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A Discursive Analysis of a Pregnancy Center: How Pregnant Women Are Encouraged to Develop a Sense of Self-Worth and Emotional Wellbeing Through the Use of Rhetoric and Imagery

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A DISCURSIVE ANALYSIS OF A PREGNANCY CENTER: HOW PREGNANT
WOMEN ARE ENCOURAGED TO DEVELOP A SENSE OF SELF-WORTH
AND EMOTIONAL WELLBEING THROUGH THE USE OF
RHETORIC AND IMAGERY

by

Jessica Postma

A thesis submitted to the Graduate College
in partial fulfillment of the requirements
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Department of Anthropology
Western Michigan University
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Western Michigan University, 2013

This study presents an alternative approach to how pregnancy is interpreted in western society and how settings such as a pregnancy center both challenge and reinforce these social standards. The promotion of abstinence, the aversion to abortion, notions of truth and morality, religious narratives, and the standard of care are all integral components to this analysis of pregnancy, language, and culture.

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Jessica Postma

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CHAPTER I:

INTRODUCTION

Pregnancy, Gender, and Power

The politics of a woman's body and her reproductive choices have long been a controversial topic. In most instances, the controversy has focused on abortion. Society at large solely focuses on these issues, oftentimes neglecting the foundational core - the cultural expectation of pregnancy itself and all the various implications of women's bodies, sense of self, and power. Abortion, much like the woman's body and pregnancy, has been manipulated and controlled by patriarchal society. The cultural stereotypes and beliefs regarding unwanted and taboo pregnancies have not been challenged by the legality of abortion, nor has any true power of choice been granted to women. Pregnancy, much like abortion, is manipulated by gender norms, ideals, and standards, all of which are dominated and influenced by social constructs of power.

Abortions, a much talked about topic in feminist and political writings, have the ability, if desired, to remain secretive - the ability to hide any potential shame and embarrassment of an unwanted pregnancy. However, the unmarried woman who carries an unwanted pregnancy to term and raises their children are openly outside the established norms of the feminine gender - they reject the limited standards and allowances of when a woman should be pregnant. An abortion, rather, it could be argued, fits into the norms more easily by the termination of a pregnancy that does not fit into that social standard. Women and their pregnancies

have always been a part of politics, social agendas, the market economy, and patriarchal family based dominance (Solinger 2005). In most instances, an unwed pregnant woman is an embarrassment to society, religious community, the family, and the woman herself. Millions of (especially young, unmarried) women and their pregnancies have become a national “problem” to society. These women - more specifically those that live in rural, impoverished, and abusive environments - and the roles of gender normativity, the socio-cultural use of language and how these factors are interrelated - are on display at institutionalized spaces such as pregnancy centers.

I opted to conduct my research at the Lakeshore Pregnancy Center (LPC) rather than an abortion clinic. This study is not a comparative analysis of pro-life or pro-choice arguments, but rather the linguistic, social ideological frameworks revolving around pregnancy and birth. This analysis focuses primarily on the structure and use of spoken and written rhetoric within the center. This reinforces religious ideology and gender normativity, while also challenging those same gender norms and social standards of power.

Allegan and Holland, Michigan

I stumbled upon the pregnancy center in the city of Allegan after a period of time spent being rejected by potential field sites. The center in Allegan was the first responsive location and they were genuinely interested and intrigued by my research. Many of my rejections were based off of the concern for client privacy -

even though my research does not involve any correspondence or interaction with clients. LPC was responsive to this and the site became an engaging resource.

I am familiar with Allegan since I lived there from 2006-2008. Allegan county, while large, has a small town center, with many foreclosed and empty homes, and small businesses often shut down. With a population estimate of 112,039, 95.6% identify as White, 1.5% as Black, 6.8% as Hispanic or Latino, 0.7% as American Indian/Alaskan Native, and 0.7% Asian (US Census Bureau, State & County Quickfacts). 34.9% of Allegan city residents live below the poverty level as of 2009 (city-data.com). The majority of poor residents in Allegan are Hispanic, African-American, American Indian, other races and mixed race (city-data.com). The LPC building located in the downtown area is old and sources for the center are scarce. This becomes especially prevalent when compared with the main LPC branch, located about 30-minutes north in Holland.

The other portion of my research took place at the main LPC and I was shocked at the discrepancies between the two buildings. I had been expecting a similar financial situation but found that the main building has substantially more resources, is larger, newer, and has more staff and volunteers. They also offer Spanish-speaking staff, a doctor on-site, and several nurses. The Allegan branch has no Spanish-speaking staff (regardless of the fact that they have clients that speak only Spanish), no doctor, and single nurse that comes in twice a month.

The Holland center was the location for the 30-hour training module that all volunteers are required to take. The trainees gathered in an upstairs room to learn the necessary rhetorical practices and strategies that are primarily presented in the

various forms of role-playing, written texts, storytelling, film viewing, discussion, scenarios, and personal experience. Holland city is located in both Allegan county and Ottawa county. The population, as of 2011, is 33,270, and 80.0% identify as White, 3.6% as Black, 0.6% as American Indian/Alaskan Native, 3.0% as Asian, 0.1% as Native Hawaiian/Pacific Islander (US Census Bureau, State & County Quickfacts). 26.3% of residents live below poverty level in Holland, with Hispanic, American Indian, and African-American being in the majority (city-data.com).

Research Methodology

I began conducting research in February of 2012 until the second week of August 2012 and on May 17th, I began the 30-hour volunteer training module where I conducted the majority of my cultural and linguistic research and analysis. From May 24 to the end of August, I shadowed volunteers both as a means of furthering my research at LPC, and as a way to give my time back to the center for allowing me to use their space as a field-site. In total, I was at the center for seven months.

The primary research methods involved participant observation, analysis of written materials, as well as recorded and transcribed semi-structured interviews and basic survey questions for the staff and volunteers. The discursive analysis of the written materials is a major component of my methodology considering the bulk of my research revolves around the written materials provided during

volunteer training - and those presented to clients. The analysis of discourse offers important insight to the cultural constructs, notions of institutional and social discursive practices in which written and spoken rhetoric is ingrained. I primarily use Johnstone (2008), Richardson (2000), Locke (2001), Lakoff (2004), Ivy and Backlund (2008), Eckert and McConnell-Ginet (2003) for the majority of my own analysis.

I analyze discursive practices since a great deal of LPC's written materials are used for the purpose of persuasion toward what LPC considers a greater standard of healthy, ethical, and moral living (although a great deal are simply used as informational and usually relates to physical health (Appendix, Image 1).

I analyze the greater pattern of discursive practice both through the written materials presented in the center to clients and those presented to volunteer trainees, as well as the spoken practices of volunteer to client and volunteer trainer to volunteer trainee. I do focus on smaller linguistic units (such as specific word choice) since they are a component of a larger discursive and ideological practice within the center. I also use discourse analysis to better understand how meaning is symbolically portrayed and presented from speaker to listener, especially through the use of personal narratives.

The linguistic ideological stance of the pregnancy center establishes a link between the cultural beliefs of the volunteers (as a representative of LPC's standards) have regarding language use and the more abstract notions of abstinence, abortion, motherhood, truth, and marriage. LPC is very aware of the language they are using - and they are aware of the impact words can have on

their clients. Tone is also addressed and volunteers are encouraged to use a quiet unassuming voice, projecting the image of a calming mother figure. When being trained, volunteers are presented explicit information about what type of language should be used, but the indexed beliefs and institutions become implicit once put into practice with clients.

CHAPTER II:

THE PURPOSE OF A PREGNANCY CENTER

“Kind of breaks my heart somebody’s not there to just walk in the door with them and face this with them.”

- LPC Director, Allegan Branch

The Lakeshore Pregnancy Center of Allegan is located in the small downtown area, across from the local courthouse and down the street from the police station. The building itself is inconspicuous, old, and somewhat dwarfed by the other surrounding buildings. The interior of LPC has a somewhat confusing, twisting and turning, layout with many small individual rooms used for various classes and one for pregnancy test results. The front door opens up to a large desk that no one ever sits as in a closed off room. On the opposite wall is a small room where ultrasounds are done for clients. The front room leads into the medium sized waiting room where blue chairs match the blue carpet. Parenting magazines are positioned on tables, and a handful of toys take up a corner of the room. One one of the walls, a multitude of pamphlets, cards, posters, and booklets are displayed.

The waiting room leads into the back office area, classrooms, restroom, a baby items area, and the back office used by the director. The baby item area - referred to as the points room - is filled with clothes, diapers, blankets, and similar materials. On occasion car seats and cribs are also offered to clients with enough points. The points system is based off the clients classroom time - each

time a client comes to a class, they earn a specific amount of point. Depending on the item, some donations can be high in points (the car seat) or low (a baby blanket). All of the materials in this room are donations from either individuals or organizations - typically a local church.

The vast majority of my initial visits to LPC were conducted with the director, Amanda. Amanda is a middle-aged, soft-spoken woman and quintessential “mother” figure who looks and sounds considerably younger than her true age. LPC is made up on two staff members (the Director, and Michelle, the part-time employee) and the numerous volunteers - many of whom I meet only once or twice in the duration of my time there. In addition, two volunteers at LPC are nurses who come in on Thursdays to conduct an ultrasound for clients. The center also has one male advocate - Tom - who sees most of the single (and few) male clients.

On a typical day, the Allegan center has around seven clients, and 100-120 clients per month. Located in each consultation room (of which there are three) is a chart dealing with sexual exposure rates and risk of STD's and STI's. The consultation rooms are used on the client's first visit after a pregnancy test is taken - as well as client history information. They ask the client sexual history questions as well as gathering information on whether the client has a history of rape or violence and whether the pregnancy is a result of rape.

The space of the pregnancy center gives off a non-medical atmosphere and often empty and quiet. It is closed off by a door from the rest of the center. In the waiting room, the posters, combined with the many pamphlets placed on the other

side of the room, coupled with the *Parenting*, *Pregnancy*, and *Women's Day* magazines juxtaposes motherhood, parenting, abstinence, and safety. LPC's director made the statement at one point that they have set the center up for the "abortion minded" (fieldnotes) but the presence of the magazines with a parent audience and the pamphlets, poster, and a handful of business cards advocating adoption, allows for a more subconscious advocacy of carrying the pregnancy to term. The imagery of the center is jointly underlying and overt. Since LPC is very open with their stance as Christian and faith-based, they openly display these materials, as well as somewhat subtle religious images (such as Christian music playing on the radio).

The volunteers of LPC are on trained on two different levels. Volunteers of tier-one sort and organize donations in the points room primarily. Volunteers of tier-two go through a 30-hour training program that involves a thorough background check, the learning of how to communicate with a wide variety of clients, film viewing, role-playing of scenarios, and shadowing of a current tier-two volunteer. The training is an intense process that is meant to develop the volunteer into a client advocate that simultaneously promotes LPC's religious beliefs and, of course, an emotional bond and respect for women. The training can be outlined in the following manner:

- To enhance communication skills.
- Discuss who the typical client is.
- How 'she' receives information and how she wants to talk.
- Discussion of abortion - education about abortion.

- Discussion of abstinence.
- To gauge the woman's thinking.
- How to share 'your' faith.
- The discussion about adoption - they have Bethany Christian Services come in.
- The discussion of how to talk and convey information to women who have had abortions.
- Logistics.
- Practice role playing - volunteers as a client and 'client advocate'.

This is all in an effort to better understand the client. The importance of where the client is coming from - this could be a history or presence of violence, past abortion, and overall relationship (or lack of) with the father. The center also hopes to stimulate honest responses from the clients, to be non-judgmental, and non-bias as much as possible. LPC attempts to minimize this as much as possible by training their volunteers to treat the client like "family", give them a voice, respect and "love" (words spoken by Amanda). The information presented to the volunteer trainee is very similar to what is in turn presented to the client. The only major difference is that the training module teaches volunteers effective speaking strategies such as repetition, a soft tone of voice, how to include personal narratives, and specific word choice and phrases.

Amanda and Michelle make a significant attempt to have the staff and volunteers feel like "a family" (fieldnotes). This atmosphere is inclusive of the clients as well - and a component to the training process is devoted toward this

sense of inclusiveness. LPC also requires the second-tier to sign a pledge of abstinence (if they are unmarried) or a pledge to remain faithful in their marriage for the duration of their volunteer service at LPC. Amanda stated that the purpose for the pledges is so that the volunteers and staff are “waking what [they] preach” (fieldnotes). These pledges help to establish the volunteers as moral and valid figures to be emulated by the clients.

LPC hopes to challenge young, pregnant women into believing that the “mistake” made (the mistake not in being pregnant, but in not practicing abstinence) is not a negative but rather something that can be redirected with care and nurturing. Amanda stated at one point that women are “worth more than their female parts” (fieldnotes). LPC hopes to make pregnancy a positive thing in a persons life rather than a negative, taboo, one. The women who come into the center typically are 18-19 years old and of a poor socio-economic status. The secrecy and shame revolving around out-of-wedlock, teenage pregnancy, and abortion has everything to do with women’s lack of status within the American culture. In this manner, the center is “counter-cultural” (Amanda expressed this notion several times, on several different occasions).

The internal core and foundation of LPC is the overall encouragement by staff and volunteers to help young women enhance their personal self-respect and worth as well as create a space for emotional security. On the first visit, the staff or volunteer working with the client is certain to ask about the clients history - not for medical records, but for emotional needs. The center makes an effort to nurture a healthy and supportive environment for the clients, especially if the

client is or has been dealing with violence. LPC opts to focus primarily on the woman rather than the pregnancy or baby.

In their attempt to create an encouraging emotional space, the staff and volunteers promote wellbeing and self-worth to their clients on a frequent basis. Outside of their interactions with the clients, they often have prayer sessions asking for safety, health, and love for the client and their baby. The director, Amanda, often spoke of how vital the promotion of worth is - “she is worth more than dinner and a movie...worth being seen how God sees you” (fieldnotes). By advocating this kind of self-worth they ultimately advocate their religious stance on abstinence to the client as a means of self-respect both for emotional reasons and self-respect to a woman’s body. The center promotes a sense of personhood that is absent from the medical field and one that is more appropriate for a therapeutic space. When I asked Amanda to describe the center to me, she depicted it as a place where women can come for emotional support and help - something that goes beyond just a consultation for a pregnancy test.

The concepts of truth, taboos, and the general cultural and social relations within a system play a pivotal role in discursive practice. It can create a sense of what is normal, definite, and binary. Johnstone (2008) notes how new discourses arise, but then they in turn are reinforced eventually (and typically) for ideological purposes. The imagery and rhetoric of the center attempts to reinforce ideals such as abstinence as a definite normality for unmarried people and parenting or adoption as the appropriate alternative to abortion. These images and words hope to reinforce ideals by providing emotional reasoning.

The subjective meaning of emotional responses from individuals in regards to an unplanned pregnancy is directly linked with the lack of power women experience with pregnancy and their bodies (Albanesi, Solinger). Solinger writes that women rarely, if ever, have any real control over these factors. She writes about privacy and the lack thereof, and how women's bodies and the reproductive process has been used as a political tool, in the market economy, in social agendas, and more generally, in family based dominance. This kind of dominance can especially take place in the forcing of either keeping the child, aborting, or giving up for adoption, with little control given to the mother. The center hopes to stimulate personal choice for the client, a choice beyond outside, dominating factors from society, but that choice is ultimately impacted and influenced by the center due to their own personal stance and viewpoint. LPC is open with their stance, faith, and positioning to their clients. They still actively attempt to create a relationship of mutual respect with clients to nurture a space of love, friendship, sense of self, and care.

Analyzing Rhetoric and Imagery in a Pregnancy Center

The center is not a medical space or a counseling center - although it takes on these various forms for clients. As mentioned previously, nurses and doctors are typically present at the Holland center. The nurse's role is to give a single free ultrasound to a client, and then have that information sent over to the client's regular doctor. The doctor's role (at the Holland center) is uncertain - I never

interacted with him due to my primary focus on the LPC in Allegan. The free pregnancy test is highly accurate and most women who come for the free test do so for the need of accuracy and privacy. I witnessed on multiple occasions how the center became a counseling space for clients. A multitude of clients would utilize the designated classroom time (meeting sessions devoted to teaching women and men parenting skills and general health information) as time to verbalize emotional issues and stress - oftentimes unrelated to their pregnancy or children.

LPC believes that a woman's sense of self and emotional stability can be achieved, in part, by abstaining from pre-marital intercourse. The promotion of abstinence amongst young women and men (they have male clients as well) by expressing abstinence as ideal, the client will come to a greater understanding of self and being and to not use sexual relationships as a means of understanding and creating an identity. By promoting abstinence, LPC is also promoting their religious ideals and moral choices. LPC makes an effort to create an encouraging space for emotional development and security for women - in their interactions with clients and the specific rhetoric utilized, they attempt to endorse a religious, faith-based female sense of self-worth, wellbeing, and emotional support. The center operates within the larger frame of society, language, and power, women's bodies and pregnancy, and the relationships between these dynamic factors. This study of LPC offers an important and analytical insight to how a non-profit organization attempts to encourage women on the fringes of society by utilizing persuasive strategies based off of a religious ideology and interpretation.

This topic is key to a better understanding of a more specific and current struggle with patriarchal power and dominance in society - and how language can be used within that frame to both established female empowerment and hinder it. The interrelationship between discursive practice and identity is a key factor in the positioning of power within a culture. This, and gender normativity, is on display within the pregnancy center, its training module, and the literature materials presented to clients.

Volunteer Shadowing

After completing the training module in May, I began shadowing volunteers at the Allegan Lakeshore Pregnancy Center branch for a period of three months. I shadowed initially for the purpose of eventually volunteering myself, but due to schedule and time constraints, I was unable to conclude my time spent at LPC volunteering. The majority of the time I was involved with the parenting classes and sorting donations, and to a lesser extent, pregnancy tests. Both components involve counseling and communication on a personal level and clients often used their allotted time to express intimate predicaments - oftentimes unrelated to the subject matter of the class. I never evaluated or recorded any information involving clients, and no names or personal information was documented, since they were not the focus of my study. (Any names provided in this document are pseudonyms.) After being involved with the center for so many months, however, I became acquainted with a handful of repeat clients. Several notable instances

with clients came to reflect patriarchal, religious, therapeutic, and gendered expectations and challenges. I came to know not only several of the clients, but also staff and volunteers, and how the various concepts were presented - from abstinence and abortion, to baby clothes and healing - that challenged the training module rhetoric and the center's core concepts. I saw how the integral themes of the pregnancy center's message played out within this institutionalized space.

The very first parenting class I shadowed was with the part time staff member, Michelle. Michelle, with her cheerful attitude and youthful demeanor was one of the two people that I spent the majority of my time with (the other being the Allegan LPC director, Amanda). The young pregnant woman, Ashley, that sat at the table in one of the tiny classrooms had been attending the parenting classes for several weeks. Michelle was quick to introduce us as she flipped through the binder filled with assignments and homework designated for clients. As Michelle handed the instructional DVD to me, she asked her how she was feeling. I wasn't prepared for the onslaught of tears. Ashley broke down and cried with a sense of pure dejection and misery. She reached for the tissue box positioned strategically beside her. Her blue eyeshadow and black eyeliner smudged and streaked down her face creating an even more miserable picture - the hue of the makeup coupled with the red blotchiness of her face gave off a sense of desperation and hopelessness.

Typically, a parenting class lasts 45 minutes to an hour, but that day, it lasted nearly two hours. Michelle and I listened as Ashley recounted the anger, pain, despair, and frustration of her family's abusive and neglectful attitude

toward her and her young son. These words, these feelings, (as I very quickly discovered) are common at the pregnancy center. The space of the center is filled with emotions that go far beyond reproductive politics, agendas, and religious values as well as the examples presented in the training module. Many of the women, oftentimes the repeat clients, are in no need of classes meant to teach parenting skills, but, rather, are in desperate need for care and for someone to listen - it is during these instances that the rhetoric and imagery can be at it's most potent and powerful. The emotional instability, and even desperation, of the clients opens up a vulnerability that is responsive to the alternative lifestyle that LPC presents.

CHAPTER III:
TRUTH, MORALITY, AND CARE

*“We do care deeply about the clients that come in the door
because we do feel like it’s a divine appointment”*

- LPC Director, Allegan Branch

Moral Choice and Narratives of Truth

Truth and moral choice are intrinsic components to the foundational structure of LPC and these components are linked with Judaeo-Christian thought. They strive to present and communicate all their information as valid and moral. Looking at moral choices and judgement calls for the idea that morality is grounded in emotional expressions, feelings and thoughts (Garner 2007), and cultural expectations. Morality, oftentimes, is used to “influence the attitudes and behaviors of others” (Garner 2007, pp. 500) and it can be used in tandem with the hierarchal concept of one influential individual being more moral than another. This notion is especially prevalent at the pregnancy center. Volunteers are expected to be moral characters that present valid, ethical, and caring information and help to clients without judgement. Moral choice is implicitly implied during meeting sessions with clients - and through the use of images present within the space of the center. Morality is overlapped with other concepts and notions - mental, physical, and spiritual health and self-respect.

LPC functions under a Protestant, Christian Reformed doctrine, although they self-describe themselves as “faith-based” and accept clients of all religious

and non-religious backgrounds. The center's religious perspective is the core of all their ideological notions and practices and the Christian concept of witnessing is an important feature. Volunteers are taught throughout the training module how to communicate about important religious perspectives and ideas. One day, in its entirety, is devoted to teaching volunteers how to relay their religious message to clients. Logical syllogism are often the format of communication during witnessing - but its effectiveness depends entirely on the discursive and rhetorical ability of the volunteer and the willingness of the client.

The religious narrative is interwoven with the idea of rationality and morality and they are used by the center's volunteers to index a pertinent and interpersonal ideal. Promoting the center's ethical standards as rational concepts establishes a sense validity. The subjective semiotics and narratives interwoven throughout communication reinforces this concept of truth. This discursive use of volunteer narratives can be used on both a small and large scale - these particular ideals concerning morality are expressed on a one-to-one basis, such as a volunteer relating to the client being a single mother or a past abortion, and on a much grander scale, given that the relevance can be much broader than the situation such as the role of motherhood (Robbins 1980). As depicted previously, the clients oftentimes use the pregnancy center as a therapeutic space to express personal and emotional life matters. The narratives used by volunteers falls in line with client's expectations and their own personal use of LPC. The therapeutic speech is common on both sides, but the center utilizes that time for its own

specific use (to present its ideological stances) and to display nurturing, caring, and helpfulness.

In the post-modern perspective, validity is intrinsically linked with the structure of language, and among skeptics, in its essence, it is labeled as arbitrary (Rosenau 1992). From a religious perspective, truth is an inherent principle but from a secular perspective, this concept of truth can be interpreted as bias - and among youth as oppressive and even old-fashioned. Thus the message of LPC and its volunteers, seeks to reaffirm itself and its clients with a relatable truth. Volunteers are specifically trained with core linguistics and advice is often given on how to effectively communicate a particular religious truth to non or semi-religious women and men. The intimate and personal narratives of the volunteers are coupled with the communicative practices of subjective semiotics, word choice, and tone.

The truth at LPC is presented as intrinsically good and ethical (i.e. moral) since it is rooted in a religious standpoint. Truth in religion is reflective of language through the use of performance and expression. The reality the concept of a moral truth can be masterfully conveyed through the use of narrative since the narrative serves as a persuasive tool to express cultural and group standards and values (Cummings Neville and Wildman, pp. 171-172, 2001). Since the use of narrative is linked both with a religious concept of moral truth and personable experience, it is an effective method used by the center. Typically, religious rhetoric is structured in a performative and exhortative manner, and while this can be seen at LPC (specifically the training module), this structure is not the primary

configuration of speech of the volunteer-client dynamic. In fact, the personable narratives, usually fashioned as transformative (which falls in line with the Christian born-again concept) were structured in a more open and honest manner.

The Notion of Care

On the surface, the pregnancy center looks like a stereotypical religious crisis center with an anti-abortion agenda. Upon further inspection, however, it becomes clear that the center is beyond this typical, bias attitude (although it certainly retains residue from those contributing factors). Love and care are integral components to the foundational structure of LPC. The volunteers and staff - the organization as a whole - take the Gospels's commandment to love one another to heart. Their role is not to pass moral judgement on the clients, but rather, to love and respect them, pray for them, and ultimately, lead them to God. They attempt to do these things by promoting lifestyle practices that they believe will lead to a greater sense of self, self respect, femaleness, and emotional health.

Care is intrinsic to LPC's message, and much like the center's concept of truth, it is reinforced with narratives, word choice, and tone. Many of their clients are far beyond a positive or negative pregnancy test - a large percentage of clients opt to parent and they continue to visit the pregnancy center and take the parenting classes. Two clients in particular who frequently came to the center, named Ashley and Nicole end up using most of their time spent there for counseling and emotional care, even though the space is not technically

established for therapeutic purposes. Both Ashley and Nicole came to the parenting classes, sometimes without doing any of the assignments (which they earn points for) and oftentimes, the volunteer would simply give them the answers to the questions. Before a volunteer would play the informational DVD, they ask the clients “how do you feel today?” and “how is your son?” (fieldnotes). These questions typically opened up a floodgate of emotions.

Both Ashley and Nicole would vent their frustrations and fears to the volunteers. Ashley, dependent on her neglectful parents, was overcoming an abusive relationship with the father of her child, and needed help from the center on an emotional basis and on a more tangible basis - during classes Michelle usually tried to encourage Ashley to live elsewhere (going so far as to help her find a safe place to live). Ashley was at first unresponsive, but over the weeks became more open to the idea. Nicole in particular would ignore the parenting DVD’s (and the information provided by Michelle), thus displaying the real reasons for coming to the center. One instance in particular involved Michelle trying to encourage Nicole to develop better dental hygiene (for both herself and her son) - she essentially ignored her and became somewhat obstinate. It became clear that she did not desire any help in that regard but instead was in need of a listening and care.

The volunteers become orators and listeners similar in style to a conventional therapist, but with a distinct, feminine, ethic of care. This notion of care, its relationship with femininity, take center stage in LPC’s rhetoric and image. Motherhood is inferred indirectly through caring - the volunteers are seen

as moral, maternal figures meant to proffer nurture and care to clients. While a great deal of clients I interacted with came to the center to receive baby items, many more came for emotional care. A noteworthy instance that took place outside of a parenting class occurred one day while I was at the center. This instance reflected the mother-like nurturing and care that went beyond LPC's rhetorical message. I had been sorting through donations in the back room with the curtain pushed aside. I could hear a client's, Josie's voice, as well as Amanda's and Michelle, trying to comfort the distraught woman. She wasn't crying, but I could tell she was frustrated with her on-again-off-again boyfriend and father of her child. I joined the three women in the hallway as I finished up organizing the remaining baby clothes. As I stepped in, Josie was mentioning how her 'boyfriend' was living with another woman part of the time, and part of the time with her.

"We yelled at each other and now he's over with that girl again." Tears welled up in her eyes and she began to cry. Michelle, Amanda, and myself exchanged glances.

"You shouldn't let someone treat you like that. Or your son for that matter" I said to her. It didn't seem to have even a remote chance of changing her mind however, as it quickly became evident that she had no intention of leaving her emotionally abusive and flighty boyfriend, whom she referred to as her 'baby daddy'. Regardless of what was said, either by myself, Amanda, or Michelle, Josie refused to listen, even going so far as to tell us that we were wrong in our evaluation of the situation. This kind of obstinate behavior was not uncommon,

and I witnessed it with both Ashely and Nicole at times, and it was reflective of the typical behavior displayed amongst passive and abused women. Both Michelle and Amanda shifted their language to something more subtle (I did not - I remained adamant that she gain some self-respect, which probably hindered their efforts).

Both women attempted to encourage Josie to become healthy, and that they love her, and that she is always welcomed at the center, any time. At the end of the conversation, Josie was no longer crying or visibly frustrated or hurt, instead she was laughing and conversing easily with Amanda and Michelle. This instance occurred near the end of my time spent at LPC, but I am entirely certain that she came back to the center to receive therapeutic care, and hopefully, to develop a sense of self and wellbeing.

CHAPTER IV:
THE PROMOTION OF SELF-WORTH AND EMOTIONAL WELLBEING

“We want her to know that we love her”

- LPC volunteer

The pregnancy center focuses on the topics of abstinence and abortion as the primary tool for not only developing a client's sense of self and emotional health, but also as a means to express their political and religious ideological standpoint. Unless a client is married, abstinence is continuously encouraged as the primary means of initiating the concept of self respect. Ashley, the young pregnant mother mentioned previously, became abstinent after going to LPC. LPC believes that women create an identity based around (hetero)sexual relationships that leads to lower self esteem. The center finds this detrimental to a woman's emotional health. Thus, by abstaining from sexual intercourse, women can gain a greater spiritual, emotional, and mental state of being as person.

Abortion is the second integral concept covered at LPC. Abortion, unlike abstinence, is not a continuous topic, but rather a primary one. Abortion is typically only discussed with clients that are deemed abortion-minded, at the initial pregnancy test (positive or negative results). Volunteers are trained to discuss abortion as a negative alternative - referred to as a negative option, whereas parenting and adoption are positive options - and they are encourage to discuss abortion as harmful to body, mind, and soul.

Abstinence

LPC uses a wide variety of pamphlet materials to express and reinforce their ideals and beliefs regarding pregnancy, sex, and physical and emotional health. Pamphlets are presented within the waiting room, in the adjacent hallway, and in envelopes given to designated clients. They serve as a primary source of expository information and resources. The rhetoric and imagery of the pamphlets is especially prevalent in these sources and it is utilized by the center to the fullest extent. Clients that are not returning visitors are oftentimes given large envelopes filled with these pamphlet materials. The envelopes are divided into categories: adoption, abortion, sex/abstinence, and pregnancy. The volunteer distributes these envelopes based off of the client's choices. During the volunteer training module, trainees are given a handouts that present similar ideas in the pamphlets given to clients. The handouts primary purpose is to supplement the training sessions and the trainee manual.

The syntax of the pamphlets, handouts, and manual follow a distinctive, rhetorical pattern - with imagery and symbolism frequently employed to establish a specific ideology. The symbolic wording gives the impression of an achievable symbolic reality (Johnstone 2008). The wording is typically brief and precise and short lists are common. Words that invoke subjectivity are commonly linked with whatever the pamphlet or handout is promoting - abstinence, adoption, aversion to abortion, how to deal with a pregnancy, or a listing of listening words for volunteers. The idea that a system of semiotics establishes the notion of

subjectivity (Johnstone 2008) is present with the signifying images (such as in figure 3), pamphlets which utilize both the symbolic images and words that index a greater meaning, and narratives used by the center's volunteers. The subjective semiotics index emotional health and notions of wellbeing and sense of self. This kind of emotional semiotic subjectivity, is especially prevalent when the material is trying to persuade clients from getting an abortion or to abstain from premarital intercourse. The materials change form when pregnancy and parenting are options for clients. Wording tends to be longer - but the emotional subjective wording is still prominent. In fact, emotional wording is a key factor of the rhetoric in all of LPC's messages.

Many of LPC's sources imply a personal message - specifically the idea that the volunteers at LPC are relatable to clients. Volunteers reinforce this with a specific spoken discursive practice during private sessions. The training handouts offer tips and pointers to the volunteer trainees - from word choice and tone of voice to dealing with generational gaps reflected in language. A large percentage of the material presented to clients revolves around the encouragement of abstinence. In figures 1 and 2 below, it can be seen how the language is structured to establish abstinence as the ultimate tool of empowerment. Words and expressions such as "best", "worry free", and "safest" are linked with "trust", "future", and "deserve" - leading to the construct of an ideal personal self-worth. LPC argues that by abstaining from premarital intercourse, individuals are directed to a 'better' future by respecting their body and spirit in this manner.

In figure 1, the word choice changes between two different but interrelated notions - the first notion revolves around anxiety and the second revolves around personhood. In regards to anxiety, the pamphlet stresses the bodily dangers of STIs - and is attempting to be persuasive by expressing valid reasoning (“Some STIs are forever”; “AIDS doesn’t discriminate”). The second notion, personhood, stresses self respect and self worth (“You are worth waiting for”; “It’s responsible”). The list is set up in such a way that the anxieties of STIs are listed intermediately - with the primary portion of the list devoted to personhood. The majority of the words here once again present symbolic and subjective reasoning. The incentive is that by abstaining from premarital intercourse, the individual gains a sense of self- and is safe from physical dangers and emotional uncertainty.

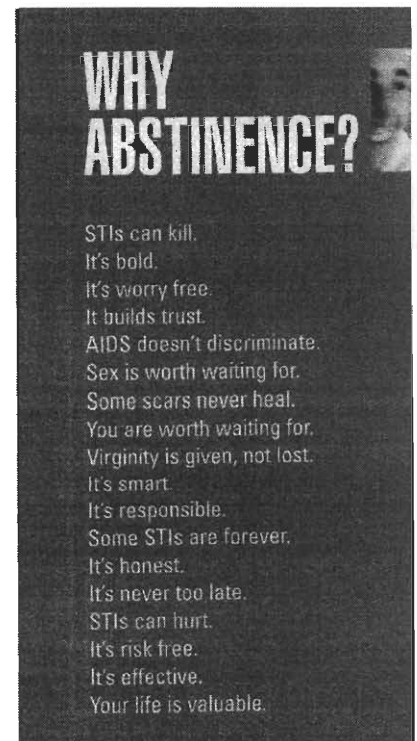


Figure 1

Volunteers are trained to express abstinence as the ultimate ideal for unmarried clients. They are briefed on STI’s/STD’s with classroom handouts and the informational training manual, “Serving With Care and Integrity: A Training Resource for Pregnancy Center Volunteers” (trainee edition). The handouts, typically in the form of a chart, display basic medical terminology about transmission, symptoms, treatments, and complications. The training manual takes a different, and more in depth, approach to encouraging the promotion of abstinence. Once again, a much more personal and emotional stance is applied.

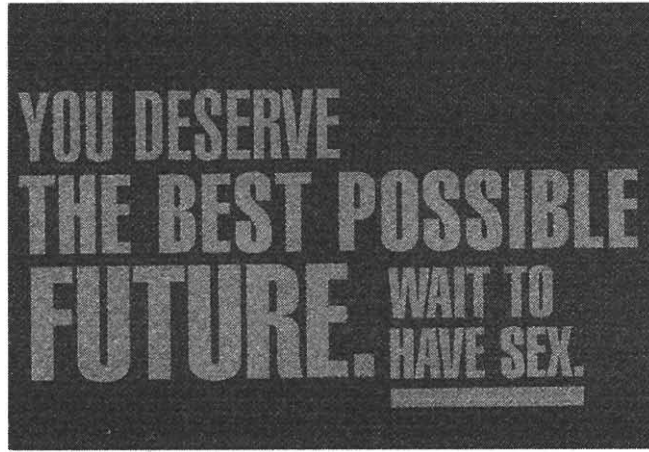


Figure 2

The manual links negative pregnancy tests with abstinence education - the center interprets a negative pregnancy test as an opportune moment to begin peer counseling. The general concept is that the client will be 'relieved' from their anxiety by the negative result and more open to receiving an alternative lifestyle of abstinence. Emphasis is placed on feelings, including feelings about the woman's relationship and ideas about marriage, safety, and monogamous commitment. The stance the volunteer utilizes while speaking with clients can be extremely persuasive - the volunteer is trained to express their (and by extension, LPC's) opinions and propositions by maneuvering the client's personal ideals. The specific use of personal experience and comparison both situate the frame in which the volunteer and client interact.

Abortion

The pregnancy center goes to great lengths to teach its volunteers how to handle abortion-minded clients. Trainees are given accurate and current medical

information on abortion procedures alongside communication skills - especially word choice and tone. LPC training covers such topics as appropriate feeling words (Appendix, Image 3, pp. 40), how to communicate with the millennial client (Appendix, Image 5, pp. 42), and how to advocate abstinence and chastity (Appendix, Image 4, pp. 41.). In continuum with this, clients are categorized according to the severity of their mindset (low, medium, and high) and abortion is discussed in a roundabout manner. The training manual stresses the importance of avoiding strong words and negation. Instead, a calmer, less overtly bias approach is used. The ultimate goal is to lead the client away from abortion as an option. It is important not to push the client “too far” - thus volunteers are trained to use specific language.

If a pregnancy test is positive, the volunteer asks what options the client is considering. One of the most integral components of this communicative process is the tone and word choice of the volunteer. The volunteers take noticeable stylistic variation - in a typical case, volunteers use a soft spoken, “motherly” voice and performance utterances (Eckert and McConnell-Ginet 2003). This shift in style and tone can be perceived, unconsciously, by the client. This motherly, gendered voice is meant to convey concern, love, and care to the client and her unborn child. This spoken “mother-tone”, its tempo, rhythm, and variation in pitch (Eckert and McConnell-Ginet 2003) can subconsciously influence individuals perceptions and their choices. In figure 3, the specific words,

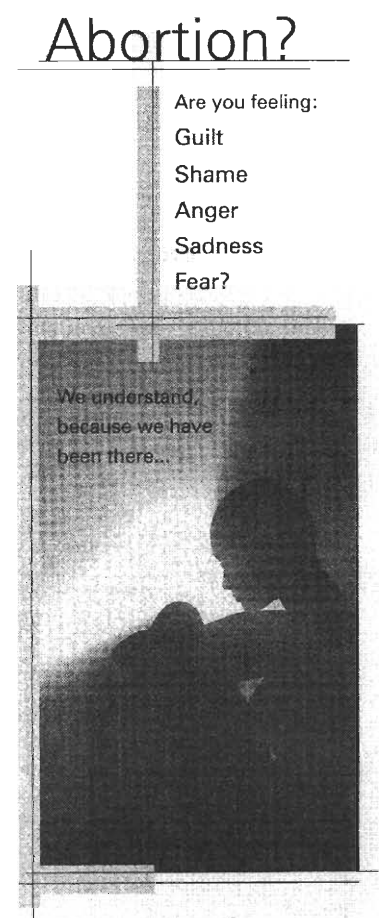


Figure 3

such as “guilt” and “shame”, convey a common theme of social and personal embarrassment. The subjective statement located at the bottom (next to the ominous image of a woman in shadow) “We understand because we have been there” invokes the same subjective notions and semiotics present in the abstinence rhetoric.

LPC’s stance of abortion reinforces their concept of the right to life - that life occurs at the moment of conception. They attempt to persuade the abortion-minded client from away by encouraging the client’s self esteem. They do this by expressing the counter-cultural stance that being pregnant outside of wedlock is not a negative thing - instead it is a morally wrong, past, choice that can be amended. This concept is built upon their Christian principles, primarily the notions of forgiveness and repentance. Women are encouraged to carve out an identity for themselves as women, as separate entities from men, and in a contradictory move, to see themselves as separate from their pregnancy and children. They strive to help women to become confident - to rid themselves of any shame and embarrassment of being pregnant.

Pro-choice/pro-life arguments are discussed and presented during volunteer training. Various films, speakers, and role playing are prominent. Similar to the semiotic subjectivity situated in the pamphlet materials, volunteer trainees are presented with the personal narratives of several speakers (five in total) and on several occasions, films of various women (former LPC clients) and their stories are shown to trainees. These narratives have a complex structure of clauses, each with a function (Johnstone 2008) invoking and referencing, specifically, the past.

This idea of linking a personal, socially controversial, and emotional past to public speaking creates an effective ideology used in turn on clients. This ideological concept is based around the Christian concept of repentance and forgiveness. The sanctity of life is stressed during training and it is a major foundational factor of LPC. Therefore, abortion is considered the killing of a life - however, LPC does not criminalize or consider women who have had abortion murders (after all, a large percentage of their staff and volunteers have had abortions). Rather, they interpret the act - the choice - of abortion to be a moral mistake, a mistake that can be forgiven with repentance.

Abortion, like pregnancy and birth, operates under the umbrella of hegemonic control. The entire paradigm of the pro-life/pro-choice model reinforces the legacies and institutions of racism, sexism, and classism (among others). The pro-life stance has obvious drawbacks in current society - especially up against the argument of “choice” is a culture that promotes individualism. Abortion is thus linked with a capitalist and discriminatory society. The concept of a free choice is a myth - especially so for women of color, poor, immigrant, and disabled women. LPC interprets the social root (primarily embarrassment and shame) of why a woman would choose to abort and they use the time talking with clients to relate on a personal level.

In figure 4, LPC uses a pamphlet (handed out to abortion-minded clients) that displays adoption as a more appropriate alternative to abortion. The wording, like in figures 1, 2, and 3 above, uses strong phrases and invokes notions of life and death (and the pregnant woman as the decision maker), (“Your pregnancy

ends in life”, “Your pregnancy ends in death”). This pamphlet (and many of the abortion materials presented to clients) focuses on a woman’s interests in her life that having and raising a child would be detrimental toward those interests.



Adoption vs. Abortion

similarities

ADOPTION

You can pursue earlier goals and plans.

You can live independently.

You will not have to parent before you are ready.

You will have the freedom to choose if you want to have a long-term relationship with the baby's father.

You can resume your education or career.

ABORTION

You can pursue earlier goals and plans.

You can live independently.

You will not have to parent before you are ready.

You will have the freedom to choose if you want to have a long-term relationship with the baby's father.

You can resume your education or career.

differences

ADOPTION

Adoption goes
a step beyond
choosing life for
your baby.

It is a quality of life
decision for you
and your child.

Your pregnancy ends with giving life.

You can feel good about your choice.

You will remember giving birth.

You will have plenty of time to plan your and your baby's future.

You can hold, name, and love your baby.

You can have continued contact with your child and know how he or she is growing and developing.

ABORTION

Your pregnancy ends with death.

You may feel guilt and shame about your choice.

You will remember taking life.

Abortion is final; you can't reverse your decision.

You will never know or treasure your baby.

You will miss the opportunity to see your child grow and develop.

Figure 4

CHAPTER V:
MOTHERHOOD AND MARRIAGE AS NATURAL

“To save sex for marriage...is just unheard of these days”

- LPC Director, Allegan Branch

Motherhood

Mother's are depicted as the lifeline - the heart - of society and home by LPC. The idea that women, ordained by God, are meant to nurture and a mother (whether married or unmarried) is a core component of the center's ideology, and a foundational ideal built upon and referenced frequently. Mothers are stressed as ideal, integral, and the ultimate defining feature of femaleness. The importance of motherhood, its solidarity amongst women at LPC mirrors a long established hegemonic legacy. Motherhood is linked with biology and with naturalness - both of which further intertwines the feminine and female gender and sex with nature. Motherhood is distinguished as a fulfillment of womanhood (Segura 2009) and adulthood.

Motherhood, much like all social institutions, is cross inhabited by the intersections of gender, race, class, culture, and sexuality. It is only considered appropriate when it fits conveniently under the patriarchal structure. More specifically, the ideological and institutional constructs such as the family, marriage, and of course motherhood, control and maneuver the behavior and cultural ideals of women and men. The institution of motherhood is a

predetermined, ascribed, destiny of females, assured by society. Female reproduction, and specifically, giving birth, as Allen G. Johnson recounts, “[is] something that women *do*...rather than something that women experience, participate in, and become part of.” (2005, pp. 180). Johnson continues with his interpretation of the male, patriarchal response to women’s ability to become mothers - “since she can do this thing [give birth] and he can’t...it is easiest to devalue her and what she does - by being indifferent to birth and babies” (2005, pp.180). Thus, masculinity is removed from motherhood, leaving the domestic realm in the hands of females and femininity. Motherhood becomes a measure for women to interpret their worth.

Women and their reproductive ability are linked with the market economy as unpaid labor - they are seen as mothers and future mothers. Motherhood is more than just a determined factor in the market economy, but also as a major element in religion and tradition. Feminists, especially those categorized as radical, have continually challenged the norms of motherhood and femininity. The presence of lesbian mothers turns the mandatory heterosexuality and hetero-relationships on its head with opposition to patriarchy (Riche 1979 and Ferguson 1986). Lesbian mothers - homosexuals or homosexuality in general - are not discussed at LPC. This partially occurs due to the fact that the majority of clients coming to the center are heterosexual females in relationships with males, dealing with an unplanned/crisis pregnancy. Beyond this, no mention of adopting children out to to homosexual couples is made - although this outside of the role of LPC

since they are not an adoption agency. As a conservative, religion-based institution, the only acceptable parents are heterosexuals.

LPC challenges patriarchal ideals of motherhood in a contradictory way. They don't use feminism or sexuality to question the standard, instead they opt for the more traditional concept of the solidarity of mothers (that motherhood is the most integral and important thing in their life). They endorse motherhood due to it being a purely female ability and its link to nature and naturalness is key. Mothers naturally love their children and naturally love having children. A statement made by one of the guest speakers, "all mothers love their children" (fieldnotes), displays the gendered concept of naturalness. This idea becomes especially pervasive and frequent when abortion is discussed during the training module.

Relating gender to nature falls in line with the cultural particular of normativity (Butler 2004 and Antony 2005). Fatherhood, it could be argued, is valued more than motherhood - not only on a general level, but also at LPC. Since women are, on average, devalued in society, their role as mother is devalued when compared with fatherhood. At LPC, mothers are interpreted as satisfied with their position and situation, despite any outside factors and difficulties (thus making something such as abortion so traumatizing and guilt inducing according to the center). The idea that women are content because "it [subordination] affords them...the opportunity to maximize maternal pleasures, which to them are the most satisfying experiences of life" (Ortner 1972, pp. 71) is a feature of LPC's ideology. This is partially why the idea and practice of abortion is considered so

abhorrent - because it goes against the grain of the maternal “pleasure” of motherhood, femaleness, and even women’s solidarity.

Fatherhood is seen as lacking in modern society. The rise in absent fathers and single mothers is a complication of the family - the pregnancy center finds the lack of fathers as a lack in society and neglect of women and children. This rise of absent fathers is considered a great social evil - one that is ruining the family structure and the raising of children everywhere. LPC stresses the importance of fatherhood to their male clients and much of their rhetorical aim is to encourage men to be responsible, loving, and caring toward women. Single mothers are embraced at the pregnancy center but they are also pitied for their lack of supporting spouse.

Marriage

Marriage is almost always ultimately mentioned at LPC and is discussed in a predetermined manner. Clients are encouraged to abstain from intercourse until marriage and unmarried volunteers sign a ‘contract’ to remain abstinent. All clients - all women - are automatically preordained toward marriage. The rise in divorce, much like teen pregnancy and single mothers, has been deemed a national problem. LPC sees the decline of the traditional family as a major issue and the root of many society problems. Marriage in society is linked (valid or not) “to many social goods, including higher levels of health and happiness, as well as lower levels of substance abuse for adults and teenagers” (Heath, 543). Social

movements, such as Marriage Promotion, and National Fatherhood Initiative, seek law and policy change, hoping to reform by public measures. Marriage, not only in social movements, but as a general rule, are interpreted as monetary security - especially for women. Marriage is an institution that has long established the idea of a financial 'safety' for women.

LPC generally supports social movements that encourage increased father involvement and less divorce, but the way in which they discuss marriage is not in regards to law and policy, but rather on an emotional, sexual, and spiritual level. Marriages are supposed to be love matches leading to happiness in life - and a better sexual life is guaranteed. It is a common ideological belief (primarily religious) and rhetorical tactic of the pregnancy center to indicate that sexual intercourse is only moral and appropriate when conducted within the sanctity of marriage, but is also expressed as more pleasurable when married. It is especially frequently discussed with clients during the advocacy of abstinence. The idea that marriage should be based off of love is crucial to LPC - and it is oftentimes expressed and spoken in the same "motherly" tone used when discussing abortion. This frequent juxtaposition of the soft-spoken voice pitch (used by the volunteers - the majority of which are female) invokes the cultural imagery of the caring mother figure. This image, presented with a particular ideological stance and style, indexes a greater cultural standard and view of women and marriage.

Heterosexual marriage, much like this concept of motherhood, is established as a natural occurrence for women. Marriage and motherhood are depicted as ideal achievements for women and a fundamental component of femaleness. In

this manner, LPC's practice is extremely gender specific. Motherhood and marriage function and exist under patriarchy - the presumption that a woman's highest calling in life is that of spouse and mother is a gendered societal norm. The volunteers are trained to express marriage as the ultimate union in which two individuals can experience a healthy, Godly relationship.

LPC stresses the importance of a monogamous marriage and sexual life - even going so far as to state that a couple's sexual life will be more appropriate, superior, and filled with more love, when married. This image is reinforced with the personal narratives of the volunteers. Oftentimes, volunteers are positioned within the client-volunteer discursive setting as moral examples with stable lives. Motherhood, on par with the importance of marriage, is seen as a uniting factor of womanhood. It becomes an identity. Both of these topics index multifaceted social structures and institutions, such as adulthood, family and childrearing, and normalcy. These social structures are constructed under patriarchy, which functions efficiently and chiefly with the structure of the family (Millett 2005). Millett states that, "[the family] is both a mirror of and a connection with the larger society; a patriarchal unit within a patriarchal whole." (2005, pp. 42). The family, the domestic sphere, is perpetuated as the realm of women and LPC's ideals reinforce this cultural and structural concept. Motherhood and marriage has been ascribed as a default (and idyllic) occupation for women. To argue against such a structure, such a component to femaleness, would be to argue against the family, against normalcy, against patriarchy.

I saw the institutions of motherhood and marriage played out within the pregnancy center - and how the client's reacted to the presentation of each. One noteworthy instance involving the clients, Ashely and Nicole, both responded to the semiotic subjectivity and emphasis on marriage, motherhood, and abstinence in different ways. While Ashley was unmarried, recently abstinent and very responsive to the center's alternative lifestyle, Nicole was married (to an emotionally abusive husband), had two children, was believed to have been somewhat mentally handicapped, and almost entirely unresponsive. Nicole was not as responsive to the rhetoric of the center, nor to any of the various methods employed. In fact, she would be rude and mean to any volunteer, with the exception of Michelle. Michelle warned me, prior to entering the parenting class, that Nicole might behave very rudely to me. Thus, I prepared myself for anything that might happen. As it turned out, Nicole was kind, but withdrawn. After seeing Nicole infrequently over the summer, she began to smile and open up and I began to understand the full meaning of the center (and Michelle) represented to her. LPC became a safe haven and a place for nurture.

The ideological structures of gender (relating to marriage, motherhood, and femaleness), body (relating to sexuality, health, and wellbeing), and morality (especially the notion of religious morality and truth) are all intertwined within the space of the pregnancy center.

CHAPTER VI:

CONCLUSION: THE AUTHOR

“Do you have an appointment?”

“Oh, no. I’m here to meet with the director for a project.”

Ever though I established my presence at LPC as researcher, I was not treated any differently by the center. In fact, I was treated simply as new volunteer trainee. I did spend a great deal of time initially with the director, and our conversation would go from LPC-centered to very causal. This sense of involvement not only helped further my research, but also to establish a sense of friendship and collaboration. It became clear early on that LPC has several overlapping goals. Inclusion being a un-addressed but notable goal - whether you are a ‘post-abortion’ client, a client who only comes for the baby items, or a graduate student conducting research. Significant and notable goals, besides this sense of inclusion, are to direct clients toward an alternative lifestyle of abstinence and to promote their anti-abortion political and religious stance. Underneath these obvious objectives, lays the heart of the matter - to encourage women to gain a sense of personhood, a healthy outlook regarding themselves, and spiritual and emotional wellbeing.

Abstinence is not advocated simply or only because religious ideology dictates it, but rather as a method to gain a greater sense of self that does not include a physical relationship with a man, or an evaluation of self based off of that other person. The topic of abortion is more religious in nature - since the

center views life being at conception, to which they back with Biblical concepts of truth. Motherhood and marriage are implied to be a natural and moral component of femininity. Motherhood, in particular, is established as a unifying factor of womanhood and the strategies of persuasion of the center hopes to establish the concept that marriage is to be celebrated and a natural outcome of adulthood.

The overlapping notion of care and nurturing is a major aspect of the center and it is perhaps the most pervasive. It is displayed not only during the training module, but also within the center in the form of various images (pamphlets, posters, etc.), and during the intimate conversations between clients and volunteers. A sense of religious morality, moral choice, and truth are the aspects that attempt to make the center's standpoint more valid and persuasive to clients.

How does the fact that my personal history of having never been pregnant, had an abortion, been married, or been in an abusive relationship impact my position at the center - or my understanding of the material? The volunteers all had an ability to relate on an intimate level with their clients, whereas I was, at first, unable to do so. Even with the volunteer training, I felt inadequate when communicating with clients and my words were often expressed differently, with a less mother-like tone, and with significantly less positive impact. Regardless of my initial feelings, it quickly clear that I did have experience comprehending and dealing with issues like an unplanned pregnancy, or an abortion. In the middle my research, my brother's girlfriend became pregnant, and I witnessed her own fear, anger, and frustration with an unplanned pregnancy.

While I did not experience those feelings myself, I could see them - much like I could see them occurring with the LPC clients. Abortions, adoptions, abusive husbands and boyfriends are relatively common secrets amongst friends and family close to me. I had to dig a little deeper beyond the surface of myself to realize that I wasn't all that different from the women crying in a room established as a classroom, but really used for a therapeutic purpose.

APPENDIX

Image 1

This pamphlet addresses physical health. While many written materials are presented for persuasive purposes, others are meant to provide general information on health during a pregnancy. In this case, the pamphlet gives brief information on STD's during pregnancy.

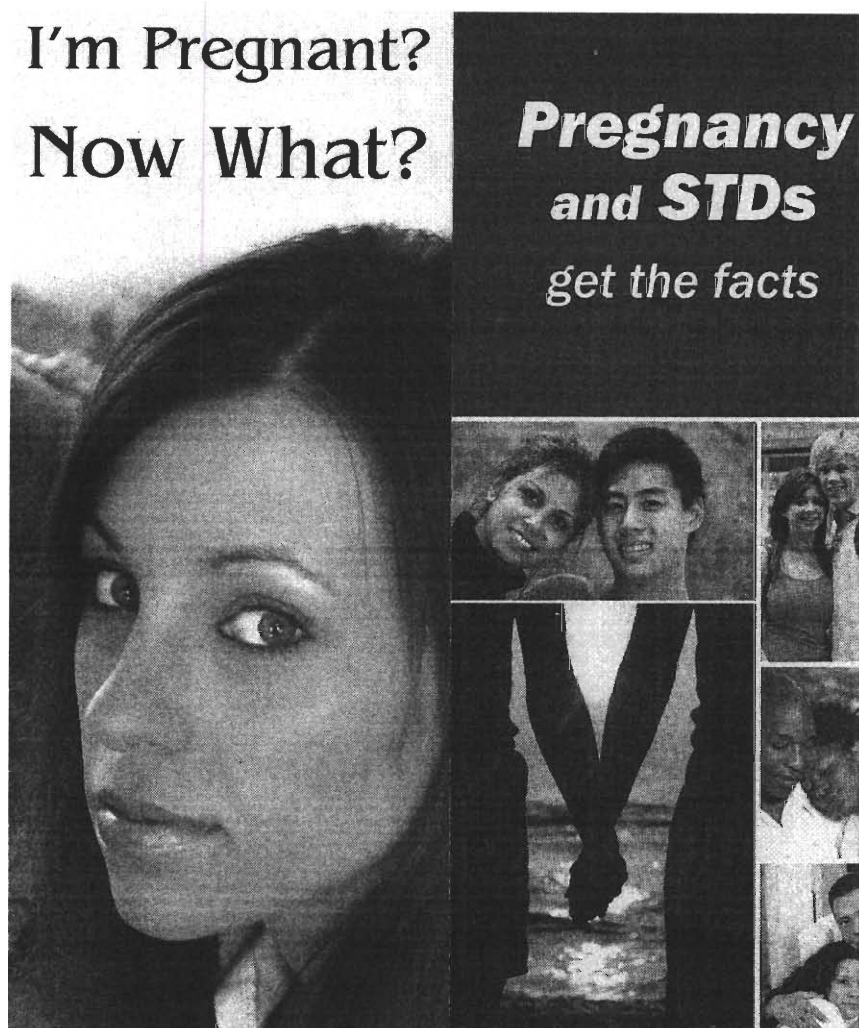
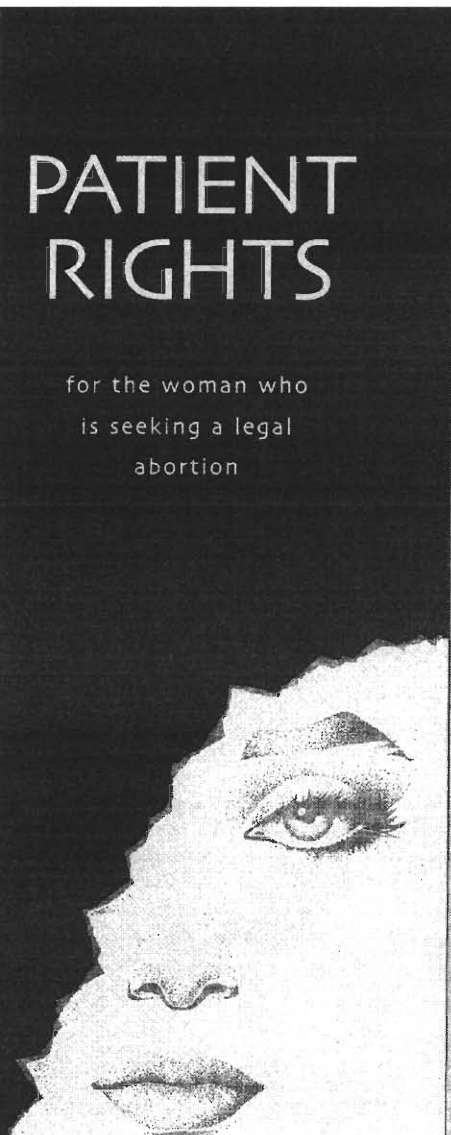


Image 2

This pamphlet on abortion, similar to figure 1, combines the notions of physical danger (invoking anxiety), legal rights, and emotional health. The pamphlet depicts abortion clinics as potentially unsafe spaces both physically and emotionally.



**PATIENT
RIGHTS**

for the woman who
is seeking a legal
abortion

Post-Abortion Checklist

- ☐ Were you physically or emotionally injured as a result of your abortion?
- ☐ Were you misled or lied to by anyone working at the abortion clinic?
- ☐ Was the abortion done against your will or without your written permission?
- ☐ Did anyone tell you that you couldn't change your mind about the abortion?
- ☐ Were you assaulted, detained, or treated improperly at the clinic?

If you answered yes to any of these questions, contact the organization that gave you this document or:

Life Dynamics Incorporated
Post Office Box 2226 • Denton, Texas 7620
(940) 380-8800 • fax (940) 380-8700
LifeDynamics.com

WARNING
Abortion injuries can be fatal.
If you suffer complications from your abortion, seek medical attention immediately.

Image 3

This handout was given to volunteer trainees to help guide them in predicting and understanding the levels of the feelings and emotions of clients by the words they use. This handout displays how the center is in-tuned to language use of its clients.

FEELING WORDS

INTENSITY	HAPPY	SAD	ANGRY	CONFUSED	AFRAID	WEAK	STRONG	GUILTY
HIGH	Elated Excited Overjoyed Thrilled Exuberant Ecstatic Delighted Fired-up	Depressed Disap- pointed Alone Hurt Left-out Dejected Sorrowful Crushed	Furious Enraged Outraged Aggravated Irate Seething	Bewildered Trapped Troubled Desperate Spaced-out Lost Disoriented	Terrified Horried Scared stiff Petrified Fearful Panicky	Helpless Hopeless Beat Over- whelmed Impotent Exhausted Drained	Powerful Aggressive Gung-ho Potent Super Forceful Determined	Sorrowful Remorseful Ashamed Unworthy Worthless Condemned
MEDIUM	Cheerful Up Good Relieved	Heart- broken Down Upset Distressed Regretful	Upset Mad Annoyed Frustrated Agitated Disgusted	Disorganized Foggy Misplaced Mixed-up	Scared Frightened Threat- ened Insecure Uneasy Shocked	Dependent Incapable Lifeless Tired Rundown Insecure Shy	Energetic Capable Confident Persuasive Sure	Sorry Lowdown Rotten
LOW	Glad Content Satisfied Pleasant Fine Mellow Pleased	Unhappy Moody Blue Sorry Lost Bad Dissatisfied	Perturbed Uptight Dismayed Put out Irritated Touchy	Unsure Puzzled Bothered Uncomfortable Undecided Baffled Perplexed	Apprehen- sive Nervous Worried Timid Unsure Anxious	Unsatisfied Under-par Shaky Lethargic Inadequate Soft	Secure Durable Adequate Able Capable	Embar- rassed

Image 4

Image four is a handout present to trainees as a means to gauge client responsiveness to an abstinence lifestyle. This handout categorizes clients into levels of candidates - as well as provide strategies for volunteers to discuss the physical and emotional dangers of intercourse outside of marriage, as well as religious witnessing. Most women at the center would be labeled as level three

THREE TYPES OF CLIENT CANDIDATES FOR CHASTITY COUNSELING

LEVEL ONE EXPERIMENTATION	LEVEL TWO PLANNED SEXUAL ACTIVITY	LEVEL THREE LIFESTYLE SEXUAL ACTIVITY
Young Not planned Curious Nervous Guilty Ashamed Loss (virginity) Disillusioned No birth control	birth control Not embarrassed Experienced Consequences Little guilt/Justified Several partners Live-In Rationalizes Confident	<i>casual/natural</i> Multi-consequences Initiator Low self-worth More realistic Older Experienced- burned More open to change

Three strategies to communicate chastity:

1. Build a good relationship—connect with her. GOOD QUESTION: What are you looking for in a relationship?
2. Consequences for sex - List the Pros and the Cons—CONFRONT the client with her behavior.

PROS (let her explore) feels good, feel love, belonging needed, wanted, How long do you feel the pros? Where is your sexual partner now? Do you have any regrets?	CONS Fear of pregnancy, crisis, pressure, STD's, used, pregnancy risks (school, future, abortion, etc)
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3. Share God's plan for sex.

a. It's good	b. It's limited to marriage	c. She can be forgiven	d. Jesus is our role model.
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Some sample statements for confrontation:

What lead you to start having sex? What are potential consequences? (Intellectually, physically, emotionally, & spiritually)
 How will you avoid pregnancy? What will your boyfriend say if you say no more sex? How will you (then) know what he values most?

Making a Plan for Abstinence:

Help her set her sexual limits and a time frame. Help her to be specific about her sexual behavior. What will she allow? How far will she go?

SEX IS A LIFETIME DECISION.

Image 5

This handout given to volunteer trainees is meant to help with understanding clients of ‘generation y’. The majority of the volunteers at the Allegan branch of LPC were middle-aged women or older. The trainees I was involved with, the majority were college aged. Thus this handout can be interpreted differently depending on which volunteer, of a different age bracket, and how they will use it to understand their clients.

GENERATION Y

Why study Gen Y?

- They are our target audience
- The opportunity exists within them to *really make a difference* for the future.

Who are they?

- All those born after 1982ish
- Teens, college students still under parents financial support
- The majority of the young men and women who SHOULD be walking into our center

A Snapshot of the Fall 2006 College Freshman Class

- The Soviet Union has never existed
- They have only known two presidents
- There has always been one Germany
- Smoking has never been permitted on U.S. airlines
- They grew up in minivans
- Reality shows have always been on TV
- “Google” has always been a verb
- Text messaging is their e-mail.
- Professional athletes have always competed in the Olympics
- Non-denominational mega-churches have always been the fastest growing religious organizations in the U.S.
- They have rarely mailed anything using a postage stamp
- They have always preferred going out in groups as opposed to dating
- Diane Sawyer has always been live on Prime Time.
- They have always been able to watch wars and revolutions on TV.

Profile of Millennials (generation Y)

- They are huge – over 33 million in 2006
- They are strong consumers
- They are confident
- They are optimistic about the future
- They love to volunteer and work in teams
- They like diversity
- They are pragmatic
- They are savvy
- They are high achievers (struggle with entitlement issues)
- They tend to be leaders
- They are “virtually” connected – computers, cell phones, wireless PDA’s, hand held gaming, MP3 players, etc.

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