a notable exception to this trend, see *Gender& Society* 1998, issue 6 and 1999, issue 1). Social movement studies neglect the central role of gender in shaping the dynamics and outcomes of social movements (Einwohner et al. 2000). Part of the problem stems from the tendency to focus on a single movement and to ignore the movement's interactions with outsiders. Studies usually examine intra-movement relationships between activists or the political context of the movement. Without comparison groups, it is difficult to discern how gender is implicated in a movement and even more challenging to draw conclusions beyond the single movement. The lack of attention paid to movement and activists' interactions with targets and observers obscures the role of gender in shaping the movement's dynamics and how the movement may in turn influence gender (Einwohner et al. 2000).

There is a similar problem with regard to gender in studies of religion and social movements. Scholars often note the importance of religion to a movement's inception or outcomes, but neglect to explicate the beliefs of participants relative to their activism (e.g. Morris 1984). When activists' beliefs are considered in conjunction with movement participation, gender is not always a central concern (Munson 2009; Smith 1996). While there are several nuanced studies of men participants (Lockhart 2000; Smilde 2007; Williams and Blackburn 1996), studies addressing religion and women remain a neglected area.

Among the studies of gender and social movements that do exist, there are some common trends regarding women's social movement participation. First, many mixed-gender social movements separate men and women activists into separate organizations or groups. The ghettoization of women within a larger social movement context is generally associated with women's disempowerment. Most social movements with gender-segregated spaces marginalize women activists, assigning them tasks considered suitable for women only thereby allowing women to exert only indirect influence on the movement as a whole (Bacchetta and Power 2002; Barnett 1993; Blee 2002; Diamond 1989; Robnett 1997; Rymph 2006).

The pattern is somewhat different for women-led movements, but the message is the same – feminine gender is a liability. In such movements, gender typically represents a resource for its initial stages, but eventually hinders activists' efforts (Einwohner et al. 2000; Montini 1996). Gender stereotypes that trivialize women may increase the effectiveness of certain movement strategies to be more effective when women are not taken seriously and therefore given greater latitude in reaching targets or resisting authorities, particularly in the initials stages of mobilization. Gendered roles as wives, mothers, and sisters may also justify or depoliticize women's activities (Aretxaga 1997; Baldez 2001; Blee 2002; Chuchryk 1989; Richards 2004;

Taylor 1998). As women's efforts become more established and they gain access to the public political arena, gender is no longer a resource and becomes a liability. Women are not taken seriously as political actors' gender displays that made their activism possible now delegitimate them or make them vulnerable to co-optation by   more powerful men (Montini 1996; Richards 2004; Taylor 1996: 1999).

Women in Conservative Social Movements

Conservative movements put women in an even less powerful position. These movements rely on essentialist gender ideologies, claiming women's participation is an extension of their private sphere roles as wives and mothers. As such, women activists are expected to adhere to narrowly-defined gender roles that emphasize sexual purity and women's natural inclinations toward nurturance and submission. Given their subordinate roles, women's efforts are considered to be supplementary to those of men. They have influence over men, but do not hold authority within the larger movement (Bacchetta and Power 2002; Conover and Gray 1983; Diamond 1989).

Current studies often ponder the paradox of conservative women's activism, arguing these women work against their own interests. Most conservative movements are only marginally concerned with women's gendered interests. Women are mobilized to add critical mass or to make the movement's image more appealing, not to make women's concerns a central focus (Blee 2002; Lesselier 2002). For example, so-called "pro-family" values hold greater significance among women and conservative movements successfully mobilize women by claiming they will represent women's family interests. However, once women are recruited, their concerns are not given priority. Instead, men-dominated conservative movements practice frame alignment strategies to convince women their concerns are best represented by the overall goals

of the movement and do not necessitate separate objectives or strategies. Even separate women's organizations within such movements give women's issues low priority, concentrating most of women participants' efforts on larger movement goals that are more likely to serve men's interests (Blee 2002; Klatch 1987; Marshall 1995: 1996; Petchesky 1981; Schreiber 1994: 2002; Steuter 1992).

The literature on gender and social movements presents a discouraging picture for women, particularly women in conservative movements. Feminine gender does not afford women activists much legitimacy. Sex segregation and narrowly defined gender roles ensure women lack authority and movements ignore women's interests accordingly. The methodology utilized in existing works limits sociological knowledge of gender and social movements, particularly in terms of religious women's activism.

Women in Patriarchal Religions

In recent years sociologists have devoted increasing amounts of attention to women in patriarchal religions, particularly feminist scholars. These studies were initially prompted by the paradox presented by women's complicity with religious faiths predicated on their disempowerment. Earlier works assumed such women passively accepted gender subordination because they suffered from false consciousness (Dworkin 1983). Later works documented the complexity of women's religious world and the agency inherent in their participation. In particular, scholars have attended to the rationales religious women offer for their involvement and the ongoing gender negotiations they perform within religious contexts. This section reviews this literature, first emphasizing the commonalities among such religions in terms of women's participation and the gender ideologies found in these religions. I then discuss the varying degrees to which women's participation can be considered agentic and empowering.

Women in patriarchal religions are critical to the religions' current form and ongoing survival. They comprise the majority of religious practitioners, and as keepers of the faith, transmit religious teachings to the next generation (Balmer 1994; Bendroth 2001). None of these arrangements, and hence conservative religions, could exist if women did not willingly and actively participate. However, the agency women express by participating is often overshadowed by the subordinate place assigned to them within patriarchal religions (Avishai 2008; Korteweg 2008; Manning 1999).

The official gender ideologies proclaimed by patriarchal religions are rooted in the concept of separate spheres and claim gender differences between men and women are dichotomous and essential. According to such perspectives, men are competitive, rational, and best suited for making decisions and dealing with worldly matters. Women are more pious, submissive, and domestic, and better suited to following their husbands' lead than taking on leadership roles themselves within the family or wider society (Ammerman 1990; Bartkowski 2004; Bendroth 2001; Brasher 1998; Conrad 2006; Davidman 1991; Donovan 1998; Kaufman 1991; Lockhart 2000).

Participation as Submission

Reports regarding how religious women negotiate such patriarchal institutions are mixed. The first group of studies offers the most passive interpretation of women in traditional religions. Religion simultaneously subordinates women and offers them the tools to tolerate their inferior positions, thereby thwarting the potential for transformative change in the gender hierarchy. Several ethnographic studies describe how women within patriarchal cultures use gender segregation to create women-only spaces within masculinist authority structures (Brasher 1998; Davidman 1991; Griffith 1997; Kaufman 1991). These researchers do not see such spaces as

liberating, instead describing the women's prayer groups and ministries they observed as empowering within the particular context of these groups, but not to the extent that women gain any sort of authority within their families, religious organizations, or faith. These groups are designed to encourage women to submit to the edicts of their faith and offer the moral support required to do so. Unlike the gender ideologies of their religions that claim women will find fulfillment in submission, women expressed the considerable personal pain and ambiguities inflicted by female submission, but believed their subordination to be decreed by God (Brasher 1998; Griffith 1997). Women may feel more resolute in their faith as a result of their participation in patriarchal religions, but their beliefs do not give them the tools to challenge the gender norms that subordinate them (Aune 2008; Brasher 1998; Chong 2006; Day 2008; Griffith 1997; Stacey 1990; Stacey and Gerard 1990; Swidler 1986). Thus, women are sincere in their observance of religious beliefs, but do not exhibit much autonomy in shaping their beliefs or practices.

Participation as Subversion

The second grouping of studies suggests a more explicit tension between religious norms and practice that leaves room for gender subversion while leaving ideology intact. Women subscribe to dictates regarding men and women's proper roles, but their actions run counter to official religious discourse. In practice, women routinely reinterpret religious gender ideology in ways that reveal interpersonal negotiation between men and women and highlight the striking differences between elite discourse and everyday practice. Gallagher and Smith (1999) found religious couples follow a pattern of "symbolic traditionalism and pragmatic egalitarianism," meaning that both husbands and wives hold attitudes supporting traditional gender divisions, but in practice are far more egalitarian (see also Bartkowski 1999: 2001; Gallagher 2003; 2004a).

Many researchers discovered respondents found numerous ways to reinterpret religious doctrines so that individual women supported gender hierarchy in theory, but found logical reasons as to why they personally did not need to wholly follow the doctrine (Avishai 2008; Nash 2006; Pevey, William, and Ellison 1996).

The second group also encompasses studies finding increasing numbers of women in religious leadership positions despite the edict that men are leaders and women are followers. Women justify their transgression by claiming their actions are a natural extension of their private sphere caretaking roles or arguing they have a calling from God, one that applies to them only and does not affect other women (Anders and Metcalf-Whittaker 1993; Ingersoll 2003). These findings suggest that women in patriarchal religions do not always adhere to traditional roles and instead actively negotiate and even subvert the religious gender order. Women are able to do so because they maintain the religions' ideological positions or discount the significance of their actions by framing them in individualistic terms.

Participation as Strategy

The third collection of studies argues women practice "strategic compliance" by utilizing religion to achieve extra-religious ends (Avishai 2008: 412; Spivak 1993). Women may seek to bolster the status of motherhood, avoiding gender-discriminatory secular institutions such as the paid workforce, or maintain a marginalized cultural identity. In these cases, women join religions because of a religion's gender order, not despite it (Kaufman 1991; Stacey 1990; Stacey and Gerard 1990). For women in these religions, gender is "the predominant principle in their lives and is the cornerstone of their ideological and political stances" (Kaufman 1991: 156). These women value and want protection for the traditional roles of wife and mother and religion is a useful tool for achieving their goals. Patriarchal religions do subordinate women, but they also

venerate motherhood and women's nurturing qualities. Traditional gender ideologies hold men responsible for supporting their wives and children, and many women willingly trade submission for these protections (Chong 2006; Davidman 1991; Day 2008; Kaufman 1991; Klatch 1987; Korteweg 2008; Manning 1997: 1999; Stacey 1990; Stacey and Gerard 1990). Moreover, because some cultures are strongly associated with specific religions, adherence offers a meaningful way to reinforce cultural identity against the forces of secularization (Bartkowski and Read 2003; Bendroth 2001; Gallagher 2003; Klatch 1987; Peek 2005; Williams and Vashi 2007).

Participation for Its Own Sake

The fourth approach to women in conservative religions focuses how women construct gendered religious identities through their participation. This last group of findings challenges both the "doormat" (Stacey and Gerard 1990) image projected by the first set of studies stressing women's compliance and the implicit conflation of women's agency with subversion or strategic compliance in the latter two groups. Avishai (2008: 410) argues that women's religious practices constitute "a performance of religious identity, or a path to achieving orthodox subjecthood in the context of threatened symbolic boundaries" between religious and secular identities. "Doing religion" refers to practices undertaken for purpose of constructing a religious identity. If women adherents believe certain practices are authentic expressions of their religion, then observing these rituals provides them with a legitimate religious identity, even if women personally find these aspects of their faith to be problematic. If practice X is something faithful believers do, then women who perform practice X are therefore faithful believers. From this perspective, women make deliberate decisions to observe religious norms even if they are ambivalent or find the practices objectionable because maintaining their religious identities is impossible otherwise. In her study of Orthodox Jewish women and menstruation rituals, Avishai (2008) finds her

respondents express mixed emotions and even resentment toward these rituals, but see them as connecting women to a larger Orthodox community. Non-observance of menstrual rituals was associated with secular Jews, thus observance was critical to Orthodox identity. "Doing religion" therefore represents a self-aware, agentic construction of self, one that neither passively accepts gendered rules nor subverts or reappropriates religion for non-religious purposes. Avishai's approach allows for both agency and sincere religiosity.

In sum, patriarchal religions are challenging institutions for women. Despite the drawbacks, women remain central to the survival of these religions, leading many scholars to ponder why women choose to participate in faith traditions that demand women obey essentialist, controlling gender norms. The majority of research claims that women comply with religious edicts despite tremendous personal costs, subvert gender hierarchy without overthrowing it, or exploit religion for non-religious ends. The most recent studies argue women see religious significance in their observance of what they acknowledge to be sexist rituals, and make a conscious decision to participate despite their reservations. In each of the four approaches, slippage between discourse and practice are in evidence, demonstrating that women in patriarchal religions are agentic, self-aware individuals.

Evangelical Christianity

Evangelical Christianity refers to a trans-denominational, conservative Protestant movement. Adherents claim the Bible as the literal, infallible word of God and believe one must undergo a religious transformation, commonly referred to as being born-again, to receive salvation. Evangelicalism claims to possess the ultimate moral truth as revealed by God and that God has made them responsible for transforming the people and world around them to reflect this truth. To meet the demands of this "evangelical burden," evangelicals actively try to convert

others to evangelical Christianity in order to change the world around them one person at a time (Smith et al. 1998). Given the emphasis on social change and recruitment, evangelical Christianity can be considered a religious social movement. Because evangelicalism advocates traditional gender roles, it is also a conservative movement.

Evangelicals perceive the secular world to be hostile to their values and believe themselves to be in conflict with modern society. Evangelicals tend to be bitter about this hostility, arguing America is prosperous because its citizens used to obey Christian principles, but Americans have now turned their backs on God in favor of immoral, narcissistic lifestyles. As those who still obey God, evangelicals feel they have been relegated to the status of second-class citizens in a pluralistic society that devalues its own Christian heritage. Nonetheless, they continue to assert their obligation to improve society without falling prey to secular values. Evangelicals therefore practice "engaged orthodoxy," meaning they embrace the responsibility to evangelize the world while reaffirming the boundaries between themselves and those they try to convert (Smith et al. 1998).

Subcultural Identity Theory

Relative to other Christian traditions such as fundamentalists, mainline Protestants, and Catholics, evangelicalism is thriving in terms of the number of its adherents and the depth of the commitments evangelicals make to religious activities and organizations (Smith et al. 1998; Stevens 2002). Subcultural identity theory explains the vitality of evangelical Christianity in the United States as the product of a compelling subcultural identity that provides a sense of belonging to the sole religious tradition favored by God. In constructing this religious identity, the evangelical subculture provides core beliefs and values that evangelicals see as distinctive about themselves to draw comparisons between themselves and dissimilar others. Evangelicals

perceive themselves as holding superior moral values, in sharp contrast to secular society which is "fallen" and in need of spiritual uplift. These comparisons heighten evangelicals' sense of religious identity, and in turn increase their commitments to religious and social causes. Since the secular world rejects much of the evangelical worldview, evangelicals feel "embattled" in their efforts to change the world around them. In fact, the more resistance evangelicals face, the more they feel God is calling them to act on behalf of a world in need and the more salient their religious identities become. The end result of the subcultural identity formation process is a religious tradition that is fully engaged with a secular society it views as oppositional and thriving as a result (Smith 2000; Smith et al. 1998).

Gender in the Evangelical Context

While Smith's subcultural identity theory addresses religious identity formation among evangelicals in a general sense, he neglects to consider how gender affects this process. Given the centrality of gender to other dimensions of social life, it would seem these would also affect religious identities and activism as well. In particular, the gender essentialism of evangelical Christianity seems likely to heighten *gendered* religious identities, suggesting that both the comparisons evangelicals make and their subsequent choices of action would also be gendered. However, Smith et al.'s (1998) work does not explicitly theorize how gender would affect the process of subcultural identity formation and the resulting actions. Despite this drawback, there is some excellent work examining the content of core evangelical beliefs, and this literature offers a starting place to consider how to bring gender to bear on subcultural identity formation.

The values evangelicals claim as distinctive about themselves are inextricably bound up in gender. Evangelicals follow conservative sexual norms and traditional gender roles as discussed in the previous section. While there is evidence evangelical men and women are

somewhat more egalitarian in practice than their gender ideology would suggest, practice has not led to an effective challenge to men's authority and women remain the subordinated gender (Ammerman 1990; Bartkowski 1998: 1999: 2001: 2004; Bendroth 2001; Gallagher 2003: 2004a; 2004b; Gallagher and Smith 1999; Ingersoll 2003; Manning 1999; Nash 2006; Pevey et al. 1996). In fact, Gallagher (2003) argues that bringing gender ideology into line with practice would cause evangelicals to lose the critical site of distinction supplied by men's headship and women's submission.

Evangelical Explanations of Inequality

Most of the CPC movement's clients are racial/ethnic minorities and/or economically marginalized women, while activists are overwhelmingly white and middle-class. Clients' lives are severely constrained by social inequality, yet CPC activists are unlikely to recognize these structural forces. Evangelical subculture stresses individualism and relationalism, or the belief that individuals' outcomes are determined by personal merit and the quality of interpersonal relationships, respectively. Accordingly, evangelicals reject structural explanations for social inequality (Allahyari 2000; Bartkowski 2004; Edgell and Tranby 2007; Emerson and Smith 2000; Smith 2000; Tranby and Hartmann 2008). Despite the depth of their commitment to the evangelical burden, evangelicals are not particularly successful in their efforts to create a more moral society. Evangelicals proselytize to non-believers quite regularly, but few of their targets found these experiences to be positive, never mind transformational (Smith et al. 1998). Furthermore, few American believe evangelicals offer helpful solutions to social problems and often consider evangelicals to be self-righteous and unnecessarily paranoid about other subcultures (Sider 2008; Smith et al. 1998).

In this regard, evangelicals' individualistic worldviews and inability to interpret social problems in a structural sense are to blame. Evangelicalism takes a person-blame approach that rationalizes social inequality by assigning blame for disadvantages to inferior cultural norms, poor work ethics, and dysfunctional family relationships. Evangelicals are anti-structuralist, opposing government interventions such as welfare programs and affirmative action on the grounds it will undermine individual responsibility. Instead, evangelicals typically suggest impractical, ethnocentric solutions, saying the poor and racial minorities should become Christians and improve the quality of their personal relationships and moral characters. White evangelicals believe those who follow God will naturally prosper, and members of marginalized groups need simply to follow Christian norms to prosperity. Thus, adopting proper Christian behavior would solve social problems by prompting the disadvantaged to speak 'proper' English, to work hard and delay gratification, to have fewer children, to repair their 'broken' families, and to accept responsibility for their actions. In making these claims, evangelicals conflate Christianity with white, middle-class norms and prosperity. They believe personal merit determines social status, but the manner in which white evangelicals view marginalized groups indicates preexisting structural positions determine perceptions of merit. The structural differences they see between themselves and others are interpreted as religious differences and inhibit both understanding and solutions to social inequality (Bartkowski and Regis 2003; Edgell and Tranby 2007; Emerson and Smith 2000; Emerson et al. 1999; Sider 2008; Tranby and Hartmann 2008; Williams 2008). Given the social distance between CPC activists and clients, it seems likely evangelicals' core beliefs would limit the effectiveness of CPC activism.

The ultimate irony of evangelical Christianity is that the very beliefs and values that produce such distinctive identities and subcultural vitality also inhibit evangelicals' ability to

achieve their goal of transforming individuals and society. Anti-structuralist worldviews and image problems with non-evangelicals limit the impact of evangelicals on secular culture. This is a significant handicap for a religious subculture charged with redeeming the world on God's behalf. Despite these odds, evangelicals remain committed to engaged orthodoxy, suggesting that external outcomes may be less critical to religious vitality than faith-driven actions.

Pro-Life Activism

Studies of pro-life activism have thoroughly neglected the roles of women and religion in social action against abortion. Pro-life activism is generally associated with fetus-centered politics that ignore women or worse still, vilify women who have abortions (Boucher 2003; Ginsburg 1990; Petchesky 1987; Simonds 1996; Tan 2004). Women activists are invisible more often than not. Scholars typically focus on men activists, reinforcing common assumptions that women activists play only minor supporting roles or that these women suffer from false consciousness (Blanchard 1994; Diamond 1989; Dworkin 1983; Ginsburg 1998; Maxwell and Jelen 1995; Tribe 1992; Williams and Blackburn 1996). Furthermore, literature on the pro-life movements disproportionately stresses the radical elements of anti-abortion activism such as clinic blockades or violence against clinic workers (Blanchard 1994; Diamond 1989; Ginsburg 1998; Hunter 1991: 1994; Maxwell and Jelen 1996; Offley 2000; Wilder 1998; Youngman 2003). Thus pro-life activism may appear to consist entirely of extremist actions men perpetuate against women on behalf of the fetus.

Religion is also neglected in studies of pro-life movements. When religion is connected to pro-life activists, it is usually only in conjunction with men participating in clinic blockades or violence, not with moderate activism or women (Diamond 1989; Maxwell and Jelen 1996; Williams and Blackburn 1996). An exception to this is Munson (2009), who addresses religious

beliefs held by moderate pro-life activists, yet he does not explicate his findings by gender. Conversely, there are a few studies of women in moderate pro-life movements, yet these neglect the impact of activists' religious convictions (Ginsburg 1989; Luker 1984).

The lack of attention paid to pro-life women activists and religion is ironic on several counts. First, most pro-life activists are women, and this has been the case since the inception of the modern pro-life movement in the early 1970s. Currently, pro-life groups estimate women comprise 67% of rank-and-file members of lobbying groups, while to 90-98% of CPC leaders and lay activists are women (Alcorn 2000: 251; Reardon 1987: 71; Willke 1989: 3; Willke and Willke 1997: 19). Overall, an estimated 80% of pro-life activists are women (Willke and Willke 1997: 19). Second, most pro-life activists are evangelical Christians. Since the mid 1980s, pro-life activism has seen large influxes of evangelical Christians (Ginsburg 1998; Gorney 1998; Maxwell 2002; Risen and Thomas 1998). Today approximately two-thirds of pro-life activists are evangelicals, often spurred on religious leaders who claim opposition to abortion is part of the evangelical burden (Ginsburg 1998: 240; Harding 1990). Third, the scholarly focus on fetal-based politics, men activists, and extremism misrepresents the pro-life universe in both fact and spirit. There are at least four different pro-life movements, which I discuss in more detail in Chapter Four. These four movements differ in terms of *how* activists believe abortion should end and the strategies pursued by each. Despite its slighting at the hands of academics, the CPC movement encompasses more organizations, more activists, and more person-hours than all other pro-life movements *combined* (Munson 2009). Furthermore, unlike the movements engaged in political lobbying or clinic blockades, movement leaders as well as the rank-and-file of the CPC movement are virtually all women. The movement maintains a steadfast focus on women in unplanned pregnancies, making the fetus a secondary priority. Existing studies are therefore not

representative of pro-life activists as a whole, as the typical activist- in the CPC movement as well as among all pro-life activists – is an evangelical woman practicing moderate tactics and eschewing an exclusive focus on the fetus.

In light of these empirical facts, it is clear we cannot hope to understand pro-life activism or uncover what it may reveal about gender, social movements, and religion more generally unless religion and gender are taken into account. We know little about the CPC movement, and therefore very little about the majority of pro-life activists. A necessary first step in analyzing this movement is to construct a history of the crisis pregnancy center movement and locate it squarely within the broader pro-life and evangelical contexts. Only then can a more complete picture of the CPC movement begin to emerge.

Conclusion

In this chapter, I reviewed research on gender and social movements, women in patriarchal religions, evangelical Christianity, and pro-life activism. These four bodies of literature overlap to various degrees. Each is important to understanding and analyzing evangelical women activists and the crisis pregnancy center movement. Throughout the subsequent chapters, I draw from these literatures to make sense of the complexities of this previously neglected movement. Grounding this study in the existing literature clarifies the contributions of this study and highlights areas where new contributions may be made.

First, this study offers a corrective to the disproportionate focus on fetal-centered men activists participating in legislative efforts or clinics blockades. These images of pro-life activism have dominated scholarly efforts, but fail to address the majority of pro-life activism. Exploring the efforts of woman-centered, moderate women activists will provide a critical comparison to earlier studies in terms of movement frames, strategies, and the religious beliefs driving pro-life

activism. Since these differences fall along gendered lines, it will also provide an opportunity to explicate the intersections of religion, gender, and social movements.

Second, the CPC movement contradicts some of the findings in the gender and social movements literature, and exploring these incongruities will offer new insights into this growing subfield of sociology. Previous studies find gender is a constraint or liability for women activists (Blee 2002; Diamond 1989; Einwohner et al. 2000; Ginsburg 1991; Montini 1996; Robnett 1997). Sex segregation within the movement prevents women from exercising power over the movement's goals or strategies (Bacchetta 2002; Blee 2002; Diamond 1989). Even when gender is an asset for women activists, this may only be the case when women organize outside of institutions dominated by men (Baldez 2991; du Toit 2002).

In some ways, the CPC movement is representative of existing research findings. It is a sub-movement of the larger pro-life and evangelical movements, which are led by men and reflect masculinist agendas. CPCs represent the feminized segments of these larger movements. As such, the CPC movement is segregated within the larger movements and this ghettoization is justified through essentialist understandings of gender. Both men and women evangelicals argue pregnancy and childbearing are the province of women, and as such only women are appropriate activists in the CPC context, at least as far as client contacts are concerned. Thus, as a woman-centered, religious, conservative sub-movement, the CPC movement is explicitly gendered in terms of its goals, strategies, targets, and participants.

However, when it comes to CPC activism, women activists are taken more seriously than men activists, and the movement experienced significant growth and additional exposure only after women took over its leadership in the 1990s. Sex segregation has also aided the movement. Instead of relegating women to a position of weak influence over the larger evangelical and pro-

life movements, CPC activism became the largest and most positively regarded of all forms of evangelical pro-life activism. This was partially the result CPC activists publicly distancing themselves from controversial, men-dominated activism. Once this separation took place, it effectively protected the movement from co-optation. Furthermore, women CPC activists do not avoid institutions ruled by men and even directly challenge men on the proper interpretation of Christian doctrine and concomitant goals and strategies appropriate for pro-life activists. The state of the CPC movement therefore indicates the need to reconsider how and when gender may be an asset to women activists and social movements.

Third, my study will contribute to the burgeoning literature addressing women in patriarchal religions. Research demonstrates the range of strategies and rationales available to women in these settings, and the slippages that are common between discourse and practice. However, these studies tended to focus on women's roles within the family or religious organizations such as churches or synagogues. The CPC movement represents both a public and political stage wherein evangelical women are charged with bringing conservative religion and gender roles to secular women. Given the disjunctures common in patriarchal religions, it is logical to assume there will be gaps between ideology and practice in an activist context as well. Furthermore, men and women evangelicals' lip service to traditional norms is often what prevents the slippages from becoming visible. In the CPC movement, activists must promote these beliefs to secular women who do not share their commitments. My study therefore offers the opportunity to expand this literature to a new empirical setting and to consider how a lack of ideological consistency between activists and targets may alter the resolution of disjunctures between ideology and practice.

Fourth, this project provides an ideal site for determining the reasons evangelical Christians are not deterred by a lack of success in their efforts to convert individuals and save society. Like evangelicals generally, CPC activists are not particularly successful in meeting their stated goals yet remain passionately committed to their efforts. As I discuss in more detail in later chapters, only very small numbers of clients convert, marry, or place children for adoption. In fact, very few CPC clients are the type CPCs most want to attract – pregnant women considering abortion. Deciphering the meanings activists attach to their efforts can illuminate why actions, but not outcomes, are so critical to evangelical identities and subcultural vitality.

Fifth, a study of the CPC movement will be helpful in explicitly considering gender in conjunction with subcultural identity theory. When women activists identify their work as religiously-motivated, this represents the larger process of subcultural identity formation. Activists make comparisons between themselves as godly women and clients as a part of a fallen society. In proclaiming CPC activism as an appropriate outlet for evangelical women to fulfill the evangelical burden, they are also comparing themselves to evangelical men. Thus the sense of distinction and heightened identity activists experience is gendered. The actions they take on behalf of this identity are also gendered, as activists practice a personalized, relational approach to problem pregnancy in a feminized environment of crisis pregnancy centers. CPC activism can illuminate which core values and distinctions are activated, and how these are put into action.

CHAPTER THREE

DATA AND METHODS

Understanding CPCs as a part of the pro-life movement requires a multi-level, multifaceted analytical strategy. In this study I relied on participant observation, intensive interviews with center directors and staff, and extensive analysis of primary documents. I used a dialectical approach (Agar 1996) and adapted methods as needed based on questions of theoretical interest that emerged as my study proceeded. As different findings came to light, they provoked new research questions and I would expand the focus of my data collection accordingly. For example, in analyzing the brochures given to clients, I looked at the publication information and tracked the source, thereby discovering the two network organizations. This prompted me to explore the structure of the movement at multiple levels. Since the first center I studied was not formally affiliated with a network, I could have missed a critical dimension of the movement had I not pursued this avenue.

Furthermore, researching the networks led me to believe the first center in my study was an outlier in many ways, and that expanding the study from an ethnographic study of one center to a wider study of the CPC movement was necessary to understanding the nature and variation of the movement. Realizing research participants as a whole sought to separate themselves from some other types of pro-life activism prompted me to compare the CPC movement with other pro-life movements. I soon realized this movement was unique in both strategy and the gender of the leadership. I then dug into the movement's history to determine how these distinctions between movements had formed and what role gender played in these developments.

Fieldwork allowed me to observe activists in their everyday routines and illuminated elements central to CPC activism (Preissle and Grant 2004). As religion came up in the routine practices I observed, I soon realized this was religious movement, not a movement that happened to attract religious people. Moreover, it was an evangelical Christian movement. I delved into this aspect of the movement, uncovering rationales for seemingly contradictory behaviors and gendered contestation over the meanings of these contradictions. When I realized activists held varied ways of interpreting their activism, I deliberately began to sample research participants from differing perspectives, making sure I interviewed individuals at multiple levels, positions, and types of centers. When I was referred to a feminist CPC activist, I discovered a hidden niche within the movement no other source had uncovered. By targeting additional feminists for subsequent interviews and comparing them to more conservative activists, I was able to get a sense of the continuum of actions and rationales for their behaviors that activists occupy. This also gave me insight into how activists' attitudes influenced center practices.

Michael Agar (1996) compares to this broad approach to a funnel, wherein the researcher starts out with a deliberately wide focus and tightens the focus only after she understands the topic well enough to do so without distorting the analysis (Agar 1996: 183). Moving back and forth between the global and micro aspects of the movement allowed me to integrate the multiple levels into one narrative and meld data and theory into a tighter whole without distorting either. In light of my approach, the methods I used were quite varied, as I describe below.

Participant Observation

I performed ethnographic fieldwork for 18 months in the first center I studied and later conducted observations in other centers. In my first field site I made field visits twice a week for two months. After that point, activists became accustomed to my presence and field visits usually

37

took place once a week on a schedule similar to that of the volunteers, who usually work one half-day shift per week. I began interviewing volunteers and staff after two months, and eventually interviewed 12 activists in this center. Toward the end of time period I was able to observe the center move to a new location and transition to a more professionalized model as the center began to offer ultrasound services and became affiliated with a network. To contextualize these observations, I also made brief field visits to an additional six CPCs and interviewed an additional 26 respondents for a total of 38 activists representing 30 centers.

The Field Site

The center I studied intensively, Southern Pregnancy Center (a pseudonym) was in a suburban, southeastern city of approximately 100,000 people and positioned near a large research university with an undergraduate body of over 25,000. The city is 38% nonwhite, and 38% of all households have incomes under $20,000 (United States Census Bureau 2000). Younger women, unmarried women, women of color, and poor women are the most likely to seek abortions (Jones, Darroch, and Henshaw 2002), thus such a center seemed likely to attract a reasonable number of clients from various backgrounds. After acquiring approval from the Institutional Review Board to conduct participant observation and interviews, I entered the field site.

Southern Pregnancy Center (SPC) was 18 years old, and run by a local Baptist church. Services were fairly basic - SPC offered free pregnancy tests, pregnancy and post-abortion counseling, maternity and small children's clothing, and some baby items such as swings and diapers. Pregnant women take a parenting class lasting 16-20 weeks, working with a mentor/counselor one-on-one. If they finish the class, the center buys them a new crib or car seat. There are four apartments made available to the center by a local businessman. Each apartment

has two bedrooms and two baths, and single women who are either pregnant or new mothers may be granted a private apartment to live in rent-free until their child is one year old. Women staying in these apartments must pay the power bill, meet with a counselor once a month, and inform the center ahead of time of any male visitors, including the time they will arrive and leave, even if the visitor is the father-to-be. No overnight guests, drinking, or smoking is permitted.

Activists and Clients

There were three paid positions in the center; a full-time director, and two part-time assistant directors, one managing the clothing exchange program and the other overseeing the counseling program. There are approximately 25 women volunteering as counselors. All staff and volunteers are pro-life, and the center requires counselors to have a professed Christian background, although the denominations of these counselors vary. With one exception (a bilingual Latina), all center activists were Caucasian and all were solidly middle-class. About one-fifth of the center's funding comes from the church running it, and the remainder comes from fundraisers and private donors, including local businesses and individuals.

Clients are asked to fill out a brief questionnaire when entering the center, and their partners (if present) are asked to wait in the lobby. If the client had been there before, the counselor looks up the original form and discusses any changes with her. The questionnaire asks for background information such as name and address, as well as the date of the client's last menstrual cycle, symptoms she is experiencing that led her to believe she may be pregnant, her relationship status, and what (if any) church she attends. At this point, the counselor administers a urine test, which takes four minutes to provide results. Clients are not told how long the test takes unless they want to be pregnant, and then the client and counselor may wait for the results

together. Otherwise, counselors first would try to feel out the client to determine how she feels about potentially being pregnant, what her circumstances are generally and with her partner specifically, whether she is considering abortion, and why she is having pre-marital sex. Based on this initial conversation, counselors may show the woman a video about parenting, adoption or abortion.

Once the film is finished, counselors share the test results with the client and inquired about clients' reactions to the results. If the test is negative, counselors try to find out why the pregnancy would have been problematic and discuss abstinence with clients. Pregnant clients are offered information on fetal development and abortion if they indicate they will consider abortion as an option. Clients are also told about the center services the counselors finds applicable to the particular client. Counselors also attempt to broach the subject of religious faith. If the client seems receptive, the counselor will proselytize to the client, meaning the counselor will share a personal statement of faith with the client in hopes the client will convert or at least be interested in hearing more about evangelical Christianity during this or later visits to the center. If the client already identifies as a Christian, the counselor will ask her to consider reaffirming her faith during the visit. The goal is to get clients to consider how their sexual choices and religious status put them in a potential crisis, and urged them to consider evangelical Christianity as a route away from such problems. Ideally, clients would convert or reaffirm their faith during the center visit. Counselors told me they urge clients to return to the center to further discuss their options or attend center programs, but few do so.

Fieldwork Roles

To make my presence more natural to my research participants, I worked regular shifts in the clothing donation program, just as volunteers and staff did. I took field notes during

participant observation, carrying scraps of paper with me in my pockets and jotting down key words and phrases when alone. I was not comfortable taking notes in front of activists given the reservations I initially encountered to my presence as a pro-choice, non-Christian researcher. I wanted to fit in and allow people to adjust to my presence as quickly as possible, and I felt overt note-taking would jeopardize this. I would often visit the restroom to write notes, or spend several minutes in my car after leaving the center, jotting down as much as I could remember. There were a number of intense conversations I had with various staff members when I was not formally interviewing them and I could not take notes or record the conversation. When this occurred, I would excuse myself after the conversation ended to record as much information as possible. I would then type my field notes as soon as possible in order to avoid forgetting or distorting my observations.

I kept a research diary by placing bolded notes within my field notes and transcripts to record my thoughts, perceptions, and reactions as they occurred. I wanted to ensure that I kept careful track of how my subjectivity could influence my observations. I was aware that as a sociologist and feminist, my understandings of gender, religion, and reproduction as frequently oppressive institutions were not shared by activists and could easily interfere bias my observations. Thus, I sought to separate or at least analyze my own reactions in conjunction with my observations to let my research participants' words come through.

Semi-Structured Interviews

After working in the first center for three months, I felt the volunteers and staff were more comfortable around me, and I around them. Only at this point did I begin to ask activists for permission to interview them. I would start the interview with casual conversation and some basic questions regarding the research participant's position and length of time in the movement.

Activists typically relaxed when they realized I was not going to interrogate them or ask confrontational questions. I then moved on to broader questions, asking follow-up questions where appropriate. I asked research participants what led them to work at the center, how religious faith influenced this decision, how they perceived the clients, and how they evaluated the effectiveness of this center and CPCs generally. I made notes while research participants spoke, but generally tried not to pursue probe questions until research participants were finished speaking. Interviews lasted between one and three hours, with the average interview lasting approximately two hours. All interviews were taped recorded and transcribed verbatim, with four exceptions. Two activists asked me not to record, saying it violated their centers' policies. Two other interviews took place in settings where background noise prevented me from obtaining a clear recording.

At the end of each interview, I asked research participants if there were any key issues I had not asked them about that were important to understanding CPCs, and invited them to ask me questions about the research or myself. I was surprised at how open women were in talking to me. Research participants answered all of my initial questions at length and made recommendations regarding future interview questions. When personal faith emerged as an important reason for CPC work, women were generous in answering my questions about Christianity, particularly terms that are unique to evangelical Christians, or as one woman called it, "Christian-ese." It was also common for women to ask about my spiritual background, and to testify to me about the need to accept Jesus as my personal Savior in a manner that seemed to me similar to the client counseling process they described. Thus, not being an evangelical seemed to yield more detailed responses about activists' faith than if I had shared this status with them.

Activists would usually ask me about my intentions for the research and how I selected the topic. This was often a source of concern for research participants, who knew I was pro-choice and were wary of me in light if the negative publicity CPCs received. If the research participant was not already aware that I had experienced a crisis pregnancy several years ago, I shared the information at this time. I told research participants my experiences made me more sensitive to the problems confronting women who do not want abortions, and I was exploring CPCs as a response to these problems. I would also note that accounts of CPCs in the general media were one-sided, and there were no in-depth studies of the movement. I explained this was my dissertation project and I hoped to eventually publish it as a book. The fact that I had had a crisis pregnancy and chosen not to abort in addition to my emphasis on grounding the study in the perceptions of activists seemed to be the most critical factors in reassuring activists I was not intent on writing a sensationalist exposé. Overall, activists were generally satisfied with my answers to their questions. Many asked for copies of the finished dissertation, some to check up on what I wrote and others out of simple curiosity. I avoided promising to edit out materials upon request.

Expanding the Study: A Dialectical Approach

While I had originally intended the SPC study to be a long-term, intensive case study of a single organization, I became aware this center was not representative of the movement as a whole. My initial comparisons of this center and the descriptions of centers I encountered in network materials and periodicals suggested SPC was typical of the movement as a whole in some respects, but was more conservative and less woman-centered than typical centers. I had also become aware of various consulting groups run by former center volunteers tied to pregnancy centers and run by women and the role of the networks in shaping the movement's

rhetoric and goals. It had become clear this was a multi-level movement consisting of local centers, regional consultants, and national affiliation networks.

To include these aspects of the movement in my study, I made briefer field visits to six additional centers to contextualize the SPC fieldwork and expanded my interview pool to include the additional levels of the movement, interviewing another 26 activists. These 38 research participants represented a total of 30 local CPCs in eight states and the District of Columbia, both national network organizations, and four related organizations across four states including a maternity home, a sonography firm specializing in helping CPCs start ultrasound programs, and two groups providing staff and volunteer training seminars. Some activists had worked in multiple centers or in a local center prior to joining one of the networks, and their perspectives were particularly illuminating. In addition to the 12 SPC activists I interviewed, I was able to interview 10 more activists face-to-face in this second phase of the research, and interviewed the remaining 16 over the telephone. I included a chart of research participants in the appendix.

A few research participants proved critical to the expansion of this project. During my SPC fieldwork, I attended several pro-life events in order to contextualize the CPC movement relative to other pro-life movements. I met Hannah, a pregnancy center volunteer from a neighboring state, during one such event. Hannah knew activists in several other centers and offered to put me in contact with them. I eventually traveled to her state, visiting three centers, interviewing six people and acquiring referrals for nine additional interviews. Since I had not interviewed many urban activists or network activists, I also made a number of independent contacts to such activists. These efforts led to visits to three more centers and interviews with another four activists. I then contacted both Care Net and Heartbeat International requesting interviews with several of these national activists. Only two agreed to be interviewed, but several

44

others who cited time constraints when declining to be interviewed directed me to their own works written on behalf of the CPC movement. Finally, the editors of a pro-life, feminist anthology I reviewed for a research journal put me in touch with several feminist CPC activists, leading to five more interviews. I completed the fieldwork and interviews in May 2008.

Thirty-five of my 38 research participants were Caucasian, and all were middle-class. Only three were men, despite my efforts to try to over-sample men relative to their numbers in the movement. Across all centers, clients were typically young, unmarried, low-income, and had low education levels. They were also quite diverse, with most centers reporting a majority of Black and Latina clients.

Contextualizing the Movement

These additional observations and interviews confirmed that SPC was more characteristic of a typical CPC in the 1980s, prior to some dramatic shifts in the CPC movement in the 1990s (which I discuss at length in Chapter Four). This center did not have as wide a range of services available to clients as other centers, it was not affiliated with a network, and it had only minimal training requirements for volunteer counselors. Relative to other centers, SPC did not seem to expend as much effort tailoring its services to the local communities needs. For example, while it would seem that the high proportions of poor and minority women in the community would command the center's attention, staff members were much more likely to try to attract college student clients, who were predominantly white and in this particular university, quite affluent. Activists in this were also less likely to consider how heavy-handed proselytizing might alienate clients and generally explained clients' lack of interest in their programs as a result of the clients' lack of appreciation for moral lifestyles. While SPC activists were aware there were community services available to women such as Medicaid, they were generally uncertain what these services

were or how to refer clients. These research participants were more (although certainly not universally) likely to couch their efforts as fetus-centered, to disapprove of welfare programs as undermining marriage, and to criticize clients, whom they viewed as leading immoral lives. They were also more likely to frame race and class oppression in individualistic terms, by blaming clients for what they perceived as personal failures.

In contrast, many other CPCs on the cutting edge of the movement placed a greater emphasis on volunteer training and professionalism, were careful to consider how religious talk would be perceived by clients, and explicitly took their surrounding communities and potential client bases into account in designing their services. In addition to the core services offered by SPC, these centers offered ultrasound, STD testing, prenatal care, formal abstinence programs, financial literacy classes, GED classes, job training, and social events for young mothers. They were extremely well-networked with their local communities, and experienced in referring clients for addiction counseling, housing, prenatal care (if not offered by the center), domestic violence shelters, and child care services. These centers affiliated with one or both networks or had done so in the past but now used their own training manuals and standards which they felt were more rigorous and woman-centered. Chapter Seven examines these professionalized centers, examining the developments that led to these centers' consistent emphasis on woman-centered programming.

Listening to activists' accounts and comparing my field observations across centers revealed a continuum of development among centers. SPC seems typical of the "baby-saving" model common to centers in the first 25 years of the movement, offering a limited core of services focused on women's decision-making surrounding abortion. SPC was not affiliated with a network when I began my observations and volunteers were not required to receive additional

training beyond a 20-hour orientation to peer counseling. As a result, counseling standards varying widely among SPC activists. As I note in Chapter Four, a movement-wide push began in the 1990s to standardize practices as a defense against pro-choice claims that centers lacked any services beyond coercive counseling focused solely on scaring women out of abortions. Part of these changes included an emphasis on offering ultrasound and later, STD testing. As centers around the country began to diversify, local directors increasingly emphasized the importance of building local networks to create a web of available services for clients. These services took for granted clients would be in situations they would not or could not 'fix' through marriage or adoption. In doing so, these new center models more explicitly addressed women and their material needs than did older models such as that practiced by SPC. In fact, activists at several of the centers in the second wave of the study willingly networked with Planned Parenthood despite objections from other pro-life and evangelical observers.

It is also more common for these more professionalized centers to open satellite locations. Gloria served as the executive director of five centers in a large Midwestern city, the Midwest Clinics. The staff at Outreach Pregnancy Center North opened a second center to reach students in the five nearby college campuses. After operating three abortion clinics and later renouncing her pro-choice position, Caroline opened two CPCs on her own, then partnered with the Salvation Army to open three more, forming the Southwestern Women's Centers. Michelle opened a center in the southwest and later served on the board of directors as the original center expanded to a total of five. The professional leadership and infrastructure development required to maintain a chain of centers is considerable, and these activists provided valuable insights into the movement's growth and structure.

There is also a regional, meso-level to the movement in addition to the local and national levels, and these activists often bridged multiple movement levels. As centers increasingly emphasized the need for community networks and ongoing training, many former center directors and volunteers opened consulting businesses. These consultants traveled to centers around the country offering ongoing education to center activists or helping centers establish community networks. After ten years as a center director, Ella won a private foundation grant to provide services to centers in her state free of charge. Brooke, Grace, and Jillian travel the country training sonogram technicians as part of a nation-wide program to get ultrasound services into all CPCs. Anna previously worked for one of the networks as a consultant trainer in the 1980s, but grew frustrated with the network's inconsistent focus on women and started her own small training company. Michelle held a similar network position to Anna prior to marrying and returning to her original center as a board member.

Unlike Anna and Michelle, June and Eli are still working in the national networks. All four offered a top-down view of the movement and the changes in strategy and focus over time. The perspectives of these activists were helpful in identifying tensions between the CPC movement and the larger pro-life and evangelical communities as well as within the movement itself, both of which I examine in Chapter Seven.

Primary and Secondary Sources

I collected a significant number of materials for content analysis. From the CPC movement, I gathered client brochures and curricula; counseling films; training, evangelism, counseling and operations manuals; mission statements; official histories; advertising materials; books and articles written by activists; conference presentations; newsletters; press releases; listserv posts; internal studies of center practices; website pages; and annual reports from the

networks as well as the local centers in my study. I discovered a set of statistics produced by eKyros, a software company that exclusively produces a client data management system for CPCs. While eKyros would not reveal how many centers use the software, the statistics provide the aggregated number of clients and client outcomes for these centers on an annual basis for the years 2000 through 2008. In 2008, Care Net and HBI centers collectively had approximately 850,000 clients. eKyros reports data on 360,000 clients visiting its patron centers, or 42% of the total number claimed by the networks; thus the eKyros statistics are likely representative of the movement as a whole if not exhaustive. These primary and secondary sources allowed me to construct a comprehensive history of the movement (Chapter Four) and analyze the formal frames of the movement (Chapter Five)

To grasp the broader context of the movement, I gathered reports from pro-choice groups opposing the CPC movement and pro-life and religious groups supporting the movement. Pro-choice organizations included the Alan Guttmacher Institute, NARAL, the National Abortion Federation, and Planned Parenthood. Organizations such as the National Right to Life Committee, the Family Research Council, Focus on the Family, the Elliot Institute, Life Decisions International, and the Southern Baptist Convention provided the larger pro-life and evangelical contexts. These sets of organizations are central to the public understandings of the issue of abortion, and are frequently in direct conflict with each other for control of public opinion. They lobby for various laws and policies and are central in shaping the pro-choice and pro-life rhetoric in the U.S. These sources helped me put together the history of the movement as I explored the external pressures coming from pro-choice groups and the strategic decisions made in response by the pro-life and evangelical communities. Gathering the pro-life and evangelicals materials also clued me into an ongoing, if subtle, conflict between CPC activists

and evangelical men leaders, as well as how the CPC movement responded to these internal criticisms.

Finally, I performed an exhaustive search of contemporary periodicals, using electronic databases to search out any reference to "crisis pregnancy centers," "pregnancy centers," "pregnancy resource centers," "pregnancy help centers," "pregnancy care centers," "problem pregnancy," "pregnancy options," "pregnancy counseling," "pro-life centers," "anti-abortion centers," and "fake abortion clinics" (the latter two are pro-choice terms). I also replaced the word "centers" with "clinics" where applicable and searched again. The media search yielded articles from national publications such as *Time* magazine, *Newsweek*, *The Village Voice, The New York Times*, *The Washington Post, Christian Science Monitor, Ms. Magazine, Harper's, Vogue,* and *Mademoiselle* as well as numerous regional and city newspapers. I also located over a dozen lawsuits filed against CPCs, two Congressional investigations, and proposed federal legislation targeting CPC advertising practices. These sources provided a sense of the relative success of the movement in attracting support and negotiating opposition from related movements and the general public. Drawing from these data, I was able to track the movement's strategic shifts over time.

Gaining Access to the Field Site

Given the strength of the pro-life and religious views expressed by research participants, it is no surprise a pro-choice, non-Christian researcher would encounter methodological challenges in this project. Gaining access to the center proved to be a multistage process, even after I secured formal permission from the director, Debra, at our initial meeting. She seemed to think I had an ulterior motive for being at the center, a logical concern given the number of "plants" (fake clients) pro-choice organizations have sent into centers. Debra was uncomfortable

with my pro-choice stance, and it was not until I stressed my desire to uncover options for pregnant women and revealed my experience with crisis pregnancy that I had any sense that I would get permission to do the study. After this point in the conversation, she seemed reassured and began to give me more detailed information that was not available on their website or by simply phoning the center, e.g. describing the apartments the center made available to clients.

I asked Debra if there was some way I could offer something back to the center, a way to reciprocate for the time I would be taking. Given my pro-choice views, the center would not allow me to counsel clients, nor would I have been willing to do so. Debra suggested I volunteer in the center's clothing exchange program. Performing these duties (washing, folding, and hanging up clothing in the display areas) met two needs. First it only satisfied my obligation as a feminist sociologist to not simply take from my research participants but to reciprocate to the extent possible without violating my own pro-choice views (Zinn 1979). Second, it ensured I could be present in the center in a more natural way than if I only performed formal research. I was fortunate that I was never asked to participate in activities I could not perform in good conscience, such as client counseling of contributing money to the center. On one occasion, I was asked to help design a new fundraiser, but after I revealed I had no experience in this area, the subject was dropped. I felt relieved, as participation would have made me uncomfortable.

However, challenges to the legitimacy of my presence and research remained, and I found I had to constantly justify my genuine interest in the project, although such negotiations grew more infrequent as the study continued. Beyond self-disclosure, my outsider status in terms of religion proved also to be an opening wedge. Initially I worried my stance as a non-practicing Catholic (and determination to stay that way) researching an evangelical social movement would prove to be a stumbling block. Instead, I found research participants willing and sometimes even

eager to talk to me about their faith, assuming I didn't understand much about evangelicalism, an image I came by honestly. While I was consistently solicited in what I came to privately refer to as 'conversion attempts,' most women simply asked about my religious background and after hearing my rather stumbling, ill-defined answer, said they hoped I would experience Jesus' love soon, and they would be happy to talk to me about my faith (or lack thereof) at any time. In interviews, research participants made a point of explaining their religious views at length, telling me they knew I was unfamiliar with this aspect of their lives. When this occurred, I expressed my appreciation for their patience and took the opportunity to ask follow-up questions to clarify my understandings of their religious worldviews.

The shared status of motherhood also proved to a critical factor in establishing rapport. Conversations with activists could become awkward, such as when my pro-choice views came up in conversation, or when I would meet a new person and tried to start an informal conversation. Sometimes I saw tension between activists themselves as they disagreed on politics or center policies. In these situations, I noticed discussing motherhood and children tended to reduce the tension in the room, as most of the women were married with children. This was also an arena where I could be a legitimate insider. Topics included schools, illnesses, recreation activities, and the birth of grandchildren. I proved to be an inadvertent source of interest as the only single mother, and activists would inquire about various aspects of this part of my life. While a few pointedly asked me if I realized my son would suffer without his father, most activists simply asked how I juggled paid work and family, and congratulated me on remaining in school.

The negotiations I describe demonstrate the careful balance a researcher must strike when holding salient outsider statuses (Miller and Glassner 2004) and the power of insider statuses

52

(Finch 1984) in overcoming such obstacles, at least partially. The positive responses I received from many of my research participants suggested I did reasonably well in establishing rapport without obscuring my purpose for being at the center. Many research participants eventually expressed happiness that I was doing the research, one person even going so far as to say she believed I was "doing the Lord's work" and was there for "a higher purpose." Some made a point of telling me they appreciated a pro-choice person taking the time to thoughtfully examine their perspectives. After concluding interviews, activists seemed to decide they could trust me, and offered me multiple referrals for additional interviews, sometimes without me even asking. These referrals made it much easier to approach other SPC activists with interview requests. Activists invited me to prayer meetings, political rallies, and fundraisers and gave me citations, books, magazine, and films they thought would be helpful for the research.

However, while I was able to negotiate a place for myself in SPC, I did not have complete success in my interactions with all activists. I continued to feel some activists regarded me with suspicion and was extremely cautious in how I presented myself. The first few months in the center, I found the 'conversion attempts' uncomfortable and increasingly annoying, especially when one activist told me I was not Christian because I was a Catholic and another questioned my parenting skills in light of the fact I did not bring my son to church services. I constantly wondered if these activists thought about me in the same condescending manner they talked about clients, namely that I was sexually immoral due to weaknesses in my character and ignorant of the damage I caused my child by denying him a father. While a few activists felt single motherhood was a legitimate choice for some women, another activist told me single mother families were not real families, then patronizingly told me she was sorry she hurt my feelings. I had the most difficulty with the activists who openly made racist or elitist remarks,

53

particularly when other activists agreed. Remaining quiet and managing my facial expressions during such times was draining, but I felt this was the only choice I could make without compromising my data collection. Alienating the activists I was observing would prevent me from gaining any real insights into their perspectives. While I answered any questions activists asked me honestly, I kept my responses brief and generally did not volunteer opinions even in casual conversation unless asked about my thoughts on a specific issue.

An encounter with Jana epitomized my sense of emotional strain in this early part of the research. While interviewing Jana, I began to dislike her, and remember thinking if this is what all CPC counselors were like, the pro-choice organizations would be vindicated in their accusations. My research notes illustrate this;

Interviewed Jana today. For the first time [three months into the study], I feel like I've actually run into the stereotypical CPC worker (i.e. religious fanatic, right-wing nut job, etc). She made several intolerant statements during the interview about other religions, homosexuals, etc. She told me a lot of people think she is close-minded, but she knows she is right. Her unshakable faith in her interpretation of God's word was unsettling. I think I did a good job in the interview blocking any external or internal negative reactions, but after I left the center and was by myself I was in a rotten mood that I couldn't shake.

Today made me realize that during an intense day at the center, I seem to do fine while there, but afterwards feel physically exhausted, almost flu-like in terms of body aches. I am usually in an absolutely foul mood, and do not want to work or talk to anyone for several hours. Now that I've noticed this is a trend, I've labeled it my "emotional

hangover." Next week I am meeting Jana again because the interview ended early when she got a call from her children's school. Should be a hellava hangover.

This was the strongest negative reaction I had to an activist, in SPC as well as the rest of the study. Some other SPC activists expressed sentiments I found unappealing, but never to the degree Jana did. The amount of emotional labor was significant for several months, but not uncommon for qualitative work (Kleinman and Copp 1993).

The intensity of my feelings began to abate after a few months, and much of this had to do with *my* acclimation and making enough field observations to see beyond the surface of CPC activism. I became more comfortable entering the center as activists seemed to grow accustomed to my presence and we had the chance to talk casually about matters unrelated to the center, such as our children. Sarah, an assistant director, and I became friends, meeting for coffee or lunch from time to time. Sarah preferred to work in the clothing program, thereby avoiding potentially uncomfortable counseling situations, and earnestly told me how worried she felt for some of the women coming in, explaining she wished she could do more than offer them clothing, and how she always prayed for them. This was the first time I could see activist prayer as a sincere expression of goodwill instead of a judgment or recruitment effort. My experiences with Jana and Sarah helped me begin to see the continuum on which activists were placed in terms of worldviews and attitudes toward clients.

The variation in activists became more apparent as I continued observation and started interviews. Some women were closer to Jana in worldview, while others centered their responses on their desire to help women clients and expressing empathy for clients in difficult situations. Seeing this variation and realizing how far activists were from the stereotypical "doormats"

55

conservative women are often assumed to be let me appreciate the complexity of the movement and reenergized my commitment to the project (Stacey and Gerard 1990).

Issues of Representation

It is inherently difficult to fairly represent research participants when the researcher does not share their worldviews. Given these activists are part of a polarized social issue there is no neutral ground I can take when presenting my findings to other scholars. I am aware some academics may see my efforts to accurately portray my research participants as disloyal to feminist and other progressive efforts, and I must be clear that my work is a representation, not an endorsement.

I am also concerned with balancing my own pro-choice, feminist positions with the pro-life positions of my research participants. The nature of research participants' reactions to my work is the most salient. Most of my research participants had first- or second-hand experience with crisis pregnancy, abortion, and/or adoption, sharing personal and often very painful information with me. In several cases, women shared experiences with me they had not told their own families. Several women cried during their interviews as they recounted the details of their abortions or sadly recounted the stigmatization they experienced while pregnant and unmarried. I am concerned how these research participants will react to what I write, particularly when my conclusions do not corroborate their experiences. For example, much of the movement rhetoric regarding Post-Abortion Syndrome is controversial or flatly denied by various medical authorities. I discuss this in my work, noting the balance of evidence clearly indicates many women do find abortion to be a painful and traumatic experience, yet scientific studies do not support the concept of PAS as a unique psychological condition linked to abortion. Given the

trust women showed me in discussing their abortions, I am reluctant to write anything they might see as a betrayal, yet I cannot ignore an issue central to the movement.

I also feel very awkward considering how some activists will react to my portrayal of their activism or the centers they work in. In particular, SPC receives the most attention in my findings, both because it is the site of my extended field work and because SPC represents a far end of the continuum of center models. SPC is by far the most conservative, with the least comprehensive range of services and the source of many insights regarding the raced and classed nature of the movement. I cannot imagine the center will be pleased with everything I write. Unlike the sense of obligation I feel to research participants who told me about very personal aspects of their lives, I do not feel relating the details of my observations in SPC is a betrayal of any sort, but I am concerned about reactions of center activists. Given these concerns and the fact I intend to continue this line of research, I anticipate my researcher roles will necessarily continue to evolve as I negotiate these issues of representation.

TABLE 1: RESEARCH PARTICIPANTS BY CENTER AND REGION

Research participant*	Age	Experience	Position
Southern Pregnancy Center (Southeast)			
Debra	52	3 years	Director
Sarah	37	2 years	Assistant Director
Mary	65	18 years	Assistant Director
Allison	23	2 years	Counselor
Gabrielle	24	1 year	Counselor
Paige	55	4 months	Counselor
Laura	63	17 years	Counselor
Elizabeth	65	12 years	Counselor
Kristin	45	21 years	Counselor
Callie	21	1.5 years	Counselor
Audrey	40	4 years	Counselor
Barbara	50	3 years	Counselor
Jana	29	1 year	Counselor
City Pregnancy Center (Southeast)			
Sharon	54	5 years	Director
Eva	48	6 months	Assistant Director
Outreach Pregnancy Center North (Southeast)			
Julia	49	7 years	Client Services Manager
Hannah	50	7 years	Hotline Counselor
Christy	40	4 years	PACE Counselor
Jocelyn	54	8 years	PACE Counselor
Jillian***	45	6 years	Sonographer
Outreach Pregnancy Center South (Southeast)			
Sylvia	62	2 years	Director
Alexis	30	6 years	Assistant Director
Lily	45	2 years	Counselor
Abigail	27	1 year	Counselor
Piedmont Pregnancy Resource Center (Southeast)			
Nicole	34	1 year	Director
Jessica	31	1 year	Board of Directors
Bob	31	1 year	Board of Directors

Care Center (Southeast)

Tim	37	10 years	Director

Southwestern Women's Centers (Southwest)

Caroline	63	23 years	Executive Director of five centers

Midwest Clinics (Midwest)

Gloria	39	3 years	Executive Director of five centers

High Point Centers (West)

Olivia	56	20 years	Executive Director of five centers

Mesa Pregnancy Center (Southwest) and DC Center (Washington, D.C.)

Michelle***	53	22 years	Director, Board of Directors

Central Pregnancy Center (Northeast) and Great Lakes Pregnancy Center (Midwest)

Anna***	55	25 years	Director

National Networks (Care Net and Heartbeat International)

June	62	35 years	President
Eli	44	17 years	Vice President
Michelle***	53	22 years	Training Consultant
Anna***	55	25 years	Training Consultant

Related Organizations

Faith Maternity Home (Southeast)

Samantha	65	20 years	Director
Jillian***	45	6 years	Board of Directors

Sonogram Consultants (West)

Brooke	50	20 years	Owner, Sonographer
Grace	49	6 years	Sonographer
Jillian***	45	6 years	Sonographer

State Pregnancy Care Resources (Southeast)

Ella	50	10 years	Training Consultant

Serving Women Now (West)

Anna***	55	25 years	Training Consultant

Note: All activists are Caucasian with the exceptions of Sharon and Eva, who are African-American and Eli, who identified as multiracial.

*All research participant names are pseudonyms.
**All center names are pseudonyms; however, the network organization names, Care Net and Heartbeat International, are real.
***Activists listed multiple times are affiliated with more than one organization.

CHAPTER FOUR

THE HISTORY OF THE CPC MOVEMENT

The purpose of this chapter is to document the origins and development of the CPC movement with specific regard to the larger contexts of pro-life activism and evangelical Christianity. Given that this is the first in-depth study of the CPC movement, I need to provide a detailed empirical overview to situate the movement and discern its larger significance for pro-life and religious activism. The chapter begins by summarizing the events leading to the legalization of abortion in the United States in 1973. Prior to the mid 1800s, abortion was neither a moral nor a legal issue, but rather a private matter among women. By the 1850s, men physicians used abortion as the centerpiece in their efforts to build the prestige of their occupation, claiming abortion was a complicated medical issue best governed by licenses professionals. The medical redefinition of abortion took control out of women's hands and resulted in nearly a century without any meaningful public debate on the issue. At no point until the 1960s was abortion cast in gendered terms, despite the fact that women continued to abort in significant numbers and were often injured or killed by illegal, unsafe abortions.

In the 1960s, a number of events thrust abortion – and the widely divergent opinions held by Americans on the subject – into the public spotlight. For the first time, women began to shape public discourse on abortion by framing it in terms of women's rights. In 1973, two Supreme Court decisions made abortion legal in all 50 states, spurring the development of four distinctive pro-life movements in response. I consider each of these four movements in turn, paying the most attention to the direct action movement due to the contrast it offers to the CPC movement.

After drawing strategic comparisons between the first three movements and the CPC movement in contemporary context, I offer a detailed history of the CPC movement. While it may seem counter-intuitive to describe the modern forms of pro-life activism prior to a historical discussion of CPC, I believe the significance of the CPC movement is better understood in the context of the other pro-life movements and evangelical Christianity as they currently exist.

I trace the origins of the CPC movement from ad hoc efforts in church basements to the development of national affiliation networks that led the movement through a period of public outrage that threatened to permanently cripple it. In the aftermath of a series of damaging events spurred by CPCs' practices, the movement emerged with a newly professionalized image that prompted unprecedented growth and feminized the image and leadership of the movement.

Anti-Abortion Politics in Historical Perspective, 1800-1960

In contrast to widespread assumptions on the part of both abortion activists and the general public, anti-abortion sentiment has been neither common nor particularly strong throughout the history of the United States (Condit 1990). In fact, in 1800, not a single state had a criminal abortion law and between 20% and 33% of all pregnancies ended in abortion during the nineteenth century (Luker 1984: 19). Generally speaking, abortion was a private, practical matter between women who shared lay knowledge regarding pregnancy termination, not a moral or legal issue (D'Emilio and Freedman 1997; Joffe 1995; Yalom 2002).

The first anti-abortion movement did not emerge until the mid 1850s when physicians chose abortion as the focal point of their campaign for professional status. In the early 1800s, medicine was neither a licensed nor regulated profession. Any individual with relevant skills, regardless of gender or formal training, could practice medicine, which was neither prestigious nor well-paid. As a result, the occupation was open to people from varied backgrounds,

including women, who were far more likely to provide abortion services than men physicians. Formally trained physicians, virtually all men, sought to enforce a licensing system on the profession in order to keep out lay competitors. For such a strategy to work, physicians needed to medicalize the procedure and convince the public they had knowledge and authority that justified turning only to "regular" physicians for medical treatment and paying their higher fees. To make their case, physicians recast the practical matter of abortion into a medical issue requiring physician supervision (D'Emilio and Freedman 1997; Ehrenreich and English 1973; Joffe 1995; Korbin 1966; Luker 1984; Mohr 1978; Solinger 2005; Yalom 2002).

Physicians justified their efforts by claiming fetal life was the moral equivalent of human life, and women were aborting in large numbers due to their ignorance of this fact. As those who understood the true humanity of the fetus, physicians should safeguard fetuses from their mothers' ignorance and destruction. However, physician control over women's reproduction proved more important than protecting fetal life. Physicians were quick to argue abortion was sometimes necessary to save the lives of pregnant women, but only a trained physician was capable of making this delicate moral decision based on the available medical evidence. According to physicians, state law should ban all abortions except when a woman's life was at stake, and states should legally decree that only physicians could decide if this was the case. The physicians' efforts were successful, and by 1900 every state banned abortion, although most allowed "therapeutic" abortions if the woman's life was threatened (Ginsburg 1989; Luker 1984; Mohr 1978). However, the legal criteria for establishing an abortion as therapeutic or illegal were extremely vague, giving physicians incredible leeway in deciding which patients would have access to abortion and under what circumstances, but leaving women at the mercy of relatively

arbitrary decisions (D'Emilio and Freedman 1997; Ehrenreich and English 1973; Joffe 1995; Korbin 1966; Mohr 1978; Solinger 2005; Yalom 2002).

The physicians' campaign did not occur in a social vacuum. A number of social changes contributed to this dramatic change in the legality of abortion in the latter half of the nineteenth century. The United States as a nation became increasingly more urban. As more Americans left rural life and farming, large families stopped being an asset and became a significant expense (Solinger 2005). Birth rates dropped accordingly, from an average of seven births per woman at the beginning of the century to just over 3.5 births by 1900. The most dramatic changes occurred among Caucasians, and evidence indicates white married women had the highest rates of abortion in this period (Ginsburg 1989; Luker 1984). Simultaneously, America experienced large influxes of immigrants, whose birth rates were higher than those of the native born population, especially Protestant Caucasians. White authorities feared white women's lower rates of births and higher rates of abortion would lead to a loss of racial and class hegemony (Friedman 1993; Joffe 1995; Mohr 1978; Petchesky 1990: 1990; Solinger 2005; Yalom 2002).

State legislators and public authorities concerned with the preservation of the racial hierarchy were eager to restrict white women's access to abortion, and endorsed abortion restrictions accordingly. Ironically, it was just these privileged women who were the most likely to have access to sympathetic family physicians or information networks that allowed them access to abortion. Women of color, immigrant women, and poor women had less access to safe and/or legal abortions, and the higher morbidity and mortality rates suffered by these women attest to this fact (Joffe 1995; Petchesky 1990; Reagan 1997; Yalom 2002). In fact, while approximately 90% of technically illegal, private abortions were medically safe, 76% of self-induced abortions, often the only option open to marginalized women, were unsafe (Solinger

2005: 122). However, these abuses did not undermine overall support for abortion restrictions or introduce fresh debate, since these were not the women authorities were concerned with in the matter of abortion. The invisibility of marginalized women, and the cloak of medical legitimacy shielding more affluent women's access to abortion meant that abortion as a moral and social issue lay dormant from the early 1900s until the late 1950s (Solinger 2005).

Making Abortion Public, 1960 to 1973

The silence surrounding abortion, whether legal or illegal, led both physicians and lay Americans to believe there was a general consensus about when abortions should be performed. Broad constructionists interpreted the "life" of the pregnant woman to include her mental health and family's well-being. Strict constructionists felt the "life" of the pregnant woman literally meant preserving her physical life, not her physical health or mental well-being. Both sides assumed theirs was the dominant view until a number of social changes in the 1960s and 1970s exposed the deep divisions over abortion (Luker 1984).

First, medical advancements dramatically limited the circumstances under which an abortion could be considered necessary to preserve the physical life of the pregnant woman. When there was not a corresponding decrease in the numbers of abortions, the medical community became aware of its own internal divisions between strict constructionists and broad constructionists. In an effort to mediate these differences, the profession called for the establishment of hospital boards to review individual patient requests for abortions. These boards sharply restricted access to abortion, as only those abortions all members felt were permissible were allowed. Moreover, many hospitals administered a quota system, refusing to allow their monthly or annual number of abortions to go above a certain number. Patients' requests for abortions could be refused based simply on the timing. In addition, patients with greater wealth

were more likely to be well-connected and have their abortions approved than their less affluent peers. Physicians and patients increasingly perceived hospital boards as arbitrary and unfair (Ginsburg 1989; Luker 1984; Solinger 1993).

Second, the actual abortion procedure became less private as more medical procedures, including abortion, moved from the home into formal hospital settings. As abortion became more visible to the public, so too did the variety of justifications and the potential for conflict among medical professionals and the public. This conflict reached a fever pitch in 1962 with the Finkbine case. Sherry Finkbine was a young, attractive, white, married mother of four and expecting her fifth child. Finkbine became aware that a prescription drug she had taken throughout her pregnancy, Thalidomide, was linked to severe birth defects. She received approval from a hospital board for an abortion. The day before the abortion was scheduled, a local paper published the story. The hospital cancelled the surgery in the midst of public outrage. Finkbine and her husband were forced to travel to Sweden to procure an abortion early in her fourth month of pregnancy. The surgeon later told her the fetus had been so deformed, it could not have survived (Ginsburg; 1989; Hadley 1997; Luker 1984; Schur 1968; Solinger 1998).

The Finkbine case meant broad constructionists and strict constructionists became painfully aware there was no one dominant view about when abortion was permissible. The degree and depth of conflict within the medical community and general public took each side by surprise and exposed deep divisions over abortions; each had assumed theirs was the dominant, and generally unproblematic, interpretation of the circumstances under which abortion was permissible. Finkbine was the ideal broad constructionist case; she was married, without any hint of inappropriate sexuality; she embraced motherhood; and she only wanted an abortion because of severe fetal deformity, not to limit the size of her family or control the timing of her

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pregnancies. There was nothing for broad and strict constructionists to debate, except the most basic of questions; whether abortion was permissible for reasons other than to prevent the death of the pregnant woman. The consensus among physicians that abortion was the rightful purview of institutionalized medicine began to crumble (Ginsburg 1989; Hadley 1997; Luker 1984; Schur 1968; Solinger 1998).

Abortion had finally become a matter of public debate and the fervor of the debate was intensified in the late 1960s by the first women abortion activists seeking the repeal of all abortion laws. These "repealers" made a hitherto unheard of claim; that abortion is critical to women's equality and as such, abortion is a woman's right. Although the reform of abortion laws had effectively made abortion on demand a reality in many states, repeal activists were not satisfied with *de facto* access that came at the price of a legally institutionalized definition of women as primarily mothers or potential mothers who needed to ask for permission to make decisions about motherhood. So long as any woman could be denied an abortion she deemed justified, all women could be denied full personhood and equality with men. Activists established underground abortion referral systems for abortions, run almost entirely by women, demonstrating their commitment to taking abortion out of the hands of physicians and putting women in control of the decision and process (Bart 1987; Condit 1990; D'Emilio and Freedman 1997; Ginsburg 1989; "Jane" 1990; Joffe 1995; Kaplan 1995; Karlin 1998; Luker 1984; Petchesky 1990; Reagan 1997).

Dramatic changes in women's family and work roles provided momentum to the movement for repeal. Women entered the work force in increasing numbers, and spent more of their lives in paid labor as family sizes shrunk. As women became more available for paid work, they also increased their human capital. Women earned ever-greater proportions of college

degrees and sought skills and training putting them on par with male peers. Yet they still found themselves relegated to the same dead-end jobs considered appropriate for mothers who 'needed' flexible, low-skill, easily interrupted work. Women were told men deserved better jobs because they were better qualified and more dedicated to continuous paid labor. Given that many women had similar, and in some cases superior, credential, and that they now had long periods of time to devote to uninterrupted paid work, it became clear women were paying a high cost for being mothers, or at least potential mothers. Repealers argued that abortion was necessary to end these gender inequities in pay, promotion, and opportunity for once and for all. So long as any woman's career could be derailed by an unplanned pregnancy and motherhood, society could justify treating all women as if their paid labor was contingent and unnecessary (Condit 1990; D'Emilio and Freedman 1997; Luker 1984; Petchesky 1990; Solinger 2005).

Women's growing awareness of structural gender discrimination prompted them to reconsider their experiences with abortion as well. Many women who became active in the repeal movement had previous experiences with abortion, experiences that had proved humiliating or dangerous. While most of these women previously had not questioned the social conditions that pushed them to such lengths to obtain a procedure they deemed necessary, the repeal framework caused many to reconsider their experiences as the result of discrimination against women and men's illicit control of women. As such, the conditions they were forced into in obtaining abortions were viewed as violating women's right to bodily autonomy (Condit 1990; Luker 1984; Joffe 1995; Kaplan 1995; Miller 1993; Petchesky 1990; Reagan 1997; Solinger 2005). As momentum built up, repealers' efforts proved effective; between 1960 and 1973, 16 states reformed or repealed their criminal abortion laws, foreshadowing the 1973 *Roe v. Wade* decision handed down by the Supreme Court (Luker 1984: 126).

Emergence of Modern Pro-Life Activism, 1973 to the 1980s

On January 22, 1973, the Supreme Court handed down two decisions on cases critical to the status of abortion. In *Roe v. Wade,* the court ruled that a constitutional right to privacy extended to a woman's decision to terminate her pregnancy. The court also recognized that the right to privacy is not absolute and that a state has valid interests in safeguarding maternal health, maintaining medical standards, and protecting potential life. According to the court, a state's interest in potential life is not "compelling" until viability, the point in pregnancy at which there is a reasonable possibility for the sustained survival of the fetus outside the womb. A state may prohibit abortion after viability, except when it is necessary to protect a woman's life or health. Quantifying its decision, the court found that in the first three months of gestation, or the first trimester, the decision to abort must be left to the woman and her doctor. After this point, states may restrict but not prohibit second trimester procedures, and third trimester procedures may be prohibited, except when abortion is necessary to preserve maternal health (*Roe v. Wade* 1973).

Doe v. Bolton provided a broad interpretation of maternal health, stating:

> medical judgment may be exercised in the light of all factors - physical, emotional, psychological, familial, and the woman's age - relevant to the well-being of the patient. All these factors may relate to health. This allows the attending physician the room he needs to make his best medical judgment (*Doe v. Bolton* 1973).

Roe and *Doe* were both decided by 7-2 majorities, and struck down conflicting laws in 46 states. However, it must be noted that while *Roe* and *Doe* are commonly thought of as pro-choice or feminist victories, the court did not explicitly place decision-making authority with women, as the last sentence of the quote above demonstrates. Rather, these decisions protected the professional autonomy of medical professionals. No provisions are implied regarding the

availability of abortion. This point was driven home with the 1977 Hyde Amendment, which banned the use of Medicaid funds for abortions for poor women, but simultaneously allowed prenatal and delivery expenses to be covered (Ginsburg 1989).

Immediately after *Roe* and *Doe*, legal abortion showed huge jumps in numbers, up to 20% a year as supply began to catch up to demand, and women who in prior years might have had illegal abortions could now safely seek legal abortions (Luker 1984). Nineteen percent of pregnant women had legal abortions in 1973; by 1979, 30% of pregnant women ended their pregnancies via legal abortions (an increase of 58%). Abortion rates among pregnant women remained 30% for several years until 1983 when rates dropped (Henshaw 1987; Petchesky 1990: 142). The stability of the proportion of pregnancies ending in legal abortions suggests the absolute number of pregnancies did not change as dramatically as did the number of aborting women who gained access to legal abortion. However, although access to abortion became less subject to individual women's material and social resources, not all factions were pleased.

Pro-life activists mobilized prior to 1973 and after were stunned by the *Roe* and *Doe* rulings. Pre-*Roe* activists were most likely to be Catholic men in professional careers or non-Catholic professionals whose work brought them into contact with abortion, including physicians, lawyers, professors, and social workers. Given their occupational backgrounds, these earlier activists were familiar with the extent of illegal abortion, but found the idea of legal abortion 'on demand' to be so outrageous they believed it would never occur. When it did, these activists initially believed the public needed to be educated about the humanity of the fetus, and *Roe* and *Doe* likely would be overturned in the resulting public outcry. Using their professional networks and organizational memberships, these activists attempted to reverse *Roe* and *Doe*

through lobbying and mass education. To their dismay, these earlier activists found their efforts had little effect in reversing support for legal abortion (Ginsburg 1989; Luker 1984).

Pro-life activists mobilizing after *Roe* and *Doe* were quite different from the earlier activists. Just as repealers marked women's entrance into the pro-choice side of abortion activism, the post-*Roe* era saw pro-life women mobilize in significant numbers for the first time, and women now comprise the majority of pro-life activists (Alcorn 2000: 251; Ginsburg 1989; Luker 1984; Reardon 1987: 71; Willke 1989: 3; Willke and Willke 1997: 19). These women were not professionals; most were married homemakers with young children, had a high school education or some college, and had no previous experience with abortion or political activism. Prior to 1973, these women thought the majority of American society shared their pro-life views and were stunned when the Court handed down its decisions to a distinct lack of opposition from the public. Abortion may have been common, with as many as one in three pregnancies being terminated, but their social worlds would not have exposed them to these facts or to people willingly to admit they had had abortions. These new pro-life activists saw abortion as an issue with far-reaching implications for women's roles, just as their pre-*Roe*, pro-choice counterparts did. As non-professional women, these new activists had made pregnancy, mothering and children the central features of their lives, and felt actively threatened by the implied devaluation of these roles (Granberg 1981: 1982; Luker 1984).

Post-*Roe* pro-life activists soon established their differences with pre-*Roe* activists. The new activists tended to be self-recruited, seeking out a pro-life organization or creating one of their own if necessary. These new activists took a narrow view of what it meant to be pro-life often butting heads with older activists. New activists distributed voter information leaflets, instructing all pro-life citizens to vote only for pro-life candidates, while some older activists did

not see this as the sole criterion for voting decisions. New activists tended to be singly focused on abortion, and older activists were more likely to see the pro-life position as encompassing other issues such as the death penalty, world hunger, and war. Post-*Roe* activists were more impassioned than prior activists; they were not constrained by professional norms and as citizens without prior political experience, they were unlikely to know or subscribe to the established rules of political expression (Ginsburg 1989; Granberg 1981: 1982; Luker 1984).

The nature of post-*Roe* pro-life organization also differed from that of earlier activists. While pre-*Roe* activists had been drawn from professional networks and interacted at the organizational or national level, the new activists redefined the anti-abortion movement as a grassroots-level movement (Diamond 1995). Newer pro-life activists engaged local level tactics, including picketing abortion clinics; harassing abortion providers; operating crisis pregnancy centers; and making public presentations attempting to educate their communities on the pro-life perspective on abortion and related matters such as sexuality and abstinence. Local activists often push the boundaries of existing local, state, and national laws; because the Court left some areas vague, one of the goals of the pro-life activism has been to get these cases back before the Court (Ginsburg 1998; Munson 2009).

Finally, post-*Roe* activists are also less likely to be Catholic, or to organize within Catholic networks. The Catholic Church was a critical institution to the early mobilization of pro-life activists (Petchesky 1981), but the increased emphasis on grassroots autonomy and activists' awareness that anti-Catholic sentiment in the United States hindered their effectiveness led to a split between pro-life activism and the centralized hierarchy of the Catholic Church later in 1973 (Ginsburg 1989). The decision to separate from the Catholic Church was the first in a series of developments resulting in the creation of four distinctive pro-life movements. As the

social, political and culture climate surrounding abortion continued to change over the next 35 years, the pro-life activism as a whole demonstrated similar diversity its development. I now address these developments.

Diversity in the Ranks, 1980s to the Present

Contemporary pro-life activism is divided into four smaller movements, also referred to as arms, (Hartshorn 2003), or streams (Munson 2009).[1] While activists in all four movements believe abortion ends the life of a human being and is therefore wrong, they are distinguishable from each other in their choices of strategies and tactics; in other words, *how* abortion should be eliminated. In particular, gender ratios and the degree to which each type of pro-life movement focuses upon the fetus versus women are critical in shaping these four movements. In what follows, I briefly describe the first three types; the political movement, the direct action movement, and the public outreach movement. I then turn to crisis pregnancy centers, which represent the fourth type of pro-life movement. This section is indebted to Munson's (2009) work, which first identified the typology of pro-life movements.

The Political Movement

The pro-life political movement represents activists who view abortion as a political problem, and pursue changes in the law through institutionalized legal and political processes. The overarching goals of the movement are to overturn *Roe* and *Doe*, and to pass a Human Life Amendment to the Constitution defining the fetus as a person and abortion as universally illegal. Activists in this movement believe abortion cannot end until the matter is taken out of the hands

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[1] One could possibly argue it is more accurate to refer to the four types of pro-life activism as arms or streams of one larger pro-life movement. In this dissertation I refer to the four types as separate, albeit overlapping and related movements, for the sake of clarity and to distinguish the key differences among them. I therefore refer to the political movement, the direct action movement, the public outreach movement, and the crisis pregnancy center movement as separate entities. In Chapters Four and Seven I explore the pro-life universe as a whole, and refer to this conglomeration as the "problem pregnancy industry," following the lead of Faye Ginsburg (1989:100).

of the Supreme Court, which they see as improperly overstepping its authority in a number of abortion cases, especially *Roe* and *Doe*. While activists want to see all abortions ended through legal bans, they also understand they are unlikely to garner enough public support to make their desired changes in the near future. Activists in this pro-life movement therefore pursue an incremental strategy; they work toward smaller goals, such as passing laws that reduce access to abortion (Munson 2009). Such efforts include reducing government funding for family planning clinics; increasing government regulation of abortion clinics and providers; instituting requirements for mandatory delays, counseling and parental consent laws; and limits on the types of abortions that may be performed, such as their efforts to ban 'partial-birth' abortions. Activists rely on a set of institutionalized, non-controversial tactics; letter writing campaigns; rallies; petitions; lawsuits; lobbying; and campaign contributions to influence conventional politics (Munson 2009).

The National Right to Life Committee (NRLC) is generally representative of this mainstream, moderate pro-life movement. It publishes its own voter guides, endorses pro-life candidates, makes campaign contributions, and lobbies on behalf of abortion restrictions. Like many political pro-life organizations, the NRLC is organized at the local, state, and national levels. It works to influence elections and legislative activity at all three levels, thereby using political tactics to achieve a political outcome (Gamson 1975; Ginsburg 1989; Munson 2009). Approximately two-thirds of political pro-life activists are women, and women are also represented reasonably well in leadership, comprising more than half of state-level leaders (Willke and Willke 1997: 19). However, this movement is not focused on abortion as a gendered issue, or one that affects women disproportionately relative to men. Instead, political pro-life

activists seek to codify the fetus' human status into law, making women's status a secondary concern at best.

For the first ten years after *Roe* and *Doe*, the focus on working within the boundaries of the political and legislative institutions characterized pro-life activism as a whole. While the politics movement is no longer the primary or largest pro-life movement, it is still very active. Recent successes include the 2003 federal 'partial-birth' abortion ban and the Supreme Court decision upholding the constitutionality of the ban (*Gonzales v. Carhart* 2007). Beginning in 1983, however, this movement experiences internal conflict over the direction and strategies of the pro-life cause. A lack of definitive political success in the late 1970s and early 1980s led to internal factions and the development of the most confrontational, and at times violent, form of pro-life activism – the direct action movement.

The Direct Action Movement

For the first ten years after the *Roe* and *Doe* decisions, the bulk of pro-life energies were expended in the political movement amid a general consensus that pro-life goals were best pursued through institutionally accepted means. However, this focus on civility was short-lived. In 1983, the Supreme Court handed down decisions on three critical abortion cases that reinforced the initial *Roe* and *Doe* decisions. In *City of Akron v. Akron Center for Reproductive Health Inc.* (1983), the Court declared a number of abortion restrictions unconstitutional, including waiting periods and requiring the attending physician (as opposed to another qualified individual) to provide patients with pre-abortion counseling about the risks of abortion and alternatives such as adoption. In *Planned Parenthood, Kansas City, MO. v. Ashcroft* (1983), the Court ruled that states could require a second physician to attend late-term abortions to provide care for the fetus if it survived the procedure, thereby legitimating late-term abortions. The

Simopoulos v. Virginia (1983) decision found that while states could not require all abortions after 12 weeks gestation be performed in hospitals, states could require such abortions to be performed in hospitals or outpatient clinics, removing an obstacle for women seeking abortions after the first trimester. Pro-life activists were appalled by these events. A decade of legislative and political efforts had yielded little progress toward Constitutional amendment banning abortion or overturning *Roe* and *Doe*. It was now apparent the pro-choice status quo was firmly established in the judicial system, and denying women access to abortion via legal restrictions would not be tolerated.

Frustrated and outraged, increased numbers of pro-life activists turned to direct action. These activists saw abortion as an immediate problem that required an immediate solution, and were willing to use non-institutional means such as civil disobedience. Direct actions activists' goals are two-fold; to stop individual abortions in the immediate present, and to attract enough attention from the media that the public is forced to reconsider the morality and legality of abortion. Eventually, direct action activists hoped to spur cultural or legal change that will reduce or end abortion, but their primary focus is stopping abortions one woman at a time. Once abortion is stopped, America can then begin its journey back to a more godly society (Maxwell and Jelen 1995: 1996; Offley 2000; Terry 1988; Williams and Blackburn 1996; Youngman 2003).

Direct action activists target clinics as the site of their activism, referring their efforts as "rescue operations." Tactics include picketing, sidewalk counseling aimed at getting women entering the clinic to leave without getting an abortion, prayer chains, chanting, harassing clients and clinic staff, and writing letters of protest (Maxwell 2002; Maxwell and Jelen 1996; Munson 2009; Terry 1988). More extreme tactics include recording patients' license plate numbers in

order to track clients' phone numbers, and call their homes to announce someone in the household had an abortion that day. Some rescue organizations demonstrated a willingness to organize clinic blockades, where women are physically prevented from entering the clinic by protestors, and invasions, where protestors enter the operating rooms and disrupt abortions in progress. If clinic protests turn violent or laws are broken, activists are trained in passive resistant to arrest (Ginsburg 1998; Maxwell 2002; Williams and Blackburn 1996).

Militancy in the Direct Action Movement

A small but disproportionately influential proportion of direct action activists are physically violent toward abortion clinic workers and the clinics themselves (Blanchard 1994; Blanchard and Prewitt 1993; Maxwell 2002). The first overt act of violence against an abortion clinic occurred in 1977, when a clinic in Minnesota fell prey to arson (Solinger 2005: 207). However, for the next several years, pro-life violence remained isolated and relatively rare compared to what was to follow. In the six years between 1977 and 1982, there was an average of 19 violent incidences per year for the nation as a whole, including arson, bombings, death threats, and assault. In the three year period after the 1983 Supreme Court decisions, this number jumped to an annual average of 106 acts of violence (National Abortion Federation 2004: 2008). By 1985, 88% of non-hospital abortion providers (representing 74% of all abortion procedures performed that year) reported their clinics were the target of multiple instances of anti-abortion harassment, including vandalism, death threats, picketing of staff members' homes, disconnecting telephone lines, scheduling fake appointments, blockades, clinic invasions, recording patients' license plates, and physically preventing patients from entering the clinic (Forrest and Henshaw 1987).

The most notorious direct action organization is Operation Rescue, established by Randall Terry in 1988. Operation Rescue achieved prominence with sustained sieges on clinics, beginning with a five-month blockade of Atlanta abortion clinics in 1988. It is not clear if the organization participated in interpersonal violence as well as extremist direct action, although Terry made it clear he believed such violence to be justified. Terry claimed to be fighting a "war" to prevent the wholesale murder of innocent children. This rhetoric appealed to his designated "troops" and "warriors." Terry claimed only men could lead the "troops" into such an intense battle, and few women participated in clinic blockades. Those who did belong to Operation Rescue were usually in invisible support roles, bailing men out of prison after clinic arrests or bringing food and water to the blockade site. The image presented by the movement was unrelentingly aggressive. Operation Rescue received so much media attention in the late 1980s the public began to equate Operation Rescue with pro-life activism generally. Thus, the image of the pro-life movements in the public's mind was hyper-masculine, aggressive, and overtly religious (Diamond 1989; Ginsburg 1998; Rubin 1993; Terry 1988).

Chagrined by these events, moderate pro-life activists saw the credibility they had carefully cultivated for their movements dissolve (Maxwell and Jelen 1995; Munson 2009). Anti-abortion violence escalated, culminating when four clinic workers were murdered and another eight were subject to murder attempts in 1994, after which the direct action movement began losing influence and membership (National Abortion Federation 2008). A series of federal legislation aimed at curbing clinic violence and increasing condemnation from pro-life activists and the general public pushed Operation Rescue and other direct action organizations into obscurity in the mid 1990s (Diamond 1995; Maxwell 2002; Munson 2009).

After the mid 1990s, there were still smaller groups organizing protests and rescues, but these were small and poorly organized. The heyday of sensationalist media spectacle was over. Today direct action is generally limited to prayer vigils, harassing abortion providers by leafleting their neighborhoods, and more staid protests in front of clinics. Direct action activists also continue to practice sidewalk counseling, and their demeanor in talking to clinic patients ranges from quiet empathy to screaming and name-calling (Munson 2009). Other pro-life movements try to distance themselves from the direct action movement, feeling it is damaging to pro-life activism as a whole (Blanchard and Prewitt 1993; Munson 2009).

Despite its notoriety and lack of sustainability, the direct action movement had profound consequences for entirety of pro-life activism. First, direct action shifted the religious composition of the pro-life movements. Terry mobilized thousands of previously politically inactive evangelical Christians. While the first evangelicals to enter the pro-life movements were men direct action activists, the influx of evangelicals continued, bringing women and more moderate activists as well. As discussed above, the majority of pro-life activists are now women and evangelicals. Second, the extremism of direct action indirectly benefited other pro-life movements which appear quite moderate in comparison. Operation Rescue provides a perfect foil for other pro-life movements' identity construction. These other movements, particularly the CPC movement, define themselves in explicit opposition to extremist and violent direct action. As I discuss at length in subsequent chapters, the aggressive, fetal-centered tactics of direct action are juxtaposed with the relational, persuasive strategies pursued by the woman-centered CPC movement. Finally, direct action offers insight into the intersections of religion and gender within pro-life activism. Direct action activists believe that to actually be spiritually faithful and pro-life, one must act on one's principles even if one cannot reach his or her ultimate goals.

Persevering despite stigma and overwhelming odds is an act of faith in itself, and motivates activists to continue (Maxwell 2002; Rubin 1993; Terry 1988). In the case of direct action activists, we see hegemonic masculinity dictating the form faith should take. In the case of CPC activists, the religious tradition is similar, as is the commitment to act faithfully despite seemingly difficult odds. However, the feminine gender of the movement and activists creates a completely different movement, as I discuss below.

The Public Outreach Movement

Like direct action activists, public outreach activists seek to enact widespread cultural change. However, while direct action activists often try to intimidate individual women or shock media audiences into adhering to their vision, public outreach activists believe abortion can be ended by educating the public about the true nature of abortion. Abortion is a problem of misinformation; the public does not understand the fetus is a fully human baby, and that abortion is tantamount to murder. The role of the public outreach activist is to educate the public out of their ignorance. Once the lies told to the public by the pro-choice movement are exposed and public understands that abortion is the murder of an innocent life, a "culture of life" will be restored. This renewed culture is demonstrated by supporting pro-life candidates and openly identifying as pro-life (Munson 2009). While many rank-and-file activists in the public outreach movement are women, men comprise the majority of leaders in this pro-life movement, and the movement focuses on the fetus, just as the political and direct action movements do (Blanchard 1994: 87).

Tactics include advertising to attract attention and education materials to present the substance of their arguments. Advertising is fairly routine; radio and television commercials, newspaper ads, billboards, and bumper stickers are common. Educational outreach includes

printed materials such as brochures, speaking engagements, and school curricula (see for example, the Human Life Alliance at www.humanlife.org, Justice for All at www.justiceforall.org, or Feminists for Life at www.feministsforlife.org). Organizations in this movement tailor the message to the audience by providing by secular alternatives to religious materials when appropriate (Munson 2009). For example, organizations that present abstinence as the key strategy for avoiding unplanned pregnancies and subsequent abortions often present their information in both private and public schools. When presenting in a religious school, religious materials are the norm. However, gaining access to public schools requires these same materials be stripped of all overtly religious content, although statements about personal morality may remain. These resources are designed to inform people about the "facts" of abortion, not engage in philosophical or ideological debates about the fetus. Such programs often present scientific data about fetal development with the assumption that such data represents indisputable evidence of the fetus' humanity. Activists and organizations may also be involved in efforts around abstinence education (Munson 2009).

In contrast to political activists, public outreach activists do not believe changing laws will be enough to end abortion. If laws change, but public opinion does not, abortion will continue. However, if public outreach activists can successfully "change hearts and minds," physicians will not want to perform abortions and women will not want abortions. Abortion would end not because a law dictated it or access to clinics disappeared, but because people understood abortion as killing, and simply stopped. Similar to the first pre-*Roe* activists, public outreach activists express a seemingly naive faith that the public will rise up in outrage once they understand the pro-life message. Only when ignorance ends will abortion also end (Munson 2009).

Crisis Pregnancy Centers

The fourth pro-life movement is the crisis pregnancy center movement, or what Munson (2009) refers to as the individual outreach stream. CPC activists believe abortion will end when women in crisis pregnancies are given the emotional and material support they need to continue their pregnancies. Activism takes the form of interpersonal, one-on-one relationships established between pro-life volunteers and women in unplanned pregnancies. CPC activism is carried out in small, private settings, not in the political arena or outside abortions clinics. CPCs may involve a single room in a church basement, rented office suites, or free standing buildings. The latter may be quite large, housing many client programs, donation centers, staff offices, counseling rooms and medical services. Centers may be a single localized operation, or one of several centers within a chain managed by a parent organization. Centers operate in whatever space a given organization can afford, but many choose to locate in close proximity to abortion clinics. CPCs have been accused of doing so to deliberately deceive women seeking abortions, but CPC organizations respond they are simply trying to show "abortion-minded" women alternatives to abortion exist.

Local centers are connected to each other through two national network organizations, Care Net and Heartbeat International (HBI). Most centers choose to affiliate with one or both. These national organizations serve as clearinghouses for training materials, client programs, and other informational materials. Care Net and HBI also host annual conferences and serve as the public relations hub for the CPC movement as a whole.

CPCs are financially supported by both organizations and individuals. Unlike other pro-life movements, CPCs are more likely to receive consistent monthly or annual donations from local area churches. Munson (2009) has noted churches' reluctance to become involved with

controversial issues, especially overtly political topics, connecting this to the dearth of local churches supplying resources directly to pro-life movements. However, my research suggests just the opposite is true for CPCs. Frequently, churches are the parent organization for a local CPC, and even in the event a CPC is spun off into a separate entity, the church remains involved as a monthly donor. Congregation members are also likely to make monthly or annual donations to centers. It seems likely that CPCs are more palatable to churches in that centers seek to assist pregnant women directly, and eschew overtly political or confrontational tactics that are decried by critics of the pro-life movements.

As described in Chapter One, there are an estimated 2500-4000 centers in the United States (Gibbs 2007; Lin and Dailard 2002; O'Bannon 2000), and the CPC movement encompasses more organizations, volunteers, and volunteer hours than all other pro-life movements combined (Munson 2009). All centers offer free pregnancy tests and volunteer counseling. Beyond these, services vary quite a bit, and may include parenting classes, financial counseling, baby and maternity clothing, social services referrals, infant items, couples' counseling, abstinence programs, job training, housing, and monetary assistance. Many centers also offer post-abortion counseling and approximately 25-50% of centers offer medical services, including sonograms, STD testing, prenatal care, and/or infant check-ups (Chandler 2006; LifeLines 2008; Waxman 2006).

Crisis Pregnancy Centers within the Context of the Pro-Life Movements

While there are also some points of overlap between CPCs and the other pro-life movements, the pregnancy center movement is unique in a number of important ways. I consider these similarities and differences here. Crisis pregnancy centers overlap in various degrees with various aspects of the other pro-life movements. First, movements focus on individuals or on

reaching large audiences. Like the direct action movement, CPC activists address the problem of abortion at the level of the individual, although unlike direct action activists, they avoid confrontation. Instead, CPC activists seek to establish personal relationships with clients, and gain the clients' trust so that they may persuade the client to "choose life." The political and public outreach movements rely on reaching large numbers of individuals through educational efforts or law. Second, like the political and public outreach movements, CPCs seek public legitimacy for their work, and condemn violent and confrontational tactics, such as those used by the direct action movement. These three more conventional movements seek to work within the existing boundaries of American law, while factions such as Operation Rescue claim God's law will occasionally require man's law to be broken.

Third, movements' strategies also overlap and diverge. Similar to both the direct action and public outreach movements, CPC activists believe both laws and individuals' minds must change in order to end abortion. They do not believe criminalization alone can end abortion. Instead, a combination of education and cultural change, enacted one person at a time, will reduce and eventually end abortion. CPC activists point out that pro-choice and pro-life politicians are swept in and out of office, and courts can overturn laws at any time. Therefore, the most effective solution is not to make abortion illegal, but to make abortion unnecessary (Delahoyde and Hansen 2006). Third, the crisis pregnancy center movement also relies on persuasion to prevent abortions, as does the public outreach movement. In contrast, both the political and direct action movements rely on coercive measures intended to dictate policy and decisions by restricting resources and access to abortion.

Fourth, the movements differ somewhat in their attributions as to the ultimate cause of the problem of abortion. The political pro-life movement argues legal abortion led Americans to

believe it is morally justifiable. The direct action movement believes American culture had become immoral, and seeks to shock the public into reexamining cultural norms condoning abortion. Once this reevaluation occurs, direct activists believe changes in public opinion on abortion will be institutionalized in the law. The public outreach movement blames misinformation, believing the public simply needs to be educated out of its ignorance.

The CPC movement combines two of these diagnostics framings, misinformation and cultural decline. CPC activists are convinced women have been seduced by misinformation that tells them abortion is a simple medical procedure, not a question of immense moral weight. Women are told the fetus is just a "blob of tissue," and denied the information they need to recognize the fetus as a person and abortion as killing this person. CPC activists blame pro-choice organizations and the abortion industry for rhetoric activists feel diminishes the importance of abortion and glorifies abortion as a "choice" any woman is empowered to make.

Second, activists blame what they call the "culture of death." Secular men and women embracing the culture of death fail to recognize the God-ordained differences between men and women and the corresponding prescribed roles assigned to men and women in terms of domestic and work roles. This culture has divorced sexuality from procreation, dismissed the importance of the two-parent family and marriage, and defined many critical life course events, such as marriage and children, as options to be considered, not mandates. Most importantly, those enmeshed in the culture of death do not know Jesus Christ as their personal Savior, not have they surrendered their lives to His will.

The CPC Movement in the Context of Evangelical Christianity

In the late 1970s, elite evangelical preachers began to frame abortion in such ways as to mobilize evangelicals. Preachers and evangelical media figures used explicitly Biblical

terminology to reframe abortion, thus incorporating opposition to abortion as a fundamental aspect of being an evangelical Christian. Elites such as Falwell began to quote Bible verses allegedly demonstrating the immorality of abortion and 'proving' the long history of Christian opposition to abortion. Abortion was also tied to Biblical narratives chronicling social decline and the resulting divine destruction of these societies. Abortion became "a slippery slope" connected to "murder, the holocaust, the slaughter of innocents and ultimately, the crucifixion of Christ" (Harding 1990: 83). By tying opposition to abortion to religious beliefs, elites could also overcome evangelicals' historical reluctance to become involved in political causes, as this involvement was perceived to sully the purity of religious faith and personal relationships with God (Falwell 1986; Smith 2000). After this shift by elite evangelical preachers, increasing proportions of activists cited religious beliefs as the reason they viewed abortion as immoral and as a motivating factor in their decisions to mobilize (Harding 1990; Gorney 1998; Lawton 1988; Maxwell 2002; Petchesky 1981; Risen and Thomas 1998).

Abortion served as the symbolic marker of societal decay and as the locus for evangelical nostalgia for a past when evangelical Christian values were dominant (Watson 1999). In a context of rapid and uncomfortable social change, including the sexual revolution, changes in women's roles, and legalized abortion, many evangelicals took a stand against these changes through pro-life activism, which they felt represented a more moral vision of society. Strident opposition to abortion also provided evangelicals with the opportunity to express their distinctiveness by drawing a line between themselves and those who condoned abortion (McConkey 2001; Smith et al. 1998). At the grassroots level, the result was an increase in individual outreach organizations seeking to establish interpersonal relationships between activists and 'abortion-prone' women in order to prevent abortion. Toward this end, evangelical

activists established CPCs and related organizations such as maternity homes and adoption programs (Hartshorn 2003; Munson 2009).

Several core tenets of evangelical Christianity are at work in the CPC movement including gender essentialism, an emphasis on personal transformation, and prioritizing religious goals over material outcomes. As discussed in previous chapters, evangelicals believe men and women hold innate, dichotomous gender traits. Their worldview constructs women as naturally maternal and nurturing. The CPC movement claims much of the harm done to women by abortion is the result of resistance to these natural roles God has given to women. Obeying these prescriptions allows women to avoid the damage inflicted by abortion and the denial of motherhood.

Transformational images akin to religious conversions are common in evangelical discourse and CPC movement frames. Women's decisions to continue pregnancies despite extremely difficult circumstances are framed as a conversion experience, one where the pregnant woman rejects the societal forces that led her to engage in nonmarital sex and redeems herself through self-sacrifice. This is especially true when the woman opts to place the child for adoption. Likewise, women who had abortions and come to regret their decisions are often described by activists as seeking to fill a void left by the abortion. Converting to born-again Christianity allows women to fill the void left by the aborted baby with a personal relationship with Jesus Christ. Activists' reasons for participating in the movement are also consistent with the conversion narrative of evangelical Christianity. Many women activists have firsthand experience with crisis pregnancy or abortion, and connect the problems they faced and their eventual redemption from these sins to their decision to work in the CPC movement. Such activists can then link their lives and experiences to the larger goals of the movement, just as

born-again Christians link their conversion narratives to broader Christian beliefs about proselytizing.

The pregnancy center movement's basis in evangelical Christianity is also in evidence in the priorities the movement sets and the solutions it advocates. Care Net explicitly ranks converting clients above preventing abortions in its mission statement. Heartbeat International's vision statement advocates raising children in families structured "according to God's plan," meaning in traditional two-parent families formed by heterosexual marriage. While activists are interested in woman-centered solutions, they tend to be single-minded in their advocacy of individualistic Christianity as a solution to social ills. This means activists urge clients as individuals to change their behaviors to conform to the gendered status quo as opposed to confronting inequities such as the gendered pay gap, lack of child care, or the lack of child support enforcement among non-custodial fathers. I return to these religious themes in Chapter Five, where I analyze the formal frames of the CPC movement.

The crisis pregnancy center movement is unique within the context of evangelical Christian activism. While women have been integral players in the anti-abortion movement since 1973, the pregnancy center movement in dominated by women to an extent that is unimaginable in other pro-life or evangelical contexts, as up to 98% of activists are women (Willke and Willke 1997: 19). CPC activists agree with the evangelical tenet that abortion is murder, but posit that abortion can only be stopped by meeting women's needs, not simply by focusing on fetuses and babies. As such, the pregnancy center arm of the pro-life movements is by far the most woman-centered and the most willing to grapple with the reasons women have abortions, such as poverty or a lack of partner support. Pregnancy center activists agree with the gender essentialist views of evangelical Christianity more generally, but explicitly recognize there are social barriers to

women's fulfillment of natural roles. Pregnancy, childbirth, and mothering may be women's destiny, but intervention may be needed in arriving at this destiny. Activists believe if they set examples as role models by providing nurturance as women and material aid as Christians, they will be able to persuade clients to reject the secular culture and follow activists' examples. By doing so, they may privilege the religious over the material, but activists see these goals as inseparable if abortion is to end. Chapter Seven deals more extensively with the gendered implications of CPC activism.

The remainder of the chapter presents a detailed history of the CPC movement. Having established the pro-life and evangelical frameworks from which the movement emerged, this history highlights how the CPC movement is unique among other evangelical pro-life movements. Most importantly, the movement's history foreshadows the critical role of gender in the movement, which I analyze in the next three chapters.

The History of the Pregnancy Center Movement

Pregnancy centers, unlike other pro-life movements, did not begin after *Roe v. Wade* and *Doe v. Bolton i*n 1973. CPCs actually began several years prior, in the late 1960s as a response to liberalized abortion laws in a number of states. Early pregnancy centers sought to intervene in what was assumed to be a state of emergency in pregnant women's lives by connecting them to local resources. Services included hotlines; pregnancy tests; small, private maternity homes; and housing in private homes. The latter two services were designed as an alternative to larger, more formal institutions for 'unwed mothers.' The first centers were modest affairs, staffed virtually exclusively by volunteers, and were located in doctor's offices, churches, and private homes. Over the next 40 years, however, the movement demonstrated tremendous growth, exhibiting a series of transformations.

The Founding of the National Networks

Starting in the early 1970s, national organizations emerged with the purpose of networking CPCs throughout the country. The first of the two networks under study, Heartbeat International, was founded in 1971 in Columbus, Ohio under the name of Alternatives to Abortion International (AAI). AAI's mission was to connect local organizations and individuals providing resources to women in unplanned pregnancies. Founders believed that legal abortion would allow parents and male partners to force pregnant girls and women to abort, or would encourage women in difficult circumstances to choose abortion. To prevent these abortions, AAI started with a list of 75 potential contacts in Ohio that provided such services. This list has grown over time to include pregnancy centers, adoption agencies, medical clinics, social and government services, post-abortion programs, temporary housing and crisis hotlines. Today, the organization lists nearly 3800 such affiliates in the United States, 2300 of which are pregnancy centers (Heartbeat International 2009)

At first, AAI was focused on connecting existing local resources, and operated under a secular framework that focused on the material needs of women in crisis pregnancies. Over time, the organization developed a more Christian understanding of abortion, meaning the organization's interpretation of abortion centered more on the immorality of abortion and the need to introduce a religious interpretation of abortion to clients. To better reflect its changed mission, AAI moved away from facilitating community networks and made its primary focus to supporting pregnancy centers. To represent these twin shifts, the organization changed its name in 1993 to Heartbeat International (Hartshorn 2003).

The second national organization in this study, Care Net, originated in 1975 in Washington DC as the Christian Action Council (CAC). Unlike, HBI, the CAC and later Care

Net, has always been a religious organization. The CAC was originally an evangelical lobbying and educational outreach organization and part of the public outreach pro-life movement. The group focused upon congressional lobbying, local organizing, and public education as a strategy for acquiring the legal means to ban abortion once again. However, in 1980, the CAC withdrew from political activity and began to focus exclusively on providing resources for pregnancy centers, opening its first CPC that year. In 1994, the Christian Action Council changed its name to Care Net to reflect its change in priorities. Like AAI, the CAC was based on a federation model, in that centers were affiliated with AAI or the CAC for the purpose of sharing resources, but were not obliged to obey any policies or guidelines set by the networks. Each affiliated center was independently financed and operated at the local level (Hartshorn 2003). This federation model continues with HBI and Care Net today, although affiliated centers are now required to adhere to a broad set of standards stating member centers will not use deceptive tactics or charge for services.

The changes in the official focus and names of Care Net and HBI reflected the solidification of the movement's evangelical identity. While the number of CPCs had increased steadily since 1973, both network organizations began to see dramatic increases in their affiliate numbers beginning in the mid 1990s, at the same time both organizations formalized their evangelical missions. Between 1971 and 1994, HBI acquired 175 affiliate CPCs. By 2000, this number was up to 600, and in 2008 HBI had nearly 1100 affiliated CPCs. Care Net experienced faster initial growth, possibly because it had an evangelical mission from its inception, and therefore access to institutionalized resources. Between 1980 and 1986, Care Net's numbers grew to 240 centers and increased to 425 centers by 1992. After the organization's name change, numbers increased to 500 in 1999, and in 2008, Care Net had a network of nearly 1200 centers.

The infrastructure of the networks demonstrated similar growth. In 1993, Heartbeat International was able to create its first full-time, paid position. Prior to this point, HBI relied on volunteers and one part-time employee. By 1998, that number was up to five full-time staff members. In 2006, HBI had grown to 20 full-time employees and six national training consultants. Care Net boasts a full-time staff of 21 in addition to 15 national training consultants. In 2002, HBI and Care Net launched a joint effort in their crisis pregnancy hotline called OptionLine. OptionLine currently had 34 trained consultants and fields over 250,000 calls annually. The annual conferences grew larger in attendance, with the 700 attendees in 2000 doubling to 1400 in 2008 as activists gathered to share research, client programs, and participate in ongoing training. In 2003, Care Net began publishing the *Center of Tomorrow*, a journal dedicated to research and information relevant to CPCs. Care Net and HBI also began funding CPCs. HBI currently has 160 affiliates in 42 countries outside of the United States (*LifeLines* 2008).

Today the networks' functions are more diverse than ever before. Care Net and HBI are increasingly well-networked with other evangelical and pro-life organizations and channel resources and funding from these organizations to local centers. For example, Focus on the Family started "Option Ultrasound," a program that allows local centers to pay 20% of the cost of an ultrasound machine while Focus on the Family pays the rest. The Family Research Council performed several intra-movement surveys for the CPC movement to determine the most effect client marketing strategies and adoption promotion techniques (Young 1998a: 2000). The National Institute of Family & Life Advocates was founded for the sole purpose of providing legal advice to CPCs. Both networks have increasingly sophisticated public relations departments that process abortion-related news events and package them for contacts in local

centers. The array of materials offered by the networks expands continuously as Care Net and Heartbeat International make available increasingly diverse manuals, marketing materials, and counseling resources. Finally, the increased public advocacy of the networks and the movement's increased visibility contributed to local centers' access to government funding and positive press coverage.

Early Center Models

The first pregnancy centers were founded in the late 1960s and early 1970s by individuals holding two common assumptions about the nature of unplanned pregnancy. First, they assumed women in unplanned pregnancy were in a state of temporary crisis as a result of a momentary moral lapse. This assumption was based on the belief that CPC clients held the same Judeo-Christian worldviews as activists and would interpret unplanned pregnancy and abortion in the same manner as the activists would. Activists believed clients did not want to abort and were looking for help to continue their pregnancies. Second, activists assumed legalization represented a temporary break with accepted cultural norms, and would soon be rectified. Services therefore emphasized crisis intervention and pregnant women's immediate needs, such as housing for the duration of the pregnancy. This first type of center model, dubbed the Mother and Baby Model, represented the initial grounding assumptions held by activists. The goal was to provide locally based services to women in crisis so they would not feel forced to have abortions. As such, this model was non-religious and based in an ideal of humanitarian service to those in need with no obligations or expectations placed on the recipient (Hartshorn 2003). Because activists thought clients shared their religious values, there was no perceived need to proselytize to fellow believers who would soon be back on the right track.

Soon, however, activists noticed clients did not share the same norms regarding sexuality, marriage or abortion. Clients were not necessarily eager to embrace pregnancy and motherhood or seeking help to accomplish these aspirations. CPC activists realized removing external obstacles to pregnancy would not always be effective in preventing abortions. Some clients saw abortion as their best option, and CPC activists would have to change their minds. This realization prompted activists to develop the Baby Saving Model. This model emerged in the late 1970s and early 1980s, and like concurrent developments in the direct action movement, stemmed from a growing frustration with increases in the number of abortions and the lack of progress on the political front. Baby Saving CPCs still offered assistance to pregnant women, but also used abusive, fetal-centered tactics if necessary to prevent abortions. These centers advertised in local phone directories under the same headings as abortion providers, and vaguely-worded ads did not always clarify that these centers did not offer or refer for abortions. Centers also chose locations as close as possible to abortion clinics and selected names that were similar to the clinics'. Many clients visiting a center believed it to be an abortion clinic. Many centers showed pictures of fetal development and aborted fetuses to clients, attempting to prove the fetus was a human being (Hartshorn 2003). Centers also exaggerated the physical risks of abortion, telling clients abortion commonly led to infertility, cancer, or death.

Most infamous of all was the Pearson Foundation, which opened a chain of centers in Hawaii and published a manual, *How to Start and Operate Your Own Pro-Life Outreach Crisis Pregnancy Center* (Pearson 1984), which was subsequently used by at least 200 pregnancy centers (Stafford 1992). The Pearson manual claimed any means used to stop abortion were justified, thus representing the extreme end of the crisis pregnancy center movement, both then and now. Nonetheless, subsequent attacks on CPCs by pro-choice organizations typically

implied all centers followed the Pearson prototype. In the 84-page manual, Robert Pearson, a lay Catholic, recommended selecting a neutral sounding name, similar to that of a nearby abortion clinic. Centers should try to locate in the same building as an abortion clinic, so that women seeking the clinic might end up in the CPC instead, giving CPC activists access to women intending to abort. Pearson advised counselors to be as evasive as possible on the phone with clients and to attempt to schedule the client appointment without informing the clients that the center is a pro-life organization that does not provide or refer for abortions (Pearson 1984).

According to the Pearson manual, once clients entered then center, the counselor should take a urine sample for a pregnancy test. Although the test takes two to five minutes to show results, the client should be told it takes 30 minutes. She should be shown a graphic film on abortion while she waits. The manual explicitly tells counselors not to ask permission before turning on the film, and to leave the room after doing so. Once the film was over, the counselor informed the client of her test results. If the client indicated she planned to have an abortion even after the film, the counselor must tell the client she would be killing her child, she should realize she is already a mother, and that the counselor is trying to save her child. If the client already has children, the counselor should ask how those older children will feel when they discover their mother killed their sibling (Pearson 1984).

The Pearson model represents the most radical component in the pregnancy center movement. Only a minority of centers were ever directly affiliated with the Pearson Foundation, but many appear to have utilized versions of Pearson's recommendations, such as graphic films or inappropriate badgering of clients intending to have abortions. Not surprisingly, critics assumed that abusive practices applied to all centers as allegations stemming from these tactics gained widespread media attention.

Crisis Pregnancy Centers under Attack

The allegations against crisis pregnancy centers stemmed from popular media, scholars, politicians, pro-choice organizations, the courts, and most damningly, former clients of pregnancy centers. Pregnancy centers first came under fire by the mass media, followed by the pro-choice groups and politicians. Popular magazines such as *Harper's*, *Vogue, Newsweek,* and *Mademoiselle* published scathing accounts of centers, with titles such as "Crisis Pregnancy Centers Pose Threat to Women's Health, Choice" and "Abortion Clinics that Aren't" (Bolotin 1986; *Harper's* 1985; Kaufman 1995; Uehling, Underwood, King, and Burgower 1986). New documentaries such as *ABC Primetime Live* (1991) featured unflattering accounts of the movement and major newspapers, including the *New York Times* and the *Washington Post,* reported on pregnancy centers on a regular basis, emphasizing the role of deception and coercion used by some centers Associated Press 1991; Berger 1986; Gross 1987; Lewin 1994; Sullivan 1991; Tapscott 1991; *Washington Post* 1991).

Shortly after the media took notice of CPCs, former clients began publicly rebuking the movement. Most damaging of all were a series of high profile lawsuits brought against centers by former clients. In *Boes v. Deschu* (1989), a woman sued a center for inflicting emotional distress by forcing her to watch graphic videos, despite the woman's intention to continue the pregnancy. The decisions in *Fargo Women's Health Organization v. Larson* (1986) and *Planned Parenthood et al. v. Problem Pregnancy of Worcester (1986)* mandated that centers could not advertise as medical clinics, and could not perform pregnancy tests until licensed to do so. *South Dakota v. Alpha Center for Women* (1987), *Tyler v. Children's Home Society* (1994) and *Stoner v. Williams* (1996) involved women suing centers for using coercive measures and deception to force them to give up their children for adoption. A 1994 piece in *The Village Voice* chronicled

the *Tyler* case and several others wherein women related exploitative experiences with pregnancy centers that resulted in their children being placed for adoption against the birth mothers' will (Cooper 1994). Most CPCs had annual budgets of under $100,000 (O'Bannon 2000). When a CPC lost a lawsuit, it often was ordered to close, stop rendering core services, or to pay large settlements that effectively bankrupted the center.

By the late 1980s, the national pro-choice organizations took up the cause, launching what they viewed as a counter-offensive on behalf of women's rights. Planned Parenthood Federation of America (PPFA) launched the first attack on CPCs in 1987, when then-president Faye Wattleton held a press conference denouncing the allegedly coercive and deceptive tactics practiced by CPCs. PPFA issued a list of CPCs around the country and urged pro-choice activists to bring media scrutiny to bear on local centers. PPFA sent activists into several CPCs, and taped the conversations. The results were reported in "A Consumer Alert to Deception, Harassment, and Medical Malpractice" and claimed centers used abusive tactics akin to those advocated by the Pearson manual (PPFA 1987). After the initial Planned Parenthood campaign, pro-choice organizations maintained a steady pressure on centers by repeatedly sending plants to centers and publishing damning accounts. PPFA updated its report in 1991 and again in 2002, building its case against CPCs (PPFA 1991; 2002). The Feminist Majority Foundation (1997) featured CPCs in an activist manual entitled "Saving Choices: Knowing the Opposition." NARAL issued a report titled "Deceptive Anti-Abortion Crisis Pregnancy Centers" (1999) and prepared an action manual for pro-choice activists willing to go undercover as pregnancy center clients and report their findings, releasing *Choice Action Kits: A Step by Step Guide to Unmasking Fake Clinics* in 2000. NARAL Maryland followed suit with two investigations and subsequent reports in 2002 and 2008. NARAL Pro-choice Texas Foundation also published an investigation in 2005. Both

the Maryland and Texas investigations followed the guidelines set out in the 2000 *Step by Step Guide to Unmasking Fake Clinics* and were widely distributed by the national NARAL organization. The National Abortion Federation released two additional reports in 2006 and 2008 citing CPCS as a significant threat to women's health and reproductive autonomy.

Politicians also turned a critical eye toward CPCs. Rep. Ron Wyden (D-OR) held Congressional hearings to evaluate the allegations of deceptive advertising against pregnancy centers. The result of the hearings was a 1991 report entitled "Investigation and Hearing on Bogus Abortion Clinics: The Role of False, Deceptive and Misleading Telephone Directory Advertisements and Listings; State Enforcement Efforts and the Extent of Federal Consumer Protection Jurisdiction." The report claimed centers were guilty of consumer fraud and deceptive advertising, and these charges become standard in allegations made against CPCs (Wyden 1991). Several state Attorneys General scrutinized the advertising practices of CPCs. In New York, then-Attorney General Elliott Spitzer investigated 24 CPCs and subpoenaed 11 of these centers, claiming these center deceived women as to the nature of their services and practiced medicine without a license (Tilghman 2002). In 2006, Rep. Henry Waxman (D-CA) and the Minority Staff of the Committee on Government reform reported that 87% of CPCs provided inaccurate or misleading medical information to clients (Waxman 2006). That same year, Rep. Caroline Maloney (D-NY) introduced the "Stop Deceptive Advertising for Women's Services Act" (Maloney 2006).

As the allegations dragged on and increased in number, the CPC movement found itself confronting increasingly hostile and vocal opposition. By the mid 1990s, the movement began to lose clients, volunteers, and donors. CPC leaders decided to overhaul the movement and began a comprehensive push to professionalize the movement and restore its tarnished image. The

movement renewed its emphasis on women, and publicly denounced coercive, fetal based tactics such as those that resulted in client lawsuits. The networks banned Pearson-like tactics and implemented standardized center operations and client counseling practices. Local centers, eager to prove they could and did embody Christian love to women in crisis pregnancies, dramatically expanded client programs. As the networks and local centers made these changes, the movement's credibility increased. Volunteers, donors, and clients returned, and the movement began to grow exponentially. Ironically, the attacks on the CPC movement temporarily sent it into a tailspin, but ultimately led to a series of changes that promoted to its successful expansion.

Professionalization and Growth: The Networks Take Charge

The results of the intensively negative, continuous scrutiny on the crisis pregnancy center movement was profound. Centers sought to refute charges of widespread deception, coercion, and self-righteous religiosity in the movement but did not know how to mount an organized counter-campaign. At this point, Care Net and HBI began to play a more central role in what had previously been a loosely federated movement of independent centers, often operating without communication or coordination between centers. Beginning in the early 1990s, the movement responded by professionalizing at both the local and national levels. The Christian Action Council and Alternatives to Abortion International changed their names to demonstrate their commitment to women in unplanned pregnancies. Care Net and HBI called for the restoration of the movement's image, urging local centers to coordinate their efforts and to reconsider how Christian ministries should best meet the needs of women. The two national organizations were convinced the CPC movement must become more professional in both image and practice if it were to survive its current notoriety and the exodus of donors and activists. The two networks began to produce materials for centers that would provide standardized training and services for

staff, volunteers, and clients. By 1994, HBI published a volunteer training manual and another manual with specific instructions for starting a CPC. By 1996, HBI published 12 affiliate manuals covering post-abortion counseling, center management, fundraising, and abstinence (Heartbeat International 2009c). Care Net was somewhat ahead of the game relative to HBI, and already made similar manuals available. Following the push toward professionalization, Care Net began updating its manuals, particularly the volunteer training manual, on a regular basis (Care Net 2009c). The organizations also sought to diversify their offerings with new manuals on evangelism and adding men's programs to centers.

The two network organizations collaborated in creating affiliation standards to protect centers and the movement as a whole by more clearly specifying what behaviors were appropriate when interacting with clients. The most notable development was "Our Commitment to Care," which all member centers must adhere to or lose affiliate status (Heartbeat International 2001). This agreement states that all advertising and communication with clients must be truthful, pregnancy tests must be administered according to state law, and client privacy must be respected. More specific "Standards of Affiliation" require centers to practice standard accounting procedures, to be managed by a director to ensure network standards are met, to require the director and board received ongoing training, and to submit annual statistics to the networks (Care Net 2004). Finally, the former president of Care Net, Tom Glessner, left Care Net in 1992 and formed the National Institute of Family and Life Advocates (NIFLA). NIFLA provides legal advice and training designed to prevent CPCs from becoming the target of legal action. NIFLA currently has 1050 member centers (most are also affiliated with Care Net and/or HBI) that purchase legal insurance through NIFLA that provides legal representation and liability coverage in the event a center is sued (NIFLA 2006). However, the primary goal of the

networks' new standards and the establishment of NIFLA is to avoid such damaging events from occurring in the first place by establishing specific protocol for activist-client interactions.

Not only are activists' practices more carefully monitored, so are the activists themselves. At least one of the networks now screens volunteers and staff to make certain their religious beliefs match those of the network. Care Net requires all staff and volunteers to agree to a "Statement of Faith," which summarizes the basic tenets of evangelical Protestant Christianity (without actually labeling them as evangelical) and their applicability to assisting women in unplanned pregnancy (Care Net 2009d). This last measure was intended to ease conflict between evangelical and Catholic activists. Some evangelicals felt Catholics did not share the evangelical worldview to the degree necessary to serve as pregnancy center activists. Pro-life Catholics, the first religious group to enter post-*Roe* pro-life activism and the founders of the pregnancy center movement, were understandably offended. By asking activists to agree to the statement, and assuring those with doubts that agreement with the statement meant all activists were of one mind, Care Net was able to defuse this potential conflict in a highly bureaucratic manner (Care Net n.d.; Life Decisions International 2002: 11).

Having addressed the practices that made the movement vulnerable to the most severe allegations and legal action, the movement sought to reestablish itself as woman-centered with potential clients, donors, and volunteers. In order to be more appealing to clients, the networks invested in a considerable amount of market research examining women's perceptions of the pro-life movements, crisis pregnancy centers, and abortion. Several extensive research reports detailed the expectations and perspectives of clients (*Center of Tomorrow* 2005; K. Entsminger 2005.; L. Entsminger 2005; Harmon 2004; Jacobson 2004: 2005; O'Bannon 1999: 2000; Young 1998a: 1998b: 2000). Findings indicated clients differed in their expectations according to social

class and age, with younger, less affluent women seeking material goods and an informal approach to client counseling, while older, more affluent clients preferred a professional atmosphere and did not require material assistance. Furthermore, many women had never heard of CPCs, but most had significantly negative attitudes toward the pro-life movements in general. In response to these findings, the networks urged centers to carefully consider their clientele in making decisions about the center's name, décor, services, and the demeanor of volunteers. Since women ages 18 to 24 and minority women are the most likely to have abortions (Jones et al. 2002), the networks revamped their advertising images, using younger women and offering multiple versions of each ad and image. These images are available to affiliates, and would often feature a white woman in one version of the ad, and a woman of color in another version. Models were typically in the 18-24 age brackets, and English and Spanish language materials were available. These images are available to affiliates for use in pamphlets, outdoor signage, billboards, posters, and websites. The revamped focus of the movement attracted increasing numbers of women, as client visits increased from approximately 200,000 in 1996 (Mathewes-Green 1996) to over 850,000 in 2008 (GuideStar 2009a: 2009b)

Changes in the gender ratios of the movement also aided its image. The rank-and-file of the CPC movement had always been primarily women, but earlier in the movement's history, center directors and the national leadership were often, if not predominantly, men. In the last two decades, it is increasingly uncommon to find men in the movement at all. Only a minority of the executive positions in Care Net and HBI are held by men and men local center director positions are becoming more rare. Criticisms of the pro-life movements often claimed conservative men activists were trying to force their views on unwilling women (Blanchard 1994; Diamond 1989; Siegel 2008). The fact that the CPC movement at all levels was visibly feminine allowed the

CPC movement to claim a greater degree of legitimacy for their efforts by positing itself as a movement of women, for women. While it does not appear that the movement or the larger pro-life community deliberately replaced men executives and directors with women, the change nonetheless helped the CPC movement's image.

The combined impact of the movement's official condemnation of exploitative practices, professionalization, more woman-friendly services and advertising, and change in leadership proved effective. Throughout the 1990s and 2000s, the size of both organizations and their affiliate numbers grew at a rapid pace. Staff and budgets at Care Net and HBI expanded dramatically. Between 1994 and 2008, HBI affiliates grew from 175 to 1100. During the same time period, Care Net affiliates increased from 400 to 1160. These figures represent both an increase in the overall number of centers and an increased willingness of pre-existing centers to seek out network resources. Professionalizing the network organizations, maintaining stricter religious requirements for activists, and requiring local centers to meet certain standards appeared to have alleviated the concerns of volunteers and donors who left the movement during the heat of the public scrutiny, as both returned in ever increasing numbers. Donors were quite generous - by 2007, Care Net and HBI had annual revenues of $7 million and $2 million respectively (GuideStar 2009b; Ministry Watch 2009). The national level of the CPC movement is holding its own when compared to national political pro-life organizations such as the National Right to Life Committee, which had annual revenues of $8.7 million in 2007 (GuideStar 2009d). In contrast, the public outreach organization, Human Life Alliance, had an annual budget of only $365,000 in 2007 (GuideStar 2009c). By the early 1990s, Operation Rescue, the notorious direct action organization, was bankrupt (Ginsburg 1998). Local centers are prospering as well. As early as 1998, 30% of centers had budgets of more than $100,000 (O'Bannon 1999). By 2007,

13% of centers received state and federal funds, and these centers reported average annual budgets of $155,000. Volunteers flocked to the movement, reaching a record number of 55,000 in 2008 (Care Net 2008b; Heartbeat International 2008).

Local Center Developments

Local centers also stepped up their efforts in expanding center services redoubled in the aftermath of attacks in the late 1980s and 1990s. The networks' calls for expanded services were rather general and non-specific. The high level of autonomy held by local centers vis-à-vis the networks meant that local CPCs had significant leeway in determining what services were needed in their communities, and the scope of services increased dramatically. Interestingly, this led to conflict between local CPCs and the networks as well as the larger pro-life and evangelical worlds, which I discuss further in Chapter Seven. Many centers had begun to add programs such as Bible studies, abstinence programs, and post-abortion counseling to the staple of pregnancy testing services prior to the public scrutiny. After bearing the brunt of political and media attacks, local activists were eager to demonstrate the sincerity of their motives, and to prove their concern for women was legitimate. This move toward diversifying services led to the abandonment of the problematic Baby Saving Model and the formulation of several new center models at the grassroots level. These models represent ideal-types, as most center blend two or more of these approaches in their everyday practices.

The Medical Model

Some centers developed a Medical Model, one that extended traditional CPC services into the realm of ultrasound (Hartshorn 2003). The motivations for this were three-fold. First, CPCs had received so much negative attention for using pictures of fetal development and aborted fetuses, most centers discontinued doing so. The need for a compelling tool with which

to convince women that abortion killed a living child led to the emergence of ultrasound services in pregnancy centers. Activists felt that certain women would be unable to abort fetuses they had viewed on a sonogram machine. Second, while pregnancy tests indicate whether a woman is pregnant or not, a positive test result is not considered an official diagnosis of pregnancy. Medically speaking, a positive test must be confirmed by other means, such as ultrasound. In addition, ultrasound can determine gestational age, and fewer women are willing to abort after the first trimester. Third, offering medical services beyond pregnancy tests provided an effective response to allegations positing centers as "fake clinics." Many centers continued to add other medical services, such as STD testing, prenatal care, and routine gynecological services. Ultrasound represented the definitive move away from scare tactics, replacing them with specific kinds of information activists believed clients would find persuasive. By 2008, up to half of all CPCs had ultrasound capabilities (*LifeLines* 2008). This model has been embraced by the networks and NIFLA, and the national level of the movement now pushes local centers to offer medical services and make the Medical Model the standard across the movement.

The Prevention Model

Local centers demonstrated a clear interest in expanding their missions, and abstinence programs offered the potential for grant monies. In the 1980s, centers began seeing more clients who had had previous abortions or multiple sex partners. Distressed by these trends, activist felt a Prevention Model would address the root causes of clients' problems. Many centers already included abstinence counseling in their efforts on behalf of unmarried clients, but felt this approach did not prevent the problems from occurring in the first place (Delahoyde and Hansen 2006). To do so would require activists to move beyond the center into the local community to attempt to reach younger men and women with an abstinence message before they could engage

in sex and become pregnant or contract an STD. Staff and volunteers began to give presentations in local schools, both religious and public (Hartshorn 2003). This was a dramatic step beyond the core mission of pregnancy centers, but these programs appear to be well-received by the local communities. By 2007, CPC activists were making abstinence presentations to over one million school children each year (Care Net 2007a).

The expanded mission meant pregnancy centers could apply for abstinence program funds under the welfare reform act of 1996, Title V, and the Special Projects of Regional and National Significance (SPRANS). By the mid 2000s, more than 30 CPCs housed large community abstinence programs, and one out of seven CPCs received at least some form of government funding (Edsall 2006; Gibbs 2007). In 2001, centers received $3 million in federal monies. This number steadily increased on an annual basis, and by 2006, CPCs had received more than $60 million in federal funding (Edsall 2006). While CPCs were explicitly forbidden to use these funds for any religious ministries and could only use them for secular abstinence programs, such funds nonetheless made significant contributions to the centers' infrastructures and organizational resources (Hartshorn 2003). Care Net, HBI, and the *Center of Tomorrow*, and *At The Center* now offer information and training on how to acquire grants. Like the Medical Model, the idea of centers pursuing public funding started at the local level and is now promoted by the national level.

These grassroots efforts attracted Congressional attention of a kind quite different from the Wyden and Waxman hearings. In 1999, Sen. Rick Santorum (R-PA) and Rep. Joseph R. Pitts (R-PA) introduced companion bills in the Senate and House that would give $85 million annually to states for "alternatives to abortion" services, including abstinence education and crisis pregnancy counseling (Pitts 1999; Santorum 1999). Organizations performing or referring

for abortions would not be eligible for funding under this bill. Rep. Bob Schaffer (R-CO) introduced a 2001 resolution commending CPCs for their work, including abstinence programs (Schaffer 2001). Sen. Jim Bunning (R-KY) and Rep. Cliff Stearns (R-FL) introduced companion bills in 2003 and again in 2005 that would have provided $3 million a year for up to four years to fund ultrasound machines for CPCs (Bunning 2003: 2005; Stearns 2003: 2005). While none of these measures passed, their formal introduction into Congress is a clear indication of the success the pregnancy center movement enjoyed.

States also proved willing to fund CPC abstinence efforts. Pennsylvania, Florida, Minnesota, Texas, Missouri, Nebraska, North Dakota, Louisiana, and Delaware make direct appropriations to CPCs within their respective states. In 2007, the combined state funding to CPCs topped $13 million (Simon 2007). Seventeen states offer "Choose Life" license plates. The plates net a fee between $20 and $70 and part of these proceeds go to pregnancy centers (Lin and Dailard 2002). In some cases, state or federal funding instantly doubles or even triples a center's annual budget (Gibbs 2007). Beyond the material advantages, federal and state funding provides a symbolic resource, as these funds carry with them the government's approval for the centers' activities and message (Simon 2007). This institutionalized legitimacy crystallized in 2008, when President George W. Bush honored 56 pregnancy centers and 150 volunteers at the annual President's Volunteer Service Award (Care Net 2008b).

The Evangelistic Model

The third new model was the most overtly religious and was predominantly developed by the networks, although implementation obviously occurred on the local level. Some centers chose to follow a Evangelistic Model emphasizing the conversion of clients to evangelical Christianity and persuading them to abandon lifestyles that condone nonmarital sexuality, unwed

107

childbearing, and single parenting. Activists in these centers practice "sharing Christ" with clients through proselytizing or "being Christ" to clients by providing services (Care Net n.d.; Hartshorn 2003: 112). Services provided in Evangelical Models may include post-abortion counseling, which is based on Biblical teachings. Other programs emphasize the importance of 'godly' (i.e. two-parent, married, heterosexual) families for children and the role of fathers. Such centers advocate adoption in cases where the client is unmarried and is not likely to marry her partner to prevent the formation of a single mother family.

Evangelistic Model activists feel that contemporary American culture, with its lax sexual norms and devaluation of marriage, is deeply harmful to clients, who may not even realize they are suffering. Centers must be willing to act as "revolving doors" for clients who repeatedly come back for pregnancy tests. By providing "healing, ongoing support, and education," centers hope to provide "healing and restoration so clients can actually regain their sexual integrity" (Hartshorn 2003: 113). Activists believe that by providing services and support to clients even when clients are not living as activists would like, they will be able to make a compelling case against abortion and for religious conversion. In doing so, activists also argue against pro-choice claims that CPC activists do not care about women, and merely want them to forgo abortions. Pregnancy center activists point out if they were not genuinely concerned for women and cared only about the fetus, they would not provide post-abortion counseling or other services targeting non-pregnant clients. Because they feel a Christian lifestyle is superior to all others, they must advocate Christianity to clients as the best possible to solution to their problems.

Solidifying a Movement

Changes at the national and local levels did not stop with professionalization and the proliferation of new center models. As the numbers of CPCs increased, so too did the number of

clients and the resources available to centers. A secondary "problem pregnancy industry" sprung up to support the operations of pregnancy centers (Ginsburg 1989: 100). NIFLA was the first organization formed in this secondary industry, and provided legal advice and services to centers, as well as a standardized process for "going medical." Focus on the Family, a parachurch organization focused on promoting conservative social policy, began producing low cost resources for CPCs, such as counseling videos and post-abortion brochures. This is also the organization funding Option Ultrasound. eKyros is a software company that sells client tracking software to CPCs, and uses an online system to combine statistics on client outcomes from centers all over the United States. These tabulated data are used by centers and the networks to make claims about centers' effectiveness in preventing abortions and converting clients to evangelical Christianity. Right Ideas, Inc. is a Christian publishing company based in Fleetwood, PA. Right Ideas publishes a quarterly magazine called *At The Center*, disseminating research, movement news, and opinion pieces written by activists.

Like Focus on the Family, some other organizations in the problem pregnancy industry do not exclusively support pregnancy centers, but devote a significant portion of their operations to such activities. The Elliot Institute produces research documenting the alleged negative effects of abortion on women's psychological health. Heritage House is a general pro-life clearinghouse distributing fetal models, pregnancy tests, and advertising materials. The North American Mission Board of the Southern Baptist Convention (NAMB) provides resources to domestic evangelical programs, and many centers in the South are members. The Evangelical Council for Financial Accountability (ECFA) provides certification for evangelical organizations that attest to strict accounting standards. This certification gives these organizations legitimacy when contacting donors. All of these, as well as many similar organizations, are connected to the CPC

movement. The emergence of a secondary "problem pregnancy industry" supporting the operations of the pregnancy center movement attests to the growth of the movement and the availability of funding with which to purchase such items and services (Ginsburg 1989).

In addition to this ever-expanding social movement industry, there is also evidence that Care Net may be a fairly entrepreneurial organization seeking to expand its influence. In the 1980s, several smaller CPC networks were formed, although none ever reached the size or influence of Care Net or HBI. In 2005, Care Net "acquired" one of these smaller chains, merging the 70 centers affiliated with Sav-A-Life Outreach centers. This brought the total number of Care Net affiliates to over 800 at the time (Care Net 2005a). Care Net also hired Sav-A-Life's three staff members. In the same year, Care Net also merged with Life Ed, a Colorado-based, non-profit education and marketing organization. Care Net acquired all of Life Ed's resources, including a well-known website and ad campaign using mass media to shape teenage views on sex and marriage. With this second merger, Care Net also hired Life Ed's former executive director to be their vice president of client marketing (Care Net 2005b). Care Net is essentially narrowing the affiliation possibilities within the pregnancy center movement. By absorbing the centers and resources held by these organizations, Care Net increases the scope of its organizational and ideological control over the CPC movement.

Care Net also increases its influence in other ways. In 2005, Care Net launched a keyword internet campaign in order to drive internet traffic to the OptionLine website. After conducting this market research, Care Net changed the search terms for OptionLine to include terms such as the morning after pill, abortion, pregnancy tests, and signs of pregnancy. Website hits tripled as a result (K. Entsminger 2005; Harmon 2004).

Care Net proved effective in utilizing evangelical and political networks as well. In 1983, the network, then called the Christian Action Council, asked President Ronald Reagan to declare a National Sanctity of Human Life Sunday. Reagan agreed, denoting a significant amount of political clout wielded by Care Net. Presidents George H.W. Bush and George W. Bush also issued National Sanctity of Human Life Sunday Proclamations. On the Sunday in January closest to the anniversary of *Roe v. Wade*, churches and individuals mark the date with prayer, church meetings, and fasting. The occasion is much more than a memorial for the unborn; it also serves as a mobilizing force for new activists and donors for the pregnancy center movement. Preachers frequently ask congregation members to support pregnancy centers in order to help end abortion, yielding new donors and volunteers every year (Care Net 2009b).

Conclusion

The growth of the pregnancy center movement is astounding. More than 20 years after the movement began, there were less than 500 centers in the United States. Since the mid 1990s, when the CPC movement began its campaign to professionalize and expand services, that number skyrocketed to over 2,300, conservatively estimated. Today, HBI and Care Net boast over 25,000 and 29,000 volunteers respectively (Care Net 2008b; Heartbeat International 2008). Both national organizations have paid staffs of over 20 people and budgets in the millions of dollars. OptionLine boasts 34 paid consultants and a nationally accessible hotline. Federal and state governments poured over tens of millions of dollars into crisis pregnancy centers in the last decade, helping to boost the average center's budget to over $150,000 (Edsall 2006; Gibbs 2007; Simon 2006). CPCs equal or exceed the number of abortion providers in all but 13 states (Gibbs 2007; Jones et al. 2008). The movement prompted a national system of secondary support

organizations and attracted the attention and support of conservative politicians, including three U.S. Presidents.

Given that the majority of CPCs are non-profit, faith-based, 501(c)(3) organizations supported by private donations, the dramatic increase in their numbers and funding indicates an unprecedented surge in support from local sources, including churches, businesses and individuals who donate their money or labor to CPCs. It is tempting to explain such increases in terms of the considerable influence of the Christian Right, which rose to power in the same time period as the astounding increase in pregnancy centers. However, as I described above, evangelical Christians are associated with many forms of pro-life activism, including attempts to legally restrict or ban abortion, clinic protests, public outreach efforts, and even violence. These types of activism have become more marginal within mainstream culture since the 1980s, while pregnancy centers have thrived (e.g. see Klitsch 1991; Youngman 2003).

The history of crisis pregnancy centers makes a compelling case for continued study of the movement. This account raises a number of important questions about the crisis pregnancy center movement that the subsequent chapters attempt to answer.

CHAPTER FIVE

FORMAL FRAMES AND STRATEGIES

In the early 1980s, pro-life activists were increasingly frustrated by the lack of progress on the legislative and political fronts. Pro-life forces originally viewed *Roe v. Wade* as a shocking anomaly in American history that would quickly be corrected once lawmakers and the public were educated into an appropriate understanding of the fetus as a fully human person and abortion as the killing of this person. After nearly a decade, it became clear this would not be the case. While Americans remain generally ambivalent about abortion (Adamson, Belden, DaVanzo, and Patterson 2000: 55-56; Hunter 1994: 93; Scott 1989), they remain unwilling to ban or even restrict abortion to the extent desired by the pro-life movement. Realizing that a moral argument centered on the fetus was ineffective, the CPC movement began to recenter the abortion conflict by directly addressing the concerns of women confronted with crisis pregnancies.

Today, the CPC movement both parallels and differs from other pro-life movements. The CPC movement agrees with the direct action, political and public outreach movements that life begins at conception and abortion is therefore murder. Like its counterparts, the CPC movement also makes an argument for abortion as both cause and symptom of wider cultural decline, linking legal abortion to increased rates of divorce, sexual promiscuity, and child abuse. However, the CPC movement differs from other pro-life movements in its strategic de-emphasis of the fetus in favor of a central focus on pregnant women and their needs. Given this shift, CPC frames and strategies are unique among the pro-life movements as well. This chapter examines

the movement's official frames regarding the problem of abortion and the concomitant solutions of marriage, adoption, single parenting, and sexual abstinence. Data for this chapter come exclusively from the national level of the movement, meaning the recognized elite leaders of the CPC movement as well as the larger evangelical and pro-life movements. National elites include the staff of the two networks as well as other pro-life, evangelical authors the networks choose to publish or promote extensively. These authors are prominent figures in other pro-life movements or CPC activists with significant, long-term experience speaking to national audiences about the CPC movement, running multiple centers, or designing and piloting new center programs. As such, they are highly influential in the CPC movement. While I was able to interview several activists at the national level, the data from the interviews do not appear here. Similar to the trends I found among local activists, national activists often made statements that complicated the picture presented by the movement's formal frames, and I explore these seeming contradictions in Chapter Seven. In this chapter, I focus my attention of the official rhetoric and formally articulated frames of the movement.

Data Sources

Data for this chapter include center manuals, counseling materials, internal publications, and studies performed by pro-life researchers and think tanks. First, I rely extensively on operations manuals published by Care Net and Heartbeat International for use by affiliate centers in training staff and volunteers (Abbott 2003; Care Net 1995: 2001; Hartshorn 2001; Heartbeat International 2005b: 2006b: 2007; Wilson 2002; Wolock 2004). These manuals address a broad range of topics, including strategies for proselytizing to clients; promotion of sexual abstinence, marriage and adoption; post-abortion counseling; and how to involve men in crisis pregnancy counseling. These manuals demonstrate how movement frames are packaged for activists. Since

training manuals assume local activists are already evangelical Christians, the tone and rhetoric of the manuals provides a glimpse into the taken-for-granted assumptions about religion and gender within the movement. However, the networks provide counselors with rigidly scripted scenarios that counselors are supposed to follow, implying that they expect counselors to obey the movement's prescriptions without question, as if counselors cannot be trusted to use their own judgment with clients.

Second, the CPC movement produces its own research and presents it to local and national activists alike. As discussed in Chapter One, eKyros collects aggregated data on client outcomes (eKyros 2009a: 2009b: 2009d). The *Center of Tomorrow* is a quarterly research journal focused exclusively on topics of interest to CPC activists. Publications describe new programs available to centers and feature in-depth discussion of topics such as marriage, adoption, sexual abstinence, and post-abortion counseling (Cochrane 2005: Cullen 2004; Hartshorn 2003; McManus 2005). *At The Center* is a quarterly magazine distributed widely to centers. The articles cover issues similar to those in the *Center of Tomorrow,* but are briefer and more general than the research covered in the *Center of Tomorrow* (Anonymous 2008; Fulgenzi 2003; Thompson 2004: Williams 2008b).

Third, the movement presents information from outside sources to support its frames. In particular, the movement relies on outside researchers for studies that support the movement's claims about Post-Abortion Syndrome (Reardon 1987: 1996; Reardon, Makinaa, and Sobie 2000; Speckhard 1987; Speckhard and Rue 1992; Rue 1995). These researchers hold Ph.D.s in fields such as psychology and ethics, and operate their own independent research foundations dedicated to pro-life research.

Fourth, data for this chapter include client materials. The networks and related national organizations also produce resources intended to be used in client counseling sessions, including pamphlets, films, and workbooks. Pamphlets were briefer versions of the information found in the manuals, but were tailored to secular women clients. As such, they often minimized religious content by toning down the religious imagery and language of evangelicalism while still attempting to link faith to the topics of abortion, marriage, adoption and single parenting. Pamphlets covered the topics of abortion ("Before You Decide" 2007; "You Have a Right to Know" 2008); post-abortion syndrome ("Are You a Prisoner of Abortion?" 2002; Reisser and Reisser 2002; Rue 2000; "Symptoms of Post-Abortion Trauma" 2002); adoption ("10 Questions Birthmothers ask about Adoption" 2003; "10 Reasons I Don't Want to Place My Baby for Adoption" 2005; "Is Parenting for Me Now?" 1999); single parenting ("Is Single Parenting Part of Your Future?" 2000; Smith 1995); marriage ("Five Reasons You Need that 'Piece of Paper'" 2003); abstinence ("Casual Sex" 2004; "How at Risk Are You?" 2002; "It's Just Sex, Right?" 2007; Reisser 1999; Reisser, Fitch and Cox 1999; Stafford 1999; "Two Young Women" 1990; "When Sex is a Curse, Not a Gift" n.d.; "Why Abstinence?" 2007); and contraception (Appleton 1994; "The Morning After Pill" n.d.; "The Truth about Emergency Contraception" 2005; "What You should Know about Condoms" 2004).

Films were designed for use in counseling sessions to present information on abortion, adoption, and abstinence (*A Matter of Life and Death* 1995; *Adoption: Faces of Hope, Families of Hope 2002; Dear Children* 1993; *Honest Answers* 2004; *Letting Go: Birthparents Share Their Journeys Through Adoption* 2005; *Sex Still Has a Price Tag* 2006; *Your Crisis Pregnancy* 1988). Centers give workbooks to clients who participate in multiple-session CPC programs such as post-abortion counseling or parenting classes that explain the rationale and purpose of the

program along with assignments for clients to complete (Burke 2002; Cochrane 2003; *Earn While You Learn* 2003; Heartbeat International 2007). Together, pamphlets, film, and workbooks provided the version of the movement's frames elite activists want clients to see.

At the time of data collection, these resources were widely available in various print and online sources. In the case of Care Net and Heartbeat International manuals and reports, these materials were intended for center affiliates but available to others for a higher price than that paid by member centers.

Overview of the Chapter

Present throughout these frames are themes emphasizing women's natural differences from men and the negative consequences of violating women's essential natures as mothers. Movement claims about women's biology and psychology co-mingle with social arguments, representing a coherent moral perspective engaged with the broader secular culture even as the movement strives to change the culture, one woman at a time. These arguments serve to construct secular clients who do not agree with the world views of CPC activists as young, uninformed, irresponsible, and unwittingly gambling with their own well-being as a result of their inferior religious standing. Secular women are further victimized by the abortion industry and pro-choice advocates, who deliberately deceive women for the profits represented by abortion services or to meet racist, eugenicist goals.

Furthermore, the formal movement frames and strategies reveal some disturbing trends. In several cases, the medical information presented to clients is controversial, such as presenting Post-Abortion Syndrome as an officially recognized mental disorder or claiming abortion causes breast cancer. When the medical information presented is accurate, it is often meshed with unsubstantiated rhetoric, thereby conflating facts with religious beliefs, as if to cloak religious

claims with a veneer of legitimated science, which I discuss further below. There are also specific points where the movement's focus on the well-being of women clients slips out of focus, suggesting that woman-centered tactics are more about protecting traditional gender roles than about women's interests. Marriage is consistently touted as universally beneficial for couples' children, but the benefits to women are described primarily in financial terms. There are no data presented to counselors or clients addressing women's satisfaction within marriage or how their well-being compares to that of single women. When it comes to adoption and sexual abstinence, counselors receive contradictory messages from movement leaders. They are told to respect the clients' autonomy, but instructed to pursue highly coercive strategies with resistant clients. The potential for client abuse, like the autonomy of secular women, is dismissed using essentialist gender ideology that conflates submissive roles with women's well-being. The chapter closes with a discussion of the self-insulating functions of the movement's frames and introduces local activists' resistance to these frames.

Abortion

For the pro-life movements, the negative consequences of abortion on individual women are represented primarily by the concept of Post-Abortion Syndrome, or PAS. While other movements argue for the existence of PAS as a political tool, only the CPC movement attempts to address PAS's impact on women. The other movements use PAS as a justification for other approaches to ending abortion, such as legally restricting the procedure to prevent the occurrence of PAS. For the CPC movement, the negative effects of abortion on women serve as a rallying cry and a justification for the movement's focus on women. In fact, post-abortion counseling programs originated in CPCs in the early 1970s, long before PAS came to national attention in the 1980s (Hartshorn 2003; Siegel 2008). However, there is considerable controversy within the

medical community as to whether PAS actually exists. The bulk of scientific research acknowledges that individual women may suffer significant negative effects after an abortion, but that the evidence does not support the claim that there is a legitimate psychological condition unique to women who have had abortions (American Psychological Association 2008; Charles, Polis, Sridhara, and Blum 2008; Hopkins, Reicher, and Saleem 1996; Koop 1989; Lee 2001; Major, Cozzarelli, Cooper, Zubek, Richards, Wilhite, and Gramzow 2000; Steinberg and Russo 2008; Stotland 1992: 2001).

However, according to the CPC movement, Post-Abortion Syndrome, also known as post-abortion stress or post-abortion trauma, refers to the allegedly universal psychological effects experienced by women in the aftermath of abortion. The CPC movement claims PAS is a variation of Post Traumatic Stress Disorder (PTSD) encompassing a series of symptoms caused by the experience of having an abortion. Symptoms overlapping with PTSD include depression; an inability to connect with one's emotions; excessive use of drugs or alcohol; low self-esteem; isolation; nightmares; regret, grief; anxiety; flashbacks; denial that any negative event occurred; repression of one's true feelings; and/or suicidal thoughts ("Are You a Prisoner of Abortion?" 2002; *Dear Children* 1993; "You have a Right to Know" 2008). Symptoms specific to PAS include avoiding any person or event associated with the abortion; inability to establish or maintain relationships with men; development of eating disorders in a subconscious attempt to appear unattractive to the opposite sex thus avoiding sexual intimacy and pregnancy; an obsession with becoming pregnant again with a "replacement" or "atonement" baby; inability to bond with one's present or future children; sexual dysfunction, including promiscuity or a loss of interest in sex; overly intense involvement with either pro-life or pro-choice activism; and/or anniversary syndrome, an increase in symptoms coinciding with the date of the abortion or

projected due date for a birth (Care Net 1995; Heartbeat International 2006b; "Symptoms of Post-Abortion Trauma" 2002; Wilson 2002).

PAS literature consistently presents "post-abortive" women as suffering from psychological problems and susceptible to a cycle of mental illness, child abuse, and poor relationships. Women are more likely to display PAS symptoms if they had difficulty in making the decision to abort or were in unstable romantic and familial relationships at the time of the abortion (Heartbeat International "Abortion," 2005b: 13-15; 2006b: 12). The symptoms experienced by post-abortive women are viewed by those in the CPC movement as the consequences of violating their nurturing instincts and innate desires for motherhood by killing their unborn children (Reardon 1987).

Women who do not appear to experience a decline in mental health after abortion are not psychologically healthy women who made the best possible decision in the context of their lives at that time. Rather, these women were already suffering from poor mental health, and so the aftermath of an abortion is simply a continuation of these psychological problems. As the most cited PAS researcher in the pro-life movements, David Reardon comments, "They suffer least not because they are more psychologically stable, but because they are already so psychologically crippled. The abortion experience is unlikely to breach their defenses precisely because those defenses have been in place for so long" (Reardon 1987: 193). Thus Reardon finds that all women who make the decision to abort suffer from psychological illness after an abortion, regardless of their state of mental health prior to the abortion.

PAS discourse is well-established within the pro-life movements despite its lack of credibility outside such movements. In the mid 1980s, the Reagan Administration ordered a study be performed on the psychological effects of abortion. C. Everett Koop, then Surgeon

120

General and openly pro-life, conducted the study and concluded that the available research on the subject reflected poor methodology, relied largely on anecdotal evidence, and thus was inconclusive (Koop 1989). In addition, the American Psychological Association, American Psychiatric Association, American Medical Association, and the American Public Health Association refuted the existence of PAS, and continue to do so today. Thus, there is no official medical recognition of PAS (American Psychological Association 2008; Charles et al. 2008; Hopkins, et al. 1996; Lee 2001; Major et al. 2000; Stotland 1992: 2001). However, while the influence exerted by the pro-life movement did not result in scientific recognition or legislative change, the attention it received via the Koop study and the support of the Reagan Administration institutionalized PAS discourse in the national abortion debate. Several national organizations were founded with the goal of proving PAS was a legitimate medical and social concern and advocating corresponding policies to prevent abortion. CPCs draw from these conservative think tanks to bolster the claims they make in counseling sessions with clients considering abortion (e.g. Burke 2002; Reardon 1987; Reardon et al. 2000; Speckhard 1987; Speckhard and Rue 1992; Rue 1995).

Selective Science and PAS

While PAS is an allegedly psychological condition, discourse on the syndrome often invokes the medical risks of abortion such as infertility, infection, and blood clots. Mixed in with accepted scientific evidence of these proven, albeit rare, medical risks is pseudo-psychological language about PAS that is presented by the CPC movement as if it held the same scientific credibility as the verified medical evidence (Lee 2001). Here PAS advocates are attempting to connect the legitimacy of reputable medical evidence to more contentious PAS claims ("Before You Decide" 2007; *Honest Answers* 2004).

Moreover, PAS discourse must ignore other relevant evidence in order to make these claims. Childbirth is statistically riskier than first trimester abortion, both physically and psychologically (Cates and Tietze 1978; Henderson, Hwang, Harper, and Stewart 2005; Henshaw 1999; Kunins and Rosenfeld 1991; Stotland 2001; Tietze 1984.). In order to make PAS credible, advocates must claim abortion is uniquely damaging to women while implying childbirth is automatically beneficial. In order to do so, PAS advocates rely on implicit social ideas regarding women's maternity as natural, healthy, and positive, and anything preventing this maternity as unnatural and damaging (Lee 2001). Defining denial and repression as the automatic result of denied maternity allows advocates to invoke narrowly defined gender roles stressing women's reproductive roles to make their claims.

Most critical for the successful framing of PAS is the inclusion of denial and repression as symptoms, which allows activists to claim virtually any woman is suffering from the syndrome. PAS advocates claim symptoms arise over a period of months or years, long after the well-documented feelings of relief experienced by most women immediately after abortion have subsided. Women typically undergo a five to ten year "period of denial" wherein they "repress [their] feelings" in an attempt to convince themselves and others they made the right decision (Heartbeat International, "Abortion" 2005b: 17). During this time, women will fail to see connections between their psychological wounds and behaviors. For example, one scenario commonly included in the CPC movement's PAS literature describes post-abortive women's avoidance of vacuum cleaners, which may serve to subconsciously remind them of their suction dilation and curettage abortions. Another scenario describes women who systematically abuse drugs or alcohol for several weeks before and after the anniversary date of the abortion. Other CPC movement literature describes women who abuse their children, engage in promiscuous

sexual behavior, or see their romantic relationships repeatedly fail ("Before You Decide" 2007; Care Net 1995; Heartbeat International 2005b: 2006b; *Honest Answers* 2004).

Furthermore, the length of time between the abortion and the emergence of symptoms means most women will not recognize the connection between the current events in their lives and their past abortions. This rhetorical leap allows the pro-life movement to claim virtually any woman in any difficult personal context is suffering the after-effects of abortion and simply too ill to realize it. Thus, such women need pro-life advocates to educate them about their alleged illness. CPC network leaders therefore urge centers to provide post-abortion counseling ("Are You a Prisoner of Abortion?" 2002; Hartshorn 2003; Reisser and Reisser 2002; "Symptoms of Post-Abortion Trauma" 2002). As a result, some local CPC volunteers specialize in counseling women who have had abortions in order to meet what activists see as an unmet need among post-abortive women.

Social Consequences of PAS

According to activists, society at large, and more specifically, pro-choice groups, contributes to women's denial of PAS and acceptance of abortion. CPC activists, particularly those who have had abortions, are often bitter about what they view as a pro-choice conspiracy to prevent the truth about PAS from coming to light. They are especially likely to criticize the American Psychological Association, as the gatekeeper of recognized diagnostic criteria for psychological disorders, for its refusal to acknowledge PAS (American Psychological Association 2008; Care Net 2008a; Heartbeat International 2008b). Broader cultural trends are also to blame, including the legalization and mainstream acceptance of abortion. By legalizing abortion, CPC activists believe society tells women abortion is their best option, and therefore significant others in a woman's life, especially a male partner, can more effectively coerce her

into having an abortion. After the abortion, her feelings can be dismissed by reminding her that abortion was legal and necessary (Reardon 1987: 293).

The movement argues that the invisibility of PAS leads to unhealthy relationships between women and children, and women and men. Abortion devalues children in general, and there are potentially disastrous effects on the client's relationships with her current and future children if she opts for abortion. The correlation between abortion and child abuse rates is cited as evidence supporting this claim, as CPC leaders argue that abortion severs the bond between a mother and child and reduces the mother's ability to bond with other children. Women are also likely to experience intense anger toward men after an abortion, and will redirect their rage at their existing or future children. Failure to bond and displaced anger lead to an increased probability post-abortive mothers will abuse their children. Having been forced to devalue their unborn children in order to abort, post-abortive women come to see all children as "lesser persons" than themselves. As such, a post-abortive woman sees her children and their needs as inferior to her own. The psychological problems experienced by the mother and the abuse inflicted upon the children becomes a cycle, with the abused children becoming desensitized to their own "dehumanization" and accepting violence as a normal part of parent-child relationships. Once this occurs, abused children are likely to grow into adults who abort and/or abuse their own children (Care Net 1995; Heartbeat International 2005a: 2005b: 2006b; Wilson 2002).

According to the CPC movement, women are more susceptible to male violence in a society that condones abortion. Abortion encourages men to victimize women via rape and incest. Men have learned that they are free to exploit women for sex outside of marriage without consequence because any resulting pregnancy can simply be aborted. As part of a society that

devalues children enough to deny them life, it is unsurprising that men would devalue women as well, even to the point of rape. "After all," as the authors of one PAS book contend, "if a pregnant women's 'needs' are more important than her duty to respect her unborn child's body, why shouldn't a man's 'need' for sex or display of subservience be more important than his duty to respect his wife, his girlfriend, or a stranger on the street?" (Reardon et al. 2000: 43). Abortion also allows men to hide the evidence of rape and incest and continue to abuse the victim (Reardon et al. 2000). This implies that because women are willing to use violence (i.e. abortion) to meet their perceived needs, then they should expect men to use violence as well. These arguments also blame women for escalating male violence. Thus women as individuals suffer in a context of legalized abortion, especially if they have abortions themselves.

Strategies and Tactics Related to PAS

According to the CPC movement, there is a specific sequence of stages a post-abortive woman experiences. After an abortion, a woman falls into a state of denial. She pretends the abortion did not kill a child, and represses her emotions and memories of the abortion and the surrounding traumatic events, such as her partner's abandonment. Subconsciously, however, she is aware that abortion violated her sense of self as a woman and ended her child's life. The emotions are too painful to acknowledge, but cannot be completely suppressed. Her feelings of anger and grief will spill over into the rest of her life and cause her to engage in the destructive behaviors described above. As time moves forward, even the most severely traumatized woman will eventually find her defense mechanisms failing. Eventually, some event will bring the woman to the realization that her abortion ended a human life and she, as the mother of this would-be child, played the pivotal role in this death. Trigger events may include giving birth to a child, experiencing a loved one's death, the end of a romantic relationship, or religious

conversion (Heartbeat International 2006b; "Symptoms of Post-Abortion Trauma" 2002). At this point, she is unable to maintain a state of denial and will suffer the same guilt as someone who committed murder, however unwittingly. It is at this point she is able to seek counseling to cope with her abortion (Wilson 2002).

The CPC movement developed "Post-Abortion Counseling and Education" (PACE) programs in response to PAS. CPC clients with past abortions are urged to attend a PACE program, and activists with a history of abortion are required to attend PACE prior to counseling clients. In addition, some centers receive referrals from professional counselors in the surrounding community when their patients indicate they are interested in such a program. PACE typically involves group counseling sessions of six to eight clients and led by one or two center volunteers. At least one leader must be post-abortive and must have undergone the PACE counseling program herself. The group usually meets once a week for approximately eight weeks. Meetings open with shared discussion of the circumstances of each participant's abortion(s) and how this abortion(s) affected each woman's life. Participants then pray as a group and move on to discussion based on a set of Bible verses and discussion questions they are asked to complete prior to the meeting. The ultimate goal is to move each woman through a series of steps intended to allow her to come to certain revelations about her relationship with God, her role in the abortion, and her need for forgiveness in order to heal the effects of her abortion (Burke 2002; Cochrane 2003: 2005; Reisser and Reisser 2002).

PACE counseling is designed to show the woman that God forgives her, and according to the Christian faith, Jesus Christ's death on the cross cleanses her of her sin. Women themselves often accept that God forgives them, but struggle to come to terms with forgiving themselves. Counselors remind clients that if God chose to forgive them, it is not for the clients to refuse this

gift. Clients are then encouraged to grieve for the child they lost to abortion. Grieving rituals may include naming the child or writing letters to the child as a way of claiming the previously denied loss. These acts also serve to help the woman separate from the child and put the child's death in the past in order to move forward in her own life. Moreover, since PACE clients and counselors see their abortions as the death of their children, this is also an opportunity to express love for the child and regret the child did not have the opportunity for life. Clients also commit their children to God, asking God to care for their children until such a time as the client can be reunited with her child in heaven ("Are You a Prisoner of Abortion?" 2002; Cochrane 2003; *Dear Children* 1993; Wilson 2002).

PAS and Gender Roles

While most PAS frames are aimed at women, the CPC movement has extended these framing processes to men as well. The healing effects of PACE require women accept the culturally specific definition of womanhood and motherhood espoused by evangelical Christianity. Evangelicals view Woman/Mother as encompassing innate, indisputable traits unique to women. As such, these traits not only determine women's nature, personalities, and talents, they confer incontrovertible roles and responsibilities on women. In the evangelical tradition, these roles and responsibilities include placing motherhood above all other vocations for women. Clients completing PACE and finding it effective in addressing their suffering either reaffirm their belief in this particular gender order or come to an understanding of this order as natural and desirable in the course of the program.

The burgeoning focus on men and Post-Abortion Syndrome within the crisis pregnancy center movement also underscores these gendered messages. Evangelicals believe men have God-given instincts to provide for their wives and children. According to CPC activists, abortion

goes against men's natures, as it does with women, and this violation results in men's experiencing PAS, just as women do. However, the symptoms and healing process for men differ from women's. Post-abortive men develop uncontrollable anger, and will lash out at themselves or bystanders whenever some sort of trigger invokes a conscious or unconscious memory of the abortion in which the man took part. Neither the post-abortive man nor the target of his aggression realizes the actual reason for the man's anger (Heartbeat International 2006b; Rue 2000; Wilson 2002). Post-abortive men may also become workaholics in a misplaced attempt to become the provider they failed to be at the time the abortion occurred. Unlike post-abortive women who may completely lose interest in sexual pleasure, post-abortive men are likely to engage in masturbation or the use of pornography to satisfy their sexual desires. Such practices sate inherent male sexual urges without the risk of impregnating a partner and without the chance of being involved in yet another pregnancy he feels no control over (Rue 2000; Heartbeat International 2006b; Wilson 2002).

This perception of a loss of control is central to CPC movement claims regarding men and PAS. Discussions of men and PAS in the movement literature repeatedly make the point that men have no legal rights over a pregnant partner's decisions, and thus no authority or control. While this point is used to encourage women to carry to term in the face of a male partner's opposition, it is also used to decry the amount of control women have when an abortion occurs (Rue 2000). PAS symptoms among men are exacerbated by social trends that separate marriage, sex, and child-bearing, such as the availability of sperm banks, 'test tube babies,' and women's willingness to forgo marriage in favor of single parenting. The increasing control women exercise over their reproductive lives, whether it is through abortion, single parenting or conceiving without a permanent romantic partner, leaves men feeling unnecessary and unneeded

(Wilson 2002). The disjuncture between men's natural roles and the contexts in which they find themselves leaves men profoundly angry with women and unwilling to take on provider roles.

The contrasts between women and men's ideal-typical experience of Post-Abortion Syndrome highlight a number of taken-for-granted assumptions about the gender order found within evangelical Christianity. First, men and women have mutually exclusive and complementary roles that are divinely ordained. PAS is taken as evidence of the universally disastrous outcomes when men and women refuse to accept these preordained natural roles. Women are angry with men for victimizing them, for denying emotional and financial support in the event of a crisis pregnancy, and for exploiting women for sex without commitment (Cochrane 2003: 2005; Heartbeat International 2006b). Men are angry with women for robbing them of their natural authority over women and children, and making men lesser partners in reproductive decisions (Reardon 1996). Both adults abdicate their responsibilities as parents and become abusive toward their children. The traditional family is undermined with disastrous consequences for all concerned (Reardon 1987: 1996).

Second, men and women are also assumed to have inherently different sexual drives Women engage is sex to express emotion and to feel loved. Abortion causes them to feel used and suppresses their desire for sexual intimacy. They may either avoid sex altogether or engage in emotionally disconnected sexual affairs. Men do not tie sexuality to procreation, commitment or romantic love in the same way women do. Instead, men have a consistent desire for sexual release. When women submit to men's authority within a family, men agree to limit their sexual practices to the confines of marriage in exchange for access to sex with their wives. When women scorn men's role as the heads of families, men angrily redirect their sexuality to non-procreative practices such as masturbation and lose interest in commitment, marriage or

129

fatherhood. Women and children then lose the financial resources men can provide (Heartbeat International 2005a: 2005b: 2006b; Reardon 1996; Rue 2000).

Third, the specific manner in which PAS discourse frames post-abortion healing for men and women reveals prescriptive gender roles for men and women regarding control and dependence. For men, healing involves admitting their anger and loss of control, and taking steps to reestablish that control. Evangelical Christianity asserts this control will be returned when men take responsibility for their failure to protect their unborn children and/or the lack of support they demonstrated toward their pregnant partner. By reclaiming their responsibilities as providers, protectors, and heads of household, men atone for their sins and reclaim their rightful positions. In contrast, women's post-abortive healing centers on forgiving those who hurt them at the time of their abortions, even if these individuals are not sorry for their transgressions. By graciously extending forgiveness, women will be able to get back in touch with their sense of nurturance and femininity. They will then be open to meaningful romantic relationships, particularly marriage and children, because this forgiveness makes it possible for women to be dependent on men once again (Care Net 1995; Heartbeat International 2005a; Reisser and Reisser 2002).

Implications of PAS and PACE for the CPC Movement

CPCs' focus on services addressing women *after* they have already had abortions stands in stark contrast to better-known pro-life movements. Compared to political lobbying to restrict abortion or direct action such as clinic pickets, the CPC movement's approach is notable for its blend of gender consciousness and evangelical Christianity. While the CPC constructions of women who decided upon abortions may not be palatable to many scholars, particularly feminists, it is nonetheless a woman-centered strategy. Other pro-life movements sought to use PAS as a justification for abortion restrictions such as 'informed consent,' mandatory counseling

or waiting periods. These efforts were aimed at restricting or removing the option of abortion regardless of the circumstances of women's lives. PAS, and the perception of suffering among women it represented, was merely a rhetorical tool, not the focus of such efforts. Thus, after using PAS as a tactic in restricting abortion, or at least in furthering pro-life claims and political influence, post-abortive women were dismissed by those who saw PAS merely as the means to an end.

A political pro-life rally I attended to better contextualize my CPC fieldwork provides a case in point. There is a pro-life march in Atlanta each year on the anniversary of the *Roe* decision. Pro-life activists gather in front off the State Capitol Building to listen to various speakers and then march silently through the streets of Atlanta holding signs with various pro-life slogans such as "Abortion Stops a Beating Heart." The year I attended this event several speakers, virtually all of them male politicians or preachers, pointed to a silent group of women clustered by the stage. These women belonged to Women Exploited by Abortion, or WEBA. These men spoke of these women's suffering as evidence that abortion should be banned. None of these women was invited to speak, nor did any speaker suggest any solutions to their suffering. It was enough that these women could be used symbolically as a justification for legal action to ban or restrict abortion. The WEBA women were even subtly insulted by one preacher, who yelled at the crowd "the mother's womb is the most dangerous place in America" because so many women "selfishly kill their own children" for the sake of "convenience." This preacher claimed imposing a top-down ban on abortion would rectify these problems and urged state law makers to pass such a ban.

In contrast, CPC activists do not believe it enough to prevent abortions. The damage inflicted upon women by abortion is also an urgent problem in need of a personalized solution.

The context of each woman's abortion is carefully explored within PACE counseling, and due weight is given to the constraints and difficulties she faced at that time. While PACE counseling never condones abortion, this acknowledgement of meaningful external constraints is a notable rift from other pro-life movements that more commonly claim that nothing about a woman or her circumstances is significant when compared to a fetus' right to the pregnant woman's body and mothering. Acknowledgement of the relevance of the context of women's lives is echoed throughout the CPC movement as a whole, with its basic premise that many woman would not abort if they have better forms of support and assistance in addressing problematic circumstances.

Pro-choice groups often accuse pro-life activists of focusing on the fetus to the detriment of women. For CPC activists, PACE programs offer a definitive rebuttal to such claims. PACE clients utilize center services after an abortion has taken place. If the CPC movement only concerned itself with the fetus and preventing abortions, such programs would not exist. CPC activists argue that their focus on women, even after it is too late to prevent an abortion, effectively demonstrates a pro-life commitment among CPC advocates to women as more than bodies destined to obediently carry babies. Of course, such programs also are aimed at preventing repeat abortions.

PAS discourse also serves the practical interests of the CPC movement, both in terms of discouraging abortions and encouraging conversions. The alleged effects of PAS are a useful tool for dissuading pregnant women from a having abortions. While it seems likely that some clients would reject these warnings as unrealistic or exaggerated, CPC movement leaders instruct counselors to dispel the clients' doubts by undermining any notions that such complications are rare. If the client seems to disbelieve such things could happen to her, the counselor is instructed

to ask her is she also thought the chances of becoming pregnant were small as well (Heartbeat International 2006b). Thus, while PAS frames are far more woman-centered than the frames of other pro-life movements, they may also be quite manipulative and controlling.

In the case of PACE, the healing process is intertwined with accepting a particular religious worldview, leading PACE clients to convert or reaffirm their existing beliefs in evangelical Christianity. In particular, PACE-based healing requires the reestablishment of traditional gender roles.

Solutions to Crisis Pregnancy

Marriage

When an unmarried client has a positive pregnancy test, the focus of CPC activists is ensuring the client will decide against having an abortion. After activists stress the negative effects of abortion via PAS, clients are presented with three "positive options" for resolving a crisis pregnancy; marrying her partner, placing the child for adoption, or single parenting. Marriage to the future child's father is typically the first option counselors pursue. They frame marriage as God's design and the only appropriate context for sexual activity, raising children, and experiencing true love. For women and children, it is also the only path to economic security, as men are the providers and protectors of families. All of these positive outcomes require a two-parent, heterosexual, married couple in order to form a loving family that meets with God's approval ("Five Reasons You Need the 'Piece of Paper'" 2003; Stafford 1999). However, today fewer women marry in the event of an unplanned pregnancy, and 38.5% of children in the U.S. are born to non-married parents (National Center for Vital Statistics 2006). CPC activists may recognize that marriage has become less compelling for women, and are therefore attempting to shore up the institution by persuading pregnant clients to marry.

133

Realizing that not all pregnant clients will share their value system, the activists' efforts also focus on the non-religious benefits of marriage, especially for women. In addition, the networks increasingly urge centers to expand programs to involve men, who are seen as critical to women and children's well-being (Care Net 2001).

The most urgent reason to promote marriage, according to evangelical elites, is its central place in God's "natural plan" for men, women and children. A society with low rates of marriage and high rates of nonmarital fertility is a society in decline and these unfortunate trends must be reversed if the cultural traditions espoused by evangelicals are to be preserved. As Michael J. McManus, the founder of a marriage counseling program used by many CPCs stated,

> "[The] central domestic crisis of our time [is] the deterioration of marriage…the 9/11 acts
> of terrorism snuffed out the lives of 3,000 people. But since 9/11 there have been 3
> million divorces involving three million children. That is 1,000 times worse (McManus
> 2005: 21)

That a leading figure cited by CPC activists finds it appropriate to equate suffering a violent death with having divorced parents demonstrates how strongly evangelical Christians feel about marriage and children's need for a two-parent family. The CPC movement often describes marriage as an institution under attack, and this attack is part of a wider assault on godly values and the Family as the essential unit of a healthy society. The tone of these descriptions creates a sense of urgency for movement activists to act quickly to preserve marriage from a post-modern "culture of death" that endorses sexual promiscuity and nontraditional family structures.

Marriage Strategies

As part of their role in this battle, volunteers are expected to utilize specific strategies in promoting marriage. One manual cautions against assuming clients are not interested in

marriage, pointing out that while 80% of clients with a positive pregnancy test are unmarried, most have an ongoing relationship with their sexual partners and marriage is therefore a possibility (Care Net 1995: 157). Clients are assumed to want to get married if pregnant, and one source speculates many clients became pregnant on purpose in an effort to solidify romantic relationships (McManus 2005). However, if the client seems reluctant, the volunteer should attempt to find out if the client's reluctance is tied to the idea of marriage generally, or marriage to this particular man. After listening to the client's perceptions of marriage and thus assuring her the counselor is interested in her and her situation as an individual, the counselor should discuss the benefits of marriage with the client, possibly over multiple visits to the center, and involve her partner if at all possible ("Five Reasons You Need the 'Piece of Paper'" 2003). When a client is open to considering marriage, the counselor must "help your client, along with her partner, understand God's plan for marriage and the practical blessings that flow from the marriage relationship" (Care Net 1995: 157; Wolock 2002).

The extrinsic rewards of marriage are presented to clients as separate from the spiritual benefits of God's plan, but nonetheless directly attributable to it and to be taken as evidence that God intends men and women to form traditional families and will reward those who obey. According to network training manuals and client brochures, women and children are inherently vulnerable in this world, and marriage offers the greatest degree of protection. Without a husband to shield her, a single mother faces a higher probability of poverty, welfare dependency, repeat unplanned pregnancy, poor health and inadequate housing. Her children are at risk for mental health problems, delinquency, and will likely become part of an intergenerational cycle of poverty and nonmarital childbearing. Manuals explicitly tell volunteers that an effective way to get women to see marriage as a positive outcome is to frame the consequences of not marrying

as risks for their children. One source calls the low rate of marriage among single pregnant clients "tragic for the child's future – and often the woman's as well. A single woman with a child has a difficult time finding a marriage partner" (McManus 2005: 22). The implication is that these negative outcomes will continue until the woman marries, but if she does not marry her child's father, she has only slim chances of ever escaping these negative conditions. In contrast, the CPC movement argues that married people are happier, enjoy better health, live longer lives, experience greater sexual satisfaction, and possess greater economic security ("Five Reasons You Need the 'Piece of Paper'" 2003; Stafford 1999). However, while movement materials occasionally offer statistical evidence regarding the decreased odds of negative outcomes for children in married households and the economic benefits of marriage to women, they have no evidence to bolster claims about women's happiness within marriage. Instead, movement rhetoric combines statistical evidence on women's economic outcomes with unsubstantiated claims that marriage automatically makes women happier. In fact, marriage is far more critical to men's well-being than women's and may even have a negative effect on women's happiness and mental health. Social science research suggests that single women demonstrate higher levels of psychological well-being than married women, and women in traditional marriages like those promoted by the CPC movement show the lowest levels of well-being among married women (Bernard 1982; Carr 2008; Cleary and Mechanic 1983; Fowers 1991; Hochschild 1989: 2003; Marks 1996; Zelizer 2005).

Involving Men in Marriage Strategies

The CPC movement increasingly seeks to involve the partners of pregnant clients in the counseling process. Activists recognize that some women have abortions because of a lack of partner support or because the male partner demands it. Involving the man is intended to

neutralize the pressure to abort and steer the couple in another direction. At the very least, activists hope these men will be financially and emotionally supportive of their pregnant partners, but the preferred outcome is marriage between the pregnant client and her partner. Like women clients, men are also allowed to earn incentives like infant or maternity items through their participation in center activities, although there is little evidence men do so in significant numbers (Care Net 2001).

In contrast to the strategy stressing external benefits used with women clients, the tactics taken with men stress the more intrinsic benefits of marriage. These benefits tend to be identity-centered; men are told they are irreplaceable in the lives of women and children and critical to their well-being and safety (Wolock 2004). If women and children are naturally vulnerable and protected only within marriage, then men are the obvious protectors. Counselors should gently prod men to accept the responsibility and authority of leading a family. One man involved in a CPC network organization for many years and responsible for the creation of men's programs in many affiliated CPCs claims "[t]he earthly father's role is ordained by God to bear a sense of responsibility to be the primary provider and protector of his children. That's what it means to be a man" (Ensor as quoted in Wolock 2004: n.p.).

Toward this end, men's programs often offer job training and resume building to support men's breadwinner roles. Training for employment typically is not emphasized in women's programs. This is unsurprising given evangelicals' advocacy of *traditional* marriage, involving a breadwinner husband and full-time homemaker wife. Even if the client, her partner, or both reject marriage, CPC activists encourage men to negotiate child support and visitation agreements with their pregnant partners, thereby providing material support and overseeing the child's well-being.

Despite efforts to portray women's and men's interests as complementary when promoting marriage, the movement also assumes neither the client nor the counselor, as women, will be able to persuade men to marry or even understand men's concerns. In strategizing how to promote marriage, the CPC movement recommends training counselors' husbands to be mentors for male clients. It is assumed only another man can relate to the male partner, and manuals include tips for relating to male clients, including making small talk about sporting events and other masculine pastimes (Care Net 2001; McManus 2005). These materials assume that, based on shared gender, a stranger will have a better chance of convincing a man to marry than the woman he is supposed to accept as his lifelong partner. This strategy is consistent with the policy of virtually all centers that only women may counsel women clients; it is taken for granted that women and men have mutually exclusive traits that make it easy for them to relate to same-gender individuals, but difficult or impossible to relate to members of the other gender.

Once a male partner meets a male mentor and a rapport is established, the female counselor and her husband are encouraged to model their happy (or at least intact) marriage to client and her partner, not only to convince them to marry but also to give them an example upon which to structure their own marriage (McManus 2005). This role modeling seems likely to reproduce the traditional family structures and gender ideology found within evangelical Christianity. The expectant couple and the mentor couple should also engage in ongoing marriage counseling (Wolock 2004). This option is growing in popularity with national CPC leaders and local center directors and marital counseling materials and conference sessions have increased accordingly. Marriage Savers, a program often adopted by CPCs, boasts that graduates of its program have only a 3% divorce rate over ten years, compared to a 50% rate in the general

population. Given this record, the Marriage Savers program encourages CPC counselors to offer the program to clients as a form of "marriage insurance" (McManus 2005).

While marriage counseling could potentially be viewed as outside the scope of the CPC movements' goals, activists see it as intimately intertwined. Single women have higher rates of abortion than married women. In justifying extending CPC curriculum to marriage counseling, Heartbeat International president Peggy Hartshorn argued that "abortion rates for unmarried women were four times higher than those for married women, so a pro-life outreach that sought to promote, strengthen, and sustain marriage was a natural 'next step'" (Wolock 2004: n.p.). CPCs see marriage counseling as a legitimate way to reduce community level divorce rates, and by extension, abortion rates, by influencing the cultural norms surrounding marriage. Activists see preventing single motherhood as a critical goal, and believe it cannot be achieved solely by reducing nonmarital childbearing. The number of women who become single mothers through divorce or separation is significant, and CPCs see marriage counseling as a way to encourage unmarried couple to wed and to prevent divorce among those who do marry.

Adoption

Adoption is the second "positive option" as framed by CPC network leaders. Leaders see adoption as an equally desirable outcome as marriage; either way, the child is raised in a heterosexual, two-parent family. The pregnant client presumably marries or places the child for adoption and remains abstinent until she does marry. When pregnant clients or their partners decline to marry, leaders advise activists to urge clients to consider placing their children for adoption. Adoption rates among CPC clients are similar to those of the U.S. as a whole, running only about 1% to 3% (Young 2000), a phenomenon I discuss further in Chapter Six. Network efforts to prod local center activists into increasing adoption rates reflected four primary themes

including; the role of education in debunking adoption myths; the redemption of birth mothers; fathers as the key determinant to women's parenting success; and the practical benefits of adoption juxtaposed against the consequences of single parenting.

Education about the realities and benefits of adoption is presented as the path to "a higher form of nurturance" by activists on behalf of clients, and by clients on behalf of their children (Care Net 1995: 155). The undercurrent in such framings implies that pregnant clients do not really comprehend what is in their own best interest or what is at stake unless caring activists make them understand. A study released by the Family Research Council (Young 2000) and extensively cited in subsequent CPC network publications consistently framed client resistance to adoption as the unfortunate result of bad first impressions of adoption, media horror stories, and a number of "myths" CPC leaders actively tried to counter. These myths include widespread beliefs among clients that adoptive parents cannot love an adopted child as much as their own biological child; adopted children are at greater risk for parental abuse; adopted children feel rejected and unloved by their birth mothers; and birth mothers are permanently shut out their children's lives.

Adoption Strategies

The first step in adoption reeducation involves neutralizing clients' objections to adoption. The FRC study reported that 51 clients were recruited by "pioneers in emotional research" utilizing "visualization, relaxation and repetition techniques…to circumvent rationalization and uncover the real reasons for behavior…despite differences among respondents, the interviews were remarkably similar in terms of the emotional language women used to express how they think and feel about adoption" (Young 2000: 2). The concerns clients have with adoption are dismissed as emotional, illogical justifications, and experts needed to be

140

called in to sort through women's messy emotions and decipher what was 'really' going on in women's minds. There is also an assumption of some essential quality, inherently emotional and non-rational, that all women possess. Therefore experts needed to translate and repackage any opinions expressed by participants for the purpose of training counselors to overcome client ignorance.

CPC leaders sought to recast adoption as an appealing choice for birth mothers. "Making an adoption plan" is proffered as empowering by allowing the pregnant client to choose the amount of contact she will have with her child after the adoption, and to select the adoptive parents if she so choose. Leaders cited studies stating that adoption was not more traumatic or less satisfying for birth mothers than single parenting, and that adopted children had similar or better outcomes than children raised with their married, biological parents. Either way, adopted children fared infinitely better than those raised by single mothers. The CPC movement described adoptive parents as carefully screened and dedicated to raising a child, as evidenced by the preparation and commitments required to adopt. Leaders characterized birth mothers as unselfish and loving women who wanted the best life possible for their children and faced the reality that they could not provide it ("10 Questions Birthmothers ask about Adoption" 2003; "10 Reasons I Don't Want to Place My Baby for Adoption" 2005; *Adoption: Faces of Hope, Families of Hope* 2002; *Honest Answers* 2004; "Is Parenting for Me Now?" 1999; *Your Crisis Pregnancy* 1988). Training materials stressed "healthy reasons for adoption" (Care Net 1995: 158) including a woman's inability to provide a father for the child, lack of financial resources, or low self-esteem (presumably what led her to have sex outside marriage in the first place) that would prevent her from meeting the child's emotional needs.

Knowing that clients are likely to reject adoption, counselors are instructed to "plant the seed" with clients by repeatedly broaching the topics of adoption or marriage (Heartbeat International 2005b). Training manuals for counselors stress that women undertake a two-part decision making process in the event of an unplanned pregnancy. First, women decide whether to continue or terminate their pregnancies. Only after this decision is finalized in the client's mind will she then turn to the second decision, whether to marry, place the child for adoption, or become a single mother. Since clients allegedly do not really grasp the reality that a baby will result at the end of the pregnancy until they are four to five months pregnant, counselors must consistently present "the adoption option" to ensure women give adoption fair consideration (*Adoption: Faces of Hope, Families of Hope* 2002; *Letting Go* 2005). Manuals warn counselors that most clients will automatically reject adoption when it is first suggested; the FRC report claims adoption is not initially considered as an alternative to abortion because the decision to abort is driven by emotion and instinct (Young 2000: 5). However, an initial response of no does not really mean no in this case, and counselors should keep trying to persuade clients to consider this option, using "tender confrontation" (Philkill and Walsh 2004: 109) if necessary. In this context, CPC activists should steer clients toward adoption while discouraging single motherhood.

The importance of fathers and husbands is also emphasized to pregnant, single clients. CPC network publications portray fathers as critical to family life, and single parenting denies men their rightful place as the heads of families and prevents children from enjoying a positive context for growth. One manual explains that God chooses to relate to human beings as a Father. Earthly fathers are the images of God as the Father, and they are critical to lead women and children within godly families. "Fatherlessness" is linked to a host of negative spiritual outcomes

for women and children (Heartbeat International 2005b). Denying children a two-parent family denies God's plan for women, children, and childless couples:

> Childlessness (of infertile couples), fatherlessness (of children born to single mothers) and 'husbandlessness' (of single mothers themselves) are all imperfect states, caused either by personal sin or the general consequences of original sin. Adoption is one way God provides to return [all of them] to His original design (Heartbeat International 2005b: 17).

Adoptive parents and children form an authentic family, while single mothers and children do not. Adoption therefore redeems all by transforming ungodly family forms.

Convincing Counselors to Advocate Adoption

Counselors are urged to consider the potential redemption of the birth mother through sacrifice and suffering on behalf of her child and advocate for adoption accordingly. Nonmarital pregnancy is viewed as a moral failing that can be redeemed by undertaking the sacrifice of adoption. Engaging in nonmarital sexual activity is the result of character flaws, low self-esteem, a lack of self-restraint, and an inadequate personal relationship with God. Terms like "mature," "selfless," and "realistic," commonly describe the client who decides to place her child for adoption. Training manuals and client pamphlets and films acknowledge the pain of giving up the opportunity to parent one's children and compare it to the pain of losing a loved one through death. However, this pain is also described as a path to grace. By relying on her own internal values, namely her innate love for the child she is carrying, and eschewing external opinions that may try to persuade her to abort or single parent, a woman restores herself to God's natural plan by allowing her child and a childless couple access to this godly design as well ("10 Questions Birth Mothers ask about Adoption" 2003; *Adoption: Faces of Hope, Families of Hope* 2002).

The "sacrificial and other-person oriented" (Care Net 1995: 153) nature of adoption and selflessness required to give up parenting one's child will transform an unmarried, sexually active woman's previously flawed character (Young 2000: 13).

To shore up assertions of the spiritual benefits of adoption, movement rhetoric also relies upon the practical benefits of adoption for birth mothers and adopted children. Publications used by CPCs stressed the prevalence of poverty and welfare receipt among single mothers, and corresponding poor outcomes for their children. In contrast, women who place their children for adoption achieve higher levels of educational attainment and lower rates of poverty and unemployment. They are also more likely to get married in the future and less likely to divorce. CPC networks specifically emphasize the decreased chances for marriage if a woman opts for single motherhood, and links this single state to economic insecurity, increased risk of child abuse, and the likelihood that her children will repeat this pattern. Fathers are proclaimed the most critical variable in the outcomes of women and children. If a father is present and married to the mother, all outcomes for children improve. Women are "safer" within traditional marriages; they experience lower rates of domestic violence and abortion and benefit from higher family incomes. These claims seek to shore up the less concrete benefits of redemption that are actually more important to the movement. Not all women clients will be persuaded to see things as activists do; practical outcomes address this potential weakness in CPC advocacy of adoption (Care Net 1995; "Five Reasons You Need the 'Piece of Paper;" 2003; Heartbeat International 2005b; Stafford 1999).

Network publications consistently mentioned studies – typically without any citation information – that found women and teens choosing adoption were equally likely to be satisfied with their decision as those who choose single parenting. While such studies offer little evidence

that one option is *better* for women than the other, CPC leaders' rhetoric framed single parenting as culturally undesirable relative to placing children with married couples. To shore up their claims, network leaders also presented studies comparing outcomes for adopted and non-adopted children, and comparisons of children raised in two-parent families versus single-mother families. These claims emphasized that adopted children were as likely as or more likely than non-adopted children to enjoy educational achievement and high self-esteem. Comparisons between single mother and two-parent families found children raised by single mothers were susceptible to a host of negative outcomes, including delinquency, dropping out of school, poverty, nonmarital sexual activity and teen pregnancy. Single motherhood, as opposed to structural inequalities that make poverty and its consequences more likely for single mothers and their children, was blamed for these outcomes.

Given that counselors are instructed to make strenuous efforts on behalf of adoption, it is ironic they are also warned to respect the autonomy and integrity of the client, and not to attempt to make any decisions for clients but simply to facilitate informed decision-making. CPC leaders emphasize that clients failed to make responsible decisions in the past, and it was critical that they now take full responsibility for the decisions they made about adoption. However, counselors must not overstep their boundaries, or clients will resent them or refuse to return to center altogether. These warnings, along with an enthusiastic endorsement of housing adoption agencies within CPCs or at least fostering strong relationships with agencies, urge counselors to pursue adoption to the extent that they can do so without triggering legal complications. Such efforts could well cross ethical lines before breaking laws, and the mismatches between the advocated tactics promoting adoption and the rhetoric of respecting clients' autonomy seem ripe for exploitation of clients.

This is particularly obvious in *how* counselors are supposed to ensure women remain committed to adoption decisions. Centers were urged to "[i]dentify clients who are the most likely to choose adoption and encourage them especially to consider adoption" (Hartshorn 2001). Network leaders described such clients as mature and willing to put their children's welfare ahead of their own. Once a client opted to place her child for adoption, counselors were urged to accompany the client to appointments with the adoption agency and to visit the client in the hospital immediately after she gave birth to ensure she did not succumb to doubts about her decision. Movement literature describes the need for early placement with the adoptive family as critical for the child's well-being and as necessary for reducing the chances a birth mother will change her mind. The importance of post-adoption support for birth mothers is consistently mentioned, but unlike the strategies for persuading women to decide upon adoption, no detailed instructions are included, giving the impression that once an adoption decision is made, CPC activists' primary interest shifts to the baby and the adoptive family, with a waning interest in the client's well-being.

Single Parenting

Of all the "positive options" CPCs present to pregnant clients, single parenting is the most weakly endorsed. It is preferable to abortion, but also portrayed as far less desirable than marriage or adoption. There is a clear preference for two-parent, married families, whether those families are formed by marriage between the pregnant client and her partner or by adoption. Movement frames consistently emphasize negative outcomes for single mothers and their children. However, movement literature suggests that counselors should not stress these difficulties until the client decides to continue the pregnancy and enters the second decision-making phase (Young 2000).

Single Parenting Strategies

Movement literature advises that the best approach while the client in the first stage of decision-making is to make it clear the resources of the CPC are available to her regardless of which decision she makes. Some CPCs are also connected to maternity homes or other forms of temporary housing, and they make these resources available to clients. After a pregnant client decides to continue the pregnancy, counselors should stress the difficulties of single motherhood. If a client is firm in her intentions to parent her child, volunteers should then support single parenting, which is at least superior to abortion. When a client is considering marriage or adoption, counselors frame single parenting as ruining women's and children's lives (Anonymous 2008; Care Net 1995; Fulgenzi 2003; Thompson 2004). If a client indicates she is considering abortion or rejects marriage and adoption, the movement's stance shifts and counselors address single parenting is treated in more pragmatic terms ("Is Single Parenting Part of Your Future?" 2000; Smith 1995). Movement literature warns counselors not to be so negative about single parenting that clients reconsider their initial abortion decision (Care Net 1995).

While the CPC movement clearly perceives single parenting as inferior to marriage or adoption, the primary goal is preventing abortions. Thus, the CPC movement as a whole is prepared to offer material resources and support to pregnant clients if they choose not to marry or place children for adoption. When a client is offered "the center's guidance, information, ongoing support, and referrals [to social services or center classes] regarding parenting, [she] is more likely to consider single parenting as a viable option…the idea of becoming a single parent begins to feel less impossible when you help a client sort out her concerns" (Care Net 1995: 156). Counselors are instructed to inquire about the problems, materials needs, and social

supports clients anticipate needing they continue their pregnancies, and to indicate where the center can fill in gaps ("Is Single Parenting in Your Future?" 2000; Smith 1995). However, these services are considered a poor alternative relative to marriage or adoption, and clients are likely to be urged repeatedly to reconsider single parenting on an ongoing basis even as they access center resources.

Abstinence as the Preventative Solution to Crisis Pregnancy and Abortion

While activists view marriage, adoption and single parenting as constructive choices for pregnant clients, most CPC clients are not pregnant. In fact, between 50-80% of clients visiting centers have negative pregnancy tests (Abbott 2003). Activists are not content with simply delivering the news and watching non-pregnant clients leave. Movement frames posit the client's visit as an opportunity to intervene in her life and attempt to influence her to reconsider her decision to be sexually active with a non-marital partner (Abbott 2003; Cullen 2004; Williams 2008b).

Abstinence Strategies

CPC approaches have varied over time, reflecting the movement's engagement with mainstream secular culture. In the 1970s, CPCs focused on the negative emotional and spiritual outcomes of nonmarital sexual activity, an approach that proved ineffective given the strength of the feminist and sexual revolutions taking place (Abbott 2003). In the 1980s, as national awareness of sexually transmitted diseases (STDs) increased, centers shifted their emphasis to the health risks of engaging in nonmarital sex, especially when they dealt with non-religious clients. Centers reported seeing more clients with STDs and/or multiple partners during this time. By the 1990s centers began to compete with Planned Parenthood to provide STD tests so that CPCs could ensure clients received both testing and a spiritual message about sexuality. Centers

148

described abstinence as a form of prevention and protection from STDs and unplanned pregnancy, taking a rationalized, cost-benefit approach to abstinence and sex. After noting the high proportion of "revolving door clients," clients that come back repeatedly for pregnancy tests despite the abstinence message of the centers, Heartbeat International concluded the current abstinence message was ineffective (Abbott 2003; Hartshorn 2003).

Adding to the felt urgency of activists in trying to reach clients are claims made by network elites indicating that 60-80% of CPC clients have a history of sexual abuse, and that approximately two-thirds of health problems caused by sexual activity are borne by women (Heartbeat International, "Sexual Integrity" 2005b: 8, 11). One newsletter claimed "[a]ll of our single clients…are having sex with someone other than a spouse and are, therefore, not sexually whole. They are living without sexual integrity and are in need of healing from that initial violation" (Abbott 2003, n.p.). Network leaders concluded rational approaches to discussion of sexuality did not work with women because they failed to adequately affect the emotions or overwhelmed clients with negative information about consequences clients assumed were too extreme to actually happen to them.

Constructing the Sexually Active Client

In 2002, HBI pilot tested the "Sexual Integrity Program" (SIP) and subsequently made it available to all centers. Today, centers in 49 states use SIP, and many others use similar programs (Legacy Institute 2009). With SIP, CPC tactics shifted away from the heavy reliance on statistics and dire warnings to a more selective use of STD infection rates combined with vignettes about ordinary women making common choices about sexual activity and the allegedly common reservations women have about sex were revealed. Vignettes describe one of three

"types" of sexually active women, and the movement claims one of the three will resonate with the client and cause her to rethink her behavior (Care Net 1995: 164-167; Cullen 2004).

The first "type" is referred to as the "Moral Client." This woman is experimenting with sex, and does not use contraception because she knows premarital sex is wrong and feels the acquisition and use of birth control would prove she is the type of woman who would behave immorally. Obtaining contraception would demand "an identity change from seeing herself as a good girl who occasionally experiments with sex, to a woman who plans her sexual activity" (Care Net 1995: 165). This woman is typically in her teens and with her first sexual partner. Sex is infrequent and occurs spontaneously. This woman is generally having sex to please her partner and would like to stop so she need not feel guilty (Care Net 1995; Philkill and Walsh 2004; "Two Young Women" 1990; "When Sex is a Curse, Not a Gift" n.d.). She justifies her actions by comparing herself to other women she imagines are more promiscuous than herself. According to the typology, the guilt and shame this woman experiences over her sexual activity ensures she will come to see herself as "damaged goods" (Cullen 2004: 8) and will sabotage her relationship with a long-term partner. At this point, she may begin to have multiple sexual partners.

This client must be gently questioned about the disparity between her values and behaviors. Counselors are instructed to inquire about her goals, such as marriage and children and point out to the client that her current behaviors will make it more difficult to form a committed relationship leading to marriage and may damage her ability to bear children. Counselors should then help the client think of creative, non-sexual dates in order to refocus the relationship before the Moral Client comes to accept nonmarital sexuality as a normal part of relationships. Playing sports and volunteering at local charities are included as suggestions for

dates (Care Net 1995; "Casual Sex" 2004; Cullen 2004; "How at Risk Are You?" 2002; "It's Just Sex, Right?" 2007; Stafford 1999; "Why Abstinence?" 2007).

The "Experienced Client" has had several sexual partners, and sees sex as a normal part of romantic relationships. Because she is monogamous, she does not consider herself promiscuous (Cullen 2004; Philkill and Walsh 2004). She is likely to be living with her partner. This client feels sex is a personal decision each individual must make for herself. The typology claims she has no coherent reason for her beliefs about sex, but she merely feels it is right for her. However, she has doubts about the relationship and must force herself to suppress feelings of guilt and apprehension. She does not trust that her partner is committed to her, and may purposively become pregnant to test the relationship. Other women in this category may assume their partners are not committed and take for granted they will abort a pregnancy if it occurs. Counselors are expected to ask this client about her beliefs regarding love, relationships, and marriage, and ask her to examine how her current, insecure relationship compares to what she actually wants. Counselors ask the client how a pregnancy would affect her precarious position, what her future husband will look for in his wife, and whether her current choices will allow her to be this person (Care Net 1995; Cullen 2004; *Sex Still Has a Price Tag* 2006).

The third type of client is the "High Risk Client," who has had many partners and a high probability of nonmarital pregnancies and/or abortions. She may engage in sex for pay, have multiple partners at one time, or move quickly from partner to partner. She believes she is comfortable with her sexual activity, but is actually driven to sex in order to fill some form of emotional emptiness she experiences. This emotional pain is likely caused by a poor father-daughter relationship, past sexual abuse, or a series of unsuccessful romantic relationships. She is thus caught in a circular process; failed childhood relationships lead to promiscuity, and

promiscuity leads to failed adult relationships (Care Net 1995; Cullen 2004; Philkill and Walsh 2004; Reisser 1999; Reisser et al. 1999). This client may actually want to be pregnant because pregnancy would force her to change her lifestyle. However, she will deny she is unhappy because she feels powerless to change her own life. Women falling into this category are assumed to have a significant history of painful relationships, and are considered the most likely to reconsider how much they have "compromised" themselves. They are viewed as the most likely to convert to evangelical Christianity (Care Net 1995: 167). One manual describes the situation is this manner;

> The root problem is a deep need to feel loved and secure. Her lifestyle is a manifestation of her search to find an ultimate level of intimacy that can only be satisfied in a relationship with Christ…This woman is usually the most open to hearing the Good News about a Man who loves her unconditionally and already knows everything she's ever done. He accepts her for who she is as well as who she is not. He wants to have a relationship with her so that He can show her His Love and let her know what "true love" is. The only thing He asks is that she make the first move and let Him know she's interested in pursuing that relationship with Him. (Care Net 1995: 167, 171)

It is then the counselor's task to encourage the client to make this "first move."

There are a number of common themes found across all three clients in this typology. Each claims to know her own beliefs and feelings regarding her sexual activity, but is actually in denial or suppressing negative feelings. Each is likely to have a history of sexual abuse, absent fathers, and/or unresolved emotional pain. Each would like to stop having sex, but sees herself as "damaged goods" (Cullen 2004: 8) and powerless to have a positive impact on her life. Each woman doubts her partner's commitment, especially as her lifetime number of partners increases.

As the typology moves from the least sexually experienced client to the most experienced, the client in the vignette becomes younger at the time she began having sex, increasingly has short-term as opposed to long-term relationships, and feels less guilt over sex but experiences more negative outcomes ("Casual Sex" 2004; "It's Just Sex, Right?" 2007). For example, in the Care Net manual (1995), the Experienced client has had three abortions and given birth to one child out of wedlock. The High Risk client has a history of STD infections and is struggling under the weight of an emotionally crippling past. While the Moral Client and her boyfriend are young and require moral guidance to get back on track, the other two clients are presented as exploited by men in varying degrees. Each has come to the center for a pregnancy test, thus presenting an opportunity to activists to convince clients to "consider sexual integrity and encourage them to protect their emotional and reproductive health" (Cullen 2004: 10). The client with a negative pregnancy test is a particular target for messages about sexual morality;

> Even though they may not be pregnant, the root problem that led them to this suspected pregnancy likely remains…having had a close call, they are also likely to accept peer counseling about relationships and sexuality issues…at issue is a sexual lifestyle that holds destructive consequences (Care Net 1995: 164).

Evident in this typology are a number of taken for granted understandings about all women and certain essential truths about women's sexuality. Women do not naturally want to engage in nonmarital sexual activity. Having sex outside of marriage is the result of a number of unhealthy influences, such as the desire to fit in with popular peers; a history of sexual, emotional or physical abuse; a misplaced desire for a child, even without a husband; coming from a 'broken home,' i.e. having divorced or unmarried parents; substance abuse; proving one's adulthood or rebelling against parents; pleasing a male partner; attempting to create a sense of

153

self-esteem by feeling attractive to one's partner; and a basic lack of understanding of the physical and moral risks of sex outside of marriage ("Casual Sex" 2004; Care Net 1995; Heartbeat International 2005b; "It's Just Sex, Right?" 2007; Philkill and Walsh 2004; Reisser 1999). Particularly significant is the client's relationship with her father. Numerous manuals, pamphlets and newsletters emphasize the influence of the father on a woman's choice of partner and the type of relationships she will have;

> Typically, girls learn about their value as a woman from their fathers. In the absence of a close relationship with their fathers, girls look to their boyfriends for love, affection, and affirmation. In this context, girls become increasingly dependent upon their boyfriends and will do anything to prove their love, including having sex (Philkill and Walsh 2004: 148).

Noticeably absent is any acknowledgement that sexuality outside of marriage may be an informed, healthy decision made by a competent, mature woman, or that heterosexual sex can take place between consenting, equal, and unmarried partners genuinely concerned about each other's welfare. Movement frames demonstrate a marked lack of trust in women's abilities to make their own decisions. Instead, network materials use the patriarchal rhetoric to emphasize how much of an effect men and fathers have on women's lives, whether good or bad.

Movement Perceptions of Clients' Priorities

Network sources constantly frame the risks of premarital sexual activity in terms of its threat to women's fertility and her potential for a happy marriage. Network materials remind counselors that the key relationships in women's lives are family, husband and children, and clients risk all of these by engaging in nonmarital sexual activity ("Casual Sex" 2004; "How at Risk are You?" 2002; "It's Just Sex, Right?" 2007; Reisser 1999; "Two Young Women"1990).

Intervening in clients' lives will enable them to protect their "life-giving gift of fertility" (Heartbeat International, "Sexual Integrity" 2005b: 4; Stafford 1999). Counselors should ask clients about their goals and hopes, and make negative connections between the client's current sexual practices and partner and those she hopes to have in the future. Network rhetoric presents premarital sex as the cause of STDs and increased risk of fertility problems, divorce, depression, emotional numbing, repressed memories, failure to form and maintain committed relationships, failure to complete one's education, and poor outcomes for one's future children. Women must be shielded from their own poor decisions, and the movement justifies this stance by equating women's bodies and their social needs; "female reproductive organs are internal and therefore more protected [than men's], which is consistent with God's plan for women in social relationships" (Cullen 2004: 22; see also Stafford 1999; "Why Abstinence?" 2007). Another source offered this wisdom; "Our sexuality involves who we are as women, it is out feminine nature, our gender, and it affects our emotional, physical, intellectual, social and spiritual selves" (Heartbeat International, "Sexual Integrity" 2005b: 2)

This concern with women's fertility and future marital relationships implies that women's sexual chastity and the physical and emotional health stemming from it are intended to enable her to attract and keep a husband and bear children within wedlock. Counselors are told to appeal to women by invoking themes about their future children and maternal sacrifices, arguing that women "often make better choices for their children than for themselves" (Abbott 2003: n.p.; see also "It's Just Sex, Right?" 2007). An even stronger claim accuses non-chaste women of "[putting] your future children at risk and [spending] their future happiness like money from a bank with each bad choice" (Abbott 2003: n.p.). In order to persuade women to preserve their sexuality for their future husbands and safeguard their future children, counselors are encouraged

to use a princess analogy to make abstinence more appealing and romantic. By remaining "pure" clients will be able to win their prince and live happily ever after. Consider the following "princess rules:"

> A princess is made for her one true prince…Our physical bodies are meant for our "prince," the one person worthy of our love who will commit to us for a lifetime.
>
> A princess' heart deserves to be protected.
>
> A princess is made to love other people.
>
> A princess fills her mind with good things…we can become interesting and engaging as women; we have the God given ability to become mature and wise so the prince will be attracted to our minds as well as our beauty (Heartbeat International, "Sexual Integrity" 2005b: 2).

These 'rules' suggest women's sexuality is a tool to use to attract and keep a husband. Clients are assured they are not mere sex objects to be used and discarded by men, but the message put in its place still implies that women's sexuality is the rightful property of men.

The solution to "sexual brokenness" is a specific understanding of sexual integrity, defined as "expressing your gift of sexuality throughout life in a true, excellent, honest, and pure way. It is protection in childhood, direction in adolescence and celebration in adulthood" (Heartbeat International, "Sexual Integrity" 2005b: 1). Network leaders portray a lack of sexual integrity as the cause of abortion, fatherlessness, cohabitation, acceptance of gay men and lesbians, troubled marriages, child abuse, and sexual promiscuity ("Casual Sex" 2004; Hartshorn 2003; "It's Just Sex, Right?" 2007; Reisser 1999; Reisser et al. 1999; Stafford 1999). Practicing sexual integrity means practicing abstinence prior to marriage, remaining faithful within marriage, and not polluting one's body with contraceptives or other practices that encourage

women to devalue their traditional marital and sexual roles (Abbott 2003; Appleton 1994; Care Net 1995; Cullen 2004; "The Morning After Pill" n.d.; "The Truth about Emergency Contraception" 2005; "What You Should Know about Condoms" 2004).

Undermining Client Autonomy

Although CPCs are set up to address the needs of women in unplanned pregnancy, centers refuse to provide or refer clients for contraceptives to prevent these pregnancies. Network publications claim contraception has serious behavioral and health related side effects. There is a widely agreed upon sentiment that encouraging 'safer sex' encourages a false sense of safety from pregnancy and STDs and encourages nonmarital sexual activity and further damage to women. Thus, any information about contraception offered by CPCs contrasts the side effects and failure rates of various contraceptives with the apparently worry-free sexual activity that comes with non-contraceptive, marital sexual relations (Care Net 1995; Gibbs 2007; Heartbeat International 2005b). (In the case of married clients, network materials tell counselors to advise clients to consult their husbands, physicians, and pastors prior to using contraception.) In justifying this approach to counselors, leaders warn that clients do not understand the physical risks of STDs. One publication warns that clients "may not be able to connect data and abstract concepts" (Cullen 2004: 16). Instead, activists should steer clients into what is referred to in the SIP program as Fertility Awareness Education. Such education is explicitly *not* intended to provide contraceptive information. Networks recommend centers train *married* clients in Natural Family Planning separately from fertility education. The goal of Fertility Awareness Education is to teach clients about the functions of the female reproductive system in a manner that inspires respect and awe for women's complex childbearing capacity and ability to create new life. Once

this is impressed upon women, centers hope they will refuse to have sex with men who do not similarly value their bodies and reproductive potential (Heartbeat International 2007).

Sexual integrity programs contain an explicit message that clients do not understand what they really feel or need, and lay counseling by activists is required for women to come to an accurate and self-affirming understanding of themselves, their sexual choices, and their lives as a whole. Alternatively, clients secretly want to stop having sex, but need volunteers to affirm their desires and give them the resolve to stop. There is a conspiratorial, maternalistic tone in many CPCs texts, stating that while clients feel they need X, counselors know they really need Y. 'Y' usually involves a strong abstinence message and proselytizing to the client by the volunteer. Counselors are charged with "meeting the client's expressed need (pregnancy testing) while discerning other windows of opportunity" with "skill and spiritual discernment" (Cullen 2004: 19). The goal is to "engage [clients] with information relevant to their immediate need (usually physical), so that both their *felt* need and their *real* needs may be addressed" (Cullen 2004: 10, emphasis added). Clients are likely to be unaware of their "real needs" because their "fear of guilt feelings may cause her to deny the seriousness of her behavior and its risks. A reality check is required." The counselor should know that "a careful intake process will reveal the cracks in [the client's] story" (Cullen 2004: 10). Like PAS frames, terms like "denial" and "suppressed" are continuously used to describe clients' true feelings. Nonmarital sexuality cannot be rational to evangelical activists, as it violates what they see as women's best interests. Therefore, in order to engage in sex, clients must be rationalizing their behavior and suppressing their true feelings.

Another theme prevalent in the network material focused on sexuality is a rather Machiavellian attitude suggesting that the ends justify the means when it comes to ensuring clients' receptivity to abstinence messages. Movement literature constantly urges counselors to

pursue their abstinence agenda with clients, even if a client seems uninterested or even resistant, similar to the attitude taken towards adoption. Network materials assure counselors that "planting a seed" of doubt in the client's mind about her sexual decisions will eventually pay off and she will reconsider the value of abstinence (Care Net 1995; Cullen 2004: 16; Heartbeat International 2005b). For this to occur, however, the counselor must be willing to ignore apathy and even objections from the client. The volunteer must be confident she has the information the client needs, even if the client does not realize this or disagrees. Repetition is critical to convincing the client to see things the counselor's way. This is similar to the tone taken in the presentation of marriage, adoption and single parenting; evangelical Christians know best, and need to show ignorant clients the error of their ways. If a client objects, this is a symptom of denial or repressed feelings, similar to arguments put forth about PAS symptoms. One author specifically tying CPCs' anti-abortion and abstinence efforts together argues;

> But just as we are committed to presenting information on fetal development and options to women who are planning an abortion, we must commit to presenting information on cohabitation and relationships *regardless of what the client's initial reaction may be* (Cullen 2004: 16, emphasis added).

Even more problematic is the movement's endorsement of the use of medial information to frighten or intimidate clients into listening to abstinence presentations. Centers are urged to "go medical," meaning they offer services performed by medical personnel such as ultrasound, STD testing and routine gynecological services such as Pap smears. When a client is not interested in the moral or religious message presented by a center, counselors are urged to convince her to return, preferably for multiple visits. The medical services are provided only in conjunction with an "educational presentation." To persuade a client to return, she should be

159

convinced that a "real health concern" exists based on her sexual activity (Cullen 2004: 13). When she returns, a specially trained medical professional who agrees with the center's ideology should take this opportunity to gather information about the client's life and talk to her about her lifestyle. Medical professionals are in "a position of authority and should take advantage of it within the clinic environment to convincingly present a sexual integrity message consistent with a holistic Biblical approach" (Cullen 2004: 13). Movement discourse does not consider that religiously-motivated clinicians in this context are exploiting their professional authority, or acknowledge that a client agreeing to a medical appointment did not consent to being subjected to religious scare tactics under the guise of medical practice.

The unresponsive client who agrees to return for medical services should have her office visit proceed in three distinct stages. First, she should fill out a medical intake form. She should then be given alarming but general information about STDs, but without any graphic pictures. The medical staff member should emphasize that all nonmarital sexual activity involves the risk of contracting these diseases, even if partners are monogamous. The implication appears to be that unmarried partners cannot be trusted to be sexually faithful to each other, but married partners are automatically trustworthy. Once this general information has been shared, the medical professional performs the scheduled service. The time spent in the exam room is considered a prime opportunity to obtain physical and personal information about the client. Since a gynecological exam is "a time of personal intimacy," the clinician "may learn a significant amount of information about a patient's fears, hopes and dreams in addition to her physical health" (Cullen 2004: 12).

After establishing a rapport with the client, the third stage of the office visit involves the presentation of more detailed information and graphic pictures to the client as part of a "sexual

integrity reorientation;" in other words, use the information to frighten the client into a 'better' set of sexual practices. The client should be assured she is special, and deserves happiness and health. As evidence of this worthiness, the clinician wants to share the sexual integrity message with her. Since the "point is to break through the walls of denial…even if the client does not seem engaged, the nurse-teacher must press on and share this information" (Cullen 2004: 14).

Common Themes in CPC Frames and Tactics

The frames and tactics of the CPC movement emphasize key elements of evangelical Christianity. One such theme is the movement's focus on personal transformation and the establishment of a relationship with God. As one PAS advocate commented, "The concept of change is central to the gospel and inevitable for the Christian…the process of Biblical counseling is to *generate both hope and change*" (Wilson 2002: n.p., emphasis in original). Transformation involves recognizing unhealthy, sinful behaviors, comparing them to a more affirming, holy standard, and deciding the latter is the only choice leading to a moral and meaningful life. CPC activists hope to model this standard and persuade clients to convert to Christianity. Counseling sessions and PACE programs present a unique opportunity to "witness" to clients, meaning counselors who are already born-again Christians share their personal stories of conversion with clients and urge clients also to convert. If a client does convert, she becomes an additional resource for the center and the broader Christian community, as one of the duties of an evangelical Christian is to share her "testimony" with others who are not yet "saved" in hopes these others will convert as well.

The combination of pragmatic arguments with religious motives reveals the CPC movement's unique form of distinctive engagement. Evangelicals feel it is their duty to try to change society for the better, one person at a time. They also believe the people they are trying to

convert do not yet understand the importance of changing their behaviors. As such, CPC activists cloak religious motives with more secular arguments. Marriage is God's plan for men and women, but activists stress the financial benefits of marriage relative to single parenting. Evangelicals regard placing a child for adoption as appropriate penance for nonmarital sexual activity, but CPC leaders instruct counselors to appeal to the birth mother's self-interests by pointing out that adoption will give her the opportunity to complete her education and delay motherhood until she is ready. Abortion is a profound violation of men and women's ordained roles, and the movement combines unproven psychological claims with established medical findings to convince pregnant clients to forgo abortion. Nonmarital sex is immoral, but realizing many clients will not agree, the movement stresses STD rates and the potential risks to clients' future children. Far from setting itself is absolute opposition to secular culture, the CPC movement strategically engages with clients' secular interests to pursue religious ends.

CPC frames, like evangelical rhetoric in general, are anti-structuralist (Emerson and Smith 2000; Smith et al. 1998; Tranby and Hartmann 2008; Williams 2008). The movement claims the problems of crisis pregnancy, abortion, nonmarital sexuality and single motherhood are caused by immoral individuals, and can be fixed by persuading individuals to change their ways. For example, in the negative outcomes associated with single parenting, the outcomes are presented as caused by the unmarried status of the mother. No mention is ever given of the social obstacles confronting women when they attempt to care for children and earn a living wage. Gendered pay gaps, the lack of living wage jobs available to women, the lack of affordable child care, and the low probability of receiving child support are generally ignored. The practices of some centers even reinforce anti-structural and patriarchal biases, for example the provision of employment-enhancing services for men but not for women. Adoption and marriage are the only

solutions proffered for the problems faced by single mothers. Once women mend their ways and form traditional families, or relinquish their children to such families, they will prosper.

This inability to see structural forces at play in clients' lives leads activists to conflate correlation with causation. Movement rhetoric seems quite selective about its use of factual information. One manual warns that all children of single mothers are at risk, but uses data that make it clear this is true only in income brackets under $50,000 annually while ignoring this figure. Thus, it seems that poverty or at least relative financial hardship negatively affects women and children, not the absence of a father/husband per se. The correlation is between the presence of a father/husband, who brings a higher income, and overall family income. Income predicts children's well-being, and while the presence of a father/husband increases income, it does not exert necessarily an independent effect on children's outcomes.

The moral absolutism of evangelical Christianity provides a self-insulating function for the CPC movement, eliminating the potential for critical self-reflection. Evangelicals believe the rules and norms they strive to live by are absolute and universally applicable to all people in all contexts. Combined with unwavering faith that following God's plan leads to prosperity, CPC movement frames are inflexible, and difficult to expand to phenomena that do not fit with the original frames, as demonstrated in the examples above. Clients disagreeing with evangelical principles, whether involving abortion or sexuality, are constructed as suffering from denial or repression. The only way a post-abortive woman can be considered free of PAS is by undergoing PACE, which requires her to affirm evangelical worldviews. If she does not do so, she is still afflicted with PAS and too mentally ill to realize it. Likewise, a client choosing to engage in nonmarital sexual relations must be damaged in some way that drives her to engage in inappropriate sexual activity. If a client protests that sex is a normal part of healthy romantic

relationships, the movement claims she has yet to realize how harmful her choices actually are. In all cases, lost, bewildered, fragile clients need the help of Christian CPC counselors to understand their true needs. The extent to which movement tactics will pursue disinterested clients is evident in the elaborate "medical" appointments promoting abstinence or repeatedly broaching adoption despite clients' lack of interest.

In movement discourse, the woman-centered focus of the movement regularly slips out of place, pushed aside by a traditional religious worldview that subordinates women's interests in favor of patriarchal family structures and sexual norms. When this occurs, the CPC movement's formal frames seem to suggest that woman-centered tactics are nothing more than an insincere ploy designed to convince women that the CPC movement is not primarily concerned with the fetus or enforcing traditional gender roles. Movement frames characterize clients as ignorant, mentally ill, irrational, and overly emotional to justify questionable practices. The movement is not forthcoming about its motives with clients, and instead uses roundabout logic to downplay its real interests. This is evident in the movement's decision to stress the practical benefits of marriage and adoption with secular clients and in its selective use of scientific data. The actual goal is to shore up the institution of marriage and traditional sexual norms. Even worse, formal movement frames advocate outright deception in some cases. Network publications recommend that centers schedule "medical" appointments with clients under false pretenses. The actions recommended by the networks are never about what the client stated her needs were, thus the volunteer is merely pretending to take the client seriously by appearing to interact with her as an equal to gain her trust and then impose a 'solution' to her problems dictated by the networks. In reality, the movement sees clients as morally inferior, and thus the activist's job is not to help her

sort through her issues as she sees them, but to redefine her problems as the movement sees them.

These are obviously problematic strategies, but it does not follow that the movement is not concerned with women's interests and that woman-centered strategies are therefore insincere. Rather, formal movement frames are concerned with women's best interests but see these interests as narrowly and paternalistically defined. As evangelicals, movement leaders believe the have a religious duty to intervene in the lives of unsaved clients. Because clients do not have the same special relationship with God that evangelicals enjoy, it is not possible for clients to understand what is at stake, thus the movement is justified in advocating exploitative practices because the ultimate goal is a society ordered as God decrees. Such a social order represents what evangelicals believe to be women's best interests. For example, evangelicals see marriage as best for men and women. They do not privilege marriage over women's interests; they see the two as synonymous. Thus, when the movement pushes for marriage counseling and the using men mentors to persuade clients' partners to marry, it is seeking what it believes to be the optimal scenario for women. The networks tell local activists to use the movement's resources to acquire a positive outcome for women. Evangelicals do not interpret the problems faced by women in crisis pregnancies in structural terms, so they misinterpret the causes of the problems and therefore marriage or adoption uniformly appear to be the best solutions. Evidence to the contrary is dismissed because these studies are produced by secular entities that evangelicals view as untrustworthy, such as the American Psychological Association. It is also possible CPC movement leaders reject these arguments because they perceive them to be antithetical to their own life experiences. For example, CPC movement leaders may support PAS discourse despite the lack of evidence for it because leaders themselves have had abortions they deeply regretted

or because their attitudes toward marriage and children mean they believe they would suffer such severe consequences if they had an abortion. Thus, these problematic practices are more a function of the traits of evangelical Christianity than a desire to deceive clients or a lack of concern for women.

<u>Conclusion</u>

These infusions of evangelical Christianity within the CPC movement represent the inability of the movement's formal frames to address clients' lives and needs from the perspective of these same clients. Evidence contradicting movement claims is reinterpreted as problems inherent to individual clients, not as the impetus for movement leaders to reconsider their arguments. The limited range of vision promoted by the national leadership seems likely to fail in its attempts to address client needs. Indeed, the self-reported success rates of the movement support this prediction. Only 1% to 3% of clients place their children for adoption (Young 2000). Less than 4% reaffirm their faith or convert (eKyros 2008d). Less than 20% of all pregnancy test clients are considering abortion, and among women with positive pregnancy tests, more than half will choose abortion (Care Net 1995; eKyros 2008a; Freeman 2008). Nearly 80% of clients are unmarried, and very few marry in the event of a pregnancy (Care Net 1995; eKyros 2008b; Mathewes-Green 1994: 1996). Although movement rhetoric claims that advocating marriage is a primary goal, the movement does not track client marriage rates. Despite its ineffectiveness in meeting its professed objectives, the CPC movement has exhibited tremendous growth in the last 15 years and it is obvious from movement rhetoric and outside observations from the evangelical and pro-life communities the CPC movement is considered a success story in terms of its impact on clients.

This seeming paradox is the subject of Chapter Six. I examine the disconnect between action and outcomes among CPC activists, noting that the movement's internally defined conceptualization of success allows activists to disregard low rates of change in clients' lifestyles. For both national and local activists, religious faith determines how success is measured. I find activists value religiously-motivated actions more highly than they do the effects of these actions; in other words, while evangelicals must act as God would want, only God is responsible for the outcomes. This interpretation allows the movement to insulate itself from evidence that could otherwise challenge activists' worldviews or call into question the legitimacy of their actions.

However, despite this widespread social myopia, there is also evidence that some local activists see the disjunctions between movement frames and the realities of clients' lives. In Chapter Seven, I analyze the slippages between formal frames and everyday practices, and consider how local activists combine gendered consciousness and religious identity to create seemingly contradictory practices that benefit clients while subordinating religion. These activists interpret their behaviors through the lens of a *gendered* religious identity. Thus, they do not perceive their actions as contradictory, but see their practices as representing a higher form of Christian love, one that God calls upon Christian women to deliver despite significant resistance from evangelical men and other pro-life movements.

CHAPTER SIX

EXPLAINING THE VITALITY OF THE CPC MOVEMENT

The CPC movement is not particularly successful in meeting its formal goals, yet continues to thrive. The movement ostensibly exists to prevent abortion, convert clients to evangelicalism, and promote marriage, adoption, and abstinence. However, most clients do not make the lifestyle changes activists promote. In fact, most of the targeted group – women considering abortions – do not contact CPCs at all, and among actual clients, few are considering abortion when they enter a center. Increasing proportions of clients have confirmed pregnancies they already plan to continue and seek out CPCs for material assistance. These clients are largely resistant to activists' messages regarding marriage, adoption, abstinence and religion as demonstrated by the movement's statistics and by anecdotal evidence from local activists. Despite this questionable record of success, CPC activists are not discouraged and remain steadfast in their work. Their commitment is mirrored by movement donors, who continue to support the movement and have enabled the rapid expansion of the movement in the last 15 years. The contradiction between the movement's poor success rates and the vitality it enjoys in terms of activists' commitment, financial support, and growth is the subject of this chapter.

The ongoing growth and support enjoyed by the CPC movement is tied to both structural and ideological aspects of evangelical Christianity. From a macrosociological viewpoint, the organizational structure of conservative Protestantism provides ongoing support and even vitality of Christian organizations (Stevens 2002). Evangelicals believe their religious obligations include supporting Christian organizations with their time and money. Christian organizations

are therefore able to tap into a supporter base that already expects to donate resources. From an ideological perspective, the process of subcultural identity construction outlined by Smith et al. (1998) creates a context in which religious identity is heightened by drawing boundaries between the CPC movement and relevant outgroups and engaging these groups in ways that create a sense of distinction and conflict. The experienced authenticity of the religious identity – how individual activists come to perceive themselves as 'real' Christians– is based on actions undertaken as an expression of faith (Avishai 2008). For CPC activists, taking action on behalf of one's beliefs is more critical to authentic religious identity than the outcomes of those actions.

In short, the organizational structure of evangelical Christianity explains *how* the movement can continue to flourish, while evangelical ideology providing a sense of distinction and engagement explains *why* it continues to prosper. Thus, the CPC movement can thrive in terms of growth of the numbers of centers, volunteerism, financial support, and range of services offered despite low rates of success in attracting core clients, preventing abortions, converting clients to evangelical Christianity, and persuading single clients to marry or place their children for adoption.

In this chapter, I review the data documenting the CPC movement's low rates of success in meeting its goals. I then consider how the organizational structure of evangelicalism shapes support for the movement, and how this structure may account for fluctuations in movement support. I then consider the ideological factors driving the movement. Specifically, I analyze how the CPC movement uses secular culture and pro-choice groups to create a distinctive collective identity for itself. This identity, and the mobilizing force it represents, is dependent on an underdog mentality that constructs the movement as enduring persecution on behalf of the Lord. Finally, I discuss why CPC activists believe that taking action on behalf of religious values

is more important than the outcomes, and I assess the implications of the movement's internally defined definitions of success.

CPC Movement Success Rates

Of the 850,000 women who visit a CPC each year, only 20% are considering abortion, meaning the movement is not attracting its target client (Care Net 1995; Freeman 2008; GuideStar 2009a: 2009b; Glessner 2002; Young 1998b). Less than half of clients (48%) seek out pregnancy testing. Of those who do, 59% have a positive test result. However, the majority of positive test clients (67%) already plan to carry the pregnancy to term. Only 20% of pregnant clients consider abortion, and among these more than half (57%) will have abortions. By the time the numbers are boiled down, only 10% of all clients are the target client - pregnant women considering abortion. Less than 5% of all clients are what CPCs identify as successful target cases, i.e. pregnant women who would have chosen abortion without the intervention of a CPC (eKyros 2009a; 2009c).

CPCs are no more successful in meeting their secondary goals. Approximately 4% of clients covert to evangelical Christianity or reaffirm their faith (eKyros 2009d). Nearly 80% of CPC clients are unmarried (Care Net 1995; Mathewes-Green 1994) and the movement does not track marriage rates among single clients, despite explicitly promoting marriage. Adoption rates for CPC clients are notoriously low; only 1-2% of pregnant clients opt for adoption, a rate no higher than the national average (Young 2000). With such poor outcomes in meeting professed goals, one might expect to see declining levels of support for CPCs. However, despite these lackluster numbers, the movement enjoyed explosive growth in the last 15 years, increasing from less than 500 to 2300 or more centers, attracting increased funding for local centers as well as national organizations, starting new programs such as abstinence education and medical services,

and receiving extensive, and frequently positive, media coverage from pro-life, Christian, and mainstream media and politicians. Other pro-life movements give credit to CPCs for reducing abortions, and centers outnumber abortion clinics by a ratio of 6 to 1 (Gibbs 2007; Jones et al. 2008; Lin and Dailard 2002). Centers received $60 million in federal funding between 2001 and 2006, and take in more than $10 million annually in state funding (Edsall 2006; Simon 2007).

The Organizational Structure of Evangelicalism

In explaining how conservative Protestant organizations maintain a high level of commitment from Christians, Stevens (2002) draws upon Stinchecombe's (1965) work on the organizational production of solidarity and Smith et al.'s (1998) individual-level study of evangelicals to explain how these organizations thrive. First, conservative Protestant organizations enjoy a dense network of organizational ties. Evangelicals not only belong to churches and serve in CPCs, they are also likely to shop at Christian-owned businesses, volunteer in Christian ministries, send their children to Christian schools and colleges, subscribe to Christian publications, seek out news from Christian media organizations, and support Christian advocacy groups. The density of network ties within this "organizational world" promotes a sense of unity among organizations grouped under the conservative Protestant umbrella. Thus, evangelicals have multiple, salient commitments to various Christian organizations that they see as interconnected parts of the "kingdom of God," as believers call their organizational world (Stevens 2002: 340). There is an expectation that Christian organizations will overlap and form a coherent, complete world for believers.

For CPCs, these overlapping ties can be seen in the financial support centers receive from churches and Christian-owned local businesses, the donations of ultrasound services by pro-life physicians, the increasing availability of CPC client materials from more broadly focused

conservative organizations such as Focus on the Family and Heritage House, and the eagerness of Christian schools to have CPC volunteers present abstinence education to students.

Belonging to a Christian organization is an important way individuals demonstrate their engagement with the wider society, as well as their distinction from it (Smith et al. 1998). Along similar lines, how the organization is assembled is also a mechanism for demonstrating faith. Christian organizations look to each other for appropriate organizational models, and hold each other to shared standards. Supporting or belonging to a Christian organization signifies to others one's commitment to the faith in both thought and deed (Stevens 2002). Christian organizations may legitimately ask other organizations and individual believers for money. Evangelicalism posits that God provides through His followers; consequently, being a Christian entails an obligation to financially support Christian organizations, so long as the goals and the manner in which the organization conducts itself reflects the tenets of Christian behavior (Stevens 2002). The dense networks and felt unity of Christian organizations as well as the effective manner in which organizations can signal their shared interests and facilitate the recruitment of donors and supporters.

Organizations can indicate their solidarity in a number of ways. Shared symbols, such as the Christian fish logo, issuing a "statement of faith," or the use of certain terminology (e.g. "standing in the gap" or defending all life as "made in the image of God,)" are shorthand ways activists and organizations signal their mutual faith commitments to each other, and enhance recruitment and inter-organizational co-operation (Stevens 2002). Care Net has an official Statement of Faith that affiliates are expected to endorse, stating that the Bible is the literal word of God, and that salvation may only be attained by being born-again. The fact that Care Net

adapted its statement from a larger evangelical organization, the National Association of Evangelicals, demonstrates the overlapping nature of Christian organizations.

Symbols of shared faith can also give way to more concrete expressions of religious adherence, such as rankings from watchdog organizations, which use various criteria to determine how orthodox an organization is in its practices and share this information with other evangelicals. For example, the Evangelical Council for Financial Accountability ranks evangelical organizations on the transparency of their accounting practices and the proportion of donations that go directly to ministry services. Ministry Watch does something similar, but also evaluates organizations on whether or not they are "unashamed of being identified as an evangelical Christian ministry," with the idea that Christians will be more inclined to give to organizations that are both fiscally responsible and that publicize their religious motivations. An annual report from Ministry Watch describes the purpose of their efforts as "helping Christians give more and more effectively to the works of the Lord" by highlighting "those ministries who have been 'good and faithful servants' with the Lord's resources" (Ministry Watch 2009).

The existence of such watchdog organizations indicates how seriously evangelicals take their obligation to give, and the care they take in deciding which organizations to support. In fieldwork and participant observation, I noticed many examples of this seamless connection between Christian identity and organizational support. I interviewed activists at various CPCs who described the process by which they acquired ultrasound services for their center (among those that did not have their own ultrasound machine and staff). In each case, one activist simply went to a local Christian doctor, described the work of the CPC, and asked the physician to donate ultrasound services to help the center convince clients to forgo abortions. Shared religious background and felt obligation was enough to persuade pro-life physicians to donate costly

services. Physicians sometimes also agreed to provide free prenatal care to uninsured clients who agreed to continue the pregnancy. Many activists revealed to me they and their husbands made a point of making monthly donations to the center. Although secular individuals and organizations often ignored and sometimes responded with hostility to CPCs' invitations to participate in fundraising efforts such as annual banquets, golf tournaments, and silent auctions, many centers reported faithful evangelical donors who participated every year and saw their donations as a way to honor the Lord.

This perception of obligation tied to standards of Christian behavior may well explain the drop in CPC volunteers and donors after the first round of client lawsuits, negative media attention, and pro-choice organizations' attacks on CPCs in the late 1980s. It can also explain the subsequent increase in CPC supporters after the national networks standardized center practices. These attacks, discussed in Chapter Four, accused centers of using deceptive tactics to prevent women from having abortions or to force women to place children for adoption. As the numbers of pro-choice exposes, Congressional hearings, and lawsuits climbed, volunteers and donors left the movement, unwilling to support such allegedly 'un-Christian' behaviors. Only after Care Net and Heartbeat International introduced reforms intended to coordinate affiliate practices with Christian norms did volunteers and donors return. The networks also issued two statements formalizing their new commitments to the evangelical community, including "Our Commitment to Care" condemning deception, and a "Statement of Faith," adapted from credible evangelical organization. Once the CPC movement reestablished itself as within the boundaries of "Christian propriety," support escalated among evangelicals and provided the resources needed to achieve the spectacular growth in the 1990s and 2000s.

Factors beyond the actions of the national network organizations likely facilitated the return of organizational solidarity. For example, potential supporters were likely influenced by widely shared transformation narratives of CPC activists who had personally been involved in abortions, crisis pregnancies, or adoptions and their avowals that CPCs are a meaningful way to prevent or heal these wrongs. The non-judgmental approach taken by the movement in response to media criticism is easily reconcilable with idealized Christian behavioral norms. The expansion of CPC services at this time represented an expanded missionary role consistent with Christian ideology. Finally, the political climate was more compatible with the CPC mission. The second Bush administration heavily prioritized funding for faith-based charitable initiatives, leading to greater acceptance of religious organizations such as CPCs. Overall, the post-1990s period of the movement reestablished CPCs as Christian organizations worthy of evangelicals' support and provided the movement with the resources needed to promote its exponential growth over the last 15 or so years.

Creating Distinctions

While organizational solidarity offers a structural explanation of how religion enabled national and local CPC organizations to attract outside support from donors, it does not wholly explain the direct participation of CPC activists. Effective mobilization in a social movement depends upon compelling collective identity and movement frames. Frames must draw boundaries between activists and dissimilar Others in ways that make movement participation meaningful for activists (Lamont 1992; Taylor 1999; Taylor and Whittier 1992; Williams 2008). Williams (2008) notes that evangelical elites draw boundaries between themselves and secular Others, using Christianity as the litmus test to separate 'us' and 'them.' Vilifying those who seem to threaten Christian values creates a sense of urgency to act in opposition to such forces.

175

In the case of the CPC movement, the targeted Others fall into three categories: a fallen secular culture that promotes abortion; pro-choice organizations, with a particular emphasis on Planned Parenthood; and other pro-life movements that fail to focus adequately on women in crisis pregnancies.

Opposing Secular Culture

Within the CPC movement, abortion is linked to a much broader set of issues that evangelicals find antithetical to God's will, including sexual promiscuity, divorce, single parent families, the welfare state, and mass media. The ubiquity of secular influences makes them even more alarming to evangelicals, as fewer and fewer Americans believe that social institutions must be based on religious tenets or that the above issues constitute serious social problems (Williams 2008). Thus, evangelicals perceive the society around them as fallen and in need of moral uplift. As those who experienced conversion by being born again and now 'walk with God,' evangelicals believe they have a religious obligation to bring about a more godly society (Smith et al. 1998).

The CPC movement represents an example of evangelical subculture in action. Having chosen abortion as the specific issue to address, activists see abortion as symbolizing a host of social ills. Secular men and women accept sexual promiscuity (defined by evangelicals as sexual activity outside of marriage) and see it as a normal part of relationships. Furthermore, changing gender roles have led men and women to seek fulfillment in careers and material possessions, instead of God and family. The expectation of sexual availability outside of marriage combined with the decreased importance of family makes unplanned pregnancy an unacceptable "inconvenience" for which abortion is the solution. The emphasis secular culture places on narcissistic lifestyles cannot be overcome unless the faithful take action to restore America to a

more moral existence. Undermining abortion is at the crux of winning back society. As two Care Net activists commented, "Abortion remains at the heart of the culture wars in America because it pits two absolutely opposed world and life views against each other" (Delahoyde and Hansen 2006: n.p.).

The quote represents a central theme found within evangelical Christianity – that there are critical differences between evangelicals and secular Others and that evangelicals face a formidable battle against these Others. CPC network publications draw clear lines between the evangelical audiences who will presumably read these publications and the larger society these evangelicals will come into contact with in the course of CPC work. These publications present an image of a world run amok as a result of cultural forces that devalue human beings and leave them spiritually crippled by a lack of basic understanding of what it means to be a moral person or what purpose their lives may have (Care Net 1993: 1995: n.d.; Heartbeat International 2005b: 2006b). As one volunteer training manual notes, "Today's culture includes many young adults who come from broken family situations and suffer from a broken image of personal and sexual identity….This estrangement from God's ways and God's love has produced a culture of sex, betrayal, and death" (Care Net 1993: 1).

Elites in the CPC movement also create a sense of urgency by pitting evangelical Christians against the entirety of society and suggesting that unless evangelicals take on these forces, there is hope for the well-being of the human race. A Care Net operations manual issued a call to action for potential CPC activists by proclaiming "Care Net is calling on the Christian community to provide practical and compassionate care…Care Net aims to reduce unplanned pregnancy and abortion by reaching this prodigal generation with the Gospel of Jesus Christ and the opportunity to choose life in Him" (Care Net 1993: 1-2). These claims allow the movement

to frame women considering abortion as lost and in need of moral guidance that only a born-again Christian can provide. This contrast draws sharp boundaries between the religious and the unsaved, thereby boosting religious identity among activists and motivating them to act on their convictions. The degree of separation between religious and secular cultures is in evidence in the following paper published in the *Center of Tomorrow*, a research journal published by Care Net. In addressing the factors that lead women to abort, the author argues "Moral relativism and post-modern/post-Christian mindsets leave women with no frame work for decision-making.…Counselors can establish client relationships more easily if they are well versed in the foreign culture of today's women" (Jacobson 2004: 16-17). The choice of the word "foreign" to describe secular culture reveals the sharp rhetorical boundaries between activists and clients. While secular culture is posited as the source of numerous spiritual and social problems, it is also a critical source of distinction for evangelicals, who compare themselves and their sense of religious mission to a society foundering without a religious base.

The Pro-Choice Movement

The CPC movement's framings of pro-choice organizations reflect a central characteristic of evangelical Christianity as well as the CPC movement's position vis-à-vis the pro-choice movement. First, evangelicals in general rely on negative frames much more frequently than positive frames, using them to construct a sense of threat and urgency among activists (Williams 2008). Second, more established social movements such as the pro-choice movement set the boundaries and terms of conflict with countermovements, including the CPC movement (Gamson 1988; Klandermans 1988; Schreiber 2002). Given that most Americans accept abortion in some cases (Adamson et al. 2000; Scott 1989), CPCs must use the frames established by the pro-choice movement and attempt to debunk and replace them with alternatives supporting

CPCs. These counter-claims are evident not only in the rhetoric of abortion options and sexuality discussed in Chapter Five, but in the movement's claims about pro-choice groups, in particular the Planned Parenthood Federation of America and its affiliate clinics, which I discuss here.

The CPC movement claims the "abortion industry," represented by Planned Parenthood, NARAL, and the National Abortion Federation (NAF), are not legitimate advocates for women's health care. The CPC movement makes frequent reference to the "abortion industry," arguing that abortion is a billion dollar industry concerned only with profits. To maintain its revenues, the abortion industry refuses to provide appropriate counseling to women seeking abortions. Pro-choice groups and abortion clinic staff actively deceive women by covering up the risks of abortion, including breast cancer, infertility, and Post-Abortion Syndrome (Heartbeat International 2006a). The current president of NIFLA claims that "the abortion industry has a financial stake in the abortion issue, and every woman who chooses life represents a lost profit for an abortionist" (Glessner 1990: 121-122).

This sentiment is echoed by activists at the local counselors as well. Barbara, 50 year old active in the movement for the past three years, told me "Abortion is a very lucrative business. There are a lot of people making a lot of money doing abortions…what are there about 4,000 a day in this country [costing] about $500 a shot… obviously somebody's making a lot of money." Gabrielle, 24 and in the movement for the past year, echoed Barbara's position when she described her experience at a pro-choice rally. She and several pro-life friends decided to attend the rally to try to get a better understanding of the pro-choice position. What she heard convinced her that pro-choice side was indeed profit-driven. She told me a Planned Parenthood official described the college town Gabrielle lived in as a "really great, marketable, client base...to them, it's a market. No matter what terms they use to try to present themselves as a compassionate,

179

family planning, equal opportunity, equal option organization, they make their money off of abortion and abortion referrals." For these activists, so long as money was involved, pro-choice motives would remain suspect.

The CPC movement argues that the counseling women receive in clinics immediately prior to receiving abortions obscures the reality of the decision to abort. Women who seek out abortion services do not learn about the development of the fetus, information activists feel would change their minds. In fact, CPC activists commonly refer to pro-choice groups as "pro-abortion," claiming they are not interested in helping women explore other options. Instead, pro-abortionists coerce women into having unwanted abortions by trivializing the magnitude of abortion or making women feel like they have no choice but to abort. Local activists expressed these sentiments to me in interviews. At age 65, Mary had been in the movement for 18 years. She said abortion providers "make these girls think that it's fine, they try to convince them that it's not really a baby, that it's just-something else, just a blob or this or that. They never are honest with the girls about what abortion really is." Likewise, Kristin, a 45-year-old volunteer counselor with 21 years in the movement, believed she had received inadequate counseling prior to her two abortions, attributing this to the clinics' desire to for profits. She told me "it was more of a sales pitch for an abortion than a counseling session…what they teach their counselors is 'You're gonna' sell this to this girl because we want her money.'"

Activists believe the abortion industry representatives not only withhold information, they are also rumored to exploit women to create new abortion customers. According to Christy, a 40-year-old PACE counselor active in the movement for four years, Planned Parenthood advertises contraception through sexual education programs in public schools, and then deliberately gives teenage girls incorrect dosages of birth control pills, resulting in more

180

pregnancies and abortions. She said "their marketing plan was to give teenage girls low doses of birth control pills, knowing that if they didn't take them at the same time every single day they had a higher percentage of getting pregnant. And their goal was to get three to five abortions from every teenage girl they could before they graduated from high school." As shocking as this claim is, these convictions are common throughout the movement. This single-minded pursuit of profits has devastating consequences for women, whom activists view as being further victimized by "uninformed consent" (Throckmorton 2006). Activists, particularly those who have had abortions themselves, consider the dismissal of post-abortive women to be demeaning attempts by pro-choice forces to invalidate not only CPC claims, but the lived experiences of women who regret having abortions (Cochrane 2005). CPC activists therefore contend that pro-choice groups therefore cannot be legitimately concerned with women's health or well-being.

The "pro-abortion" forces fare no better with CPC activists on the issue of race. The movement posits Planned Parenthood and related organizations foist racist policies upon poor, urban, and minority women. Writing for an abstinence clearinghouse newsletter, a public outreach activist sympathetic to the CPC movement claimed:

Planned Parenthood closed 17 abortion facilities in 2004. But they sold 20% more abortions. How did they do this? By targeting minority neighborhoods in major cites. Currently, 94% of America's abortion facilities are in cities. And African-American women, who make up 13% of the female population account for 36% of all abortions. Latino-American women makeup another 13% of the female population, but account for another 20% of all abortions (Enouen 2005).

Here again is evidence of the anti-structuralist nature of evangelical social perspectives. According to the movement, racial/ethnic minority women have disproportionately high rates of

abortions because they are targeted by Planned Parenthood and essentially manipulated into having abortions. These arguments ignore a significant body of research indicating that women carefully weigh the decision to abort. Specifically, women cite their responsibilities to others, especially dependent children, as their primary reasons for abortion (Gilligan 1982). Women evaluate the financial and family resources available to them, and those who have abortions see these resources as inadequate for pregnancy and rearing a(nother) child, especially if they are already mothers. African-American, Hispanic, poor, and less educated women are the most likely to cite these reasons (Finer, Frohwirth, Dauphinee, Singh, and Moore 2005). Thus, far from being duped into unwanted abortions, women, including racial/ethnic minorities and poor women, take stock of their lives and make decisions they perceive as rational and responsible as well as personally difficult. The effects of racism and class inequality in their lives means women do not have the resources to continue their pregnancies (Luthra 1993; Nelson 2003; Roberts 1997; Smith 2005; Solinger 2002; 2005). While this is grossly unjust, the CPC movement's claims do not appear justified. Allegations of Planned Parenthood's racism imply that minority women face no significant obstacles in continuing their pregnancies and rearing their children or at least that these obstacles are not related to larger structural factors.

Furthermore, framing the disproportionate rates of abortion among minority women as the result of these women being deceived by Planned Parenthood exacerbates the problematic nature of the themes discussed in Chapter Five. Movement claims imply that women, and especially minority women, cannot be trusted to make their own decisions about abortion and constructs racial/ethnic women as victims in need of rescue by white, middle-class CPC activists.

More rarely, on the occasions when the CPC movement does take a more macro-level approach to minority women and abortion, the rhetoric posits abortion as a form of racism. An

African-American member of Care Net's senior staff likened the disproportionate rates of abortion among minority women to notoriously racist events in U.S. history and called for a stronger response to abortion, saying that if African-American leaders "expressed the same outrage at the brutality of abortion as they do when we see images of when the water hoses were turned on and the dogs were unleashed on Blacks in the South, abortion would quickly become part of our past" (Epps 2007). This quotation represents a persistent trend in the pro-life movements, namely linking abortion with civil rights (Hughes 2006). The goal is to stigmatize abortion by linking the practice to racism and genocide and create a sense of urgency among activists to tackle the problem of race minority client at a time (Piper 2007; Simpson 2005). Claiming that aborted fetuses are the victims of genocide also lays the groundwork for considering the fetus as a fully human person with indisputable rights.

In 2003, Care Net and HBI launched "Urban Initiatives." (While both organizations' efforts are similar and share the same name, each network pursues its goals independently. However, the organizations do coordinate efforts so that organizational efforts do not needlessly overlap.) Noting that the vast majority (80%) of CPCs are in suburban and rural locales while over 70% of abortion providers are in urban areas, both organizations began heavily promoting urban pregnancy centers (Care Net 2006; Heartbeat of Miami 2007). The networks now urge existing centers to open urban satellites centers, to move existing centers to areas with higher abortion rates, and/or to partner with urban congregations provide CPC services through existing urban churches. Urban centers affiliating with one or both networks receive a significant amount of free materials and consultant services in recognition of the fact that poor communities are less able to financially support a center (Care Net 2006; Heartbeat of Miami 2007). It is also possible that these communities are unwilling to support CPCs. Network leaders are conscious of the

reactions of minority urban residents, who tend to be socially liberal, to a predominantly white, middle-class movement associated with social conservatism and the Republican Party (Crary 2006; Simpson 2005). Thus, offering free resources to urban centers may be necessary due to a lack of support among minorities for the CPC movement's goals.

Efforts to attract minority and urban women include revamping the movement's materials to reflect a more multicultural image to clients. Older counseling brochures and films typically featured Caucasian models and actors, but newer materials portray women of various racial/ethnic backgrounds. Networks now make brochures and films available in English and Spanish. Transposable marketing materials, including cut-and-paste images for local center websites, bus station shelter posters, highway billboards, and pre-recorded television and radio ads are now available in multiple versions, giving purchasing centers the option to choose from materials featuring Caucasian, African-American, and Latina models. Internal newsletters and manuals urge activists to rally around marginalized women and resist the racism of Planned Parenthood. Thus, the CPC movement engages various diversity discourses to justify white, middle-class activists' interests in minority women's pregnancy decisions. However, without changing the CPC movement's conceptualizations of race, poverty, and social inequality, these changes may represent little more than a cosmetic facelift, not a transformation in the movement's approach to minority women.

Constructing a Collective Identity

Despite these shortcomings, the CPC movement perceives Urban Initiative efforts as a direct challenge to Planned Parenthood and the wider "abortion industry." The website of HBI's first urban center, located in Miami, epitomizes these intentions, claiming urban centers "will save thousands of women every year from the violence and agony of abortion- in direct

184

competition to the nearly 30+ abortion facilities operating in Miami" (Heartbeat of Miami 2007) and declaring the "GREAT CHALLENGE now facing us is to respond to the abortion industry's dominant business strategy of abandoning rural and suburban abortion facilities and targeting urban neighborhoods (Enouen 2005, emphasis in original). The distinctions made by the CPC movement between themselves and their chosen Others, i.e. secular culture and the abortion industry, demonstrate how the movement constructs a sense of collective identity. For each movement claim about these Others, the movement makes a corresponding statement that establishes the CPC movement different and offering positive alternatives. In terms of the "fallen society" around them, the movement sees itself as offering an effective, self-affirming, woman-friendly way to resist pressures to abort or engage in nonmarital sexuality. While "post-modern" society offers no moral compass, CPCs offer women in crisis pregnancies provide material aid and spiritual guidance. Although promiscuity and casual relationships are the norm, CPCs try to offer women a different vision of sexuality. Despite the ubiquity of immoral norms and practices, CPC activists seek to "stand in the gap" by demonstrating a more positive alternative in terms of abortion, sexuality, and gender roles. Movement rhetoric tells activists to expect a difficult battle when trying to evangelize secular society. Reminding activists that only born-again Christians can change society for the better mobilizes activism while providing distinctions between Christians and unsaved Others that are critical for evangelical identity.

In comparing the CPC movement to the pro-choice movement, activists pair each negative claim about Planned Parenthood with a positive attribution about the CPC movement. Planned Parenthood is the exploiter of women, while the CPC movement demonstrates a sincere interest in women's well-being. The abortion industry's alleged shoddy treatment of women is juxtaposed to the self-images promoted by the CPC movement. Where the abortion industry is

motivated by greed and profits, CPC activists boast that all CPC services are free of charge (if not free of obligation such as attending Bible study or parenting classes to acquire resources). In the minds of activists, pro-choice groups try to manipulate information or deceive women about the meaning and risks of abortion, while the CPC movement offers complete and truthful information from a Christian perspective. Planned Parenthood targets minority communities with racist intention, but the CPC movement joins the struggles of minority women by opening urban centers and exposing Planned Parenthood's racist motives.

Creating Urgency: The Movement's Underdog Mentality

While the CPC movement draws distinctions with secular culture and pro-choice forces to define what the CPC movement is and what it opposes, it relies on a sense of marginalization to make its identity salient and meaningful for activists. The CPC movement's responses to investigations by pro-choice groups, Attorneys General, and even Congress demonstrate how the movement's sense of embattlement takes the form of an underdog mentality. The movement constructs itself as a small, sincere group of followers combating more powerful pro-choice forces. CPC leaders contend that they are a persecuted minority fighting to perform God's will and remind activists that while it will be a difficult and unpopular battle, God rewards those who do His will in the face of great adversity.

The powerful sense of difference and the attendant conflict are important aspects of evangelical identity construction. In a landmark study of evangelical Christians, Smith et al. (1998) note that that this subculture thrives not despite its differences with mainstream society, but because of them. Evangelicals practice "engaged orthodoxy," meaning they interact with the wider society in ways intended to change society while emphasizing evangelicals' differences from that society. Evangelicals take for granted society will be resistant and even hostile to their

efforts. However, the more embattled they feel, the more salient their religious identities become and the more resolved they feel in trying to enact change (Smith et al. 1998; Smith 2000). For this reason, Smith et al. refer to the evangelical subculture as "embattled and thriving." For the CPC movement, the marginalization they perceive at the hands of pro-choice groups creates an underdog identity, one that equates fighting difficult battles against with spiritual faithfulness.

The pro-choice movement's campaign against CPCs (discussed in detail in Chapter Four) is the primary element driving the movement's sense to embattlement. The pro-choice movement represents the very worst secular culture has to offer, and when this enemy directly attacks the CPC movement, activists perceive the conflict as a battle between good and evil. To briefly recap these events, the Planned Parenthood Federation of America, NARAL, and the NAF began a series of sensationalist exposés on the CPC movement in the 1980s in an attempt to discredit the movement. Pro-choice groups sent plants into centers posing as clients and cited the Pearson manual, which advocated coercive client tactics, as evidence of the exploitative nature of CPCs (Pearson 1984). They were successful in gaining public attention and Rep. Ron Wyden initiated Congressional hearings 1991 to determine whether the allegations were accurate. In 2002, Attorney General Elliot Spitzer issues subpoenas against 24 New York CPCs as part of an investigation into their practices. In 2006, CPCs were once again subjected to Congressional investigation, this time at the request of Rep. Henry Waxman. This same year, Rep. Carolyn Maloney introduced federal legislation aimed at curtailing center's allegedly deceptive practices. Activists are bitter about the ongoing investigations into the CPC movement by pro-choice groups and government officials, seeing these as politically motivated and unjust. However, the sense of persecution prompted by these events also makes CPC activism meaningful for activists.

Pro-Choice Conspiracies

CPC activists claim that pro-choice organizations are involved in a conspiracy to co-opt secular media and government and discredit CPCs (Olasky 1988: 1990; Scott and Bainbridge 2000).Pro-life activists writing in a newsletter for Life Decisions International, a group that organizes boycotts of companies supporting Planned Parenthood, complained;

> The campaign to 'expose' pregnancy care centers did not begin by accident. It was not the result of "investigative journalism." It was not due to law enforcement efforts. It was the direct result of a conspiracy between pro-abortion groups, abortionists, the news media, and sympathetic lawmakers. It was a clear example of the news media abusing power without regard for truth or fairness (Scott and Bainbridge 2000: 1)

Activists were bitter about these accusations for a number of reasons. First, they felt pro-choice groups purposively misrepresented the movement as extremist despite activists' efforts to construct a moderate image. Pro-choice groups consistently quote the Pearson manual in their exposes of CPC, as if all centers agree with the radical practices promoted by this small network. However, no more than an estimated 5% of all CPCs were affiliated with the Pearson network at any given time, with a maximum of 200 centers ever using the Pearson manual (Scott and Bainbridge 2000; Stafford 1992). In fact, after the initial attacks, Care Net and HBI drafted "Our Commitment to Care," a set of standards for CPCS that contains an explicit statement banning the use of deception in counseling practices. The networks require their affiliates, which comprise the majority of all CPCs, to adhere to these guidelines.

The CPC movement also objected to the one-sided nature of secular media coverage and government hearings. Marvin Olasky (1988: 1990), a pro-life journalism professor, conducted interviews with the national leaders of Planned Parenthood and pro-life organizations at the time

of the 1987 PPFA campaign. Planned Parenthood leaders openly described their efforts in collecting damaging information about CPCs and distributing it to sympathetic journalists. Few of these reporters bothered to seek out the CPCs' side of the story, and those who did dismissed CPC activists' statements as unreliable. During the Wyden Congressional hearings in 1991, CPC activists were not permitted to testify on their own behalf (Scott and Bainbridge 2000). Activists felt similarly abused by the 2006 Waxman Hearings. Activists claimed that pro-choice groups exploited government resources to go on an unjustified "political witch hunt" (Blunt 2002). Peggy Hartshorn, president of HBI, commented, "It's a shame that tax-payer money is being used to support the abortion lobby, and to hinder and smear the good of life-affirming, faith-based pregnancy centers" (Heartbeat International 2006a).

Activists claim they are not surprised by government officials' preemptive dismissal of their concerns. CPC activists often bring up the federal government's funding of Planned Parenthood. They protest the use of taxpayer monies to investigate CPCs, seemingly at the whim of pro-choice groups. They find even more objectionable the government funding for Planned Parenthood clinics, which topped $270 million 2004-2005, while CPCs received only $30 million for non-religious abstinence education (Heartbeat International 2006a). Activists rarely recognize that Planned Parenthood provides any services besides abortion and most believe Planned Parenthood is a for-profit corporation (despite its 501(c)(3) non-profit status, which is the same tax status as CPCs themselves). It is therefore particularly galling to activists that the government would seemingly fund both abortions and CPC investigations. One activist, writing in the *Center of Tomorrow* journal, asserted the pro-choice side effectively used public resources to portray Planned Parenthood as a "mainstream, trustworthy agency that had women's best

interests in mind" and worthy of public funds. Simultaneously, pro-choice groups caricaturized pro-life activists as "bombers, fanatics, religious and narrow-minded" (Jacobson 2004: 10, 13).

The injustice of the situation came to a head for CPC activists in January 2002, when then-New York Attorney General Eliot Spitzer issued subpoenas to 24 CPCs suspected of violating consumer protection laws with deceptive advertising and counseling practices (Tilghman 2002). Pro-choice groups had brought New York centers to Spitzer's attention, claiming they deliberately advertised themselves as abortion clinics in hopes of attracting women considering abortion. These groups, and Spitzer himself, wanted the CPCs to clearly state in ads and during client telephone calls that the centers neither performed nor referred for abortions. Legal representatives for the centers objected. They claimed that requiring any statement violated CPC activists' First Amendment rights by trying to regulate noncommercial speech and the right to free association. CPCs accused Spitzer of abusing the power of his office in a "well-planned" effort to "shut down or hamper the lifesaving activities of the centers" and claimed Spitzer used CPCs as an "easy target to satisfy his strong base of abortion supporters" in an election year. (Caulfield 2002: 20, 22; see also Andrusko 2007).

The subpoenas provoked an outpouring of support for CPCs, or at least questioning of Spitzer's motives. The Attorney General of South Carolina and a New York state District Attorney publicly denounced the subpoenas as an abuse of Spitzer's office. A Catholic bishop declared his intention to mobilize the resources of the Catholic Church in support of CPCs. A Manhattan public relations firm offered to represent the centers for free to help them convey their message to the public. Three prestigious legal societies, including the Christian Legal Society, the American Catholic Lawyers Association, and the American Center for Law and Justice, offered pro bono law services to the centers, as did two private Manhattan law firms. Lay

pro-life individuals deluged Spitzer's office with telephone calls and letters (Caulfield 2002). In the face of public outrage, Spitzer withdrew the subpoenas and reluctantly acknowledged CPCs offered the potential to help women who wanted to continue their pregnancies (Tilghman 2002).

Institutionalizing Perceptions of Disadvantage

Although the pro-life side clearly won this fight, the incident is still referred to in movement literature as evidence of the "largely hostile public forum" faced by CPCs. This underdog self-representation is fairly typical for the CPC movement. The Spitzer subpoenas were referred to as a "political witch hunt" and a "David vs. Goliath standoff" instigated by an "unjust aggressor" (Blunt 2002; Caulfield 2002: 19-20). Activists viewed Spitzer's actions as part of a larger "smear campaign" to undermine the efforts of "money-strapped" CPCs operating on "bare-bones" budgets (Heartbeat International 2006a; Dreher 2002). Other underdog references are clear in the comparisons of government funding levels between Planned Parenthood and CPCs, in the assertions of CPC activists that the media steadfastly dismiss any scientific or medical research that supports pro-life claims, and in the parallels drawn between CPC efforts and civil rights frames (Epps 2007; Reardon 1996; Scott and Bainbridge 2002). CPCs even point to a lack of support from other pro-life sympathizers as evidence of their underdog status. As I noted in Chapter Four, activists attributed the decline in volunteers and financial support from pro-life sympathizers in the 1980s and early 1990s to the pro-choice attacks (Caulfield 2002; Hartshorn 2003; Olasky 1990; Scott and Bainbridge 2000).

Despite such challenges, movement discourse repeatedly stresses that God is on the side of CPC activists and counsels patience and faithfulness as the solution to injustice. For example, NARAL continues to periodically send pro-choice plants into centers with the goal of collecting data that can be used in future reports or as the grounds for legislation or lawsuits against CPCs

(NARAL 2000). Addressing the topic of plants in an article in *At the Center*, Linda Burris, a local volunteer who publishes frequently in the magazine, advised other counselors to "realize this is a spiritual battle – one for which preparation, rather than passivity, is needed. Pray for discernment." Should counselors suspect a particular client is a plant, they "can divert any deceptive plans by sharing Christ with that visitor" and demonstrating the quality of care available from CPCs (Burris 2006).

Despite their persistent perceptions of an unfair playing field, activists remain committed to their work. In the immediate aftermath of the Waxman report, Maloney bill, and the 2006 elections that returned control of both the House of Representatives and Senate to the Democratic Party, Kurt Entsminger, general counsel for Care Net, offered this warning to movement activists, saying "Abortion advocates are emboldened by the election results and alarmed by the growing effectiveness of pregnancy centers. They will continue to attempt to malign our work." He also urges activists to remain committed to their work in the face of increased opposition, saying "pro-life legislative advances will inevitably be shut down. In the years ahead, pregnancy centers remain the best and last hope for reducing abortion in America" (Entsminger 2006).

Burris' and Entsminger's message to fellow activists is clear: as representatives of God in a fallen culture, CPC activists should expect resistance and even persecution from stronger opposing forces with more resources, yet must persevere in order to make their message heard on behalf of those in need, namely women at risk for abortion and unborn children. In the process, activists must extend Christian charity to those who seek to harm the CPC movement and trust that God sees and will reward their efforts. Along with 'David versus Goliath' references, movement literature compares the CPC movement to other Biblical figures such as Job or Jesus

Christ, who were unfairly persecuted, yet eventually triumphed by maintaining a steadfast faith in God, who rewards faithful efforts.

The Rewards of Faith

The CPC movement touts increasing public visibility is taken as a sign that God favors the work of the CPC movement. National and local activists alike were delighted when *World* magazine, en evangelical publication claiming to offer a Biblical perspective on current events, named CPC activists the 2007 "Daniel of the Year," an award going to individuals or groups whose "faith in God gave them the strength to stand up against tyrants who tried to put themselves in God's place" (Olasky 2007). CPC activists received the award "for standing up to those forces and circumstances in a woman's life that seemingly point to abortion" (Care Net 2007b). The movement also took the opportunity to highlight its efforts when President George W. Bush awarded the President's Volunteer Service Award to 56 centers and over 150 volunteers in 2008 (Care Net 2008b). Activists perceive the growing number of centers and availability of federal and state funding for CPCs as evidence that the tide of public opinion is turning in their favor, albeit slowly and not without resistance from "pro-abortion" forces (National Right to Life Committee 1998b).

The success of the persecution theme is linked to evangelicals' belief that persevering despite resistance is evidence of their religious commitment. It also strengthens activists' resolve regarding the necessity of their work, as they feel confronted with a social context that is hostile to any options other than abortion. Understanding activists' mindsets helps explain why the movement flourished despite its low rates of success in meeting its formally stated goals of preventing abortions, converting clients to evangelical Christianity, and promoting traditional gender roles. Evangelicals in general and CPC activists in particular are self-cast in a savior role,

one they are compelled to fill by the edicts of their faith. The emphasis on acting faithfully often obscures any focus on the outcomes of evangelical efforts, a subculture-specific phenomenon I consider below.

"Doing Religion:" Why Actions Matter More than Outcomes

For religious believers, observance is the essence of identity (Avishai 2008). If one attributes a religious motivation or purpose to one's actions, then these actions are religious, and therefore create and maintain a sense of authentic religious subjecthood (Avishai 2008; Bender 2003). "Doing religion," or religious conduct, is the mechanism by which believers can construct an authentic religious identity in the context of contested symbolic boundaries. Followers may then engage in religious practices for their own sake, as opposed to focusing on instrumental ends (Avishai 2008). Evangelicals believe the world around them is fallen and displeases God. This immorality represents a far greater proportion of the population than that represented by evangelicals, who are continually at risk of being overwhelmed by these secular Others. Living in such a society presents an ongoing threat of pollution if evangelicals stray too far from their values and assimilate into mainstream culture (Williams 2008). The evangelical burden means evangelicals cannot withdraw from mainstream society, nor could such isolation provide evangelicals with a sense of distinction. Thus, creating a sense of distinctive collective identity is dependent on interacting with secular Others (Avishai 2008; Smith et al. 1998). Performing religious identity, as CPC activists do by working with clients, keeps religious identity salient and meaningful and also meets the obligations of the "evangelical burden" to reach out to the unsaved. However, while evangelicals are responsible for taking action on behalf of their beliefs, but God determines the outcomes (Smith 2000; Williams 2008).

Prioritizing Action over Outcomes

The lack of emphasis on outcomes means CPC activists' religious identities are strengthened primarily through action, not by the results of these actions. The CPC movement's definitions of success are internally oriented; rather than measuring success in terms of prevented abortions, client marriages, or adoptions, activists believe their task is to act as the Lord would want, and God will determine the outcomes. The movement's definition of success is summed up by a local volunteer writing in *At The Center* about the "five ways that God says He measures the success of our job:"

> *success is based on the significance of our task, not our material rewards...*
>
> *success is measured by obeying His Word, not pleasing our clientele...*
>
> *success is based on our dependence upon God, not our own competency...*
>
> *success and significance are not based on our job description, but rather by our heart motivation...*
>
> God says *success is not based on results, but on faithfulness* (Vogel 2007; emphases in original).

Thus, for CPC activists, it is enough to have the *ability* to meet their stated goals; whether abortion-minded women visit centers, change their minds about abortion, convert, marry, adopt, or choose abstinence is up to God. Only He can lead a client to accept Christianity as the path to salvation. Activists' mission is merely to facilitate this process by garnering resources from other evangelicals, using them wisely, and creating opportunities for clients to convert or to reject abortion. Toward this end, activists have opened more centers; invested in marketing research; expanded services to include ultrasound, prenatal care, abstinence education, and marriage and

adoption promotion. Having these services available to women represents faithful action and trust that God will bring clients to centers as He sees fit.

This is not to say CPC activists ignore client outcomes. The movement issued several reports lamenting the declining proportions of abortion-minded women visiting centers, arguing that CPCs have become too similar to secular social service agencies and now primarily serve women who would have continued their pregnancies anyway (Freeman 2008; Glessner 2002; Young 1998b). Care Net and HBI have increased efforts to involve local volunteers in encouraging clients to consider adoption. Yet appropriate, religiously motivated *action* remains the focus for local activists. Sharon, the director of a newly opened urban center, told me:

> We're not about a checkmark, saying, 'Oh, so we saw 10 people today'…It doesn't matter about how many people we see and that's the one thing that I strive for here. We would never get into that business because then that means that you move away from your purpose…you're more concerned about how many people you serve than you are about the people…trying to make things happen for the wrong reason.
>
> –Sharon, 54, 5 years in the movement

Caroline, a 63-year-old active in the movement for 23 years, ran five centers in the Southwest and had previously operated three abortion clinics before converting to evangelicalism. She emphasized the movement was not about meeting quotas, stating "The statistics will not change based on our work but individuals will be helped and changed and have positive outcomes because of our work. I can't change the world. I can just change my little corner." Likewise, Nicole, the director of a new rural center, emphasized that obedience to God's will superseded all other priorities:

196

It's [the meaning of center activism] got everything to do with how great God is and how he wants us to share Him with people that don't know Him because when you take Christ out of it we're just another social service…as long as I'm here we are *never* straying from what Christ can do and how powerful He is and how much He loves you. Never.

–Nicole, 34, 2 years in the movement

Even when clients failed to respond to the center's message, activists could still rest assured they had acted as God would want them to. Jana, 29 and in the movement for the last three years, explained this to me, telling me "I just lay the truth out there for them and if they choose not to believe it I can't help that…. if they choose to accept it, then amen…if they choose to reject it, then you know, it's in God's hands."

Anecdotal Success

While activists accept they will not always succeed, a single success, even if rare, can go a long way in motivating activists. Most centers have an annual fundraising banquet, inviting current and potential donors to a catered dinner and presenting a summation of the center's work over the last year. It is common to show a video of a few select clients to highlight the positive effects of the center's efforts on their lives, or have clients bring babies born in the last year to the event. This method proves very effective, as the individual stories of clients seem to resonate with donors and activists, who often tell the story of the same client amongst themselves again and again. Network newsletters and websites also typically feature one or two client stories, while information on the rates of client successes is difficult to locate, suggesting this is not how the movement measures success (Vogel 2007).

During the 18 months I performed field work in the Southern Pregnancy Center, two clients placed their children for adoption. Both stayed in frequent contact with the center during

their pregnancies, and one woman invited her CPC counselor to attend the child's birth. Counselors were thrilled by this invitation and the adoptions generally. The clients frequently came up in informal conversations between counselors, and they eagerly inquired about the women's health and well-being, and updated each other with any available information. After the first adoption was finalized, activists regaled me with stories about the client's decision to have her counselor carry the baby from the birth mother and give her to the waiting adoptive parents. In third case, a woman had considered abortion for health reasons, but ultimately decided to continue the pregnancy after visiting SPC. She experienced numerous health problems during the pregnancy and delivered a premature baby 30 weeks into the pregnancy. Counselors told the story of her decision and courage in facing a difficult pregnancy, praising her decision and thanking God for "changing her heart towards life."

In contrast to the local activists' eagerness to recount these stories, they could not provide systematic data on client outcomes when I requested it. They did not seem evasive in their vague answers, but rather seemed unaware of the numbers because it simply was not the primary purpose of their efforts. Instead, they spoke of the need to attract community support, financial and otherwise, build relationships with individual clients, and collectively celebrate each prevented abortion, adoption, or conversion with other activists.

To the CPC movement, providing impersonal social services does not address the root causes of nonmarital pregnancy and abortion. Activists believe changing the culture required improving the quality of relationships within the community and helping clients improve their own interpersonal relationships with family and male partners. As more and more individual women improve their lives, the effects will aggregate into wider social change, thereby producing a more moral society. This change is only possible through one-on-one relationships

that emulate the tenets of evangelical faith, for only then will God give His blessing to the efforts of the CPC movement.

<u>Conclusion</u>

The CPC movement is not an instrumental, but an identity-based movement. While the movement may appear to outsiders to be a failure because it does not meet its stated goals, activists see it as a thriving expression of God's will and their own religious beliefs. Evangelical Christianity prescribes very specific obligations and modes of behavior for adherents. These obligations serve both practical and ideational purposes. From a structural perspective, evangelicalism is an organizational system that promotes the material support of religious organizations while holding these organizations accountable for specific standards of behavior. From an identity-driven approach, CPC activism gives activists a context for taking action on behalf of their faith in ways that draw clear distinctions between themselves and relevant outgroups. The boundaries drawn between the CPC movement, secular society, and the abortion industry construct a collective identity that makes CPC activism meaningful as religious work. Activists therefore have a distinctive, woman-centered identity within the evangelical movement they are careful to preserve. The contrast between the CPC movement and other pro-life movements gives activists a sense that they are truly on the right track with their efforts. The sense of embattlement, expressed in the form of an underdog identity, creates a sense of urgency to mobilize. The CPC movement also demonstrates how activists build this identity in the absence of externally-defined success, and illuminates the internally-oriented nature of the movement and its activists.

Finally, the CPC movement even creates distinction by comparing itself to other evangelical and pro-life movements. As I discuss in the next chapter, CPC activists repeatedly

defend the legitimacy of women's interests against more fetal-centered pro-life movements. CPC activists argue that their approach to crisis pregnancy is not only more effective, it is also more authentically Christian than approaches based exclusively on the fetus. The presence of so many women in the movement who have had crisis pregnancies and abortions gives movement frames credibility, and these women made it clear any judgment or exploitation of these experiences by other pro-life movements will not be tolerated. The contrasts the CPC movement makes between itself and other pro-life movements are drawn on implicitly gendered lines. These divisions suggest activists see themselves having common interests with secular women that exist outside of religious concerns. In Chapter Seven, I consider how the interaction of religion and gender prompts gendered conflict between evangelicalism and the CPC movement as activists reinterpret Christian doctrine in ways that privilege gender identification over conservative religion.

CHAPTER SEVEN

RELIGIOUS IDEOLOGY VERSUS EVERYDAY PRACTICES

CPC activists maintain a woman-centered strategy is the only effective or truly moral approach to crisis pregnancy, one that women alone can offer. These positions bring them into conflict with other evangelicals and pro-life activists, but the CPC activists remain resolute regarding their approach to clients. Activists base their claims on gender essentialist beliefs that posit men and women are fundamentally and immutably different; therefore, only women can understand pregnancy and abortion as clients do. Reinforcing these convictions are the life experiences of activists themselves. Of the 35 women I interviewed, 29 were mothers. Twelve had had abortions, five had carried a crisis pregnancy to term while unmarried, one was adopted, one had placed a child for adoption, and one had adopted several children. Six women cited a friend or relative's experience with crisis pregnancy, abortion, or adoption as motivating their activism. (None of the three men I interviewed had any personal experience with abortion, crisis pregnancy, or adoption, although all were fathers). In some cases, individual women activists had experienced more than one of these life events. Anecdotal evidence in the movement's literature suggests these experiences are extremely common among CPC activists. Because CPC activists see reproduction as integral in women's lives, these experiences prompt them to feel a sense of gender identification with secular clients despite the social distance between the activists and clients.

This gender identification cross-cuts with women activists' religious beliefs, and sometimes overpowers religion. Local activists help clients devise individualized solutions to

crisis pregnancies that eschew traditional roles. Local and national activists alike deflect criticisms from other evangelicals and pro-life activists suggesting CPC activists defy Christian doctrine by going too far in its woman-centered focus. Critics see the movement as a case of failed social control wherein CPC activists overstepped their boundaries as women, neither adhering to traditional gender roles themselves nor effectively persuading secular clients to do so. In response, activists successfully use essentialist gender ideology to resist critics' efforts to curtail the movement.

In this chapter, I begin by defining the problem pregnancy industry as the larger pro-life and evangelical contexts of the CPC movement. I then explain how the gender segregation of the movement from other pro-life movements allowed women CPC activists to develop the skills and resources necessary to resist the problem pregnancy industry's efforts to co-opt the movement. Next I document the slippage between the CPC movement's formal rhetoric and everyday center practices. I argue that this slippage provides evidence of how counselors privilege gender solidarity over religious doctrine. Although the problem pregnancy industry utilized misogynistic rhetoric to discipline local activists, they were unsuccessful because critics failed to consider how activists' identified with clients across religious divides on the basis of gender. I then consider the conflict between the CPC movement and the problem pregnancy industry. I describe how the movement and wider industry clash over the right to define the meanings and solutions to crisis pregnancy and abortion, and how gender and religion are evoked in these disputes. I close with a discussion of the implications of these conflicts for the CPC movement and evangelical Christianity.

The Problem Pregnancy Industry

In maintaining their niche as the woman-centered, evangelical, pro-life movement, the CPC movement situates itself in the larger "problem pregnancy industry" (Ginsburg 1989: 100). The problem pregnancy industry is the social movement industry centered upon the problems of crisis pregnancy and abortion (McCarthy and Zald 1977). It is comprised of all pro-life social movement organizations and activists that compete with each other to define the problem of crisis pregnancy and to determine the solutions. Thus, the problem pregnancy industry includes the four pro-life movements as well as organizations and activists that are more broadly focused on a conservative agenda and are part of more than one social movement industry, for example lobbying organizations advocating abortion restrictions and gay marriage bans. All entities in the problem pregnancy industry seek to prevent abortion and promote traditional solutions to crisis pregnancy, but differ in their strategies and whether or not crisis pregnancy and abortion are their primary focus. The CPC movement is ideologically linked to the industry via evangelical Christianity and social conservatism, and is therefore accountable to the larger collective.

In constructing itself as the woman-centered pro-life movement, the CPC movement drew critics within the problem pregnancy industry. Industry critics included numerous prominent conservative figures and organizations and fall into two groups; tactical critics and ideological critics. I describe the most central critics in each group here.

Tactical Critics

Tactical critics support the basic premise of CPCs, so long as outreach to women does not undermine the core mission of preventing abortion and promoting traditional lifestyles. This line of critique claims the movement devotes too much attention on the needs of women and not enough effort on preventing abortions. The Family Research Council (FRC) is a conservative

lobbyist organization in Washington D.C. advocating policies that promote traditional family forms and restrict abortion. The FRC also produces counseling materials and market research for the CPC movement. Marvin Olasky is a journalism professor and editor of *World Magazine,* a conservative Christian publication claiming to provide a Biblical perspective on cultural and political events. His spouse, Susan Olasky, is the former director of a pregnancy center, former chair of the Care Net board of directors, and contributor to *World Magazine*. The Olaskys write extensively about various social problems, claiming that only the restoration of personal morality and traditional family forms will effectively end abortion, single motherhood, and welfare 'dependency.' Scott Klusendorf is a professional pro-life speaker who trains other pro-life activists to persuasively argue their views. Gregg Cunningham is the director of the Center for Bio-Ethical Reform, a pro-life clearinghouse for graphic visual aids aimed at convincing the public that the fetus is a human being. Ken Freeman is the founder of Monday Minute, a small Christian consulting firm that offers training programs and marketing services to CPCs. Frederica Mathewes-Green is a former pro-choice feminist turned pro-life feminist prior to renouncing feminism altogether. She is now an advocate for conservative family policies. Mathewes-Green writes prolifically about CPC movement, defending it against ideological critics but also critiquing components of the movement. Finally, numerous pro-life activists both within the CPC movement and those involved primarily on other efforts published their observations in *At The Center*, a widely distributed monthly magazine for CPCs published by Right Ideas, Inc., a private Christian publisher. *At The Center* publishes marketing research, counseling strategies, advice on operating procedures, and consistent reminders to activists about the religious nature of their mission.

Ideological Critics

Ideological critics object to woman-centered strategies as a morally inappropriate basis for anti-abortion activism. Paul Dorr is the founder of Rescue the Perishing Christian Family Ministry, a far right organization opposing gay rights, government funding for public school, non-traditional roles for women, and abortion. Dorr frequently critiques other Christian organizations for failing to live up to Christian principles. Dorr argues that the emphasis on women in CPCs elevates women's concerns surrounding unplanned pregnancy above absolute moral law condemning abortion. Francis Beckwith is a philosopher and former president of the Evangelical Theological Society, a research and debate organization for evangelical intellectuals. Unlike the more inflammatory language used by Dorr, Beckwith argues against the CPC strategy in abstract terms, but agrees with Dorr's basic premise.

While not an exhaustive list, these industry members exemplify the scope of the critiques levied against the CPC movement. This is the pro-life, evangelical context against which the CPC movement defines itself. Both groups of critics make compelling arguments against the CPC movement, and attempt to restrict the scope of centers' woman-centered strategies or eliminate them altogether. In response, activists refuse to alter client-focused practices and use gender essentialist claims to argue theirs is the truly Christian response. The movement's ability to resist conservative critics depends upon the skills and resources activists maintain beyond the control of evangelical churches.

Invisible Skills and Gendered Power

CPC activism prompted the development of what Arlene Kaplan Daniels (1988) calls invisible careers, referring to the long-term volunteer roles filled by women in their local communities. These volunteer positions give women access to responsibility, power, prestige,

and professional skills, but their efforts are simultaneously marginalized as mere do-gooder work for women who lack more important (paid) work to do. Daniels found women's volunteerism was not taken seriously by outsiders or by the women themselves. The skills women used in accomplishing their tasks as fundraisers, community organizers, and service providers were feminized and thus not transferable to similarly-skilled paid positions. Daniels argues that these practices have successfully labeled *women's* productive, socially-oriented work as frivolous and unworthy of remuneration or recognition.

The CPC movement fits with Daniels' findings about volunteer careers. Activists are predominantly white, middle-class women. Many CPC volunteers are full-time homemakers or are employed part-time. As such, they enjoy the class privilege necessary to devoting significant amounts of time to volunteer work. While prioritizing their responsibilities to family over other duties, CPC volunteers generally see volunteering and community service as an obligation one has to the community, in this case the community of Christian believers and potential believers. Movement tactics remain within traditional gender norms. Activists utilize persuasion and relational approaches to clients, and avoid confrontation and antagonism (Daniels 1998).

Typically, activists are very modest about their successes, giving credit for successes to God and redirecting praise to the collective group. Ella, a 50-year-old activist with 10 years experience in the movement, had a characteristic response when complimented on winning a large grant to fund a center project: "Don't be impressed with me. God gives the glory because there were just way too many things out of my control that had to happen for this to be a reality." Volunteers were unlikely to perceive their efforts as 'real' work and many assumed leadership roles rather hesitantly, at least at first. Elizabeth was active in several pro-life organizations in

addition to her local center, and her interview revealed the central role she played in another local organization. Yet when asked about this she replied:

> I have always refused to be the president for some reason. I'm not comfortable in leadership roles but I've maintained the local Right to Life group…I've always been secretary or treasurer. The man who started it off was a minister and he was too busy to do it. Then a lawyer took over the presidency and he was too busy to carry on. Then a student who got his law degree…and now we have another businessman who's taking it [over]. We do what we can.
>
> -Elizabeth, 65, 12 years in the movement

Elizabeth's comments revealed she preferred to play a significant, yet invisible, role in maintaining the organization by supporting men leaders.

Likewise, Nicole was integral in establishing her center, but initially refused to serve as director. Assuming she did not have the skills to run a CPC, she warded off suggestions she run the center until she felt God called upon her to step into a leadership position:

> I've always felt like God had called me to this. I was going, 'What in the world am I doing? I have no idea what I'm doing. I am not even the least bit qualified to do this'…I did not intend to be the director…I didn't want a job. I was happy being at home with my kids, doing what I wanted to do. And as this progressed it became more and more clear the Lord was saying, 'Oh, yes, Nicole. This is what I want you to do.'
>
> -Nicole, 34, 1 year in the movement

Ella, Elizabeth, and Nicole's descriptions of their leadership indicated their reluctance to take on authority positions or accept credit for their accomplishments. Despite the substantial skill involved in winning grants, maintaining an organization through constant transitions, or directing

a center, CPC activists discounted their own efforts and stayed in the background of the movement.

Moving On Up: Occupational Mobility

However, unlike Daniels' respondents and the volunteers described above, some CPC activists' skills proved transferable to a larger set of opportunities. Approximately half of my participants built their initial volunteerism into paid positions as national network leaders, consultants, and local center directors. Both networks promote from within, selecting women who demonstrate talent and loyalty to the movement. In tracking the staff of Care Net and HBI over time, I found that many of the national leaders began their involvement as volunteers or as administrative assistants or junior officers under men leaders. Now these women hold positions such as President, Vice President for Center Services, and Executive Director of Marketing. Given that HBI and Care Net have annual budgets of $2 million and $7 million respectively and pay staff well, this represents significant occupational mobility for these women (GuideStar 2009b; Ministry Watch 2009). There are also indirect monetary benefits accruing to national leaders. For example HBI president Peggy Hartshorn was awarded the 2009 Gerard Health Foundation's first annual Life Prize, an honor carrying a $100,000 cash award, which Hartshorn donated to HBI.

Occupational mobility also occurs at the local level. Seven of my respondents served as volunteers prior to opening their own consulting companies to provide training and services to CPC. An additional 11 participants served as volunteers prior to assuming director positions that required them to take on public community roles in fundraising, advertising, and advocacy. In addition to the activists I interviewed, countless women are involved in the wider problem pregnancy social movement industry producing resources for local centers. The counseling films

used in pregnancy options counseling, parenting classes, and volunteer training feature women speakers with national reputations within the CPC movement. Adoption promotion materials are usually produced by Loving and Caring, Inc., an evangelical ministry founded by a woman. Similarly, the abstinence program used by HBI affiliates was developed by a small consulting firm, the Legacy Institute, run by a Christian woman.

Building Community

Not only have CPC activists transferred 'feminine skills' into individual career mobility, but they have developed the resources available to centers in distinctly community-oriented ways. While masculine-dominated social movements tend to use community organizing as the means to garnering power and enacting institutional change, "woman-centered models" of social movements see building community as an end goal in itself. Activists practice an ethic of care that builds upon women's caretaking roles while blurring the lines between public and private. These feminized social movements emphasize the roles of personal relationships and solidarity in acquiring the resources leading to individual empowerment and community change. In the process, activists build significant skills and expand local influence (Stall and Stoecker 1998). Because overt institutional change is not the goal, outsiders do not see these movements as challenges to the status quo, at least initially.

Given its emphasis on attracting community support for local centers, the CPC movement is a prime example of a woman-centered model of organizing. It is a successful model as well, building both financial support and service networks while bolstering the autonomy of local centers. Local CPCs' relationships with the national networks are strictly voluntary, and centers fall in line with the networks only to the extent local directors deem appropriate. Centers remain autonomous organizations and local activists determine the practices and resources found within

local centers. CPCs typically have a strong base of local donors and are no longer dependent upon individual churches for space and funds. In fact, only a small percentage of centers' budgets come directly from churches. These former intra-church ministries are now independent 501(c)(3) charities with their own leadership dominated by women. Should any one source of income be lost, individual centers still have adequate income. In fact, increasing numbers of centers receive volunteer assistance in writing grant proposals for government funds, which in some cases doubles or triples a center's funding (Gibbs 2007). Activists also have built connections with religious and secular organizations that provide critical services to pregnant women. Overall, community building establishes the reputations of individual activists and centers in local contexts independent of the churches or religious groups to which they belong. Thus, activists control social capital and material resources independent of centers' evangelical parent organizations and may choose to develop programs outside the scope of the network and problem pregnancy industry in response to local clients' needs. As I describe below, this independence leads to conflicts between local centers and the networks, as well as between the CPC movement as a whole and the larger problem pregnancy industry.

Combining Religious and Secular Networks

Activists openly proclaim the need to build community support for their work and typically turn to local churches first. Michelle, a 53-year-old activist who spent 22 years in the movement, worked as a consultant for one of the networks in the 1980s when CPCs were just starting to get a foothold nationally. She described the initial reluctance of evangelical churches to support any abortion-related efforts. Soon, however, CPC activists were making headway in persuading reluctant pastors to sponsor centers. Churches put aside denominational differences and coordinated their efforts to open new centers. Soon a sense of solidarity developed among

these churches, leading to increased support for centers. Michelle described these events to me, saying "Churches working together back then, really, it wasn't done…[CPC activists] were really blazing a new trail…CPCs all around the suburbs started popping up. It's just like manure, we just kind of spread it out and made little things grow."

When pastors could not be convinced to use church resources in support of CPCs, individual congregation members often stepped forward. Michelle described how women congregation members would seek out connections with local centers: "We got a lot of support from individuals, from women's groups. They would come in and decorate the center for us…they would have baby showers [for clients]…even if their church didn't support us, *they* would." While activists felt strongly that churches had an obligation to support Christian pregnancy centers, they also appreciated the efforts of smaller religious groups and individuals who supported new centers. Many of these early supporters became long-term donors, making regular contributions and inadvertently helping to establish centers' independence from evangelical authority structures.

At the local level, activists did not limit their community-building to religious organizations. Many center directors actively built comprehensive referral networks with secular agencies. They started by determining what was available in the local community and sharing the information with clients. CPCs provided pregnancy confirmation forms, which are required to apply for Medicaid. Centers stocked Medicaid applications, helping clients fill out the forms and negotiate the welfare bureaucracy. Centers provided referrals for general equivalency diploma (GED) classes, housing, food banks, reduced or no-cost prenatal care, rehabilitation services for addiction, and professional counseling. This was especially true of centers in urban and low-income areas.

Local directors successfully established centers as a legitimate part of the community services landscape, and soon referrals went both ways. Secular agencies now refer their clients to CPCs, creating a denser network of cross-cutting ties. Welfare offices refer pregnant women to CPCs to obtain pregnancy confirmation forms. Secular licensed counselors recommend that religious clients attend post-abortion counseling at CPCs. Food banks and emergency housing shelters send their clients to CPCs for maternity and infant clothing. In a few exceptional cases, center directors pursue working relationships with Planned Parenthood affiliates and other abortion providers, persuading pro-choice counselors to refer women who are uncertain about abortion or do not want to abort. Notably, however, only a few directors in less overtly religious centers report such agreements.

Community building was not limited to center directors' efforts. Volunteer activists also carried their convictions into other parts of their lives. Hannah, a volunteer in an urban center, persuaded a local medical practice to provide free prenatal care to the women living in the maternity home connected to her center. The doctor she made initial contact with was neither Christian nor pro-life. In fact, this practice performed abortions as well as provided prenatal services. Torn at first, Hannah, a 50-year-old women with seven years in the movement, decided the chance to provide quality care for clients outweighed the reservations she had about the doctor's views. With great delight in her voice, she told me about her success while downplaying her own role in organizing these efforts, saying "I love to network people. It's not like I set out to do that but that's a passion in my heart. If there's more of us to help folks, that's a win-win for everybody…Christian, not Christian, Muslim, whatever." Many activists, including Hannah, felt women's needs superseded religious and secular divides. Activists therefore saw organizing networks of both religious and secular resources as an appropriate strategy.

Activists increasingly recognize the need to institutionalize community ties into center practices. Toward this end, many larger centers are turning to professional licensed counselors and social workers (Boydell 2006), thus providing additional employment opportunities for women, who dominate these fields. Many activists felt professional counselors were needed to work with clients with histories of sexual abuse, addiction, and/or domestic violence, and since they felt that these problems were becoming more common among clients. Olivia, a licensed social worker and former center director, explained how social workers address clients' needs in a holistic manner:

> You don't just go, 'Okay, here's your pregnancy test and here's your crisis counseling and now go and have a great life.' You begin to look at all of the pieces…looking at support systems and what the community has to offer…'Okay, what's your family support system? What kind of support systems are in your community? So can you get a job with a living wage? Are you gonna lose your job because of the pregnancy? Are you going to have to leave [your job] because of the pregnancy, because there's no daycare or there's no housing, there's no health insurance?'…I just kept building programs that would meet those needs.
>
> -Olivia, 56, 20 years in the movement

Local activists felt relying on professional social workers offered a more effective way to build community connections and maintain these as part of a more holistic range of client services. It also gave the movement a more professional image and therefore a tool for rebutting pro-choice groups' claims about the allegedly unprofessional nature of CPC services. Most importantly, institutionalizing community building provided centers with autonomous support bases of religious and secular resources.

Gender Essentialism as the Basis for Autonomy

Evangelicals did not object to women's leadership of the movement, despite its blatant contradictions with the doctrine of women's submission in families and social institutions. The justification for gender deviance lies, ironically, in gender essentialism. Evangelicals perceive men and women as having different often oppositional traits, talents, and needs. Gender differences are particularly strong when it comes to reproduction and sexuality, resulting in the sex-segregated nature of the CPC movement. Even among professional activists, the feminized nature of the movement's focus and goals casts these very public roles as mere extensions of private roles, not political challenges to the gendered status quo. Under the cover of domesticity, activists acquired significant skills and influence, particularly with their community building efforts. In particular, the gender segregation of the movement provided activists with the space and freedom from men-controlled institutions to develop the movement as they saw fit. The skills, connections, and autonomy of the movement as well as local centers put CPC activists in a position to challenge patriarchal interpretations of Christian doctrine and women's roles.

As I show later in this chapter, even as CPC activists were able to expand the scope of the movement, they did not passively accept formal evangelical gender ideology in defining their roles. This stance led to multiple arenas of conflict. At the local level, everyday center practices often conflicted with movement rhetoric, particularly when it came to the topics of adoption, marriage, and men's influence in women's lives. Local activists did not always believe traditional families or submission to men are in clients' best interests, and they resisted the efforts of the national networks and other branches of the problem pregnancy industry to persuade them otherwise. Likewise, at the industry level, critics accused the movement of flouting religious doctrine. These accusations represented critics' attempts to force the movement

to subordinate its goals to the larger conservative evangelical agenda of promoting women's subordination to men. However, instead of submitting, CPC activists engaged in a gendered competition for control over the meanings of crisis pregnancy, abortion, and women's interests, using gender essentialism to justify their efforts. In the process, they asserted their authority to interpret Christian doctrine on their own and shape the substance of pro-life activism and evangelicalism.

Slippage between Movement Rhetoric and Everyday Practices

Everyday practices and formal movement rhetoric often clashed within local centers. Local activists' handling of adoption, marriage, and their attitudes toward the men partners of clients and men clergy demonstrate slippage between the formal movement frames and everyday practices. Counselors agreed that adoption, marriage, and, in a general sense, men were ideal solutions to crisis pregnancy. However, when interacting with clients, counselors eschewed a dogmatic focus on traditional solutions and considered each client's situation individually. Activists helped clients develop individualized solutions to the problems presented by their pregnancies, solutions that contradicted movement frames.

Their defiance did not go unnoticed. Care Net, HBI, and several industry members initiated internal movement studies examining the causes of the low rates of adoption and marriage and the perceived disregard for men demonstrated by activists. The networks also demanded that counselors realign practices with the movement's ideology by introducing men's programs, such as those described in Chapter Five. Local activists agreed, but stipulated such programs must remain secondary to CPCs' focus on women. Local activists made it clear that men's authority was conditional – only when men partners kept their end of the patriarchal bargain would activists promote marriage and traditional gender roles with clients (Kandiyoti

1988). If not, counselors would help clients craft individual solutions that did not require women's submission to or dependence upon men. The limited cooperation of local activists with national goals indicated center staff members and volunteers selectively privileged gender solidarity with clients over religious ideology.

Resisting Traditional Families

Movement estimates demonstrate the impact of local practices on formal movement goals. A study of CPC counseling practices found that counselors did not even mention adoption in 40% of client encounters (Mathewes-Green 1996), and the adoption rates among clients range from less than 1% to a high of 3% in most centers, figures similar to the general U.S. population (Hull 2008; Young 1998a). Marriage rates are not much better, with estimates of clients who elect to marry ranging from 2% to 10%. Overall, up to 95% of single, pregnant clients will opt for single parenting (Mathewes-Green 1996; Olasky and Olasky 1990). These low rates of success resulted in increasingly draconian demands by industry members for the CPC movement to redouble efforts at convincing all single, pregnant clients to marry or place their children for adoption (Mathewes-Green 1996; Olasky and Olasky 1990). Care Net and Heartbeat were less harsh in their admonitions to local centers, but consistently reminded activists that the married, two-parent family is God's design for women and children and counselors should respond to unmarried, pregnant clients accordingly (Care Net 1995; Hartshorn 2001; Heartbeat International 2005b; Wolock 2004). The networks and the wider social movement industry undertook internal studies bent on uncovering the source of counselors' refusal to take adoption and marriage prescriptions to heart (Mathewes-Green 1994: 1996; Olasky and Olasky 1990; Young 1998a: 1998b: 2000). The conclusions drawn in these reports closely paralleled my own findings, and the analysis presented here represents the movement's studies as well as the data I collected.

Adoption

Counselors' responses to adoption revealed they valued client rapport and well-being more so than the opportunity to promote evangelical goals. Local counselors believed adoption represented a potential exploitation of birthmothers. They hesitated to broach the subject of adoption, believing it would be negatively received by the client and lead the client to suspect the counselor of having a hidden agenda, or worse, a financial interest in convincing the client to relinquish the child. Similarly, counselors feared adoption agencies would have a financial interest in convincing CPC clients to adopt and tried to shield clients from such abuse.

In addition, counselors felt that badgering clients about adoption was inappropriate and ultimately counterproductive. In contrast to network training manuals instructing volunteers to discuss adoption repeatedly across multiple client visits, those counselors who did initially mention adoption in counseling sessions did not do so again once the client indicated she was not interested. Counselors argued they had no right to force a decision onto clients. Pushing the issue, especially before a client had reached a decision about abortion, seemed likely to destroy a chance to establish rapport with the client, and thus increased the chances that the client would opt for abortion. Even in cases where counselors felt adoption might be the best option for both client and child, they often refrained from bringing up the subject. Since most CPC clients ultimately choose single parenthood, counselors feared they would undermine the clients' sense of self-efficacy as parents or inadvertently insult clients by implying they would be unfit mothers (Young 2000).

Even counselors favoring adoption among single, pregnant clients did not necessarily promote it. Some counselors felt adoption was a positive option, but in a rather vague way, indicating they had no particular plan for when or how to bring up the topic with a client (if at

all), and would wait for the client to mention it. When I interviewed Jana, a 29-year-old activist in the movement for one year, her response supported the findings in movement reports. She gave me a typically vague response when I asked her how she might introduce adoption to an abortion-minded client. Jana claimed adoption should negate the need for abortion, but did not seem sure how she would express this idea to a client, saying "Why is abortion is still necessary? Why….why is it necessary? Is it because uhm…financially somebody can't support their child? Because then….you know we can talk about adoption if you want to. I mean there's different…you know...so…I don't like…," suggesting she wasn't clear on how such a conversation might be structured. Finally, in a few cases, counselors were wary about pushing a client into a decision she may regret in light of the possibility of a lawsuit against the center (Cooper 1994).

Network and industry studies attributed counselors' reluctance to ignorance about adoption, thereby defusing the challenge to the movement's frames posed by counselors' rejection of adoption. Industry researchers claimed counselors held "an unconscious bias against adoption…because many cannot understand how another mom could 'give up' her child," a personal failure indicating counselors did not properly understand what Biblical Scriptures say about adoption (O'Leary 2006; Mathewes-Green 1996: 42). A Heartbeat International executive referred to the local activists' "ignorance, misconceptions, and negative attitudes about adoption" as the cause of centers' low rates of adoption (Hartshorn 2001: n.p.). Care Net executives tried to coax counselors to consider adoption promotion as part of their obligation to care for clients by arguing "when a peer counselor helps a client objectively weigh all of the pros and cons of parenting and adoption, she is engaged in a higher form of nurturing" (Care Net 1995: 155). National leaders believed some local activists discouraged adoption and instructed center

directors to prevent adoption-resistant counselors from interacting with clients who might be open to adoption (Care Net 1995; Heartbeat International 2005b).

Marriage

In addition to their objections to adoption, counselors exhibit a similar response to clients in regard to marriage. Counselors agree that a married, two-parent family is the best outcome of a crisis pregnancy, but acknowledge there are factors that may make marriage undesirable for individual clients. Network guidelines pay only brief lip service to these circumstances, citing large age differences between partners, partner abuse, unstable relationships, or immaturity as reasons not to marry. Otherwise, the networks assume clients should marry, while local activists prefer to support clients' decisions.

Some activists in local centers do not automatically rank marriage above single motherhood. Local activists are reluctant to push clients into bad marriages. During a field visit, Charlotte, a 55-year-old activist with one year in the movement, told me she always asks pregnant clients if their partners are "marriage material." If a client does not think so, Charlotte told me, "I just put my arms around her and say, 'Honey, that's alright. We'll get you through. Better no husband than a bad husband. Just don't tell anybody I said so.'" Kristin was a 45-year-old, Caucasian activist who had been active in the movement for 21 years after having two abortions. She took a dim view of men's ability to provide meaningful support to women in unplanned pregnancies and juxtaposed marriage to alternative family forms, telling me, "A lot of the Black community, the support system is the mom and the sister and that way they don't even worry about the daddy and then I mean that's a good—I don't think that's such a bad thing sometimes." As these quotes suggest, activists were open to alternative family forms, implying that unworthy men were not automatically entitled to women's submission within marriage and

women had a right to weigh their options. If clients decided against marriage, counselors could mobilize significant center and community resources on their behalf.

Simultaneously, tactical industry critics accused centers of actively discouraging marriage by providing resources that make men seem inconsequential or irrelevant to the well-being of women and children (Massé and Schuler 2007; Mathewes-Green 1994: 1996; Olasky and Olasky 1990). Critics decried the use of the welfare system and CPC programs to access resources for unmarried mothers and children that husbands would otherwise provide (Mathewes-Green 1996). One critic claims CPCs provide single clients with "artificial husbands" when they provide material resources to single clients. Creating substitutes for fathers and husbands is akin to "providing a substitute for the human hand… [it] will always be blunt and clumsy compared to the flexibility, warmth, and sensitivity of the original. It is better not to lose your hand. It is better not to lose your man" (Mathewes-Green 1996: 55). These critics argue that CPCs are decoupling motherhood from marriage and undermining men's rightful authority as the heads of families. Local activists allegedly fail to see the long-term implications of single motherhood, just as clients did, exposing clients to a host of poor outcomes such as poverty.

Overall, critics of local center practices argue counselors' reluctance to promote adoption and marriage is the product of ignorance and short-sightedness, similar to the manner in which movement rhetoric constructs clients that resist evangelical prescriptions. The maternalistic scoldings local activists received ensured their objections would not be taken seriously by movement leadership. By portraying counselors in a patronizing manner, Care Net, Heartbeat International, and industry observers depoliticized counselors' resistance. However, local activists remain more interested in helping clients than obeying movement prescriptions and see

CPC services as appropriate where adoption and marriage are undesirable to clients. As a result, rates of adoption and marriage remain low.

"Global Male Hatred?"

The disjunctures between the CPC movement's ideal-type frames and local activist practices are the most striking when it comes to the topic of men and their rightful roles in CPCs and women's lives. Movement critics claim local practices surrounding adoption and marriage trivialize or ignore the rightful role of men as fathers and potential husbands (Mathewes-Green 1994; Reardon 1996). Proposed strategies for fixing this problem alternate between persuading activists to nurture men and disciplining activists for disrespecting men and presumably encouraging clients to do the same.

The first approach to the alleged trivialization of men involves movement commentators coaxing local activists to nurture men partners as well as clients. An article in *At The Center* reminds counselors there is a man involved with every woman client. Counselors should reach out to these men, regardless of whether they are "a boyfriend, a one-night stand, or even an abuser or rapist…You have a genuine opportunity to help them grow into the men God has designed them to become" (Smith 2001: n.p.). This author acknowledges the men in question may abuse women clients, but astoundingly, still instructs women activists to welcome "abusers" and "rapists" into a center dedicated to serving women.

Another form of coaxing uses the firsthand words of a man affected by abortion to inspire empathy among counselors. Also writing in *At The Center*, this man poured out his regret over an abortion that occurred 30 years ago, asking his audience, "What might I have done if someone had taken me aside and…explained clearly to me what I was asking [my girlfriend] to do…would she and I have chosen a different path?…That's where you [CPC counselors] come

in" (Maffeo 2001: n.p.). While the first article called upon activists' sense of duty, the second invoked sympathy for men as the victims of abortion as well as women. However, both approaches seek to appropriate women's nurturance on behalf of men.

The second strategy is much more coercive toward activists and implies they are disobedient women who need to be placed back under the authority of men. Two prominent post-abortion counseling advocates claim "global male hatred," or "an unresolved anger issue against men" leads counselors to lash at out at men attempting to access CPC services in a misplaced attempt to protect clients (Massé and Shuler 2007). Their account portrays a fearful young man trying to do the right thing for his girlfriend by attempting to get help at a pregnancy center. Despite his polite demeanor, the two activists he interacts with are "cold" and "judgmental." The young man soon leaves in tears, concluding the staff at the abortion clinic will be more receptive. Thus, according to these critics, the disrespectful manner in which activists respond to men partners encourages abortion (Massé and Schuler 2007: n.p).

Massé and Schuler claimed such blatant resistance to men's control over women is "repeated often in pregnancy centers everyday." They accused counselors of being "disrespectful," scolded them for picking on men, and warned counselors that men "expect rejection and intimidation from women in authority positions, especially when two or more females are present." To guard against such bullying, the authors suggest that center directors recruit male volunteers to serve as test clients by going into centers and pretending to be clients to see how women counselors react. They also suggest men should supervise women activists, saying "A male's presence typically 'tones down' global male hatred because words can be overheard!" (Massé and Schuler 2007: n.p.).

These arguments are patently misogynistic, even more so than the portrayals of ignorant, naive counselors. Here, industry critics envision women activists as immature bullies who exert illegitimate, feminine power over men clients. The authors imply women need to be supervised in the feminine, gender-segregated context of CPCs lest the gender order be overturned when men clients suffer disrespect or marginalization. The coaxing approach is little better, as it represents a common assumption among evangelical Christianity that women's nurturing should rightfully extend to men, regardless of how these men have treated their partners. Appropriating activists' emotional labor on behalf of potentially abusive men indicated industry critics did not see the CPC movement as a movement *for* women, nor did they credit activists with any sense of gender consciousness beyond a blind commitment to nurturance expected of all women. Instead, critics demand women's blind obedience to evangelical gender roles regardless of the costs to women activists or clients.

However, local activists were not cowed by these accusations, nor were they convinced their woman-centered efforts should be altered on behalf of men clients (Monahan 2008). Interviews with local activists revealed that many felt that men pressured women to abort when the clients were disinclined to do so. Based on their personal and counseling experiences, local activists knew firsthand that men were not always protectors worthy of women's respect and submission. To prevent these men from exploiting clients further, local activists limited men's access to the center. Counseling sessions, according to activists, must offer a safe place for women clients to think through their own concerns without overt pressure from male partners. Activists therefore were unyielding in their defense of men's exclusion from at least some center functions.

Barbara, a 50-year-old activist with three years in the movement, kept men out of counseling sessions until she could determine whether they were coercing women clients. She told me "We try to do the initial [counseling] interviews without him in the room…we want her not to be influenced by him…after we have the results of the test if she wants him in he's welcome to come in the room." Sylvia, 62 years old and active in the movement for the last two years, expressed similar concerns. She questioned whether any man encouraging a woman to have abortion could have her interests at heart. She felt that men who insisted their partners have abortions would continue to make exploitative demands, asking "How do you [the client] really feel about this? Because if you're having an abortion to keep that man, what are you gonna have to do next year to keep that man?" Local activists tried to communicate to clients that they need not have abortions simply because their men partners wanted them to do so. They urged clients to return to the center if they felt pressured to abort.

Counselors who included men in counseling sessions described these efforts as frustrating, as men typically failed to comprehend the issues from women's perspectives. Gloria, the 39-year-old executive director of three urban centers, commented on counselors' frustrations in trying to reach seemingly uninterested or bullying men, telling me "It's almost like we haven't given men a language or an understanding of women, of how men can be supportive without being coercive."

Despite the reservations of local activists, networks continue to push for the inclusion of men's programs in local centers. Local centers cautiously began to offer separate programs for men under the guiding premise that men are vital to women's decisions to abort or continue pregnancies. At the same time, however, they made it clear that their primary focus is on women,

and certain services will remain off limits to men. Sharon explained the need to address men in terms of how *not* doing so would affect women clients:

> …in the pregnancy centers it's all about the woman, [but] we have to think about the family…so we are concerned about the young man. His problem is nobody's walked with him. Nobody's said that he matters. We've made sure that she matters [but then] she goes right back to him and he's messed up. So what happens? He pulls her back to his level.
>
> -Sharon, 54, 5 years in the movement

Sharon felt men's inclusion was justified because otherwise male partners would undo any positive lifestyle changes women clients made after using center services. Likewise, Gloria felt men could be valuable sources of support for women and should be involved in making decisions about crisis pregnancies. However, she was clear men's input was welcome only within strict parameters. She felt men should not control women, saying "As a feminist I don't want men telling women what to do…But we don't want to pull out other support systems [men's support] either and make [women] feel like it's totally on their shoulders."

As Gloria's comments revealed, some counselors espoused feminist themes of women's empowerment and a few even self-labeled as feminists. Even non-feminist counselors were adamant that men did not have the right to make decisions for women. Men's input and participation in decision-making would be welcomed so long as it was not coercive and it supported continuing the pregnancy. Gender essentialism led activists to become involved in CPC activism, and once active in the movement, their experiences empowered them to take positions that discredited men's authority.

Post-Abortion Syndrome

Unlike adoption, marriage, and "global male hatred," CPC activists have been more successful with Post-Abortion Syndrome in establishing their woman-centered approach within the problem pregnancy industry. PAS represents the CPC movement's counter-offensive to reinterpret the meaning of abortion and women who have had abortions. The movement argued abortion hurt women as well as ended the lives of children. Activists believed that only post-abortive women could help other women heal from PAS, thereby explicitly justifying women's lived experiences as central to anti-abortion efforts and undermining men religious leaders' authority over the subject.

One in five abortions was performed on evangelical women in the first two decades after *Roe* and *Doe* (Henshaw and Kost 1996). However, evangelical Christianity and the other pro-life movements were slow to face this reality and to respond. Many women who had aborted were also evangelicals sitting in church pews every Sunday, listening to preachers rail against abortion. Michelle felt these preachers exploited women by decrying abortion but doing nothing to help women suffering from PAS. Michelle related her initial difficulty in gaining access to men pastors while starting one of the first post-abortion recovery programs in the country during the early 1980s:

You couldn't even get pastors to answer your phone calls unless you had a penis…It's kind of a conservative, Republican idea, 'You made your bed; you lay it. We don't really care about the women. We're just out to save the babies.' Frankly, I was never real concerned about the babies because I knew the babies were gonna be okay. I knew the babies were gonna go to heaven whether their mothers aborted or not…I was up against it. I mean men [pastors] would come up to me and they would say, 'I don't know what

these girls are thinking'…I would look them in the eyes and I would say…'I know exactly how they feel. Could I tell you?' And I would tell them '[I had an abortion]. They feel abandoned. They feel alone. They feel scared. And I mean I would have clearly some shocked people on my hands. Well, *good*. [Laughs]

-Michelle, 53, active in movement for 22 years

Michelle made it clear she prioritized the needs of women above of all else, even above the potential to prevent abortions. Unlike the earlier time period Michelle describes, contemporary pro-life discourse acknowledges the high numbers of post-abortive evangelical women (Ensor 2003). It is taken for granted within the problem pregnancy industry that only a woman could properly comprehend another woman's experiences with abortion. These shifts indicate women activists were successful in redefining the meanings of abortion and women's pro-life activism, while making both central to contemporary evangelical efforts.

After PAS became an accepted element of the problem pregnancy industry, CPC activists extended their influence over the religious meanings of abortion counseling by decentering the authority of men religious leaders. Olivia, a 56-year-old activist who worked in the movement for 20 years, told me many men clergy members either condemned women who had abortions or trivialized their pain. Olivia felt these men failed to grasp to complexities presented by PAS. She then began carefully screening pastors and priests before she allowed them any involvement with her post-abortion clients. When necessary, she trained clergy in the proper approach to the memorial services that mark the completion of post-abortion counseling programs. Only after men met Olivia's standards for "knowing how to take care of women very well in bridging that gap between them and their God" were they allowed interacting with post-abortion clients.

The comments of Olivia and Michelle represent a broader commitment within the CPC movement to keep PAS discourse centered on women, and to ward off other pro-life activists' attempts to exploit post-abortive women. It is noteworthy that these efforts are no longer controversial within the movement itself, or the wider problem pregnancy industry. This lack of conflict reveals that there are areas of evangelical Christianity where women hold uncontested authority over movement rhetoric and practice. It also suggests men's authority within conservative social movements and patriarchal religions is not absolute, and critics from male-dominated branches of the pro-life industry face a battle over the adoption, marriage, and men's authority that they are unlikely to win.

Conflict between the CPC Movement and the Problem Pregnancy Industry

The conflicting interpretations over women's needs in crisis pregnancy and the authority to define these needs continue between the feminized CPC movement and the larger evangelical problem pregnancy industry. This is a clash between ideological and practical perspectives. The more religiously orthodox industry criticizes women CPC activists for expending their efforts on women rather than more important, abstract moral issues. Activists do not see their pragmatic approach to clients as undermining the goals or the Christian principles of the industry. Instead they argue that theirs is the authentic religious approach, one that is effective because it is godly (Agee 2004). They resist industry efforts to redirect their efforts, particularly when industry critics attempt to define CPC activism as religiously inferior or claim activists are incapable of grasping the larger moral picture. Instead, activists engage in gendered competition over the legitimacy of their approach to crisis pregnancy and their right to determine what constitutes a "Christian" strategy. Competition pits the CPC movement against the problem pregnancy industry as the representative of orthodox, male-dominated evangelicalism.

Tactical Criticisms

In addition to criticism over goals, CPC activists engender criticism of their tactics. These criticisms fall into two camps. The first consists of tactical critics who see woman-centered tactics as merely strategic; in other words, CPC should offer services to women only so far as these services directly contribute to preventing abortions (for a thinly-veiled justification of this approach, see Somers 2009). Anything beyond this loses sight of the core mission, and probably detracts from it by diverting resources. The CPC movement should strive to be efficient in meeting its goals, and these efforts should not automatically entail compassion. According to tactical critics, the primary purpose is not empowering women or alleviating the burdens associated with motherhood, but it is preventing abortions. Thus, these critics disagree with the extent of services now offered in CPCs that are unrelated to client's abortion decisions, such as STD testing, GED classes, and social service referrals. They believe these services attract the wrong types of clients, meaning those who are not seeking pregnancy tests or considering abortions. According to these tactical critics, centers have become "more benign reactive social welfare agencies than the proactive driving forces behind the reduction of abortion" (Freeman 2008: n.p.; Glessner 2002).

Movement estimates support critics' assertions. The expansion of center programs beyond crisis intervention attracts clients who are not considering abortion and thus are not the core client sought by CPCs. In fact, only 20% of all CPC clients are the movement's primary target – women who may be pregnant and will consider abortion is the event of a positive pregnancy test (Care Net 1995; Freeman 2008; Glessner 2002; Young 1998b). Instead, most clients seek goods and services unrelated to making an abortion decision, such as diapers or STD testing. The Family Research Council warns "these trends could threaten the primary mission of

229

centers to reach women at risk for abortion" (Young 1998b: 4). Centers are warned that continuing to attract services-only clients or pregnancy test clients not considering abortion will increase center overhead, thereby reducing the resources available to reach abortion-vulnerable women (Freeman 2008; Jacobson 2004; Young 1998b). Critics instructed centers to end such programs and reinvest these funds in ultrasound services that more directly target women considering abortion (Freeman 2008). These tactical critics also bully centers by comparing them to Planned Parenthood clinics. They point out CPCs provide some similar services, such as prenatal care and STD testing, and remind centers that evangelical donors want to support a pro-life ministry, not a social service agency (Freeman 2008). To compare CPCs to Planned Parenthood is a serious charge, as Planned Parenthood represents the social forces the CPC movement most strongly opposes and explicitly defines itself against.

Tactical critics who emphasize CPCs' obligation to prioritize preventing abortions above helping women demand the movement re-introduce graphic visual aids into counseling sessions. These materials typically include photographs or films of abortions and aborted fetuses. Gregg Cunningham, the head of a pro-life clearinghouse distributing graphic visual aids, argued the CPC movement's relational approach could not dissuade all clients from having abortions. Cunningham claimed CPC counselors should show graphic images of aborted fetuses to these women, saying "I'm glad that some women can be loved into loving their babies" but this did not "blind me to the reality that there are many others who will kill their babies if not persuaded that abortion is a serious moral wrong" (Klusendorf 2001: 19, quoting an unpublished letter from Gregg Cunningham). Proponents of use of graphic counseling images believe some women can be convinced to forgo abortion by persuasion, but clients resistant to the relational approach must be forced to see the truth to prevent them from killing their unborn offspring (Klusendorf 2001).

Woman-centered tactics are acceptable strategies to these critics, but only so long as they support the goals of preventing abortions and do not sacrifice effectiveness.

Ideological Criticisms

For the second type of industry critic, the entire basis of a pro-life, woman-centered strategy is illegitimate because it addresses material problems while ignoring morality. To ideological critics, focusing on the felt needs of women elevates man (there seems to be no sense of irony in referring to crisis pregnancy as 'man's' problem) over divine law, and is therefore a grave sin. Abortion is bad because it kills a human being made in the image of God, not because it hurts women. Focusing on abortion's alleged medical risks to women and the potential impact on women later in life is not only irrelevant to the larger issues of abortion, it trivializes moral law. Women should eschew abortion because it is displeasing to God, not because it violates their self-interest. The emphasis on women's emotions, concerns, and problems in lieu of absolute moral law should have no place among Christians (Adams 1987; Beckwith 2001; Dorr 1993; Mills 2004; Schlossberg 2004). After reviewing the Care Net training manual, Paul Dorr claimed "the counseling training material comes straight from the teachings of anti-Christian, self-loving, godless humanists, teaching such concepts as unconditional acceptance, self-esteem/self-image/self-worth/self-ad nauseam, 'feelings-oriented'/man-centered, counseling techniques…all about which the Bible knows nothing!" (Dorr 1993: n.p.).

These ideological critics place greater priority on the reasons abortions are prevented rather than on prevention per se. They argue woman-centered approaches actually represent a pro-choice strategy, essentially telling women in crisis pregnancies that they are justified in having abortions if their needs go unmet. Furthermore, any prevented abortions are based on the

effectiveness of CPC activists in addressing women's self-interests, but not their morality. As one detractor noted:

> [the] offer of nonjudgmental help is a tempting strategy in an age characterized by tolerance. But it leaves the conscience unattended. The law written on our hearts as well as in the Book has already made a judgment against killing the innocent. Unless we address the morality of the matter, we conspire with the culture to deaden the conscience that God gave women as a help against sinning (Schlossberg 2004: 10).

Thus, these critics claim neither individual morality nor the wider culture that promotes abortion will change, even if fewer abortions take place (Beckwith 2001; Klusendorf 1999; Mills 2004). These critics argue the CPC movement, like other pro-life movements, must devote more effort to establishing the fetus as fully human in the eyes of clients if they are to create moral change. Unlike tactical critics, however, ideological critics do not specify what precisely what CPC activists should be doing in their everyday work in clinics.

The CPC Movement's Response

The CPC movement responds to industry critics with overlapping pragmatic and religious rationales, similar to the movement's formal frames. CPC activists refuse to separate practical and moral concerns or to rely on abstract ethical principles. Instead, activists advocate contextualized, woman-centered strategies that address the individual circumstances of women's lives. To CPC activists, their strategy is effective and, more importantly, integral to any authentically Christian approach to abortion (Agee 2004).

The Use of Graphic Visual Aids in Centers

The issue of graphic visual aids represents a prime example of these pragmatic religious convictions. The CPC networks object to the use of graphic visual aids on both moral and

practical grounds. Care Net's position sums up the CPC movement's moral stance on such tactics, stating graphic visual aids are "not consistent with a mission of offering compassionate care to abortion vulnerable women. The primary impact of showing graphic videos to shock clients, not educate them. Such practices can be seen as a form of manipulation and coercion" (Care Net, 'Abortion Education Guidelines,' cited in Klusendorf 2001: 5). For the CPC movement, the importance of taking action against abortion in a compassionate manner outweighs the potential efficacy of such tactics. To embody a true Christian response to women in crisis pregnancies, activists feel they must take practical action on behalf of clients; simply telling women the fetus is human and abortion is therefore murder is insufficient in God's eyes. CPC activists therefore find it inadequate to share the "truth" about abortion without accompanying that message with service to those in need. The president and vice president of Care Net felt "sharing Christ" and "being Christ" were inseparable parts of combating abortion:

> For those who believed that all human life was created in the image of God, a major question remained. What about the woman facing abortion? …Yes, abortion is morally wrong, but speaking only that truth about abortion is not enough…something must be done for the woman facing an unplanned pregnancy (Delahoyde and Hansen 2006: n.p.)

To CPC activists, tactical criticisms that the movement should value the end result of prevented abortions over how that goal is achieved miss the point of an evangelical response to abortion. To embody an authentic Christian approach, the means matter as much, if not more, than the outcomes. As one CPC proponent commented, "We talk a lot about 'What Would Jesus Do?'…I believe if Jesus were here He'd be moving furniture in crisis pregnancy centers" (*Citizen Magazine* 2001: 2). The activist does not say Jesus would command women to forgo abortions or condemn those considering abortion. As a man, even Jesus would not be permitted to counsel

women, but the activist implies Jesus would agree with the relational strategy of the CPC movement and support these efforts in practical, non-confrontational ways. Likewise, Sylvia, a 62-year-old center director for the last two years, identified CPC activism with God's will on the matter of abortion, and felt non-confrontational approaches were the only permissible form of pro-life activism. After explaining to me why other types of activism ultimately failed to reflect Christian principles, she described CPCs: "We are Christian-based and I mean I am just adamant about showing God's love, the love of Jesus Christ, the way I think He would want it to be shown to others, to anybody that walks through our door," a stance that could not support coercive measures.

Not only do activists perceive graphic visual aids to be morally inappropriate, they also assert graphic visual aids are counterproductive. Such practices give pro-choice groups ammunition against CPCs and do not appeal to clients. The movement is highly cognizant that CPCs' use of graphic images was central to pro-choice accusations against CPC's in earlier eras. Abolishing use of these images was critical to the movement's restoration in the 1990s. In terms of clients, the movement claims secular women have drastically different worldviews than evangelicals. To be effective, CPC appeals must be grounded in the perceptions of clients, and graphic images would alienate clients and possibly result in more abortions. A network attorney defended the ban on graphic visual aids in CPCs while trying to convince detractors the movement shared their goals, arguing:

> We recognize that women who have begun to contemplate abortion as an acceptable pregnancy option must have also begun to engage in a thought or rationalization process to negate the truth that abortion is wrong. Our ultimate goal is to help these clients see the truth. But from a marketing standpoint, our appeal must begin on a level which allows

clients to relate to us from their own perspectives. *That is why we initiate marketing efforts that emphasize our compassion rather than our convictions* (Klusendorf 2001: 24, emphasis added).

Having gone to great lengths to establish themselves as the compassionate "service arm of the pro-life movement[s]" with the public and potential clients, the CPC movement is unwilling to endanger its image by returning to controversial tactics (Hartshorn 2003: 108). While the movement is willing to make avowals of their loyalty to the industry-wide goal of preventing abortion, activists believe empathy must be combined with moral conviction to meet this goal (Agee 2004; Mathewes-Green 2004; Reardon 2002; Swope 1997).

Individual and Cultural Transformation

In national and local CPC activists' minds, woman-centered services should not be merely strategic, but should demonstrate the breadth and sincerity of activists' concern for clients. If clients see that CPC activists are responsive to their needs, they are more likely to be open to the pro-life message. In fact, CPC activists felt an approach that did not explicitly incorporate meaningful material assistance for women was fruitless and failed to address the problem of abortion as God would want. Forcing religious doctrine onto clients without convincing clients of activists' sincere concern for women would simply backfire by reinforcing stereotypical images of CPCs in women's minds. The multiple services offered by CPCs are necessary to lighten the burdens of pregnancy and parenting to the point women can make moral decisions against abortion, and broadening services increases centers' chances of affecting women's decisions. CPCs are therefore not mere social services agencies nor akin to Planned Parenthood clinics.

In terms of individual transformations and widespread cultural change, CPC activists believe reaching out to women will allow activists to gain their trust and make clients' receptive to the movement's religious message. Gabrielle described the combination of spiritual conversion and practical assistance as going hand-in-hand:

> …we figured if we can sort of introduce somebody to Jesus and show them they have value and worth and a future and hope and protection from Him if they choose to accept it, then maybe they'll start to think differently about whatever circumstances are occurring in their life…as a Christian, based on what the Bible tells me, I honestly believe that a one-on-one basis with a woman who is in that situation right now, the most effective approach is one on one love and truth.
>
> -Gabrielle, 24, 1 year in the movement

Similarly, Caroline, the former owner of three for-profit abortion clinics and the current director of several CPCs in the Southwest, saw her goal as enabling individual transformations. While it might not be possible to enact sweeping social changes, helping individuals was a worthy goal in itself. She told me:

> My agenda is to help those women one by one by one…statistics will not change based on our work but individuals will be helped and changed and have positive outcomes because of our work. I can't change the world. I can just change my little corner.
>
> -Caroline, 63, 23 years in the movement

Other activists felt relational approaches were the only hope for individual *and* cultural change. One national network leader explained such change must occur within CPC activists as well as clients. The contact with CPCs would eventually bring about the desired social changes by strengthening activists' convictions and affecting their actions in other parts of their lives:

236

…our pregnancy centers…are transforming their communities for life…because of the people we are impacting one-by-one as they come into the center, because of all the volunteers we're training, because now many of our centers are medical and we've got nurses and doctors coming into our centers. We have social workers, counselors. We are impacting those people. They're going back into the community and bringing those pro-life values, a deeper understanding of what it means to be pro-life, more information… Although it's a slow process, I see that happening, that pregnancy centers can really transform their communities for life.

-June, 62, 35 years in the movement

For activists such as June, CPCs influenced the culture not only through the clients they assisted, but on the changes they inspired in activists themselves. The CPC movement was therefore shouldering the evangelical burden on two fronts.

While critics claimed the CPC approach was an illegitimate abortion strategy for Christians, the CPC movement proved equally willing to make the same claims about fetus-based activism. Activists felt a truly Christian approach combined both effective actions with a sense of empathy for women in crisis pregnancy. Pro-life actions should reflect these sentiments, not confront women as the movement's critics claimed. CPC activists therefore felt feminized, relational approaches carried out woman-to-woman, was the best strategy for preventing abortion and obeying God's will. This stance was largely consistent within the CPC movement. They therefore were able to withstand opposition from the evangelical problem pregnancy industry in defense of their beliefs, even as these beliefs led them to privilege women over religion.

The Implications of Gender-Based Religious Activism

The relationship of CPC activism to evangelical Christianity is complex and convoluted, riddled by contradictions framed around gender. The official frames of the movement formally support the existing gender hierarchy, while everyday practices in centers enable individual activists and clients to resist traditional roles. Activists draw on private sphere roles to justify public work and use religion to undermine men's authority over women. This is the logic of "natural" sex-related gender differences turned on its ear. Men are seen as so different from women that they are viewed are "naturally" incapable of understanding women's experiences. Women's essentialist claims created gender rifts in the movement and demonstrated the failure of masculine social control.

Gender conflict pits evangelical women against the more orthodox problem pregnancy industry in battle over the importance of a pregnant woman relative to a fetus and what this judgment means for Christian efforts to prevent abortions. However, the clash is not expressed in terms of the power to define what abortion means for women, but in debate over the interpretation of God's will in the matter. Women CPC activists do not try to directly challenge evangelical Christianity, nor are they complicit in their own subordination. Instead, CPC activists proclaim the legitimacy of their conservative religion while seeking an active role in the forms and meanings of religious practice. Thus the conflict is hidden to a certain degree, but real nonetheless.

Aspects of Evangelicalism Enabling Gender Slippage

Specific ideological and structural elements of evangelicalism create the basis for the contradictions of the CPC movement. Evangelical ideology proclaims essentialist gender differences and a literalist interpretation of the Bible. The gender-segregated nature of the CPC

movement that provided women with autonomous space is a direct result of a strict sexual division of labor. Gender essentialism also heightens gender identification, or the perception that being a woman is central to one's identity, feeling a sense of connection with other women, and being motivated to act accordingly (Hildreth and Dran 1994). Adherents of Biblical literalism believe any individual is capable of reading the Bible and grasping God's message without the need for an authority figure to decipher its meaning for lay believers. Evangelicals are therefore confident of their ability as individuals to defend their personal interpretations against criticisms (Brasher 1998). Thus, for the CPC movement, a conservative religion created the space, motivation, and legitimacy for gender-based actions that frequently contradict the very belief system upon which they are based (Avishai 2008; Brasher 1998; Gallagher and Smith 1999; Griffith 1997; Korteweg 2008; see also Hossfeld 1997).

Structural features of the CPC movement decrease the ability of more orthodox critics to constrain it. As is typical of a Protestant movement, the CPC movement is a federated system of organizations emphasizing self-governance and local autonomy of individual centers (Cobb 1990; Djupe and Gilbert 2002). The decentralized structure of the CPC movement means Care Net, Heartbeat International, and the problem pregnancy industry have little direct control over local centers and must rely on centers to voluntarily submit to their edicts. Affiliates agree to some general operating guidelines and a statement of faith, but beyond that centers are independent organizations managed at the local level. Centers – and the local activists in them – independently control their practices and resources. The significant resources acquired by centers' community building efforts reflect local activists' perceptions of local clients' needs, not the dictates of the networks or industry. The emphasis on local community support also means centers are no longer subject to the authority of one church or its pastor. Church contributions

comprise an increasingly smaller percentage of centers' revenues as activists seek out local donors, private grants, and government funds. Care Net and HBI similarly depend upon individuals, affiliate fees, and investment revenues. If any source of revenue is lost, local centers and the networks can maintain adequate revenue streams. Evangelical authorities in the problem pregnancy center industry or the larger evangelical movement cannot control the CPC movement by restricting its resources, nor can they infiltrate the gender-segregated local centers. Thus, both grassroots and centralized forms of control are unavailable to CPC critics.

Challenging the Gender Status Quo in a Conservative Religious Movement

The structure of CPCs leaves movement critics with few tools at their disposal, yet significant incentive to try to curtail the CPC movement. CPC activists present multiple challenges to the evangelical gender status quo. First, gender essentialism promotes a sense of gender identification that competes with religious loyalty. At the local level, activists privilege secular clients' interests over the religious goals of the movement. They do so based on personal experiences with crisis pregnancy, abortion, and men, as well as their observations of men partners who come to local centers. Activists believe that in ideal circumstances, the interests of pregnant clients and men partners will coincide. However, contrary to movement rhetoric, local activists do not assume men's interests are synonymous with women's. If they are not, activists help clients develop individualized solutions that allow clients to bypass "God's holy design" of traditional families. In fact, by providing welfare service referrals and housing their own social service programs, local centers have institutionalized non-traditional alternatives for clients.

Second, the scope of CPC services make visible the material and emotional demands of mothering. Conservative religions as well as secular society dismiss mothering as natural to women and therefore work not worth valuing or acknowledging (Folbre 1994: 2001). Offering

240

these services with the intent to influence women against abortion acknowledges the ambivalence women often feel in assuming motherhood, destabilizing the idea that deep down, all women desire motherhood. It also demonstrates the work, sacrifice, and resources that go into mothering. CPC activism is a clear statement that mothering should not be devalued, nor should women's work as mothers be taken for granted. The effort activists put into client services for non-evangelical women demonstrates the value activists place on Christianity *and* motherhood (not only Christian womanhood).

Third, activists have destabilized the patriarchal bargain implicit in women's acceptance of traditional gender roles (Kandiyoti 1988). The range of services centers provide for single clients make it clear activists do not expect pregnant clients to accept the lot assigned to them as women in an inequitable marital partnership. CPC activists perceive secular men as potentially harmful to clients. In these cases activists do not see the patriarchal bargain as compelling, meaning the sacrifices women would make in placing a child for adoption or marrying outweigh the potential benefits. CPC activists offer alternatives to women that do not include men if the men fail to live up to their half of the bargain. Evangelical women not only see these options as viable but know how to make them available, indicating they do not see women's subordination as natural or inevitable, including their own. If unmarried, poorly educated, economically unstable clients can survive without men, any woman can. Weakening men's negotiation power within the patriarchal bargain is a reminder that such arrangements depend upon women's co-operation and consent.

CPC activists do not only resist oppressive gender relations on behalf of clients, but their work also carries an implicit warning to evangelical men. The fourth challenge speaks directly to the relationship between men's religious authority and women's participation in maintaining that

authority. Within evangelicalism, activists do not accept men's authority without question nor carry out their edicts on crisis pregnancy and abortion. Instead, they negotiate and even defy many aspects of the patriarchal system they live within, attempting to reshape it in ways that openly grant women authority, at least over what women see as 'their' issues. Activists' refusal to open centers to men is one such instance where women refuse to cede authority to men. Tactical critics lay claim to activists' emotional labor as nurturers when they demand women include men in center programs, even if these men have mistreated or abused women clients. Activists refuse to do so, offering a reminder to critics that women's nurturance and co-operation with evangelical efforts should not be taken for granted. These women perform traditional roles because they choose to do so, and will not expend their efforts on those they see as undeserving.

Activists rebuff ideological criticisms for similar reasons. Here, activists maintain theirs is the purist interpretation of the authentic evangelical response to crisis pregnancy and abortion. The absolutist views offered by ideological critics are inconsistent with women activists' perceptions of God's will and the mandate their gender gives them in carrying out CPC activism. When critics claimed activists have lost sight of their core mission or question the entire premise of woman-centered pro-life activism, women did not subordinate their expertise to men, nor did they cede any interpretive ground. Activists believed they have an innate right to define the situation by virtue of their gender, and they did not need men to interpret God's will on the matter or dictate strategy. Activists believe men are incapable of understanding 'women's issues' including crisis pregnancy, motherhood, and abortion, nor could they possibly relate to women clients effectively. Here gender essentialism actually delegitimates men's authority. Thus, gender essentialism provides the resources for mounting the initial challenge to men's power and for justifying its continuation (Hossfeld 1990).

CHAPTER EIGHT

CONCLUSION

The CPC movement represents far more than a conservative movement bent on interfering in women's reproductive autonomy. This collection of national and local organizations embodies a significant social force dedicated to a feminized, religious response to crisis pregnancy and abortion. Thousands of women have found a voice and an outlet for their interests in the CPC movement. Rooted in the local communities, the CPC movement enables these women to access the political stage while remaining true to their perceptions of authentic Christian behavior. In this final chapter, I discuss the future directions of the movement and its implications for evangelical Christianity. I then consider the theoretical contributions of the study by highlighting some proposed modifications to subcultural identity theory. Next I discuss the study's contribution to the literature on women in conservative movements and religions. I describe the significance of the CPC movement within the larger context of reproductive rights. I conclude the chapter with a discussion of the study's limitations and future research directions.

The Future of the CPC Movement

The growth of the movement is likely to continue for a number of reasons. First, the movement dramatically expanded its scope and therefore its relevance to a greater number of potential clients and supporters. The movement conducts extensive market research with secular women to determine how to craft the movement's public image and what services are most likely to appeals to clients. Researchers are increasingly likely to recognize the relevance of clients' race/ethnicity and socioeconomic status to their needs, and local centers are increasingly likely to

tailor programs to their local communities (K. Entsminger 2005; L. Entsminger 2005; Jacobson 2005; Mathewes-Green 1994; O'Bannon 1999: 2000; Young 1998a: 2000). While evangelical critics decry the extent of the programs offered by CPCs, the proportion of center services devoted to post-pregnancy support also broadens the potential client base.

Second, the movement has neutralized the opposition's claims, at least in activists' minds. The movement effectively addresses accusations that CPCs are "fake abortion clinics" that fail to offer comprehensive health services by "going medical." Centers that offer ultrasound, STD testing, prenatal care, and routine gynecological care are increasingly common, with ultrasound being the first step toward a fuller range of medical services. Offering medical services allows CPCs to posit themselves as public health care providers and makes activists feel less defensive about their services and motives (Siegel 2008). The development of extensive legal precautions also contributes to the movement's sense that the pro-choice movement is no longer an immanent threat.

Third, the movement expands its reach by remaining flexible about the religious-secular divide. Centers increasingly offer post-abortion counseling and secular abstinence programs that give them access to students and clients they would otherwise be unable to reach. It also makes centers eligible for federal and state funding. While funding available to centers under the Bush Administration's Faith-Based Initiatives program is unlikely to continue under Obama Administration, there are still numerous opportunities available to CPCs. Section 104 of the 1996 welfare reform act, referred to as the "charitable choice provision," allows private charities to receive federal funding, and new programs at the Department of Health and Human Services may make CPCs eligible for Title X funding (Jordan and Wells 2009). State funding of centers

represents smaller sums, but since these initiatives are typically in conservative states this funding seems likely to remain secure (Lin and Dailard 2002; Simon 2007).

Finally, the movement enjoys an increasingly positive public image in the mainstream media. While coverage prior to the movement's mid 1990s shift referred to centers as "clinics of deception" with "bogus" and "misleading" ads, present-day coverage is far more flattering. *Time* magazine referred to the movement as the "quiet campaign for women's hearts and minds" (Gibbs 2007: n.p.). Other national media outlets including the *Washington Post* and the *New York Times* have also softened their stance toward CPCs, stating, for example, that CPC activists "forgo politics for quiet talk" (Leland 2006: n.p.) while "seeing past the abortion rhetoric" (Chesser 2005: A15; see also Gleick and Gregory 1995; Rowe 2001). CPCs' positive image seems to be spreading among lay women as well. The movement commissioned an external market research agency to perform of study of 630 women's attitudes toward CPCs. Two-thirds knew what a crisis pregnancy center was, and of these 87% approved of CPCs. Among women who had visited a center (the study did not report the number), 98% reported a positive experience (National Right to Life Committee 1998b; Townsend 1998; Young 1998a).

Implications for Evangelical Christianity and Pro-Life Activism

The contradictions between CPC activists and the more orthodox, conservative elements of evangelicalism are astounding. The leadership roles of activists and the gender consciousness demonstrated in the movement's refusal to be co-opted by misogynist elements of evangelical Christianity belie a religious tradition based upon gender essentialism (Gallagher 2003). The CPC movement's challenge to orthodox evangelicalism permanently shifted the nature of religious pro-life activism in the United States. Furthermore, the movement appears positioned to force wider changes in evangelicalism itself.

In earlier decades, women occupied only subordinate positions in conservative Christian movements, including pro-life efforts. They were segregated in separate organization within larger movements, and held influence over men leaders, but no direct authority of their own. There were not discernable differences in conservative men's and women's agendas; women participated in these movements that were predicated upon their subordination and required that women extol their submission in order to be legitimate movement participants (Diamond 1989).

However, mobilizing around traditional, private sphere roles also makes these roles public, and offers the opportunity to challenge the private/public boundary (Chuchryk 1989; Richards 2004). CPC activists were supposed to find meaning and satisfaction as evangelical women who did not challenge men's supremacy in the private sphere or in society, and they were instructed to recruit secular women clients. Instead, CPC activists asserted that material needs and a lack of support from significant others were systemic among women and therefore abortion required sustained efforts toward meeting women's needs. The CPC movement delegitimated evangelical men's authority as the leaders of the pro-life movements insisting upon their own interpretations of Christian doctrine and essentialist gender roles.

The success of the CPC movement in attracting evangelical donors, sustaining growth, and developing the most positive public image of the four pro-life movements permanently changed the nature of religious pro-life activism. Other pro-life movements originally utilized woman-centered strategies, including PAS, for the sole purpose of attracting public support for banning abortion (Jordan and Wells 2009). However, the CPC movement's success made it mandatory for all pro-life movements to address women or risk automatic dismissal of their claims by both observers and other pro-life activists. It is not longer acceptable or 'Christian' to concentrate on the fetus and ignore the woman. While woman-centered tactics are still merely

strategic for some movements, fetus-centered vitriol is no longer acceptable and thus other movements must at least pay lip service to the needs of women. This is a dramatic change from the days of Randall Terry and Operation Rescue, when even 'moderate' pro-life activists in the political and public outreach pro-life movements condoned such violence against women.

Not only did the CPC movement change pro-life activism, the movement is poised to alter gender relations within evangelical Christianity. Gender competition revealed that religious doctrine was not fixed, inevitable and immutable, as evangelical men claim. The absolutism of problem pregnancy industry critics and evangelicalism more generally did not mesh with CPC activists' interpretations of godly behavior and essentialist gender norms. Activists framed their arguments in religious terms, thereby giving themselves the legitimacy to refute other religious frames (Becker 1997; Goffman 1974; Snow, Rochford, Worden, and Benford 1986). Activists willingly engage in a gendered competition over these disparate visions of Christianity. The conviction that they are acting as God would want justifies their rebuttal to established evangelical norms and thus men's authority.

Ironically, while evangelical women undermine gender hierarchy as one of evangelicalism's greatest claims to distinction, they simultaneously preserve the religion's ability to engage with secular society. Fetus-based anti-abortion activism and dogmatic claims regarding men's authority increasingly puts evangelicalism too far outside mainstream social norms to appear relevant to secular outsiders. While evangelicals thrive on a sense of distinction, being too far from mainstream norms would make them irrelevant and unable to engage with secular society in ways that reinforce subcultural identity (Davis 1999; McConkey 2001; Smith et al. 1998; Wellman 1999). Mainstream America sees abortion activism that ignores women as extremist, as evangelicals learned the hard way in the 1980s and 1990s. The most conservative

critics of the CPC movement are making anti-feminist claims about women's roles within the family and religion at a time when the impact of feminism is irreversible. Their arguments therefore fail to persuade. Women appear to be forcing evangelicalism to more moderate stances on gender hierarchy and abortion, and this shift may well be critical to keeping conservative Christians relevant to secular society. If so, women's increased autonomy within evangelicalism will be a central, if counterintuitive, factor in keeping this patriarchal religion afloat.

Subcultural Identity Theory

Subcultural identity theory is an account of the construction of evangelical identity. Evangelicals make strategic comparisons between themselves and secular society that create the perception their values are in conflict with those of the larger society. As a result, evangelicals' religious identities become more salient to them, and prompt them to participate in various social and religious causes with the ultimate goal of changing society to reflect evangelical values.

Smith et al. (1998) used surveys and interviews to establish subcultural identity theory. Future research would need to explore the *process* of identity construction within social interaction. This dissertation is one such study of the 'evangelicalism in action' called for by Smith et al. My findings expand upon the original theory. Specifically, I find the identity relies on taking action but not on the outcomes of these actions; the identity is self-insulating, allowing evangelicals to ignore evidence that would undermine their worldviews; and incorporating gender into the theory reveals that subcultural identity is not purely religious.

First, the religious identity constructed by CPC activists relies more on taking certain types of action and less on the outcomes of this action. For evangelicals, religious activism is a form of identity work reflecting the individual's religious commitment to themselves and others. Because faithful believers offer their time and efforts to the Lord, activists are therefore faithful

believers. They receive an identity boost because of the type of person they perceive themselves to be, not because of the effects their actions have (Holden 1997; Katz 1975; Snow and Anderson 1987). Activists are responsible for trying to change secular clients, but only God is responsible for the clients' outcomes. Therefore, it is enough to provide the services that may persuade clients to continue their pregnancies. What clients actually do is left in the hands of God (e.g. see Vogel 2007). Identity is enhanced by making an effort, not by actually changing clients.

Second, and related to evangelicals' de-emphasis on outcomes, opposition reinforces identity. The underdog mentality of the CPC movement and evangelicalism generally means activists perceive a direct correlation between the level of opposition to their efforts and the religious importance of their work (Vogel 2007; Williams 2008). For CPC activists, the anti-CPC campaign did *not* cause activists to question the basis of the movement or to doubt its viability. Instead, pro-choice opposition strengthened activists' convictions that doing God's work typically provokes resistance and that faithful believers will persevere. Pro-choice groups therefore are not only unlikely to succeed in shutting down the movement, their opposition actually contributes to the movement's success by bolstering activists' identities.

Clients' resistance or lack of interest in CPC activists' worldviews serves a similar function, albeit with less confrontation. Movement frames claim that clients are part of a "fallen world" and therefore in need of evangelical uplift (Smith et al. 1998). In Chapters Five and Six, I analyzed the circular logic of the movement's frames. Clients who resist activists' efforts are cast as victims ignorant of God's plan for women and families and suffering accordingly. Clients who disagree with activists on these points are said to be in denial or unconsciously repressing a history of sexual and emotional abuse. Even clients who acquiesce to the movement's

prescriptions are required to attend parenting classes or Bible studies to teach them accountability, which they allegedly lack by virtue of being sexually active outside of marriage. Movement frames draw on notions of secular women from the evangelical subculture to dismiss clients' objections and justify the infantilizing treatment of clients. Thus movement frames effectively redirect any challenge clients might present to activists' identities into additional support for these identities.

Finally, incorporating gender into the theory leads to more accurate descriptions of the process of identity formation. The gender-neutral version of the theory cannot account for CPC activism. Relying on orthodox evangelical beliefs to make sense of evangelical pro-life activism would lead to predictions of fetus-based activism only and to a lack of conflict among evangelicals over this interpretation. Evangelicals believe life begins at conception and abortion is therefore killing. This absolutist belief would suggest action centered on preventing the killing of "the unborn" only. However, contextualizing the theory by taking the gender of the individual into account prompts different predictions. The centrality of gender essentialism to evangelical Christianity heightens *gendered* religious identities and therefore evangelicals' subsequent choices of action would also be gendered. The conflict between CPC activists and more orthodox critics in the problem pregnancy industry can be understood as the clash between feminized and masculinist interpretations of the problem of abortion and the appropriate actions that should be taken. Thus, distinction is based on both gender and religion, and a sense of embattlement may be gleaned from within evangelicalism as well as from secular forces.

Women in Conservative Movements and Religions

The CPC movement presents a complicated picture that refutes common assumptions among many American scholars of conservative women as uniformly submissive and lacking

gender consciousness. CPC activists organize their work around gender, and the movement presents numerous opportunities for self-development and gender negotiation while remaining with the religious framework of activists' choosing. In these regards, the study concurs with a number of earlier works (Ammerman 1990; Aune 2008; Brasher 1998; Chong 2006; Davidman 1991; Day 2008; Griffith 197; Kaufman 1991; Stacey 1990; Stacey and Gerard 1990). However, I also find that CPC activists used essentialist gender ideology to acquire authority and power within their religion, unlike these same studies that conclude women's efforts were either unsuccessful or at best merely mitigate some of the worst effects of patriarchy without altering the gender order.

In terms of conservative social movements, I find gender segregation to be a resource for women's empowerment, as opposed to studies finding segregation prevents women from gaining any control over the larger movement (Barnett 1993; Blee 2002: 2008; Klatch 1987; Marshall 1995: 1996; Schreiber 1994: 2002; Steuter 1992). Turning to pro-life activism more specifically, I do not find that activists' sense of personal vulnerability as women prompts them to defend traditional roles, as Luker (1984) and Ginsburg (1989) argued (see also Himmelstein 1986: 13). Instead, I find the movement reflects several tenets of cultural feminism. Cultural feminism seeks to revalidate women's essential feminine natures and protect women against forces that would exploit or harm women based on their natural differences from men. The primary strategy advocated by cultural feminists revolves around creating spaces and institutions for women only that will allow them to express their feminine natures without interference from men (Taylor and Rupp 1993).

As Taylor and Rupp (1993) note, critics of cultural feminism argue it is apolitical and diverts efforts from more radical feminist efforts. However, a depoliticized, gendered vision is

ideal for CPC activism. CPC activists want to shield clients from the aspects of masculinist society that would prompt them to abort crisis pregnancies, but they do not seek to overthrow evangelicalism as the grounding basis of their lives and activism. Along a similar vein, CPC activists are a quintessential example of Gilligan's ethic of care (Gilligan 1982; see also Wedam 1997). Activists emphasize finding solutions to crisis pregnancy that, at least in activists' minds, allow clients to fulfill their responsibilities to themselves and their unborn children, prevent suffering, and preserve the pregnant woman's relationships with her child and whenever possible, her partner.

Finally, this project revealed that feminine gender is not always a liability for activists, as previous studies claim (Einwohner et al. 2000). Gender prompted not only the segregation of the CPC movement, but it also gave *only* women the legitimacy to work in these contexts. As the movement grew, activists' feminine gender was the critical element in establishing a positive image with donors and providing the opportunity to challenge orthodox evangelical doctrine.

The crisis pregnancy center movement therefore presents new questions for sociology regarding the circumstances under which segregation, depoliticization, and feminine gender bolster women's autonomy in conservative movements and patriarchal religions and how women use this autonomy to alter the gender order.

Implications for Abortion Rights Advocates

From a political standpoint, the CPC movement presents challenges to the pro-choice movement that should be taken seriously by abortion rights advocates if they wish to effectively counter the CPC movement's growing influence. The movement co-opted several successful pro-choice frames for their own use, thereby lessening the frames' impact for pro-choice groups (Marshall 1995). By claiming to "empower" women to make "real choices" and by arguing the

information given to clients constitutes "informed consent," the CPC movement negates the pro-choice movement as the authentic representative of women's rights. Given the ambiguous support for abortion rights in the United States, this co-optation could spell serious trouble for the resonance of pro-choice frames (Snow and Benford 1988).

Even more problematic is the CPC movement's exploitation of real weaknesses in pro-choice frames. Access to legal abortion in the United States is a privatized right, one that (hypothetically, at least) women may exercise without interference from the government. However, this is an extremely limited definition of the needs of women in crisis pregnancies, one that does not obligate society to provide funding for abortion nor resources for pregnancy and childrearing (Ferree 2003; Petchesky 1984; Solinger 1998). Thus the pro-choice frame does not address issues such as poverty that disproportionately affect women of color and other marginalized women and make choosing options besides abortion impossible (Luthra 1993; Nelson 2003; Roberts 1997; Smith 2005; Solinger 2002; 2005).

Ignoring marginalized women who would otherwise choose to have children provides mobilization opportunities for pro-life movements. Pro-life activists can classify this neglect in gendered terms of women's exploitation and oppression, using feminist frames *against* the feminist and pro-choice movements (Ferree 2003: 336). For women who do not want to have abortions but perceive no other viable options, CPC frames may prove very persuasive. For example, the concept of Post-Abortion Syndrome may "make sense of some women's regrets over a decision they felt was not a real choice in practice," leading them to conclude the CPC movement represents "real choice" (Ferree 2003: 336). Far from being an anomaly in an otherwise unproblematic definition of 'choice,' the CPC movement is the logical flip side of privatized legal access to abortion in the absence of supports for pregnancy and parenting.

The CPC movement builds upon the pro-choice movement's neglect of marginalized women by pointing to the disproportionate rates of abortion among urban and minority women as evidence of the "abortion industry's" racism. The movement posits urban CPCs as the anecdote to this racism and argues that these centers represent the multicultural nature of the CPC movement. Significantly, this in one of the first attempts by a conservative women's movement to challenge a liberal movement on the basis of race/ethnicity. This new-found courage indicates the CPC movement feels it is on stronger ground than previous conservative movements while the pro-choice movement occupies a less defensible position (Marshall 1995). However, the anti-structuralist nature of the CPC movement's claims about race and the manner in which they undermine the autonomy of minority women exploits the problems facing marginalized women to further the aims of what is an overwhelmingly white, middle-class movement.

Finally, seemingly extreme arguments by the CPC movement directly target previously unassailable pro-choice rationales for legal abortion, namely the "hard cases" involving rape, incest, or fetal abnormalities. The movement claims that survivors of rape and incest should not be allowed to abort. According to these arguments, aborting a pregnancy that is the result of rape or incest represents a second trauma for women and allows perpetrators to go undetected. In cases where fetal defects are an issue, the movement argues that doctors are often overly pessimistic with regards to such children's outcomes, citing anecdotal evidence from clients who rejected their physicians' recommendations to abort. Arguments against legal abortion in cases of rape, and fetal abnormality do not seem to be gaining traction with the public, as support for legal abortion in such cases remains strong (Adamson et al. 2000; Bumpass 1997). However, like the CPC frames that build on themes of women's oppression, "hard case" arguments attempt to

debunk previously unassailable pro-choice frames. The CPC movement's willingness to battle pro-choice forces on their own turf suggests it will continue to expose weak areas of the pro-choice movement's frames and attempt to reframe them for the CPC movement's benefit.

<u>Conclusion</u>

The participants in this study were reasonably diverse in that they represented the Southeastern, Southwestern, Western, and Midwestern regions of the United States, with most participants residing in the Southeast. Activists were primarily white, middle-class women. The vast majority identified as evangelical, and those who did not still espoused outreach efforts as an important part of their faith. All were active in the movement at the time I interviewed them except for one woman who had previously been active for over 20 years and left for family reasons, not because she was dissatisfied with her participation. Women who had left the movement because they did not find it a compelling approach to abortion were not part of this study. As a result of these constraints, I must be cautious in generalizing the conclusions of this study. Despite these limitations, the findings stemming from this project indicate fruitful new areas of inquiry.

This dissertation is only the first step in a larger research agenda concentrating upon conservative women's activism surrounding reproductive issues. Examination of gender-conscious pro-life efforts should be extended to those activists who do not cite religious motivations or outcomes as central to their work. This is the case with a smaller CPC affiliation network called Birthright. The evangelical CPC movement analyzed in this study is located at the intersection of gender and religion; understanding secular CPC activism would yield new insights regarding women's reproductive activism.

I also plan to explore the role of the new urban CPCs in the larger movement. By continuing to track the movement over time, I can discern whether these centers are able to successfully challenge perceptions of pro-life activism as a white, middle-class movement or whether the CPC movement will succeed where other pro-life movements have failed by constructing a legitimate multicultural image.

Furthermore, it will be sociologically and practically useful to explore how the pro-choice movement will respond to the CPC movement's growing influence. Already there are hints the pro-choice movement may be moving away from an individual rights framework and adopting a more inclusive approach that addresses marginalized women as well as the moral complexity of exercising one's right to choose (e.g. Brant 2006; Welch 2009; Wolf 1995). This dissertation and the new research directions suggested above will contribute new insights to reproductive politics and activism in the United States.

This research focused upon evangelical women activists in a conservative religious movement focused on abortion. The CPC movement represents an empirical setting to examine the complex motivations and actions of women in conservative social movements and patriarchal religions. The movement appears to be a vehicle for reinforcing traditional gender roles among activists and clients, but an in-depth look reveals the contradictions of CPC activism. Through their participation, activists connect with secular clients on the basis of shared, gendered experiences. This gender consciousness provides the motivation to challenge and reinterpret previously taken-for-granted religious prescriptions in ways that empower women. It is within the context of their activism that evangelical women illuminate the dynamic nature of conservative social movements, patriarchal religions, and women's positions therein, revealing the complicated gender negotiations that take place in seemingly disempowering contexts.

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