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Minds, Bodies, and Political Selves
Embodying Pro-Choice Activism

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Honors Thesis in Anthropology

Presented to the Faculties of Oberlin College

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Honors Advisor | Professor Crystal Biruk, PhD

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Abstract

The abortion debate in the United States is a contentious social issue. Within the past three years, legislators introduced abortion related restrictions in unprecedented quantities. Pro-choice activist organizations and individuals are responding to this influx of targeted legislation. My thesis is an ethnographic study of pro-choice activist habitus and the cultural capital shared among activists. I explore political activists' and clinic escorts' shared rhetorical tactics and personal preferences regarding key pro-choice issues. First I discuss and analyze how gender inequality and gender identity is present in activists' political abortion discourse and personal life choices. Second, I explore activist political and personal discussions of the body as it relates to abortion and health care. And third, I present and analyze how activist use of the word "fetus" is a significant pro-choice preference that tactically furthers their cause. My thesis expands upon existing ethnographic exploration of activist social movements and their tactics, habitus and preferences, as well as feminist anthropology.

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Introduction

A Cultivated Passion

It was an unusually quiet morning at the Women First Clinic. Few patients were entering and exiting the clinic and only four protesters were present. A first time escort introduced himself to the group and familiar escorts greeted each other. With no patients to attend to, the escorts started to chat amongst themselves as usual. One especially loud protester yelled incomprehensibly about abortion, murder, and the fiery pits of hell that await the escorts and abortion providers. Experienced escorts don't listen or react to the protesters as they repeat their handful of phrases continuously. However, the first time escort could not help but observe the protesters. He turned to me and said, "How passionate do [the protesters] have to be to come out here so early in the morning?" I was struck by this statement. First, the escort assumes that "passion" and emotion are what motivate the pro-lifers to protest the clinic. Second, the escort alludes to a difference between the pro-life protesters and the clinic escorts; somehow the escorts who wake up early to volunteer are different than the protesters who are present at the same time.

These assumptions are at the center of my anthropological research of pro-choice activists: What motivates individuals to become pro-choice activists? Is activism a display of unfiltered passion, or, is it cultivated and learned? In this thesis, I argue that activism is not driven by passion and dedication alone; rather the journey to become an activist is a nearly life-long process. People who become activists have prolonged exposure to key social institutions and accumulate shared preferences relating to political rhetoric and personal "everyday" behaviors. I argue that access to similar environments and the resulting shared preferences constitute an "activist habitus" and shed light on what it means to be an "activist."

Methods and Fieldwork

The first concrete memory I have of my involvement with abortion issues was in 2006 when I gave a presentation, while in the eighth grade, on the Roe vs. Wade decision. Illegal abortion and its accompanying horror stories had a significant impact on me. The following year, I enrolled at a private Jewish high school that had a reputation for being focused on social justice issues. Most of my educators and spiritual leaders were openly pro-choice and I knew of and interacted with people who had had abortions. When I enrolled as a student at A&S College, I was firmly pro-choice but spent the majority of my first year exploring social justice issues I was less familiar with.

During my sophomore year, I became a member of the A&S College Reproductive Rights Student Organization (RFSO), and started to attend weekly meetings. As a member of RFSO, I helped out with campaigns and attended events that included fundraisers and lectures. During my junior year, I served as a liaison for a national pro-choice group. In my time as an RFSO member, through organized events and impromptu conversations, I began to unpack my own dedication to maintaining the legality of abortion, and to consider how positions on abortion intersect gender, class, race, medicalization, technology, and so on. I wanted to become more deeply involved, and an opportunity presented itself when the head of the Springfield Pro-Choice Escorts came to speak on campus about clinic escorting.

Kendra explained that escorting at the Women First Clinic consists of walking patients to and from the front entrance of the clinic and their vehicles, or in some cases, off the clinic property and past the pro-life protesters who are present on Saturdays, and occasionally, on weekdays. Although escorts attended a training session in the past, now new escorts are sent a

training packet to read over, and the rest of the training is done through on-site explanation and observation.

Wearing yellow vests that say “Pro-Choice Escorts,” escorts walk towards a car entering the parking lot and direct the driver to an available parking spot. Once the vehicle door opens and the passengers start to exit, the escort identifies him or herself: “I’m a volunteer with the clinic, I am here to walk you inside.” Sometimes escorts need to say this multiple times, as many patients are disoriented and mistake escorts for protesters. The walk from a car to the door typically takes about fifteen to twenty seconds. In that time period, escorts are instructed to talk to the patients so that the patients do not hear the protesters. A typical script is:

I’m a volunteer with the clinic. The protesters cannot come on the property, so they can only yell crazy things at you from the sidewalk. We [the escorts] will be at the clinic as long as the protesters are so we will be here if you’d like someone to walk you back to your car.

When a patient leaves the clinic an escort asks, “Would you like me to walk you back to your car?” If the patient refuses, the escorts respect their wishes; if the patient accepts, an escort will walk the patient to their car and remind them to roll their windows up and not to accept the pro-life pamphlets the protesters may try to hand them. The escort’s role is to emotionally support and “shield” the patients in the face of protesters.

My growing involvement in reproductive rights activism was paralleled by my interest in anthropology. While I was involved in RFSO, I was simultaneously learning about anthropological methods and how they might be applied to more deeply understand large scale social issues. After being a member of RFSO for over two years and escorting only once, I decided to conduct anthropological research on the activists who comprise these two organizations in order to understand how activists “learn” to be activists.

Before starting my research, I had concerns about how activists would perceive my presence and how that would affect their behavior. In both contexts, I was concerned that my academic approach to a controversial issue would be off-putting and that activists would feel like specimens under a microscope, or intimidated by the idea of “being analyzed.” In RFSO, I was concerned about how other members would view me in terms of my status as a senior and whether they would relate to me as a peer or not.

While conducting research as part of the Springfield Pro-Choice Escorts, I was concerned about being perceived as a “foreigner” with relatively little time to create rapport with the other escorts. I was nervous that an outsider present would hinder the activists from speaking honestly about personal matters. With some group members that I interacted with, there was definitely a feeling of distance that I attribute to the short timeline I had to conduct my research. During a few of the interviews I noticed uneasiness about my position as an “analyst” as well as my position of power and my role as a “scholar.”¹ However, I am confident that I managed to achieve sufficient “insider” status to understand the activist groups. As an older member of RFSO I could speak to the group’s history and precedents, which helped make me more of an insider. As part of the Springfield Pro-Choice Escorts, I was treated as a young, curious, and ambitious student that members were eager to help. On a fundamental level, I was accepted by both groups because we shared the common goal of furthering reproductive rights.

Before starting this research, I completed the Institutional Review Board (IRB) full review, non-exempt application process. Working with the IRB committee, I developed an interview process and information storage system that ensured informant’s identities would

¹ During an interview, one RFSO activist commented that she always analyzes the power dynamics of social situations after studying Foucault and acknowledged that, as the interviewer, I had more control over the situation than she did.

remain confidential. I assigned interviewees pseudonyms and, throughout this thesis, I identify them only by pseudonym, interview date, and interview location. In order to ensure anonymity, A&S College, Springfield, and the Women First Clinic are also pseudonyms. In addition, I had all participants sign an informed consent sheet that explained my methods and recorded that they understood and consented to being mentioned in my thesis.

My fieldwork consisted of participant-observation based research as well as personal semi-structured interviews that I conducted over four months: October 2013 through January 2014. I collected initial demographic data by distributing demographic data sheets along with informed consent sheets. In total, I interacted with thirty-three activists and interviewed fourteen. I conducted my participant-observation at weekly, hour-long RFSO meetings that took place in the student union building on campus at A&S College. My research on the Springfield Pro-Choice Escorts took place on Saturday mornings from 8:00am-12:30pm outside the Women First Abortion Clinic in Springfield. As a participant-observer of two groups that I was already familiar with, my ethnographic processes of participation and observation were synthesized through self-reflection. I needed to remember as well as re-notice practices that had become second nature to me, but had surprised me and generated my interest just a couple years ago. Throughout my participant-observation I wrote notes in a journal or on my phone and within a few days I crafted a narrative of the experience. In observing my fellow pro-choice activists, I focused on themes introduced by previous scholars of activist culture, social movements, abortion, and the body. I wanted to explore these themes further by noting how pro-choice activists embody their pro-choice roles explicitly and implicitly, through rhetoric and behavior.

Conversations with activists took place in the official group settings of meetings and escorting, as well as around campus. I conducted interviews with activists either in the A&S

College library or in Springfield. I contacted interviewees in person or via e-mail to set up a mutually convenient time and location. Before the interview, I e-mailed participants a list of interview questions. I recorded the interviews using a sound recording application on my computer. Weeks and even months later, once all of the interviews were complete, I transcribed the interviews. Transcribing one interview, between thirty minutes and one hour in length, took about five to six hours. I would play a sentence or two, pause the interview, and then type it into a word document to create a transcript of the interviews. Throughout the transcription process I marked quotations that were especially descriptive of themes I wanted to explore. I uploaded my fieldnotes and transcripts into the Dedoose Mixed Methods Analysis application. In Dedoose, I followed the markings I made in the interviews to code sections of the interview and group interview excerpts together by topic. I reviewed the excerpts to find common words that activists use and grouped quotations together along major themes I found in literature on the topic of abortion that later turned into chapter themes.

In order to establish a historical context for pro-choice activism among A&S College students, I visited the A&S College archives and consulted library materials. Drawing on these sources, I pieced together the historical context of RFSO. I consulted archival sources related to the women's liberation movement at A&S College, as well as student health services in order to understand what organizations existed before RFSO that might have had a similar purpose. To gather historical information on the escorts, I spoke with the original founder of the organization and consulted library materials. The history of the escort group is not as deep as the history of RFSO, but I was able to compile a rough timeline of the group's development. I determined the historical context of the abortion debate in Springfield from the city encyclopedia.

My work follows in the wake of Ginsburg's (1989) *Contested Lives: The Abortion Debate in an American Community*. Ginsburg's book explores pro-choice and pro-life activist narratives in Fargo, North Dakota during 1982 and 1983, following the first abortion clinic opening in 1981. Ginsburg analyzed life narratives to determine how activists related their personal experiences to national abortion politics. Ginsburg's research took place when the Roe vs. Wade decision was barely a decade old, and focused on activists, as well as clinic employees and pro-life organization employees. My research builds on Ginsburg's work in both its methodology and purpose. I strive to answer a similar question to Ginsburg's, but over 20 years later: Why do people become pro-choice activists? What experiences motivate and "teach" people how to be involved in pro-choice activism? My research differs from Ginsburg's in that she focused on individual "calls to action," key moments that solidified people's interest in abortion, while I focus on pro-choice political tactics, the way activists learn these shared tactics, and how political purpose and personal preferences overlap.

History

The Abortion Debate

The advanced technology that modern abortion requires give the illusion that abortion is a modern phenomenon. However, healers, family members, and individuals throughout history have long performed abortions with herb concoctions. In ancient Hebrew, Greek, and Roman texts, authors describe instances of abortion and reflect on the ethical issues involved (Kourkouta, Lavdaniti, and Zyga, 2013: 116). Authors of such texts conveyed that legal officers, physicians, and other individuals had varying opinions on abortion. Most commonly, societies

prosecuted women who had abortions because social norms perceived abortion as a crime against a father and his right to children, not a crime against an unborn child.

In 12th to 16th century Europe, it was widely believed that early abortion was not analogous to murder. However, due to inability to accurately determine the status of a pregnancy at the time, it is likely that “late” abortions were performed and not considered unacceptable, even by Catholics (Luker, 1984:13). In the American colonies during the early nineteenth century, abortion was almost completely unregulated. Influence from English law technically criminalized abortion after quickening², however, because quickening was difficult to precisely determine, abortion remained largely unregulated. Between 1850 and 1900, demographic changes and physicians’ desire for authority in the United States changed how the general population viewed abortion. In the late 19th century, societal structure changed from mainly rural to urban, and with this change came accompanying shifts in familial structures. Families began to have fewer children and the birthrate, especially among whites, plummeted (15). Physicians instrumentalized abortion in their campaign for authority during this time.

Many physicians rallied behind two main ideas. First, they considered abortion - destruction of a fetus- to be a crime. Second, they argued that only doctors could properly assess the need for an abortion. The pregnant woman was deemed unable to comprehend and make a logical decision about terminating a pregnancy (Luke, 1984:21). By the early 20th century, forty-four out of fifty states enacted laws that made abortion legal only if a physician considered the life of the mother to be in danger (33). The laws placed the decision to have an abortion under the jurisdiction of doctors, and allowed them to use their discretion to determine if the mother’s “life” was in danger. It is likely that abortion laws in the early 20th century that allowed doctors

² I will define the concept of quickening and discuss it at length in Chapter Four

to make final abortion decisions led to abortion access for reasons other than the pregnancy endangering the mother's life (37). For example, if a doctor considered abortion to be acceptable, the doctor would likely perform abortions when women requested the procedure even if the physical life of the mother was not in danger.

In their effort to gain authority over the decision to terminate a pregnancy, physicians initiated a conversation about embryonic life and fetal life (Luker, 1984: 32). Physicians claimed that women could not understand that a fetus was a life, and thus, were making a grave mistake in terminating a pregnancy (21). Only physicians could properly determine when an abortion was necessary and the process could only be performed by a trained physician. Physicians created a paradox: destroying a fetus would mean destroying a life (which is reprehensible) but a doctor is capable of deciding whether or not this "act of destruction" is "acceptable" (38). Despite the contradiction, doctors were legally granted the ability to perform abortions.

Until the late 1950's, the topic of abortion remained outside the public eye (Luker, 1984: 127). In Springfield, a Planned Parenthood center supplied married women with birth control in the 1930's. In the 1950's, the reproductive rights movement focused on distributing birth control to all women in the face of opposition from religious and governmental groups (*Planned parenthood of*, 1998). Birthright, an organization with the goal of providing women with alternatives to abortion, established an office in Springfield in 1971, even though prior to 1973, statewide, abortion was only allowed in instances where the mother's life was at risk (Benson Gold, 2003). The Women First Abortion Clinic in Springfield was established in 1974, just over a year after the Roe vs. Wade decision. The Roe vs. Wade Supreme Court decision of 1973 ruled that state laws that made abortion illegal, except in the case of saving the mother's life, were unconstitutional. The decision is based on the Fourteenth Amendment's protection of privacy,

which the Court extended to include reproductive decisions (McBride, 2006). The anti-abortion movement in Springfield only gained momentum in the 1980's and 1990's (*Family Planning*, 1997). As I show below, the histories of RFSO and the Springfield Pro-Choice Escorts reflect the regional history of the abortion debate in Springfield. A&S College students mobilized around the issue of abortion just before 1970, while pro-choice volunteers in Springfield organized an escort group in the early 1990's as a response to anti-abortion, pro-life protesting at clinics.

RFSO History

A&S College has a reputation for being an institution committed to social justice, and challenging social norms. RFSO as it exists today is not the first or only reproductive rights organization at A&S College. Today, RFSO is an organization whose mission is to advocate for reproductive freedoms. RFSO's focus is mainly political and educational. To fulfill its mission statement, RFSO sponsors and leads events including educational seminars, fundraisers for an abortion clinic, abortion awareness campaigns, reproductive policy and healthcare awareness campaigns, and tabling for reproductive legislative issues. A separate group on campus is dedicated to educating about safe sex, providing safe-sex supplies, and helping students access reproductive health care. RFSO's existence largely grew out of the Women's Rights Movement on campus.

As early as 1833, A&S College became a visible advocate of women's rights, just by allowing female students to attend. Throughout the mid and late 19th century, A&S College continued to enroll female students as well as students of color including famous leaders of the women's movement. Female A&S College graduates of the late 19th and early 20th century went on to work as school superintendents, organizers for women's suffrage movements, organizers

for female industrial workers, as well as well as in the fields of music and medicine. Although A&S College was revolutionary in accepting female students, outside of the classroom, men and women were expected to behave “properly.” In student handbooks from the 1850’s, there are clear gendered instructions for acceptable behaviors.

A&S College continued to be a leader in advocating for women’s rights, abolition of slavery, and rights for people of color while also maintaining a strict separation of genders and upholding gender roles. In a college pamphlet from 1909 there are instructions for how men and women are allowed to physically interact on the street so as not to give the wrong impression of their relationship.³ Alumni from the 1950’s indicate that female students had a curfew and needed to be signed in and out of dormitories by male counterparts. During the 1960’s, the A&S College community led higher education institutions in social reform. A&S College administrators removed policies that implemented curfews for women and enforced opposite gender dormitory visitation regulations. In 1969, A&S College administrators created a policy that allowed for male and female students to live in the same dormitory. A year later in 1970, A&S College implemented a policy to allow students of the opposite sex to live together in the same room. In the same year, the college created a Dean of Students position to combine the roles of the Dean of College Women and Dean of Men.⁴ Faculty, staff, and students initiated changes in their own community to match changing social values, and the same change can be seen in student organization formation and health related policies.

In 1969, an A&S College committee titled “Committee for Information on Planned Parenthood” conducted a survey on women’s experiences accessing contraception both on

³ Pamphlet, 1909, Women’s Movement, OCA

⁴ Report, Dean of Students Records 1928-1996, OCA

campus and at Planned Parenthood. In addition to contraception, abortion was an issue for students and staff in the year 1970. In a memo between two male staff members, the “abortion question” is discussed. The memo references a conversation that the sender and recipient had earlier about the College’s policy on abortion. The memo writer notes that distributing information about abortion is legally problematic; however, he suggests that students need information. Attached to the memo is a three page essay written by Dr. Robert Rugh, professor of radiology at Columbia University. The memo writer frames it as a model policy that the College should consider. Dr. Rugh’s stance is that abortion should be legal, and that abortion is “less of a risk to the life and sanity of a pregnant woman than it is for her to endure an unwanted pregnancy.” The author suggests that abortion should be a personal choice because no one is entitled to impose their religious beliefs on other people. Rugh’s position is staunchly in favor of allowing pregnant individuals to choose for themselves what they consider to be a “life,” he writes: “Life is never created by conception” and “during [pregnancy] the embryo or fetus is a very efficient parasite.” Rugh, here, allowed for an individual to define pregnancy and the course of pregnancy.⁵ I did not find responses to this memo; however, the college decided to adopt a plan that would allow students to access abortion information. Sometime prior to 1972, the College created an “abortion referral” position that two students reference in an article in the College’s women’s newspaper.⁶

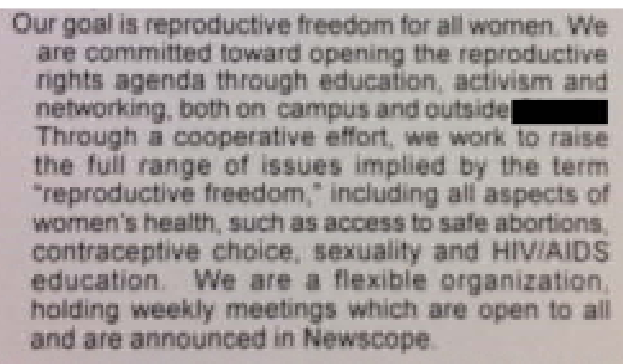
In 1972, A&S College introduced a course on human sexuality in order to address student demand. The human sexuality course was designed to cover issues of gender, marriage, and birth control. The course reading material included books on sexual orientation, sexually transmitted infections and abortion. One book included in the proposed reading list is *Abortion* (1966) by

⁵ Abortion Memo, 1970, Health Services, OCA

⁶ *Coming Out*, 1972, Volume 1, Issue 1, Women’s Liberation and Women’s Rights, OCA

Lawrence Lader, a famous pro-choice activist, which seems to indicate the College's openness to abortion as a reproductive choice.⁷ From 1972-1980, many new women's health resources were introduced on campus. In 1972, a school paper titled *Coming Out* provided a space for writing on women's issues. Topics ranged from working women, sexual orientation, and marriage. In one issue, two students recounted their experiences having an abortion in a different state.⁸ In a 1973 issue of *Coming Out*, a textbox provides information about how to reach Birthright, a group that counsels women on abortion alternatives. Instead of condemning the abortion alternative group, *Coming Out's* authors provide information. This type of "cooperation" would be unthinkable today. Whereas today pro-choice and pro-life activists identify themselves as opposing forces in the social field of the abortion debate, in the past, these two groups would cooperate to accomplish their shared mission of helping a woman do what is best for her life. As Ginsburg documents in early 1980's North Dakota, a clinic employee who suspected a woman was not fully committed to the decision to have an abortion referred her to a pro-life counterpart for an alternative solution (Ginsburg, 1989:219).

In 1974, after intense student and faculty initiatives, a Women's Studies Program was started at A&S College in order to focus on women's role in history as well as on contemporary women's issues. Around 1975, a Women's Resource Center was established in order to support women in social, political, or other pursuits. The earliest record of any pro-choice specific group is from 1979



Our goal is reproductive freedom for all women. We are committed toward opening the reproductive rights agenda through education, activism and networking, both on campus and outside [redacted]. Through a cooperative effort, we work to raise the full range of issues implied by the term "reproductive freedom," including all aspects of women's health, such as access to safe abortions, contraceptive choice, sexuality and HIV/AIDS education. We are a flexible organization, holding weekly meetings which are open to all and are announced in Newscope.

Figure A-1995 RFSO Student Organization Description

⁷ Human Sexuality Course Proposal, 1972, Health Services, OCA

⁸ *Coming Out*, 1972, Volume 1, Issue 1, Women's Liberation and Women's Rights, OCA

when the student organization named Pro-Choice is mentioned on the list of student organizations that co-sponsored a sexual health awareness week that included a seminar titled “The Physical and Psychological Aspects of Abortion.”⁹ Pro-Choice continued to be listed as a student organization through the 1988-1989 academic year. The abundant records of student organizations from the late 1980’s through 2013 are in the form of student organization budget lists and student organization lists. In 1994 and 1995, RFSO was listed on the student organization budget sheet. But it is possible that RFSO existed as early as 1992.¹⁰ Figure A shows RFSO’s description on the 1995 student organization list. RFSO disappeared from the student organization list in 1996, but the “Feminist Majority,” a group with a similar philosophy, was listed. RFSO was mentioned in the official College newspaper again in 2003. The most recent archival material marking the path of RFSO’s history is a poster for a pro-choice rally held in 2004; RFSO was trying to recruit people to attend.¹¹ RFSO in its current form emerges from a long history of advocating for women’s rights. As women’s rights became more widely discussed, different groups formed to address subcategories of women’s rights. Today, RFSO is the political advocacy group on campus dedicated to reproductive rights.

Springfield Pro-Choice Escort History

The Springfield Pro-Choice Escorts’ history is less well documented than that of RFSO. I spoke with one of the original founding members of the escort group, Michelle, in an attempt to collect an oral history in the absence of written sources. During the 1990’s and possibly the 1980’s, members of the pro-life movement began to perform “Summers of Mercy” also known as “Operation Save America,” which consisted of flocking to a specific city in the United States

⁹ Event Announcement, 1979, Health Services, OCA

¹⁰ Official College Newspaper, 1992, Women’s Liberation and Women’s Rights, OCA

¹¹ Poster, 2004, Student Organizations, OCA

and protesting at abortion clinics. These “Sieges of the City” were fairly successful in closing abortion clinic because the FACE Act (Freedom of Access to Clinic Entrances Act) was passed in 1994, meaning that protesters were allowed to obstruct clinic entrances. Abortion clinics in the early 1990’s were typically sections of larger medical facilities, and not free-standing as they are today. Protesters would use any means necessary-including gluing their bodies to clinic doors-and more often than not, succeeded to close clinics for the duration of the protest. In 1993, Operation Save American was set to come to Springfield. Michelle, as a member of a group focusing on women’s issues, planned tactics that pro-choice volunteers could use in order to minimize the effectiveness of the protesters. As the Siege approached, pro-choice volunteers prepared to walk women into abortion clinics in Springfield. Michelle described the Siege as a “gauntlet”; there were hundreds, if not thousands, of protesters filling the streets in front of at least two clinics. Escorting during the Siege, Michelle witnessed the cruel words that protesters and even police would yell at the women walking into the clinic and decided escorting should be a more permanent support system for the women seeking abortions in Springfield.

After the violence escalated in 1994 and two non-medical abortion clinic employees were murdered at a clinic in a different state, the Women First Clinic (not at its current location) requested escorts. Michelle helped to organize the regular escorting assignments and described the early days of escorting as extremely hostile. At one clinic, there were two groups of escorts. One group would escort patients, and another would observe the protesters and scan the environment for any potential threats. Today one group performs both duties. Michelle also mentioned that during some portion of the 1990’s, RFSO members would escort at one of four clinics in Springfield. However with the long school breaks at A&S College, the RFSO members were not reliable enough to have responsibility for one clinic and RFSO members began to

escort alongside other escorts. In the past, escorts were needed at multiple clinics, but today, the Springfield Pro-Choice escorts only escort at the Women First Clinic.¹²

Literature Review

This thesis argues that pro-choice activism is a learned and cultivated habitus. Bourdieu (1977:72) theorizes that individual dispositions that may seem inherent or innate are practices learned from shared environments, specifically class environments. For example, though food preferences may seem inherent or idiosyncratic, Bourdieu argues that individual preferences are largely influenced by a person's social and cultural environment and, thus, preferences are learned. Sociologist Nick Crossley (2003) criticizes Bourdieu for theorizing that habitus, or a "natural" system of behavior, is only questioned in times of unrest. Crossley argues that people involved in social movements, such as pro-choice activists, exhibit persisting habitus that distinguishes them from other members of the population at all times (Crossley, 2003:47). Individuals who become pro-choice activists share the elements of a life trajectory through which they acquire the kinds of cultural capital needed to engage in activism. Symbolic and cultural capital equips pro-choice activists with knowledge of and interest in a particular kind of politics and the ability to participate and navigate the public sphere (Crossley, 2003:51). Among the new social movements (NSM)¹³ and likely the pro-choice movement, activists tend to overrepresent the middle class, likely because a middle class environment often presumes access to institutions such as higher education and connections to political affairs. Exposure to these institutions helps develop the cultural capital that activists use, such as knowledge of politics and interest in volunteering for a political cause.

¹² Phone Interview, 12-11-2013

¹³ The groups that can be categorized as "new social movements" are activist groups that were founded in the mid-twentieth century and were mainly focused on issues of social justice. Some examples are feminists, environmentalists, and gay rights activists.

My thesis focuses on activist political discourse and embodiment, two mechanisms for understanding the pro-choice activist habitus. In order to analyze activists' political discourse, I focus on elaborating their "tactical repertoires" (Ennis, 1987). The notion of tactical repertoires originates in Tilly's (1979) analysis of social movements. Tilly's concept of tactical repertoires encompasses group organization and rituals as well as their political strategies of "collective action" (cited in Ennis, 1987:522). In this thesis, I use the term "tactics" to capture the specifically crafted political rhetoric of pro-choice collective action. I will show how activist perspectives and behaviors around gender inequality, medicalization and the body, and fetal terminology are learned tactics. These tactics make up the activist habitus, a learned formation that enfolds the historical roots and beliefs of the pro-choice movement, or the pro-choice "yesterday's man" (Bourdieu, 1977:79). Activists pragmatically adopt and learn new pro-choice tactics and reproduce "structuring structures" for future pro-choice activists (Bourdieu, 1977:72). In studying pro-choice activists, it is clear that activists learn new political rhetoric and "proper" pro-choice terminology via prolonged exposure to other pro-choice activists. Activists' political beliefs blend with personal life choices through embodiment, a process that reconciles the Cartesian mind-body divide (Scheper-Hughes and Lock, 1987:8). In the case of pro-choice activists, embodiment unifies political beliefs with politically infused actions such as dress, health concepts, and social relationships, as I will discuss later throughout the chapters.

People who become pro-choice activists reflect biographical embodiment as well as an embodiment of pro-choice issues. Biographical embodiment is the way in which activists incorporate their personal experiences into their activism (Goslinga-Roy, 2000:122). For example, many activists reflected on specific interactions with abortion as well as how female family members first introduced them to issues of abortion and feminism. Activists draw on their

past experiences to inform their activism and create coherent identities and self-narratives. Activists embody pro-choice beliefs in their visible activist role, as well as in their personal lives. A fundamental element of the activist habitus is that activist dispositions are not unique to a certain period of social turmoil or crisis. Rather, the activist habitus, as I use the term, is the way in which activists learn and integrate political beliefs into their personal lives as well (Crossley, 2003: 52). Activists express their political and personal beliefs through embodiment. Three types of embodiment discussed by Schepers-Hughes and Lock in their seminal essay “The Mindful Body” (1987) are: the individual body, how an individual experiences their own body; the social body, how the body is used as a symbol of social relationships and “natural concepts;” and the body politic, or how social expectations intersect state or other institutions’ efforts to regulate and govern the body (Schepers-Hughes and Lock, 1987:9). All three types of “bodies” are present in the activists’ understanding and embodiment of pro-choice beliefs. Activists embody their role through both affiliating with pro-choice principles, as well as in opposition to pro-life beliefs. In this thesis, I focus on rhetoric and embodiments of issues relating to gender inequality, medicalization, and fetal terminology.

Gender inequality in reproductive rights policy is an important issue for pro-choice activists. Pro-choice activists claim that denying women control over reproductive choices is a central part of gender inequality. Activists situate the unequal treatment of pregnant people in the context of “gender ideology,” and social or legal ideas of what is acceptable behavior for women (Bordo, 1993:78). Activists challenge gender constructs by separating the physical sex of individuals and the gender identity that society would assign the person who wants an abortion. Pro-choice activists comment on how being pregnant affects how women are allowed to act and

what decisions a female-bodied¹⁴ person is allowed to make. Alongside their political discourse, I also explore activists' personal performances of gender. Bodies become associated with gender based activities. Gender is an example of the workings of the body politic in which female-bodied individuals take on certain behaviors not expected of males such as monitoring body size and treating the body as a decorative surface (Bartky, 1997:132). Pro-choice activists challenge gendered expectations in their political rhetoric as well as in their personal performances of gender. Activist rhetoric on gender is tactical and learned aspect of the activist habitus that activists acquire through continued exposure to the pro-choice movement.

Activist tactics also indicate changes in the pro-choice movement over time. As I show in Chapter Two, pro-choice activist rhetoric indicates a movement from second-wave to third-wave feminism. Second-wave feminism emerged in the mid-20th century out of a particular "women's" experience. Second-wave feminists were motivated by issues that assumed one lived experience of womanhood. Most second-wave feminists were white women from middle class backgrounds who advocated for an end to economic and social discrimination based on gender (Thompson, 2002:338). However, many critics of second-wave feminism label the movement as exclusive of other non-normative female experiences, such as oppression based on sex, sexual orientation, race, and class (346). My informants embody an understanding of the importance of both movements and struggle to be inclusive of both perspectives. One example of this struggle that I elaborate on is the use of the term "woman" vs "female-bodied," terms that reinforce or separate gender from sex.

¹⁴ Throughout my thesis I will switch between using the term women and female-bodied people. The term 'woman' implies both the female anatomy as well as culturally constructed ideals about behavior that should accompany female anatomy. I use the term female-bodied to try to separate the anatomy from the cultural construct of gender and, in doing so, suggest that gender and sex should be separated. My use of these terms throughout the thesis will be deliberate to reflect the historical or cultural context that I am referring to. As will be seen, this terminology is shared by my informants and I will use the terminology to reflect their attitudes.

Another pro-choice principle around which activists share political rhetoric and personal dispositions is mind-body dualism in the context of health care. Dominant medical metaphors convey the meaning that a woman's reproductive body is a machine (Martin, 1987:52). Women's reproductive capacities are defined by "successes" or "failures," with pregnancies being "successes" and menstruation or menopause being "failures" (Martin, 1987:45). However, while pregnancy is discussed as a success via dominant medical metaphors, activists also discussed pregnancy as a disease (Rothman, 1982: 133). Activists often refer to biomedical intervention as a "solution" to pregnancy. Rhetorical metaphors are noteworthy because metaphors provide additional associations between concepts that place pro-choice activists in opposition to pro-life activists in the social field of abortion (Bourdieu, 1984:724). The abortion debate takes place in a social field; within it, there are actors whose roles are defined in opposition to one another. Actors define their position within the social field through the cultural capital that they deploy. Specific political rhetoric regarding women's biomedical reproductive bodies is a form of cultural capital that activists use in order to establish their position within a social field and further their pro-choice agenda. Activists adopt their pro-choice rhetoric with further exposure to pro-choice activists and develop more homogenous political tactics.

The final aspect of pro-choice activist discourse I analyze is activist rhetoric surrounding the fetus. Advances in biomedical technology in the latter half of the 20th century and the Roe vs. Wade decision brought the fetus into view (Michaels & Morgan, 1999:1). The "visibility" of the fetus makes it possible for pro-choice and pro-life activists to discuss the fetus as an actor in the abortion debate, meaning a character which exerts power but does not necessarily have agency (Addelson, 1999:32). Pro-choice activists use political and rhetorical tactics to portray the fetus's potential for life as secondary to the life of the pregnant person and to make the implicit effects

of technology explicit. Activists discuss the impact that technology has on how parents develop relationships with their unborn children (Mitchell & Georges, 1997:390). Pro-choice activists negotiate the discourse of viability in order to place the fetus in secondary position to the woman. They also emphasize the interdependent nature of the fetus and the woman, rather than the image of the fetus fighting for life inside of a woman carrying an unwanted pregnancy (Michaels, 1999: 114). Pro-choice activists' framing of the fetus is a marker of their position in the social field of the United States abortion debate. Activists adopt biomedical rhetoric surrounding the "fetus" to align their position within the social field with biomedical professionals who are respected as "objective" scientists, and to distance themselves from the "emotional" or "crazy" pro-life activists who use metaphors that equate fetuses with babies.

Structure of Thesis

This thesis consists of four ethnographic chapters. In the first chapter titled, "Activists in the Making: Personal Background as Foundation for Activist Trajectories," I discuss how similarities and patterns in activists' backgrounds influence the "choice" to become an activist. In the second chapter titled, "Women, People, or Whatever: Activist Gender Discourse as a Symbol of Transition," I analyze activist political rhetoric surrounding gender identity and gender inequality as it pertains to pro-choice politics. In the latter half of the chapter, I speculate about personal gender performance and how it may relate to the pro-choice philosophy of the current movement in Springfield. The third chapter titled, "Tactical Objectification: Mobilizing Medical Metaphors in the Name of Reason," I discuss how pro-choice activists' tactics and personal, "everyday" rhetoric differ in order to portray the pro-choice philosophy in the most palatable manner for less informed voters who may influence state and national abortion laws. In the final chapter titled, "Pregnancy as a Weapon, the Fetus as a Shield: Directing Political

Debate to Benefit a Pro-Choice Philosophy,” I present the tactics that pro-choice activists use in discussing the “fetus,” as opposed to the “baby” or “child,” and how those tactics are useful to the pro-choice movement. Combined, the chapters of this thesis critically analyze components of pro-choice activist habitus in an effort to deconstruct and better understand the “activist.”

Activists in the Making: Personal Backgrounds as Foundation for Activist Trajectories

Introduction

As I stood by the front door of the Women's First Clinic, I watched Kendra walk to the end of the exit driveway in an effort to move the protesters away from a vehicle exiting the clinic. A funeral procession was passing in front of the clinic so the driver had nowhere to move. The car was no longer on clinic property and one protester had a pamphlet pushed up to the passenger seat window. Just as Kendra approached the vehicle, the procession ended and the car promptly took off to escape the protesters. The protester, holding the pamphlet after the car departed, yelled to Kendra, "Do you know they kill babies here!" Although escorts are strictly instructed not to engage with the protesters, Kendra, overcome with emotion, yelled, "Do you know women die when abortion is illegal!" When Kendra returned to the group of escorts waiting by the front patio, she apologized for losing control of herself and breaking the rules. Kendra's outburst was quickly forgiven. The protesters yell hurtful phrases at the patients and escorts and most escorts have, on occasion, broken the non-engagement policy.

Not engaging with the protesters is difficult for escorts because, as activists, the political is personal and the personal is political¹ (Crossley, 2003:53). Activists develop their political preferences through their lived experiences and, thus, their actions are a form of "biographical embodiment" (Goslinga-Roy, 2000:122). In this chapter, I present some of the "structuring structures" of the pro-choice movement that influence activist habitus (Bourdieu, 1977: 79).

¹ As will become clear in my thesis, the topic of "politics" and "political involvement" are crucial to my analysis. I classify activism as a "political" activity and discuss activists' "political" vs. "personal" beliefs. For the purposes of this thesis, I define "politics" as matters relating to the role of government. Activists' "politics" explicitly relate to philosophies about the role of government (on society and the individual) and actions taken to influence the government. I contrast "politics" with "everyday" matters by illustrating how philosophy about the role of government is indirectly present in the lives of the activists, and, thus, showing how the two domains overlap.

First, I discuss pro-choice organization structure in order to introduce the two groups I studied. Then, I present similarities in childhood backgrounds and current identities to illustrate how acquiring activist cultural capital begins early in life.

Group Rituals and Practices

RFSO

At 9:00PM on Tuesdays in the student union building, RFSO members sit on the semi-circle couch in relative quiet while waiting for the two co-chairs, sitting in the middle of the couch, to start the meeting. Members trickle in for the first five minutes, finding places to sit on the floor, on the couch, or on chairs pulled away from a table and to the couch. RFSO members wait as the co-chairs introduce themselves and ask the group members, about 15 people, to each introduce themselves with names, pronouns, and a silly question such as, “if you were an animal what animal would you be?” Each meeting starts similarly, and the group members get to know each other as time goes on. The co-chairs may ask members to mention where they are from, where they are going for a school break, what their favorite food is, or what they will dress up as for Halloween. In the midst of these introductions, group members allude to their backgrounds in light-hearted ways. As winter approaches and the temperatures drop group members may make comments about how their childhoods in the Midwest have prepared them for the weather or, on the contrary, how they have never seen snow before because they are from California. RFSO members refer to their personal backgrounds freely, but it is not information that the group particularly pays attention to. Once introductions are over, the group begins to discuss issues on the agenda that the co-chairs have compiled, and the note taker begins to take minutes of the meeting that will later be sent out to the RFSO listserv.

The topics discussed at the meetings include planning and debriefing speakers or events, reproductive rights policy, and campus issues. At one meeting, one of the co-chairs named Caroline began to discuss the Affordable Care Act in her typical tongue-in cheek tone by suggesting that the stalling of the Affordable Care Act is because politicians do not care about women's health. Caroline's sarcastic tone is shared by other group members. Even though members take a serious and genuine tone when discussing and dividing group tasks or planning events, the sarcastic tone is dominant and important for group morale and meeting atmosphere. RFSO does encourage and plan hands-on volunteering activities, but the focus tends to be on speakers, issue awareness, and encouraging informed voting.² Members of RFSO joke about how their work compares to the work of groups with a more direct action goal. For example, the HIV Awareness group on campus provides HIV screening and counseling. RFSO members often comment that RFSO "does nothing" in comparison to a group that informs students of their HIV status. Sarcasm at RFSO meetings acts as an outlet for activists to express their ambivalence with their efforts to further a cause that is very important to them. Similar to RFSO members, escorts also often express their feelings through sarcasm.

Springfield Pro-Choice Escorts

The members of the Springfield Pro-Choice Escorts get acquainted at weekly escorting on Saturdays from 8:00AM to 12:30PM. Individual escorts sign up for a time that is convenient for them, so many times the group of escorts is random. Patients typically arrive to the clinic every few minutes and sometimes there are waves of three or four cars at one time. Escorts alternate who approaches a car, so they also spend a large portion of their time standing and chatting. Above the entrance of the Women First Clinic where the escorts gather is an overhang

² Fieldnotes, 10-22-2013, A&S College Student Union

that covers the doorway, a picnic table, a small smoking area, and a trash can. Escorts typically place their belongings, such as bags, phones, or snacks on the picnic table. While escorting, activists walk back and forth across the patio, stretch on the elevated platform in front of the door, smoke near the cigarette disposal, or sit at the table. On a typical day, the atmosphere is very relaxed.

The patio is the activists' domain. Occasionally, clinic employees, patients, and patient's supporters will come out to smoke or relax, but the escorts are out on the patio for hours regardless of the weather. The patio feels comfortable for the escorts even though the protesters can be seen and heard. The front of the patio is located about ten feet away from the sidewalk but is separated by a six to eight foot tall distorted glass wall. A brick wall that is about three feet tall extends along either side of the patio. Escorts standing on the patio can see the protesters standing at either the entrance or exits of the U-shaped clinic driveway about fifty feet away from the patio, or behind the bushes that run parallel to the sidewalk. The protesters are not, legally, allowed to enter onto clinic property so the patio is a relatively safe and private space where escorts talk freely. Escorts try not to mention personal information loud enough for the protesters to hear, as the protesters may advertise it on their anti-abortion websites. However, escorts speak loudly when making fun of protesters or discussing pro-choice philosophies.

If the group knows each other well, the chatter entails catching up on each other's lives, talking about recent pro-choice events, or reminiscing. If the group members do not know each other, escorts will ask each other how long they have been escorting, where they live, where they are originally from, and questions that will help them establish some common ground. As the morning progresses, topics of conversation differ by who is escorting. Topics of conversation can be about exciting things that happened in the person's week, pro-choice issues, food, and a

variety of other topics. Lighthearted conversations about recipes and restaurants are interrupted and juxtaposed with conversations about and reactions to the protesters. Depending on the escort or the group of escorts, the reactions to the protesters vary. Some escorts analyze what the protesters are saying, some laugh or mock the protesters, and some escorts ignore the protesters completely.

RFSO meetings and escorting sessions are “formal” ways that activists are involved with the pro-choice movement. During these meetings and sessions, individuals interact with fellow activists and learn from one another. Activists learn tactical political rhetoric as well as negotiate their own pro-choice philosophy by interacting with other activists. As I discuss in the next three chapters, activists learn how to “properly” discuss pro-choice issues and develop their pro-choice beliefs with continued exposure to the pro-choice movement.

The Pro-Life Protesters

Although I did not conduct ethnographic research among the protesters, it is important to understand who the activists see as their opposition. The pro-choice activists define their own activist identities by drawing hard boundaries between “self” (pro-choice activists) and “other” (pro-life protesters). The protesters outside the clinic stand or walk on the sidewalk, by the driveway, or on the perimeter of the parking lot. The Women First Clinic is private property so the protesters are not allowed to enter onto clinic property. Protesters are also not allowed to block the entrance and exit of the clinic as per the FACE Act of 1994 which made blockades, threats, harassment, and other acts of intimidation directed at abortion clinics illegal (“Freedom of access, ”). Protesters take the legal ramifications very seriously and do not enter onto the property. However, the protesters do walk slowly in front of the clinic entrance and exit,

temporarily blockading the driveways, and stand on the property line in order to be as close as they can to the patients and escorts so that their anti-abortion chants are heard.

Each protester has their unique repertoire of chants and statements. Typically, protesters yell individually but some occasionally sing hymns and prayers in unison. Protesters yell phrases that are directed at patients, patient's support (such as parents, male partner, or friends), escorts, employees, or anyone passing on the street. A protester nicknamed Preaching Pete³ by the escorts often yells: "Jesus!" and "Have mercy on your child so that God may have mercy on you" at the clinic patients. Preaching Pete or other protesters may yell, "Mommy [or] daddy please don't kill me, love me," "Save me mommy [or] daddy," as well as phrases from their own perspective such as: "let your baby live," "Love your child, a baby is a gift from God," "Don't let the white doctor kill your black baby," "Abortion causes cancer and takes a devastating toll on a woman's body," and "Those people inside that clinic don't tell you everything, they won't tell you that abortion is dangerous." Another protester, a woman nicknamed Threnody⁴ by the escorts, yells especially accusatory phrases at the escorts like, "You should be ashamed of yourselves; you are a disgrace to your own gender. Abortion hurts women." She also sometimes will yell and refer to the escorts as "deathscorts." When not yelling at the escorts, Threnody will yell to patients that their doctor lied to them to fool them into having an abortion.

Protesters tend to repeat the same few phrases. When everything goes as the protesters expect, the protesters' words are predictable and repetitive. But, when something out of the ordinary happens such as a client reacting negatively to the protester's chants, a client hesitating, or if there is a disagreement between a client and someone who came with them to the clinic, the

³ Escorts have nicknames for protesters who come regularly or have particularly unique protesting habits. Preaching Pete is one protester who is constantly yelling very loudly and "preaching."

⁴ Threnody is another nickname that escorts have for a female protester who is particularly loud and gruesome.

protesters become emotional and do not stick to their set phrases. In that state of heightened emotion, the protesters yell phrases that are not part of their standard repertoire. On one occasion when a client was lingering by her car, Preaching Pete exhausted all of his rehearsed phrases and started to improvise. Preaching Pete yelled to the patient they she would be going to hell and then yelled to the escort that he would go to double hell. When the patient was inside the building, the escorts laughed at the idea of double hell and mocked Preaching Pete by pondering the differences between hell and double hell.

Although the protesters are representatives of the pro-life movement, a relatively well organized international movement, the protesters are not a cohesive group. Most of the protesters come from churches or religious schools but they do not all come from the same institution or even the same sect of Christianity. The differences among the protesters are visible in their protesting methods. Some protesters yell hurtful phrases while others, nicknamed rosaries, sing and pray quietly. Their fragmentation can be seen in the times when they engage in debates, such as the time when Preaching Pete lectured the other protesters about the proper protesting techniques.⁵ The protesters' comments provide plenty of material for the escorts to mock and, depending on the group, much of the conversation centers around things that the protesters say and ways in which the activists see themselves as in opposition to the pro-life movement.

Demographics

Like preferences for certain foods, sports, or clothing, the “preference “ for participating in pro-choice activism over other activities is learned through exposure to activist activities.

Bourdieu's practice theory suggests that exposure to or socialization within certain social

⁵ Many of the authors I reference in this thesis that have written about pro-choice activism also discuss the pro-life movement, specifically Luker (1984) and Ginsburg (1989).

structures, such as protests, is the manner in which individuals learn to participate in and perpetuate their specific social sphere (Bourdieu, 1977:72). Bourdieu theorizes that during times of social turmoil, individuals may question and alter their habitus in order to mediate changing social norms. The issue of legal abortion in 2013-2014 meets Bourdieu's criteria for social turmoil. Between 2011-2013 states passed over two hundred new abortion restricting laws, placing abortion and those that wish to procure abortions into the political spotlight ("More state abortion," 2014). The renewed political focus on abortion is a moment of social turmoil. Political conflict forces people to question their preferences for certain social norms and ask themselves: Why is legislating abortion allowed? Why is abortion stigmatized? Why are women's reproductive health choices political decisions?

However, Crossley argues that the temporary habitus shift that Bourdieu discusses is actually a more permanent habitus for certain members of society (2003:49). The "radical habitus," or activist habitus as I call it, of pro-choice activists is something that an individual learns from the childhood community and is part of the activist's identity throughout a lifetime, not just when values are tested (Crossley, 2003:50). The pro-choice movement is not only present when threats to legal abortion peak. Pro-choice activists' dispositions are present and enduring even in times of relative social stability. Pro-choice activists develop their habitus over a lifetime. Here, I present demographic information to hypothesize how various aspects of the activists' backgrounds instill in them a "taste" for activism. Figure 1-A is a table that summarizes the demographic data I collected.

Element of Background (All answers based on self-identification)	Most Popular Response	Second Most Popular Response	Third Most Popular Response	Fourth Most Popular Response	Fifth Most Popular Response	Sixth Most Popular Response
Geographic Location	Midwest (11/33) Northeast (11/33)	Southwest (5/33)	Southeast (3/33)	Northwest (2/33)	Multiple Locations (1/33)	
Type of Residential Area	Suburban (16/33)	Medium to Large City (11/33)	Rural or Small Town (6/33)			
Religion in Childhood	No Religion (including Atheism and Agnosticism) (10/33)	Judaism (7/33)	Catholicism (4/33)	Episcopalian (3/33)	Christian (2/33) Presbyterian (2/33) Combination of Christian Faiths (2/33)	Combination: No Religion and Christianity (1/33) Combination: Christianity and Judaism (1/33) Universalist Unitarianism (1/33)
Highest Parental Education Level	Master's Degree (10/33)	Bachelor's Degree (6/33) MD (6/33)	JD (4/33)	PhD (3/33) High School Diploma (3/33)	Nursing Degree (1/33)	
Biomedical Practices	Stable Primary Physician, Regular Visits (28/33)	See a Doctor Every One or Two Years (5/33)				
Sex	Female (31/33)	Male (2/33)				
Race	White/Caucasian (29/33)	White/Latina (1/33) White/Native American (1/33)	Scottish (1/33)	No Response (1/33)		
Age (in years)	18 (10/33)	19 (8/33)	33 (4/33)	32 (2/33) 21 (2/33)	22,27,31,39, 48,64, and no answer (1/33)	

Figure 1-A Summary of Demographics

Geography, Religion, and Politics of Activist Childhoods

The region of the country where activists spent the majority of their childhoods might be an important element of their activist habitus. Regions of the United States have different political tendencies, and, thus, depending on the region where they grew up, activists likely were socialized within different types of political philosophies. Obviously, regions are not homogenous and political diversity exists throughout all regions of the United States, political categories capture the national reputation of states based on some truths. States located in the Southern or Western regions of the United States tend to be more politically conservative. Conservative values support limited government intervention in economic endeavors as well as a tendency to favor illegalizing abortion. States on the Northeast and West coasts are popularly considered least conservative. Less conservative values include a desire for government to be more involved in economic activities, extending marriage privileges to consenting adults regardless of sex, and providing abortion access. Religion also has a great influence on what people think is moral or immoral and many religions have official opinions on abortion, so religious background of activists is also important (Newport, 2013).

Pro-choice activists in Springfield, a medium sized city in the Midwest, mainly grew up in the Midwest (11/33) or Northeast (11/33) with the other half of the group coming from the Southwest (5/33), Southeast (3/33), Northwest (2/33), with one activist who moved around throughout her childhood. About half of the pro-choice activists classified their hometown as suburban (16/33), a third classified their hometown as a medium to large city (11/33), and a smaller group reported growing up in a rural area or a small town (6/33). Only one activist identified with moving around within and outside the United States. The childhood religions that the pro-choice activists reported were more scattered. About one third of the activists reported

being raised without religion (10/33), including atheism and agnosticism. Judaism and Catholicism were the second largest groups (7/33 and 4/33) followed by activists identifying as Christian (2/33), Episcopalian (3/33), Presbyterian (2/33), combination of Christian faiths (2/33), combination of no religion and Christianity (1/33), combination of Christianity and Judaism (1/33), and Universalist Unitarianism (1/33).

Geographical region and religion hint to the broad context that the activists were exposed to as children, but their community, town, school, and family, reveal the immediate social structures and political beliefs that activists interacted with. About half of the interviewees attended a combination of private and public schools (7/14) with the rest attending only public schools (6/14) and one who did not specify. Those who attended private schools, only two attended religious private schools but neither religious school was very “strict” on religion. The other private schools were mainly schools for the gifted or schools that provided academic assistance. Activists classified their schools, towns, and communities as politically liberal, however, many activists made comments indicating that they consider themselves to be more liberal than their communities.

Most activists considered their parents to be generally liberal and described their parents as supportive of their involvement in pro-choice issues. Among the activists who had politically liberal and supportive parents, all but two activists (8/14) mentioned having a female relative, either mother, grandmother, or aunt, that was directly supportive of pro-choice involvement or had taught them about pro-choice values. Four of fourteen (4/14) activists I talked to mentioned having conservative parents who were disapproving of pro-choice activist involvement and two discussed their parents as being neither overwhelmingly supportive nor unsupportive. The distribution of parental political beliefs is not equal between RFSO members and escorts. The

four activists with the “most conservative” parents are all escorts. Although escorts and RFSO members overlap and are pro-choice activists in the same area, the two groups hint at a diverse and heterogeneous pro-choice movement. Even though the activist backgrounds are similar in ways that influenced them to become pro-choice activists, it is important to remember that activist groups are not homogenous and there can be a spectrum of experiences that foster an activist habitus.

Socio-Economic Backgrounds of Activists

Socio-economic status is likely influential in cultivating an activist habitus. Activism is not widespread in any socio-economic group. However, there is a tendency for activists to emerge from a middle class background more than any other socio-economic background (Crossley, 2003: 52). Members of the middle class are more likely to engage in the political public sphere⁶ because they are more likely to be invested in political issues and have the necessary capital (and time) (Bourdieu, 1984: 443). Socio-economic status is a difficult characteristic to measure. An individual’s location on the socio-economic spectrum is not solely dependent on finances; it is also a function of what an individual chooses to do with their money and their intersecting social/cultural capital.

People represent their position in the social order through objects they associate with or distance themselves from (Bourdieu, 1977:89). In order to “estimate” the socio-economic status of activists, I consider parental education level, access to biomedicine, exposure to politics, and self-identification. All of the measurements I use reflect financial capabilities as well as value systems. Higher education is expensive and time consuming, while simultaneously not always

⁶ Like the term “politics” or “political,” I frequently discuss the term “political public sphere” as well. For the purposes of this thesis, I use the concept of the “political public sphere” to indicate the arena of discussing “politics” in a communal and social way rather than in a personal and private manner.

immediately translatable to a profession like vocational training can be. Those who pursue higher education are associating themselves with a costly “commodity” and this experience may also be a signifier of social status. Regular biomedical treatment is also costly and conveys a trust in Western biomedical practices, also a likely indicator of socio-economic status. Exposure to politics is an indicator of socio-economic status as it reflects acquiring the knowledge and cultural capital necessary to engage in the public political sphere. Finally, self-identification is an important element of socio-economic status because socio-economic standing is a social position that people perceive relative to others around them. Activists who self-identified with a socio-economic class sometimes cited a social association that made their status known to them and heightened their awareness of relative social positions.

The most common highest level of parental education that the activists reported was a Master’s Degree (10/33) followed by equal numbers of Bachelor’s Degrees (6/33) and Doctors of Medicine (6/33). The other reported degrees were PhD (3/33), JD (4/33), high school diploma (3/33), and nursing degree (1/33). Activists reported having a stable primary caretaker. The majority of activists visited their primary physician for a yearly physical and visited the doctor if they fell ill or when necessary (28/33). The remaining five activists reported seeing a doctor for a physical between once a year and once every two years.

The majority of the activists I interviewed (9/14) mentioned their parents having opinions on politics, and being introduced to the field of politics through conversations with their parents. Although the RFSO members and escorts shared many common background elements, it is important to note some differences. Although the vast majority of pro-choice escorts came from a “middle class” background, the few activists who self-identified as being raised in a working class environment were escorts, not RFSO members. The distinction in socio-economic and

political backgrounds of the Springfield Pro-Choice Escorts and RFSO members reinforces the idea that activists do not only emerge from the middle class, but rather are a heterogeneous group in which the middle class is overrepresented.

Member background is important to understanding the possible foundations of activist habitus. Bourdieu views the influence of the class social structure as a dominant influencer of habitus, and, likewise, exposures linked to class are large factors in developing the activist habitus. The ability to be an activist requires certain cultural capital most typically acquired through exposure to activism, politics, and the public arena, commonly attainable through a “middle class” upbringing (Crossley, 2003:51). Many of the pro-choice activists I interacted with grew up with parents who were involved in pro-choice activism or other forms of volunteering, introduced them to politics of abortion, and valued knowledge of the public sphere such as how to effectively disseminate a political message to a large group. Growing up in a middle class environment did not guarantee that these individuals would become activists, but a middle class position facilitates developing the cultural capital to both participate in social institutions and analyze shortcomings, allowing these activists to develop a set of skills and orientations to the world necessary for activism.

Although I identify and analyze key elements of individual backgrounds that hint to a “middle class” socio-economic status, my categories also complicate socio-economic status labels. Some of my informants identify as emerging from a “working class,” yet had stable and unproblematic access to biomedicine, a typically “middle class” characteristic. My analysis challenges how socio-economic class can be perceived. It is important to recognize that class status is dictated by a mosaic of traits. In my classification system, I evaluated a variety of aspects of activists’ backgrounds to indicate that class identity can be achieved in a variety of

ways. In my data, the most notable characteristic is the dedication to higher education; thirty of thirty three activist parents had post-secondary education. The parental dedication to higher education hints at an emphasis on critical and analytical thought, an important skill needed to engage in politics and activism. My analysis challenges both Bourdieu's and Crossley's understandings of activism and class.

Current Identities

Sex, Age, and Race

In Chapter Four, I will discuss sex and gender in detail, however, as a general overview of the group, thirty of thirty-three activists identified with the female sex and the female gender, two identified as male-bodied and male identifying, and one identified with the female-sex and as genderqueer. At the time that I met these activists, about half of the activists I interacted with were eighteen (10/33) and nineteen (8/33) years old. The other half of the members were between the ages of twenty-one and sixty-four with the majority of this group in their thirties. The activists younger than twenty-two were affiliated with RFSO, either presently or in the past, and from A&S College. Activists over twenty-two were from the escort group. The difference in age between these two groups is significant. The majority of the activists I spoke to referred to the period of late high school, undergraduate study, or early graduate school as a pivotal period during which they developed their own beliefs on the issue of abortion and initially became involved with pro-choice activism. So, activists that range in age are activists in different stages of their similar activist trajectory.

In order to understand the similar life trajectories of these activists despite age differences, I share a few initial involvement stories to illustrate the importance of the period at the end of high school, college, or graduate school when these activists initially became

interested and involved with the issue of pro-choice activism. In my sample, the paths to awareness and subsequent involvement in the pro-choice movement center on intellectualizing the politics of the issue, mainly underlying issues of gender equality, and the personal relevance abortion.

Jamie's path to activism incorporates multiple features common to the paths of other activists:

I definitely got actively involved in activism when I got to school and joined RFSO. That was freshmen year.... I don't know when I learned about [abortion], my mom taught me about it and, definitely, from a pro-choice perspective. [My mom taught me that] 'sometimes people get pregnant and aren't ready to have a baby so there is this medical procedure that you could get and then you can have a baby later if you choose to.' And I was like, 'shit, that makes sense.' You know, anything your mom explains to you is going to sound logical but my family has always been extremely pro-choice.

In high school...is the first time I remember [abortion] being brought up. I was in the young democrats, and the town I was in was pretty liberal but, not gonna lie, it's a pretty conservative state so some people in my town are real conservative. They are outliers, but they have a lot of feelings. They feel outnumbered, I guess, and want to be heard. I have a really distinct memory of sitting out during my junior year of high school at lunch and being like, 'ok we've got to go to our Democrats meeting' and this one girl [said], 'oh you guys are going to your baby killers meeting?' This is a girl [who is] friends with the people I'm sitting with, a year younger than me...[the] memory is just so, so vivid in my mind. I imagine that that was some kind of triggering thing. I was like, 'oh people do really believe this and compromise what I view as my right to bodily autonomy.' But then I got more involved with RFSO... and access fundraising and stuff like that. [The] summer after my sophomore year I interned at NARAL. Pretty much all I did was canvassing. We were trying to get, basically, this statewide campaign against [Crisis Pregnancy Centers] because they outnumber real clinics. But I did that in my hometown, we tried to get a bill passed that would require CPCs to disclose that 'we don't actually have medical professionals on staff and we're not going to give you a referral to get an abortion.'⁷

Jamie's activist trajectory has multiple components. First, Jamie was introduced to pro-choice philosophies by a female relative (her mother). Jamie's mother endorsed a pro-choice perspective on abortion as a medical solution for women who are unexpectedly pregnant. After

⁷ Interview, 11-13-2013, A&S College Library

learning about abortion at home and in high school, Jamie decided became involved with a political group. When confronted by a classmate on the topic of abortion, Jamie was shocked that someone would hold that belief but she was also able to intellectualize that instance and incorporate it into her growing activist rhetoric of abortion as a “medical procedure” and “bodily autonomy.” After enrolling at A&S College, Jamie became more politically involved and took her activist involvement to NARAL to canvass against anti-abortion organizations that often falsely advertise pregnancy counseling but do not advertise abortion as an option. Jamie took an opportunity to enter the public political sphere regarding abortion and canvass for the cause. Jamie’s activist trajectory is similar to that of other activists whose involvement I will mention briefly.

Brenna, for example, volunteered at a variety of pro-choice organizations throughout her senior year of high school. Caroline wrote a research paper on the politics of abortion during her freshmen year in college. Rachel and Courtney began to take deeper interest in the abortion debate during their time at A&S College. Rachel, when enrolled at A&S College, realized that women’s rights were very important to her, and reflected on the feminist values she internalized at her summer camp. Courtney, while on her study abroad program, was exposed to the “deplorable” state of women’s rights in other parts of the world. While grateful for the relative privilege women in the United States experience, she began to consider the issues Western women face and decided to dedicate herself to gender equality and reproductive rights.

Although escorts are considerably older, they share similar pathways to activism. Kendra’s initial interest in pro-choice politics began when she was an undergraduate student. In college, Kendra learned about gender inequality, became involved in feminist organizations, and developed close friendships in social circles that exposed her to pro-choice values and ideas.

Max developed his liberal politics and pro-choice stance during his undergraduate studies while dedicating his time to protesting the Bush administration. Similarly, Mark developed his pro-choice philosophy during the time he spent discussing religion and politics with friends from school. Activists share a tendency to contemplate the political and social implication of abortion in young adulthood. These experiences facilitated their development of pro-choice cultural capital.

In addition to engaging philosophically and politically, some activists shared personal stories that motivated them to become involved with abortion. Rose, as an upperclasswoman in high school, supported a friend of hers through the abortion process. Rose said:

One of the things that I particularly remember is that when we got to the clinic there were a couple of protesters there, maybe two, maybe three. But, we were three scared teenagers and we had no idea what to expect, no idea what they would do or could do. We were terrified.⁸

After experiencing the type of intimidation and fear that the protesters provoke, Rose vowed to volunteer as an escort in order to protect others from experiencing the same anxieties. Although Rose alone mentioned personal experience, many activists felt personal connections to abortion. Caroline and Kendra both mentioned female relatives that had had two abortions in the past. However, the most common way in which the activists felt personally connected to the issue is through their empathy and ability to subjectively understand the abortion process. Mark is an escort because he can imagine how intimidating the protesters can be. Margaret, Jamie, and Rachel all referenced being invested in the issue of abortion partially because as young, sexually active women, they can foresee a situation in which they would want or need to consider the possibility of an abortion and would want that choice accessible to them.

⁸ Interview, 12-07-2013, Springfield

In analyzing activists' initial involvement stories; I can compare these two activist groups despite the age discrepancy. The pattern that I found is that most activists are exposed to politics from family at a young age. Around the age of twenty, activists start to ponder pro-choice issues in a philosophical way and with respect to personal experiences. Younger activists are in the early stages of the activist trajectory as compared to older, more experienced activists. As I reveal in the following chapters, position along the activist habitus spectrum can be seen in activist political tactics surrounding key issues such as gender inequality, medicalization, and fetal terminology.

Racial Make-up of Activists

The vast majority of the activists that I interacted with identified as white/Caucasian (29/33). Two of the activists identified as being biracial (white/Latina and white/Native American). One activist identified as Scottish and another chose not to respond. The racial homogeneity of the group is significant. At A&S College, twenty percent of the student body is comprised of students of color. The lack of students of color at the college, as well as in RFSO, is likely a product of institutionalized racism. Institutionalized racism in the United States, rather than being explicit, takes on a more subtle form of dictating people's livelihoods and the types of goods, services, and experiences individuals of different racial identities are likely to encounter.

Disparities in education levels are one example of institutionalized racism. Under the facade of neutrality, academic testing has multiple biases that unfairly advantage European Americans (Jencks & Phillips, 1998). With lower test scores, students of color are less likely to be accepted into elite higher education institutions and be able to secure loans or funding to pursue more education. Since higher education is a critical arena for developing the cultural

capital needed to engage in the public arena of politics-interest in politics as well as knowledge of political systems- institutionalized racism is one likely explanation for why people of color are underrepresented amongst pro-choice activists.

In addition to being excluded from structures which facilitate acquiring necessary cultural capital, the pro-choice movement, historically, has excluded people of color. The pro-choice movement was largely pioneered by second-wave feminists starting in the early 1960's. In an attempt to expand the rights of women in the realm of reproductive rights, workforce participation, and sexual equalities, second-wave feminists created a narrative of the female experience that did not resonate with women of all races, sexualities, or socio-economic classes. By only representing a white and wealthy female experience, the second-wave feminists who had a large impact on the creation of the pro-choice movement, excluded women of color, among other groups, from the reproductive rights social movement.

One example in which people of color were excluded from second-wave feminist initiatives for reproductive choice was the focus on gender related oppression above racial oppression. Women of color looking to participate in the reproductive choice movement could not voice the reproductive oppression they faced as a result of being female-bodied people of color (Mann and Huffman, 2005:59). The exclusive history of the pro-choice movement seems to carry over into the demographics of modern day pro-choice activists. As I will illustrate in the following chapters, the rhetoric and philosophy of the current pro-choice movement is informed by the group's "yesterday's man," which in this case is second-wave feminism (Bourdieu, 1977:79). The current pro-choice activists learn much of their repertoire from past activists, and

thus, many of the second-wave feminist philosophies and exclusions persist, and are reproduced.⁹

RFSO members and escorts viewed the absence of racial diversity and people of color in the pro-choice movement as a significant issue, but race was not discussed as consistently, standardly, or assertively as other components of pro-choice philosophes I present in the following chapters. However, I would like to foreground the conversations in which activists discussed lack of racial diversity in the pro-choice movement.

The lack of people of color at A&S College, in RFSO, and among the escorts is a point of frustration for activists that explicitly addressed it. Brenna was disheartened that the pro-choice movement that she is familiar with is largely comprised of white, straight women. At a national conference for pro-choice organizations, Brenna was introduced to a variety of targeted pro-choice groups, such as religious pro-choice groups and pro-choice groups directed at involving women of color. Brenna also mentioned that she and her co-chair Caroline tried to address the lack of women of color in RFSO. Brenna expressed frustration in not being able to address the issue in a way that she feels will be accepted by the rest of the student body, especially people of color interested in an inclusive pro-choice movement. The co-chairs decided to dedicate themselves to bringing in more diverse speakers, but as Margaret and Jamie explained, that has not been a fitting solution for RFSO in the past.

Margaret and Jamie, who both identified as white, are still loosely affiliated with RFSO in that they receive emails and may occasionally attend events either sponsored or co-sponsored by RFSO. However, both consider themselves former RFSO members. A major factor in their

⁹ My discussion of relative racial homogeneity emerges out of a small sample of activists. It is possible that with a different sample of activists in a different location, the results would be different.

decision to leave the group was their exasperation with the group's and the pro-choice movement's racial homogeneity. During times in which Jamie and Margaret served in a leadership position of RFSO, about two years ago, the group was very aware of the pro-choice movement's overwhelmingly white membership and attempted to present alternative pro-choice and reproductive rights narratives by inviting speakers who were women of color in order to present a more intersectional view of reproductive justice. However, Jamie and Margaret both, in retrospect, agree that token efforts at building bonds with communities of color do not have the desired effect. These few moments of inclusion seemed to have pushed people of color on campus farther away. In their opinion, those groups felt as if a largely white group was trying to co-opt the experience of women of color.

Recognizing the absence of people of color in much of the pro-choice movement is especially important when considering the demographics of the individuals who procure abortions. Just over one third of women who procure abortions identify as white, just under one third of women identify as black, one fourth identify as Hispanic, with the remaining percentage of women identifying with other races ("Fact sheet: Induced," 2014). Seeing that abortions are sought by women of a variety of races, taking the activists from Springfield as a sample, the activists are much less diverse.

Pro-choice activists discuss racial diversity within the movement partially because the pro-life movement does as well. One infamous example of the pro-life movement's instrumentalization of race in their agenda is a billboard from 2011 displayed in New York. The billboard reads "THE MOST DANGEROUS PLACE FOR AN AFRICAN AMERICAN IS IN THE WOMB." The group's message intended to convey that although there are not equal numbers of white women and black women in the United States, white and black women make

up almost the same percentage of total abortions performed. I heard this type of racialized rhetoric from the pro-life protesters outside of the Women First Clinic. On multiple occasions, protesters would yell, “Are you going to let that white doctor kill your black baby?!” The statement is jarring and draws attention to perceived racial differences. From my experience, the staff at the Women First Clinic is racially diverse while escorts are mainly white. The atmosphere after a protester yells a racist phrase at a patient is mixed. Escorts are sorry that the patients were subjected to such cruelty. Some worry that someone might believe what the protesters say.

Although race is likely a central factor in influencing who will be exposed and acquire the cultural capital of the activist habitus, the absence of racial diversity and explicit reflections on race among the activists hint at the way in which, at least in this context, the pro-choice movement still has a long way to go in taking up a more intersectional approach. My analysis of gendered discourse in Chapter Two further illustrates how the pro-choice movement is in transition from second-wave to third-wave feminism.

Common Shared Beliefs

In addition to similarity in backgrounds, activists shared other characteristics and beliefs. Activists were volunteers and had other primary occupations. Similarly, pro-choice issues are not the only social justice issues that concern activists. When discussing abortion, many of the activists were strongly attached to “choice,” defining themselves in opposition to the anti-abortion movement, and indicating their place along the spectrum of the pro-choice movement.

Activist as a Non-Primary Role

There are many people involved in the pro-choice movement whose livelihoods depend on their commitment to “choice”: doctors, nurses, administrative staff, political organizers, clinic property renters, and many others. Like activists, however, many people involved in the pro-choice movement are volunteers and unpaid. It would seem that these volunteers are sacrificing time and energy for little or no benefit, but it is important to recognize that because of early exposure to politics and the public sphere, activists fulfil “moral needs” (Crossley, 2003:53) that incentivize them to donate their time to public goods. All RFSO members are full time students at A&S College, and some members also hold student jobs. The group of escorts is slightly more diverse. The types of jobs the escorts hold range from teacher, PhD candidate, medical student instructor, to paralegal. Because “activist” is a secondary commitment, sometimes these activists are not able to commit to the cause as much as they would ideally like to.

For example, at an RFSO meeting the co-chairs announced that there would be reproductive rights rallies in neighboring cities. At first, the group was excited about the opportunity to get involved off campus, but the group would need enough cars and drivers to go the rally, and with only a few car-owning members, there would not be enough time to work out the logistics. Further, the rally was set to take place on a weekday during school hours. Many of the group members were not sure that they would be able to take the time away. The other rally coincided with a school break during which most students would be leaving campus and unavailable. The group’s disappointment with their limitations could be clearly felt; these activists recognized that they had primary responsibilities and limitations that hindered their ability to be involved in the movement.

Similar cases surfaced among the escorts. Escorting takes place on Saturdays, but during pro-life campaigns protesters are present at the clinic on select weekdays. When the clinic emailed the escorts to inquire whether some people could be available on weekdays, the majority of people were unavailable. Likewise, it is not unusual for escorts to go months without escorting for personal reasons that would not necessarily cause them to excuse themselves for primary occupations. But even though much of pro-choice activism depends on individual responsibility, it functions consistently. RFSO meetings take place weekly when school is in session even during the busiest times of the semester, and escorting is very rarely canceled because of unavailability. The non-primary nature of pro-choice activism gives the activists the advantage of embodying their beliefs in a variety of settings as “social agents of change” (Ginsburg, 1989:13). What I mean by this is that activists occupy and traverse many social settings outside of the abortion debate and its designated spaces such as clinics and protests. As activists for whom the political is personal, they embody their political beliefs, which also infuse other aspects of their lives such as personal relationships, career paths, and family.

Social Service Careers

The social services careers of the RFSO members and the Springfield escorts did not begin with their current involvement in the pro-choice movement. Similar to other studies conducted on activists, these volunteers are not dedicated to a single issue (Crossley, 2003:50). Some pro-choice activists, like Jamie, Courtney, and Max, mentioned being previously involved in political interest groups. Caroline and Kendra both discussed previous involvement in different types of feminist groups. Francine was involved in recycling initiatives in her high school, Claire engaged in social action through organized multifamily service trips, Rose was involved with LGBT organizations, and Patricia volunteered for rape crisis centers and hotlines.

Their current involvement in the pro-choice movement is not limited to exclusively “political” or hands on tactics (Ennis, 1987:529). Historically, members of RFSO volunteer as escorts, as well, and the tradition has continued with a few RFSO members that I spoke to-Courtney Rachel, and Claire- getting involved with escorting. A number of others mentioned that they have always wanted to escort but have not had the chance to yet.

Escorts, like RFSO members, are involved in more than just the hands on clinic escorting. Many of the escorts consider their role as clinic escorts to involve neutral counter protesting as well as education. Rose and Kendra both mentioned that they feel that being present at the clinic to assist the patients is a form of protest; even when a patient declines an escort, the patient is still aware that someone was there to support them and the protesters are able to see that there are equally dedicated individuals on the pro-choice side. Additionally, Rose, Kendra, and Max articulated that their role as escorts also includes a duty to educate. Standing outside the clinic, the escorts converse with many of the people who come along to support the patient and find themselves politely “correcting” some of the misinformation that they hear. For example, if the supporter of a patient says that they don’t feel sad but know that abortion is sad and they should feel sad, then an escort might tell them that they are free to feel however they want.

Pro-Choice Principles

The fundamental principle of the pro-choice movement, as the name indicates, is that individuals should have the ability to decide whether or not to carry a pregnancy to term. As seen in the media coverage of fetal protection, the rhetoric of choice is often buried under talk of protecting the life of the unborn. For example, a Pro-Personhood website explains that personhood, granting a fetus the same rights as citizens, is an attempt to protect human beings

and “unborn children” (“Frequently ask questions ”). The pro-life movement attempts to focus on the potential child above all else.

Although the basic principle of choice is sometimes left out of the public eye, the idea of choice is still very much a part of the pro-choice activists’ identities. These pro-choice activists, fundamentally, believe that being pro-choice means supporting the legal protection of self-determination. In almost every interview I conducted, activists expressed the belief that women need to be guaranteed the legal right to decide the outcome of a pregnancy. Kendra summarized this well: “It is literally about choice, if you want [a kid] have it. If you don’t, don’t. Why are you going to force someone to have a kid that they don’t want to?” The activists’ dedication to the legal right to decide one’s own life path is a key factor in their dedication to the pro-choice movement even though, in recent years, the focus has shifted slightly to encompass themes I will discuss later in this thesis.

Another shared practice among pro-choice escorts is defining their role in opposition to the protesters and the pro-life movement as a whole. On many occasions, when I interviewed escorts or talked to them while escorting, many of them commented that they wished that they did not need to be escorting. These activists point to the fact that without protesters, there would be no need for escorts. Not all the activists felt that way, as some of them said they would escort even without protesters present in order to be a friendly face during the abortion process, but the dominant feeling was that things would be different without the protesters. The pro-choice activists see themselves as different than the protesters. Unlike the pro-life side, the pro-choice activists advocate for respecting private decisions about terminating a pregnancy. The unofficial escorting mantra seems to be: “How do these protestors think they can judge people when they don’t even know their situation?”

In addition to defining themselves in opposition to the pro-life movement and the protesters, the activists often reflected on their position within the pro-choice movement. Many of the activists noted that the pro-choice movement is an umbrella term that encompasses a variety of different pro-choice philosophies. One Saturday, a familiar conversation took place among the escorts. I mentioned to Kendra that I had read a blog entry written by a very conservative family and one of the first things I read was that they consider themselves to be 100% pro-life except in cases of rape, incest, or when the life of the mother is in danger. Kendra sarcastically responded by being saying that, actually, holding that opinion means that they are pro-choice, not pro-life. Kendra went on to say that there are multiple different ways to be pro-choice and that being pro-choice with reservations is a form of being “mainstream” pro-choice.¹⁰

Just a month or two earlier, Joanie shared with a group of escorts a conversation about abortion she had with a guy she was seeing. Joanie said the guy considers himself to be pro-choice but has reservations about it. The escorts agreed that identifying as pro-choice but having reservations, such as not wanting women to use abortion as birth control or saying that abortion should be rare and a last resort, is a “typical” pro-choice stance for people who are not closely involved with abortion (unlike activists or clinic employees).

Instances of activists, mainly escorts, distancing themselves from the mainstream pro-choice movement happened during interviews as well. Patricia recounted a conversation she had with her partner: “I was saying the anti’s [protestors] are zealots, we only see the fringe and the crazy ones and he said, ‘You know the escorts are just as crazy, you’re just on the other side.’” At first, Patricia was surprised, but then she concluded that the escorts are probably just as passionate as the protestors, just on the other side of the issue. Patricia emphasizes how the

¹⁰ Fieldnotes, 1-11-2014, Women First Clinic

escorts and protestors fundamentally occupy different spaces within the social field of the abortion debate. As I discuss in Chapter Three, labeling “anti’s” as “emotional” or “crazy” and themselves as “rational” is one important way that pro-choice activists stake out and maintain a position in the social field of the abortion debate as it exists in the United States today.

Conclusion

The typical pro-choice activist that I interacted with was young, between the ages of eighteen and thirty-three, female-bodied and female identifying, raised in a suburb of a Midwestern city by non-religious parents, one of whom, at least, had a Master’s degree. Although activists’ backgrounds vary, the commonalities indicate that shared experiences and exposure to similar social institutions may influence whether or not an individual becomes an activist. Most activists were raised with exposure to “middle class” structures such as politics, higher education, and biomedicine which equipped them with cultural capital and knowledge (of how to navigate through and participate in politics) that facilitate becoming involved in activism. In the coming chapters, I discuss some key issues of activists’ pro-choice philosophies. Regarding the subjects of gender, medicalization, and fetal terminology, some activists reference aspects of their childhood experiences and background as the foundation of their knowledge on the specific issue. Thus, interpreting commonalities in activists’ backgrounds is crucial to understanding the foundation of the evolving activist habitus.

Women, People, or Whatever: Activist Gender Discourse as a Symbol of Transition

Introduction

The escorts stand on the patio, eating, smoking cigarettes, drinking coffee, and still trying to wake up. From behind the glass wall, the bushes, and the small brick divider, it isn't always clear which protester is yelling, unless one has started to recognize their voice or memorized their favorite personal phrases. The protesters' yelling waxes and wanes throughout the morning but is usually at its peak whenever a patient and their support¹ are walking from a car or the clinic door. As a car pulls in, start to follow it around the angular, U-shaped parking lot, hoping the driver will be able to maneuver the car into the less desirable parking spots adjacent to columns that are the only open spots left at the moment. By the time the car is parked, the protesters have congregated by the driveway entrance closest to the vehicle so that they can be heard.

As soon as the car door opens, I announce to the man and woman inside that I am a volunteer and here to walk them to the door and talk to them so that they have a distraction from the "crazy" people yelling at them from the sidewalk. The walk is short, no more than about fifteen seconds, and as the couple is almost inside the building one protester yells, "They'll damage your woman in there." The patient and her support seem no more affected by that remark than by anything else the protesters have said, but the escorts erupt into laughter and mockery. The escorts make sarcastic comments in "agreement" with the protesters such as, "Yeah control your woman because she's your property." The escorts laugh loudly at the protesters and their own commentary, unconcerned that the protesters will hear them. Following

¹ Throughout my thesis I use the term "support" or "supporter" to describe the people who accompany a patient to the clinic. This term is a part of escort discourse.

moments like these, the escorts often engage each other in conversations about the unequal treatment that women face from protesters, as expressed by a protester referring to a woman as the property of her male partner.²

In this chapter, I argue that the discourse about gender and gender performances that these activists embody draws on cultural capital shared by some, but not all, pro-choice activists. Activists use tactical rhetoric to promote the pro-choice agenda and occupy the pro-choice position in the social field of the United States' abortion debate. In order to examine rhetoric surround "gender"³ as a pro-choice activist tactic, I differentiate between political rhetoric on gender and abortion, such as what pronouns are used for patients, and personal embodiment and performance of gender, such as what personal pronouns activists prefer. By examining those two components of the gender tactics and performance, I illustrate some of the discursive preferences of the group as well as how those preferences are incorporated into the lives of the activists. In this chapter, I reveal how the activists talk about the gender of the individuals that seek abortions, the issues they have with the position of gender in pro-choice rhetoric, and how they deploy gendered discourse when discussing the larger political implications of the legality of abortion as a form of cultural capital. Subsequently, I will examine the ways in which their habits of dress, speech, body posture, and interpersonal relationships showcase their political beliefs in an everyday setting. I understand them to be navigating a difficult position of mediating between static and dynamic gender concepts that feminism has long grappled with. Many of the pro-choice activists I spoke to have foundational understandings of gender rooted in second-wave

² Fieldnotes, 11-23-2013, Women First Clinic

³ For the purposes of this thesis, I define gender as the social construct in the United States that attributes behavioral characteristics to male and female bodies. Rather than gender being stable, it is fluid and activists discuss gender differently based on context, in this case the abortion debate (Ginsburg & Tsing, 1990:2).

feminism and cisfemale issues,⁴ but are simultaneously part of a generation of pro-choice activists who are trying to expand and develop a more dynamic and fluid gendered discourse.

Before I discuss the pro-choice activists' political discourse and embodiment of gender relative to the abortion debate, I want to explain the ways in which these pro-choice activists conceive of gender, sexuality, and feminism, and how these conceptions inform their political beliefs about abortion. The position of RFSO as a student organization at A&S College is significant because the college has a unique atmosphere around discussing, performing, and understanding gender roles. For example, one of RFSO's national sponsor groups organized a campaign to initiate more male involvement in the pro-choice cause. The RFSO co-chairs decided not to participate, thinking that using binary gender roles to recruit people would not be well received by the A&S College community that accepts a fluid understanding of gender. RFSO's choice not to participate in the campaign is exemplary of how A&S College students share unique cultural capital when discussing gender identity. We will see, however, that this capital was shared by some activists but not all.

A&S College was the first school to admit female students and students of color. Many current students continue to defy social norms surrounding appropriate gender roles. In almost all dormitories, each floor gathers at the beginning of the year to vote on whether the bathroom will be labeled single gender or mixed gender; the latter implies that everyone, regardless of sex or gender identity, is welcome. A&S College is placed on national lists of most LGBT-friendly schools and, thus, many LGBT students enroll ("Top 25 lgbt-friendly," 2012). In addition to LGBT students, many queer identifying students choose to attend A&S College, and there is, at least in public discourse, a very positive and accepting atmosphere for individuals who do not

⁴ The terms cisfemale and cismale refer to gender concepts that align with sex categories. For example, male-bodied individuals acting as "men" and female-bodied individuals acting as "women." For example, a cisfemale expectation is that women have a tendency to be "more emotional" than cismen.

label themselves straight, gay, or bisexual and instead identify as having a fluid sexual orientation and/or gender identity. I do not imply that the reputation of A&S College holds true for all students; rather, we can interpret reputation as a caricature or stereotype of the student body that circulates nationally. Although not all students prefer fluid gender identities to static ones, we may infer that A&S College students have relatively more “experience” with gender fluid rhetoric.

The majority of RFSO members and escorts understand and conceive of gender as a social construct, meaning that gender is a set of social expectations imposed on persons based on anatomy. Gender is a set of learned behaviors and beliefs that perpetuates the belief that physical differences between the sexes influence behavior. For example, one might argue that American gender roles dictate that individuals with vaginas, breasts, ovaries, uteruses, and periods must shave their unsightly armpit and leg hair, while individuals with penises, testicles, and beards do not need to shave their armpits or legs. Many pro-choice activists, especially RFSO members, believe that gender-specific behaviors disguised as “natural” preferences reinforce the idea that there are inherent differences between people who identify as female or male. This “inherent” difference between men and women is often used to further the claim that women are inseparable from their biology and are bound by their reproductive capabilities, while men are distanced from their biological needs and functions and are more “sophisticated” cultural beings (Conboy, Medine, & Stanbury: 1997: 2). Emphasizing the emic perspective of my informants, I will use the term “female-bodied” and “male-bodied.” These terms do not convey the same gendered expectations as “men” and “women.”

Sexuality and sexual preferences are another example of social behaviors that pro-choice activists understand to be falsely associated with biological sex. According to dominant,

heteronormative ideas about sexuality, women's sexuality is a commodity, something that can be lost or taken (Mackinnon, 1997: 43). Women are not the agents of their own sexuality. Many of the activists I interacted with identify as feminists and explicitly deconstruct gendered expectations that influence the behaviors of people based on their genitals. The activists' philosophy about feminism, in general, is that gender based social expectations are historically used to control women and hinder female independence. The activists view feminism as a marker of their own position that women are not bound to expectations placed on them by gender. Feminism to these activists, generally, implies that women and men have the choice to act however they prefer without being judged; genitals do not predict social dispositions.

Activists' concepts of feminism stem from cisfemale and cismale gender inequality issues that were central tenants of the second wave feminist movement, such as equality in the workplace (Thompson, 2002:337). In many conversations, some of which I will analyze later in the chapter, activists view feminism as a way to combat unequal pressures put on women such as pressures to have families instead of careers, but activists also apply their feminist philosophies to issues not directly related to cisfemale oppression. I want to emphasize the influence of second-wave feminism on the pro-choice activists I researched. As mentioned in the previous chapter, six of the fourteen activists I interviewed explicitly mention a female relative that influenced their feminist beliefs and two others mentioned female mentors who educated them about feminist issues. Many of these activists have strong ties to feminists of their parents' and grandparents' generation. As habitus partially incorporates the memory of the previous generation. The-"yesterday's man"-and projects it forward with the imaginative capabilities of the current generation these activists learned much of their feminist philosophy from a generation of second-wave feminists (Bourdieu, 1977: 79). Undoubtedly, some middle-aged

feminists have incorporated third-wave feminist ideas into their identities and philosophies, but I will illustrate how the activists I studied strive to transition into embodied identities that link the feminism they were taught with the more fluid feminism they seek to promote.

The meanings of gender, sexuality and feminism are particularly relevant to their discussion because this group of individuals is aware of their status as “social agents of change” (Ginsburg, 1989:134). As discussed previously, the majority of the activists that I interacted with have been raised with knowledge of the public, political sphere as is evidenced by their female relatives informing their understandings of feminism. Additionally, all of the activists participate or participated in higher education, and are, to varying degrees, familiar with how gender inequality manifests in the actions of individuals, such as in their critique of protesters’ comments. The elevated awareness of these activists regarding gender inequality, both politically and personally, made this group of activists a fitting example of how activism, something typically considered passionately and emotionally fueled, is constructed out of shared experiences with social structures and manifests itself within and outside of activist activities.

As I became more involved with the activists, I observed that issues of gender equality are compelling motivators for some pro-choice activists. Historically, much of the twentieth century interest in the issue of abortion and women’s ability to exercise reproductive freedom emerged from women’s desires to choose their role in life and not accept the societally ascribed ideal of a mother (Luker, 1984:188). Given this historical context, I sought to understand how pro-choice activists in the Springfield area navigate and embody gender within and outside of their activism.

In this chapter, I argue that pro-choice activists use deliberate linguistic tactics, such as gendered pronouns, in order to maintain their position in opposition to the pro-life movement in

the social field of the abortion debate (Bourdieu, 1984:724). Activists' tactical deployment of gender pronouns hints also at their personal life choices and performances of gender (Crossley, 2003:53). Examining the activists' embodiment of gender, I show how they convey political messages outside of their activist roles. First, I examine the cultural capital imbedded in the activists' political discourse.

Political Discourse

As is the case with many political movements, for people who identify as pro-choice or pro-life, rhetoric is particularly important (Luker, 1984:2). Pro-choice is the normative term for people who support legal abortion. Activists tend not to use the term "pro-life" and instead will use "anti-choice," "anti-abortion," or "anti's" (as the escorts refer to the protesters). Activists on both sides of the abortion debate purposefully label themselves as "pro" something instead of "anti" something because they strive to portray their beliefs as positive. Rhetoric is important because it maintains the reputation of the group and pro-choice activists that use deliberate discourse skew the conversation in their favor by emphasizing the positive aspects of their beliefs and removing focus from negative aspects of their argument. Similar rhetoric and behavior demonstrates a shared repertoire and habitus that the activists internalize and reproduce as part of the pro-choice movement.

I want to reiterate that awareness of gender as a social construct is fundamental to this group of activists based on their backgrounds and previous interactions with feminism. I discuss how activists refer to people seeking abortions, how they view gender specific language (such as pronouns) within the pro-choice movement, and how they discuss abortion as a larger political issue. The differences in discursive habits vary fairly consistently with the time that the individuals have been interacting with fellow members of the pro-choice movement and level of

exposure to the pro-choice movement. Over time, they reproduce “structuring structures” of the pro-choice movement (Bourdieu, 1977: 72). In the following sections I discuss the shared discursive habits of three groups: the new activists, the seasoned activists, and the former activists. In some cases, these labels were self-imposed by the activists that I spoke to, but I developed these categories to further my analysis. “New activists” are activists who have been involved in a structured pro-choice organization for less than two years, “seasoned activists” have been involved with a structured pro-choice organization for two years or more, and “former activists” are individuals who no longer consider themselves to be a member of a pro-choice organization.

Women or People

Although activists did sometimes discuss abortion as potentially personal, a large portion of my conversations with them revolved around the hypothetical person seeking an abortion. Most activists referred to the person seeking the abortion as cisfemale and switched between calling people procuring abortions “women” or “people.” Along the spectrum of new activists, seasoned activists, and former activists, there was a difference in the way people spoke about gender identities and gender inequality in relation to abortion. The activists with more experience spoke about gender as fluid while newer activists tended to use gender binary identities. Newer activists were more likely to discuss abortion as a “women’s issue” which should concern non-women but, in practice, mainly affects women. More experienced activists also invoked the gender binary and focused on women as primarily affected by the legal status of abortion. However, more experienced activists also articulated the ways in which abortion is not confined to the gender binary and affects individual autonomy, a topic that is not gender specific.

New Activist Discourse

The new activists I spoke to were mainly from RFSO. Although the meetings were filled with new activists, the interviews were voluntary and I was only able to interview a few new activists. I attribute their underrepresentation in the interview sample to the fact that they were nervous and intimidated to be questioned about a topic they didn't know very much about, a feeling I picked up on from the few new activists that I did interview. Additionally, I was least likely to have ever interacted with the new activists before starting my research so they were probably less likely to volunteer their time with a "stranger". Claire, Rachel, and Courtney were three new activists who showed similarities in the ways that they incorporated gender into abortion discourse.

Claire, an eighteen year old freshmen at A&S College, intermixed referring to abortion seekers as women with gender neutral terminology. Claire used female gendered terminology to refer to a potential abortion seeker. For example, when I asked Claire if she considers abortion to be a women's issue she said:

Right now it is, ultimately, a women's issue because it's a choice. It's a decision. Whether or not abortion is safe and legal is a decision that directly affects women the most. So that's why I think women are so for it. But it's really awesome when men are involved too. Or non-gender binary people.⁵

Claire intuitively viewed abortion as a procedure that women need or pursue. Men and "non-gender binary people" can be involved in a secondary capacity. Occasionally, Claire would intermix some gender neutral terms when referring to a person in need of or contemplating abortion. Once, Claire referred to a potential abortion seeker as the "carrier of pregnancy." Claire's gender neutral language came at a moment of heightened awareness. In some instances

⁵ Interview, 10-17-2013, A&S College Library

of using gender neutral language, Claire spoke slowly and hesitantly making it obvious that those moments required more attention and intentionality.

Even when Claire did use the gender neutral term ‘carrier,’ her focus was not gender neutral as her intention with the word carrier was more focused on the intention of the pregnant person, not on the gender of the pregnant person. Claire explained her use of the word carrier. “If the woman is pregnant and doesn’t want to keep the child (short pause), is she a mother?” Claire also used gender neutral language when I asked her why abortion should be legal:

...because it is a choice or should be a choice. And I don’t think it’s for everybody. I don’t know, personally, if I could have an abortion, but I would want the option. And I would want other people to have the option too so I do think it’s about the decision of the woman, of the carrier, or whatever.⁶

In moments when Claire switched between gender neutral language and gendered language, it seemed that rather than being deliberately inclusive of other gender identities by using the word “person,” Claire was trying to make the specific issue of abortion more universal. Instead of abortion being an issue for or about women, Claire reframed abortion, transforming it into an issue about self-determination. The term “carrier” is free of associations with maternal instincts and images of breast feeding that the term women carries with it. Instead, the term carrier implies responsibility and burden, and, thus, Claire relocates the focus of her argument to a person’s ability to navigate and determine the direction of their own life. Claire uses non-gendered terminology to portray the issue of abortion as a human right rather than a women’s right. However, personally, Claire understands abortion to be a matter of women’s rights and gender equality.

Claire contextualized abortion within larger issues of gender inequality that women face. Claire, like many other activists both new and seasoned, compared the right of a woman to have

⁶ Interview, 10-17-2013, A&S College Library

an abortion to the right of women to vote. I asked Claire why she thought abortion was a politicized:

I just don't get why it's an issue. And I think it's one of those things...at one point women didn't have the right to vote and now we're like 'that's silly and it's ridiculous that that is the case. I think abortion is one of those things that 100 years from now people are going to look back and say 'that was really silly,' women couldn't find safe and legal abortions anywhere.⁷

Claire definitively analogizes abortion with women's suffrage as an example of gender inequalities between cismen and ciswomen. Claire's rhetoric illustrates that her dedication to the pro-choice movement emerges from her historical knowledge of the unequal treatment of women and a desire to show others that women should be treated equally to men.

Rachel, a nineteen year old freshman at A&S College, also used female specific pronouns when discussing abortion seekers and situated the issue of abortion in the context of women's equality. I asked Rachel if she considered abortion to be a women's issue: "I've always had a really hard time understanding how these men in these political offices could make decisions for women everywhere." Rachel's response highlights the gender tensions she sees in the abortion debate; men telling women what they are allowed to do. Rachel's rhetoric makes it clear that she views efforts to limit abortion as an expression of larger gender inequality and an asymmetrical power relationship between men and women.

Rachel did occasionally use gender neutral terminology for abortion seekers. Reflecting on an interaction she had walking a patient into the clinic while escorting she said, "My heart broke seeing these people who this wasn't an easy decision for." Similar to Claire, Rachel referred to fundamental aspects of the human experience that not only women encounter. Women seeking abortions are making difficult decisions that can be compared to other life decisions that are more universal such as undergoing a risky medical procedure with unknown

⁷ Interview, 10-17-2013, A&S College Library

outcomes. Rachel contextualizes abortion as both a women's right and a more universally understood human right.

Courtney, a twenty one year old senior at A&S College but a new member of RFSO, sees matters of gender present in the issue of abortion but said that gender inequality was not something that is especially important for her and her understanding of the abortion debate. Courtney's rhetoric followed the same pattern as her fellow new activists and used mostly female specific terminology when discussing people needing abortions and contextualized the issue of abortion as an aspect of gender inequality and women's rights.

Courtney cited experience living abroad and seeing how detrimental having children out of wedlock could be for women. Part of what motivated her to get involved in the pro-choice movement was, "realizing how good [she has] it here as a woman in the United States," but realizing that there is still much more room for improving options for women domestically and internationally. When describing the scene outside the abortion clinic when she escorted she recalled seeing, "white men yelling racist things at women walking inside," noting both the issues of race and gender inequality embedded in abortion, and the power dynamics between the protesters and the clinic patients. Even though Courtney didn't explicitly state opinions on how gender influences her pro-choice philosophy, implicitly and through her rhetoric, Courtney expressed similar views as the other new activists. Courtney described people seeking abortions as women and also constructed the abortion debate as one manifestation of inequality that women face, whether it be social stigma for having sex outside of marriage that men do not face or navigating convoluted legal issues necessary to procure an abortion.

New activists in the pro-choice movement use gender specific pronouns and terminology that position the reality of abortion in the context of women's rights and gender neutral

terminology to portray the theory behind abortion as a universal human right. These new activists have been exposed to organized pro-choice activism for less than two years, and so, absorb some of the cultural capital and tactics of the pro-choice movement surrounding gender. Next, I show the seasoned activist rhetoric on gender and reveal that unlike new activists, seasoned activists portray abortion as practically and theoretically more universal.

Seasoned Activist Discourse

The majority of the activists that I interacted with were experienced pro-choice activists who have been involved in a pro-choice organization for at least two years. Most seasoned activists were from the group of escorts, but I also spoke to longer term members of RFSO. I found that experienced activists used gendered pronouns or words like “women” more deliberately and recognized the significance of their gendered terminology when they did use it. Like new activists, seasoned activists emphasized that gender inequality is a major factor in the abortion debate, thereby contextualizing the abortion debate within the larger context of issues of women’s equality. The distinguishing feature among seasoned activists is the way in which their rhetoric reflects the intersection of static and dynamic definitions of gender and abortion.

The concept of gender fluidity and gender as a social construct is often discussed in A&S College social science courses, and so many A&S College students have an understanding of gender fluidity even if they do not apply those definitions in their personal lives. With the exception of two activists over the age of sixty, experienced escorts also had an understanding of fluid gender concepts and discussed the intersection of abortion and gender identity. The patterns in seasoned activist rhetoric that I illustrate reveal that tactical rhetoric is a form of cultural capital. Activists acquire cultural capital through prolonged exposure to the pro-choice activist movement. Through interview excerpts, I reveal that seasoned activists maintain that the reality

of abortion affects ciswomen and women's rights. However, seasoned activists also pointedly use gender neutral terminology to acknowledge that the abortion debate intersects with issues of fluid gender identity and, theoretically, human rights.

Brenna is a sophomore at A&S College and RFSO co-chair. Although Brenna is a younger activist, she has been involved with the reproductive rights movement since high school as a member and leader of multiple reproductive rights organizations. When I asked her to describe her experiences and interests with the pro-choice movement, she explained that she had been involved with, "a more broad spectrum [of causes] like rights for pregnant women and rights for older women." Brenna use of the term "women" situates her understanding of reproductive rights within the context of "women's rights." When I asked Brenna if she felt the pro-choice movement is exclusive or diverse, she said:

... that's the thing, not only women get abortions and that's hard for people who don't go to a liberal arts college to wrap their head around. But I do think, I do think it's not just about women and it's not just about women and trans-men, it's about everybody.⁸

Brenna immediately confronts the issue of gender fluidity and pro-choice activism. But, just as quickly as Brenna confronts the issue, she reveals an obstacle to more gender inclusive terminology.

A rigid gender binary might be termed the dominant norm in the United States. Debates around trans identity and violence against gender non-conforming people are just a few examples of the effects of the norm. Thus, knowledge of gender fluidity and the ability to speak about it is a form of cultural capital. One group that has access to knowledge about gender fluidity is liberal arts college students and, specifically, A&S College students. A&S College acquired its national reputation for being LGBT-friendly from the student body as well as the continued legacy of the school that challenges social norms about race and gender. A&S College students are exposed to

⁸ Interview, 11-06-2013, A&S College Library

gender fluidity concepts in classes and as they interact with their peers. Thus, A&S College students easily acquire that cultural capital, mediated by their positions (race, class, etc). As Bourdieu theorized, the cultural capital that an individual possess is strongly influenced by class (cited in Crossley, 2003:51). An A&S College education, like other elite liberal arts college educations, is costly and only typically accessed by students from middle and upper class families. There are other ways to acquire cultural capital around gender fluidity, but one way is through an elite liberal arts college education at an institution that explicitly values challenging social norms and constructs like A&S College. Higher education as a means of acquiring cultural capital adds to the overrepresentation of the middle class in activist movements (Crossley, 2003:52).

Brenna has to “choose” which language to deploy when talking about abortion and which groups to alienate. To be inclusive of fluid gender identity, Brenna risks alienating people who do not share cultural capital and who may not understand how someone who prefers to be called “he” might need an abortion. Conversely, if Brenna frames abortion as an issue that only affects people who identify as women, she risks excluding members of the trans community that need or support abortion but are conflicted over their place in a pro-choice movement focused on women’s rights.

Brenna mainly used the word “women” to describe the people who need abortions even though she and I are both RFSO members and students at A&S College and I would not have been surprised by her using terms like “people” instead of “women.” Brenna’s use of the word “women” over gender neutral terms like “people” hints that Brenna situates abortion within the larger context of “women’s issues.” Brenna’s rhetoric reflects her “biographical embodiment” (Goslinga-Roy, 2000:122). Brenna described her initial interest in the pro-choice movement as a

result of learning about “women’s issues” from her mother, other community members, and organizations. Even though Brenna understands that abortion is an issue that transcends the gender binary, her rhetoric indicates that her dedication to and interest in abortion remains grounded in cisfemale issues of equality and rights.

Like new activists, Brenna’s personal convictions label abortion as a women’s right. But Brenna also strives to make abortion a more universal issue by extending abortion beyond cisfemales and cismales. Brenna is an example of how pro-choice activists integrate gender fluid terminology and sympathies into abortion rhetoric. Brenna’s rhetoric reflects a tension between second-wave and third-wave feminist ideas of gender. Second-wave feminists rallied for the kind of gender equality that they could imagine: gender equality for white middle class women who wanted reproductive freedom, independence, and access to economic pursuits (Thompson, 2002: 338). Brenna tries to shift her rhetoric into the frame of third-wave feminism by using gender fluid terminology to acknowledge that oppression is multidimensional and that gender, sexual orientation, race, and class can be incorporated into feminist pursuits of gender equality (Thompson, 2002: 348). Brenna exemplifies how the pro-choice activist habitus incorporates the activists’ “yesterday’s man,” (that is, the second-wave feminist) understanding of gender while carrying it forward with contemporary third-wave feminist definitions of gender (Bourdieu, 1977:79).

Kendra, who has been an escort for about eleven years and is now the main organizer of the escorts, is one of the activists that was the most passionately invested in abortion as an issue of gender equality. When I asked Kendra what philosophical concepts motivated her to become dedicated to the issue, she said:

For me it became solidified in graduate school but not so much with my academics but with the feminist stuff I got introduced to that way. I remember one time I heard [the

escort founder] say something and I remember I had never had it explained to me this way, that a lot of people are anti-abortion because they don't want women to have any rights and they don't want women to be able to control their bodies.⁹

She continued”

Another thing that you sort of notice the more you escort is that you know [the idea that] ‘women shouldn't be able to just do this stuff, they shouldn't be going around and having sex with men and then not have consequences.’¹⁰

Kendra sees limiting abortion access or trying to control women's access to abortion as strategic ways to control women and limit their participation in society. Kendra peppered her discussion of abortion with references to ways that women are oppressed, as in the case of women being judged more harshly in cases of having multiple partners or STIs. Kendra's discourse illustrates that her dedication to abortion activism is rooted in her commitment to gender equality, but she acknowledges the importance of understanding that abortion is not just a “women's issue.”

Kendra mentioned that the clinic is expanding their services “and they are going to have a trans-man clinic once a week,” making it clear she is aware of how static definitions of gender can be exclusive, even though she discusses abortion as a “women's issue.”

Most activists I interacted with were female identifying and female-bodied. However, among the activists there was also a minority of male-bodied and male identifying individuals. Mark, who identified as being pro-choice for a significant period of time before becoming involved in escorting, explained that he thought gender roles influence political decisions about abortion. Mark said,

I think it is far easier to play backseat when you're not really in a situation where you will be affected...but I think that's where gender can become involved because, as a guy, you have a very narrow view of the world.¹¹

⁹ Interview, 11-23-2013, Women First Clinic

¹⁰ Interview, 11-23-2013, Women First Clinic

¹¹ Interview, 12-07-2013, Springfield

Mark suggests that much of the struggle over the legal access to abortion stems from male-bodied, male identifying politicians regulating experiences that they only understand indirectly. Abortion is a “women’s issue” because there are certain things (pregnancy) only female-bodied people can experience. However, Mark uses mainly gender neutral language when discussing individuals who procure abortions. Elaborating on his pro-choice philosophy Mark said, “The fact that the person carrying the baby is human is not complicated.” Mark emphasizes that the carrier of the pregnancy is undeniably a “person” and needs to be given equal rights regardless of gender or sex. Mark’s use of gender neutral terms like “person” points to something he wants to highlight: someone who is pregnant is a person and their rights shouldn’t change drastically due to the fact that they are pregnant. Instead of abortion being a “women’s issue,” Mark portrays abortion as universal human right.

With prolonged exposure to the pro-choice movement, seasoned activists incorporate gender fluidity and gender neutrality into their tactical repertoire in order to make abortion a universal issue. Similar to new activists, more seasoned activists are motivated by their commitment to abortion as a women’s and human right. Indeed, seasoned activist rhetoric illustrates a strong connection to abortion as a women’s right. However, by using gender neutral language, seasoned activists expand the scope of the pro-choice movement to include human rights as well as fluid gender identity. Seasoned activist performance of the transition from second-wave to third-wave feminist gender concepts (moving from essentializing to intersectional), is an embodiment of the remnants of a pro-choice activist “yesterday’s man” blending with “today’s” man (Bourdieu, 1977:79). Seasoned activists demonstrate how pro-choice activist principles change over time through mediating a tension of “old” and “new” philosophies.

Former Activists

As is the case with many volunteer organizations, membership is subject to change. But in addition to the natural turnover that should occur as students enroll and graduate, RFSO does not retain many upperclassmen. I was able to interview two former RFSO members, Jamie and Margaret. In many ways, Jamie's and Margaret's rhetoric is similar to that of the current members. The most significant rhetorical difference that distinguishes former activists is how they discuss abortion as a women's right and human right.

Jamie and Margaret used precise language when referring to the gender of abortion seekers. Even though Jamie and Margaret sometimes described the people who get abortions as "women," they both often referred to people in need of abortions as "female-bodied" or "people." They both explicitly noted the importance of using precise language. For example, Jamie said: "I'm simplifying this to men and women only because there are fewer words, gender and sex exist. You know that, I know that." Jamie is aware that she and I share information-cultural capital-about how to discuss abortion in a way that is inclusive of fluid gender identities because we are both upperclassmen at A&S College, were RFSO members at the same time, and study anthropology. Our shared cultural capital is a result of a multitude of shared experiences with the same "structuring structures" that we are now capable of reproducing (Bourdieu, 1977:72). Nonetheless, Jamie still "simplifies" her word choice to "women." Jamie's word choice reflects the second-wave feminist roots of the pro-choice movement. By using the terms "men" and "women," Jamie implies a relatively homogeneity united by the oppression of sexism (Thompson, 2002: 337). Jamie's rhetoric also incorporates gender binary rather than gender fluid terminology that is likely more familiar to other people in the United States that may vote

for politicians who influence abortion related legislation. In light of familiar second-wave feminist philosophy as well as gender binary concepts, using “men” and “women” is “simpler.”

Margaret reflected on gender inequality and gender fluidity influence the pro-choice movement: “I think a lot of queer people feel left out of pro-choice activism because I think that the “woman rhetoric” is really complicated.” Even though Margaret used words like “women” to describe people who procure abortions, she understands that it may be exclusive. Jamie and Margaret are aware of how their language can have an effect on their message, but they still both use “women” in addition to “female-bodied.” Jamie and Margaret embody the struggle between second-wave and third-wave feminist philosophy regarding abortion. These former activists incorporated gender specific and gender neutral terminology in their rhetoric in an attempt to find a way to talk about abortion that will feel inclusive, but that is a very difficult task. In another attempt to make pro-choice issues inclusive, Jamie and Margaret positioned abortion in the context of universal social issues.

When I asked Margaret why she got involved in pro-choice activism, she said, “Abortion was something I always cared about because of the way that it affects people’s autonomy and the way it affects people’s abilities to make decisions for themselves.” Similarly, Jamie said, “The idea that someone else knows what’s best for your life is really patronizing and [a] paternalistic view.” Instead of contextualizing the issue of abortion in the scope of women’s rights issues like many new and seasoned activists, these former activists primarily relate abortion to issues of “people’s autonomy.” Restricting abortion is just one example of how autonomy can be violated. Some examples that Jamie and Margaret mentioned were pregnant, incarcerated women who are chained to their beds during delivery and low-income mothers that do not have access to affordable prenatal care. They think that reproductive rights, choice, and freedom should be

framed as elements of the larger right to direct one's own life and body. Philosophical differences on how to contextualize abortion within a larger field of social justice issues is one reason why these two activists are former activists. In their shared opinion, RFSO does not focus enough on broader issues of autonomy and self-determination. However, philosophical reasons were not the only reasons that Jamie and Margaret left RFSO. Both former activists held leadership positions in RFSO, after two years of weekly meetings and planning, Jamie and Margaret said they were exhausted with the workload and needed a break from RFSO.

Analysis

I hypothesized that commitment to gender equality would be a major motivator of pro-choice activist involvement. I discovered that the new and seasoned activists feel dedicated to resolving cisgender inequality as both a step towards women's equality as well as equality for all humans. Seasoned activists take it a step further by attempting to broaden the scope of pro-choice activism to include people with fluid gender identities. Seasoned activists, like former activists, are aware of how their rhetorical choices and the specific terminology they choose to deploy can affect the reception of their perspectives by diverse audiences. Such differences between the seasoned activists and the new activists might illustrate how the pro-choice movement is changing.

Most of the new and seasoned activists were taught pro-choice values by previous generations of pro-choice women with philosophies likely rooted in second-wave feminism that focuses on cisgendered female equality or the rights of "women" as a cohesive and unified group. As activists who are well aware that rhetoric can vastly influence a social movement, these individuals are in a difficult place. For one, they understand that, historically, women, especially pregnant women, are treated unfairly. In a country where minor medical procedures

like blood tests are not mandated to save the life of another individual, a pregnant woman can be forced to undergo procedures to save the fetus even against her will (Bordo, 1993:73). For example, in 1982 a Massachusetts woman whose cervix was dilating prematurely and whose pregnancy would likely end in premature labor and death of the child, was *court* ordered to have cervical surgery to ensure the continuation of the pregnancy *against her will*. (Bordo,1993: 78). In strikingly similar cases of adults being brought to court over medical procedures they do not consent to that could possibly help preserve a life, the rulings are radically different. One explanation comes from the fact that no legal precedents are cited for the different rulings. Rather, when the case concerns a man asked to save the life of an existing sick child, a person is an “embodied subject” and his privacy cannot be compromised even to save another life (Bordo, 1993:74). However, in the case of pregnant women, judges minimize the medical procedure claiming that the procedure is such a minor inconvenience that it is constitutional to ignore the wishes of the pregnant woman (Bordo, 1993:78). Judges’ tendencies to force pregnant women to undergo intense medical procedures to continue a pregnancy while denying a man the “inconvenience” of a blood test hint at institutionalization of unequal treatment based on gender.

Examples such as these that reveal how pregnant women are treated differently than other people partially contribute to experienced activists’ knowledge about how to discuss abortion as a universal issue. Seasoned activists position abortion as a women’s issue but emphasize that abortion should be talked about in a more inclusive manner, although that is not an easy task because inclusive rhetoric is difficult to establish. Seasoned and former activists focus on self-determination and universal aspects of abortion in an attempt to incorporate intersectional understandings of identity. As new activists continue to participate in the pro-choice movement and older activists retire from activism and pass away, new activists will acquire the cultural

capital of contemporary pro-choice activists, but first they are tied to their knowledge of previous generations.

New, seasoned, and former activists were all initially exposed to second-wave feminist gender concepts through older feminists and pro-choice activists. The concept of activist habitus theorizes that being exposed to political activism motivates further political activism (Crossley, 2003:52). Activists who learn politics from a young age and become pro-choice activists likely have other activist experience through which they learn about contemporary gender issues. Thus, seasoned or former activists have a broader knowledge of gender fluidity and deploy that cultural capital in their pro-choice activism as well. For a similar reason, older activists of the current activists' parental generation and older do not share the same cultural capital when discussing fluid gender identities. Older activists are familiar with a pro-choice movement rooted in second-wave feminism that conceived of gender as a relatively binary and static concept. With limited exposure to current social justice issues of the "younger generation," older activists do not have the same opportunity to absorb the cultural capital to discuss gender fluidity. Even though the concept of gender fluidity is more common among younger activists, it is important to note that familiarity with gender fluidity is especially widespread among A&S College students because of the institutional history and current students who continue that legacy.

During my time at the Women's First Clinic, I did note some significant differences between the activists and the patients in terms of abortion rhetoric. Although much of the conversation during RFSO meetings and escorting revolved around how sexist the pro-lifers are to deny a woman a chance to decide whether or not she wants to have a child or be pregnant, I commonly heard patients or their supporters mention that it was their choice and their situation, and therefore, no one else can judge them. Differences in abortion rhetoric and concepts were

especially apparent when patients' supporters would stand outside with the escorts, either to smoke or just for fresh air. While the escorts enjoy talking about the larger implications of gender roles on legal abortion access, the conversations that the supporters had with the escorts were more personal. Sometimes supporters would describe their situation and conclude their story by saying something along the lines of, "those protesters don't know anything about the situation, it's a personal choice." The supporters did not think the protesters should comment about someone's decision to get an abortion without understanding their situation. But, bridging the gap between the escorts' focus on gender inequality and the supporters' need for judgment to be suspended is a shared philosophy that individuals be able to make independent decisions, regardless of gender or pregnancy status. Although gender identity is important for the activists, it may not be as important for patients or supporters. Thus, the activists' struggle between using the term "women" and the term "person" is positioned in the context of trying to be inclusive of patients and supporters. The activists mobilize rhetoric to negotiate a social field of people who seek abortions, the politicians who create abortion related to legislation, and the activists with strong philosophical and academic beliefs associated with the right to procure an abortion. Certainly, these three groups do not necessarily share the same stores of cultural capital when discussing abortion.

One thing that surprised me was that activists who were quick to label abortion as a "women's issue" and view being pro-choice as one aspect of their feminist philosophy, were very cautious in the language they used to describe male supporters patients brought to the clinic and almost never used a word that implied any type of intimate relationship. Instead of using the words "boyfriend," "husband," or "significant other," the activists used the term "support" to describe the person who, in many instances, was also discussed as the fetus creating partner.

Activists were very careful not to make any assumptions about the relationship status of the person, even more so than they were concerned about imposing gender identities. Although philosophies on gender concepts and roles seemed to foreground a distance between the activists, it is clear that activists adjust their rhetoric according to their audience. Although I never explicitly asked these activists why they were cautious about how they referred to the partners of people who get abortions, I interpret their actions as part of their personal embodiment and performance of gender that includes life style choices such as intimate partner relationships as I will elaborate on next.

Personal Embodiments of Gender

The pro-choice activists of RFSO and the Springfield Pro-Choice escorts shared somewhat standard rhetoric in talking about gender and abortion. How, if at all, do these activists embody their political rhetoric on gender and abortion in their personal lives? Crossley has shown that activists understand their lives to be extensions of their political viewpoints and embody their political beliefs in daily life. For example, activists from the 1960's have lower marriage rates than non-activists, probably indicating that their political philosophies regarding feminism and social institutions influence their personal choices (Crossley, 2003: 53). Because the activists I encountered situated abortion in the larger context of women's equality and individual self-determination, I was curious to see if these concepts carried over into their personal lives. I mainly attended to the group members' pronoun preferences, clothing choice, posture and body movements, and beliefs and behaviors surrounding social matters typically influenced by gender such as career paths and parenting

Preferred Pronouns

The RFSO co-chairs start every meeting by asking everyone to introduce themselves with their name, an answer to a silly question, and their “pronouns.” The practice of asking for pronouns as part of a weekly introduction is something I have only experienced in the context of A&S College. Members respond to this question with answers such as “I prefer she/her/hers,” “he/him/his,” “they/them/theirs,” and “no preference,” but, some answers are “better” than others. The pronoun ritual allows people to distance themselves from the practice of conflating gender and sex. Gender, not being tied to sex, can change daily, weekly, or based on context. Responses such as “I prefer female pronouns” sabotage the pronoun ritual. By saying “female pronouns,” an individual reestablishes the connection between sex and gender. For that reason, answers such as “she/her/hers” are more suitable for conveying the meaning behind the ritual. A&S College students learn this ritual and acquire the necessary cultural capital to participate in it in classes as well as in student organizations. Students may be unfamiliar with this ritual when they first enroll, and, consequently, underclassmen and new students are more likely to give less preferable answers but most soon realize their mistake and reframe their answers in subsequent rituals. Learning how to properly articulate pronoun preferences can be likened to rites of passage, a ritual that marks a liminal stage along the process of moving between social statuses, as new students learn the habitus of A&S College students (Turner, 1967:94). Pronoun preference rituals are common at A&S College, but not necessarily elsewhere, even at other elite liberal arts colleges. RFSO members embody their belief that gender is a social construct by performing new repetitive behaviors, possibly in an effort to challenge the behaviors associated with a specific gender (Butler, 1997:402). By participating in the weekly ritual of introducing

preferred pronouns, activists embody their political beliefs of gender fluidity in their everyday lives, and attempt to “trouble” gender.

The RFSO performance of this ritual resembles its performance in other settings such as classrooms and on campus jobs, in that the pronouns of a group member remain mostly the same from week to week. Despite “performing” openness to gender fluidity, the majority of the group members preferred she/her/hers as their pronouns of choice and also identified as female-bodied on the demographic forms I asked all participants in this study to fill out. The pattern was generally the same for the escorts, except there were some male-bodied, male-identifying members and one person who identified as female-bodied and genderqueer. As I mentioned earlier, older activists were the least knowledgeable about gender fluidity and RFSO members were the most knowledgeable. Younger escorts, in their late twenties to mid-thirties, ranged from being very familiar to somewhat familiar with gender fluidity and only a few were completely unfamiliar. Differences between how RFSO members and escorts recognize and embody gender fluidity sheds light on the production of pro-choice activist habitus. Although age explains some of the difference, the generational divide is a result of accumulative experiences with the concepts of gender fluidity. The younger escorts and RFSO members referenced exposure to feminist groups, LGBTQ organizations, and academic philosophies as channels through which they learned about gender fluidity. With this accumulated knowledge, younger activists with more experience are able to incorporate gender fluidity into their political rhetoric.

I find it significant that among this group of pro-choice activists most individuals identified as female-bodied and “female.” Activists favor static and binary gender identities personally while deploying gender fluid terminology politically, indicating a division in activist’s political and personal beliefs. The female-bodied, female-identifying identities are consistent

with the second-wave feminist movement that undertook the issue of abortion and reproductive rights from the perspective of a particular female experience that focuses on straight, white, female-bodied, female-identifying, and middle class women (Mann & Huffman, 2005:59). Even though most of these activists fit the demographic criteria for second-wave feminists, they are rhetorically expanding the scope of the pro-choice movement. Through activist tactical political rhetoric that emphasizes the universality and inclusiveness of the issue of abortion as well as their personal gender performance, activists are “transitioning” between second-wave and third wave-feminist gender concepts.

This is What a Feminist Looks Like

Clothing

RFSO meetings tend to be casual: most people wear what they wore to class or work earlier that day. Escorting is also casual, probably because escorts are required to arrive early Saturday morning and, in colder weather, multiple layers are needed to stay warm. The attire of the RFSO members generally tends to blend in well with the rest of the A&S College population. The RFSO members appear to take care in the clothing that they wear and might be located near the “hipster”¹² end of the fashion spectrum. The female-bodied, female-identifying group members wear sundresses, cut-off jean shorts or store-bought shorts, skirts paired with boots, sandals, or sneaker when the weather is warm. When the weather turns colder, RFSO members will wear tight, skinny jeans with thick socks sticking out of clogs, L.L. Bean Duck Boots, Dr. Marten Boots, or other types of boots. Skirts and dresses with tights are also popular in the

¹² Hipster is a term used to describe a group of people with shared fashion and philosophical beliefs. Hipsters tend to wear vintage-inspired and second-hand clothing as part of reclaiming lowbrow cultural items. Hipster fashion choices are accompanied by left-leaning political views. Hipsters often support political causes such as comprehensive and accessible welfare and healthcare. Popular accounts of hipsters often poke fun at the trend of children of middle class parents who attempt to hide their privileged economic background. Those who are considered “hipsters” typically reject that label.

winter. Members wear all black outfits, earth toned outfits, and bright colors with patterns that would not traditionally be considered matching.

Hair length varies quite a bit from longer hairstyles to short pixie cuts. Whatever the length, hair is usually not overly styled and RFSO members often wear their hair down, in pony tails, or with clips in it. It isn't uncommon for members to dye their hair many colors. For the most part, the clothing that the group members wear is something that they put effort into. However there are also some members that seem to have a consistently more low-maintenance jeans and t-shirt style. The only outfit that would seem unusual at a meeting would be something very formal such as suits and jackets reserved for business meetings; however, collared shirts paired with sweaters are common. Black skinny jeans, a jean button down, dangling earrings and slightly unkempt shoulder length hair seems perfectly appropriate next to someone wearing heart patterned tights, a jewel tone skirt and a bright colored shirt. On one occasion, a RFSO member came in wearing what looked like wool, patterned sweat pants. When someone asked her about where she got such an interesting pair of pants, she explained that she made the pants from an old sweater she had by watching an online tutorial. The attire of the RFSO members indicates a variety of group affiliations. The "hipster" fashion sense exhibited indicates that the RFSO members are associated with a larger hipster subculture that professes commitment to government involvement in social policy, among a variety of other political issues.

The attire of the escorts is not as eclectic as that of the RFSO members. In the warmer months I saw bright colored and patterned shorts and tops but as the weather grew colder most escorts wore jeans, boots, and coats. The coat lengths range from past the knee to just at the hip but most of them are cold weather coats with only a few people brave enough to wear light jackets. Most escorts' jackets are black, grey, brown, or other neutral colors but hats, gloves, and

other accessories often had colorful patterns. The escorts' clothing tended to be slightly more structured, with many wearing slightly dressier zip-up sweaters, but, in general, the escort style was also very casual. Most of the female-bodied escorts had shoulder length hair but some also had shorter cuts that were asymmetrical. Escorts, like RFSO members, didn't appear to be wearing make-up during the meetings or interviews. During the summer months, I noticed that some of the RFSO members and escorts did not shave their armpits or legs, but they seemed to only be a minority of the members. Tattoos were present but not overly popular. Two activists actively showed me their tattoos.

I considered dress and other body modifications to be markers of group affiliation. Activists use their physical appearance to both associate themselves with other like-minded people, such as "hipsters," and distance themselves from opposing social groups, such as pro-lifers. The activists' preference for casual and eclectic clothing is an example of the ways in which the activist habitus is "written on the body." Activist dress may be symbolic of political views; however, these symbols can have a variety of meanings. For example, activist casual dress can be symbolic of a rejection of formalities that can be exclusive or a preference of clothing that is easily laundered and better for the environment, indicating a possible association with "green" culture. Whatever the symbolism may be, activists' similar appearance can be a message to others (Crossley, 2003:54).

Female-bodied, female-identifying activists taking care in their appearance is reminiscent of the social compulsion that American women feel to attend to their appearance in a gendered society (Bartky, 1997:136). Attending to one's appearance is often framed as "natural" female desire (Bordo, 1993:253). The actions of activists carry meaning. Like their political rhetoric, activists' style seems to position them in a liminal state between essentializing, gender binary

identities and gender fluid identities as is, potentially, embodied by their attention to their appearance while also dressing in an “alternative” hipster style.

Body Posture

At RFSO meetings, members sat on a U-shaped couch or chairs gathered around either end of the couch. During any given meeting, most members sat with legs crossed and hands in their laps, under their legs, or crossed. Members also sat slouching low on the couch with legs stretched out as well as on the back of the couch or on the floor cross-legged. Unlike RFSO meetings, escorting involved a lot of standing. Escorts occasionally sat at the picnic table, but were usually walking around the patio area or leaning on the waist high brick barricade. Depending on the location of our interviews, the sitting posture of the activists changed. During interviews in a small room in the library with barely enough room for two chairs, the interviewees sat cross-legged with their hands in their laps or under them when they were not using their hands to emphasize their speech. Sometimes the activists would lean on the table next to them and change sitting positions throughout the interview. Activists that I had a more established relationship with sat more spread out with their legs outstretched in front of them, with an ankle placed on their other knee, or with their feet up on the table. Generally, activists in more casual settings had less compact body posture.

I mainly interacted with activists in specific activist related activities or, occasionally, on campus, so my knowledge of their personal bodily comportment is limited. However, the activists, in general, had a shared knowledge of “formal” body posture that entailed a more compact position. One interpretation for shared concepts of the body could be a product of shared gender performative behaviors, as the body is a main setting for everyday ritualized behaviors influenced by gender (Butler, 1997:402). One common interpretation of compact

female body posture from feminist theorists and media studies scholars is that the ideal and “allowed” female body is compact. The modern female ideal is small and slender. In addition to restricting eating habits, female-bodied individuals internalize the idea that they should exist in a confined space and limit their physical movements accordingly (Young cited in Bartky, 1997: 134; Bordo, 1993:171). Photographic research reveals that women tend to make their bodies appear smaller through folding their arms and legs while male-bodied individuals spread their appendages (Bartky, 1997:135).

My evidence does not allow me to argue that being female-identifying and female-bodied causes activists to enact certain gendered body positions. However, it seems that activists have been exposed to and have internalized some gender binary rituals. Some female-bodied, female-identifying activists switching between a casual and spread out position and compact formal position is similar to linguistic code-switching in which individuals alter their manner of speech depending on context (Blom & Gumperz, 1972:424). Female-bodied activists that altered their posture based on a formal or casual context indicated that they may embody the idea that a more compact body posture is more appropriate in formal situations. The connections I observe between body posture and activist embodiment of gender occurred during very specific and few instances, and, thus, my observations are speculative and inconclusive. I hypothesize that activists’ personal gender performance, like their political rhetoric, seems to be rooted in a binary concept of gender but also strives to incorporate concepts of gender fluidity. Without further research, I can only say that activist political rhetoric and personal physical performances of gender do appear to be associated, but how activists interpret their political and personal understandings of gender still needs to be explored further.

Social Relationships

Another way that activists carry their political beliefs into their personal lives manifests in the way they navigate social contexts that are often heavily differentiated based on gender. This aspect of activist lives was more difficult to learn about as I did not ask them any questions about gender in their own lives, but, on occasion, some of the activists indicated that made it clear that their understandings of gender inequality and identity are not just “political.” Caroline told me that in high school she was anxious about what would be expected of her in the future:

One of the things I had a realization about was that I was seventeen and I was already anxious about how I would do the work I had to get done and have kids and I was like.. ‘that’s at least ten years down the line’ that’s terrifying that I am already feeling anxious about that.¹³

Caroline’s anxiety stemmed from societal expectations about women being able to work and raise a family. Although teenagers with other gender identities feel a similar pressure, Caroline’s anxiety stems from the societal pressures that dictate that women should have an “innate” desire to be dedicated mothers or otherwise they are “unnatural” (Tsing, 1990 :283). Caroline feels a pressure to “succeed” in terms of family and career that emerges out of expectations based on gender.

Only two of the activists I interviewed had children, Rose and Mark. Rose and Mark are raising a son together, and in my interviews with them I took the opportunity to ask them how their awareness of gender roles, and gender inequality, affect their parenting philosophies. Rose said:

It’s something we talk about all the time, especially because he has started to bring home absolutely horrible gender crap from preschool and society....It’s unbelievable how fast he absorbs this stuff, like that’s girl stuff and that’s boy stuff. And we have to have these arguments every single time that he wants me to be the princess and I don’t want to be the princess.¹⁴

¹³ Interview, 11-06-2013, A&S College Library

¹⁴ Interview, 12-07-2013, Springfield

Rose is actively exposing her son to something like gender fluidity. The gender awareness she seeks to impart to her son is not what “society” typically teaches children. By encouraging her son to question gender roles early in life, Rose hopes to bequeath the next generation the “benefits” of gender fluidity earlier than previous generations. Rose’s political and personal beliefs blend together, and her principles of gender fluidity manifest in her tactical political rhetoric as well as her personal rhetoric and life choices.

As evidenced by Caroline’s anxieties about the future and Rose’s deliberate parenting choices, knowledge of gender performance influences activists’ personal lives in addition to their political pursuits. My limited research seems to indicate that activists may embody concepts of gender fluidity in their personal lives as well as in their political rhetoric. Because activism is often a large part of self-identity, activists are often surrounded by like-minded people who facilitate their continued exposure to social justice issues and “help” them acquire new and current cultural capital. Many people become involved in activism through friends and many activists make friends with people they meet through activism, and maintain a connection between their political and personal lives.

Conclusion

Political tactics surrounding gender and personal, everyday performances of gender are part of a pro-choice activist habitus. By comparing and contrasting new and experienced activist rhetoric, it is clear that the frames and terms used to discuss gender in the context of abortion are a form of acquired cultural capital. New activists strive to make the issue of abortion “appealing” to less informed people and voters as both a women’s issue and human rights issue, but experienced activists more effectively communicate that abortion envelops both gender equality and the universal right to self-determination. Seasoned activists’ shared cultural capital around

gender fluidity indicates that longer exposure to the pro-choice movement and other activist pursuits allows activists to gain more knowledge in order to spread their message more effectively to potential voters and community members. Examining activists' personal gender performance, it is clear that the political is personal. Seasoned activists' gender philosophy and gender performance influence one another, although further research is needed to more fully understand this relationship. Activist habitus is more similar to "durable dispositions" rather than momentary passionate outbursts (Crossley, 2003:51). Activists develop their tactics and beliefs over time and with prolonged involvement.

Tactical Objectification: Mobilizing Medical Metaphors in the Name of Reason

Introduction

“If you’re going on a date, yeah, you definitely should jerk it before,” I heard myself say in response to Joanie and Kendra while Ken wandered away and stood closer to the picnic table. It was especially cold that Saturday in November and so we escorts found a spot on the side of the entrance to the clinic that was shielded from the wind. Blocking ourselves from the wind meant standing closer to the protesters by about ten feet, but the escorts did not censor their conversation topics. Although there were more patients arriving at the clinic earlier in the morning, relatively few patients arrived as we sheltered ourselves from the wind. Huddled by the side of the building, Joanie started to tell us about the guy she would be going on a date with later that night. Joanie wanted help deciding where she and her date should go and when they should get physical. “Yes, flick it,” said Kendra, after which she and Joanie joked back and forth using phrases such as, “Flick my bean.” Threnody sent a cold, stern stare in our direction which only led to more jokes and laughter. “Maybe she needs to flick her bean;” “Yeah she totally needs to jerk it, look at her,” they joked and laughed. I giggled as I shivered from the cold finding its way between the stiches of my scarf.

The masturbation conversation captures the mood on that morning of escorting. For the duration of the morning, this group of escorts joked about sexually explicit topics. The escorts conversed about butt pimples, poop, farts, and dirty underwear; topics relating to functions of the body that new acquaintances would not typically discuss. These escorts had no problems talking about the most personal of topics with me, even though this was the first time I had met any of them. Luckily, I too, enjoy joking about these subjects so our conversation was enjoyable rather than awkward.

Outside of the Women First Clinic, patients, supporters, escorts, and protesters all talk about the body. Many times, when a patient's support is standing outside the entrance, smoking or getting fresh air, the escorts and the support will talk. The support will often be bothered by the phrases that the protesters yell such as, "If you were a real man, you would get your woman out of there," and the support will mumble to themselves, to the escorts, or shout back at the protesters, "You don't know my situation" or, maybe, "I can't tell her what to do." The escorts sometimes respond with supportive comments such as "It's her choice, it's her body."¹ In trying to think about these conversations from an outsider perspective, activist rhetoric about the body is a form of cultural capital and an important aspect of activist habitus.

The body and bodily autonomy are themes that underlie discussions among pro-choice activists at RFSO meetings, standing outside the abortion clinic, or in interviews. I am interested in what the right to bodily autonomy means to pro-choice activists in Springfield in terms of abortion as well as personal health care. My interest stems from familiarity with activist rhetoric that highlights the body as an object, as well as knowledge of feminist theory that critiques portraying the body as an object of the mind.

As I discuss extensively in this chapter, pro-choice activists deploy tactical political rhetoric that frames the body as an object that an individual has the right to control. Talking about the body as an object and the mind as a subject creates a wedge between the self and the body which allows for abortion providers to intervene and treat the body. However, this dualism also creates space for other "specialists" to intervene and attempt to mediate between an individual's "self" and "body," which is precisely the space that pro-lifers exploit. Nonetheless, pro-choice activists use this rhetoric in order to frame the right to abortion as "medical" rather than "emotional" to further their philosophy.

¹ Fieldnotes, 11-23-2013, Women First Clinic

Activist discourse exists in contrast to second-wave feminist critiques of mind-body dualism. The Cartesian division between mind and body is associated with gender binary concepts that portray women as “simpler beings” more aligned with the physical world, while men exist in a more “complex” cultural world (Beauvoir cited in Bordo, 1993:5; Grosz cited in Mason-Grant, 1997:211). Feminists have long sought to deconstruct social institutions, including biomedicine, in order to reveal how the physical body which may be commonly accepted as “natural” is saturated with culture (Bordo, 1993:16). Meaning, the ways in which we act and conceive of the body are ritualized aspects of culture and reflect and are reproduced in habitus. In terms of biomedicine specifically, gender binary body concepts are often harmful to women. For example, metaphors that portray women in labor as “machines” and doctors as “mechanics” remove agency from the woman and give authority to the (the usually male) doctor (Martin, 1987: 57). Generally, feminists seek to critique dualist foundations in biomedicine and science, more broadly.

However, even as feminist perspectives destabilize mind-body dualism, there are cases in which the mind-body divide is reclaimed to benefit women’s reproductive agency. One such example is surrogacy. In Israel and elsewhere, motherhood is popularly portrayed as an intimate and “natural” process during which a women’s physical creation of a child and emotional mothering instinct develop in unison. Some Israeli surrogates who could be perceived as doing something “unnatural,” separate the physical and emotional aspects of having a child and incorporate mind-body dualism in order to un-problematize their role as surrogates (Teman, 2003 :81). Much like some Israeli surrogates, pro-choice activist habitus includes using medical metaphors (which I define later) rooted in mind-body dualism as a tactic to further their pro-

choice agenda. In order to analyze political rhetoric that divides the mind and body as a tactic, I compare political rhetoric to personal body related rhetoric.

I elicited body concepts by asking the activists about their own experiences with medicine and health care. Through engaging their personal health experiences, I explore how activists understand their position as physical beings and their “individual body” in an effort to determine when and how activists perceive themselves as embodied subjects or minds situated inside of the body as a physical object (Scheper-Hughes & Lock, 1987:7). As I showed in Chapter One, most of the activists, especially RFSO members, were raised in middle class communities. In the United States, access to regular biomedical care is available to the middle class, as healthcare access requires purchasing health insurance or paying for treatment independently (Rapp, 1990:39). Roughly eighty percent of the American working class population is uninsured and the income at which healthcare becomes unaffordable is increasing (Sernett,2003). Five of the activists, all escorts, self-identified their families as working class; however, all of them said they remember regularly visiting the same medical care provider, thus participating in a typically middle-class ritual. I will present the health and health care experiences, practices, and body concepts of the activists in order to create composites of how these activists understand their own bodies and how they view the medicalization of health in personal experience. In order to understand activist political rhetoric on the body, I analyze activists’ rhetoric regarding abortion and pregnancy as they discuss both processes in relation to the abortion debate. I argue that activists’ political rhetoric pointedly emphasizes the biomedical aspects of abortion in an attempt to portray abortion access as a legal right rather than an emotional controversy.

The foundation of biomedical body concepts and abortion related rhetoric is medical metaphors. Medical metaphors demonstrate the activists' emotional and intellectual associations and, thus, expose the activists' implicit health concepts (Kirmayer, 1988: 57). In my analysis of activists' health practices, I focus on metaphors that the activists use to describe the patient role of someone who brings their bodily "object" to a doctor to fix. Biomedical metaphors that compare the body to a tool, an object controlled by the mind, illustrate how the Cartesian mind-body divide persists in the American biomedical system (Boyle & Morriss, 1981:273). Doctors, activists, and medical laypeople discuss pregnancy as a passive process that happens to a woman as opposed to something that a woman does (Martin, 1987: 61). For example, people use the familiar phrase women "getting pregnant," assigning the female a passive receiving role. In addition, activists discuss pregnancy as a disease. For example, among pro-choice activists there is a tendency to discuss the fetus as "parasite" (Rothman cited in Barker, 1998:1069). As I reveal, these metaphors are present in both personal body concepts as well as political rhetoric. In personal matters of health, activists seem to strive to overcome the biomedical rhetoric that distances the mind from the body. Conversely, in matters of politics, activists use biomedical metaphors tactically to portray their pro-choice philosophy as more "rational" and constitutionally based than that of the pro-life movement.

Activist Medical Profiles

In this section, I present the body concepts of the activists through their interactions with biomedicine, health practices, and health concepts. In understanding their proximity to and attitudes towards health care, I illustrate the extent to which these activists do and do not incorporate medical metaphors that distance the mind from the body into their own medical

histories. In contrast to political rhetoric, in their personal lives, activists incorporate medical metaphors; while also attempting to reject the implicit mind-body dualism they enfold.

Health Care Practices

In order to determine how health care figures in to activists' lives and body concepts, I asked activists if they visit a doctor for yearly physicals, how many times per year they see a doctor for an illness-related visit, and how often, per year, they seek emergency medical care. Twenty eight out of thirty three activists reported going to the doctor yearly for a physical as children. The other five activists reported going to the doctor for a physical every two to three years. Thirty one activists reported having a steady and consistent doctor throughout childhood. Two activists did not have one consistent caretaker because they were either transitioning between doctors or their family had lived in a variety of locations such that their primary caretaker had changed a few times.

Four of the RFSO members explicitly mentioned going to a gynecologist regularly, as well, to procure birth control and maintain sexual health. Rose is representative of a trend among the activists' attitudes towards childhood health practices: "We [went to the doctor] every time you are supposed to." In terms of illness related visits, twenty three out of thirty three activists reported going to the doctor between zero to three times per year. The remaining ten activists reported visiting a doctor three to six times a year for illness related visits. As I discovered from interviews, the visits related to both acute and chronic conditions. Twenty nine of the activists reported never seeking medical attention or needing emergency medical care less than once per year, sometimes only twice throughout their entire lifetimes. Four activists reported seeking emergency medical care at least once per year but no more than three times. Most of the RFSO members did not report having any difficulties or fluctuations in their health care access. RFSO

members are all under the age of twenty-two and are, most likely still covered by their parents’ insurance. Among the RFSO members, only Jamie reported having a chronic medical condition for which she seeks ongoing treatment. The RFSO members, in general, had regular and uneventful interactions with biomedicine.

Type of Care	Majority Practice	Minority Practice
Regular Physicals	28/33 activists see a doctor yearly for a physical	5/33 activists see a doctor once every two or three years for a physical
Illness Related Visit	23/33 activists see a doctor for illness related visits zero to three times a year (acute and chronic issues)	10/33 activists see a doctor three to six times a year (acute and chronic issues)
Emergency Visits	29/33 activists seek emergency medical care less than once per year	4/33 activists seek emergency medical care between once and four times per year

Figure 3-A: Table of Activist Medical Practices

Conversely, some of the escorts reported difficulties accessing medical care upon losing their parents’ medical insurance. Max, a thirty-one year old former escort has been uninsured since he was taken off of his parent’s insurance plan in his early twenties. Although Max managed to find care for his chronic health issues through a clinic with an income based payment plan, he is looking forward to the Affordable Care Act. Max does not expect the new health plan to be flawless, but he hopes it will bring crucial first steps to improving the system. Similarly, Rose, an escort in her late thirties, reported that her need for access to healthcare limited her

career options and horizons. Although Rose hopes to continue her education, she feels compelled to keep her administrative position at a medical facility so she can afford care for her chronic health conditions and support her family. Kendra, who also has multiple chronic conditions, has had more success navigating the healthcare system. Throughout her childhood, Kendra received health insurance from the government, as she is the daughter of a mailman. Currently a university employee, Kendra has comprehensive healthcare coverage and does not have trouble receiving or affording the treatment she needs. Activists' attitudes on health care vary with their experience.

As evidenced by the interviews and demographic information, most of the pro-choice activists were raised with access to biomedicine in families that valued preventative care as well as illness related treatment. Into adulthood, the activists continue their engagement with biomedicine even when access was difficult. The activists exhibited extensive experience with and exposure to biomedical institutions. In the next section on health concepts and body rhetoric, I focus on connecting the activists' health experiences and the language they use to describe their biomedical experiences as patients. As I show, activists incorporate metaphors that separate the mind from the body, but also desire more holistic health concepts in biomedicine.

Talking About the "Individual Body"

I categorized the activists' attitudes towards biomedicine into three groups: positive or neutral, positive and hesitant, and necessary and unpleasant. Subsequently, I will show that activists exhibit similar ways of understanding the body and illness. In their discourse about the body, activists focused on the experience of the "individual body" (Scheper-Hughes & Lock, 1987:7), the existential experience of the individual within their own body. Activists with the least biomedical experience had positive and neutral or positive and hesitant views of

biomedicine. Activists with limited experience with medical institutions are most likely to endorse a mental framework that separates the mind from the body by using biomedical metaphors. Activists who interact with biomedicine more frequently have a tendency to move away from biomedical metaphors and towards holistic mind-body rhetoric.

Positive or Neutral on Biomedicine

Activists with little exposure to medical institutions outside of yearly, preventative visits comprised the group with positive or neutral attitudes towards biomedicine. Those with positive or neutral perspectives were generally younger RFSO members, although there were exceptions. Eight of the fourteen activists I interviewed did not have strong opinions about seeking yearly physicals. Claire's reflection on frequency of doctor visits summarizes the general sentiment of the group:

I went to the pediatrician in the next town over, and my parents would schedule me an appointment about once a year. I think after I had my appointment the doctor's office would just send me a card or ask me if I wanted to schedule my appointment for next year now. And, sure, that's easy. That was a routine thing.²

For most activists, seeing a doctor every one or two years was "routine." After a standardized amount of time, a person/patient needs to bring their object/body in to be examined, much like a car needs to be examined once the mileage posted on the sticker is exceeded. The routine physical, also referred to as a check-up, is an opportunity for a trained mechanic/doctor to evaluate whether or not the machine/body is working properly or whether something needs to be fixed (Segal, 1997:222). The biomedical imperative that all bodies must be inspected yearly homogenizes how bodies function. The yearly medical visit perpetuates the belief that people, owners of bodies, do not possess the knowledge to understand if a body is functioning properly. The intervention of a specially trained and skilled doctor who decides whether the body is

² Interview, 10-17-2013, A&S College Library

functioning properly and “fixes it” perpetuates Cartesian mind-body division; the mind may control the body but it certainly does not understand it. “Laypersons” supposed lack of knowledge is often instrumentalized by pro-lifers to advocate against legal access to abortion “on demand” without the consent of a panel of doctors (Luker, 1984:21). Claire’s description of going to the doctor as a “routine” indicates precisely that individual body experience in which the mind and body are distinct. Claire, like the other activists with positive or neutral attitudes towards the biomedicine did not express hesitation about visiting the doctor regularly.

Jamie, who was diagnosed with a hormone disorder early in her life, is one of the few people who has a chronic health issue and maintains a positive view of medical institutions. Jamie recounted a routine doctor’s visit she had in the fourth grade,

[The doctor] was giving me a check-up and she was like, ‘your thyroid seems swollen,’ let’s go get your blood checked. No one else would have found it. We tested my blood, and I take a synthetic hormone and now I’m fine. So I’ve had pretty positive experiences with health care.³

Jamie is grateful for the doctor’s ability to diagnose her body’s condition and does not feel that her health management activities interfere with her life. However, unlike other activists with chronic health concerns, Jamie holds no apparent reservations about biomedicine.

Positive and Hesitant Attitudes on Biomedicine

Activists with easy access to health care (as opposed to those struggling for coverage) and who have interacted with biomedicine more frequently (than the previous group) view biomedicine positively yet suspiciously. Brenna, Margaret, Patricia, and Kendra consider biomedicine beneficial but also articulate shortcomings. Brenna told me that she wants to work in health, not as a doctor (like her parents) but in public health in order to work on issues that have not attracted attention. Brenna mentioned HIV/AIDS:

³ Interview, 11-13-2013, A&S College Library

It became an issue when wealthier, white men started getting affected by it...and now it's not in the public eye at all. But [for] black women in [the] population it is really an epidemic. It really is an epidemic and people are just not paying attention to it.⁴

Although Brenna wants to work in health care, she is skeptical about biomedicine's ability to serve everyone equally. By working alongside medical care providers, Brenna wishes to direct services towards the populations who need them. Brenna uses HIV/AIDS as an example because it highlights how health has social, mental, and physical aspects.

Like Brenna, Margaret is skeptical of biomedicine despite not mentioning any major health or health care access issues. Instead Margaret told me about some substandard experiences she had with gynecological services. Reflecting on her experiences with doctors Margaret said,

I remember the first time I had an STI scare I went to my pediatrician because I didn't have a gynecologist yet and they [asked] 'oh, are you sexually active?' And I [said] 'yeah,' and they [said] 'my god we should do a PAP smear!' They got a baby speculum for children and were literally reading a guidebook. And then I went to my gynecologist but I don't like her very much. She has a poster on her wall that says '99 reasons to stay abstinent.'⁵

Margaret described her interactions with gynecological medicine as unsatisfactory. When she thought she had a problem, Margaret brought her body to a "specialist," but the specialist did not provide the kind of expertise that she expected. Margaret's doctor's unpreparedness in treating her physical problems likely made her feel neglected emotionally as well, furthering a mind-body divide. The gynecologist that Margaret visited subsequently alienated her even further when Margaret came to her office for sexual health related issues and felt uncomfortable because of her gynecologist's focus on abstinence. Margaret was dissatisfied with how biomedical professionals alienated her mind from her body by not attending to how one can affect the other.

Brenna and Margaret suggest that biomedicine removes ownership of the body from individuals and note ways this can be harmful. Brenna's example of HIV/AIDS illustrates that

⁴ Interview, 11-06-2013, A&S College Library

⁵ Interview, 11-22-2013, A&S College Library

biomedicine can sustain and improve quality of life. However, not all racial, economic, or age groups equally access biomedical care. Margaret connects Brenna's point with her own personal experience with an "STI scare." Margaret sought the expertise of a doctor, but her mental (or emotional) health was considerably ignored while her physician attended mainly to her body and ignored the emotional toll that a STI might bring. Brenna and Margaret observe how biomedical practices instill within individuals a mind-body separation. In their view, it is precisely these mind-body partitioning practices that detract from the benefits of biomedicine. Nonetheless, later in the chapter I reveal how activists use these "detrimental" practices as a tactic to further their pro-choice philosophy.

Patricia and Kendra share Brenna's and Margaret's appreciation and suspicion of biomedicine but their experiences are based around illness related care. In adulthood, Patricia was diagnosed with cancer. She shared with me her treatment process:

I shopped around for a doctor for a long time because, you know, you want to be careful with that stuff. So I found a great doctor and it was as good of an experience as cancer can be...I'm militant now [post cancer] about all check-ups and maintenance appointments.⁶

Patricia's comments highlight three medical metaphors. One, biomedicine is an industry in which some products (doctors) are better than others, and one must "shop around" to find the best item. Biomedicine as an industry and patients as consumers is implicit in Brenna's and Margaret's rhetoric as well. Accessing services depends on capital, both economic and cultural; those with proper means have the privilege of finding the "best" doctor. The metaphor of shopping and consumers portrays the body as the object and the mind as the subject.

Second, maintaining health is a battle, and to be healthy Patricia needs to be "militant." Patricia's metaphor of fighting cancer reflects practitioner and patient understandings of cancer.

⁶ Interview, 10-30-2013, A&S College Library

Cancer is war, treatment is a battle, and not pursuing treatment is “retreating” (Sontag, 1978; Periyakoil, 2008: 842). In the war against cancer, the body is the battlefield and the mind is in control of what takes place in the body. Finally, Patricia’s body is a machine, an object possessed by the mind that needs “maintenance” to function properly.

Kendra, like Patricia, has had prolonged interactions with biomedicine,

I’ve had type one diabetes since I was fifteen so I’ve had a lot more experience with the healthcare system than most folks my age...I would say I’m fairly cynical and part of it is that sociology teaches you to question. Obviously I do think there are valuable benefits from industrialized, Western medicine; if there weren’t I wouldn’t, probably, be alive. I have an insulin pump because of modern, Westernized medicine.⁷

Kendra’s experiences with biomedicine have been beneficial but not ideal. In interacting with biomedical professionals from a young age, Kendra has seen both good and bad providers. Reflecting on a trip to the emergency room during which a doctor diagnosed her with an STI, Kendra said, “The way that the doctor treated me was horrifying to me.” Kendra is grateful to biomedical professionals for treating and diagnosing her illnesses, but her rhetoric reflects her disappointment, specifically, surrounding doctors’ myopic focus on her physical symptoms and narrow definition of “health.” Kendra’s skepticism might be explained partially by her position as a medical sociology PhD candidate, through which she learns, “to deconstruct ... a prestigious field [biomedicine] that is considered to be objective and neutral.” Part of what Kendra’s research focuses on is the way that physicians do and do not incorporate mental and physical aspects of health as they relate to STI contraction and treatment. Kendra’s positive yet hesitant view of biomedicine and the way in which physicians focus on the mind more than the body biographically embodies her experiences with health care.

⁷ Interview, 11-23-2013, Springfield

Biomedicine as Necessary But Unpleasant

Rose and Max expressed the most skeptical views about biomedical institutions and providers. Both activists have chronic health issues for which they depend on medical treatment. Without health insurance, Max struggled to find treatment he could afford, and ultimately found a provider who accepts payment based on income. In addition to being a patient, Max has experience educating biomedical practitioners:

One of my jobs over the past couple of years has been teaching medical students, doing patient instruction with them. So I deal a fair amount with medical students. But, I'd like to partake more in the medical world, as a patient and [through] giving care, but I'm not very enthusiastic about it.⁸

Max benefits from and depends on biomedicine; however, the flaw he sees in the system-namely inaccessibility- are disheartening to him. With minimal access to biomedicine, Max's ability to "partake" is limited to illness treatment and not the holistic involvement of care giving and receiving that he desires.

Rose's career and educational choices are influenced by her need for continuous health insurance coverage. Like Max, Rose has interacted extensively with biomedical providers:

I have major issues with [biomedicine]. I dislike the power dynamic, I hate being a patient. I have various philosophical issues with how the medical industry operates, so it's always a difficult and stressful thing. I cancel a lot of appointments because I don't feel like going.⁹

Rose, as someone who depends on biomedicine, is dissatisfied with health care delivery because she often feels alienated by her position as a "patient," a position that likely gives her less agency than she desires.

Max and Rose are examples of activists who interact with biomedicine frequently and whose lifestyles are ostensibly most affected by access to biomedicine. Both activists expressed

⁸ Interview, 12-07-2013, Springfield

⁹ Interview, 12-07-2013, Springfield

frustration with the biomedical mind-body divide. When Max said he'd like to, "partake more...as a patient and [through] giving care," he expresses that his role in health care has been more passive than he wants. What is likely implicit in his rhetoric is that, as a patient, Max feels as though there is no space for him to engage with his physician. As a lay person, Max brings his body to a specialist and his engagement ends there. Rose echoes the same sentiment when she says that she dislikes the "power dynamic" of biomedical healing encounters. Rose is probably referring to how, as a patient, she is the one "receiving" care for her body and is not able to engage with the physician in an egalitarian way that is more holistic.

Understanding Activist Personal Biomedical Rhetoric

As I have shown, many activists consider the mind-body division to be a major flaw of biomedical practices. Activists critique biomedical professionals' separation of the mind from the body and their lack of interest in people as embodied subjects. Activists with limited and uneventful interactions with biomedicine use rhetoric that reflects mind-body dualism. Without negative experiences, these activists likely have less reason to doubt the system's rituals.

Activists who were positive and skeptical of biomedical institutions also spoke about the body as a system that needed routine check-ups. Margaret, Patricia, and Kendra all actively sought out biomedical expertise to assist with physical health issues, and although the visits benefited their physical health, emotional and mental aspects of health were thought to be neglected. Margaret and Kendra noted that some biomedical doctors pass culturally constructed judgments on patients, such as shaming women for having STIs or being sexually active, which can affect physical health. For example, a patient that does not feel comfortable discussing her sexual health with her doctor will likely be less informed than a patient who can openly discuss her sexual choices or concerns. The general feeling of the skeptical activists is that biomedicine

should approach health in a holistic manner that recognizes how the mind and body are mutually constituted, not hierarchical or separate from one another.

The activists who had the most negative experiences with biomedicine expressed more holistic body concepts, but still incorporated rhetoric that separates the mind from the body. Rose mentioned being dissatisfied with the power dynamic between doctors and patients. The philosophical issues that trouble Rose and Max are frameworks that bind the patient to the passive role of bringing in a piece of machinery to a specialist for treatment. Kendra expressed a similar sentiment but took it further by saying that how doctors treat patients affects preventative health measures in addition to treatment plans. These activists are critical of biomedical mind-body divisions when discussing personal medical experiences.

Pro-choice activists in Springfield, as a group, had continuous access to biomedicine throughout childhood and continue to seek biomedical care in adulthood. The activists' access to biomedical care hints at their general socioeconomic status. As regular participants in biomedical culture, activists interact with biomedical institutions, such as doctors' offices and health insurance companies, and acquire the cultural capital necessary to navigate health care. As I show in the following section, talk about biomedicine is an important part of pro-choice activist political rhetoric. However, activist tactical and political rhetoric is different than their personal rhetoric. Regarding personal health experiences, activists deploy feminist critiques of the mind-body divide. But, when advocating for the right to choose, activists use medical metaphors as a tactic to further the pro-choice cause. Activists deploy rhetoric that separates the mind from the body in order to locate the abortion debate in the realm of rationality, biomedicine, and legal rights to one's own body, rather than that of emotions.

Tactical Rhetoric for the Pro-Choice Cause

At rallies, on pins, and in social media, the phrase “my body my choice” is a popular pro-choice slogan. Figure 3-B is a graphic featured on a leading pro-choice organization’s website. The graphic illustrates a pro-choice tactical rhetoric: an individual’s mind is their own, their body is their own, and, therefore, their “choice” should be left up to the individual. For activists that share the same cultural capital, the “choice” that this graphic is referring to

is clear: the choice to terminate or continue a pregnancy and generally make reproductive choices. The graphic captures pro-choice discourse that incorporates medical metaphors that separate the mind from the body and portray the body as an object over which the owner has autonomy.

The concept of bodily autonomy is a fundamental moral and legal argument that fuels the pro-choice movement. At RFSO meetings, I would frequently hear comments such as, “Why does anybody think they have the right to tell me what to do with MY body?!” Patients walking into the clinic often yell to the protesters, “It’s MY body!” Pro-choice activists reiterate the fact that a pregnant body deserves the same rights as a non-pregnant body. In inquiring after their cultural models of pregnancy as a “medical” phenomenon, I sought to examine activist rhetoric on the medicalization of first, the body, and, second, abortion. Activists’ rhetoric incorporates terminology that portrays the body as an object when discussing pregnancy and abortion while also emphasizing that reproductive rights should be understood holistically and acknowledge the interdependence between mind and body. I argue that pro-choice activists use biomedical

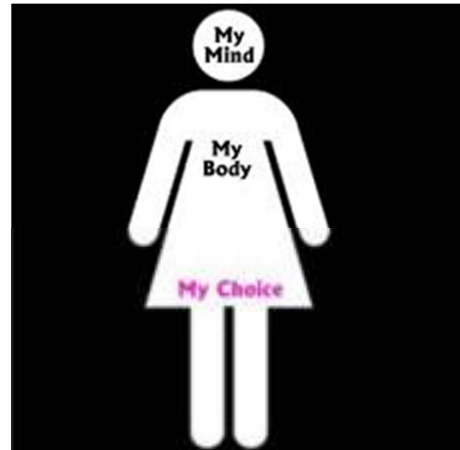


Figure 3-B National Organization for Women

metaphors in their political rhetoric to further their interest in framing abortion in a more palatable way for other voters and those less involved in the abortion debate. By discussing the right to abortion as a “medical procedure” and a right to “bodily autonomy,” activists position the abortion debate in the realm of legal and rational thought and out of the emotional context that pro-life activists occupy.

Rhetoric on Pregnancy

Generally, the activists had fewer strong opinions on the medicalization of pregnancy than they did on abortion. Newer activists expressed few opinions on pregnancy, including how medicalization influences how women in the United States monitor their pregnancies, maternity leave, and pregnancy healthcare. More experienced activists suggested that pregnancy has been over-medicalized. Activists mentioned that prior to the early twentieth century, very few pregnancies involved biomedical prenatal care. But, by the late twentieth century, over ninety percent of pregnant people had visited a doctor for their pregnancy before delivery. Although previously low-risk pregnancies of young and healthy women were not the domain of physicians, advances in biomedical technology have made pregnancy and delivery safer. Currently, biomedical intervention in pregnancy in the United States is seen as a necessity (Barker, 1998:1068). In some cases, women who do not consult a physician can be held criminally accountable if a baby dies during labor (Tsing, 1990: 284). Pregnancy is regarded as something a woman should naturally feel compelled to do, and a woman who does not put motherhood above all else is often considered a “monster.” However, presently, the “natural” endeavor of pregnancy requires more external intervention than ever before (Tsing, 1990:282). The medicalization of pregnancy has transformed the public perception of pregnancy, making it a

disease that needs treatment by professionals (Fox, 1977:11). With medicalization come critiques of the intense and excessive medical intervention as well, a belief that some activists expressed.

Kendra and Jamie suggested that increased medicalization of pregnancy has benefited society by reducing maternal mortality; however, Kendra also said,

That's the whole other issue of C-sections being offered and performed way too often. Then subsequent births also have to be done [as] C-sections. Then you have to wonder if the physician that is offering those really has the patient's best interest at heart and I would have to say no, probably not.¹⁰

Increased medical involvement in pregnancy can be both beneficial and harmful. Even though women are surviving birth in higher numbers, in some cases medical intervention comes at a high cost. Research indicates that vaginal birth can be safe after a cesarean section, however, the standard for subsequent birth is to automatically deliver by cesarean section (Flamm, Lim, Jones, Fallon, Newman & Mantis, 1988). Kendra's view of physicians who offer cesarean sections and "don't have the patient's best interest at heart" indicates that even as biomedicine extends lives, it can have detrimental consequences.

Francine said,

Definitely the medicalization of [pregnancy] and the hospitals make some politicians feel like they can have a say in the issue of contraception or any issue that they are trying to have a say in because the pregnancy can be, in a lot of cases, 'Ok, the doctor says do this.'¹¹

Francine thinks the result of medicalizing pregnancy is that a pregnant person is no longer the expert; the doctor is (Martin, 1987: 56). While Kendra mentions the direct consequences of over-medicalization, Francine focuses on the indirect, political implications of over-medicalization. Francine says that medically regulating pregnancy makes other "specialists," such as politicians, feel entitled to regulate pregnancy as well. Kendra, Jamie, and Francine agree that pregnancy is

¹⁰ Interview, 11-23-2013, Women First Clinic

¹¹ Interview, 11-02-2013, A&S College Library

over-medicalized and that this can lead to poor outcomes for the mother. Although activists expressed skepticism about biomedical intervention in pregnancy and birth-as they did in considering their own experience with medicine-activists were significantly less skeptical and, in fact, used biomedicine's respectable and authoritative reputation to further their pro-choice philosophy.

Abortion Rhetoric

In discussing abortion, activists almost always coded biomedicine positively. One of the first things that I noticed was that escorts and some RFSO members referred to the women going into the clinic and seeking abortions as "patients." I referred to them as "clients" at first but none of the activists I spoke to ever used any word besides "patient." I was struck by the term patient because it implies someone undergoing treatment for a condition and is reminiscent of a passive patient authoritative doctor power dynamic. Activists who in their personal lives were dissatisfied with the patient-doctor power dynamic invoked that exact rhetoric when discussing abortion. Furthermore, activists frequently referred to abortion as a "medical procedure." For example, Caroline said, "I would rather [abortion] be a safe medical procedure than have people die as a result of it." By referring to abortion as a "medical procedure," Caroline situates abortion among other treatments that must be performed by a "specialist," such as heart surgery. Like other procedures that doctors perform, Caroline portrays abortion as something that requires special training and is likely essential for sustained the patient's health.

Ned expressed something similar when he said, "It's a medical procedure, it's just what it is." Ned refers to abortion as a medical procedure to emphasize its necessity, similarly to other medical procedures that save patient's lives. Jamie used the same tactic and also reflected on how she acquired that knowledge:

My mom taught me about [abortion] and, definitely, from a pro-choice perspective, like, ‘sometimes people get pregnant and aren’t ready to have a baby so there is this medical procedure that you could get and then you can have a baby later if you choose to.’¹²

In describing abortion as a medical procedure, Jamie, Ned, Francine, and Caroline demonstrate pro-choice activist habitus. Referring to abortion as a medical procedure is not random but a tactic of Springfield pro-choice activists. Discussing abortion as a biomedical procedure emphasizes abortion as a necessary and life-saving procedure that must be available to those who need it.

Analysis

As pro-choice activists, members of RFSO and escorts have shared rhetorical tactics for discussing pregnancy and birth that frame their argument in the most favorable way. Echoing popular biomedical metaphors, the activists view pregnancy as a process that happens to a woman and radically affects the “object” that is her body. Discussing pregnancy as an invasive process gives pro-choice activists the chance to talk about abortion as a “solution” to a “problem.” Kendra described how she feels when encountering pro-life protesters:

I get so mad when [the protesters say] ‘why don’t more people put their kid up for adoption?’ Well, first of all, pregnancy takes quite a toll on your body. I know what it does, medically, and...psychologically as well.¹³

Kendra portrays pregnancy as a process that happens to the body, rather than something a body does, echoing the medical metaphor of the passive female body. Kendra describes how pregnancy affects a person’s life, but, *separately* lists the emotional and physical effects of pregnancy. Jamie used similar rhetoric when she argued that pregnancy shouldn’t be “forced on” an individual by other people: “Whose existence could be radically altered by having a child? I think that whether you want to have this event tear your life apart, like literally, physically and

¹² Interview, 11-13-2013, A&S College Library

¹³ Interview, 11-23-2013, Women First Clinic

the economic and emotional aspects of having a baby.” Jamie separates the emotional and physical aspects of pregnancy and discusses pregnancy as something that happens *to* a body. When activists talk about pregnancy in the context of abortion, they use tactical biomedical rhetoric that separates the mind from the body to emphasize the multiple ways that pregnancy can affect an individual’s life on multiple levels and steer the conversation towards necessary procedures that maintain both mental and physical health as well as allow an individual to maintain control over what happens to her.

Pro-choice activists often emphasize the emotional, physical, and sometimes financial aspects of pregnancy because it is something that the protesters ignore. I heard this rhetoric about pregnancy mainly in response to pro-life arguments that adoption is the best alternative for a woman with an unwanted pregnancy. Outside of the clinic, protesters chant, “A baby is a gift from God, enjoy your child.” The activists reiterate the hardships of pregnancy and explicitly state the ways in which pregnancy can be difficult as a direct response to the pro-life focus on the potential joy that a child can bring. The activists focus on the pregnancy as a process that happens to someone rather than something that someone “does” and emphasize the intrusive nature of pregnancy for someone who did not expect it. In the context of a pregnancy that will be terminated, the activists use tactical rhetoric that portrays pregnancy as an unpleasant “condition” that requires biomedical intervention to “treat.” Pro-choice activists use biomedical metaphors and the widely accepted belief that biomedicine should have a role in pregnancy to their advantage by incorporating the pregnancy as disease model into their discourse. By integrating biomedical metaphors into their rhetoric, pro-choice activists present themselves as clinical and rational, and position themselves in opposition to pro-life protesters who focus on the future “baby,” which I will discuss in detail in the next chapter.

Activists used language that frames the body as an object controlled by the mind when talking about abortion to emphasize abortion as a solution to the loss of control induced by pregnancy. When pregnancy is “forced upon” someone, such as in the case of an unplanned, unexpected, or unwanted pregnancy, abortion is a way to regain ownership of one’s body. The activists discussed abortion in terms of women regaining a form of control over their bodies that pro-life people seek to take away. Brenna, someone with experience as a pro-choice leader, said, “It’s about whose body is whose and who is in control of your health.” Brenna emphasizes that the fundamental principle that pro-choice activists try to defend is that the body is the property of the person who resides inside of it.

Similarly, Francine explained that a partner should only have a minor influence in the decision to have an abortion. She said, “The individual should be able to do what she wants with her body.” Francine thinks that because the pregnancy is taking place in one specific body, the decision should be up to the “owner” of the body. Rose, when responding to one of my questions about why pro-life activists are also against birth control she said, “It’s because they are more about control of women’s lives and bodies than about any sort of sensible reproductive policy.” Rose considers one of the fundamental issues of the political debate over legal abortion to be the desire to control the lives and the bodies of women and to take that ownership away from female persons. Rose uses similar rhetoric to other activists who argue that the body should be controlled by the person inside of it. Additionally, Rose’s rhetoric reiterates a difference many pro-choice activists identify between the pro-choice and pro-life movements. By focusing on sole autonomy over the individual body, pro-choice activists strive to ground their philosophy in “rational,” “legal” rights of an individual. By strategically positioning themselves as

“reasonable,” pro-choice activists portray pro-life activists as “emotional” attempting to further a “personal” and “moral” (and not “sensible”) agenda.

For many Springfield pro-choice activists, the right to decide to have an abortion is a matter of the individual’s right to autonomy. Although activists may feel passionately about being pro-choice, they use tactical rhetoric to express their pro-choice philosophy in a way that appears “neutral.” One reason pro-choice activists may use this tactic is because, at this moment, Supreme Court and lower court decisions are what uphold a woman’s right to choose. By mimicking “legal” language, pro-choice activists further strengthen their position as the “neutral” side of the debate.

Conclusion

Activists tend to critique the ways that biomedical mind-body dualism affects their own health care experiences while tactically deploying that very rhetoric in their political terminology. At first, activist rhetoric seems contradictory. In order to understand how activists’ personal and political rhetoric in can coexist, it is necessary to understand that activist habitus consists of shared behaviors based on shared experiences. Regarding personal matters, pro-choice activists’ access to biomedicine gives them the opportunity to acquire the cultural capital to discuss how mind-body dualism is problematic. Politically, activists’ exposure to the pro-choice movement (as a “structuring structure”) helps them to develop rhetorical tactics that further their cause most effectively (Bourdieu, 1977:72). Like in the case of Israeli surrogates that use mind-body dualism in their favor, pro-choice activists deploy mind-body dualism imbedded in biomedical metaphors to defend legal abortion by seeking to marshal biomedicine’s authority (Teman, 2003 :81). Pro-choice activists who use biomedical, “neutral” rhetoric attempt

to position themselves in direct opposition to the “emotional” pro-life movement in the social field of the abortion debate.

Pregnancy as a Weapon, the Fetus as a Shield: Directing Political Debate to Benefit a Pro-Choice Philosophy

Introduction

Located along a one-way street among other large unmarked buildings, the Women First Clinic is somewhat difficult to find. As an outpatient medical facility, the Women First Clinic blends into the surrounding condominiums, apartments, and business offices. Driving up to the clinic, it is easy to miss the grey sign sitting among the bushes stating the address and the name of the clinic. But, if you are arriving at the clinic just after the clinic opens its doors on a Saturday, the building is much easier to find. The one-way street of the clinic seems more like a runway, but instead of lights lining the path there are signs with bloody, mangled babies and pro-life slogans such as, “Abortion is murder” and “Does this look like a choice to you?” The pro-life protesters claim that these posters depict real aborted fetuses that were found in dumpsters; however, pro-choice activists state that these posters are artistic renditions because the products of abortion are properly disposed of according to biomedical standards. The images of dismembered and bloodied babies that the protesters display along the road lead patients clearly to the clinic.

Abortion clinics are at the center of the current abortion debate in the United States. Over the past three years, legislators have introduced an unprecedented number of TRAP (Targeted Regulation of Abortion Provider) bills. In the 2014 budget for the state within which Springfield is located, the Governor approved many TRAP regulations such as cuts to Planned Parenthood funding, as well as redirecting funding to religiously based Crisis Pregnancy Centers, which typically do not offer information about abortion (Marty, 2013). Although lobbying and demonstrating happens at government offices or city rallies, abortion clinics are a stage on which

the abortion debate plays out with pro-choice escorts, protesters, fetuses, people seeking abortions, and abortion providers all present.

The signage and chants of the protesters outside of the Women First Clinic resonate with the current pro-life movement's stance. Pro-life discourse focuses almost entirely on protecting the fetus, or the "unborn child" (Luker, 1984:129). The overwhelming focus on the fetus, "baby," or "child," is a key tactic of the pro-life movement. In contrast, the pro-choice movement's focus is the female body within which the fetus is located. Although abortion activism was first centered on protecting the mother's physical health, since the mid 1960's, the pro-choice movement's focus has been on the right of women to seek abortions (Luker, 1984: 93). In this chapter, I argue that pro-choice activists deploy the term "fetus" tactically in order to support their philosophy that the life of the pregnant individual ought to be the focus of the abortion debate, instead of the state of the fetus. Activist discourse about the fetus focuses on terminology surrounding viability and echoes language used in the 1973 Roe vs. Wade Supreme Court decision. Tactical rhetoric that focuses on the "fetus" and the interdependent fetus-person relationship is a deliberate action intended to distinguish the pro-choice activists from the pro-life movement. In addition, activists use the terms "fetus" and "viability" in order to construct themselves as scientific, neutral, and "unemotional," in opposition to the protesters' rhetoric of "baby" and "life" that is viewed as more emotional and personal. Before I analyze activist discourse on the fetus, I present the historical context of "the fetus" within the abortion debate.

The History of "the Fetus"

The history of how the fetus became part of the abortion debate is important because both pro-life and pro-choice activists' discourse on the fetus is heavily influenced by a "visible" fetus. The fetus, the embryo, and the unborn baby were not always discussed the same way as

they are today. Some pro-life activists cite the historical protection of the unborn as one of many reasons that abortion should be illegal. For example, Dr. Jack Willke, a prominent pro-life activist, publicly stated that the concept of abortion is new and that it is so “unnatural” that within the next century the practice will be eliminated (Craine, 2010). Willke argues that because there is limited documentation of abortion prior to its legalization, it is a new concept. Willke is somewhat correct: “abortion” as it is thought of today did not exist prior to the 20th century. Abortion as a morally controversial social issue regarding the status of the fetus is a relatively new phenomenon; however, terminating pregnancy is not (Luker, 1984:11).

Contemporary understandings of pregnancy emerge out of biomedical technological advances that are increasingly a part of pregnancy (Duden, 1999: 14). As late as the mid-19th century, the only way a woman could definitively know she was pregnant was when quickening—feeling the fetus move in the womb—occurred. Quickening, which typically takes place during the fifth month of pregnancy also indicated the point at which a woman, as well as the rest of society, understood her to be carrying a child, not just experiencing a mysterious condition that was causing her to stop menstruating (Addelson, 1999:29). Before quickening occurred, women of the 18th and 19th century could not be sure of pregnancy and may have considered their lack of menstruation to be the result of a different condition (Duden, 1999:16). The movement of the fetus at five months was a sign about what was causing the menstruation to stop. Since an individual and a community were not able to discern whether a person was pregnant or not before the fetus moved, the pregnancy did not “begin” until that point. Prior to quickening, there is documentation of women people seeking “remedies” for the disruption of their menstruation, what today might be considered an abortion. Without being able to see or verify the presence of the fetus, doctors and members of the general population were not able to discuss the fetus or

child with any certainty. With advances in technology in the late 18th century, the increased visibility of the fetus correlated with portraying and discussing the fetus as a separate entity.

In 1799, when anatomist Samuel Thomas Soemmerring published his findings on fetal development, he introduced a new paradigm for thinking about pregnancy and the fetus. Soemmerring noticed that before fetuses were scientifically studied, common depiction portrayed the fetus as a fully formed baby, only smaller (Duden, 1999:21). The fetuses that Soemmerring studied to better understand the trajectory of fetal development were brought to him from all over Europe from anonymous women. As German historian Barbara Duden argues (1999:23), the precedent of portraying fetuses as fetuses, meaning separate from the woman within whom they took form, began with Soemmerring. Following Soemmerring's research on fetal development, the nineteenth century became a period of transformation in how the medical community and society understood the fetus. Before Soemmerring, the woman and the fetus were inseparable and the first signs of life could only be detected at five months. Soemmerring's findings regarding fetal development and form are the historical roots of the separation between the woman and the fetus that characterizes today's abortion debate centered on "rights of the fetus" versus "rights of the mother."

Nineteenth century medical concepts related to pregnancy were caught between emerging knowledge about fetal development and medical professionals who sought more authority and respect. In the mid-nineteenth century, a Boston doctor named Horatio Storer contested the claim that a pregnancy was only present once quickening occurred, and instead argued that life starts at conception and, thus, a child is present from the moment of conception. Ideas like these emerged amid doctors' anxieties around maintaining the legitimacy of biomedicine. Thus, many doctors argued that biomedicine should be the expert on the fetus instead of a woman. A popular belief

among doctors was that women only sought abortions because they did not understand that a life begins at conception (Luker, 1984: 21). Dr. Storer and other physicians advocated that abortion was murder and the fetus was human (Addelson, 1999:30). Although similar ideas were circulating in the late 18th century, in the 19th century they gained popularity.

As medical doctors were gaining authority over the fetus, a mysterious person-like organism, professors at prominent medical institutions in the United States were advancing their studies of embryology and collecting embryos. Starting in the late nineteenth century, professionals at Carnegie Mellon University were leading other institutions in studying embryology and mastering fetal development. By the mid-twentieth century, researchers had come in contact with roughly nine thousand fetuses (Morgan, 1999:50). As research revealed more about fetal development, doctors took the right to arbitrate pregnancy away from women who were deemed unable to understand the finality of the decision to end a pregnancy. Doctors used their expert knowledge of the fetus to endow themselves with the ability to decide when an abortion should be performed, typically when the life of the mother was thought to be at risk (Luker, 1984: 24).

During the early part of the twentieth century, debates around abortion settled into a lull. Physicians were the official abortion decision makers and women could find ways around the laws that allowed for abortion only in the cases of endangering a mother's life. One physician admitted that some abortions were performed even without a clear threat to the mother's life (Luker, 1984: 47). With women able to access abortion and laws mostly forbidding abortion unless the life of the mother was threatened, there was public silence on abortion until the mid-twentieth century. As the necessity of medical abortions to save the mother's life decreased and women began requesting abortions for psychological reasons, issues of the fetus and abortion

became firmly set in the moral realm (Luker, 1984:55). The moral controversy surrounding abortion today focuses on the ethics of destroying the fetus, whether abortion is the killing of a person, and whether or not the pregnant person has the right to terminate their pregnancy. These controversies came about after technological advances made the fetus visible.

In Soemmerring's notes, he portrayed fetuses as autonomous entities outside of bodies. In the mid-twentieth century, Swedish photographer Lennard Nilsson continued Soemmerring's precedent. Nilsson photographed mostly aborted fetuses; however, his photographs were used in *Life* magazine as pictorial evidence of early stages of life (Michaels, 1999:117). Aside from photographs of "dead" fetuses being used to advertise a pro-life agenda, the most notable aspect of Nilsson's photographs was that they removed the person within which the pregnancy was taking place from the frame. During the 1960's when Nilsson's photos were being disseminated in pro-life publications, obstetricians and gynecologists were making progress in making the once invisible fetus visible. During the 1960's, fetal imaging, through ultrasound and fetal surgery, was starting to become commonplace, distancing the still developing fetus further from the pregnant person (Casper, 1999:105). As the developing fetus was being exposed through medical advances, Catholic churches were recommitting themselves to the idea that abortion is murder in all cases. It was only in the late 1960's that abortion became a women's issue or a women's rights issue (Luker, 1984: 93). The United States Supreme Court *Roe vs. Wade* decision (1973) came at a time when the fetus was becoming visible and women were mobilizing around their right to terminate a pregnancy. Much of the discourse about the fetus is embedded in and stems from the rhetoric of *Roe vs. Wade*.

Activist rhetoric that reflects the *Roe vs. Wade* decision, the visibility of the fetus, and women's rights is a discourse that positions the fetus as an actor in contemporary abortion

debates. To be an actor in a story, a character does not need to be human and have will or even thoughts. An actor in a story is a participant whether they are human or not. In the case of the abortion debate, the fetus is an actor alongside pro-life and pro-choice activists. Pro-life and pro-choice activists are actors in that they represent “real” positions in the debate; there are people who oppose legal abortion and there are those who advocate for it. The fetus is an actor alongside the activists in that the visible fetus has a presence and influence; it is a participant in “collective action” (Addelson, 1999:34). Pro-life activists are influenced by the fetus in that they advocate for protecting it. Pro-choice activists are influenced by the fetus because they advocate for acknowledging the fetus as inseparable from a pregnant individual. Regardless of whether the fetus is a “real” concern of the debate, meaning whether the fetus ought to or ought not to be part of the discussion about abortion, the fetus is a *reality* of the debate.

Fetal Viability and Life

The Roe vs. Wade Supreme Court decision of 1973 focused on a women’s right to privacy and the fourteenth constitutional amendment, but the timeline of fetal viability is mentioned in the majority decision. The Roe vs. Wade decision ruled that the decision to have an abortion would be made by a woman and a doctor (Moore, 1993:34). In the 1992 Planned Parenthood of South-Eastern Pennsylvania vs. Casey Supreme Court decision, the Supreme Court’s focus shifted to women being authorized to make the decision to have children or not. Instead of a woman and biomedical professional making the decision together, the 1992 decision ruled that the decision to have an abortion should be left to the woman. But, the ruling also gave the state the authority to mandate counseling, information, and procedures in order to ensure that a woman makes a choice that is “thoughtful and informed” (Moore, 1993:34). In both cases, determining fetal viability- that is, when a fetus is capable of surviving outside of the pregnant

person- was a central concern for the court. Activists' rhetoric reveals that viability and "when life begins" are also central to their pro-choice philosophy.

Four central elements loomed large in pro-choice activist rhetoric on fetal viability and when life begins. Before I introduce the elements, I should clarify the relationship between viability and when life begins. The *Planned Parenthood of Southeastern Pennsylvania vs. Casey* (1992) Supreme Court decision upheld the *Roe vs Wade* (1973) decision to allow abortion before viability; before viability, a woman can make the decision to terminate the pregnancy or not but after viability the state has the right to regulate abortion. "Viability," however, is not stable, and changes based on technological advances. In Springfield, viability is defined as the point at which a biomedical doctor deems the fetus capable of, "life outside of the womb with or without temporary artificial life-sustaining support" (Post-viability Abortion Definitions of 2003). Typically, the range in which a fetus is viable outside of the womb is between twenty three and twenty four weeks (Breborowicz, 2001).

The debate over when life begins persists today as a focus of pro-choice activists. The four elements of the argument are: One, the point at which life starts is unknown. Two, the point at which life starts is irrelevant. Three, life does not start until the fetus is viable outside of the uterus. And four, the point at which life starts is up to each individual to decide for themselves. In addition to these four elements, activists endorsed the idea that regardless of the status of the fetus, the preferences of the carrier of the pregnancy are most important. Any of these elements could be combined with any of the other elements to form activist perspectives. Activists included at least one of these elements in their fetal discourse, the way in which they talked about the role and influence of the fetus that is now an actor in the abortion debate.

Although it seemed that most activists were familiar with the concept of viability, only one activist explicitly mentioned viability in sharing her thoughts on how “the fetus” influences her stance on abortion. Francine said:

How I feel, which I take as the typical pro-choice sentiment is that, if the fetus is not viable outside of the mother then it does not have the right to life because it wouldn't have a life without the mother. . . . And then, if the fetus is viable and it endangers the mother's health then I think the mother's health comes before the fetus.¹

Francine's comments enfold an emphasis on element three: life does not begin until the fetus is viable. However, even after viability, the “life” of the fetus comes secondary to the life of the mother. Francine's framing of the fetus invokes the concept of viability, as does *Roe vs Wade* (1973), and is based in legal and constitutional rationales. Francine's ideals are grounded in what she considers to be the “standard” pro-choice philosophy, meaning her opinion aligns with the Supreme Court decisions in 1973 and 1992 that uphold legal access to abortion. However, Francine goes beyond the “standard” pro-choice position to suggest that even after the fetus is viable, it should be sacrificed for the life of the person carrying it. Francine endorses the legal precedent of *Roe vs. Wade* and *Planned Parenthood vs. Casey*, even though it is not ideal.

Caroline puts the mother's life first, but goes on to say that she can't determine when life starts, but isn't concerned with deciding:

I don't know if I have dehumanized the fetus, which is what a lot of pro-life people would say. I just really don't think that the fetus is a person. . . . That's the thing about late term abortions and ‘Oh it's a baby.’ The thing is, later-term abortions are basically always because the mother is dying.²

Like Francine, for Caroline the life of the mother trumps that of the fetus, even and especially in the final weeks leading up to viability. Caroline also seems uncertain of her attitudes on the

¹ Interview, 11-02-2013, A&S College Library

² Interview, 11-06-2013, A&S College Library

fetus; she doesn't think the fetus should be considered a person but she isn't very concerned with defining the fetus as long as its position remains subordinate to the mother's life. Both Francine and Caroline explicitly mention viability as influential on their activist philosophies.

Claire and Mark are both unconcerned with determining when a fetus becomes a life.

When I asked Claire about how the fetus should factor into the decision to have an abortion and when life starts she said,

I don't know enough about science, I should know more. But, it's really hard for me to believe that life starts at conception. But I don't know if...for me the issue of abortion doesn't have to do with...the life of the child, or the fetus, or whatever. It has more to do with the life of the carrier.³

Claire doesn't have solid opinions on when life starts but she also isn't too concerned with when life begins for the fetus even though she knows she would look to science, presumably biology, to understand fetal development to determine when life begins. Claire is more concerned with defending the opportunities available to the pregnant person. Mark's beliefs are very similar:

Scientifically, that's a very complicated question, and it also doesn't really matter that much in the end because the fact that the person carrying the baby is a human it not complicated. So that kind of simplifies it for me.⁴

Mark does not think there is an easy way to conceive of the fetus but he is also not actively trying to solidify his philosophy of the fetus. To Mark, it is more important to remember that the person who is pregnant is, undoubtedly, alive. What underlies Francine's, Caroline's, Claire's, and Mark's philosophies but remains unmentioned is that fetal concepts are, to a certain degree, something that every individual should be able to create for themselves. Brenna, Courtney, and Ned explicitly noted that "when life begins" must be decided independently.

³ Interview, 10-17-2013, A&S College Library

⁴ Interview, 12-07-2013, Springfield

Brenna's philosophy of the fetus is rooted in the assumption that it should be the right of every pregnant individual to decide for themselves when life starts, although it is arbitrary and irrelevant to the right to an abortion. Brenna said:

I don't think it's [when life starts] relevant. I've seen if you show a picture of a fetus every week until it gets to nine month; that's the classic thing people do, when is it a life, when is it not. And that's just not relevant. You can decide for yourself, I am that much pregnant I am not going to get an abortion because that's what I think, but you shouldn't decide that for other people and that's what it comes down to.⁵

Brenna thinks that the question of when life starts is irrelevant to her activist philosophy, but if someone considering an abortion wants to contemplate when life begins, it should be the private decision of that individual.

Courtney, like Brenna, thinks that the point at which a fetus becomes a life is complicated and should be decided by individuals. However, she seems slightly more conflicted:

I think it is a baby but it's not yet born, it's not yet aware. When you are eight months pregnant and you go to a scary movie your baby will kick, your baby will get upset, it is aware to a certain extent. I think up to a point. I think it's really hard to say and I don't know if I could draw a line and say it's not a baby, that's why I say if I have to get an abortion it would be incredibly hard for me.⁶

In trying to formulate her own personal definition of when life starts, Courtney leans towards considering the fetus as a life. Courtney's personal philosophy that a fetus is a baby illustrates that activists' fetal philosophies are not stable or homogenous. Courtney is conflicted, but, ultimately, thinks that the choice of when life begins should be left up to the pregnant person.

Ned also stated that the decision should be first and foremost left up to the pregnant person: "...maybe sometime after twenty four weeks thoughts are happening, that might be, for me, some aspect of life. But having said that, there are so many extenuating circumstances that

⁵ Interview, 11-06-2013, A&S College Library

⁶ Interview, 11-15-2013, A&S College Library

surround that, how could government ever, ever regulate that?" Ned has a vague idea of when life begins, which coincides with viability, but he emphasizes that many unpredictable situations arise; thus, it is best to leave the decision to the individual who is pregnant. Brenna, Courtney, and Ned all value placing the decision of when life starts into the hands of the person carrying the pregnancy even though their own personal ideas on life may be more or less certain.

Jamie and Kendra emphasized that when life starts is uncertain and irrelevant respectively. In Jamie's words,

It's really complicated because you get into this territory of when life begins and the medical community has been divided on this whole issue for years, if it's viable. But, with increasing technology the fetus can now be viable in increasingly younger stages of development, that doesn't mean that is necessarily healthy for it...Different religions have different ideas of when life begins. And I used to know this pretty well, but at least within the main three of Islam, Judaism, and Christianity, the ideas of when life begins are pretty different.⁷

Jamie understands the different roots of beliefs about viability. But, with such a variety of philosophical frameworks on hand, the only thing she is certain of is that there is no "True" answer and that the moment when life begins is uncertain. Kendra most explicitly expressed her ambivalence about the question of when life begins:

Another argument that I think is really interesting is when people say 'Oh, the fetus is a person too or the fetus can feel or the fetus can this; even though there is really mixed science on this. I'll say 'You know, let me blow your mind here, even though the science about when a fetus is this or that or when it can feel or when a fetus is viable. Let me say that I'm going to concede that it's a person, or it can feel, or it's viable. I still think it's better to have an abortion, because it is still better for everyone involved. You're thinking about a life lost, and maybe that's sad sometimes, but think about what that life would be like. You say everybody deserves a chance but do you really believe that? Because what are you going to do to make sure that that someone has that chance.' And the problem for me is that it's never so simple do you think, ok I have to pick. The life of a woman or the life of a baby, let's even call it a baby, I'm going to go woman every time. She's already

⁷ Interview, 11-13-2013, A&S College Library

alive, she already has a life; she's already doing stuff. In an ideal world we wouldn't have to make that decision, but this isn't an ideal world.⁸

Kendra uses the word fetus, indicating her effort to demonstrate that the fetus should be thought of neutrally, in a frame of reference that emphasizes science and biomedicine. Kendra's rhetoric illustrates how pro-choice activists try to employ "rational" evidence to support abortion.

However, even as Kendra constructs the fetus in a particular, "unemotional" way, she is willing to "concede" that her philosophy of the fetus may not hold true for everyone. She suggests, however, that even if the fetus is a "baby," the woman comes first every time. Kendra vividly demonstrates her opinion that the status of the fetus is always secondary to the wishes of the mother by using pro-choice rhetoric of "fetus," but switching to "baby" to further her point that the mother's wishes outweigh any symbolism that is projected onto the fetus.

Even though the activists' statements during the interviews varied, their shared discourse centered on four core concepts and endorsed the view that regardless of the status of the fetus, the person carrying the fetus has the ultimate right to determine whether to continue a pregnancy or terminate it. The manner in which the pro-choice activists discuss the fetus embodies a pro-choice philosophy that views the existence of the fetus as secondary to that of the pregnant person.

Analysis

Whether activists considered the point at which life begins to be uncertain, irrelevant, at viability, or to be decided independently, they primarily referred to the fetus as a "fetus" and only occasionally as a child or baby. Both the word choice of the activists and their philosophies about when life begins illustrate that pro-choice activist discourse strives to represent the fetus as

⁸ Interview, 11-23-2013, Women First Clinic

secondary to the pregnant person. As Ned said during his interview, “My mom doesn’t even know what that word [fetus] means, [a] doctor might say it to her. The vocabulary you hear is not fetus outside of A&S College hippies and super pro-choice activists.” The term fetus is a specific word deployed by pro-choice activists whose mission is to advocate for legal access to abortion that respects the finality of women’s decision to continue or terminate a pregnancy. Ned’s comment that the word “fetus” would be foreign to his mother indicates that it is part of the pro-choice activists’ tactical rhetoric. Being familiar with the term “fetus” and deploying it requires the cultural capital most widely held by pro-choice activists or other like-minded people exposed to the same structuring structures.

Activist use of the word “fetus” is deliberate and interested as it distinguishes an organism developing in utero from what it becomes when it is born. The connotations that “fetus” carries are sterile, and index scientific distance between observers and observed; the connotations of the word “baby” invoke feelings of love, nurturance, and helplessness. By using the word fetus, the activists steer the conversation into a neutral register so that when they advocate for legal access to abortion, they do not have to actively remove the right to continue or terminate a pregnancy from the realm of emotions that surround children. They have already accomplished this by using the language of “fetus” and fetal development as opposed to “baby” or “child.” Pro-choice activists’ use of the word “fetus” to shift the register of the abortion debate from emotional to rational is an instance of activists seeking to establish norms that are beneficial for their pro-choice position (Bourdieu, 1984 :291). Activists use neutral and distancing rhetoric so that they can gain and maintain control in the social field of the abortion debate. If activists use the term fetus, others may use it as well, and a new norm begins to emerge, giving the pro-choice side an advantage.

The careful word choice of the activists is visible on multiple occasions such as when Claire struggles with whether to use the word “fetus” or “child,” and when Courtney uses the word “baby” instead of the word “fetus.” Claire and Courtney are not the only activists to use both terms but they reflect two main reasons for switching between the two terms. One, activists become more comfortable and familiar with rhetoric as they spend more time as an activist (activists acquire cultural capital from interacting with other activists). Two, pro-choice activists use the term “baby” or “fetus” to infuse their rhetoric with influential association in order to express a complicated understanding of the fetus. Activists use the term “baby” or “fetus” to illustrate that being pro-choice entails developing a personal philosophy about the fetus, not disregarding the fetus.

Claire said, “[the issue of abortion] does have a little to do with the life of the child, or the fetus, or whatever.” Claire at first says child but then corrects her terminology and uses the word “fetus.” Claire seems to be aware of the importance of using the word fetus and thus corrects her mistake to maintain emotional distance. Claire actively maintains the neutrality of the fetus being secondary to the woman, unlike Courtney who acknowledges the possibility that the fetus can be discussed emotionally, as a potential child, while still being staunchly pro-choice. Courtney’s deliberate use of the term “baby” illustrates her conflict over the status of the fetus. Even though it is not born, Courtney believes that the emotions of love, helplessness, and nurturance should be invoked when discussing a “baby.” Courtney expresses that it is important to be open to the possibility that the fetus is something other than a scientific specimen. In the process, she enters a register that many pro-choice activists do not engage. Courtney boldly admits that she is uncertain if the fetus can be thought of as “just cells.” However, she still identifies as pro-choice and says that, ultimately, the decision should be left to the individual.

Kendra echoes Courtney’s philosophy when she is comfortable calling the fetus a baby, a life, and alive. Kendra enters into relatively unknown territory by acknowledging that even if the fetus is a person it should still be the pregnant person’s choice because the fetus is completely dependent on another person’s body. Analysis of my interview data indicates that a major feature of pro-choice discourse on the fetus is a focus on the life and wishes of the pregnant individual more so than the viability of the rights of the fetus. However, deviations from this basic principle are plentiful. In the past, I’ve met RFSO members and escorts who are open to discussing the right to an abortion despite supposed fetal personhood. Similar to Kendra, there are activists who enter into conversations that stem from using the term “baby” or “child.” Activists who are able to discuss both “the fetus” and “the baby” likely have more experience confronting the status of the fetus, maybe as a result of interacting with pro-life individuals or those that have more neutral positions on abortion.

As advocates for the right to choose, activists use the term “fetus” as a tactic to focus on the rights of the pregnant individual. Pro-choice activists oppose the pro-life movement that wants to limit the choices available to pregnant people. The pro-life movement’s rhetoric surrounding the fetus hinges on using

the term “baby” and invoking its emotional connotations. The pro-life tactics are clearly evidenced by



Figure 4-A National Right to Life Webpage Banner

their signs and chants. Figure 4-A, for example, shows pro-life tactics in action on an organization’s webpage banner. Right to Life deliberately uses a picture of a baby instead of adults or pregnant people in their advertising. This pro-life organization

uses a baby to engage people's emotions; the baby is "cute" and people feel empathetic and are motivated to agree with the pro-life movement. Activists, specifically escorts who observe members of the pro-life movement when they volunteer, commented on pro-life rhetoric that emphasizes the fetus as a "baby." Mark said, "The pro-life movement has a lot of rhetorical power behind [the term baby] and the use of the fetus and 'you're a baby killer' and all that. Because true or not, it hits at a gut level." Ned also commented on the rhetoric of the pro-life movement: "It's hard to have a debate when the other side thinks you're killing babies. That's the narrative and everyone is already using that term [baby] anyway." Ned and Mark illustrate the pro-choice assumption that the pro-life movement pointedly uses terms such as "baby" to gain empathy. In order for pro-choice activists to open a conversation about other aspects of the decision to have an abortion, they use the term "fetus." Activists frame the fetus as *something* that is unclear, while the pregnant individual is a person protected by the constitution. When pro-life activists demand rights for the "baby," the pro-choice activists already have it embedded in their rhetoric that the state of the fetus is unclear, and, thus, that it doesn't necessarily deserve the rights a pregnant person is guaranteed.

Nonetheless, pro-choice activists also use emotional arguments to gather support for their side, not unlike the pro-life side. One pro-choice activist, semi-jokingly, called the fetus a "leech,"⁹ and sometimes the activists would justify the need for legal abortion, by citing instances of rape, incest, or both. These scenarios of rape certainly generate an emotional investment in legal abortion, but they are not the only cases in which activists support the decision to have an abortion. The activists' tactics steers the conversation away from the emotions surrounding pregnancy, childbirth, and motherhood, and into the realm of constitutional rights. With abortion currently legal, pro-choice activists benefit from focusing on

⁹ Interview, 11-13-2013, A&S College Library

Supreme Court decisions that legalized abortion and uphold it as a right. In addition to activists' rhetoric on the fetus, they also tactically discuss the relationship between the fetus and carrier to further emphasize that the fetus cannot be treated equally to the person who is pregnant.

However, there is another aspect of pro-choice discourse surrounding the fetus that distinguishes the pro-choice activists: the way they conceptualize the relationship between the fetus and the carrier.

The Relationship Between the Fetus and the Person

In the examples I provide above, it is clear that pro-choice activists understand there to be a relationship between the fetus and the person within whom it is developing. Every activist that I spoke with advocated allowing the pregnant person to make the final decision about whether or not to abort a pregnancy. Often, people who are opposed to legalizing abortion portray the pro-choice activists as callous in their belief that the choice is always the mother's regardless of the status of the fetus. Within and outside of the pro-choice movement, there have been critiques of the movement's inattention to and evasiveness of the moral dimensions of the fetus in favor of the rights of women (Michaels & Morgan, 1999:3). Pro-choice activists have seemed unwilling to discuss the fetus as anything other than a scientific object. As I argued previously, the tactics used to portray the fetus as a distant object are characteristic of the activist speech I encountered, however, many activists are willing to discuss the fetus as a person or as a "life" while still advocating for the right to legal abortions. Engaging in conversation about the issue of fetal rights and personhood requires these activists to enter a conversation about the relationship between the fetus and the pregnancy carrier. In this section, I explain how the relationship between fetus and carrier is mitigated to create an independent fetus. Then I demonstrate how

activists incorporate tactics that emphasize the codependency between fetus and carrier to counteract the “independent” fetus.

The history of fetal development science reveals that as soon as the fetus became visible it also became independent. Soemmerring’s research into the developmental stages of the fetus removed the fetus from the person’s body. In his notes, Soemmerring portrayed the fetuses without umbilical cords or any indication of their former position in utero (cited in Duden, 1999: 23). Almost a century and a half later, with the invention of the ultrasound and amid the pro-life instrumentalization of Nilsson’s photographs in magazines, the fetus is portrayed to the public as a miraculous object floating in front of a grey, black, or white background whose details are unimportant (Michaels, 1999:117). The public images of the unattached, independent fetus were integrated into popular culture as well as medical practice. On the popular American drama *ER*, a doctor whose casual lover becomes unexpectedly pregnant begins to love his “child” when he sees the ultrasound. The mother of his child, who is seen sleeping in the hospital bed next to him, is a backdrop to the doctor’s attempt to connect with his own child. When the doctor views the fetal sonogram and vague image of his child, he reaches out to touch it and he is able to love. The pregnant woman, just feet away from him, is uninvolved in his process of connecting with his child (cited in Michaels, 1999:119). The monitor or sonogram image becomes the “real” fetus.

In the past twenty-five years, pregnant people and their partners have learned to bond with their fetuses through standard ultrasounds and sonograms rather than via the lived experience of being pregnant and feeling the fetus (Mitchell&Georges, 1997:386). Expectant mothers describe feeling the supposed “natural” bond between mother and child once they see the technologically produced images of the sonogram and thus, artificial intervention becomes

necessary for “natural” processes (Taylor, 2008:77). Some suggest that technological intervention was so quickly adopted into the “natural” process of pregnancy due to exposure to television. For people who are accustomed to viewing and understanding technologically generated images, the sonogram is easy to accept (Mitchell&Georges, 1997:390).

Technologically produced images portray a fetus independent of the body it is growing inside of, as well as independent of the technology used to produce it (Boucher, 2004:16). With expectant parents accustomed to viewing technological images, the intervening technology is quickly overlooked and the fetal ultrasound represents the “true” fetus.

Birthing professionals, such as doctors and nurses, are not exempt from the influence of the public fetal imagery. One woman, who experienced a difficult labor, recounted that when the monitors indicated that the fetus was struggling, “all these official people [were] coming in and hugging the monitor, when I needed the hug” (cited in Martin, 1987:146). The medical staff ignored the benefits that could have come from treating the fetus and pregnant woman as an interdependent system and “soothed” the fetus by hugging and comforting numbers, lines, and images on the monitor. This instance exemplifies the way in which the American fetus has been made independent from the person carrying it and how pregnant persons, partners, and healthcare professionals have all internalized these ideas. With this dominant narrative of a woman separate from the fetus, the activists use existing rhetoric to their advantage. In the previous section, I argue that activists separate the woman from the fetus in order to emphasize that the pregnant individual’s wishes should be upheld over those of the fetus. However, activists also recognize the flawed distinction between the fetus and the person and the issues that arise if the interdependent relationship is not discussed. Notably, more experienced activists thought it necessary to recognize person-fetus interdependence.

Activist Rhetoric of Interdependence

Jamie expressed frustration with the silence surrounding the relationship between person and fetus:

There is one thing that's really fucked up, if I can say that...elevating the fetus above the woman, above an existing person who is viable, who has personhood and who has been a person for years, for so long. And, whose existence could be radically altered by having a child.¹⁰

Jamie tactically used pointed language to express her frustration with how people who oppose abortion access frame pregnancy. Jamie is frustrated with how pro-life advocates can support granting fetuses protection from abortion when that would mean removing the right to reproductive choice from people.

By using words such as viable and personhood-tactical words in the abortion debate- Jamie foregrounds how the pro-life side focuses on the individual rights of the fetus while ignoring the individual rights of the pregnant person. Jamie's comment about individual rights is the foundation for her argument that the pregnant person and the fetus are interdependent. Pro-life activists often ignore what will happen to the carrier of a pregnancy if the person does not have access to safe abortion. Jamie explicitly states that because of this interdependency, the life and the livelihood of the woman should be considered. Jamie deploys a rhetorical tactic in order to emphasize the interdependency between person and fetus.

Activists pointed to the interdependent fetus-person relationship in other framings of reproductive choice. Margaret, a former activist, spoke about other pro-choice initiatives that she would consider joining. One such national organization is the National Advocates for Pregnant

¹⁰ Interview, 11-13-2013, A&S College Library

Women; Margaret thinks they have a well-constructed approach because they emphasize recognizing both the pregnant person and the fetus:

It is a legal advocacy organization that represents people whose pregnancies have been interfered with by the state in some way, or by someone... There was one woman who fell down her stairs, possibly in an attempted suicide, who, I'm not sure if she lost the baby or not but she was pregnant and legal action was taken against her for child endangerment. So they represent those women and they also advocate for...not separating the rights of the woman from the rights of the child.¹¹

The organization that Margaret praised is one that recognizes that treating the mother and child as separate and distinct is dangerous because it almost always serves to disadvantage the mother.

Margaret continued,

A lot of the laws that are being used for that sort of prosecution of women were initially so that if someone murdered someone who was pregnant they could seek compensation for the baby and the women, but now they are being turned back on the woman.¹²

Margaret notes first the laws that exist that make the fetus and carrier two people and then expands on how that can affect the rights of the pregnant person. Because the law does not account for the interdependence of the fetus and the pregnant person, a suicidal woman can be said to be a murderer.

Cases like these are not uncommon. Mark reflected on a recent news story in a conversation. A Wisconsin woman who admitted to her doctor that she was attempting to overcome a drug addiction was examined by doctors who concluded that her pregnancy was healthy; however, a judge ruled that she would have to enroll in a drug treatment program that would severely interfere with her ability to sustain her livelihood. The judge also stated that the fetus would be appointed an attorney. Reflecting on that story, Mark said, "That's where I do not have any sympathy for those types of laws. I see how often they are turned around and used that

¹¹ Interview, 11-22-2013, A&S College Library

¹² Interview, 11-22-2013, A&S College Library

way.” The laws that were intended to compensate the pregnant women for damage to *her* fetus are now used to treat the fetus as a separate individual. Mark disapproves of those laws because they are being used to restrict the rights of pregnant people to control their lives, to speak openly with medical care providers, or to seek help for mental illness without being punished.

With existing laws and dominant rhetoric protecting the fetus, the pregnant person becomes a vessel. A pregnant person can be a biological (carrying the pregnancy), a genetic, and/or a social mother. These three different types of motherhood roles are considered distinct (Goslinga-Roy, 2000:114). For example, biological or genetic mothers, as in the case of surrogacy or egg donation, act and are sometimes treated by social parents as vessels or instruments instead of participants in the birth process (135). Activists reconnect the person and the fetus in order to blur the lines between biological, genetic and social motherhood and emphasize that the interdependent relationship between fetus and person must be recognized.

Conclusion

Using the term “fetus” is a form of cultural capital that activists acquire and deploy as a tactic to further their message. In addition to rhetoric that depicts the fetus as neutral and emotionally distant, activists use the term “fetus” to note their opposing position to the pro-life activists in the social field of the abortion debate. Through analyzing rhetoric of activists such as Claire that are still learning pro-choice tactics, it is clear that individuals do not become pro-choice activists because they have some inherent knowledge and passion. Individuals acquire important cultural capital with exposure to the movement which allows them to become “real” activists. Using rhetoric surrounding the fetus as an example, it is apparent that pro-choice

activists, over time, acquire elements of a habitus that marks their social position, one of which is “speaking the right language.”

Conclusion

Activist Minds and Bodies

The goal of this thesis is to illustrate that becoming an activist is not driven only by individualized passion. Popular images of activism might suggest that activists have some sort of innate emotional connection to their cause; however, I provide a more anthropological explanation. Instead of viewing activism as distinct moments of “passion” and action, I view activism as habitus, a manner of thinking and behaving that persists outside of explicit acts of activism such as attending rallies or tabling for a specific issue. To make this argument, I examine key aspects and philosophies of the pro-choice movement in 2013-2014 in the Midwest. Most activists’ journeys begin at home through knowledge acquired from their parents. Parents are often the first people to expose activists to political beliefs about the government and its role in regulating individual bodies. Therefore, “activist” parents equip their children with the cultural capital needed to interact in the public sphere, such as knowledge about how the political system works, and how to effectively navigate “the system.” Although this familial transmission among activists is typical, some have mentors or teachers who expose them to the same frameworks. An individual’s background does not dictate whether or not they will become an activist, rather it makes it easier for some people to engage in politics and activism and may make it more likely that activism will be something they pursue.

An early knowledge of the political and public sphere helps motivate individuals to become involved with organized activist groups such as RFSO or the Springfield Pro-Choice Escorts. Once activists are involved in an organized pro-choice group, they continue to acquire cultural capital needed to “properly” discuss abortion from the activist perspective. As I show in this thesis, activists with more exposure to pro-choice organizations have a distinct vocabulary

that differs from that of activists who have just become members. But even more strikingly, activists not only share standardized political rhetoric, but also demonstrate significant overlap in the way that these philosophies carry over into personal, everyday lifestyle choices and rhetoric.

As I explain in the chapters on gender equality, medicalization and the body, and fetal terminology, activists share both political and personal discourse that reflects and endorses a pro-choice philosophy on abortion. With prolonged exposure to the movement, activists tend to be more inclusive of gender fluidity and focus increasingly on the universal aspects of abortion rights, indicating a movement away from the prior pro-choice rhetoric of “women’s rights.” This same tentative acceptance of alternative gender identities in the movement can be observed in personal pronoun and performative gender rituals that activists do or do not participate in. When discussing medicalization and the body, activists shared personal and political rhetoric. For example, activists rejected biomedical metaphors that separate mind and the body in presenting their personal bodies. But, activists used biomedical metaphors to their advantage to portray pro-choice philosophy more favorably. Lastly, activists tactically mobilize political rhetoric to distance themselves from the pro-life side and portray pro-choice philosophy as more “rational” to oppose and defeat “emotional” appeals of pro-lifers. Pro-choice philosophies are learned from exposure to the pro-choice movement, indicating that activism is cultivated and learned similar to other preferences.

So what does cultivated activism mean or imply? The abortion debate in the United States today is contentious, with both sides claiming to be interested in saving lives. Voters not committed to either side of the debate are the target audience for both pro-life and pro-choice activists; however, they can easily feel alienated by either side’s tactical rhetoric. To understand the abortion debate as more than just two sides with opposite definitions of “morality,” it is

necessary to understand how political rhetoric is cultivated and how political and personal domains are not strictly distinct. With this claim, I strive to apply my research in one Midwestern city to pro-choice activism in the United States more broadly. Likely, pro-choice activists in other cities face different issues than the Springfield activists; however, I hypothesize that activism as habitus rather than an “emotional” outburst or innate proclivity will still hold true for other American pro-choice activists.

If the abortion debate is to become less controversial and volatile, it is necessary to understand activists and others who are involved on a deeper, more emic level than first impressions allow. Pro-life activists should be regarded as more than people who desire to control women and pro-choice activists need to not be labeled as murders and baby-killers. Understanding how activists come to embody their philosophies is essential to transcending the superficial accusations that dominate the abortion debate. Looking at life histories and learned world views can reveal issues that may be at the center of the debate but ignored such as: What are the effects of medicalizing the female body in the abortion debate? How does our cultural treatment of babies and expectant mothers limit the perspective of those involved in the abortion debate? Asking these types of questions may facilitate the creation of policies that are less like temporary “Band-Aids” and more like permanent reconstructions. I hope this work reveals the importance of locating rhetorical preferences in their context and exploring potential external influences on seemingly “innate” and “natural” tendencies, especially as they intersect highly emotional and explosive issues such as public policy on abortion.

My research is a valuable addition to anthropological literature on social movement habitus and feminist anthropology. In examining how activist habitus persists in political and personal situations, I show how the concept of habitus can be aptly applied outside of its original

context. My work also contributes to existing scholarship on pro-choice activism and the social field of the abortion debate. Abortion is an issue that uniquely forces the public and private domains to overlap. By analyzing activists as the agents that blur these lines, I present how analyzing activists' political and personal rhetoric can shed light on how the political becomes personal.

Additionally, the theme of transition from second-wave to third-wave feminism that I repeatedly discuss is very revealing. Third-wave feminism came about in the early 1990's, however; over twenty years later it seems that third-wave feminism has still not spread to even a young generation of "feminists." Seeing as how young activists learn about feminism from older feminists, the activist attachment to second-wave feminism is clear. Nonetheless, it will be interesting to see what concepts the next generation of "feminists" feel connected to.

Limitations and Directions for Future Research

In conducting this research, I encountered a number of obstacles. First, I conducted this research over a span of roughly three and a half months. This limited time frame did not allow me to develop the types of relationships I would have liked with my informants. I was only able to interview activists once, and was limited in how frequently I interacted with activists outside of "formal" meetings. In order to get a fuller picture of how these activists infuse their personal lives with their political philosophies, I would have liked to get a better understanding of the personal lives of these activists. Second, this research pertains to a small number of activists who are part of a much larger national and international movement. Although there are core beliefs that unite this movement, there is likely much variation between organizations. Conducting research on pro-choice activist groups unaffiliated with a liberal arts college or comprised of a

more diverse membership (e.g. over 35 years of age) would have probably produced different findings. Nevertheless, this study provides a fruitful insight into a specific corner of the pro-choice movement in 2014.

In future research endeavors that I hope to pursue in graduate school, I aim to use an anthropological framework to approach similarly sensational and controversial issues. I am particularly interested in how life-long biomedical experiences shape the way individuals conceive of and inhabit their bodies. Specifically, I hope to explore further how a medicalized, “body as an object” culture influences how teenagers perceive agency over their sexual health. I hope to ethnographically examine how different forms of sexual education influence body concepts and relationships between a person and their “individual body.

As an insider of the communities I studied, I was able to learn about my own “activist habitus.” My initial interest in this project stemmed from a personal curiosity about why I was drawn to the issue of abortion. In learning about pro-choice activism and what experiences assist in acquiring an activist habitus, I realize I share much in common with my informants. Throughout my research, there were many instances where I found it challenging yet rewarding to try and remove myself from my own habitus to gain a new perspective on pro-choice activism. In analyzing my informants, I related many aspects of their life histories to my own lived experiences. As someone who is not afraid to deconstruct things I regard as important, I especially enjoyed dissecting an issue I feel both “emotionally” and “rationally” dedicated to. Conducting research that is personal helped me feel more confident in my anthropological and personal goals. After spending years reading ethnographies, I was able to get a taste for the process, first-hand, which has helped me develop a new appreciation for the literature I was previously exposed to. Throughout the research process, I learned that to be an anthropologist, I

need to be an “expert” on anthropological methods and theory as well as a “scholar” on the specific topic, an excitingly powerful combination.

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