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Whose body, whose choice: interactions between the pro-choice and pro-life social movements outside the abortion clinic

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Vassar College

Whose Body, Whose Choice:
Interactions Between the Pro-Choice and Pro-Life Social Movements Outside the Abortion
Clinic

A Thesis submitted in partial satisfaction of the requirements for the degree
Bachelor of Arts in Sociology

By

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Whose Body Whose Choice: Interactions Between the Pro-Choice and Pro-Life Social Movements Outside the Abortion Clinic

This project explores abortion discourse in the United States, looking specifically at the site of the abortion clinic as a space of interaction between the pro-choice and pro-life social movements. In order to access this space, I completed four months of participant observation in the fall of 2017 as a clinic escort at the Planned Parenthood clinic in Poughkeepsie, New York. I thus was able to witness (and participate in) firsthand the interactions between the clinic escorts and the anti-abortion protestors who picketed outside of the clinic each week. In this project, I apply social movement theory on framing, mobilization, and social infrastructure to the U.S. abortion discourse to understand the movements on a macro-level. My case-study analysis of the Poughkeepsie abortion clinic showed me that, while the two sides of the debate fight for opposing ideologies, their structure in this space does not actually look all that different. I draw a connection between this research and U.S. political polarization and partisanship more broadly, leading me to recognize the abortion clinic as a unique space of interaction between deeply polarized ideologies

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Chapter 1: Introduction

I grew up walking past protests on a weekly basis outside of the Planned Parenthood just a few blocks from my school in Brooklyn. As far as clinic protests go, these ones were relatively tame. It was usually just one man, sitting on an egg crate, in front of dozens of fetal images that he had fastened to the fence behind him. I watched women reluctantly enter the clinic, with the assistance of a volunteer escort wearing a pink vest. After years of witnessing these fleeting interactions, I found myself wondering about those figures in pink. What were their conversations with the patients like? What did they think of the man sitting on the egg crate? I found myself asking, how could I get my own pink vest?

I sought out family and friends who were familiar with the escort role for more information and was only met with stories of how psychologically and emotionally intense the work could be. I began to worry that it might be too draining, too unsafe, or that I would be unable to keep silent as protestors shouted at patients. But after the election of President Donald Trump in November of 2016, I began to fear how this new administration could alter the status of reproductive rights in the United States. I realized that it was time I put my worries to rest and found myself a pink vest. I could no longer justify my inactivity and I knew that this sort of activism would feel therapeutic during a time when I was feeling so utterly powerless. A few weeks following President Trump's inauguration, I became one of many who submitted an application to Planned Parenthood to volunteer as a clinic escort.

I was raised in an extremely liberal environment (and continued on to an even more progressive college), so I have rarely had my views and opinions challenged face-to-face. Once I began my volunteer work with Planned Parenthood, that all changed. Here I was, in what felt like a perfect representation of the polarization of American politics: two groups of people who

interpret an issue in opposite ways, who seem like they could never find common ground. I was standing right in front of the people I had demonized for much of my life—the people who I felt were trying to deprive women (therefore deprive *me*) of decision-making power over their own bodies. And there I was, to them, a person willing to defy God’s word and take an innocent life. This was the first time that I knowingly had to look an outspoken pro-life activist in the eyes. And I could not say anything to them to defend my opinion, as it would have violated the terms of my agreement with the clinic.

On my first shift in April of 2017, I stood there and bit my tongue as a male protestor whispered in my ear, “You know Margaret Sanger was a racist, right?”¹ I kept a straight face when an older woman walked by me and said, “We can help you. You’re on the wrong side! You didn’t grow up wanting to do this. What if your mother had made this horrible decision?” I looked the other way as the protestors adjusted the digital camera they had aimed at the clinic entrance. This forced silence pushed me into the role of an observer. As much as I wanted to talk back to them, to explain my side, I was bound by the rules of the institution. I was left with no choice but to watch them—and watch them I did. It seemed as if I naturally fell into the role of researcher through my activism. I did not find this project; rather, my project found me.

Abortion is one of the most disputed topics in the contemporary public and political discourses of the United States. Regulations regarding this controversial procedure date back to the early 1820s, but the issue began to take center stage in the second half of the 20th century. With the inauguration of President Trump in January 2017, the landmark 1973 Supreme Court decision *Roe v. Wade*—which recognized a woman’s constitutional right to a safe and legal

¹ While Margaret Sanger—Planned Parenthood’s founder—did indeed make troubling statements in support of eugenics, I do not believe that this argument discredits (or even really relates to) the contemporary pro-choice stance on abortion.

abortion—has come to take on a new meaning. The anti-abortion movement² gained political momentum with President Trump’s appointment of Neil Gorsuch to the U.S. Supreme Court. The appointment of this new Justice potentially puts the *Roe v. Wade* decision on thinner ice, as it reinforces the 5-4 breakdown of the Court when Justice Scalia held that chair, prior to his death in 2016. On the other hand, Merrick Garland—President Barack Obama’s nominee to fill Justice Scalia’s seat—would have shifted the ideological balance of the Supreme Court in favor of *Roe v. Wade*. Garland was blocked by Senate Republicans who refused to vote, leaving the seat empty for a record-breaking 422 days before Justice Gorsuch was sworn in. Now, the next appointment could make or break the decision and abortion-rights advocates have come to fear “a return to the dark days,” when women had no choice but to carry their pregnancies to term or to take a trip to the illegal back-alley abortionist (Schumacher 2013:311).

Despite the fact that the pro-life movement often describes the abortion rate as genocide or as a twenty-first century holocaust, the numbers are actually quite low (Mason 2002). Indeed, in 2011, 45 percent of all pregnancies among U.S. women were unintended—significantly higher than the rate in other developed countries (Guttmacher Institute 2016).³ About four in ten of these unintended pregnancies were terminated by abortion. The U.S. abortion rate in 2014 was

² The language used in the debate surrounding abortion has become highly politicized—each movement has advocated for a certain rhetoric which aligns with their outlook. I will use the terms *anti-abortion* and *pro-abortion* or *abortion-rights advocates* when referring to the movements and their participants. I will also use the terms *pro-life*, *right-to-life* and *pro-choice* movements, as these are the terms that each movement insists upon. This should make no reflection on my own political judgment. As Luker (1984) explains, “each side is emphatic that the label used by the other is a mockery of what it is really up to” (p. 2). The choice in language represents the polarization of the entire abortion debate in America. See chapter three for a more in-depth analysis of the language used by the two movements.

³ According to the Guttmacher Institute (2016), unintended pregnancy rates tend to be highest among young, low-income, low-educated, and minority women. This can be connected to a lack of access to contraceptives, comprehensive sexual education, and publicly-funded family planning services.

14.6 abortions per 1,000 women aged 15 to 44—the lowest rate ever observed in the nation, most likely due to an increase in access to contraceptives (Guttmacher Institute 2017). Contrary to information provided by the pro-life movement, abortion is actually one of the safest medical procedures that exists (Guttmacher Institute 2017). While the abortion procedure itself may carry minimal risk, the process of arriving at the clinic in order to obtain one has become its own emotionally hazardous event.

Of the women who decide to terminate a pregnancy in the United States, few will enter a clinic without exposure to individuals who question the outcome of their decision or their right to decide in the first place. Eighty-four percent of U.S. clinics reported at least one form of anti-abortion harassment in 2011: picketing was reported by 80 percent (53 percent of clinics were picketed 20 times or more in a year), and three percent of clinics reported receiving at least one bomb threat (Guttmacher Institute 2017). Exposure to anti-abortion protestors is highest in the Midwestern region of the United States, where 95 percent of clinics experienced at least one type of harassment (Jerman and Jones 2014). But even in New York—a blue state with notably liberal abortion restrictions—it is far from uncommon to find picketers outside an abortion clinic.

Abortion clinics (particularly those with annual caseloads of 1,000 or more) are more likely than non-specialized medical clinics to report experiencing each form of harassment (Jerman and Jones 2014). In the United States, about 94 percent of abortions that are performed each year take place in freestanding, specialized clinics—like the one where I conducted the research for this project (Joffe 2009). Anti-abortion protestors have thus come to view the clinic as the “ground zero” of the abortion wars (Joffe 2009:48).

The numbers regarding abortion clinic protests are indisputably high. No other medical procedure provokes such controversy (or, according to some, such an invasion of privacy). There

are no protests against obstetricians performing C-Sections on pregnant women, even though the procedure is often medically unnecessary and even though the surgery can carry great risk for both the woman and the fetus. The rate of C-Sections in the United States has been steadily increasing (at 31.9 percent in 2016) and has been linked to increasing maternal mortality rates (Martin et al. 2016). But there are no protests over this procedure, even though there are human lives at risk. What, then, makes abortion so exceptional?

The abortion debate is noteworthy because it exists “between two absolutes” (Cook et al. 1992). There is rarely middle ground on this issue, since, for many, it is a matter of life or death. For abortion-rights advocates, the life question relates to that of the woman: they believe that she should have the right to define her own life. For the so-called “pro-lifers,” life refers to that of the “pre-born” child: they view abortion as murder (Wilson 2013:46). For others, the debate lies in questions of autonomy and liberty. Some argue women should have the freedom to decide for their own bodies, while others argue that the fetus has no decision-making power, but has its autonomy unwillingly revoked. Both of these lenses equate life with liberty. Abortion discourse thus revolves around these polarizing frameworks.

Sociologist Kristin Luker (1984) explains that the abortion debate has no basis in facts; rather, it is about how each side weighs, measures, and assesses facts. The two movements “come to diametrically opposed conclusions” (Luker 1984:5). She asserts, “beliefs about the rightness or wrongness of abortion both represent and illuminate our most cherished beliefs about the world, about motherhood, and about what it means to be human. It should not surprise us that these views admit of very little compromise” (Luker 1984:10). Using Luker’s framework, we can see that the abortion debate centers on *socially constructed meanings*.

Luker (1984) argues that perceptions of abortion transitioned from a “private dilemma” to

a “public phenomenon,” invoking the theory of American sociologist C. Wright Mills (p. 1). Mills (1959) argues that personal troubles exist on the individual level, while public issues transcend the individual and become collective threats to our values. The two sides of this framework are, however, deeply intertwined. The “sociological imagination,” Mills (1959) explains, gives us the tools to see these connections: it “enables us to grasp history and biography and the relations between the two within society” (p. 6).

Both movements relating to abortion perceive of a public issue, but individuals often experience abortion as a personal trouble. For anti-abortion activists, abortion has become pervasive enough that it warrants classification as a major public issue. According to abortion-rights activists, on the other hand, women have the right to make decisions over their bodies, and the real public issue lies in the fact that a portion of our society is trying to deny this right. The two movements thus understand the public issue quite differently. Nevertheless, abortion is often experienced on an individual level—be it by the woman who enters a clinic seeking to terminate a pregnancy, or by the protestor who is so offended by the perceived killing of a child that they devote themselves to saving these lives. Those who experience abortion as personal trouble may end up invoking their own sociological imaginations, perceiving of the issue on a wider scale (potentially leading to their participation in a social movement). Sociology offers a unique perspective that allows us to understand the dynamics of how the public and the private come together in regard to this controversial procedure.

I brought my sociological imagination to the Poughkeepsie Planned Parenthood, in order to understand the complexities of this space. Upon arriving at an abortion clinic, the patient is greeted by an immediate representation of the polarization of frameworks that exists within abortion discourse: pink vests that read “clinic escort” on one side of a fence, shrub, curb, or

sidewalk, and “abortion kills babies” and “mommy don’t do it” signs on the other. Each side fights to get the patient’s attention first. The space outside an abortion clinic has become a battleground between two movements struggling to defend lives. I came to view this space as a manifestation of the abortion debate in the public arena. How do two diametrically opposed movements interact both in the larger-scale political discourse and in close proximity in front of an abortion clinic? My work as a clinic escort emerged as the venue for exploring this question.

This senior thesis analyzes the complex relationship between the anti-abortion movement and the abortion-rights movement, viewing the abortion clinic as a contentious space of interaction between the two. In the next chapter, I provide historical context for the American abortion debate, with the goal of bringing the reader to an understanding of how abortion discourse came to be so polarizing. I demonstrate that the controversy is much more than a reaction to a single Supreme Court decision; rather, it lies in decades of dispute between interested parties, including physicians, religious institutions, and the women’s movement. In chapter three, I discuss the abortion debate from a theoretical perspective, applying social movement theory to the movements surrounding the issue. In this section, I give the reader a macro-level analysis of the pro-life and pro-choice movements, focusing on framing, mobilization, and social infrastructure. In the fourth chapter, I present my own original research, conducted over a four-month period at an abortion clinic in Poughkeepsie, New York. I describe my methodology, assess the benefits and limitations of participant observation as my research method, and connect my theoretical findings to what I witnessed firsthand. I end this project by exploring the question of what might come next for this highly contentious procedure. It seems unlikely that the debate over abortion will disappear anytime soon, but I ask, then, what can this debate tell us about U.S. political discourse on a broader level?

Chapter 2: Historical Contextualizations for the U.S. Abortion Debate

In order to understand the interactions between these two contentious and polarized movements, it is essential that we look to the history of the abortion controversy in the United States. The debate over abortion is typically seen as having originated with the Supreme Court decision in *Roe v. Wade*. Issued on January 22, 1973, the landmark decision upheld a woman's constitutional right to a safe and legal abortion: The Court ruled 7-2 that the first, fourth, ninth, and fourteenth amendments extend to a woman's decision to have an abortion and that state laws to ban abortion except to save the life of the mother were unconstitutional. The decision "astonished even the strongest abortion rights supporters at the time" (Munson 2002:83). Many believe that this moment catalyzed the U.S. abortion controversy. The anti-abortion movement is thus understood as a "reaction to this watershed event: a mobilization of organizations and people to reverse what they view as an outrageous and flawed decision that flies in the face of decades of jurisprudence and centuries of moral standards" (Munson 2002:76). In reality, however, the debate actually began more than a century earlier.

Throughout most of American history, abortion was not rare—nor was it illegal. In 1800, there were no state statutes regarding abortion. In the nineteenth century, the procedure began to meet more regulation, but was legal up until "quickening," when a woman was able to perceive fetal movements, which generally occurs between the fourth and sixth month of pregnancy and was widely viewed as the beginning of life (Luker 1984). A century later, the legal status of the procedure had significantly changed: nearly every state had banned abortion at any stage of pregnancy, except when medically necessary to save a woman's life (Munson 2002). Those who performed an abortion—and in many states, this included the woman herself—faced the possibility of criminal prosecution (Luker 1984). What changed in this century and who

championed this new anti-abortion agenda?

In this chapter, I address this important question in order to situate the current landscape surrounding the issue of abortion within historical contextualizations of the issue. By examining the many different interest groups involved in abortion legislation and regulation, I demonstrate the complexity of the topic and the ways in which the pro-life and pro-choice movements have interacted with one another over the past two centuries.

Physicians and the Professionalization of Abortion

In the twentieth century, the medical profession struggled to attain the high social status it has today, finding itself in direct competition with practitioners of alternative medicine (like midwives and herbalists). The push for regulations regarding abortion largely came from physicians, as an effort to assert their “monopoly on scientific knowledge” (Munson 2002:78). In 1847, the American Medical Association (AMA) was established to improve the standards of medicine and to upgrade the status of the profession. The AMA formally launched its attack against abortion providers in 1859, employing lobbyists at the state and federal levels to push for stricter regulations. The medical community asserted that science proved that abortion was a form of murder and claimed that this new stance opposing abortion came from recent medical evidence. In reality, however, this period witnessed no major advances in our understandings of embryonic life (Luker 1984).

The abortion debate rested on the *moral* interpretation of biological understandings of pregnancy, disguised as empirical fact. What Luker (1984) refers to as the “drive for professionalism” served to mobilize the leaders of the medical community in their anti-abortion stance (p. 29). She writes, “abortion, and only abortion, could enable [physicians] to make symbolic claims about their status. Unlike other medico-moral issues of the time—alcoholism,

slavery, venereal disease, and prostitution—only abortion gave physicians the opportunity to claim to be saving human lives” (p. 31). Abortion quickly became the means through which the medical community sought to assert its expertise over the public and the law.

Despite the fact that many physicians supported the view propagated by the AMA, they refrained from framing women who obtained abortions as active agents in the murder of another human being. The medical profession upheld the innocence of women—particularly, elite white women—who sought abortions. A medical professor from Michigan argued that abortion was “the act of those who know not what they do” (Luker 1984:22). These physicians asserted that women were ignorant of the value of embryonic life, leading them to the incorrect belief that abortion was morally acceptable (Luker 1984). This sort of statement served to claim a moral superiority of medical knowledge over the general public.

Rather than advocate for the elimination of all abortion, the medical profession sought to create a category of justifiable causes for abortion in order to become the exclusive gatekeepers to the procedure. Doctors thus created the category of “therapeutic” abortions, meaning that the procedure would be legal if deemed medically necessary to preserve the life of the mother. The right to make this important assessment would be held by doctors—not women. In 1900, every state but six included a therapeutic exception in abortion statutes (Luker 1984).

In the early 1940s, physicians established abortion committees that were charged with making decisions regarding the procedure on a case-by-case basis. Unsurprisingly, these committees were far more likely to grant permission to white, affluent women (Munson 2002). Physicians still framed abortion as murder, but in their efforts to designate themselves as gatekeepers to the procedure, they became the ones who would be tasked with granting exceptions to the rule. This was, again, done with the intention of increasing the social status of

physicians. At the same time, their professionalism of the abortion debate helped to keep the issue hidden from the public, as the controversy was mostly confined to elite circles.

The midpoint of the twentieth century marked a period of significant progress in medical knowledge. It did not take long for individual physicians to realize that the criminalization of the procedure was increasing the maternal mortality rate. These technological advancements made it far easier to save a woman's life without causing potential harm to the fetus, thus reducing the number of justifications for life-saving abortions. Individual doctors learned "what can happen if desperate women take matters into their own hands to try to end a pregnancy," leading the AMA to widen its stance on regulations (Joffe 2009:17). The medical profession thus pushed for the expansion of the rationale to include reasons involving mental and psychological health. Once again, medical elites were successful at reforming the legal system (Munson 2002:79). Ironically, the profession that was largely responsible for the criminalization of abortion began the pursuit of reform.

Public health scares relating to pregnancy significantly altered the framing of the abortion controversy in the latter half of the twentieth century, launching the issue into public discourse and out of private medical circles. Sherri Finkbine, children's television show host, was the face of this shift. In 1962, Finkbine, who was married and pregnant with her fifth child, found out that the tranquilizers she had been prescribed contained thalidomide, which had been linked to severe birth defects when consumed during pregnancy. Her doctor recommended a therapeutic abortion, and the hospital's abortion committee approved her request. Finkbine felt that all expecting mothers should be warned of the detrimental effects of this drug, leading her to approach a local newspaper and encouraging them to run a story on the issue. The hospital, fearing bad publicity, rescinded its approval of her therapeutic abortion, forcing Finkbine to travel to Sweden for the

procedure. Finkbine was subject to intense public scrutiny—including hate mail and death threats—after her decision became widely publicized. According to Ziad Munson (2002), the Finkbine case “brought widespread public attention to the moral dimension of the abortion debate” (p. 82). This controversial case turned a public health issue into a moral issue.

The American medical community, which today is typically reluctant to involve itself in controversial political issues, played a significant role in shaping legislation regarding abortion in the twentieth century. They inserted themselves in the conversation because abortion was not yet the politicized issue it is today. Rather, it was a procedure that the AMA believed could be framed in a manner that would serve to add prestige and value to the medical profession.

Physicians continue, in many ways, to act as gatekeepers to abortion. Despite a push to extend licensing to nurse practitioners, physicians remain the only group authorized to perform abortions in 41 states (Guttmacher Institute 2017). Securing a physician who is willing to perform the procedure—an unsurprisingly non-lucrative business—has proven to be a major challenge for clinics, particularly those located in rural areas. This is one of the primary reasons for which only two offices in the Planned Parenthood of the Mid-Hudson Valley (PPMHV) clinic network (which I examine later in this thesis) offer abortion services.

Female Liberation and Reproductive Rights

As the medical profession was fighting for decision-making power over abortion, the feminist movement was gearing up for their own fight—a repeal of abortion regulations. The legal reforms sought by the medical community had not succeeded in eliminating abortion. Women (particularly wealthy white women) were finding ways to terminate pregnancies, regardless of what was written into law. Women began mobilizing to express outrage against legislation that they believed subjected women of color and poor women to risky illegal

procedures and restricted their bodily autonomy. The women's movement of the 1960s ushered in a new era in the abortion debate. They framed the conversation in terms of female liberation and equal rights in their fight for the repeal—rather than reform—of abortion regulations.

Therapeutic abortions offered by physicians were far less frequently available to lower-income and uneducated women, leading many women around the country to take matters into their own hands. In 1969, a group of women in Chicago, Illinois founded The Jane Collective (also referred to as Jane) as a means of providing women with safe and affordable abortions. The group hired an abortionist who then trained them to perform the procedure themselves. The collective performed more than 11,000 low-cost abortions by the spring of 1973 (Kaplan 1998). Unfortunately, the highly successful abortions performed by Jane were far less common than “back-alley butcher” abortions, which frequently caused women injury and even death (Joffe 2009:18). It is essential to note that these dangerous procedures were much more common among women of color and women from lower socio-economic backgrounds, as they had fewer connections to the physicians who sat on abortion committees and made the final decisions regarding the procedure. Due to the illegality of Jane's actions, however, their work was generally unknown to the public and to the medical community.

Groups like Jane engaged in acts of civil disobedience in order to question the exclusive right of physicians to perform abortions. Their protest centered on the fact that women should be able to have abortions “because they wanted them, not because physicians agreed that they could have them” (Luker 1984:94). The group sought to give women agency in the medical procedure, informing them and educating them along each step of the process. One member of Jane, Laura Kaplan (1998), explained, “we viewed each woman as a participant, a partner, instead of a passive recipient of a service” (p. 33). Jane had a clear message for its patients: “You are a

responsible decision-maker; you have a right to control your body; our job is to enable you to do that” (Kaplan 1998:35). This dedication to agency and control was a central tenet of the women’s liberation movement and marked a major change in the abortion landscape: a substantial number of Americans began to believe that women, not doctors, should hold decision-making power over the female body.

The second half of the twentieth century marked the beginning of second-wave feminism, and U.S. society saw major changes in the roles of women. Just as the women of Jane were pushing back against the standard societal roles of women as passive and disempowered recipients of medical care, feminists around the country were fighting to break down traditional domestic female roles. Women were vocalizing their opposition to the assumption that their primary role in life involved caring for others. They were enrolling in institutions of higher education and entering the workforce at a rapid rate, and pregnancy did not always fit with the new image they had of their lives: the opportunity cost of pregnancy and mothering was steadily increasing, making abortion rights appear even more urgent (Luker 1984). It is important to note, however, that this re-evaluation of social roles was largely occurring among wealthy white women. Low-income women and women of color have always been active members of the workforce, as they did not have the luxury of devoting their time and labor solely to mothering. For these working women and for those who had previously been restricted to the domestic sphere, abortion represented a means of controlling their own lives. The fight for access to abortion thus represented more than just a medical procedure: the second-wave feminists who took on the abortion issue were fighting to be “treated as individuals rather than as potential mothers” (Luker 1984:92).

In order to champion abortion rights and increase the visibility of the issue, women came

together to form the early abortion-rights organizations. The Society for Human Abortion (SHA), created in 1963, was one of the first groups that set out to change public opinion and public policy on abortion. SHA encouraged acts of civil disobedience, spreading information on how and where women could obtain illegal—but safe—abortions. The women’s movement, with groups like SHA and Jane, brought the issue of abortion into public discourse and public space. The feminists of the 1960s argued that the fight for abortion was inextricably connected to the fight for equality. One activist explained, “when we talk about women’s rights, we can get all the rights in the world—the right to vote, the right to go to school—and none of them means a doggone thing if we don’t own the flesh we stand in” (Luker 1984:97). Feminists began leafleting, petitioning, and holding speak-outs on reproductive rights, and even referred women to illegal abortionists like Jane (in exchange for writing letters to legislators urging the repeal of abortion regulations) (Luker 1984). While physicians were working to restrict the controversy to their own elite communities, feminists were fighting to bring the issue into the minds of the general public.

***Roe v. Wade* and Activist Mobilization**

In 1970, two lawyers in Texas, Linda Coffee and Sarah Weddington, filed a lawsuit on behalf of a pregnant woman named Norma L. McCorvey (also known as “Jane Roe”). The lawsuit claimed that the Texas law banning all abortions except those necessary to save the life of the woman was unconstitutional. The case eventually made its way to the chambers of the Supreme Court. The Court’s decision, written by Justice Harry Blackmun, argued that abortion falls into the “zone of privacy.” The most important—and controversial—statement in Justice Blackmun’s decision was the assertion that a fetus did not fall within the category of person, and thus did not warrant equal protection under the law. The Court’s decision struck down abortion

laws in 46 of the 50 states, and abortion-rights advocates hoped that it represented the end of their struggle (Meyer 2007). But While *Roe v. Wade* marked a major victory for abortion-rights advocates like the women of Jane and SHA, it also “gave birth to a new opposition” on a national level (Luker 1984:125). Some states, including Hawaii, Alaska, New York, and Washington, passed laws to legalize abortion in the early 1970s, but the pre-*Roe* conversation had not risen to the national level. With this decision, that quickly changed.

The statement that the landmark decision made about pre-natal life shocked the many Americans who had not even considered the starting point of life to be up for debate. The lack of public outcry after the Supreme Court decision is largely what drove this generation of anti-abortion activists towards organized action. One early activist remarked, “I thought the American public would stand up and scream bloody murder, and they didn’t” (Luker 1984:126). *Roe v. Wade* thus catalyzed the beginning of grassroots mobilization, both to protect the decision and to fight for its reversal.

Munson (2002) argues that an individual often become an activist when there is a major transition in their life—a death, a divorce, even the start of college. If *Roe v. Wade* can be understood as a “dramatic change in the status quo,” it makes sense that this would have served as a moment that precipitated action (Munson 2002:76). The decision caused the individuals who would eventually come together to form the anti-abortion movement to question the values that they assumed they shared with the rest of American society. *Roe v. Wade* struck an emotional chord so intensely that it turned average citizens—politically inactive housewives in particular—into activists “overnight” (Luker 1984:138). The wake-up call that was the *Roe v. Wade* decision instilled emotion in the abortion debate. This passion, outrage, and shock remains visible in the pro-life movement today.

On the other side of the controversy, the decision was a major victory for abortion-rights advocates. They believed that *Roe v. Wade* “framed the abortion debate in terms that were favourable to the growing abortion rights movement” (Saurette and Gordon 2015:65). However, this victory was short-lived, as the *Roe v. Wade* decision mobilized the anti-abortion movement into concrete action. Many anti-abortion activists were ready to fight the Supreme Court decision through traditional legislative routes, lobbying for a constitutional “Human Life Amendment” that would reverse the decision. Others chose direct action to speak out against the decision. In the immediate post-*Roe* era, sidewalk counseling and clinic protests became a hallmark of anti-abortion activism. According to political scientist Joshua Wilson (2013), early clinic-front demonstrations served to “publicize the cause, gain more members, give participants the feeling of empowerment via direct action, impede clinic access, and tax clinic resources” (p. 2). The emergence of clinic protests meant that abortion-rights supporters—the same ones who had fought for the *Roe v. Wade* victory—had to come up with counter-tactics.

With last year’s inauguration of President Donald Trump, the *Roe v. Wade* decision has come to take on a new meaning in the abortion debate. The anti-abortion movement views this new administration as a beacon of hope that the decision might be overturned, while the abortion-rights movement has come to fear a return to illegal back-alley abortions (Schumacher 2013). The landmark decision remains one of the most intensely debated Supreme Court decisions in the history of the United States.

Religion and Morality

In order to understand how abortion became one of the most polarizing issues in U.S. social politics, it is essential to analyze the religious context of the United States in the twentieth century. The abortion debate is deeply-seated in morality politics: Doan (2007) writes, “values

are at the core of culture wars, which pit culturally progressive and secularist beliefs against culturally traditional and fundamentalist beliefs” (p. 10). In many ways, the question of the legality of abortion is rooted in emotion because of its connection with life value systems, and thus with religious ideologies. In the post-*Roe* years, it became apparent that different denominations of Christianity held different beliefs about how to approach the issue of abortion.

In the nineteenth century, the Catholic Church was notably absent from the conversation surrounding abortion. While some leaders in the Church strongly believed that abortion was murder, most thought that abortion was acceptable until formation, which occurred between forty and eighty days after conception (Tribe 1990). It was not until the end of the century, with the discovery of fertilization, that the Church began to harshen its stance on the procedure.

The policy-making arm of the Catholic Church, the National Conference of Catholic Bishops (NCCB), played a major role in early religious opposition to abortion, as the sole anti-abortion lobbying group in the pre-*Roe* era. However, abortion was generally illegal, thus the NCCB’s efforts were limited until state legislatures began considering reform to abortion laws (Meyer 2007). The NCCB established the National Right to Life Committee (NRLC) in 1966, which remains one of the most powerful pro-life organizations today.

Following the *Roe v. Wade* decision, the Catholic Church proved to be an essential organizing tool in the movement, allowing leaders to activate the mobilizing infrastructure that was already in place on local levels (Doan 2007:66). The Church’s abundance of resources gave them great influence in the anti-abortion effort: subpoenaed records show that the Catholic Church spent four million dollars lobbying Congress in 1973—the same year *Roe v. Wade* was decided (Tribe 1990:145).

About a month after the decision was handed down, the Catholic Church called for civil

disobedience against the ruling through organized traditional groups like the NRLC (Doan 2007). Catholic leaders, however, mainly sought reform through an institutionalized route, pursuing incremental changes over radical approaches (Doan 2007). The Church frowned upon unconventional protest tactics, leading to the formation of small community groups of Catholic activists who organized to bring the issue to the streets themselves—without the support of the Church.

Interestingly, Catholic pro-life advocates were reluctant to frame the abortion issue along partisan political lines. The Church's longstanding devotion to serving the poor meant that they often were hesitant to rally behind Republican candidates who campaigned on promises to cut welfare. This divided Catholic activists from the other religious groups who joined the movement and chose more traditional political routes.

As the 1980s approached, the religious right⁴—composed of neo-evangelical, fundamentalist, and Pentecostal churches—emerged as a powerful political force and joined the anti-abortion cause. According to reproductive sciences scholar Carole Joffe (2009), the religious right was “arguably the most unified and influential component of the conservative movement” (p. 9). The religious right—which was already organizing around sex education, teenage pregnancy, homosexuality, and out-of-wedlock births—became involved in the abortion debate largely as a response to the women's and gay rights movements of the 1960s. Their involvement in abortion discourse thus added important political power to the anti-abortion movement and gave the religious right a platform that assisted their effort to continue to rise to power (Joffe 2009).

The election of Ronald Reagan in 1980 added fuel to the socially conservative fire,

⁴ The religious right is also referred to as the Christian right and the new right.

marking the beginning of abortion “litmus tests” for Supreme Court and other judicial appointments, based on the judges’ opinion of *Roe v. Wade*. While the religious right has won some important victories in the federal government, the movement has had most of its successes on the state-level.⁵

Many of the anti-abortion activists who made up the religious right believed—and continue to believe today—that abortion clearly represented that society was shifting away from Christian values and becoming increasingly secular and thus increasingly sinful. Pro-life ideologies are deeply rooted in Evangelical Christianity and Protestant millennialism.⁶ Author of *Killing for Life* Carol Mason (2002) argues that the most devoted anti-abortion activists view abortion through an “apocalyptic” lens: “if abortion is not stopped in America, God in his wrath will cease to protect us” (p. 4). This framework allowed the movement to drive complacent individuals towards action and to mobilize those who did not yet hold strong beliefs on the issue of abortion.

Today, it seems that the abortion debate is inextricably tied to religious ideologies. Signs held by protestors outside of abortion clinics demonstrate the close connection between the pro-life movement and religion, with phrases like “Jesus is Life” and “God knew you before He

⁵ For example, The Global Gag Rule (also known as the Mexico City Policy) is one of the major victories won by the religious right on the federal level. The rule prohibits the use of any U.S. foreign aid for any international family planning organizations that provide abortion services. President Ronald Reagan first established the rule in 1984. It was later rescinded by President Bill Clinton, reinstated by President George W. Bush, and rescinded again by President Barack Obama. Most recently, the Global Gag Rule was reinstated by President Donald Trump on his first official business day in office, on January 23, 2017. The Global Gag Rule has become one of the first orders of business that a new President must address.

⁶ Protestant millennialism is defined as the belief in the biblical prophecy about the end of the world. See Mason (2002) for more information.

formed you in the womb.”⁷ Many anti-abortion groups cite biblical passages as signifiers that abortion is indeed murder in the eyes of God. For a country that claims separation of church and state, religion occupies a powerful position in U.S. culture and politics. Analyzing the relationship between religious ideologies and perceptions of abortion demonstrates why the issue is so value-driven and deeply emotional.⁸

Operation Rescue and Pro-Life Militancy

While the majority of early clinic-front protests were peaceful, the 1980s marked a sharp increase in violence in the anti-abortion movement. Clinic protests were becoming increasingly confrontational: physicians and clinic staff were subject to regular death threats, patients were harassed (sometimes even shot at) and clinics were bombed. A new page was turning in the abortion debate, as anti-abortion activists began “killing for life,” representing a shift away from legislative tactics to lawless tactics (Mason 2002; Solinger 1998).

According to Mason (2002), the radicalism of the anti-abortion movement can largely be understood as a response to post-Vietnam U.S. politics. Many Americans, particularly those on the Right, believed that what happened in Vietnam was the fault of the federal government’s military restraint. Veterans were said to have suffered a “crisis of masculinity” as a result of the loss in Vietnam (Mason 2002:11). The results of the war were thus *feminized*, and abortion-politics became a means of accomplishing the “remasculinization” of America—a task which was to be accomplished without governmental assistance (Mason 2002:13). Citizens were ready

⁷ I saw both of these signs, and many more referencing religious ideology, outside of the Poughkeepsie Planned Parenthood, where I conducted the research for this project.

⁸ It is important to note that, while Catholicism may dominate the religious conversation about abortion, other religious denominations—like reform Judaism, for example—have weighed in as well and have actually come down on the side of choice. The institutions surrounding these religious groups have, however, been far less influential to pro-choice organizing than the Catholic Church and the religious right have been to the pro-life side.

to take matters into their own hands. The paramilitary culture that emerged in post-Vietnam America significantly reshaped the abortion debate and the tactics advocated for by the anti-abortion movement. Mason (2002) explains, “defending the unborn gave way to promoting American life...killing for life in the womb retained the extremist logic of fighting for peace in Vietnam” (pp. 14, 21). The womb—and the U.S. abortion clinic—became the new battleground in the post-Vietnam era.

Anti-abortion activists of the late-1970s and 1980s compared themselves to the activists of the civil rights era, engaging in acts of organized direct action and civil disobedience like blockades and clinic protests (Munson 2002). The large-scale direct-action component of the pro-life movement can be traced back to a city about three hours from the Poughkeepsie Planned Parenthood: Binghamton, New York. In 1988, 26-year-old used car salesman Randall Terry formally established a group known as Operation Rescue—a name which, alone, “evokes a military maneuver” (Mason 2002:12).⁹ Terry, a radical evangelical Protestant, founded Operation Rescue with the purpose of using civil disobedience as a tactic to shut down abortion clinics nationwide. He became famous for organizing thousands of person-to-person unlawful clinic blockades—including protestors who invaded clinics and chained themselves to furniture in procedure rooms—which precipitated in thousands of arrests of activists who refused to leave. Terry and Operation Rescue rapidly gained impressive media attention, explicitly disavowing the legalistic strategies of more traditional abortion opponents like the NRLC as ineffective and weak.

Terry, the child of an unplanned pregnancy himself, was greatly influenced by his

⁹ Operation Rescue still exists today. See their [webpage](#) for more information on the current organization.

religious upbringing. His philosophy involved fundamentalist biblical interpretations—reading various bible passages as calls to action. Operation Rescue was successful in mobilizing large numbers of protestors partly because they relied on the existing infrastructure of church groups, demonstrating the close connection between the pro-life movement and religious ideologies (Ginsburg 1998). Most of Operation Rescue’s recruits were Evangelical Protestant men, marking a fundamental change from the female moderates who formed the anti-abortion movement in the early 1980s (Ginsburg 1998). Terry drew these men into direct action with the argument that criminalizing abortion would supply them with a means of imposing a “conservative Christian culture” on American society (Ginsburg 1998:240).

Terry played a significant role in polarizing the issue to drive individuals towards action. In his 1990 book, *Accessory to Murder*, he wrote, “If you were about to be murdered, I’m sure you would want me to do more than write your congressman!... The logical response is to physically intervene on behalf of the victim” (Terry 1990:224). Here, we see Terry’s clear assertion that abortion is a form of murder, implying that fetal life is just as important as human life. Operation Rescue’s slogan was “if you think abortion is murder, act like it” (Wilder 1998:81). The tactics promoted by the group were particularly appealing because they offered a new strategy to worn-out abortion opponents who felt discouraged by the 1973 Supreme Court decision. While the group supposedly attempted to disavow acts of violence, it “created an environment in which the murder of abortion doctors came to be seen by some as justifiable homicide in defense of life” (Ginsburg 1998:229). It is not surprising, then, that the group quickly became a draw for extremists seeking an entry point into the movement—and these paramilitary activists were ready and armed.

Between 1977 and 1993, the federal government refused to investigate whether violent

incidents in front of abortion clinics were the work of an organized group. This means that 28 bombings, 113 arsons, 188 reports of stalking, 88 incidents of assault and battery, 2 kidnappings, and 166 death threats against abortion providers were perceived as “renegade” incidents (Haugeberg 2017:75). The indifference of the federal government to anti-abortion extremism only began to change after the first murder of an abortion provider in 1993 in Pensacola, Florida. This was followed shortly thereafter by the attempted murder of Dr. George Tiller in Wichita, Kansas. Anonymous snipers shot at physicians, bombs containing nails and shrapnel were detonated, butyric acid was spilled or squirted at clinics, anthrax was sealed in envelopes and sent to abortion providers—the movement shifted its tactics towards what Mason (2002) refers to as “guerilla warfare” (pp. 50-51). The space in front of the U.S. abortion clinic was rapidly transitioning into a warzone.

While it was, at first, easy for pro-life leaders to frame these acts as lone extremists, individualizing anti-abortion violence became more difficult as abortion providers continued come under threat. The Reagan administration, then followed by the Bush administration, repeatedly defended these violent incidents, even intervening on behalf of Operation Rescue in legal proceedings (Wilder 1998). Operation Rescue, while not successful in actually diminishing the number of abortions performed in the United States as it intended, succeeded in transitioning anti-abortion organizing from the national to the local level (Saurette and Gordon 2015). The group’s “catalytic” ability to draw huge numbers of activists indicated that the abortion debate was heating up and engaging individuals from all communities (Ginsburg 1998:228). Operation Rescue “fundamentally changed the contours, strategies, and discourse of American anti-abortion activism,” and it was far from mainstream (Saurette and Gordon 2015:91). It “injected an element of danger into the abortion debate that most activists on both sides didn’t welcome,

and... became a burden for opponents of abortion. At the same time, such dangerous direct action can help activists get what they want” (Meyer 2007:74). This more radical wing of the movement indeed succeeded in making it more difficult to recruit doctors to perform abortions: many physicians feared their names and addresses would be released and were unwilling to risk their safety (Meyer 2007). Arguably, the most significant contribution that came from Operation Rescue was the media coverage that their actions received. Terry and his colleagues were able to alter the media image of pro-lifers to demonstrate that the movement consisted of individuals who were “unwilling to accept the framework of secular law” (Ginsburg 1998:242).

Clinic blockades are no longer a prominent tactic within the anti-abortion movement. This shift can be traced back to the Freedom of Access to Clinic Entrances (FACE) legislation, signed into law in May 1994 by President Bill Clinton—the first president to unequivocally support abortion rights (Haugeberg 2017). For the very first time, the law made impeding access to abortion clinics a federal crime, and resulted in jail sentences for offenders—although, to this day, it is rarely enforced by local judges and law enforcement. While this piece of legislation considerably decreased clinic blockades, the Clinton era also marked the first murders of abortion providers, representing that an extremist subset of the movement remained. Janet Reno, who served as Attorney General under President Clinton, buttressed the FACE Act with a task force exclusively charged with protecting abortion clinics. Instead of considering extremist violence outside abortion clinics as the actions of lone perpetrators, the federal government would investigate connections between these incidents. A number of states followed the lead of the federal government, enacting their own laws to protect clinic staff from violence and stalking (Haugeberg 2017). These legal changes have caused the direct-action tactics of the anti-abortion movement to veer away from Operation Rescue’s model. Clinic-front activism today looks more

like the scene I describe at the Poughkeepsie Planned Parenthood.

Conclusion

Despite the legislative victory of the pro-choice platform, the anti-abortion movement is widely viewed as having the “upper hand rhetorically” (Joffe 2009:4). The abortion-rights movement is typically understood (and portrayed by the news media) as playing a defensive role in the post-*Roe* era. When the pro-life movement introduces a bill in the state legislature and lobbies for it with full force, abortion-rights groups fight it, with op-eds, rallies, and lawsuits. When the pro-life movement protests outside of clinics, the pro-choice groups *counter*-protest across the street. Does this accurately describe how these two diametrically opposed social movements relate to one another in the twenty-first century United States?

In this chapter, I demonstrated that the U.S. abortion debate is much more complex than most Americans realize. The abortion debate is more than a reaction to a single Supreme Court decision. The conversation involves multiple interest groups: physicians, religious groups, women, policymakers, and more. The issue is highly emotional, touching on fundamental understandings of what humanity means, when life begins, and what power we have over our own bodies. In order to understand abortion discourse and the interactions between the pro-life and pro-choice movements, it is essential that we look to the historical foundations of the conversation.

Chapter 3: Theoretical Understandings of Social Movements in the Abortion Debate

Social movements seek to change or remedy a situation that is perceived as problematic (Benford and Snow 2000). Countermovements arise to oppose existing social movements: they are “interested in the same issues as the social movement it responds to but [want] everything to turn out differently” (Meyer 2007:212). McCarthy (1987) argues that pro-choice was the movement prior to the 1973 *Roe v. Wade* decision: the movement perceived the restriction of abortion as problematic and sought federal legislation to change the situation. After 1973, pro-choice became the countermovement—reacting to pro-life efforts to overturn *Roe v. Wade* and other restrictions that could serve as de facto bans on the procedure. In the contemporary era, we can thus understand pro-life as the movement and pro-choice as the countermovement. The two movements exist as a series of interactions with one another—actions and *reactions*. These interactions, however, are unique in that they do not occur in occasional movement-countermovement responses, but rather as “long-term oppositional movements operating in pairs” (Meyer 2007:212). In this chapter, I explore the more abstract theoretical interactions between the movements: how they compete against one another to frame the procedure, how they mobilize activists, and how they sustain their efforts.

Framing

Framing has come to be understood as a central process in the formation of a social movement. Social movement framing refers to the deliberate attempt by a group of people to create a common reality and a common worldview. Doan (2007) explains that framing is a process by which “symbols and ideology are used by the movement to shape, stimulate, and aid in its origination and continuation” (p. 17). Snow and Benford (2000) explain that the process is active: “movement actors are viewed as signifying agents actively engaged in the production and

maintenance of meaning for constituents, antagonists, and bystanders” (p. 613). Social movement framing is inherently contentious, as it involves the generation of a frame that not only differs from existing ones, but actually challenges previously established frames (Snow and Benford 2000; Tarrow 1992). Movements thus vie with countermovements, creating a competitive process known as *counterframing* (Doan 2007; McCaffrey and Keys 2000). Framing references the active, engaging, and contentious process by which a social movement creates a shared perception of the social and political world.

For the purposes of this thesis, I pay particular attention to the use of *collective action frames*, which create a shared reality of an issue that is intended to drive individuals towards action. Snow and Benford (2000) define collective action frames as “action-oriented sets of beliefs and meanings that inspire and legitimate the activities and campaigns of a social movement organization” (p. 614). Social movements may offer multiple collective action frames to different audiences, but they will all imply that those who share the frame (and thus, share the same understanding of an issue) should take action (Gamson 1995). Collective action frames pull us out of the passivity of our daily lives, asking us to defy our habits and routines to engage in action that we are compelled to feel must take priority (Tarrow 1992).

Gamson (1995) identifies three specific components of collective action frames: injustice, agency, and identity frames. An injustice frame “requires a consciousness of motivated human actors who carry some of the onus for bringing about harm and suffering” (p. 90). These frames amplify victimization due to a particular injustice, leading the social movement to advocate for political, economic, or social change as a means of remedying said injustice. Injustice frames inspire the “kind of righteous anger that puts fire in the belly and iron in the soul,” signifying the emotional aspect of framing (Gamson 1995:91). The agency component of Gamson’s

understanding refers to the belief that it is possible to alter conditions or policy through collective action. Why make time for activism if you do not truly believe that you hold the power to change the status quo? The identity component refers to the “we” in social movements, in opposition to a “they” who hold different values and interests. This references the fact that frames are contentious. The two social movements relating to the abortion debate—the pro-life movement and the pro-choice movement—employ these frames to create their own realities of the medical procedure, to advocate for legal and social change, and to drive individuals towards direct-action.

Doan (2007) refers to the anti-abortion movement as a morality movement, connoting the fact that activists frame abortion as a moral issue, thus utilizing an injustice frame. She explains that morality movements often use simple frames to make the issue accessible to the general public. This encourages people to participate based on their “sense of right versus wrong” (Doan 2007:10). Framing abortion as the killing of innocent life does just that. Snow et al. (1986) use the term *frame resonance* to define the potential for success of a collective action frame. The efficacy of the frame depends on “degree of resonance with the current life situation and experience of the potential constituents” of a movement (p. 477). The anti-abortion frame of abortion as murder thus resonates with potential activists because they already hold the belief that murder is wrong and immoral. The frame then aligns with pre-existing beliefs in order for it to serve as a means of recruitment.

The anti-abortion movement’s framing of the issue is clear simply in an analysis of the

name they have chosen for themselves: *pro-life*.¹⁰ If frames are inherently contentious and exist in opposition to others, what frame exists in opposition to life: “What can *life* mean if it does not denote the opposite of death?” (Mason 2002:3). Their name invokes the *polarization* of the issue, which serves to diminish middle ground (Alinsky 2003:228). Polarization, Saul Alinsky (2003) argues, means that “one acts decisively only in the conviction that all the angels are on one side and all the devils on the other” (p. 228), aligning with Gamson’s (1995) assertion of the identity property in collective action framing. Mason (2002) expands on the idea that these explicitly polarizing frames serve as mobilizers. She writes, “in accusing certain people of being enemies of life, the apocalyptic pro-life narrative forces people to react in relation to—and therefore as a part of or, conversely, as a deviant resistor to—the pro-life social order” (p. 7). The pro-life framing of abortion creates a dichotomy that is intended to drive action.

As demonstrated in the previous chapter, the abortion issue is inextricably linked with religion: abortion is connected to the “moral decline” of American society, and to the perceived secularism of our country (Munson 2002:2). Gamson (1995) writes,

If one attributes undeserved suffering to malicious or selfish acts by clearly identifiable persons or groups, the emotional component of an injustice frame will almost certainly be there. Concreteness in the target, even when it is misplaced and directed away from the real causes of hardship, is a necessary condition for an injustice frame. (P. 91)

This quote references the importance of what Alinsky (2003) calls “freezing” the target, signifying that social movements must designate exactly where conflict lies to avoid the potential “shifting of responsibility” (p. 227). The anti-abortion movement is far from a single-issue

¹⁰ Mason (2002) differentiates between pro-life politics and right-to-life politics, arguing that the distinction lies in liberal and conservative outlooks on equality. The right-to-lifers use a human rights frame for their arguments against abortion, liberally citing the constitution as a source of equality among all citizens. Pro-lifers, on the other hand, connote the divine creation of humans by God. The two factions thus utilize different frames.

movement, as it is intimately connected with traditional family values and the regulation of women's roles. The abortion frame thus serves as the "rallying point for a broader right-wing platform" (McCaffrey and Keys 2000:47). While one might assume that a more abstract target would draw more activists into a movement, scholars have found this not to be true. Snow et al. (1986) note that some social movements employ *frame extension*, in the hopes that broadening the movement's objectives will appeal to a larger audience and recruit additional participants. He warns, however, that constituents may not embrace the extended frame as enthusiastically as they would a frozen frame. The general lack of morality in U.S. society is far too broad for a social movement to address, but specifically focusing the frame on an issue like abortion makes change—and redemption in the eyes of God—seem more attainable.

In focusing on abortion as a symbol of moral decline, one might presume that women who seek abortions are held responsible by anti-abortion activists. This would create the *us* versus *them* dichotomy that Gamson (1995) identified in his identity component of framing. Rather, many contemporary anti-abortion activists seem to eschew such a framing of the issue. They frame abortion as the social ill, rather than placing this onus on the individual women who obtain the procedure. They place the blame more on pro-choice politicians and abortion providers—the gatekeepers—than on the population who creates a demand for the procedure in the first place—the women. As I explore in the next chapter, this can largely be connected to the anti-abortion movement's effort to adopt a pro-woman rhetoric. They frame abortion-seeking women as ignorant of the true nature of what they are doing, rather than as murderers, perhaps in an effort to avoid alienating them and eventually draw them into the pro-life *we*.

Social movements often offer multiple frames, which intend to mobilize different audiences (Gamson 1995). Munson (2002) breaks the anti-abortion movement down into four

different *streams*, or “subsets of individuals and organizations that approach social movement action in a way that is distinct from others that are part of the movement” (p. 102). The four streams consist of:

- (1) The politics stream—individuals and organizations fighting in legal and legislative arenas.
- (2) The direct-action stream—clinic-front protests with a focus on saving babies through direct intervention. This stream is the primary focus of this thesis.
- (3) The individual outreach stream—this most popular form of anti-abortion activism primarily occurs through Crisis Pregnancy Centers (CPCs), which offer counseling, parenting classes, and even clothing and supplies to pregnant women (Haugeberg 2015). These organizations are often funded by religious organizations and have clear pro-life intentions.¹¹
- (4) The public outreach stream—focus on educating the public about the reputed dangers of abortion and disputing pro-choice arguments, with the hopes of creating a “culture of life” in America (Munson 2002:106, 116).

As each distinct stream utilizes different tactics with the common goal of ending abortion in America, each uses slightly different collective action frames to mobilize participants. For instance, the direct-action stream of the anti-abortion movement offers frames that focus on the immediacy of the issue, instilling the belief that one is only really “doing something” to remedy the injustice of abortion by directly intervening in front of a clinic (Munson 2002:106). This frame resonates with activists who are more likely to express anger over abortion, versus sadness or shame (Munson 2002). Not only are a movement’s frames thus competing with the frames of countermovements, but sometimes they compete with the frames offered by different streams

¹¹ CPCs have recently been met with criticism for deceiving women into thinking they offer abortion services. In 2014, [Vice News](#) released a short documentary on the many women who accidentally book appointments at CPCs, only to find out upon their arrival that the centers do not in fact provide abortions. Instead, many CPCs offer women misinformation to discourage them from terminating their pregnancies. *Vice* found a clip of a CPC training session, in which anti-abortion activist Abby Johnson stated, “The best client you ever get is the one that thinks they're walking into an abortion clinic, the ones that think you provide abortions” (Marcotte 2014).

within their *own* movement.

The pro-choice movement similarly utilizes framing to mobilize individuals to protect women's access to abortion. Just as we saw the pro-life frame in the movement's name for itself, we can learn a lot from the very term "pro-choice." The abortion-rights movement adopted the name pro-choice as a response to the anti-abortion movement's use of the term "pro-life," representing the movement-countermovement dynamic (Meyer 2007). If the opposite of life is death, what is the opposite of *choice*? Force, powerlessness, restriction? For abortion-rights activists, the injustice lies not in the procedure itself, but in efforts to restrict access to what they adamantly believe should be a right for all women. This is a clear representation of the contentious nature of framing: movements frame themselves in opposition to countermovements. In focusing on the unjust nature of anti-abortion legislation—amplifying the sexism, racism, classism, and religiosity that they perceive to be at the roots of the pro-life movement—abortion-rights activists seek to draw individuals into oppositional collective action. This frame only resonates with pro-choice activists, however, because they hold the belief that the restriction of power over one's body represents an injustice (Snow et al. 1986).

The pro-choice framing of the abortion issue has a clear identity component, as the pro-choice movement creates a distinct *we* that protects access to abortion and an opposing *they* that restricts it. These competing identities are clear in the use of an ambiguous "you" in pro-choice slogans: "pro-life, your name is a lie. You don't care if women die" and "Keep your rosaries off my ovaries" are just a few examples of the many pro-choice slogans directed at the other side.

The frames of movements and countermovements are constantly in conversation with one another, in what McCaffrey and Keys (2000) refer to as *frame debunking* and *frame saving*. Frame debunking refers to a movement's attempts to advance its own ideology by discrediting

the frames of countermovements. We see this frequently in the abortion debate. The pro-choice movement has recently adopted the term “junk science” to debunk the seemingly scientific “facts” that the pro-life movement uses to support their claims that abortion is harmful. Similarly, some abortion-rights advocates refer to pro-lifers instead as “forced birthers.”¹² This serves to dismiss the anti-abortion frame of abortion as murder and impose a new frame that focuses instead on the restriction of freedom. Frame saving refers to a movement’s attempt to rescue a frame once a countermovement has publicly debunked it. For example, the pro-choice movement has avoided the term pro-abortion in recent years, after the pro-life movement argued that pro-choice activists think that abortion should be used as a form of birth control (McCaffrey and Keys 2000). They instead use the language of “choice” and “rights.” The framing of an issue thus becomes its own battle of sorts, as movements and countermovements vie with one another to gain public approval—or frame acceptance.

It is important to note that frames are not static. Framing is a process that social movements actively produce and reproduce over time. According to Snow et al. (1986), frames extend, bridge, transform, and amplify as a means of aligning with prospective supporters. The frames of the abortion debate have certainly shifted along with the political and social discourse (McCaffrey and Keys 2000). For instance, the framing of abortion as a funding issue in Congress led to the original passing of the Hyde Amendment in 1976, and this frame mainly seems to reappear in public discourse when a Republican president is in office (Doan 2007).¹³ Similarly, the pro-choice movement has in recent years shifted its framing of the issue away from a singular

¹² One of my fellow escorts, N.M., has repeatedly referred to the anti-abortion picketers outside the Poughkeepsie clinic with this language.

¹³ The Hyde Amendment blocks federal funding for abortion services. This means that Medicaid cannot cover abortion, therefore impacting low-income women seeking abortions. This amendment was a major legislative victory for the pro-life movement.

focus on pro-choice to a more inclusive framework of reproductive justice. Reproductive justice incorporates understandings of inequality and intersectionalities into the abortion issue, arguing for “the complete physical, mental, spiritual, political, social and economic well-being of women and girls, based on the full achievement and protection of women's human rights” (Ross 2006:14). The fluid process of framing allows movements to adapt to these changing social and political contexts.

As I demonstrate in the following chapter, the battle over framing concretely represents itself in the space of interaction outside of the abortion clinic. The two movements exist in a seemingly constant game of push and pull, as they each seek to advance their own ideologies and destroy competing ones.

Mobilization

In the study of social movements, scholars have repeatedly struggled with the question of why some individuals are drawn into activism and others are not. Why does a frame drive one person towards action, but not do the same for their likeminded friend? Activism requires time and resources; it is “a rejection of passivity and complacency, a refusal to comply with the banal chronology of day-to-day modern living” that requires one “make time” for it (Mason 2002:135). Enter *mobilization*, or the persuasion of recruits to support a social movement through material or nonmaterial means (Klandermans 1984).

In the quest to understand who mobilizes and who does not, many scholars have focused on analyzing the individual attributes of activists. For example, in his landmark study of activists in the 1964 Freedom Summer civil rights campaign, Doug McAdam (1988) found that participants were more likely to have social ties to other activists, organizational affiliations, and previous civil rights experience. Specific to the abortion debate, Luker (1984) used a similar

approach in her comparative analysis between pro-life and pro-choice activists, finding that those on the pro-life side were less educated, less wealthy, more likely to be married, Catholic, and resided in more rural areas than pro-choice activists. Some more recent studies, however, have found little evidence of significant demographic differences between the two sides of the abortion debate (Ginsburg 1998; Maxwell 2002). How, then, do we make sense of why pro-life and pro-choice frames only mobilize some, but resonate with others who do not make time for action?

Scholars struggle with understanding the role that beliefs play in social movement mobilization. Do social movements speak to the already-held convictions of activists or does it work the other way around? Theories of framing and frame alignment typically argue that a collective action frame resonates with potential recruits who hold certain beliefs and values, thus preceding their mobilization (Snow et al. 1986). The task of the frame, according to these scholars, is not to *create* ideas, values, or beliefs, but to convince those who already hold them to take action. Bert Klandermans (1984) similarly argues that individuals can only be mobilized by activating beliefs they already hold. He differentiates between two types of mobilization: consensus and action. *Consensus mobilization*, he argues, refers to the process by which a social movement tries to gain widespread support for its beliefs, while *action mobilization* refers to the process by which a social movement calls on individuals to participate. Klandermans (1984) importantly explains, “consensus mobilization does not necessarily go together with action mobilization, but action mobilization cannot do without consensus mobilization” (p. 586). Thus, consensus—or beliefs and ideology—must precede action.

Munson (2002), however, presents us with a very different model of mobilization in her analysis of the pro-life movement. She conducted extensive interviews with pro-life activists and

non-activists, finding that many activists admitted that they were ignorant or even ambivalent about the abortion issue prior to their initial participation in the movement. Some even considered themselves to be pro-choice at some point earlier in their lives. She finds that the “process of conviction” actually occurs as a *result* of mobilization, not as a prerequisite of it (Munson 2002:20; Maxwell 2002).

This analysis complicates our understanding of the connection between collective action frame resonance and action mobilization. According to Munson’s model, the pro-life frame must then be directed towards those who already are involved in the movement, because the frame will not likely resonate until after initial participation: “key social movement framing processes are not those directed outward at potential conscience constituents or new sympathizers but instead those directed inward at people already involved in the movement” (Munson 2002:44). This framework, however, begs the question of why individuals would involve themselves in a movement whose ideological convictions they do not yet share.

Staggenborg (1987) helps us answer this complicated question, explaining that institutions and organizations often function to recruit activists who are already sympathetic to a movement’s ideology. She explains that in the pro-life movement, this recruitment—and thus the process of conviction—often occurs in the context of religious institutions. On the pro-choice side, women often become involved in abortion-rights activism after their initial involvement in the broader women’s liberation movement, particularly in liberal collegiate environments. Staggenborg (1987) makes clear that not all of the individuals who come into contact with abortion-related movements become activists, but the process of conviction may very well begin to occur in these organizational and institutional contexts. This analysis reveals that perhaps framing can also be effective when directed not only at those who have already participated in a

movement, but when directed towards members of sympathetic organizations and institutions.

Social Infrastructure

While some scholars look at individual characteristics of activists to find common threads between activists—like Luker (1984) and Munson (2002)—others look to social networks to explain mobilization and participation. McCarthy (1987) uses the term *social infrastructure* to capture the “wide variety of social structure linkages that have been used for social movement mobilization” (p. 56). Scholars generally agree that strong social infrastructure makes mobilization far more likely to occur. For instance, McAdam (1988) compared those who decided to volunteer their summers to the Freedom Project with applicants who decided not to go South. He found that activists were much more likely than no-shows to have personal links to other volunteers. He thus asserted that “concrete social ties” were a key factor in “pulling” recruits into the project (McAdam 1988:71). But what exactly makes social infrastructure likely to lead to social movement mobilization?

Meyer (2007) explains that the most important predictor of whether or not an individual will become an activist has to do with them being asked to do so, or receiving an “invitation to participate” (Munson 2002:53). Perhaps, then, the activists who volunteered their summers to the Freedom Summer project were simply asked by their acquaintances, creating a sort of network of people who help to pull each other into the movement. Individuals who are “active in a variety of social contexts”—or, well-integrated into social infrastructure—are more likely to encounter these invitations from informal organizers and mobilizers (Meyer 2007:61). However, even individuals who are already convicted in the ideology of a social movement may face challenges getting involved in activism if inviters are absent from their social networks (Staggenborg 1987).

The importance of social infrastructure in mobilization is clearly represented in the anti-

abortion movement. Munson (2002) found that one-quarter of the anti-abortion activists who she interviewed initially came into contact with the movement through family or friendship networks, as well as through religious institutions, which serve as major mobilizers in the movement as well. These personal ties are important in the mobilization process because they “create contacts with new potential activists through people they already know and respect” (Munson 2002:52). Feeling comfortable as they foray into the world of activism helps ease individuals’ transitions into these spaces. Entering such spaces with pre-existing personal ties creates a “zone of personal security”—a level of comfort which then expands to encompass social movement activism (Meyer 2008:61).

Social networks have similarly been found to play an essential role in recruiting activists to the pro-choice movement, although this typically seems to occur in more organizational or institutional settings. Staggenborg (1987) explained that women often initially encounter pro-choice organizing through their involvement in other multi-issue social movement organizations. She gives the example of women taking college women’s studies classes, who then become involved in women’s issues groups. As more multi-issue movements involve themselves in pro-choice politics, more individuals are likely to come into contact with pro-choice activists and receive an invitation to participate.

Community can also be understood as a source of joy, which Alinsky (2003) argues must be an essential component of a social movement’s tactics. “Ritualistic commitments” are less likely to create a joyous group of activists, thus a movement must come up with a way of sustaining interested participation without becoming burdensome (Alinsky 2003:226). Strong social infrastructure within a movement creates joyous communities and collective identities which sustain involvement, mobilization, and participation.

Social infrastructure is not only important in recruiting activists to a movement, but it seems to be essential in sustaining a movement (Meyer 2007). Community plays a key role in direct-action, particularly in solidifying the beliefs of activists, as well as their continued participation. Maxwell (2002) writes, “conversion [to the pro-life conviction] cannot succeed in isolation; it requires a like-minded community in which the convert can live out the newly reorganized self” (p. 192). These communities act as “feedback loops,” which function to provide burgeoning activists with education and resources that “support and guide their beliefs” (Meyer 2007:61). The community fosters a sense of belonging that can be understood as a concrete good that serves to incentivize continued participation in a social movement (Maxwell 2002; Meyer 2007). Participation is further sustained through group norms, or a “culture of politics and participation” (Meyer 2007:69). As I explain in the next chapter, showing up in front of the abortion clinic has become a group norm for abortion-rights advocates. If an individual does not show for several weeks in a row, their status in the community may be jeopardized. While the group of escorts certainly did not initially engage in activism as a community, the strong social ties that were created in front of the clinic sustained their participation.

Conclusion

Through my application of social movement theory to the two sides of the abortion debate, I sought to demonstrate the macro-level interactions between the pro-life and pro-choice movements. An analysis of the complex theories of framing, mobilization, and social infrastructure in relation to these movements allows us to better understand the space outside of the Poughkeepsie branch of the PPMHV clinic network—a case study that I analyze in the next chapter.

Chapter 4: The Abortion Clinic as a Space of Interaction

In the previous chapter, I used social theory to explain the various interactions between two of the most contentious movements in the United States. In this chapter, I shift my focus to a case study of one abortion clinic. In gaining a detailed understanding of the complexities of this space, I hoped that I would learn more about the entire discourse surrounding abortion, and perhaps, U.S. political discourse more broadly. During my four months of participant observation as a clinic escort at the Poughkeepsie Planned Parenthood, I witnessed firsthand the dynamics between the highly polarized pro-life and pro-choice movements. I came to understand the interactions between those who were adamantly pro-choice and those who were unshakably anti-abortion, between the individuals who devoted a few hours every week to their side of the cause, regardless of below freezing temperatures, scorching sun, or pouring rain. I sought to understand the communities that existed on both sides of the property line, and how they shaped the dynamics of the contentious space outside an abortion clinic.

Methods

The Poughkeepsie clinic is part of the umbrella organization of PPMHV, which includes four other medical centers spread throughout Dutchess, Orange, Sullivan and Ulster Counties in upstate New York. The Poughkeepsie and Newburgh locations are the only ones that offer abortion services, primarily (according to my supervisor I.H.¹⁴) due to difficulties securing a physician who is willing to commit to the other locations. This means that women from the across the mid-Hudson Valley area have to travel to the Poughkeepsie clinic to access the health care services they require.

The clinic network provides a wide range of health services to more than 40,000 people

¹⁴ I shield the identities of the escorts by referring to them only by their initials.

annually (Planned Parenthood of the Mid-Hudson Valley n.d.). While the clinic offers comprehensive sexual health services, individuals can also seek general care there. In Poughkeepsie, abortion procedures only occur on Wednesdays, and this is not unusual. Most reproductive health clinics around the country only offer abortion services on one or two specified days per week, primarily because of the challenges in securing a physician who can offer more time than this.¹⁵ Concentrating procedures on one day per week makes logistical sense for the clinic staff as they can streamline the recovery process for all patients, but it also means that anti-abortion protestors have an easier time targeting women who wish to obtain the procedure. Anti-abortion activists know that the vast majority of women arriving at the clinic on Wednesdays (with the exception of a few whom the physician has agreed to meet for other purposes) are there to terminate a pregnancy and may be in a particularly vulnerable mental state. Protestors thus stand outside the clinic in shifts, with signs, pamphlets, and rosaries, from about 8:00AM to about 2:00PM every Wednesday, hoping that their presence will cause at least some of these women to change their minds.

The pro-choice movement has developed a means of combatting protestors—by employing clinic escorts who serve in a support role for patients. In Poughkeepsie, this means that every Wednesday there is a group of roughly three to six escorts donning pink vests, warding off protestors at the property line. Escorts complete a brief training session led by clinic staff prior to their first shift, focusing primarily on how to identify suspicious behavior.¹⁶ Escorts do everything they can to protect patients from harassment by protestors: sometimes this means

¹⁵ According to I.H., the physician who performs abortions at the Poughkeepsie clinic runs his own private practice across the Connecticut border, to which he devotes the rest of his professional time.

¹⁶ We can presume that this became a focus of escort training sessions after clinic terrorism and violence became a hallmark of anti-abortion activism.

walking a patient to and from her car, comforting her if a protestor upsets her, holding the door open, chatting about mundane topics like the weather to distract her, or simply greeting her with a smile. The volunteers' work can be emotionally draining, so escorts' shifts are limited to two hours per week.

To gain intimate access into the contentious space outside of the Poughkeepsie clinic, I volunteered as an escort for four months, beginning in September 2017 and ending in December 2017. I completed my training in the spring of 2017, and worked my first shift shortly thereafter, before leaving Poughkeepsie for the summer. I then resumed escorting upon my return to Poughkeepsie in September and began the research for this project. I worked the 8:00AM to 10:00AM shift each week—arriving each Wednesday morning to find the group of protestors who (according to I.H.) were the most aggressive. Once my project was approved by the Institutional Review Board, I told my fellow escorts and my supervisor about my research—that I was studying the debate surrounding abortion and how it manifests itself in front of clinics, looking at both escorts and protestors. I explained that their names and all identifying information would be protected.

The physical space in front of the clinic is structured in a way that is somewhat beneficial to both the escorts and patients. The clinic entrance is set back approximately fifty feet from the sidewalk, in a parking lot that holds about 25 cars. There is no gate, but the border between clinic- and publicly-owned space is lined with a short fence and low shrubs, except in the driveway. Anti-abortion protestors stood on the sidewalk on the outer side of the fence, with signs facing the street and the clinic entrance. Since most of the patients parked their cars in the clinic-owned lot, they were able to traverse the property line (and thus, the picketers) from the relative safety of their vehicle. Some of the escorts stood at the back end of the parking lot,

holding the door open for patients entering and exiting the clinic, but others (myself included) chose to stand right in the driveway so patients saw that we were present immediately upon their arrival. In this driveway, we were separated from the protestors by the invisible border that marked the boundary between public and private space. Despite the close proximity, there was a strict do-not-engage policy with the protestors, which the clinic-hired security guard, M., took very seriously. He was the only person who was authorized to interact with the protestors. While most of the escorts were adamantly pro-choice, we recognized that we were there for the patients, and not to engage in counter-protest against the anti-abortion activists—even though it often felt like one.

Benefits and Limitations of Participant Observation

I chose to enter this space as a participant rather than as a bystander because I believed that it would allow me to gain a unique perspective on this space and the communities that exist there. I was correct in this assumption and recognize now that, after four months of research, the information that I received would have been lacking detail if I had observed this space as a member of the public. In serving as an escort, I was able to place myself right on the property line, in person-to-person interactions with patients and staff members, and in direct opposition to protestors, without drawing undue attention to myself. Choosing participant observation as my research method thus allowed me to gather information and collect data on this field site in a more discrete manner (Kawulich 2005).

Participant observation provided me with valuable insight into the clinic network's organizational responses to the weekly anti-abortion protests. Since I was accepted and trusted as a member of the group of escorts, and I.H. sits on the board of PPMHV, I was able to learn about various methods that the clinic has implemented to thwart anti-abortion activism, which I expand

upon later in this chapter. I could never have gained access to this insider information if I had not been accepted as an escort, as none of it is publicly available.

A possible critique of participant observation lies in the worry that the presence of the researcher will influence the behaviors of the informants. Researchers engaging in participant observation thus often struggle with how to document their observations while in the field. Writing in a notebook, for instance, could alter the behavior of the informants and subjects as they are reminded that they are under observation. After a few volunteer shifts, I noticed that escorts occasionally take out their phones to respond to text messages or to pull up a photo or an article of interest to share with the other escorts. I therefore decided that it would not look suspicious if I occasionally wrote notes on my phone. I used this to write down the language I observed on protest signs, or specific quotes that I was worried I might forget. I.H. permitted me to take photos of the area in front of the clinic as long as I was not wearing my escort vest (i.e. at the beginning or end of my shift). I attempted to do so discretely, so the protestors would not be aware that I was documenting their actions.¹⁷ Once my shift was complete, I recorded a voice memo on my drive home with my immediate reflections on what I had observed. I then transcribed what I had witnessed into detailed field notes a few hours later.

While I cannot know definitively if my presence influenced the way that my informants behaved, I find it unlikely. The escorts rarely mentioned my research project, with only the occasional question about my deadlines and the one day a fellow escort, N.M., printed the Twitter feed of a protestor (her former colleague) to assist with my research. The fact that I

¹⁷ Other escorts would occasionally take photos of the protestors as well, making it even less likely that my actions were perceived as suspicious. I also find it important to note that the protestors quite conspicuously filmed and photographed us. They set up a video camera each week pointing at the clinic driveway, and on several occasions photographed the escorts with a point-and-shoot digital camera.

started volunteering as an escort prior to the start of this research project—completing my training and my first shift in the spring of 2017—allowed me to begin developing relationships with the escorts (and the protestors) organically. The other escorts thus came to know me not as a researcher, but as a participant in their volunteerism. As I did not observe a change in our relationship once I disclosed my project to the other escorts, I believe this may mitigate concerns that they altered their behavior in my presence due to the nature of my research.

Another major risk of participant observation is the potential lack of objectivity, as the researcher is not an independent observer, but immersed in a group with a clear set of opinions, norms, and values (Kawulich 2005). I recognize that this complicates how I came to my understandings of the space outside an abortion clinic and that my research could possibly be interpreted as biased because of this fact. I struggled throughout the course of this research to come to terms with my own attachment to the subject matter: I have long identified as a staunch abortion-rights advocate, as I explained earlier. I started volunteering as an escort out of my own political desire, several months before I had even conceived of this project. This personal connection to the issue, however, may have facilitated my acceptance into the community of escorts, as they all hold similarly strong beliefs. I attempted to address my personal bias regarding the issue by accompanying my observations with outside scholarly research on pro-life activists. In learning more about the roots of their beliefs, I was able to better understand the protestors' connections to the abortion issue, without violating my Planned Parenthood contract by engaging in conversation with them.

I am aware that—by immersing myself in only one of these two diametrically opposed communities—I was only really experiencing one side of the debate. In order to address this, I did my best to observe closely the community of protestors, listening in on their conversations

and noting the ways they greeted each other and interacted. I recognize, however, that my research may be limited by the fact that I was not a true participant in the pro-life activist community, like I was with the escorts—although it would have been impossible to be accepted into both communities. I was unable to gain meaningful information on the organizational and tactical structure of their activism and had to rely on scholarly sources for this information. This may mean that my understanding of this group is not as complex as that of the escorts, but my research mainly focuses on how the two groups *interact*, which I was able to witness, experience, and engage in firsthand.

My four months of field research at the Poughkeepsie Planned Parenthood allowed me to (quite literally) place myself in the midst of a heated debate. The protestors and the escorts represented two diametrically opposed opinions on the legal, moral, and social status of abortion. In participating in the interactions between these two movements, I was able to learn about their interactions without marking myself as a researcher, as an observer, as an *outsider*—something that felt particularly important in a debate that revolves so much around privacy.

Demographics of the Space

The City of Poughkeepsie, New York has roughly 30,635 residents, with a median household income of \$39,067 and 22.6 percent of the population living in poverty. (DataUSA n.d.). The population of the city—where the clinic is located—is 36.9 percent white, 35.6 percent black, and 21.3 percent Hispanic (DataUSA n.d.). In comparison, the Town of Poughkeepsie, which surrounds the city on the edge of the Hudson River, has about 44,000 residents and a much higher median income: \$71,584 and only 9 percent living in poverty (U.S. Census Bureau 2016).

In analyzing the movements outside of the abortion clinic, it is important to understand

who the individuals representing the movements were, and how these demographics may have affected the dynamics in this space. On both sides of the property line, the activists were overwhelmingly white. I never saw a non-passing person of color protesting nor escorting. This is particularly interesting in a city that has almost equal numbers of black and white residents. According to my own visual interpretation, the racial breakdown of patients seemed much more representative of the local community than the activists representing the abortion debate.

There were very few male escorts. Besides the clinic supervisor, I.H., and the three security guards who were hired by the clinic during my research, I only interacted with one male escort—a young jazz musician. The rest were female. The protestors, on the other hand, seemed much more evenly split. Of the most devoted protestors who showed up practically every week, four were male and five were female. I did not notice any major differences in the tactics used by the male and female protestors.

There was a very clear generational divide between protestors and escorts. While I was by far the youngest escort, there were several other escorts (especially in the shift right after mine) in their late-twenties to early-thirties. Most were middle-aged, however, and a few were past retirement. The youngest protestor, on the other hand, could not have been much younger than 60, with the majority appearing much older. The escorts often remarked on how impressed they were that the protestors stood outside for so long (although several brought folding chairs or walkers) in the cold weather and the heat, given their age.

As explained in chapter two, religion is deeply connected to the abortion debate and this manifested itself outside of the Poughkeepsie clinic. According to I.H.—who had longstanding (non-amicable) relationships with the protestors—the vast majority were Roman Catholic. A priest wearing traditional clerical clothing came to join the protestors in front of the clinic on a

few occasions, and the regulars all greeted him with warm hugs, likely indicating that they are members of his church. The regular protestors carried rosaries, recited prayers off laminated sheets of paper, held images of the Virgin Mary, and even positioned a statue of her on top of a small table each week. One morning, a man showed up in full camouflage, and stood directly across the driveway from the regular protestors (who did not acknowledge his presence). I.H. was familiar with this man and explained to me that he was an Evangelical Protestant and that the other protestors strongly disliked him. Throughout the morning, he repeatedly placed his hands in the air, closed his eyes, and loudly prayed for us—the escorts. The protestors, who on their normal route would have walked past this man many times while reciting their prayers, stayed in their more comfortable, familiar, Catholic territory. I believe this example serves to demonstrate the religious ideological divisions that shaped interactions (or the lack thereof) in this space.

The escorts, on the other hand, were notably unreligious. Both I.H. and I were raised Jewish, yet now identify with the religion mainly on cultural levels. Several of the other escorts were raised either Protestant or Catholic, but again, did not seem to regularly practice. This marked a clear division—albeit one that was not visible to the general public—between the pro-life and pro-choice activists.

Unlikely Symmetry

During my first visit to the Poughkeepsie clinic, I was struck by the similarities on each side of the property line. As my supervisor, I.H., and the security guard, M., gave me the lay of the land, they both repeatedly referred to the pro-life protestors as “crazy.” They commented on how absurd they found it to be that these individuals woke up every Wednesday to stand in the blazing sun for hours. I quickly realized that we—the escorts—were doing the same thing: we

were devoting hours of our lives to protecting vulnerable patients, just as the protestors were committing their Wednesdays to protecting what they understood to be vulnerable new lives.

Were we really that different?

Meyer (2007) explains that the two movements in the abortion debate have created a “structural mirror image” (p. 214). Both sides have multi-issue and single-issue coalitions; both have relationships with one of our country’s two major political parties; both fight battles in the courtroom and on the streets; both are “well-developed, integrated, politicized, and institutionalized movements, each prepared to respond to every initiative of its opponent” (Meyer 2007:215). The movements even conceive of the issue using similar theoretical tools, using all three of Gamson’s (1995) framing elements that I explored in the previous chapter: injustice, identity, and agency frames. I believe that this unlikely symmetry existed in the highly polarized space of the abortion clinic.

Community

The clearest form of symmetry that existed outside the clinic was visible in the close communities that formed among activists on each side. In chapter three, I explained the value of social infrastructure in both mobilizing activists and in sustaining their participation in social movements. This seemed to ring true among the movement representatives outside of the Poughkeepsie Planned Parenthood: social infrastructure held us together. We learned about each other’s children and grandchildren (or, in my case as the youngest escort, parents and grandparents); we greeted each other with warm hugs; we brought each other hot coffee when temperatures neared freezing; we debated local and national politics and shared our favorite articles or television shows. As I addressed earlier in this chapter, a limitation of choosing participant observation as my research method is that I can only truly speak to one of the two communities that existed here: I was only a member of the community of escorts. That being

said, I was able to observe and witness the similarly close community that existed among the anti-abortion protestors from my side of the property line. They kissed each other on the cheek upon arrival; they held hands in prayer or walked in unison while reciting the Hail Mary; they discussed recent advances in anti-abortion legislation; they shared sunscreen or scarves and gloves with the unprepared. When a major event occurred—be it President Trump making a controversial statement, a natural disaster, or women speaking out against workplace harassment—as the escorts discussed and shared opinions, I heard the protestors doing the same just across the property line. Two distinct communities thus came to exist among the activists of each movement.

Social infrastructure laid at the roots of the activists' participation, facilitating their involvement. Several escorts were brought into their activism by social ties; they received an invitation to participate from someone they already knew. One of the older escorts, V.R. became an activist because she was a friend of I.H.'s mother, who told her about his escorting work. Another, N.M., met escorts on her bus ride from Poughkeepsie to Washington, D.C. for the Women's March in January 2016. I even brought a friend of mine from Vassar into the escort group a few times. While I cannot confidently say the same about the group of protestors, it did seem like many of their relationships existed prior to their activism, as evidenced by their discussions of mutual friends and shared organizations or religious institutions. For the vast majority of activists who were present in this space, it seemed that social infrastructure had led us there.

I only began to realize that I had been fully accepted as a member of the community of escorts when M. announced he had another job offer and would be leaving Planned Parenthood. A few minutes after I arrived for my shift, M. called us all over and said, "now that everyone's

here, I have good and bad news to share with you guys.” I was struck by this statement in an oddly emotional way: it felt like a recognition of our community that I had not yet come to on my own. The group of regular escorts created an *everyone*: we were an established community that was not whole if even one person was absent. M. seemed teary-eyed, as he asked I.H. If he could stand with us wearing a pink vest instead of a security badge if he could get Wednesdays off from work. He did not initially join this group as an activist, but over the years he became one. To invoke the theory presented in the previous chapter, his invitation to participate in this form of pro-choice activism came to him accidentally—in the form of a random job placement. He only expressed his personal desire to participate *after* his realization that he had inadvertently transitioned into an activist over the years. He had been accepted as a core member of our community and became engrained into the social infrastructure of the escorts. This connectedness sustained his participation and compelled him to continue, despite his change in life circumstances.

The shared activism that connected us formed unlikely bonds, present on both sides of the fence. As a student at Vassar College—a small residential liberal arts college suffering from a strong dissociation from its surrounding city—I was able to forge friendships with a former school administrator, a local politician, an older man who grew up in Brooklyn just like me, and a part-time security guard. While it seemed like many of the protestors knew each other through religious institutions, I witnessed several first introductions which, a few weeks later, seemed to turn into genuine friendships as they greeted each other with warm hugs. I watched communities grow and expand, both around me and across the property line from me.

Within these communities, there existed clear roles for members—some were institutionally set, like that of the security guard or escort supervisor, but most came to exist

organically. Each week, two protestors set up their signs and religious symbols. They arrived first, before my shift had even started. Another protestor arrived about halfway through my shift and brought knit baby mittens that she hung over of a yard sign and a t-shirt that read “The Pill Kills” that she draped over a chair. Some protestors simply prayed, some walked back and forth across the driveway, and others sat in chairs across the street. One handed out leaflets while another stopped passersby and engaged them in shockingly long conversations. Each protestor always served the same role.

The escorts fell into a similar structure. N.M. and I always helped M. put up the “We Stand with Planned Parenthood” sign (which I expand upon later in this chapter) at the parking lot’s edge. Some of the older escorts always stood by the clinic entrance and held the door open for arriving patients. Others, myself included, stood right at the property line. One morning, on a new escort’s first shift, I overheard N.M. remark “Sophie always likes to eavesdrop on [the protestors] up front.” This was a clear assertion of my role within this space and within this community. I listened to the protestors chat and I came back to the group to recount what I heard. I even noticed that I.H. said practically the same thing to every woman he escorted: “Our job is to get you past the crazies” and he rolled his eyes and motioned towards the protestors. The communities then created their own social infrastructures, in which each person expected and relied on the others to fulfill their set duties. These set roles served as the glue which bound the communities together.

The mirrored yet oppositional communities that existed in front of the clinic served to hold us each accountable for showing up every week. If someone was missing—when a person’s role went unfulfilled—we noticed. Community, while not necessarily the goal of our activism, drove and sustained our participation.

Visual Symbols

About two months into my research at the Poughkeepsie clinic, one of the more aggressive protestors pulled two red vests out of the trunk of her car. Another escort helped her pull it over her bulky coat and she returned the favor. They then stood proudly for us to read them: “Life Escort” on the front, and “Jesus is Life” on the back. I looked down at my own hot pink vest, which read “Planned Parenthood Clinic Escort.” Escorts have been wearing vests since the practice began, as a visual cue to patients that we are not protestors; rather, we are there to protect patients. The protestors were now literally *mirroring* us. They had taken one of our key tactics and flipped it on its head. These two protestors continued wearing their red vests each Wednesday for the duration of my participant observation.

Saurette and Gordon (2015) argue that the pro-life movement has adopted a “pro-woman” rhetoric in recent years. They view this as a form of frame extension, a “strategy aimed at attracting new supporters by piggybacking on previously established frames that enjoy significant cultural and intellectual influence with potential new supporters” (p. 245). The pro-life movement has been widely critiqued as anti-woman, for prioritizing the life of the fetus over the life of the woman. To use the concepts that I discussed in the previous chapter, their fetal protection frame was being *debunked* as a representation of patriarchy. As mainstream feminism spread, it became increasingly important that the anti-abortion movement *save* their frame and extend it to reach potential recruits that value women’s rights and women’s health. Saurette and Gordon (2015) explain that the U.S. anti-abortion movement did not discard the fetal protection frame, but rather now uses it alongside a pro-woman frame. This combination was present at the Poughkeepsie clinic, with signs reading both “Abortion Hurts Women” and “Please Don’t Kill Your Baby.”

I interpret the “Life Escort” vests as an effort to visually mirror abortion-rights tactics to

appear more female friendly. Rather than simply yell at the patients and call them murderers, pro-life activists wanted to seem like they were there to help. This visual mirroring could easily have served to confuse the patient, a possibility that clinic staff and escorts expressed concern over throughout the course of my research. Several times we noticed women in cars driving back and forth past the clinic entrance. While these women simply may have been undecided or upset, the escorts wondered if it was possible that—since the clinic entrance was far set back and the Planned Parenthood signage was not ideal—the women actually did not realize that the clinic that was there to help them. When the two sides looked so similar, it became difficult to distinguish them.

We can understand the visual symbols outside the abortion clinic as an on-the-ground frame contest. Each side of the abortion debate used visual symbols to reinforce the frames that they chose to provide, to save their frames, or to debunk the frames of the other side. The symbols assisted the movements' efforts to create new realities of this space.

Taking Space: Pro-Life/Pro-Choice Turf Wars

Despite the unlikely mirroring that existed in the space outside of the Poughkeepsie Planned Parenthood, the two movements remained diametrically opposed and existed in a series of actions and reactions. This was clear in the sort of turf war that I observed between protestors and activists. While it was clear who legally owned what space, there was a constant struggle on behalf of each movement to *take space* as its own, to give it meaning that was attached to their goals, and to frame the space for outsiders.

There was a clear separation between public and private space in front of the clinic. As previously described, shrubs lined most of the border. The only ambiguous section was in the driveway, as there was no gate. It was clear who had access to clinic-owned space and who did

not: escorts, coordinated and put in place by the clinic staff were thus institutionally sponsored and had access to the entire parking lot. Protestors, on the other hand, were clearly not welcome on clinic property (unless they required entrance as a patient, although I did not witness this during my research). The security guard's main job was to confront the protestors if they tried to enter the privately-owned lot, if they blocked access to the driveway, or if they impeded visibility for drivers. Picketers were thus left to protest on the narrow stretch of public space in front of the clinic. It was illegal for them to block the sidewalk, so they set up their signs and chairs on the thin patch of grass between the sidewalk and the street.

As mentioned previously, the clinic struggled with signage. According to the clinic director, they used to place a sandwich board in the same space used by the protestors, listing the services offered by the clinic. They realized, however, that the sign was overwhelmed by the many put in place by the anti-abortion activists and stopped putting it out—effectively conceding this space to the protestors. Their next effort came just before I began my research: two large blue banners reading “We Stand with Planned Parenthood,” hanging just above the shrubs that line the border between public and private space—and the border between anti- and pro-abortion. M., N.M., and I put the banners up first thing every Wednesday, and we took great pleasure in the eye rolls the protestors gave us in return. According to I.H., the banners were not only meant to signify immediately to passersby that this was a health clinic, but also to subvert the messages of the protestors: it seemed as if the protestors, standing directly underneath the massive banners, were the ones who “stood with” the clinic and with abortion access. The pro-choice movement was reclaiming this space and providing it with a new meaning: they framed space in a way that made it favorable to their ideology.

Just as the cold weather was approaching, one of my fellow escorts, N.M. arrived before

any of the protestors had shown up for the day. She noticed the patches of dirt on each side of the driveway, which were soon to be soon be covered with their anti-abortion signs, lawn chairs, and the table with a small statue of the Virgin Mary that they set up each week. When the rest of the escorts arrived, she remarked that we had conceded this public space to the protestors, with no valiant effort to claim it as unofficial “clinic territory.” She asked I.H. and the clinic manager if she could plant some seedlings there, in hopes that the protestors would be unwilling to kill the new plant-life with their protest materials. The clinic staff gave her permission, and a few weeks later, she and her husband came down to the clinic on a Saturday and planted the seeds.

When I arrived at the clinic the following Wednesday, the protestors seemed disoriented. I.H. and N.M. were smirking at the parking lot entrance, as they watched the protestors try to come up with a new plan for the placement of their signs. N.M. had lined the new plant beds with caution tape and posted a sign in each reading: “Tender Plants. Please Do Not Touch,” with an image of two hands holding a little sprout. The protestors seemed to respect the plant beds, lining their signs up further down the block. Over the next few weeks, N.M. and her husband tended for the plant beds, continually replacing the tape and signs that protected them.

Two weeks later, the turf wars continued. The protestors had placed fake tombstones right at the edge of the plant beds and a sign reading, “In loving memory of all the babies lost through abortion.” According to several scholars on the anti-abortion movement, these fake graveyards are not unique to Poughkeepsie (Maxwell 2002; Munson 2002). Maxwell (2002) noted that many pro-life protestors even hold symbolic funeral services for the children who they believe have been killed by abortion. She explains that these memorial services, and the graveyards erected outside clinics, serve to create “images of death and mourning” to provoke passersby to “develop clear mental images of fetuses as people” (Maxwell 2002:125). In

Poughkeepsie, abortion-rights activists had taken back this space and provided it with new meaning, after years and years of willingly conceding it to the other side. The fake graveyard represented a pro-life effort to do just what we had done: take space and give it a meaning that served their own movement.

Efforts to claim space extended to non-physical as well, as the two movements fought to control the sounds that patients encountered. As patients exited their cars in the clinic parking lot, the protestors typically shouted over the shrubs at the property line. They said things like, “Once you’re pregnant, you’re already a mother. Don’t kill your baby!” and “We can help you. There’s a Crisis Pregnancy Center just a few blocks away.”¹⁸ Over the months of my research, the protestors’ shouts got progressively louder and more aggressive. To combat this and to protect patients from what she interprets as “harassment,” N.M. tried several different tactics. First, she brought an Audubon Bird Call—a wood and metal instrument that makes sounds similar to wild birds when the metal piece is twisted. Upon realizing that this was not loud enough to drown out the protestors, she opted to for a more powerful instrument: a Bluetooth speaker, connected to her phone. When the protestors started shouting at a patient, N.M. turned the speaker on and began playing ambient noise—jackhammers, honking horns, and birds chirping. But the protestors just shouted louder and told N.M. that “the devil loves noise.”

¹⁸ The Care Net Pregnancy Center of the Hudson Valley, just a six-minute walk from the Planned Parenthood Clinic in Poughkeepsie, does not perform (or refer for) abortions. It focuses instead on persuading women to choose other options, especially adoption or parenting. [The Care Net Pregnancy Center](#) website is aimed at patients and focuses on services—it does not mention the organization’s anti-abortion mission, and inaccurately claims to provide neutral information on the “health risks” and “psychological consequences” of abortion (Care Net Pregnancy Center n.d.). The organizational website ([Celebrate Life Friends of Care Net Pregnancy Center of the Hudson Valley](#)) focuses on fundraising and volunteer mobilization, and makes the organization’s mission much more explicit: “empowering people to make life-affirming choices” with a focus on prevention, intervention, and reconciliation for “abortion-minded and abortion-vulnerable women” (Celebrate Life n.d.).

Taking space was about more than just the physical ground beneath our feet; rather, it was about defining this space in its *entirety*. It was about creating an experience that either made a patient change her mind about the procedure or made her feel supported, welcomed, and safe.

The battle over taking space can be understood as a fight over framing: each movement was attempting to *frame* public space, to create a new reality of it for passersby, patients, and social movement participants. In this struggle, we clearly see the movement-counter-movement dynamic—the push and pull of the abortion debate in relation to the competitive process of framing space.

Conclusion

In this chapter, I analyzed the concrete interactions between the pro-choice and pro-life movements that take place in the space in front of an abortion clinic. I found an interesting contradiction in my time as an escort. The two movements exist in a sort of mirror image, mimicking each other, yet they also exist as polar opposites. They fight over space. They fight over framing. How can two polarized ideologies lead to movements whose representatives appear so similar?

Chapter 5: Conclusion

While this thesis sought to increase our understanding of the interactions between the two movements surrounding the abortion debate, there remain questions that my research was unable to answer. I have recognized, throughout this project, the limitations that come from my participation in only one of the two communities that exist outside the abortion clinic. While there is an abundance of research on pro-life organizing and activists, future research should continue to explore the anti-abortion community and the networks they have created in this space.

Most importantly, subsequent research must ask the question: what about those who are caught in the crossfire between the pro-life and pro-choice movements? What about the *patients*? While the escorts' interactions with patients were brief, it was nonetheless clear that the presence of protestors provoked a response. I saw patients heading into the clinic burst into tears in the parking lot after encountering the protestors—sometimes in the arms of an escort. I saw patients yell at the protestors, asserting that they could decide what happens to their own bodies. I saw patients explain that they were not going inside to get an abortion; rather, they were visiting the clinic to receive some other type of medical care.¹⁹ I saw others laugh and roll their eyes. The homepage of a pro-life organization called 40 Days for Life features a tracker tallying how many lives have been saved from abortion in a given time period. As I am writing this, the tracker

¹⁹ While this is certainly possible, it seems unlikely given the fact that Wednesdays are procedure days at the Poughkeepsie clinic. After witnessing these interactions, escorts often remarked on how these sorts of statements served to validate the pro-life ideology. In explaining that they were not there for an abortion, patients were effectively saying that they should be exempt from the protestors' moral judgments, but that the protesting was acceptable for women that actually were going through with the procedure.

reads “645 lives saved from February 14-March 25” (40 Days for Life n.d.). While it is unclear what they count as a “saved life” (as well as how they are acquiring this information), it makes me wonder how many of these women actually changed their minds about the procedure after encountering the picketers. It seems to me that these are the individuals for whom the activists outside the clinic are fighting to frame abortion. So then we must ask, how do patients themselves react to the dynamics of this space?

According to a Pew Research Center poll conducted in July 2017, 57 percent of Americans think that abortion should be legal in all or most cases, while 40 percent think the procedure should be illegal in all or most cases (Fingerhut 2017). Indeed, abortion attitudes are becoming increasingly supportive, especially among younger generations. Seventy-seven percent of those under the age of 30 say abortion should be legal in most cases (Fingerhut 2017). Approximately one-third of young Americans say that their outlooks on abortion have changed in recent years, and this shift was three times as likely to result in more supportive views on the legality of the procedure (Davis et al. 2018). In comparison, seniors are twice as likely to report that their views have become more opposed to abortion (Davis et al. 2018). This research—and my own observation of the discrepancies in age between pro-life and pro-choice activists outside of the Poughkeepsie abortion clinic—begs the question: will clinic protests soon disappear? Is it possible that opposition to abortion is simply going to fade from public controversy over time?

The increasing availability of medication abortions similarly is altering the landscape of the abortion debate. According to *Reuters*, women in the U.S. are now terminating pregnancies with medication almost as often as with surgery (Mincer 2016). The “abortion pill” is a common name for two different medications: mifepristone and misoprostol. The former blocks progesterone, which sustains pregnancies and the latter induces uterine contractions.

Most U.S. states require that physicians be present with a patient when prescribing the abortion pill, and some even require that the physician be present for the procedure itself (Guttmacher 2018). Planned Parenthood and other clinics serve as the primary gatekeepers to the medication (Mincer 2016).²⁰ But an Australian study suggests this sort of oversight may not be necessary: telemedicine provides an alternative approach. A study of 1,000 Australian women found that ordering abortion pills via mail (after a consult online with a physician) is safe and effective (Bess 2017). What would it mean if women could terminate pregnancies without even leaving their homes? Would clinic protests become a thing of the past? Medication abortion marks a major watershed in abortion discourse because it potentially allows women to end pregnancies without even stepping foot in the battleground that is the abortion clinic.

For the time being, clinic protests persist, and the abortion debate remains in the center stage of U.S. public discourse. Nevertheless, major changes in our political climate could impact the conversation in the coming years. In the summer of 2016, rumors spread about the possible retirement of 81-year-old Supreme Court Justice Anthony Kennedy. Justice Kennedy has long been regarded as the Court's swing vote, as he has conservative ideals but occasionally votes liberally on social issues regarding race, sexuality, the criminal justice system—and even abortion. While Justice Kennedy did not end up ceding his seat on the bench last summer, it seems possible that his retirement will come during President's Trump term in office. President Trump will likely nominate a judge who could threaten the *Roe v. Wade* decision—just like he did with Justice Gorsuch, who was confirmed in spring of 2017. Many questions have similarly arisen around 84-year-old Justice Ruth Bader Ginsburg, who has long been regarded a champion

²⁰ According to I.H., more and more women are opting for medication abortions at the Poughkeepsie clinic.

of women's rights. While progressives hold onto hope that Justices Ginsburg and Kennedy can hold out until a Democratic President is in the Oval Office, these two seats in our country's High Court seem relatively unstable. What could these retirements mean for abortion? Would a new Supreme Court actually reverse the *Roe v. Wade* decision, and how would this impact the movements I analyzed in this project?

Regardless of what happens within the chambers of the Supreme Court in the coming years, the abortion issue—like the movements surrounding it—is nowhere near a resolution. As I suggest in chapter two of this thesis, there are too many competing ideologies and worldviews for the issue to resolve itself after decades and decades of dispute. The debate cannot be viewed in a vacuum; rather, the issue is deeply connected to questions of religion, morality, gender, equality, power, and scientific knowledge. As the pro-life movement formed in the wake of *Roe v. Wade* and as the pro-choice movement solidified in response, the two sides of the debate further separated and further polarized. Now, it is difficult to imagine that they could ever agree.

While the abortion debate divides itself along various ideological lines, party affiliation has come to be a deciding factor in shaping abortion attitudes. Democrats tend to overwhelmingly favor abortion rights, and, by a similarly wide margin, Republicans favor illegality (Davis et al. 2018). This partisan split has actually increased significantly over the past two decades (Fingerhut 2017). But the polarization and the partisanship that we see in the abortion debate is not unique to this one issue. Indeed, many say that today's America is more divided than ever before. According to an October 2017 poll by the Pew Research Center, the overall partisan division between Republicans and Democrats has reached a record high level—growing even larger during the first year of the Trump presidency. It has become far too easy for us to surround ourselves only with likeminded individuals and opinions. Social media sites have turned into

“echo chambers,” allowing users to filter opinions so that they only encounter those that reinforce their own ideologies. The partisan divide is further represented by the media sources individuals pay attention to, with news organizations rather explicitly catering to either conservative or liberal audiences. Many Americans thus move through life with their views unchallenged—just like I did prior to the start of my experience as a clinic escort.

The abortion clinic, however, brings two opposing sides of a conflict face-to-face. In placing myself on the frontlines of abortion debate, I opened myself up to being challenged. I experienced weekly interactions with the other side of the issue—with protestors who have diametrically opposed ideologies to my own in regard to abortion. I immersed myself in the middle of movement-counter movement dynamics, literally occupying space on the border between the two. Throughout the course of my participant observation, it seemed as if we engaged in a civilized dance of sorts, with each side trying to provoke the other, and claim space, patients, and passersby as its own. We—the escorts—were there to protect patients. They—the protestors—were there to protect the fetus, or, in their eyes, the unborn child. I found myself wondering if these intentions were pure. Was it possible that we had all just chosen this one location as a space where the two movements could duke it out? Perhaps, the interaction between the movements was what mattered the most.

If, as I argue, we can understand the space outside a clinic to be a physical manifestation of one of our country’s most polarizing debates, we are then faced with the question of whether or not we can find similar spaces in other political debates. Charlottesville comes to mind. In early August of 2017, a Unite the Right rally—attended by Neo-Nazis, White Nationalists, Klansmen, and various armed militias—was held in Charlottesville, South Carolina, to protest the removal of a monument depicting Robert E. Lee, a Confederate general during the American Civil War.

Heather Heyer, a 32-year-old paralegal, was killed when a car drove into a crowd of peaceful counter-protestors. This egregious incident was a clear representation of political and cultural polarization, and in this case, it resulted in violence and death.

The scene outside of the Poughkeepsie clinic, however, is strangely civilized. My experience outside of this abortion clinic was unique because I was placed in routine interactions with individuals who seem like they will never find a way to agree. In our increasingly partisan America, is it possible that abortion clinics like the one in Poughkeepsie have become one of the few remaining spaces where opposing ideologies coexist (albeit, not without tension) and physically interact?

Despite the fact that the escorts and the protestors cared so deeply about their opposing interpretations of the issue at hand, a relationship between the individuals formed. On a brisk February morning outside of the clinic, the protestor who we referred to as “Yankee hat” (derived from his apparent devotion to the New York baseball team) told my supervisor I.H. that his daughter had given birth to a beautiful baby boy the previous night. It was clear that he was not saying this to prove a point. He was a new grandfather and beamed with joy and pride. In strict violation of clinic rules, I.H. gave him a sincere congratulations and a firm handshake. The two men, on opposing ends of this value-driven and emotional debate, have interacted on a weekly basis for about nine years. They may not agree, and they may not like each other, but inadvertently, they ended up *knowing* each other. This fleeting moment felt like recognition of a relationship, formed across a vast ideological difference.

The abortion clinic is unique in that it engages those from outside of the conflict: the mother who walks by with her children and has to explain what the protestors’ signs mean; the young woman who encounters the picketers each week on her way to work and screams “I support

Planned Parenthood!” with a huge smile on her face; the countless cars who honk their horns as they drive past, leaving both sides clueless as to which movement they are honking in support of. I am left wondering if the honks will ever disappear—a question that extends beyond the abortion debate to all social movements, countermovements, and perhaps to all modern conflicts. The handshake I witnessed between escort and protestor—this fleeting recognition of shared humanity—gives me hope that perhaps we can find peace in the warzone that has become the abortion clinic.

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