

Jon A. Shields

ALMOST HUMAN: AMBIVALENCE IN THE PRO-CHOICE AND PRO-LIFE MOVEMENTS

ABSTRACT: Scholars find that political elites are badly polarized over a large range of policy issues, but they tend to agree that the mass public is much more ambivalent. The abortion war in particular is regarded as one in which millions of ambivalent citizens are caught in the crossfire of polarized activists. Yet even abortion activists struggle to escape the very ambivalent sentiments that plague ordinary Americans. These common sentiments even exert a moderating influence on both movements in ways that are consistent with the preferences of the American public. They also suggest that liberalism may be mired in permanent conflict and ambivalence over the scope of basic human rights.

Despite much disagreement about the influence of America's culture wars on the mass public, scholars agree that the elites who wage them are deeply polarized, each camp assured of its own righteousness (Hunter 1992; Wolfe 1999; Fiorina 1999). In fact, scholars generally agree that political elites have become more ideologically polarized in recent decades (McCarty, Poole, and Rosenthal 2008; Levendusky 2009). The abortion conflict in particular has been described variously as a clash of "worldviews," "orthodoxies," and "absolutes." Activists in the pro-choice and pro-life movements, after all, assert fundamental and irreconcilable rights, apparently leaving no room for moderate

Jon A. Shields, jon.a.shields@gmail.com, Department of Government, Claremont McKenna College, Claremont, CA 91711, thanks Camille Cole for research assistance as well as Jeffrey Isaac, Alex Rajczi, Peter Skerry, Clyde Wilcox, and participants at the Workshop for the Study of Conservative Movements and Conservatism at the University of California, San Diego for helpful comments on earlier drafts.

Critical Review 23(4): 495–515

© 2011 Critical Review Foundation

ISSN 0891-3811 print, 1933-8007 online

<http://dx.doi.org/10.1080/08913811.2011.664853>

compromise or common ground (Luker 1984; Glendon 1991; Tribe 1992; Hunter 1994; George 2001). Even those who claim that most policy disputes do not involve a sharp clash of values make an exception in the case of abortion (Murakami 2008).

Scholars further tend to draw a sharp contrast between these warring activists and the vast majority of ambivalent Americans. There is an especially broad consensus for this view in the case of abortion, since surveys routinely reveal that Americans remain torn between the interests of women and embryos (Cook, Jelen, Wilcox 1992; Alvarez and Brehm 1995; Fiorina 2010).

This general account certainly captures the real philosophical differences between activists on both sides of the abortion conflict, and genuine ambivalence in the mass public. But it nonetheless overstates the polarization of abortion activists, whose sentiments and behavior are often shaped by the same moral ambivalence that plagues ordinary Americans.

Beneath their polarized beliefs and rhetoric, pro-choice and pro-life activists¹ often harbor common sentiments toward embryos. Like most Americans they tend to care far more about those embryos with anthropomorphic characteristics than those without them. Furthermore, these common sentiments may even *moderate* both movements—and public policy—in ways that are consistent with the preferences of the ambivalent American public.

Abortion providers, for example, are often disturbed and saddened by the death of embryos that are at least 14 weeks old, but almost never by the death of those that are younger. Many feminist physicians thus confine their practice to early abortion provision. In this way, pro-choice advocates moderate America's abortion laws, which have provided an unusually wide scope for reproductive freedoms compared to other Western democracies (Glendon 1989).

Similarly, pro-life activists do not feel much sympathy for weeks-old embryos. Therefore, they do not expend much time and energy trying to ban embryonic stem-cell research, or to regulate in-vitro fertilization clinics to prevent the creation of thousands of "spare" frozen embryos. Such regulation, in fact, is extremely rare even in the most conservative, pro-life states.

The most plausible explanation for these shared intuitions about early- and late-term embryos is that inherited psychological traits compel us to sympathize with beings with anthropomorphic characteristics, as

opposed to undifferentiated bundles of cells. Our sympathies are particularly powerful in the case of beings that resemble infants. As James Q. Wilson has argued in his work on the moral sense, humans feel an especially strong attachment to the characteristics of small infants, including their rounded features, large eyes, and cuddly skin. These sentiments are so powerful, in fact, that we have bred our pets to possess infant-like qualities (Wilson 1993, 15–26, 29–54, 123–33). But even if these common sentiments do not have a biological basis, they are deeply rooted. The most committed activists find them difficult to control; they even compel activists to doubt the wisdom and justice of their own cause.

The tenacity of these sentiments may reveal something important about the history of liberalism. American history is full of social movements that gradually widened the scope of human freedoms—often by persuading ambivalent, hostile, or apathetic citizens of the necessity of their cause. But there is little evidence that the activists in these movements doubted *their own* cause. Abolitionists, so far as we know, did not doubt the cruelty and injustice of slavery. Suffragettes did not doubt the injustice of excluding women from the franchise. Civil-rights activists did not doubt the fundamental unfairness of segregation. But advocates on both sides of the abortion controversy (and perhaps animal-rights crusaders, too) are sometimes deeply torn between their cause and their sentiments.

Thus, as activists have pushed for new freedoms in the post civil-rights era, they seem to be increasingly at war with their own sentiments—or what Wilson (1993) calls our “moral sense.” This possibility suggests that there may be underappreciated limits to the liberal project.

A Note on Method

Unearthing ambivalence in movements that publicly profess certainty is sometimes a challenge. Nonetheless, there is a surprising amount of evidence for such ambivalence in a rich secondary literature that has been ignored by scholarly treatments of abortion politics. It includes ethnographies and psychological studies of abortion clinics; autobiographies of abortion providers; and studies that assess late-abortion provision.

Ambivalence in the pro-life movement, on the other hand, is not found in any secondary literature. I thus interviewed movement leaders; the results lead to a new interpretation of abortion activism.² More refined methodological tests will certainly be required to build a larger consensus in its favor.

Ambivalence in the Pro-Choice Movement

As soon as states began liberalizing their abortion laws, the unanticipated emotional reactions of doctors and nurses posed an immediate threat to these new liberties. In 1970, for instance, Northern Westchester Hospital in Mount Kisco was one of New York's rare hospitals that did not place any restrictions on abortion; its administrators and physicians were committed to abortion rights. Many of its employees had personally fought for the state's new liberalized law. Yet less than ten days after the hospital began providing abortions, there was a groundswell of protest from nurses. The revolt was provoked by a number of incidents involving fetuses that were delivered alive after saline abortions.

It is hardly surprising that nurses, rather than doctors, protested. Unlike doctors, who merely had to inject a salt solution into their patients' amniotic fluid and induce labor, nurses were left to dispose of the dead fetuses. What was surprising is that the nurses' moral views about abortion did not seem to influence their emotional reactions. As one study of the revolt emphasized: "These [negative] feelings were equally shared by those who believed that every woman has a right to choose, as well as those who did not." Even those "who fought for the law suddenly found themselves uneasy when it came to the actual performance of a therapeutic abortion" (Kibel 1972).

The same problems troubled hospitals in other states, as well. One study of a Denver hospital concluded that even "people who fought for the law suddenly [felt] uneasy when it actually came to the performance of an actual abortion" (Thompson, Cowen, and Berris 1970, 995). Another study of a Hawaii hospital was more careful to distinguish reactions to early- and late-term abortions. It emphasized, for example, that first trimester abortions were "much better tolerated psychologically" by doctors and nurses than were second-trimester abortions. Nurses and doctors were disturbed by finding "pieces of limbs,

fingernails, and hair.” Living fetuses were even more troubling. One nurse reported “crying in desperation” as “she carried the fetus and searched for a doctor to help her,” while another nurse “rocked a [breathing] fetus in her arms.” Such reports led the study’s authors to conclude that even nurses who had “favored abortion repeal” were apparently “suffering from a kind of combat fatigue” (McDermott and Char 1971). A study of a North Carolina hospital came to similar conclusions. Even those who supported the new liberalized law reported “anxiety,” “dread,” “depression,” and “anger,” while others “cried” or asked to be excused from performing more abortions (Kane 1973).

Magda Denes’s ethnography of a New York City clinic offered the first rich account of the experiences of abortion providers. Unlike prior studies, it also drew wide attention from partisans on both sides of the controversy. Denes (1976) found that even the most committed pro-choice employees found abortion during the second trimester troubling. A female doctor reported: “I agree . . . that up to 12 or 14 weeks it’s nothing. The woman has a right to decide. I don’t know my opinion as far as after eighteen or up to twenty-four weeks, I still don’t know.” A social worker who described herself as “very proabortion” was so upset by second-trimester abortions that she considered going back to medical school. The director of nursing, meanwhile, reported that second-trimester abortions create “quite a lot of problems” and that some of her staff had either quit or complained. Despite some variation in staffers’ emotional reactions, Denes found that *all* doctors and nurses were troubled by abortion sometime between 10 and 20 weeks gestation (Denes 1976, 72–74, 143–44, 146–47, 152–53, 158–60).

Many of the early studies assumed that providers would become more comfortable with second- and even third-trimester abortion as social norms and the culture of hospitals changed. The authors of the Denver study, for example, argued that it “is very difficult in a short period of time to break down the traditions, beliefs, and mores of society and suddenly change the whole attitude in regard to unborn human life” (Thompson, Cowen, and Berris 1970, 995; also see Kibel 1972, 129–30). Likewise, the Hawaii study concluded that “nurses had been unprepared for the sudden shift in their occupational role and identity” (McDermott and Char 1971, 622). Some scholars still contend that the early opposition and ambivalence among doctors, nurses, and social workers were largely connected to the long-standing social stigma surrounding abortion.

What is undisputed is that the negative reactions of abortion providers helped to push abortion provision out of hospitals and into free-standing clinics (Joffe, Weitz, and Stacey 2004, 782). Free-standing clinics offered many virtues to advocates of abortion rights. Clinics were able to make abortion services more accessible by keeping costs relatively low. They were also able to selectively hire employees who were most committed to abortion rights (Joffe, Weitz, and Stacey 2004). Indeed, many doctors, nurses, and counselors collectively sought to cultivate clinic cultures that reflected feminist values, and to build a community (Simmonds 1996).

If, in fact, the strong emotional and moral reactions to second-trimester abortion found in pre-*Roe* hospitals were simply caused by a more traditional culture, one would have expected such feelings to diminish in these new feminist clinics. Yet workers in feminist clinics do not appear to be any less troubled by second-trimester abortion. Wendy Simmonds's ethnography of a feminist clinic found strong emotional reactions against second-trimester abortions among clinic workers. The reaction of Carrie, a feminist health worker Simmonds interviewed, was representative. As she reported: "At nine weeks you start seeing fetal parts. And by the second semester it's, you know, it's a baby, and by eighteen weeks it's definitely a baby. . . . And it's really hard because I always thought of abortion in terms of *just* the woman. . . . And I never even allowed myself to think, you know, isn't it a shame that there's something alive inside her. . . . Because somehow I had to make it black and white." Now Carrie deals with her doubts by "allowing [herself] to feel both ways." Karen, a summer intern, reported a similar emotional response to watching a late second-trimester abortion: "When he . . . takes the forceps and pulls out a foot, you can see the foot. . . . I was pretty horrified. . . . What I saw really freaked me out." "I just got to the point where I needed to sit down and cry." A clinic worker named Janice shared similar sentiments: "It's just—I mean it looks like a baby. It *looks like* a baby. . . . And, you know, I saw this one, and it had its fingers in its mouth. . . . It makes me really sad that this had to happen." Mira, too, said that "a lot of days it's *really, really* hard. . . . And when you're, you know, putting a fetus's head in over its feet into a baggie, there's just that brief moment of 'this could have been me'" (Simmonds 1996, 70–71, 80–82, 84).

Some workers were compelled to question the justice of second-trimester abortions more directly. Toby, for example, confessed:

"It made me really think about whether I thought it was right. . . . I think every now and then I still feel, you know, some doubt. But I think for the most part I've solidified my belief." A clinic employee named Lois found less relief than Toby. At the time of her interview, Lois reported that she still "hate[s] abortions" and finds that it is a "real challenge to get through the day." When Simmonds asked Lois why she hates abortion, Lois answered: "The destruction I can't deny" (Simmonds 1996, 85–87, 89–90).

Yet for all the emotional and moral challenges of second-trimester abortions, the feminist clinic workers in Simmonds's study were not troubled by first-trimester abortions. According to Simmonds: "No one I spoke with at the Center described any part of first-trimester abortion as visually disturbing." What seemed to trouble clinic workers was the "recognizability" of the fetus, rather than some other developmental marker, such as viability. Or, as Mira put it more poignantly: "It's very easy with a thirteen-week old fetus to dehumanize it. It's much more difficult when you see a twenty-six-week face" (Simmonds 1996, 69, 84, 95–96).

Carol Joffe's ethnography of abortion counselors at a clinic with a strong feminist culture was consistent in every way with Simmonds's study. "Again and again" Joffe found that abortion "counselors would contrast their earlier, 'simpler' view with the grimmer, more complex reality." Ambivalence was so common, according to Joffe, that "most of the counselors at certain moments still expressed doubts and confusion about what they were doing." And because such "unauthorized" feelings were widespread, the clinic found it necessary to institutionalize therapy sessions for abortion workers to express and share their negative feelings. Although there are no precise data on how common such sessions are, Joffe believes "they are in operation in a number of clinics" (Joffe 1986, 114–15, 134–40).

Kathleen Roe (1989), the author of a larger study of more than 130 abortion workers in the San Francisco Bay area, assumed that discomfort with abortion work would diminish as devotion to abortion rights increased. That is not what she found. Among workers who strongly supported abortion rights, 77 percent described it as a "destructive act" and 18 percent actually said it was "murder." Roe also found widespread ambivalence, which tended to come in cycles. While the "first ambivalence was usually longer, more intense and more disturbing than subsequent ambivalences," Roe concluded,

“ambivalence often recurred, sometimes years after an initial episode.” Abortion workers were often surprised by these initial bouts of moral uncertainty. As one worker put it: “I never in a million years thought that I’d feel like that because I believe in abortion rights so strongly.” Another typical worker reported: “I feel like I’m letting the whole movement down. If I’m not certain, what does that mean for women who will need abortions?”

Periods of ambivalence can come on suddenly, catching abortion providers unprepared. The pro-choice feminist doctor Lisa Harris (2008) described one such experience during a second-trimester abortion that she performed while she herself was pregnant. As she was tearing off a fetal leg with surgical forceps, she felt the kicks of her own fetus. Harris recalled: “Instantly, tears were streaming from my eyes—without me—meaning my conscious brain—even being aware of what was going on. . . . It was an overwhelming feeling . . . heartfelt and unmediated by my training or my feminist pro-choice politics.” The experience inspired Dr. Harris to write an essay for *Reproductive Health Matters* on the emotional trauma associated with performing second-trimester abortions.

One of the most consistent findings across a wide range of studies has been the experience of nightmares and hallucinations. Norma Rosen (1977), an investigative journalist at the *New York Times*, was one of the first to bring such experiences to the public’s attention after she surveyed city abortionists in 1977. “At one extreme” Rosen found some “doctors [who] admitted to heavy drinking and complained of nightmares.” One doctor suffered from the same fantasy during every abortion. “He imagined,” Rosen reported, “that the fetus was resisting its own aborting, hanging onto the walls of the uterus with its tiny fingernails, fighting to stay inside.” Academic studies suggest that this doctor was not anomalous, and that the probability that one will experience a nightmare is independent of one’s feminist commitments or the institutional context in which one works. The Hawaii study (McDermott and Char 1971, 623) even found that one nurse had an auditory hallucination. This nurse “insisted that she had heard a fetus cry, knowing it was not possible.” In Warren Hern and Billie Corrigan’s (1978, 4–5) study of staff reactions to second-trimester abortions, two (out of fifteen) staffers voluntarily reported nightmares. “Both described dreams of vomiting fetuses” (also see Kibel 1972; Kaltreider, Goldsmith, and Margolis 1979). Kathleen Roe’s (1989, 1197) study of

130 abortion workers also found that “nightmares [and] images that could not be shaken . . . were commonly reported.” Wendy Simmonds’s ethnography of a feminist clinic found that such experiences are commonly called the “fetus dreams.” In one such case, an intern who saw a fetal foot during an abortion reported: “It stayed with me, you know, and really upset me. I’d be in the shower, you know, washing my feet, you know, and . . . the picture would come to me.” Another abortion worker confessed that she too had seen “images” and that other employees suffered from “nightmares” (Simmonds 1996, 70–71, 82–84, 96).

Even researching an abortion ward in New York City left Magda Denes (1976, xvi, 50–51, 60) with nightmares. Although she was strongly pro-choice, Denes considered “giving up [her] research” after she experienced “bad dreams” and “a sense of complicity in something nameless.” Denes worked through “unbearable anguish” to finish her research. But it left her with “a bad secular conscience.”

The intensity of such feelings is hardly well known even by those who make a living writing and thinking about abortion politics. In fact, it is not unusual for abortion workers to conceal their moral doubt from the outside world and from one another. As Mira, a clinic worker in Simmond’s study (1996, 79–80), confessed: “I think part of the problem is that we don’t talk about [the sadness caused by second-trimester abortions] . . . because there’s always that fear that somebody will hear it. . . . And an anti will get hold of it.” Likewise, Kathleen Roe (1989, 1197) found that many respondents in her study “expressed great relief at being able to share their experiences in the interviews” since most had never done so before. More recently, the feminist abortion doctor, Lisa Harris (2008), encouraged her colleagues to begin “breaking the silence.” The U.S. Fellowship in Family Planning has just created a “psychological workshop” for its fellows.

While strong pro-choice convictions do not prevent ambivalence about second-trimester abortions, they certainly prevent the deep moral guilt experienced by some pro-life nurses who performed abortion care in hospitals shortly after legalization (Denes 1976, 151). But, as a small mountain of research now demonstrates, feminism does not seem to deter strong emotional reactions to second-trimester abortions.

It is perhaps tempting to conclude, as some abortion providers do, that emotional reactions to second trimester abortion are simply the result of human nature. In Denes’s study (1976, 147), Dr. Robert Harris reported:

"I do feel you'd be an abnormal person if you could really honestly say that abortion didn't bother you at all. It goes against all things which are natural." Wendy Simmonds (1996, 85, *emph. added*) also found that feminist abortion workers believed that their unpleasant emotional reactions to abortion work were rooted in biology: "Many Center women described their visceral reactions as *natural* products of the 'reality' of abortion."

However, natural sympathy can be counteracted by the personal circumstances of pregnant women, sometimes powerfully so. As Carole Joffe (1986, 115, 132) found, "the *reasons* for the abortion—the youth of the aborter, a failed marriage, a fetus known to be deformed—all shaped counselors' emotional responses to it."

In this respect abortion providers are like most Americans: Their feelings about abortion are affected by the reasons women seek them. At one extreme, particularly hard cases have the power to eradicate the ambivalence of abortion providers even in late-term pregnancies. In one poignant example, a twelve-year-old who was six months pregnant by her uncle lifted the morale of the abortion workers. As Denes (1976, 89) concluded: "The baby in Debbie's belly does move. But who cares? Certainly, no one on this floor, where for the first time in many months, there is a spirit of solidarity bordering on joy. . . . The groped for, seldom found certainty that the work done here is truly in the service of humankind is manifest again."

Such hard cases, however, are relatively rare. The vast majority of second trimester abortions are not sought under tragic circumstances such as rape, incest, fetal deformity, or because the health of the mother is in jeopardy (Hammond 2009).³ More commonly clinic workers are troubled by the circumstances in which patients seek second-trimester abortions. A number of studies, for example, have found that providers are especially troubled by repeat abortions. Joffe (1986, 117) discovered that anger toward women who sought repeat abortions was "so universally shared . . . that workshops on counselor feelings about 'repeaters' are now standard fare in counselor training."

Physicians are not required to perform second-trimester abortions, and many choose not to. While 98 percent of clinics perform abortion through the first trimester, only 23 percent do so at 20 weeks gestation and a mere 11 percent do so at 24 weeks gestation (Jones and Kooistra 2011). Many physicians limit their practice to relatively early abortions because they would be troubled by aborting more developed fetuses.

In one survey, obstetricians and gynecologists were asked to identify the circumstances in which they would not perform an abortion, if any. The most important factor by a wide margin was the age of the fetus (Aiyer, Ruiz, Steinman, and Ho 1999). In a more personal account, the pro-choice activist and feminist Susan Wicklund (2007, 27–28) recently recounted her decision to confine her practice to first-trimester abortions: “Seeing an arm pulled through the vaginal canal was shocking. One of the nurses in the room escorted me out when the colour left my face. . . . From that moment, I chose to limit my abortion practice to the first trimester: 14 weeks or less.” In Denes’s study (1976, 143–47), abortion providers reported that they had restricted their practice for similar reasons. Dr. Michael Christie, for example, decided he would no longer perform abortions after 16 weeks gestation even though he had no philosophical objections to second-trimester abortion. As he put it: “I just decided that it’s not worth it to do, because I have had such terribly strong feelings that it’s turned me off.” The reluctance to perform second-trimester abortions is all the more striking given that second-trimesters are far more financially remunerative for clinicians (Jones and Kooistra 2011, 47).

Doctors who are willing to perform abortions into the third trimester are even rarer. (One exception was the late George Tiller, whose practice was so unusual that it attracted patients from around the world. He was murdered by a pro-life radical.) These doctors are getting rarer as they die (or are killed) off (O’Connell, Jones, Lichtenberg, and Paul 2009, 497). Currently, two-thirds of clinicians who perform second-trimester abortions are 50 or older. Physicians who focus on first-trimester abortion tend to be younger—only about half are over 50 (*ibid.*).

Pro-life intellectuals, such as Mary Ann Glendon (1991, 58–61), have emphasized the radicalism of American abortion law, which permits the procedure until viability and even later in cases of emotional distress. Glendon’s critique is not altogether wrong. With the exception of England, the Netherlands, and Sweden, no other Western democracy permits abortions beyond the first trimester (Levine 2004, 135–37). Yet many abortion providers limit the scope of abortion rights because of their own strong feelings about performing later abortions. Thus, the pro-choice movement has quietly moderated the radicalism of America’s abortion laws in ways that pro-life critics, like Glendon, would commend.

Ambivalence in the Pro-Life Movement

Unlike abortion clinic workers, most pro-life activists do not confront actual fetuses. One exception to this generalization is former clinic workers who experience a pro-life conversion. Yet there is no evidence this has ever happened because of negative experience during a first-trimester abortion. Again and again, these pro-life converts report that they were upset at the sight of fetal remains sometime after 14 weeks gestation (Meehan 2000). Their visceral reactions to abortions appear similar in every way to those who remain committed abortion providers. They simply interpret their emotional reactions differently, usually because of a conversion to Christianity.

Although the vast majority of pro-life activists have not participated in abortions, they have all seen images of aborted embryos and fetuses. In fact, such images are the most important mobilization tool used by the pro-life movement (Shields 2009, 103–5). The first generation of activists was inspired by graphic photos in Barbra Willke's *Abortion Handbook*. "To this day," reports Cynthia Gorney (2004, 38), "when asked whether there was an epiphany that brought them into the movement, many right-to-life veterans will recall their first look at Willke's pictures." The younger generation is more likely to have found inspiration in videos of abortions, especially the *Silent Scream* and *Hard Truth*.

Not all images of embryos, however, are equally compelling. In fact, nearly all the photos produced by pro-life activists are of second-trimester fetuses. Until very recently, images of first-trimester abortion did not even exist (Lee 2011). This reality has often drawn ire from pro-choice opponents. As Vicki Saporta, the president of the National Abortion Federation, recently charged, pro-life activists show images of late-term abortion because their campaign is "designed to evoke an emotional response to manipulate women not to choose abortion, and to manipulate the public to support banning abortion" (quoted in Cave 2009). There is much truth in such charges.

However, the selective use of fetal images is essential to mobilizing and sustaining the passions of right-to-lifers. Like those they are trying to evangelize—and abortion providers—pro-life activists are moved by the anthropomorphic qualities of second-trimester fetuses.

As the pro-life movement has been confronted with new biotechnology, such as embryonic stem-cell research and in-vitro fertilization (IVF), it must now defend week-old embryos. These small bundles of

cells simply do not command the same sacrifice and commitment as aborted embryos and fetuses. The result is that the pro-life movement is now faltering because of the very thing that has powered it for decades—images of embryos. Staffers at the state affiliates of the National Right to Life Committee (NRLC) routinely report that the embryonic stem-cell controversy generates substantially less interest, donations, and outrage from their rank-and-file activists. Ed Rivet (2011), the legislative director of Michigan Right to Life (MRL), is unequivocal about the lack of passion his base exhibits for embryonic stem-cell research, as opposed to abortion, as measured in dollars donated and volunteerism. His base, including some who give money to MRL, “are not in the least bit inspired” by embryonic stem-cell research. Rivet believes this lack of enthusiasm contributed to the success of a Michigan ballot initiative in 2008 that legalized the destruction of embryos that were created from embryonic stem cells.

The executive director of Maryland Right to Life, Angela Martin (2011a), noted a similar enthusiasm gap between embryonic stem-cell research and abortion. Like most public-interest groups, hers is largely funded through direct-mail solicitations, which highlight issues that elicit the most interest and donations. Compared to abortion itself, embryonic stem-cell research is a bit of a harder “sell.” In contrast, recent controversies over late-term abortionists really “got people fired up.” Similarly, Dan Becker (2011), the president of one of the most active and powerful NRLC affiliates, Georgia Right to Life, noted that the most successful direct-mail solicitations focus on abortion, not IVF or embryonic stem-cell research. Embryonic stem-cell research also inspires lower levels of volunteerism than abortion. For example, Barbara Lyons (2011), the executive director of Wisconsin Right to Life observed that her activists do not tend to write letters-to-the-editor on the subject of embryonic stem-cell research, nor do they think about the issue all that often. Likewise, Michael Ciccocioppo (2011), director of the Pennsylvania Pro-Life Action League, noted that when a prominent pro-life congressman decided to oppose President Bush’s ban on federal funding for embryonic stem-cell research, there was no “groundswell against him” even though he came from a “very conservative area.”

State directors of pro-life organizations have argued that one reason their base is less fired up about embryonic stem-cell research than about abortion is that the research uses embryos from IVF clinics that were going to be destroyed anyway, so rank-and-file activists are less opposed

to their use in potentially life-saving research (Ciccocioppo 2011; Rivet 2011). However, pro-life activists do not regard research on aborted fetuses with this cool, pragmatic perspective: Ciccocioppo (2011) acknowledged that his base wouldn't "go along" with fetal experimentation. Further, the reason so many embryos are available for experimentation is that IVF clinics create so many "spare" embryos. Yet pro-life organizations (with the exception of Georgia Right to Life) have made no effort to limit the production of embryos to the actual number implanted in infertile women. In fact, some leaders in the state affiliates of the NRLC confess that they have hardly given such regulation any consideration.

In any case, state directors realize that their activists find it hard to sympathize with days-old embryos. The president of Georgia Right to Life, for instance, admitted that it is easier to dehumanize embryos that don't "look like babies," and that inspiring pro-life activists to see early embryos in the way that they see aborted fetuses is a "daunting task" (Becker 2011)—most likely because there "isn't enough of an ick factor" (Rivet 2011). Martin (2011b), of Maryland Right to Life, concludes that "it is possibly easier for some people who consider themselves 'pro-life' to feel differently about zygotes," but "the most committed and principled pro-lifers realize that the law must be based not on feelings, but on principles."

Sentiments, not just principles, shape movements. This reality is especially appreciated among pro-life advocates who vigorously lobby for the use of graphic images in the public square. I asked a number of prominent advocates of graphic images the following question: "If *Roe v. Wade* had outlawed surgical abortion but permitted the killing of days-old embryos in the laboratory and via the pill, do you think we would have gotten the same pro-life movement? Would it be as large and as passionate as it is today?" It was also stipulated that the same number of embryos died in this alternative history. David Lee (2011), the director of Justice for All (JFA), a group that brings graphic images of fetal remains to college campuses across the country, did not think so—the movement would be reduced to "a small handful." JFA's director of training, Steve Wagner (2011), agreed, arguing further that people are motivated by a desire to alleviate suffering; "because the pictures show suffering, they work." Scott Klusendorf, the director of the Life Training Institute, is one of the movement's most prominent advocates of using graphic images in the public square, partly because it changed his

career: He stopped being a pastor after viewing aborted fetal remains that, as Klusendorf (2004) put it, “just broke me.” Even so, he reluctantly agreed that the pro-life movement would not be as large or committed in my counterfactual scenario (Klusendorf 2011).

Thus, the pro-life movement has failed to generate momentum for banning embryonic stem-cell research or regulating IVF clinics. Georgia was the only state that tried to legally limit the creation of embryos to the number actually implanted, but even there the pro-life movement ran into opposition from otherwise reliable right-to-life state legislators (Becker 2011).

Meanwhile, only three states—South Dakota, North Dakota, and Oklahoma—have passed outright bans on embryonic stem-cell research (Burke 2010). Many states with large pro-life majorities and an influential right-to-life movement have lost support from otherwise reliable pro-life legislators on these issues. The executive director of Wisconsin Right to Life, Barbara Lyons (2011), reported that she lost most pro-life state legislators, except for the “hardest of the hard core.” A bill to ban all embryonic stem-cell research never made it out of committee. Similar defections have been common in Pennsylvania, Georgia, and Michigan. In one especially dramatic case, Roy Dyson—who had been “consistently pro-life” (Martin 2011a)—cast the key vote to end the filibuster in the Maryland state senate, allowing embryonic stem-cell funding to move forward. Dyson, like other anti-abortion allies who abandoned the movement on the issue, probably “just see[s] stem cells in a different way,” according to Martin: They “just [see] eight cells” (*ibid.*).

Much like the pro-choice movement, intuitions about early- and late-stage embryos moderate the pro-life movement and perhaps do the same for public policy. Just as abortionists are reluctant to perform second-trimester abortions, many pro-life activists do not invest the necessary time and energy to protect days-old embryos. This fact has been obscured by the tendency to see right-to-life activists as unusually zealous. We are reminded, after all, that they sometimes kill abortion providers. Yet the movement would be far more radical if it really believed in a strict moral equivalence between fetuses and born humans (Saletan 2009):

If a doctor in Kansas were butchering hundreds of old or disabled people, and legal authorities failed to intervene, I doubt most members of the National Right to Life Committee would stand by waiting for

“educational and legislative activities” to stop him. Somebody would use force. The reason these pro-life groups have held their fire, both rhetorically and literally, is that they don’t really equate fetuses with old or disabled people. . . . And this self-restraint can’t simply be chalked up to nonviolence or respect for the law. (Ibid.)

Pro-lifers may have abstained from violence for a number of reasons (such as a desire to avoid jail), but lack of sympathy for early-stage embryos does seem to play a role. In fact, the abortionists murdered by pro-life radicals all performed late-stage abortions: David Gunn, John Baynard Britton, Garson Romalis, and Barnett Slepian. Meanwhile, George Tiller was one of only a small handful of physicians to provide abortions into the third trimester (Junod 1994; Risen and Thomas 1999, 321–33; Robb 2003; Romalis 2008).

There were two attempts on Tiller’s life. The first came in 1993 when Shelly Shannon fired six shots at Tiller. Although, in principle, pro-lifers must affirm that all abortions are equally unjust, Shannon seemed to believe otherwise. She traveled 2,000 miles by bus from Grants Pass, Oregon to Oklahoma City, passing lots of abortion clinics along the way. If all abortions are equally unjust, why not shoot a local abortion provider? Shannon’s own testimony suggests an answer. After she was apprehended by the police, she claimed that she had committed a justifiable homicide “if there ever was [one]” (Risen and Thomas 1999, 355–57), tactily admitting that killing Tiller was more justifiable than murdering other abortionists. Thus, even some of those who are radical enough to kill abortion providers seem to believe that it is morally worse to terminate the lives of more developed embryos.

Operation Rescue (OR), an organization that orchestrated clinic blockades, also targeted Tiller’s clinic for a protest that lasted over 46 days. It attracted activists from every state and led to nearly 2,700 arrests (Risen and Thomas 1999, 317–38). Operation Rescue West, which has carried on OR’s mission by targeting abortion providers for harassment, focused nearly all of its resources on Tiller until his death. It then began to target Leroy Carhart, who gained infamy among pro-life activists for providing “partial-birth” abortions (Shields 2009, 56–58; Ertelt 2011).

Tiller and Carhart probably destroyed fewer fetuses than would any two early-term abortionists, given that late-term abortion is not a quick, out-patient procedure. However, they attracted undue attention for the same reason that embryonic stem-cell research does not outrage

rank-and-file pro-lifers: Embryos that resemble newborns inspire sympathy, and their death inspires horror.

Abortion and the Future of Liberalism

In *An American Dilemma* (1944), Gunnar Myrdal prophesized the end of Southern segregation. Myrdal believed that the gap between Americans' egalitarian ideals and the practice of segregation created psychic tension; in time, he predicted, the practice would give way to the creed. This view was premised on an easy reconciliation between America's egalitarianism and practice. It portrayed American liberalism as culminating in a future with little conflict or confusion about the scope of basic human rights.

Myrdal's rosy prediction seemed to be confirmed by the passage of the Civil Rights and Voting Rights Acts. But, shortly afterward, new movements insisted that basic constitutional rights were still being denied. The pro-choice movement claimed that women would always be second-class citizens without access to abortion, while the pro-life movement (and, later, the animal-rights movement) asserted that death camps existed inside America's borders. Bioethicists in the academy articulated serious philosophical arguments for each position, but many of these arguments are at odds with our sentiments. While the best pro-life arguments claim that there is a human person at conception, the best pro-choice arguments maintain either that abortion is permissible until some time very late in pregnancy; or that infanticide is not intrinsically wrong.⁴ There is surprisingly little middle ground, but both sides agree that one should not defend the rights of organisms based on their anthropomorphic characteristics. The pro-choice bioethicist Peter Singer (2011, 14, 151–152; Singer 2005) has argued that, although there are “very good evolutionary reasons” for us to feel affection for infants (and presumably fetuses with anthropomorphic qualities), our evolutionary heritage is an “unreliable guide to what is right.” Likewise, pro-life bioethicists Robert George and Patrick Lee (2005) acknowledge that, although we tend not to sympathize with days-old embryos, “emotional responses are notoriously limited in their capacity to function as sources of moral knowledge.”

Activists on both sides of the abortion divide have largely aligned themselves with these intellectuals by staking out political ground that is

philosophically defensible. Thus, both movements are committed to a certain rationalism that offends their activists' sentiments in many cases. Viewed in this light, emotion is driving moderate—not extreme—public opinion. This complicates some scholars' critique of abortion politics, which contends that millions of reasonable Americans are caught between emotional, irrational activists (Fiorina 2010).

The misalignment between reason and sentiments leads to a different kind of “psychic tension” than the one that Myrdal described. According to Myrdal, many Americans knew deep down that segregation was inconsistent with their own egalitarian ideals. Reconciliation was thus not only possible, but inevitable. However, as we contemplate expansive new rights for animals, embryos, and women, it may be that our principles are increasingly at war with our sentiments—our “moral sense” (Wilson 1993).

Perhaps liberalism ends not in a happy reconciliation between creed and practice, as Myrdal predicted, but in permanent conflict, confusion, and ambivalence over the scope of basic rights. That would be our new American dilemma.

NOTES

1. Activists include staffers and volunteers of pro-choice and pro-life organizations.
2. I focused my interviews on right-to-life organizations with which I was already familiar from my earlier fieldwork on Christian conservatives. Given my interest in frank responses, I thought it was important to contact individuals and groups with which I already had established some measure of trust.
3. Second-trimester abortions are usually sought for the same reasons first-trimester abortions are—they are just delayed.
4. For a sampling from the pro-choice literature see Thompson 1971; Tooley 1983; Singer 2011; and Boonin 2002. For a sampling from the pro-life literature see Lee 1996; Beckwith 2007; and Kaczor 2010.

REFERENCES

- Aiyer, Aryan N., George Ruiz, Allegra Steinman, and Gloria Y. F. Ho. 1999. “Influence of Physician Attitudes on Willingness to Perform Abortion.” *Obstetrics and Gynecology* 93(4): 576–580.
- Alvarez, R. Michael, and John Brehm. 1995. “American Ambivalence toward Abortion Policy.” *American Journal of Political Science* 39(4): 1055–1082.
- Becker, Dan. 2011. Telephone interview by author. 26 January.

- Beckwith, Francis J. 2007. *Defending Life: A Moral and Legal Case Against Abortion Choice*. Cambridge: Cambridge University Press.
- Boonin, David. 2002. *A Defense of Abortion*. Cambridge: Cambridge University Press.
- Burke, Denise M. 2010. *Defending Life 2010: Proven Strategies for a Pro-Life America*. Washington, D.C.: Americans United for Life.
- Cave, Damien. 2009. "Behind the Scenes: Picturing Fetal Remains." *Lens*, New York Times blog, 9 October.
- Ciccocioppo, Michael. 2011. Telephone interview by author. 1 February.
- Cook, Elizabeth, Ted Jelen, and Clyde Wilcox. 1992. *Between Two Absolutes: Public Opinion and the Politics of Abortion*. Boulder, Colo.: Westview Press.
- Denes, Magda. 1976. In *Necessity and Sorrow: Life and Death in an Abortion Hospital*. New York: Penguin Books.
- Ertelt, Steven. 2011. "Summer Pro-Life Campaign Focuses on Leroy Carhart in Maryland." *LifeNews*, 16 May.
- Fiorina, Morris. 1999. "Extreme Voices: The Dark Side of Civic Engagement." In *Civic Engagement and American Democracy*, ed. Theda Skocpol and Morris Fiorina. Washington, D.C.: Brookings.
- Fiorina, Morris. 2010. *Culture War? The Myth of a Polarized America*, 3rd ed. New York: Longman.
- George, Robert P. 2001. *The Clash of Orthodoxies*. Wilmington, Del.: ISI Books.
- George, Robert P., and Patrick Lee. 2005. "Acorns and Embryos." *The New Atlantis* 7: 90–100.
- Glendon, Mary Ann. 1989. *Abortion and Divorce in Western Law*. Cambridge, Mass.: Harvard University Press.
- Glendon, Mary Ann. 1991. *Rights Talk: The Impoverishment of Political Discourse*. New York: Free Press.
- Gorney, Cynthia. 2004. "Gambling with Abortion." *Harper's*, November: 33–46.
- Hammond, Cassing. 2009. "Recent Advances in Second-Trimester Abortion: An Evidence-Based Review." *American Journal of Obstetrics and Gynecology* 200(4): 347–356.
- Harris, Lisa H. 2008. "Second Trimester Abortion Provision: Breaking the Silence and Changing the Discourse." *Reproductive Health Matters* 16(31): 74–81.
- Hern, Warren M., and Billie Corrigan. 1978. "What About Us? Staff Reactions to D & E." Paper presented at the 1978 meeting of the Association of Planned Parenthood Physicians, 26 October.
- Hunter, James Davidson. 1992. *Culture Wars*. New York: Basic Books.
- Hunter, James Davidson. 1994. *Before the Shooting Begins: Searching for Democracy in America's Culture Wars*. New York: Free Press.
- Joffe, Carole. 1986. *The Regulation of Sexuality: Experiences of Family Planning Workers*. Philadelphia: Temple University Press.
- Joffe, Carole, Tracy A. Weitz, and Clare L. Stacey. 2004. "Uneasy Allies: Pro-Choice Physicians, Feminist Health Activists, and the Struggle for Abortion Rights." *Sociology of Health and Illness* 26(6): 775–796.
- Jones, Rachel K., and Kathryn Kooistra. 2011. "Abortion Incidence and Access to Services in the United States, 2008." *Perspectives on Sexual and Reproductive Health* 43(1): 41–50.

- Junod, Tom. 1994. "The Abortionist." *Gentleman Quarterly*, February.
- Kaczor, Christopher. 2010. *The Ethics of Abortion*. New York: Routledge.
- Kaltreider, Nancy B., Sadjia Goldsmith, and Alan J. Margolis. 1979. "The Impact of Midtrimester Abortion Techniques on Patients and Staff." *American Journal of Obstetrics and Gynecology* 135(2): 235–38.
- Kane, Francis J. 1973. "Emotional Reactions in Abortion Services Personnel." *Archives of General Psychiatry* 28(3): 409–411.
- Kibel, Howard D. 1972. "Staff Reactions to Abortion: A Psychiatrist's View." *Obstetrics and Gynecology* 39(1): 128–133.
- Klusendorf, Scott. 2004. Interview by author. La Mirada, Calif. 2 March.
- Klusendorf, Scott. 2011. Telephone interview by author. 2 February.
- Lee, David. 2011. Interview by author. Telephone. 17 February.
- Lee, Patrick. 1996. *Abortion and Unborn Human Life*. Washington, D.C.: Catholic University Press.
- Levendusky, Matthew. 2009. *The Partisan Sort: How Liberals Became Democrats and Conservatives Became Republicans*. Chicago: University of Chicago Press.
- Levine, Phillip P. 2004. *Sex and Consequences: Abortion, Public Policy, and the Economics of Fertility*. Princeton: Princeton University Press.
- Luker, Kristin. 1984. *Abortion and the Politics of Motherhood*. Berkeley: University of California Press.
- Lyons, Barbara. 2011. Telephone interview by author. 25 January.
- Martin, Angela. 2011a. Telephone interview by author. 25 January.
- Martin, Angela. 2011b. Email to author, 27 January.
- McCarty, Nolan, Keith Poole, and Howard Rosenthal. 2008. *Polarized America: The Dance of Ideology and Unequal Riches*. Cambridge: MIT Press.
- McDermott, John F., and Walter F. Char. 1971. "Abortion Appeal in Hawaii: An Unexpected Crisis in Patient Care." *American Journal of Orthopsychiatry* 41(4): 620–26.
- Meehan, Mary. 2000. "The Ex-Abortionists: Why They Quit." *The Human Life Review* 26(2–3): 7–28.
- Murakami, Michael H. 2008. "Paradoxes of Democratic Accountability: Polarized Parties, Hard Decisions, and No Despot to Veto." *Critical Review* 20(1–2): 91–113.
- Myrdal, Gunnar. 1944. *An American Dilemma: The Negro Problem and American Democracy*. New York: London, Harpers, and Brothers.
- O'Connell, Katharine, Heidi E. Jones, E. Steve Lichtenberg, and Maureen Paul. 2009. "Second-Trimester Surgical Abortion Practices: A Survey of National Abortion Federation Members." *Contraception* 78(6): 492–499.
- Risen, James, and Judy L. Thomas. 1999. *Wrath of Angels: The American Abortion War*. New York: Basic Books.
- Rivet, Ed. 2011. Telephone interview by author. 2 February.
- Robb, Amanda. 2003. "The Doctor, the Niece, and the Killer." *New York Magazine*, 17 March.
- Roe, Kathleen M. 1989. "Private Troubles and Public Issues Providing Abortion Amid Competing Definitions." *Social Science Medicine* 29(10): 1191–98.

- Romalis, Garson. 2008. "Why I Am an Abortion Doctor," 4 February. <http://network.nationalpost.com/np/blogs/fullcomment/archive/2008/02/04/garson-romalis-why-i-am-an-abortion-doctor.aspx>
- Rosen, Norman. 1977. "Between Guilt and Gratification: Abortion Doctors Reveal Their Feelings." *New York Times*, 17 April.
- Saletan, William. 2009. "Tiller's Killer." *Slate*, 1 June. <http://www.slate.com/id/2219537/>.
- Shields, Jon A. 2009. *The Democratic Virtues of the Christian Right*. Princeton: Princeton University Press.
- Simmonds, Wendy. 1996. *Abortion at Work: Ideology and Practice in a Feminist Clinic*. New Brunswick, N.J.: Rutgers University Press.
- Singer, Peter. 2005. "Ethics and Intuition." *Journal of Ethics* 9: 331–352.
- Singer, Peter. 2011. *Practical Ethics*, 3rd ed. Cambridge: Cambridge University Press.
- Thompson, Horace, David Cowen, and Betty Berris. 1970. "Therapeutic Abortion: A Two-Year Experience in One Hospital." *JAMA* 213(6): 991–995.
- Thompson, Judith Jarvis. 1971. "A Defense of Abortion." *Philosophy and Public Affairs* 1(1): 47–66.
- Tooley, Michael. 1983. *Abortion and Infanticide*. New York: Oxford University Press.
- Tribe, Laurence. 1992. *Abortion: The Clash of Absolutes*. New York: W. W. Norton and Company.
- Wagner, Steve. 2011. Telephone interview by author. 7 February.
- Wicklund, Susan. 2007. *The Common Secret: My Journey as an Abortion Doctor*. New York: Public Affairs.
- Wilson, James Q. 1993. *The Moral Sense*. New York: The Free Press.
- Wolfe, Alan. 1999. *One Nation, After All*. New York: Penguin.