Pregnancy Counseling and Abortion Politics: Exploring the Effects of the Expanding Therapeutic Culture in U.S. Society

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INTRODUCTION

"...we all have our own opinions, but a really good counselor is not working that opinion or trying to push somebody in a particular direction. They're trying to meet that person where they are and help them, based on their background, you know, make the best decision for themselves."

– William

"We don't tell someone what they have to do when they come in and they have a positive pregnancy test. And I love that. We want to walk the journey with her, because she and the other people in her life have to live with that decision that she makes. I don't, but she does."

– Susan

William and Susan[1] are two professionals who work with women on the practical and emotional aspects of making decisions about unintended pregnancies. William approaches this from a clinical, pro-choice perspective; Susan brings to her work an evangelical Christian, pro-life viewpoint. They both work with a desire to see women arrive to a place in which they feel comfortable with the decisions they make, but these two professionals imagine the counselor-client relationship, and the role of the counselor in decision-making, in distinct ways. Listening to William and Susan discuss their work has illuminated important insights into the meanings and values that are expressed in different types of pregnancy options counseling.

The mere existence of abortion counseling and therapeutic assistance with pregnancy decision-making is a relatively novel development, growing out of a particular cultural and political context in the United States. This research examines the ways that America's "self-help

[1] I have replaced the names of interviewees with pseudonyms to maintain anonymity.

therapeutic culture" is impacting the meanings of abortion, both for the general public and for women considering it themselves (Illouz 2008, 156). Therapeutic culture and its promotion of emotion management has become central to life in America, influencing everything from everyday life to popular culture and broader policy concerns. This becomes relevant for women making decisions about unplanned pregnancies as the process is now considered to be an emotional experience that often requires emotion regulation and, sometimes, professional help from counselors and therapists. Therapeutic culture offers strategies that enable women to holistically consider their personal circumstances, including their emotions and desires, when making decisions about their pregnancies. Emotion is made to be central to this experience, even if women come to the conclusion that it was not emotionally difficult for them to make a decision.

At the same time, pro-life and pro-choice activists have taken advantage of the therapeutic framework in order to construct new arguments about abortion. Pro-choice feminists have argued that abortion often is an emotionally benign experience, while proponents of the pro-life movement have asserted that abortion causes inevitable emotional trauma. Both sides of the debate have used emotional discourse in attempts to gain support for their political agendas.

The prevalence of emotional discourse on both sides of the highly polarized debate raises a series of important research questions.[2] Professionals who counsel women through pregnancy decision-making and abortion are inevitably located within this therapeutic landscape, and, I hypothesize, bring their own values and ideas to their work—even as they remain bound to their professional methods and ethical obligations. This thesis aims to investigate how these

[2] A broad question that this thesis cannot address, but which it raises, is: How do the various approaches to emotion discourse in this highly visible and alienating debate affect the ways different groups of American women grapple with personal decision-making when faced with an unintended pregnancy?

counseling professionals negotiate or relate their personal convictions about abortion and emotions to their efforts in helping their clients to manage their emotions.

Rationale

In the 1980s, it was predicted that forty-six percent of American women would have an abortion by age forty-five (Forrest 1987, 77); in 2014, this estimation was closer to one in four (Jones and Jerman 2017, 1904). Abortion rates continue to be highest among women living below the federal poverty level – about thirty-seven percent in 2014 – and among racial and ethnic minorities (Jones and Jerman 2017, 1906). Despite the fact that the national abortion rate has decreased in recent years, the experience of abortion continues to affect a large proportion of America's women; thus, this research has immense implications for the everyday well-being of women living in the United States.

The deeply polarized political debate over abortion is an important aspect of contemporary American culture that requires attention when considering women's experiences. Contradictory emotional messages from the pro-life and pro-choice movements are communicated to women almost constantly, and the internalization of these ideologies has been shown to affect women's reactions to pregnancy and abortion (Keys 2010, 43). At the same time, traditionally American values of individualism and self-realization have given rise to the state's adoption of a "self-help therapeutic culture" (Illouz 2008, 156). Public issues, such as abortion, have become internalized, assigning responsibility to the individual to properly make sense of them (Furedi 2004, 24). The management of emotions has become central to the American definition of selfhood, in turn placing extreme value on the private domains of life (Furedi 2004,

21). Many Americans today turn to professional counselors and therapists for assistance in properly managing their emotions in different contexts, including during the decision-making process following an unintended pregnancy. Studying pregnancy options counseling in this cultural and political context, then, provides a unique way of understanding American life more broadly.

Research Questions

My thesis strives to answer three central questions. First, does therapeutic culture influence the public abortion debate? My engagement with the scholarly literature has indicated that anthropologists and social scientists have recognized how both proponents and opponents of abortion have incorporated aspects of therapeutic culture into their arguments in attempts to advance their claims since the late twentieth century. This finding is reinforced by my own review of primary materials from pro-life and pro-choice political groups. I will contextualize this shift to therapeutic claims-making on both sides of the abortion debate by detailing the historical context of these political movements in Chapter One.

Through an investigation of the production of therapeutic culture and emotion discourse, I aim to illuminate some of the indirect effects of the abortion debate on women's reproductive decisions and everyday lives. Does America's therapeutic culture help women to cope with a decision that, despite being widely prevalent, remains politically contested and highly stigmatized? How do professional counselors make abortion into a matter of emotion management, and how do their efforts reflect, and thus reproduce, the politics of abortion in the United States? To answer these questions, I conducted interviews with professional counselors

and therapists who work with women facing decisions regarding their pregnancies. I aim to understand how these professionals counsel women through the decision-making process in emotional and practical ways. I also reviewed primary resources related to pregnancy decision-making, abortion, and emotion management to understand the frameworks that counselors from pro-choice and pro-life perspectives recommend for helping women through these decisions. These materials, of course, are always coming from a particular political perspective within this debate and cannot be analyzed independently of this context.

Methods

For this study, I conducted semi-structured interviews with two professionals who work with women facing decisions regarding unplanned pregnancies. One interview was with a psychiatrist who works with a range of topics including unplanned pregnancy; the other was with the director of a crisis pregnancy center (CPC). These interviews were designed to provide insights into the counseling techniques that these professionals use and the effects that the professionals believe their techniques have on clients. Furthermore, the interviews provided a broader understanding of the reasons behind the use of these counseling methods. Interviewees shared the ways that their experiences and educational and professional backgrounds have shaped their approaches to their work. The two professionals were recruited via the contact information publicly provided on centers' websites. Prior to beginning the interviews, I anticipated the possibility of professionals disclosing personal perspectives on abortion to me that they would prefer to remain confidential, because of fears that the disclosure of such information could negatively impact their relationships with colleagues or clients. To minimize

this risk, the names of the participants and of the counseling centers in which they work have been replaced with pseudonyms. My analysis of these interviews was supported by qualitative data analysis software NVivo 11. The study was reviewed and deemed exempt by the Institutional Review Board at the University of North Carolina at Chapel Hill (Study #17-2725).

In addition to interviews, I conducted archival research at the Sallie Bingham Center for Women's History & Culture in the Rubenstein Library at Duke University. These archives featured the early work of feminists in abortion counseling including Margaret Johnston, Charlotte Taft, and Claire Keyes. I also accessed textual resources related to pregnancy decision-making, abortion, and emotion management through websites and UNC-Chapel Hill Libraries. These resources range in medium from printed books and pamphlets to web blogs and articles. These resources also vary in their intended audiences: some are written for women facing a decision about pregnancy, some to guide the practices of professional counselors, and others to address the public.

I conducted a qualitative content analysis of these materials to examine the ways that they conceptually frame abortion in general, and the extent to which they characterize abortion decisions and abortion experiences as specifically emotional phenomena. My analysis of these resources was supported by qualitative data analysis software NVivo 11. These themes are compared to my ethnographic work to better understand participants' responses in the context of the materials that are available to them. Several studies have utilized qualitative methods to understand media discussing abortion more broadly (Purcell et al. 2014, Merola and McGlone 2011). I draw on the methods and findings of these studies to understand the resources available

for pregnancy decision-making and for well-being throughout this process for women in the United States.

Overview of Chapters

Chapter One reviews literature on the topics of abortion and therapeutic culture in order to thoroughly define the concepts that are central to this thesis. Here, I will also discuss literature that has documented legislation surrounding abortion counseling and the efficacy of the emotion management strategies in practice.This chapter serves to explain the setting of and rationale for my work. Next, in Chapter Two, I discuss how the pro-life movement has incorporated emotional claims into its arguments and I review a pro-life approach to pregnancy counseling. In Chapter Three, I take a similar approach with the pro-choice movement. I review a collection of pro-choice materials that have been published for use by professional counselors or women that are meant to guide decision-making processes around unplanned pregnancy and abortion. I will compare these resources to the information gleaned from my interviews with professionals to understand how therapeutic culture is impacting the meanings of abortion today. I follow these chapters with a Coda that analyzes the position of a grassroots abortion counseling organization that is working to create a new space in the debate. To conclude, I suggest future directions for research on this topic and discuss the implications of my work.

CHAPTER ONE:

ABORTION AND THERAPEUTIC CULTURE: A LITERATURE REVIEW

The abortion debate is central to American society today and has immense implications for women's lives.[3] In addition to the main debate over whether legislation should consider women's bodily autonomy or the fetus' 'right to life' paramount, both pro-choice and pro-life advocates utilize arguments about the emotional dimensions of abortion in asserting their political claims and justifying their perspectives.

Discourses surrounding abortion in the United States have changed over the course of the last several decades following the landmark Supreme Court ruling in the case of *Roe v. Wade* in 1973. There have been political debates and legislation regarding late-term abortion (Ludlow 2008), over whether abortion should be covered by public and private insurance (Andaya and Mishtal 2016), and about whether the state has an intrinsic 'interest' in women's reproductive decisions and, as such, can impose obstacles to accessing abortion, such as mandatory waiting periods and informational 'counseling' (Buchbinder 2016). Discussion about therapeutic culture's influence on abortion occurred beginning in the early 1970s, when the idea that abortion is emotionally traumatic to women was spread by pro-life crisis pregnancy centers (Kelly 2014, 19). The emotional dimensions and consequences of abortion became central to the national abortion debate with the introduction of the psychological condition Post Abortion Syndrome (PAS) by Vincent Rue in 1981 (Kelly 2014, 19). The condition was later formalized in a publication in 1992, and debates about its objectivity have continued since (Macleod 2012,

[3] The following history of abortion politics is not comprehensive, but focuses on the specific issues and political spaces in which my work is taking place.

153). I aim to identify some of the ways in which discourses about emotional well-being have become a part of abortion politics, and conversely, how abortion politics has entered into and made use of therapeutic culture.

Abortion

Two feminist social scientists, Faye Ginsburg and Rosalind Petchesky, have demonstrated the historical, political, and cultural dimensions of the abortion debate in American society over time. Together, their analyses indicate that the abortion debate reflects and helps constitute broader societal debates over women's roles, motherhood, sexuality, and capitalism.

The 1970s featured an increased proportion of women delaying marriage, attending college, and working outside of the home (Petchesky 1990, 241). At this time, abortion came to symbolize more than the end of a pregnancy; it represented, to both its proponents and opponents, the ideal of the modern liberated woman (Petchesky 1990, 241). These social changes largely influenced the political climate that led to the 1973 ruling in *Roe v. Wade* to legalize first-trimester abortion to protect maternal health (Petchesky 1990, 103; Ginsburg 1998, 41). This decision did not represent an alignment with the pro-choice feminist movement; the ruling was based on upholding the authority of women's physicians to make medical decisions (Buchbinder 2016, 775). Some physicians, however, felt their roles in discussing moral, emotional, and social aspects of abortion were ambiguous (Joffe 2013, 58).

The early right-to-life movement was influenced by a larger "profamily" movement of the New Right that opposed the liberal feminist ideas that led to abortion's legalization (Petchesky 1990, 242). Anti-abortion efforts in the 1970s and 1980s tended to focus on the

construction of abortion as a moral problem and on defending the life of the fetus (Lee 2003, 2). From this point of view, this group of anti-abortionists argued that women who pursue an abortion are doing so rationally and autonomously, albeit immorally (Lee 2003, 2). The *Roe v. Wade* decision was also critical for the organization of the right-to-life movement (Ginsburg 1998, 42). Pro-life activists mobilized at local and national scales, including protesting outside of abortion clinics and pressing for the passage of a constitutional amendment that would effectively overturn the ruling (Ginsburg 1998, 45). A small victory for the movement came in 1977 when Congress passed the Hyde amendment, giving states the power to inhibit Medicaid funding from going to fund abortions unless the mother's health was in danger (Ginsburg 1998, 46). This legislation aided in the development of a moral argument against abortion (Petchesky 1990, 250). Many of the women who would have previously received Medicaid abortions did not fit into the ideals set forth by the New Right – they were typically young, poor, and unmarried – and were labeled as "selfish" in a similar manner to other groups who received government assistance (Petchesky 1990, 250).[4] Thus, this particular argument against abortion is not only focused on the sanctity of life, but is fundamentally tied up with the neoconservative ideals of individual responsibility promoted by the New Right. Despite abortion's legality, discourses about its morality or immorality continue to dominate many of the political conversations about abortion today.

Faye Ginsburg's anthropological analysis of the abortion debate at the scale of local grassroots activism in the late 1980s continues to be relevant to understanding the discussions in America today. Ginsburg argued that both pro-life and pro-choice groups share a concern about

[4] Rather than seeing these women as selfish, many anti-abortionists today view them as 'victims' in need of help (Lee 2003, 31).

tensions arising from the separation of work and nurturance. Cultural and social norms about what a "desirable female life course" looks like is often tied to the nurturance of others, including a husband and children (Ginsburg 1998, 128). Pro-life activists, she found, "critique a cultural and social system that assigns nurturance to women yet degrades it as a vocation" and advocate for greater state and church support of nurturance and childcare (Ginsburg 1998, 18). Simultaneously, pro-choice activists share these concerns and criticize the structures that force women into nurturance in the domestic domain at the expense of their political and economic autonomy. They advocate for collective responsibility for nurturance in the form of state and community support for women's needs such as childcare (Ginsburg 1998, 18). Ginsburg's work illuminates the fact that pro-life and pro-choice groups have similar concerns about women's roles in society and about the dynamics between the public and private spheres of life. Their differences lie in the ways in which they define nurturance and how they have attempted to resolve the tensions between nurturance and labor force participation. Pro-life advocates view the culture that separates work from nurturance as problematic and they see the criminalization of abortion as key to restoring the value of nurturance (Ginsburg 1998, 109). Ginsburg's narrative analysis revealed that pro-choice activists, in contrast, upheld nurturance as a valued and authoritative quality of women, but rejected it as an attribute that would confine them to a domestic life separate from work (Ginsburg 1998, 169). Proponents of pro-choice groups emphasized "the importance of legal abortion to family life, community, and raising children." They justified abortion "in terms of the domain of female nurturance and domesticity in American culture" (Ginsburg 1998, 124-25). Pro-choice advocates also justified abortion in terms of advocating for the right of women to abstain from being limited to carrying out

nurturance within the domestic sphere (Ginsburg 1998, 147). They argued for the legalization of abortion as a step to grant women with full, equal access to the public domains (Ginsburg 1998, 169).

Therapeutic Culture

By the 1960s, the discipline of psychology was well-established in the United States and "had become an intrinsic aspect of American popular culture" (Illouz 2008, 112). Therapeutic culture has been broadly defined and analyzed (Furedi 2004, Illouz 2008, Lerner 2015, Aubry and Travis 2015). Its main emphases are on the individualized self and its emotional deficit and vulnerability (Illouz 2008, 2; Furedi 2004, 5). Therapeutic culture's way of thinking involves work on the self through which a person discovers his or her emotions, makes sense of them, and then works to properly manage them (Lerner 2015, 350). Therapeutic culture views this management of emotion as "the most effective way of guiding individual and collective behavior" (Furedi 2004, 22). Where individual behaviors were once guided by cultural and moral hierarchies, changes in the social, political, and economic organization of society have weakened these collective authorities (Illouz 2008, 2). The rise of therapeutic culture has provided a vocabulary and logic of practice for individuals to explicitly conceptualize the self as largely making decisions autonomously, removed from social constraints, and preoccupied with one's own individual mental and emotional well-being (Illouz 2008, 2). Additionally, therapeutic culture tends to reframe all problems – personal, social, societal – in terms of their emotional implications and need for emotion management (Furedi 2004, 26). According to the therapeutic worldview, the management of these problems is delegated to therapeutic professionals such as

therapists and counselors (Illouz 2008, 246). Furedi argues that this need for professional emotion management "indicates that the significance that western culture attaches to the domain of the emotion is fueled by the perception that [emotion] constitutes a serious problem" (2004, 31).

A therapeutic way of thinking has gained power and influence over America's popular culture as it has dominated the way the public makes meaning (Furedi 2004, 17). Furedi notes that a culture becomes 'therapeutic' when this psychologized way of thinking "expands from informing the relationship between the individual and therapist to shaping public perceptions about a variety of issues," moving from a clinical technique to a cultural force (2004, 22). This way of thinking is also so widespread today that it largely goes unquestioned (Aubry and Travis 2015, 1). American culture today draws on aspects of psychology and self-help in addition to the longstanding ideals of self-reliance, the pursuit of happiness, and self-actualization (Illouz 2008, 155).

An important sociological framework for understanding how therapeutic culture is shaping everyday American life is Arlie Hochschild's concept of "feeling rules." Hochschild defines feeling rules as cultural scripts that dictate appropriate feelings and their expressions (Hochschild 2003, 56). Feeling rules can be broken when people experience emotions that do not fit within societal expectations (Hochschild 2003, 64). Hochschild's work has previously been applied by social scientists to study the emotional experiences of women who have had abortions. The work of Jennifer Keys reveals that there is a "lack of a universal set of 'feeling rules' in the emotion culture that surrounds abortion" (2010, 42). In fact, it appears that there are two extreme sets of feeling rules and no middle ground. Anti-abortion materials often

communicate that "grief and despair" will inevitably follow an abortion; contrarily, pro-choice materials tend to convey that women should feel "thankful, relieved, and in control" after having an abortion (Keys 2010, 41). Often, these feeling rules dictate the emotional experiences a woman has based on the political ideology she identifies with. However, Keys' interviews with women who have had abortions revealed that many of the women had to partake in emotional work to change their emotions to fit their preconceived feeling rules about the experience (Keys 2010, 64). For example, a pro-life woman felt guilty for feeling relieved, while a pro-choice woman was reluctant to share that she was grieving (Keys 2010, 48). Women each bring different emotional scripts to the abortion experience that are communicated to them by political activists, healthcare providers, and their friends and families (Keys 2010, 42). My research delves into the question of how the professionals who counsel women through this experience, and the creators of the curriculums for decision-making regarding unwanted pregnancy, may provide such scripts as well.

State-Mandated Abortion Counseling

Twenty-seven states in the United States have passed informed consent laws that require a woman to receive state-approved "counseling" at least twenty-four hours before an abortion is performed (Buchbinder 2016, 773). Significant differences exist between states in terms of the requirements put forth in these laws (Lee 2003, 125). In twelve states, providers are also required to perform an ultrasound before an abortion is performed (Andaya and Mishtal 2017, 46). North Carolina's version of this law was passed in 2011, titled the "Woman's 'Right to Know' Act" (Buchbinder 2016, 773). Functionally, these laws put abortion providers to work in enforcing

state abortion policies (Buchbinder 2016, 780). Clinic workers are legally obligated to provide information about a woman's pregnancy options (carrying to term, adoption, or abortion), but ultimately, these requirements were written by legislators instead of medical professionals (Andaya and Mishtal 2017, 46). Critics of these laws maintain that the information given to women can be misleading or untrue and that the purpose of the laws is to dissuade women from having abortions (Andaya and Mishtal 2017, 45). Feminist anthropologists' analyses of informed consent laws argue that inherent in these laws is an assumption about fetal personhood that aligns with the arguments of the pro-life movement (Andaya and Mishtal 2017, 46).

Abortion clinics make explicit distinctions between state requirements and their therapeutic work. Many abortion providers see the requirements of state-mandated counseling as being potentially detrimental to women's emotional well-being (Buchbinder et al. 2016, 50). The abortion providers interviewed in Buchbinder et al.'s study cited concerns about the state-prescribed information triggering trauma and expressing judgement, guilt, and shame (Buchbinder et al. 2016, 50). This compulsory communication of information has certainly not replaced existing counseling methods used in abortion clinics. Typical protocol includes obtaining informed consent, providing a woman with information about the procedure, and tending to emotional concerns (Buchbinder 2016, 776). Thus, providers often go through the state-mandated information quickly, prefacing it "with qualifiers, disclaimers, and apologies that clarified their relationship to the state-mandated content," before moving forward with their therapeutic approaches (Buchbinder et al. 2016, 50-51). My work also conceptualizes state-mandated counseling as separate from the therapeutic forms of counseling that I analyze.

However, it is important to recognize how, through the Woman's Right to Know Act, the state is directly involved in women's experiences of abortion.

Pregnancy Options Counseling and Abortion Counseling

Psychological and clinical research has found that the task of counseling women through pregnancy decisions is a difficult one as these professionals inevitably bring their own personal feelings with them into their practice (Singer 2004, 235). In a national survey of twenty-seven abortion clinics, Gould et al. found that ninety-two percent of the sample "assess the certainty of patients' abortion decisions" and that seventy-four percent "assess patients' feelings and provide emotional support" (Gould et al. 2012, e361). The fact that these discussions are so widespread raises questions about the contexts in which they take place.

Different frameworks and strategies of counseling exist across the United States. Options counseling or crisis pregnancy counseling takes place with a woman in order to provide her with information and support to understand her values and feelings and make a decision about her pregnancy (Singer 2004, 235). This differs from pre-procedure abortion counseling, which is provided to women who have made the decision to terminate their pregnancies, and is sometimes mandated by state law prior to undergoing the procedure (Singer 2004, 235). A 2007 narrative study of 104 patients at an abortion clinic who went through feminist pre-procedure abortion counseling found that women were overall satisfied with the counseling experience (Ely 2007, 68). Many subjects reported feeling accepted and not judged for their decisions to have abortions (Ely 2007, 69). More robust research needs to be conducted on patient experiences with pregnancy options counseling and abortion counseling.

Personal relationships have also shown to be important in pregnancy decision-making and well-being. A study of about 500 women from two abortion clinics in Kansas found that seventy-two percent of the women sought assistance in making a decision about their pregnancy, mostly from partners, friends, physicians, and family members. Twenty-two percent of the women studied indicated that they had specifically looked for professional counseling (Faria et al. 1985). A small study of couples in Canada found that about eighty-three percent of women asked their partners for help in pregnancy decision-making (Costescu and Lamont 2013, 901). Half of the women in the study resolved to have an abortion before their partners knew they were pregnant (Costescu and Lamont 2013, 901). Again, more current and robust follow-up research should be conducted to understand the effectiveness of non-professional counseling and social support.

Illouz argues that "emotions are cultural meanings and social relationships that are closely and inextricably compressed together" (Illouz 2008, 11). Therefore, examining the emotions that are thought to arise from experiences of abortion, and the ways in which they are expected to be personally and professionally managed, provides a unique lens through which to view American culture and politics. I examine how this manifests in the pro-life political movement in the next chapter.

CHAPTER TWO:

THERAPEUTIC CULTURE AMONG PRO-LIFE ADVOCATES

A major modification of the pro-life movement occurred with the medicalization of abortion and the creation of the formal psychological diagnosis of Post Abortion Syndrome (PAS), published by Speckhard and Rue in 1992 (Macleod 2012, 153). The idea for the diagnosis emerged in the 1980s among staff at crisis pregnancy centers (CPCs), which are organizations based on anti-abortion and evangelical Christian worldviews (Kelly 2014, Dadlez and Andrews 2010). CPCs have argued that abortion is universally emotionally damaging to all women as it contradicts traditional feminine roles of nurturance and motherhood (Kelly 2014, Dadlez and Andrews 2010). Proponents of the existence of PAS have positioned the syndrome as a variant of post-traumatic stress disorder (Lee 2003, 24).

Lee describes the Post Abortion Syndrome diagnosis as a new, "de-moralized" argument that shifts away from highlighting abortion as a sin or moral transgression, to portraying women as victims of abortion, a procedure now described as inevitably damaging to women's mental health (Lee 2003, 20; Kelly 2014, 19). Framing abortion as harmful because it is injurious to women is much different from the anti-abortion movement's prior claims, which emphasized abortion as a moral failing for its disregard of the sanctity of life (Lee 2003, 20). Of course, moralized arguments continue to be a prominent feature of the debate in the United States today, but it is on this newer "woman-centered" argument, involving abortion becoming medicalized and psychologized, that I focus my research and analysis.

The mere idea that abortion is an emotionally complicated decision is controversial, especially in the political sphere (Whitney 2017, 98). Pro-choice advocates, in response, have denied the objectivity of PAS and other related emotional effects in a manner that is "equally politicized" (Whitney 2017, 98). Despite the pervasiveness of PAS in the political abortion debate and in policy, medical and health professionals have not legitimized PAS as a medical or psychological condition (Kelly 2014, Dadlez and Andrews 2010). PAS has been rejected by the American Psychological Association (APA), as it has by other institutions and researchers, and has never been recognized as a condition in the *Diagnostic and Statistical Manual of the American Psychiatric Association* (Kelly 2014, 22; Major et al. 2008, 11).

Many studies have attempted to assess the validity of such syndromes and emotional effects clinically, apart from the political debate. Studies that look at women's emotional health following an abortion differ significantly in the amount of time that has passed between the abortion and the study, ranging from immediately following the abortion (Dagg 1991, 579), to a week after (Rocca et al. 2013), to twenty-five years after (Charles et al. 2008, 439). Thus, recorded emotional responses following abortion are inconsistent. Some women experienced a linear recovery in which the prevalence of negative emotions decreased as the amount of time since the abortion increased (Goodwin and Ogden 2007, 236). Other studies found that women experienced different patterns of emotion over time including feeling upset constantly, feeling worse as time passed, or never being upset (Goodwin and Ogden 2007, 236). Conclusions have ranged greatly; some argue that abortion is no more emotionally damaging to women than childbirth is while others argue that up to sixty percent of women who have abortions experience psychological disturbance (Whitney 2017, 98). Results appear to be varied because of a lack of

consistency in research techniques, a strong presence of biases, and the sensitive nature of the topic (Dagg 1991, Adler et al. 1992). The fact that some women experience negative psychological and emotional effects following abortions is well-recognized; the legitimacy and ubiquity of PAS, however, is not (Dadlez and Andrews 2010, 452). Several authors have advocated for the need for more longitudinal and robust studies on post-abortion experiences in the future (Coleman et al. 2005, 252).

Interview Data

To gain a better understanding of how a pro-life perspective might translate into counseling, I interviewed the director of a pro-life crisis pregnancy center, who I will refer to here as Susan. Susan has a background working in Christian ministry and has directed this center for about five years. The center is a Christian non-profit that is privately funded by churches, businesses, and individuals who support their work. It provides free and confidential services to women who are wondering if they are pregnant, who are trying to make a decision about a pregnancy, who have had abortions in the past, or who are looking for information about healthy relationships. Susan shared with me some statistics about the women that their center served in 2017. Of their clientele, forty-nine percent is African American, eighteen percent is white, nine percent is Hispanic, eight percent is Asian, two percent is Native American, and about fifteen percent is unknown or other. Sixty-four percent of their clients are single, twenty-two percent are married, and fourteen percent is unknown. Eleven percent of clients range from fifteen to nineteen years old, thirty-four percent are twenty to twenty-four years old, thirty-one percent are twenty-five to twenty-nine years old, and twenty-three percent are over thirty years old. The

fetus and claims about its personhood or rights were never mentioned in this interview. Indeed, this center's work focuses on the woman and her well-being instead. This aligns with the shift to a woman-focused argument against abortion in the United States that began in the 1980s (Lee 2003, 22).

Susan emphasized that a key word that guides the center's work and goals is the idea of 'offering'. Part of the center's mission is to offer "help and hope" to women who are facing unplanned pregnancies. Employees begin by listening to a woman's story and her concerns and, from there, *offer* a range of services and information to her. The things that the center offers to women include pregnancy testing; limited first trimester ultrasounds; information and education about parenting, adoption, and abortion; and spiritual resources and advice. Susan contrasts this 'offering' with 'proselytizing':

> "...we are unashamed that we are a Christian organization, but we do not lead with proselytizing anyone. That is really – that is something – you know. Now, if a woman wants to talk about spiritual things or if she wants to ask questions, then we'll say, 'Sure.'"

This distinction is made throughout the interview, perhaps in an effort to stand apart from conceptions of other crisis pregnancy centers, which have been found to work to convert clients to evangelical Christianity (Kelly 2014, 18). Susan also contrasts 'offering' with passing judgement on women who come to the center:

> "Yes, we are pro-life, but we never tell a woman she can't have an abortion because legally, she can. And so we never want a woman to feel judged if she has an abortion in her past. Every one of us has issues in our life, and in the Christian philosophy of what I come from, is everyone's got stuff, you know? Everybody. So, but in the Christian faith, there is forgiveness in Christ."

This offering of a nonjudgmental perspective, then, is born from the center's Christian values. This perspective represents a shift in the strategies historically undertaken by the pro-life movement. In the eyes of earlier Christian pro-life advocates, unplanned pregnancy often symbolized out-of-wedlock sex and was considered to be a moral transgression (Petchesky 1990, 141). This newer nonjudgmental perspective comes from the idea that pregnancy and children are a gift from God.

Susan disclosed to me that, while some licensed counselors volunteer at their center from time to time, most people who work there are not licensed counselors. They prefer to refer to themselves as "client advocates":

> "...because we're their advocate when they walk in the door. We're not judging them. We're trying to get their story and help give them time and space to take a look at all three of their options. Because we're very up front to say, 'You know what? Not one of your options is easy. And we get that.' It's not easy to do any one of those three options. So that's why we want to make sure they receive the best and most truthful education that they can. So we don't even call what we do counseling."

In making this distinction between 'client advocates' and 'counselors', Susan implies that differences exist between their work.[5] Susan also related the center's work to the Christian principles underlying the center's mission:

> "...we verbally communicate to people that one of the ways that you can count on us in that we are a Christian organization is that we are going to tell you the truth and we are going to seek to be accurate in what we tell you and how we educate you."

Throughout the interview, Susan emphasizes the value the center places on truth with their clients. For the center, this value stems from a Christian calling to be honest and truthful, in an empathetic manner (Sanders 2014, 16). The center relies on medical and secular literature to

[5] This notion of standing apart from the work of counselors raises further questions: What does Susan believe 'counseling' is? How does she conceptualize her work as being different from her specific idea of 'counseling'?

inform their conversations with women. Since most of their staff does not have medical training, they steer away from making diagnoses and are quick to refer women to other establishments if they are in need of medical attention. Susan said that the center abides by the North Carolina Woman's "Right to Know" Act in that they offer information about pregnancy, adoption, and abortion to the women that they see.

Additionally, Susan characterizes the relationships between client advocates and the women visiting the CPC in a manner distinct from that of a 'counselor' bound to professional services. She uses phrases that imply an ongoing support relationship between a staff member and a client. "We want to walk the journey with her," Susan says, signifying that this relationship goes beyond conventional professional boundaries and into something resembling more of a partnership. The use of this phrase implies that she sees her relationships with clients as being different from a professional therapist who provides services for a fee and during appointment hours only. Employees at this CPC desire to "love and encourage" the women that they meet with out of their Christian faith and beliefs about serving others and serving God (Sanders 2014, 13). This relationship also extends the nonjudgmental perspective:

> "We hope that [whether] she chooses adoption, she chooses to carry to term, she chooses to terminate, she still knows that she can walk through our door. And with whichever decision she made, we'll continue to help her."

Susan walked me through the center's approach to assisting a woman in making a decision about her pregnancy. First, a woman is asked to describe her situation. In listening to a woman's story, Susan tells me that she and her staff listen for the major factors influencing her decision, including social support, finances, faith, culture, and life stage. Out of these factors, client advocates listen for what women describe as positive or negative influences in their lives.

Clients are also offered free pregnancy testing and a staff member will tell her if the test is negative or positive – not whether or not she is pregnant. If the test is negative, a woman is encouraged to seek medical attention if she continues to show symptoms of pregnancy. If the test is positive, the center staff will ask the woman if she wants information on her three options: carrying to term, adoption, and abortion. For each option, the staff member provides a woman with information and education as well as outside resources in the local community. The center is able to offer several adoption agencies that a woman can contact, but do not contact them for her because "that's a decision she makes." The center does not perform or refer for abortions. Instead, they refer women to the website of the American Pregnancy Association (americanpregnancy.org) to learn medical information about different types of abortion or about concerns they might have. Susan explains, "...if I'm not a medical professional, I'm not going to talk to her about medical procedures. But I offer her places she can go to find that information out." With a positive pregnancy test, the center also offers free first trimester ultrasounds, performed by a licensed physician assistant, to determine whether the dating of the pregnancy is accurate and whether it is a viable pregnancy. Susan concludes this overview of the CPC's work by saying:

> "We unashamedly talk about all three [options] as much as we can. We don't tell her, 'Choose one over the other,' because the choice is hers to make. We want to stand in good stewardship of educating her well and leading her to that decision."

Women sometimes visit the crisis pregnancy center for after-abortion support as well. This center offers that in the form of a Biblically-based curriculum called *Forgiven and Set Free*. Susan explains that women who agree to going through this material "know what they are agreeing to right up front" in that they are told that it is a Bible study. The center has offered this

curriculum in groups with other women and one-on-one with a staff member. Susan says that their staff is able to talk through a range of emotions that women might present following an abortion, but is quick to refer a woman showing signs of severe emotional distress to a medical professional. Susan raised this point in the context of discussing the situations that seem to characterize the women who come to their clinic for this purpose.[6]

Based on this interview, then, I suggest that this crisis pregnancy center's approach to assisting women with unplanned pregnancy aligns less with therapeutic culture's promotion of work on the self and more with the notion of "walking the journey" with someone. What seems to be missing from this approach is equipping a woman with tools to emotionally and practically consider her options on her own. Women here are not necessarily taught how to internally manage any emotions they might have, nor are they given a 'diagnosis' of PAS. Instead, they are partnered with a staff member who offers them a free and confidential place in which they are given time, space, and outside resources to consider and talk through their options. I compare this approach to that of pro-choice counselors in the next chapter.

[6] I say this to raise the point that Susan did not indicate that she or their staff expect a woman coming in for after-abortion support to necessarily show signs of distress.

CHAPTER THREE:

THERAPEUTIC CULTURE AMONG PRO-CHOICE ADVOCATES

In the 1970s, feminist pro-choice health professionals saw a need for counseling in abortion clinics after the Supreme Court's *Roe v. Wade* decision legalized abortion as a medicalized matter to be decided between a woman and her physicians (Joffe 2013, 59). Many physicians felt uncertain about how to advise women facing unwanted pregnancies, and these early counselors worked alongside medical staff and advocated for the emotional and physical well-being of their patients (Joffe 2013, 59). Outside of meeting with patients, early feminist counselors devoted their attention to political advocacy work (Joffe 2013, 59). A group of about thirty counselors first met in November 1989 to discuss their work in independent clinics, and their group came to be known as the November Gang (Joffe 2013, 61). Included in the group were Charlotte Taft and Margaret Johnston, whose counseling resources continue to be used today.

The November Gang readily embraced the "head and heart" model of counseling created by Charlotte Taft in the 1980s (Schoen 2015, 205). This form of counseling was created primarily for the sake of individual women's emotional well-being, but also in response to the increasingly prevalent claims about PAS by anti-abortionists (Joffe 2013, 63). The "head and heart" approach evaluates a woman's beliefs and feelings towards abortion before she chooses to have one. It aims to "connect women's decision to have an abortion—their head—with their heart—the part that had to come to terms with the decision" (Schoen 2015, 205). In the clinics that adopt this model, women who seem conflicted are often given further counseling and are

asked to do personal reflection before making a decision (Joffe 2013, 62). Resources that women were provided with asked them to think about aspects of their lives from economics to emotions (Rivkin-Fish 2016). The counselors who were part of the November Gang saw head and heart counseling as a way to form deeper connections with their patients, and put aside their ties to the pro-choice political movement (Joffe 2013, 64).

In this chapter, I analyze a set of counseling resources that were created and influenced by the November Gang's early work in abortion counseling. These materials are born from the pro-choice "head and heart" approach to abortion counseling. I accessed these resources both online and through the reproductive health archival collections at the Sallie Bingham Center for Women's History & Culture at Duke University. To supplement my analysis of these resources, I also conducted an interview with a psychiatrist who works with women facing unplanned pregnancies.

Archival Data

One of the earliest publications to combine emotional and practical aspects of pregnancy decision-making is the pro-choice *Abortion Resolution Workbook: Ways to Connect the Head and Heart* (Joffe 2013, 65). This short booklet was written in 1991 by Morgan Goodroe for the Routh Street Women's Clinic in Dallas, Texas, which was run by prominent activist Charlotte Taft. It aims to help a woman think through her feelings through common questions the clinic has been presented with such as, "How can I figure out what I believe?" and "How will I feel after the abortion?" Goodroe guides women through the details of each of these questions in a manner that leads them to think about their individualized circumstances, values, and feelings:

> "You have the power to make this decision. You have the answers about right and wrong inside of you. You can make a good choice that you can live with… You have the power to do what is right for your life, even if it is hard or scary" (Goodroe 1991, 2–3).

Goodroe does encourage women to speak to people that they trust about what they are feeling, but urges women to ultimately take full responsibility for making a decision about their pregnancies on their own. The language used draws on pro-choice values of individual autonomy in reproductive decision-making:

> "You have the power over this decision and that power will always be yours… If you hand over your power to make this decision, it is the same as choosing for yourself, but without taking the responsibility for the choice. This decision will affect your life most of all. You can decide what is right for you much better than anyone else, even someone who loves you" (Goodroe 1991, 11).

Another pro-choice counseling resource I analyze is the 2009 revision of the *Pregnancy Options Workbook: A Resource for Women Making a Difficult Decision*, first published by Margaret R. Johnston in 1998 and distributed by the Ferre Institute. This workbook aims to provide information and exercises about parenting, adoption, and abortion to women who are trying to make a decision. It opens with a statement of encouragement from the author: "The people who put this book together support you no matter what you choose." This sentiment echoes the pro-life approach of nonjudgmental support and joining a woman in her journey, but it is coming from a book, not an in-person 'accompaniment.' The *Pregnancy Options Workbook*, again, emphasizes individual responsibility in decision-making.

> "The decision about this pregnancy is yours. Think about yourself as a 'gatekeeper of life.' You can decide whether or not a new life will come into the world through your body. This is your right, but more than that, it is your responsibility. Only you can decide whether you are ready to be responsible for raising a child. Only you know what your plans and dreams are for your life. Deciding whether a new life will come through you is hard. But no one is better able to decide than you" (Johnston 1998).

This resource recognizes that women should ask for help in dealing with this process from trusted family members, friends, and partners. It is emphasized that good people to talk to will listen to a woman's story without making up her mind for her. Counselors are recommended for connecting the "head" and the "heart."

These counseling resources aim to aid a woman in identifying her feelings and the underlying factors that may be influencing them. This process encourages a woman to gain a better understanding of her emotions by separating them from the expectations placed on her from her relationships and from society. Women are told to "listen to your heart and your own voice to find the right answer for you," creating a distance between her own thoughts and feelings and those of others (Johnston 1998). In this regard, emotions are constructed as individualized and internalized 'feelings' that are independent of the relationships one has (Rivkin-Fish 2016).

In addition to emotion identification, these resources ask women to think rationally about the options before her. This is done by providing practical information about pregnancy, abortion, and medical procedures, such as answers to "What is labor like?" and "What are the advantages of each [abortion] method?" (Johnston 1998). Interestingly, interpersonal relationships are made to be central to the rational decision-making process. In considering parenting, a woman is guided through thinking about the amount of support she might expect from different family members and friends, including the baby's father, her parents and siblings, the baby's father's family, friends, and other relatives. Rational thinking is framed as an analysis of the social relationships and resources a woman can rely on if she decided to raise a child (Rivkin-Fish 2016).

So, a goal of these counseling resources is to bring emotional and rational thinking together, to combine the "head" and the "heart" in this decision. To do this, women are told that they need to learn how to rationally make sense of their emotions and how to manage them:

> "It is important to know how you feel about abortion, as clearly as you know what you think: to really know what you believe. By doing the work, you are giving yourself the opportunity to choose what kind of experience this will be for you. How you feel about this decision will depend, in part, on the work you do now… Take the time to be sure you will be able to live peacefully with what you have chosen" (Goodroe 1991, 2).

Much of feminist pro-choice literature, including Johnston's *Pregnancy Options Workbook*, does not steer away from discussing the influence of religion and spirituality on pregnancy decision-making. Again, in this context, the focus is on individual well-being and self-realization:

> "Making a choice about your pregnancy can be a gift of learning and growth. It is an invitation to develop a larger vision of yourself. It's a way to practice compassion and loving kindness toward yourself" (Johnston 1998).

Johnston goes on to include excerpts from different organizations, including the Religious Coalition for Reproductive Choice, to make claims about the views of different religions.

> "Praise for the goodness of women who wisely manage their situation is found all throughout the Bible" (Johnston 1998).

> "The reason I am Buddhist and pro-choice is this: in both philosophies women are trusted to make wise decisions for the struggles they come upon in life" (Johnston 1998).

Additionally, Margaret Johnston wrote a companion guide to the *Pregnancy Options Workbook* titled *A Guide to Emotional and Spiritual Resolution After an Abortion* to further discuss these ideas. This guide encourages women to become aware of and to "clarify"

underlying emotions they might have following an abortion. Johnston also reinforces the idea that religious beliefs encourage women to make decisions for themselves:

> "The pro-choice religious community has a deep respect for the value of potential human life and an equally deep commitment to women as responsible, moral decision makers" (Johnston 2008).

In these resources, then, religion is positioned as valuing of women's rationality and autonomy in ways that align with the broader pro-choice ideals that are presented. These materials encourage women to use their faiths as tools to help them think rationally about making a decision. Women are encouraged to work through what they believe about their faith and spirituality in order to make an informed decision. The combination of self-help and spirituality is central to therapeutic culture in the United States (Illouz 2008, 157). However, where religion provides a basis for collective action, therapeutic culture "provides a script for the self" (Furedi 2004, 91). In this context, religion is always portrayed as a mechanism for better understanding the individualized self and for rationalizing and coming to terms with the decisions it makes.

More broadly, the "head and heart" counseling resources reflect scholarly insights about America's therapeutic culture. Furedi argues that today's society requires people "to make their way without the supportive network provided by family, community, religion, and the various informal and formal organizations associated with the world" (Furedi 2004, 91). Therapeutic culture embraces a reliance on professional relationships and a distancing of the self from informal relationships, resulting in a disorganization of the private sphere (Furedi 2004, 104). Pro-choice counselors encourage women to introspectively and individually consider their options. The sentiments expressed in these resources are a product of this cultural context.

Interview Data

To gain a better understanding of how a pro-choice perspective might translate into counseling, I interviewed a psychiatrist, who I will refer to here as William. William has worked as a psychiatrist for over twenty years, and while his work does not focus solely on counseling pregnant women, he has experience doing so. His office works closely with a women's health clinic, so women are frequently referred back and forth for both psychological and medical attention during pregnancy.

William discussed how he saw effective counselors as being those who set aside their personal opinions to assist their clients in processing their emotions and desires and in decision-making. William emphasized his idea of a counselor's role in assisting a woman facing an unplanned pregnancy:

> "We just try to meet the person where they are and help them process – so we don't come at it from a place of having a certain opinion about [what to do with the pregnancy]. We're just trying to help them process based on what their opinions are to help them see if they can get to a place where they feel safe and comfortable in their decisions."

In this way, the work of professional therapists like William aligns much more clearly with therapeutic culture's ideals of individualized emotion management and self-help. Instead of "walking the journey" with women through the decision-making process, William says that his goal is to assist his clients in feeling comfortable with the decisions that they independently make:

> "...we're trying to help the individual get to a place where, once they've made a decision, they can say, 'You know what? I made that decision with – I was informed, I thought about it a lot, I made the best decision I could at the time,' so you don't have regret."

My analysis of my interview with William combined with the insights gleaned from the "head and heart" counseling materials demonstrates that pro-choice advocates conceptualize the decision-making process—and a woman's role in it—in a precise way. The views and emotions of significant others in a woman's life—counselors, partners, family members, and friends—are seen as of secondary importance. Intense personal reflection on emotions, economics, and support is made to be central to well-being in the decision-making process. A woman's relationships are taken into account only when considering the amount of support she can expect in child rearing. Thus, these pro-choice resources understand a woman's relationship to others much differently than does the pro-life approach to counseling. I aim to understand the approach of a counseling organization that claims to step outside of politics in the next section.

CODA: EXHALE

As political debates over abortion rage on at both the federal and state levels, a number of grassroots organizations have emerged in an attempt to provide counseling and assistance to women that is more clearly separated from the political debate. One of the most prominent of these organizations is Exhale, which, after its founding in 2000, hallmarked the "Pro-Voice" approach to abortion counseling in 2005 (Exhale 2013, 3). Exhale offers a toll-free after-abortion talkline that women (and men) can call to receive pro-voice counseling. The talkline is staffed by trained volunteers of all professions.

Exhale emphasizes that its employees desire to understand callers' "own experience of wellbeing, as well as the personal strengths and resources s/he can draw on to navigate challenges" (Exhale n.d.). Exhale provides its own definition of emotional well-being as meaning "embracing the full range of emotions that are part of a rich life" (Exhale 2013, 13). Talkline volunteers encourage callers by pointing out their individual strengths and validating their broad range of feelings. This is done to "remind a caller of her own capability and encourage her to continue taking care of herself." In this way, the pro-voice approach is similar to the pro-choice counseling materials in that they all encourage women to draw from their individual strengths to feel confident in making a decision. Callers are also encouraged to engage in self-care practices including journaling, resting, and exercising (Exhale 2013, 16). At the same time, Exhale also uses language signifying a partnership between themselves and their callers: "...we collaborate with the caller to identify her own expression of wellbeing… We might

brainstorm ideas together." In this regard, this language echoes some of the sentiments expressed by Susan about walking through the decision-making process together.

Exhale positions itself in relation to the politics of abortion by claiming a desire to step outside of the debate. The organization has refused to identify as pro-choice or pro-life and has never taken a political stance on the legality of abortion (Baker 2015, 3). Aspen Baker, founder and former Executive Director of Exhale, believes that "the two spheres—the private conversations about real, lived, personal abortion experiences and the public political debate over the rights of women and fetuses—seem to have little in common with each other." (Baker 2015, x).[7] Exhale, in response to this perceived incongruity, encourages women to speak up about their personal experiences with abortion to dismantle commonly held assumptions and change the politically dominated conversation (Baker 2015, 130). This position is of interest, because Exhale directly acknowledges that they *do* have political goals, even if they are cautious in making claims about them. How can Exhale change the political conversation without getting involved in politics? Exhale's approach, in the perceived interest of individual women's well-being, involves using emotion discourse to offer a therapeutic framing of abortion as an alternative to its politicization. Their counseling model reflects therapeutic culture in that it:

> "emphasizes listening, validation and support, in addition to offering callers resources and information to foster coping skills and self-confidence in their ability to manage a range of life events" (Exhale n.d.).

In comparing this statement to data from the previous two chapters, the pro-voice approach appears to use a combination of pro-life and pro-choice counseling methods. Women are offered free support and resources by talkline staff, and are also encouraged to autonomously

[7] Aspen Baker stepped down from the position of Executive Director in the fall of 2017. Reverend Susan Chorley serves as the current Executive Director (exhaleprovoice.org).

make decisions and cope with them. This approach aims to move away from politics in the 'private' sphere of individual women's experiences while also hoping to cause a shift in the public political debate (Baker 2015, 165). It is important to consider how Exhale's approach might stand apart from, or in line with, the existing therapeutic and emotional arguments of the pro-life and pro-choice movements.

The example of Exhale explicitly returns us to the question of whether emotion discourse and emotion management relates to politics. Is Exhale's work 'depoliticizing,' in the sense of taking a political issue and failing to recognize what is at stake for participants in terms of power, inequality, and autonomy? This would be the perspective of many anthropological critics of therapeutic culture. Furedi criticizes this orientation by arguing that "a one-dimensional preoccupation with the self often leads to overlooking the social and cultural foundations of individual identity" (Furedi 2004, 25). However, one thing that these critics fail to recognize is that individuals require tools to face the problems they are facing in everyday life. Therapeutic culture, in its variety of forms, is able to offer some strategies to address this need. So, then, is Exhale's position 'empowering' by removing the burden of social conventions, expectations, and society's moralizing from an individual woman dealing with an unwanted pregnancy?

These are complex questions that would benefit from extended ethnographic inquiry. Further engagement with the work of grassroots organizations like Exhale would be valuable in conceptualizing the relationship between therapeutic culture and abortion politics more broadly.

CONCLUSION

This thesis has shown how therapeutic culture has been intertwined with the abortion debate for decades. Therapeutic discourse has modified cultural conceptions of the private and public spheres (Illouz 2008, 239). The framing of political and social problems as personal and psychological did not remove them from the public sphere; instead, it created new grounds for making political claims (Illouz 2008, 170). This phenomenon is visible on both sides of the politicized abortion debate in the United States. Pro-choice support for counseling began immediately following *Roe v. Wade,* and pro-life notions of abortion's psychological harm and of women's need for emotional support crystallized and became institutionalized with the creation of PAS in the 1980s. Therapeutic culture provides ways of thinking, reasoning, and undertaking support for unplanned pregnancies in ways that are reshaping on-the-ground abortion politics. This is seen in the fact that the CPC that Susan runs is no longer judging women's choices but is "walking the journey" with them and "offering" information and support on their options. Therapeutic culture is also central to pro-choice support in providing resources for women to independently make pregnancy decisions. These pro-choice resources address both women's emotional needs and a reliance on logical analysis to consider practical and economic matters related to childbearing.

This thesis has begun to explore the kinds of political implications that therapeutic culture has as it is intertwined with pregnancy decision-making services. Something that appears to be absent from the feminist pro-choice approach is understanding how both emotional and rational thinking can involve a conception of the self and a decision about pregnancy in terms of

a woman's relationships with others. Feminists may conceive a woman's consideration of others' feelings and opinions in her decision-making as a surrendering of autonomy and thus not advocate for this kind of thinking (Rivkin-Fish 2016). However, this feminist approach asks women to act in seemingly contradictory ways: understanding their emotional well-being as being separate from that of significant others in their lives, while rationally considering the practical support they can expect from these same people. This raises a series of important questions: Is individual emotion work sufficient for bridging this conceptual divide? Is this approach to obtaining "peace" in decision-making realistic for women to achieve? This is especially interesting considering the existing research that suggests the importance of social support in pregnancy decision-making (Faria et al. 1985; Costescu and Lamont 2013). However, the fact that the November Gang's resources have continued to be used for decades suggests that many women find them helpful. More research is needed to better understand the feasibility of undertaking the pro-choice movement's approach to decision-making among women with different notions of the self and relationality.

Additionally, the findings of my thesis for understanding therapeutic culture in pro-life organizations is also limited by my small sample size and lack of archival materials to triangulate with the interview I conducted with Susan. More research is needed to understand whether Susan's center is representative of most CPCs in offering websites to women where they can find abortion-related information and in not judging women's decisions. Research has shown that other CPCs in North Carolina have provided women with false medical information about abortion (Bryant and Levi 212, 753). My interview with Susan does suggest that the pro-life movement is using therapeutic cultural tools such as active listening and a validation of

emotions, together with Christian values and process of "walking the journey together", to promote a non-abortion approach to unwanted pregnancies. However, this approach seems to be missing a component of training women to manage their emotions on their own, which might be helpful in assisting a woman in making a decision. In the eyes of pro-life advocates, are women ever encouraged or expected to "walk the journey" themselves? Further research needs to be conducted in CPCs to better understand the depth of their therapeutic approaches.

Therapeutic culture may be a tool for the abortion debate, used politically, even when labeled as being beyond politics. Organizations like Exhale claim a desire to change the dichotomized political debate over abortion in the United States and see emotion discourse as a path towards doing so. However, it seems that these efforts always return to the problem of trying to depoliticize an issue that, at some level, requires political intervention. In this regard, therapeutic culture seems to be at once the problem and the solution. It is likely that abortion will always be something that is both personal and political. The question that remains, then, is whether therapeutic culture, and abortion counseling more specifically, is bridging the gap between the public and private spheres — or widening it even further.

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