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Publication Date

2017

Peer reviewed|Thesis/dissertation

How Do Pregnant Teenagers Make the Decision to Terminate or Continue?
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14-20

By

Arona Isono Ragins

A dissertation submitted in partial satisfaction of the

requirements for the degree of

Doctor of Philosophy

in

Sociology

in the

Graduate Division

of the

University of California, Berkeley

Committee in charge:

Professor Ann Swidler, Chair
Professor David J. Harding
Professor Jane Mauldon

Fall 2017

Abstract

How Do Pregnant Teenagers Make the Decision to Terminate or Continue? A Study of the Pregnancy Resolution Process Among African-American and White Women Aged 14-20

By

Arona Isono Ragins

Doctor of Philosophy in Sociology
University of California, Berkeley
Professor Ann Swidler, Chair

This dissertation addresses the following questions: 1) How do teenagers decide whether to terminate or continue a pregnancy?, and 2) Why do some pregnant teenagers choose to continue their pregnancies while others do not? I answer these questions using data from 19 months of participant-observation at reproductive health clinics and transcripts from in-depth interviews with 45 pregnant young women made across time as they decided whether to terminate or continue. While some sociologists argue that moral decisions are determined by non-conscious thought, I found that participants used a combination of reason, intuition, imagination, and cultural knowledge to decide which route to take. In addition, cultural meanings of pregnancy and coercive actions of parents and partners constrained individual decision making. Teens made pregnancy resolution decisions through a process of imaginative assessment in which they projected themselves forward into the future. Imaginative assessment involved mentally rehearsing potential scenarios trying to gauge how different futures might look or feel. Thus, participants used cultural knowledge to explore various hypothetical scenarios and to determine, in negotiation with other actors in their environment, which imagined future was most appealing and most likely. Comparing those who continued with those who did not, I argue that two key mechanisms--daily activity level and formulations of the future--explained how it came to be that structural factors influenced decision outcomes. That is, access to educational and employment opportunities, which were evident in teens' daily activities, shaped the futures they imagined inhabiting. Teens with opportunities, who were typically engaged in goal oriented activities, usually felt they were too busy to have a baby and imagined motherhood in negative terms as disruptive of their plans for the upcoming year. In comparison, teens with fewer opportunities who were less engaged in their daily activities, and perhaps unoccupied or bored, imagined the baby as a positive addition to their lives. Teens with fewer opportunities were also more likely to focus on their romantic relationships and hope that the baby would provide the beginnings of an emotionally fulfilling family life--either with or without their boyfriend. Thus, a teen's daily level of engagement in

goal oriented activities directly shaped their ideas about the short term future which, in turn, informed their decision making. My findings contribute to the sociology of morality, theories of reproductive decision making, and recent work on future projections.

For Marc, Natalie, and Alex

Acknowledgments

I will be forever grateful to the young women who agreed to share their experiences of pregnancy and abortion. They graciously trusted me with their secrets and made time to talk during what was, for many of them, a very difficult period of their lives. Interviewing this group of young women was by far the most enjoyable part of this project.

Another enjoyable aspect of this project was volunteering at Planned Parenthood and I am deeply grateful to the administrators at the Richmond, Concord, and Walnut Creek clinics for allowing my access and research. Erin Harr-Yee at Richmond, in particular, was instrumental in moving my access to the organization forward. The late Karen Cortez, pregnancy counseling trainer in Concord, and Kathleen Haley at the Richmond prenatal clinic, as well as the many reproductive health specialists and volunteers were welcoming, helpful, and supportive of both my volunteer work and my research at their clinics.

A dissertation seminar in the mid-1990s led by Ann Swidler and Kim Voss helped me formulate my research question, prepare my first literature review, map out analytic strategies, and begin good record-keeping practices. All of this training enabled me to pick up this work after a 15-year hiatus. Early and earnest feedback, support, and friendship from members of the dissertation seminar and friends in the Sociology Department between 1990 and 1996 also helped me tremendously. Elizabeth Armstrong, Robert Bulman, Grace Kim, Lynne Haney, and Nancy Latham were invaluable in moving me and this project to candidacy. Many thanks to Karin Martin for her steadying friendship over these many years, and for generously reading early drafts of chapters despite her demanding work and family commitments.

Arlie Hochschild was supportive and willing to discuss my project in the early stages. When I decided to leave the sociology department for personal reasons, she empathetically suggested that rather than abandoning my dissertation I find some way to make finishing more fun. While I was unable to heed her good advice at the time, it did return to me periodically over the years and helped me decide to return to the project many years later.

Many years ago, Mike Hout successfully advocated on my behalf with the Committee for the Protection of Human Subjects, convincing them that a waiver of parental consent was necessary to conduct unbiased research with minors. Without his intervention in this regard, this project would not have been possible. I am grateful to the Committee for trusting me to conduct research into this sensitive topic with this vulnerable population.

My chair, Ann Swidler, was kind enough to agree to take on this project so many years after its inception, making me the fortunate beneficiary of both her generous spirit and her scholarship. Her guidance on how I should situate my project in relation to the literature was enormously

helpful. Having apparently read and remembered everything ever published, she brought me up to speed on relevant scholarship efficiently, knowing exactly which articles would prove to be the most useful. The direction of this project was shaped by her incisive suggestions and developed through her energetic attention.

Many thanks also to my other committee members. Dave Harding's exacting and logical questions, his willingness to read multiple revisions, and his very grounded and practical directions made this dissertation far better than it would have been without his assistance. And Jane Mauldon's insistence that the best dissertation is a finished dissertation is always excellent advice.

Thanks also to the kind friends in my life who have cheered me on in completing this project while graciously leaving questions of its utility aside. My loquacious Orinda book group, my high-energy Oakland running ladies, my special-needs Mom friends (Julia Rechter), my sisters-in-law (Raquel and Norma DaRosa), and my Kaiser work friends have been supportive and encouraging of any endeavor, at any age, that involves effort, endurance, and self-fulfillment.

Most of all I thank my life partner Marc DaRosa, who has gamely, and with unflagging humor, traveled such varied and unanticipated terrain with me; and my children Natalie and Alex, who have given me so much, so freely, including the suggestion to "just pull an all-nighter and finish that dissertation already."

CHAPTER ONE: INTRODUCTION, RESEARCH QUESTION, AND METHODS

Research Question

In 1994 I began volunteering at three Planned Parenthood clinics in northern California. For 19 months I worked at a prenatal clinic, at a family planning clinic, and as a pregnancy counselor, giving women their pregnancy test results and providing them with information on their options. As I worked in these different roles, I observed a steady stream of adolescents, often from low income backgrounds, visiting Planned Parenthood for a variety of reasons. Some came for the comprehensive prenatal care program they perceived as being higher in quality and providing more services than other neighboring Medi-Cal clinics. Others came for general gynecological care, including Pap smears and breast exams, treatment for sexually transmitted diseases, and low cost birth control. Many others came in to take advantage of the pregnancy testing that, at the time, was less expensive than what could be purchased in a drugstore.

I thought the teens who came in to take pregnancy tests were the most interesting because they exhibited a wide range of approaches and emotional reactions to a similar dilemma. Some young women came to the clinic dressed fashionably with carefully groomed hair, make-up, long polished nails, and matching accessories, while other young women were dressed casually, in oversized jeans, baggy T-shirts, and sneakers. Some clients came into the room quite apparently anxious and expressed immense relief when they found out they were not pregnant. Others already knew, or at least strongly suspected that they were pregnant and were businesslike in manner, simply seeking paperwork confirming pregnancy and to make various appointments for prenatal care or a termination. A few teens tried hard to remain stony faced and present a cool demeanor, yet couldn't manage to suppress a delighted grin at the news they were pregnant. Others expressed excitement more exuberantly, or seemed stunned at the news, while a few burst into tears of guilt and panic.

Clients, of course, also varied in how they wanted to handle the pregnancy counseling session. Some clients wanted to talk through their options with me at length, easily and openly expressing fear and sadness about the difficult decision before them, while others did not want to discuss their personal issues with a stranger. Some were secretive about being pregnant. Mortified or terrified at the thought of being found out by family and friends, they came to Planned Parenthood for anonymity so that the pregnancy would not be noted in their medical chart by their regular doctor. Yet others were more open, visiting the clinic with their mothers and friends or saying they would need to talk over their decision with parents, boyfriends, and teachers or clergy. All of this variation during brief interactions at the clinic, however, only hinted at the wide range of approaches to pregnancy decision making that I found as I conducted long, in-depth interviews with teenagers.

In this dissertation I try to sort through and make sense of young women's diverse responses to pregnancy as I address two central questions: 1) how do teenagers decide whether to terminate or continue a pregnancy? 2) Why do some pregnant teenagers choose to continue their pregnancies while others do not? This research investigates the content of the pregnancy resolution decision and the process through which it was made by a population at risk for becoming teenage mothers—predominantly low income African-American and white

teenagers. Through 19 months of participant-observation and 45 in-depth interviews conducted with teenagers who had received a positive pregnancy test result, I followed the decision-making process over time as participants decided whether to terminate or continue their pregnancies.

Historical Context

In 1996, the year I concluded data collection, teen pregnancy was considered a widespread social problem. For women aged 15-19 the pregnancy rate was 95.6 per 1,000 and the birth rate was 53.5 per 1,000 (Kost and Henshaw 2014). This means that in 1996, 18.7% of sexually experienced women aged 15-19 became pregnant and of those pregnancies, 35% ended in abortion (Kost and Henshaw 2014). Taking into consideration all women aged 15-19 (sexually experienced or not), 9.6% became pregnant, 5.3% gave birth and 2.9% had an abortion (Kost and Henshaw 2014). Numbers specific to the state of California were slightly higher. In California, during 1996, 12% of teens became pregnant, 6% gave birth, and 4.5% had an abortion (Kost and Henshaw 2014).

Currently, teen pregnancy and birthrates have fallen to their lowest point in the last 40 years, probably due to increased use of highly effective long acting contraceptives (Donovan 1998, Guttmacher Institute 2016). For example, in 2011, the last year for which the Guttmacher Institute has published reports, the teen pregnancy rate had dropped to 52.4 pregnancies per 1,000; the birth rate had similarly declined to 31.3 per 1,000. In California, in 2011, 5.4% of teens became pregnant, 2.9% gave birth, and 1.8% had an abortion (Kost and Maddow-Zimet). For 2014, the Centers for Disease Control reports an even lower birth rate of 24.2 per 1,000 teens.

Although declines in teen pregnancy, birth, and abortion rates have affected all groups, disparities by race and income level persist. Numerous studies demonstrate that lower socioeconomic status is still consistently associated with an increased likelihood of having a teen birth (Penman-Aguilar, Carter, Snead et al. 2013). In 2011, the pregnancy rate for African-American teens was 92.6 as compared to 35.3 for white teens. In addition, the United States continues to have a higher rate of teen pregnancies, abortions, and births than comparable developed countries such as Canada, Great Britain, or Sweden (Darroch, Singh and Frost 2001).

Just as the policy focus on preventing teen pregnancy has declined in the twenty years since I collected my data, the political significance of Planned Parenthood has also changed. During the mid-1990s, when I conducted research, abortion was a politically charged and contentious issue, but Planned Parenthood, as an organization, was not yet explicitly targeted for vilification by the right. The organized effort to defund Planned Parenthood did not emerge as a right wing goal until ten years after I left the field (Primrose 2012, Ziegler 2012). Live Action, an organization that attempts to discredit Planned Parenthood through a campaign of misleading videos, began its efforts in the mid- 2000s, and Mike Pence's legislative efforts to defund Planned Parenthood began in 2011 (Ziegler 2012). That is, although Planned Parenthood has always been synonymous with a pro-choice political stance, when I conducted fieldwork the organization itself had not yet become the hot-button issue that it is now in 2017.

Rationale

Although the importance of reducing teen births has receded as a pressing policy concern, we still do not have the answers to the questions I set out to answer 20 years ago. This research addresses several gaps in the literature on teen pregnancy.

First, we do not have an understanding of the process by which teenagers arrive at various pregnancy outcomes. In the mid-1990s several reviewers noted that research on the pregnancy resolution process was in short supply (Hofferth and Hayes 1987, Miller and Moore 1990, Olson 1980, Rosen 1982). Geronimus, for example, stated "most studies of adolescent decision making related to pregnancy focus on...what decisions the individual makes or on what beliefs, attitudes, or opinions adolescents hold rather than looking at the way decisions are made" (1987:273). Brooks-Gunn also noted "how girls make the decision to continue or terminate an unplanned pregnancy has not been systematically studied" (1992:114). These statements about the lack of information on the decision-making process itself still hold true today.

The majority of sociological, medical, public health, and economic research on pregnancy resolution has focused on identifying the variables associated with different pregnancy outcomes. Some studies analyze associations between sociodemographic variables and pregnancy resolution outcomes describing which teens are most likely to terminate or continue (Coleman 2006, Foster, Gould, Taylor et al. 2012, Zelnik, Kantner and Ford 1981). Others examine not only demographics, but the way additional characteristics such as school performance, relationships with parents and partners, and abortion attitudes may affect whether a teen terminates or continues (Berger, Kyman, Perez et al. 1991, Bracken, Klerman and Bracken 1978, Eisen 1983, Evans, Selstad and Welcher 1976, Fischman 1977, Frost and Oslak 1999, Murry 1995, Sihvo, Bajos, Ducot et al. 2003). Another type of study is more specific, focusing on the ways that single factors such as family environment, problem behaviors, availability of welfare benefits, relationships with others, or religiosity have effects on different pregnancy outcomes (Adamczyk 2009, Cooksey 1990, Duncan and Hoffman 1990, Elster, Ketterlinus and Lamb 1990, Evans 2001, Leibowitz, Chow and Eisen 1986, Mensch and Kandel 1992, Moore and Caldwell 1977, Plotnick 1990, Remez 1992, Rosen 1980, Warren and Johnson 1989, Zavodny 2001). Because of this research we know a great deal about who is more or less likely to terminate or continue a pregnancy, yet we do not understand the process through which these individual decisions are made.

Similarly, we are missing an understanding of the content of the pregnancy resolution decision despite the large body of ethnographic and interview based research that provides information on the social context and meanings of reproductive decision making. Luker (Luker 1978), for example, explicates the underlying rationality of taking contraceptive chances as a means to test and possibly improve a sexual relationship, while Gilligan and Belenky (Gilligan and Belenky 1980) describe the moral thinking of women who decide to terminate. Other work provides rich information on the meanings of having children for the disadvantaged adolescents most at risk for doing so. Edin & Kefalas, and others, describe the ways that childbearing provides adult identity and a sense of purpose for teens with few educational and career opportunities (Arai 2003, Edin and Kefalas 2005, Herrman 2007, Herrman 2008, Hoggart 2012,

Spear 2004). Yet, despite this rich contextual work we do not have information on what teens themselves take into consideration as they make the pregnancy decision.

Perhaps most importantly, we do not understand the mechanisms through which structural inequality translates into differential rates of teen birth. While we know that teens from disadvantaged backgrounds are more likely to give birth than their more privileged counterparts, we do not understand how this comes to be the case at the level of individual decision making. Some authors attribute differences in teen birth rates by income and race to cultural factors. Anderson, for example, describes adolescent parenting as the outcome of a mating game, part of inner city street culture in which young men vie for prestige among their peers by convincing young women to bear their children, and young women achieve adulthood by becoming mothers (Anderson 2000). Harding's work in low income neighborhoods shows that miscommunication caused by gender distrust coupled with low expectations for sexual relationships result in ineffective birth control use and willingness to commit too early to childbearing (Harding 2010). Other researchers argue that once they become pregnant, disadvantaged teens are reluctant to terminate and thus follow the default path of unintentionally drifting into motherhood (Edin and Kefalas 2005, Furstenberg 1992, Kivisto 2001).

These arguments, however, focus on teens who continue their pregnancies without comparison to those who terminate and thus have not explained why some continue while others do not. Approximately one third of teen pregnancies end in abortion (Henshaw and Kost 1996, Rachel K. Jones, E., and et al. 2002). Thus, explanations that focus exclusively on the teens from disadvantaged backgrounds who continue their pregnancies do not explain what is different for the portion who choose to terminate.

In sum, we do not have in-depth, prospective, comparative observations that will allow us to describe the processes through which some teens continue and others terminate their pregnancies--perhaps because this population is difficult to access. Because of this, how teenagers account for, explain, and understand their own fertility decisions as they unfold, has not yet been recorded.

Methods: Data Collection

Between September 1994 and April 1996 I conducted participant observation at three Planned Parenthood clinics—Richmond (Hilltop), Concord, and Walnut Creek. The three facilities organized their services into different clinics held at specific times during the week. So, for example, all prenatal clients would have appointments on a particular afternoon designated as “prenatal clinic.” After attending volunteer orientations and trainings, I worked at prenatal clinics doing nutrition assessments, at family planning clinics providing general organizational support, and, for the majority of my time, as a pregnancy counselor at the Richmond clinic.

During pregnancy counseling I ran urine samples through pregnancy tests, gave clients their test results, explained their options, and, when necessary, provided referrals or made appointments. When clients were not pregnant the clinic offered them birth control information and appointments. When clients were pregnant we explained that their options were abortion, adoption, or parenting, and provided information on the choices they wished to

pursue. Overall, through trainings, workplace culture, and work protocols, the clinic emphasized adopting a neutral stance in all interactions with clients. This emphasis on client autonomy is similar to what Joffe (2010) found in her fieldwork with family planning workers. Joffe describes the way that, for ethical and therapeutic reasons, pregnancy counselors were supposed to support clients by enabling them to make their own choices within an atmosphere as free of bias or influence as possible. I, along with other clinic staff, was instructed to listen in a non-judgmental fashion, to provide information to clients from a neutral point of view, and to note interactions in the medical record in objective language (Fieldnotes 1/24/1995).

Between May of 1995 and February of 1996 I interviewed 45 women between the ages of 14-20 who identified as African American, Caucasian, or Biracial. I posted flyers advertising my research on bulletin boards at clinics and asked clients in the waiting room whether they would be interested in participating. My protocol was to explain the study and determine whether participants were interested in being contacted for an interview before they went in to receive their pregnancy test results. If clients agreed to further contact after their appointment, I would call or speak in person to those with positive pregnancy test results and set up a time for an interview. I recruited 42 participants at clinics and an additional three were referred to me by clinic staff. For context, I interviewed a few other adolescents who did not fit within the project's inclusion parameters (such as a teen who had recently given birth). I also spoke informally with clients who were visiting the clinic and sometimes with parents or friends of the teens I was interviewing or attempting to contact.

Although I played roles as both interviewer and pregnancy counselor, I did my best to keep the two functions distinct. During options counseling I was providing information to clients; during interviewing I was seeking it from research subjects. I was not the pregnancy counselor for all of the teens I interviewed; similarly, I did not interview all my pregnancy counseling clients. The interviews I conducted consisted of longer and more detailed conversations than could occur during the fifteen minutes of pregnancy counseling. It may be that my questioning and interview probes had an unintended effect on the decision-making process, perhaps causing participants to be more thoughtful than they otherwise would have been. I found, however, that the older teens in particular, were quite thoughtful and self-reflective about their decision without my prompting. The possibility that I may have inadvertently had an effect on the process that I was attempting to study is an inherent limitation of interacting with research subjects.

The intent of my research design was to catch study participants as they discovered that they were pregnant and then follow them prospectively through the decision-making process. Three participants, however, had already terminated their pregnancies by the time I interviewed them. Table 1 shows the number of interviews I conducted with participants. I interviewed most (26) participants twice, eight participants only once, eight participants three times, and three participants four or more times. Most of the follow up interviews I conducted were over the phone and I obtained permission to record the conversations. Two participants were lost to follow up and for three participants I received follow up information about the outcome of the pregnancy through communication from clinic staff.

Table 1: Number of Interviews Conducted with Participants

# of Interviews	Participants
1	8
2	26
3	8
4+	3

I confronted several logistical hurdles in conducting this research. The first was obtaining approval from the Committee for the Protection of Human Subjects. Initially, the Committee requested that I obtain parental consent for every minor I interviewed or restrict my interviews to those who were age 18 and over. I felt that obtaining parental consent to interview teens under age 18 would bias my sample by selecting only those who could disclose their pregnancy to their parents. I argued that given the sensitivity of the relationship between teens and their parents during early pregnancy I would not be able to conduct my research without a waiver of parental consent and fortunately the Committee granted this request. I obtained consent forms from the teens themselves, but not parental consent.

The second hurdle was gaining permission from Planned Parenthood's administration to recruit clients. After receiving a series of denials to conduct research from administrators at different clinics, I was fortunate that the director at the Richmond clinic was sympathetic to my interests and agreed to let me ask clients for their participation. Her permission led to similar opportunities at two other clinics—although I recruited most clients from the Richmond facility.

The third hurdle was obtaining the interviews themselves. Most teens I met said they were willing to participate in the study, but successfully locating and then catching up with them to sit down for an interview typically required persistent calling and rescheduling of multiple missed appointments. On top of coping with the personal crisis of being pregnant, most of the teens I spoke with did not have their own transportation. Because of this, cancellation, not showing up for appointments, and being extremely late were so commonplace that I started to feel surprised if an interview took place as planned on the first attempt.

Methods: Data Analysis

All interviews were transcribed. Initially I read through each interview and produced a one page summary of the participant including a description of events surrounding her pregnancies, her life context at the time I interviewed her, my analysis of her pregnancy resolution, and one line describing the decision process for each of her pregnancies. I also wrote a longer summary for each participant in which I identified the various futures she imagined for different outcomes she considered. In this longer summary I included quotes from the interviews and wrote out the answers to questions such as, "If she has the baby/abortion, what does she think will happen?" "What is she supposed to do?" "What plans did she have before the pregnancy?" "What plans did she have after the pregnancy?" "What is she trying to avoid/achieve?" I also summarized the meanings of having a baby or having an abortion both for the participant and those around her.

I then used HyperRESEARCH™ to code the interview transcripts and my fieldnotes (that were typed). I coded chunks of text at different levels of specificity. Some broader codes captured general subject matter (birth control use, boyfriend's reactions to the pregnancy), while more specific codes captured particular subject matter (reason to have baby, reason to have abortion) or themes (you lay then you pay, sentimental about baby, domesticity). After coding I grouped participants into various categories (first pregnancy or not first pregnancy, abortion or continue) and used the coded chunks to make comparisons between the groups.

Sample Characteristics: Age, Pregnancy Outcome, Race, Parents' Educational Status

Interview participants ranged in age from 14 to 20. The majority of subjects (49%) were 17 or 18 years old.

Table 2. Age of Participants by Outcome of Pregnancy

Age	Pregnancy Outcome		
	Abortion	Continue	Total
14	0	1	1
15	3	1	4
16	2	6	8
17	8	4	12
18	5	5	10
19	4	5	9
20	0	1	1

Sample Characteristics: Outcomes and Pregnancy Number

About half of the young women I interviewed (22) chose to terminate their pregnancies and the other half chose to continue (23). Three out of the 23 who decided to continue miscarried the pregnancy, so it is possible that they would have changed their minds and terminated the pregnancies had they not miscarried. None of the teenagers I spoke with were willing to consider adoption in any serious way, although a few mentioned it fleetingly.

Within my sample, 60% (27) of the women I spoke with were having their first pregnancy, 31% (14) were having their second pregnancy, and 9% (4) were having their third pregnancy. I asked participants to discuss each one of their pregnancies so altogether I collected data on 67 pregnancy resolutions.

Table 3. Pregnancy Outcome by Pregnancy Number

	Pregnancy Number			
Pregnancy Outcome	One	Two	Three	Total
Abortion	14	7	1	22
Continue	13	7	3	23
Total	27	14	4	45

Study participants were African American (24, 53%), Caucasian (17, 38%) or Biracial (4, 9%). All of the biracial women were at least half African American or Caucasian except for one participant. Based on the demographic characteristics of my primary data collection clinic (Richmond) and in an effort to reduce the variation in my small sample, I did not recruit Latinas to interview.

Table 4. Race by Pregnancy Outcome

	Pregnancy Outcome	
Race	Abortion	Continue
African American	14	10
Caucasian	5	12
Bi-racial	3	1

As a proxy for class I gathered data on level of education for each participant's parents. Among participants, 18% came from families in which the parents educational background was unknown or less than a high school diploma, 31% came from families in which at least one parent had a high school diploma, 33% came from families in which at least one parent had some amount of post-secondary education (typically at a community college), and 18% came from families in which at least one parent had a B.A. or higher. I used the education level of the primary parent, guardian and/or step parent. For parents who lived together and whose educational levels differed, I used the higher educational level.

Table 5. Distribution of Parents' Level of Education

Parents' Level of Education	Number
Unknown	2
< High school diploma	5
High school diploma	15
Some college/AA degree	15
Bachelor's degree	6
< Bachelor's degree	2
Total	45

Defining Moral Decisions

In some ways, the pregnancy resolution decision is the quintessential moral decision because it revolves around issues of harm, fairness, legal rights, and, for many, religious considerations. Thus, when Gilligan set out to learn more about women's moral thinking she chose to interview women obtaining abortions. But, what kind of moral decision is the decision to terminate or continue a pregnancy? How might it be different from other moral decisions?

Sociologists have two different understandings of morality which they have termed thick and thin (Abend 2010, Hitlin and Vaisey 2013). Thin morality, studied by moral psychologists, refers to concepts of right and wrong, or to that which is permissible or forbidden in particular situations. Thin morality is typically linked to universal standards of justice, fairness, and harm against others (Hitlin and Vaisey 2013:55). In contrast, thick morality more broadly addresses the causes and consequences of ideas about the good and the right within particular social contexts (Abend 2008:124). Or, as Hitlin and Vaisey put it, thick morality is "about what kind of person (or society) it is good to be" (2013:55). Thus, thick morality has to do with culturally specific understandings of which practices and identities are desirable (such as being honest or friendly in the U.S.). The abortion decision, as I approach it here, is a moral decision that falls within the domains of both thick and thin morality. Deciding whether or not to have an abortion requires wrestling with the issues of right and wrong, fairness and harm, yet, as I will discuss, it also has to do with broader cultural understandings about sexual behavior, ideals concerning family life, and desirable identities.

Scholars studying morality have categorized a wide ranging group of situations as requiring moral thought. These include behaviors as varied as choosing vegetarianism, cheating on tests, illegal drug and underage alcohol use, and, of course, decisions that result in harm to others (Greene, Nystrom, Engell et al. 2004, Paxton and Greene 2010, Vaisey 2009). Haidt's widely cited studies focus on moral transgressions such as using the national flag to wash the toilet or eating the family pet (Haidt, Koller and Dias 1993). In contrast, Narvaez kept a diary of all her thoughts that touched on moral issues and included items such as "What's the fairest way to distribute my limited time today?" and "I don't want to hurt her feelings; what do I do?" (2008:2).

Faced with this wide array of phenomena defined as moral, scholars have called for the need to differentiate between various types of moral thought rather than assume they are all governed by similar mental processes. Monin, Pizarro, and Beer (2007), for example, discuss the differences between two areas commonly addressed in the literature on moral psychology: moral dilemmas and moral infractions. Studies of moral dilemmas present research subjects with a moral conflict and ask them to resolve it, while, in contrast, studies of moral infractions present subjects with a transgression that others have made and ask about their response to what has already been done. Monin et al. rightly point out that these two approaches study essentially different phenomenon. While moral decisions have consequences, sometimes lasting ones, for the self and others, moral judgments about behavior typically pass without having an effect.

I would add that daily moral decisions such as whether to drink at a party, whether to volunteer your time to help others in need, or how to tell a supervisor that the workload is unfair are repetitive and more closely related to habit or practices than more singular and

momentous decisions such as whether or not to have an abortion that may be made only once or twice in a lifetime. Similarly, there are differences between moral decisions that are made at one point in time (should I now drive home after drinking), moral decisions that take longer to resolve (whether to forgive someone who has hurt you), or moral decisions that may require a series of repeated or progressive decisions (having an extra-marital affair).

The pregnancy resolution decision has several characteristics that make it distinctive as a moral decision. First, it requires making an all or nothing choice. There is no compromise or in-between option when making this decision.

Secondly, the decision has real consequences regardless of the choice that is made. In fact, in contrast to other decisions that can be dodged or passively avoided, the pregnancy decision will have real consequences even when no decision is consciously made. If, for example, you avoid confrontation or responsibility and let an intoxicated peer slip off and drive away from a gathering, that person might arrive home without being hurt or causing harm. Unlike decisions that can be side-stepped and may then resolve on their own, there is usually no way to avoid having to take responsibility for the pregnancy decision.

Third, the pregnancy resolution decision can take time. There is often room for the decision process to unfold over a period of weeks. Compared to moral decisions that must be made during a fleeting moment of interaction, the abortion decision can be considered in privacy, or in discussion, and revisited across time. The fact that women making the pregnancy resolution decision can contemplate, assess, and then revise their thinking makes it quite different from moral decisions such as taking drugs in a situation of peer pressure or speaking out against a bully on the subway.

Finally, the pregnancy decision is imbued with meaning from the political and religious controversy that surrounds the issue of abortion in general. Unlike other decisions which may be less morally fraught, the abortion decision is contested politically and socially. As many have noted, the abortion decision involves adjudication between two irreconcilable absolutes (Cook, Jelen and Wilcox 1992, Luker 1984). This basic underlying conflict makes the decision a particularly difficult one to resolve. In what follows, for the rest of this dissertation, I will explore the nature of this unique, yet emblematically moral, decision and how teens go about resolving the dilemma posed by a pregnancy that occurs early in the life course.

Outline of Chapters

In Chapter Two, I explore the ways the teens I interviewed conceptualized the moral dilemma inherent in abortion. How did these teens talk and think about the morality of abortion when pregnancy was a reality rather than a hypothetical? I describe the ways teens draw on the political debate about abortion to formulate their own moral understandings of abortion. While the elite political debate frames the issue of abortion as either pro-life or pro-choice, those I interviewed had deeply ambivalent attitudes towards their own abortion decision. In addition to adopting the terms of the political discourse, teens had their own set of moral understandings about abortion that revolved around the issues of sexuality, responsibility, personal authenticity, and moderation. In describing this set of understandings, I argue that abortion opinion did not ultimately determine decision outcomes.

In Chapter Three the central question I ask and answer is “how, or through what process, do teens make the decision to continue or terminate their pregnancies?” In answering this question I reflect on my data in light of the literature on dual-process cognition. This is a literature from which sociologists are drawing insights to apply to moral sociology (Firat and McPherson 2010, Vaisey 2009). Researchers in moral psychology debate whether moral decision making is dominated by intuition or reasoning. Some argue that reason dominates, others that intuition dominates, and yet a third group argues that the two types of thought are equal partners. After discussing the reasons why intuition failed to dominate moral decision making in many of the cases I observed, I describe an alternative model of decision making that relies on both reason and intuition. In this alternative model, cultural meanings of pregnancy, the ways actors imaginatively assess their futures, and conflict with others are important components of the decision-making process.

In Chapter Four I address the question, “why do some pregnant teens continue their pregnancies, while others do not?” I argue that a teen’s objective life circumstances at the time she became pregnant shaped the way she anticipated a future with or without a baby. Teens who were busy and engaged in goal oriented activity predicted the baby would disrupt their plans. In contrast, those with time on their hands were more likely to imagine the baby as a welcome addition to their routines and had elaborate fantasies of the domestic life towards which they aspired. In this way, social location shaped decision outcomes through the mechanisms of daily activities and imagining the future. While previous work on the ways actors conceptualize the future has focused on abstract, idealized futures, I found that concrete, short term predictions were also important in shaping action.

CHAPTER TWO: WHAT WE TALK ABOUT WHEN WE TALK ABOUT ABORTION

Introduction

When I began working as a pregnancy counselor I assumed, given the national reputation of Planned Parenthood as a pro-choice organization, that the majority of clients would be pro-choice and that only a small portion, perhaps those attending the prenatal clinic, would be pro-life. Either way, I expected clients to express either a pro-life or pro-choice set of beliefs about the nature of fetal life. Well versed in the abortion debate as explained in works such as *Abortion and the Politics of Motherhood* (Luker 1984), I expected clients to express either beliefs prioritizing the sanctity of human life or beliefs prioritizing an individual's freedom to choose her own reproductive actions.

Thus, I assumed the few pro-life clients I saw would believe that the pregnancies they carried were living babies (not fetuses, embryos, or potential life), and would accordingly choose to continue their pregnancies. On the other hand, I thought that the majority of clients, being pro-choice, would believe they were pregnant with fetuses—not babies—and would feel that in having an abortion they were not taking a life. That is, I expected most clients to express the opinion of case 33 who told me “you know how some people say that they’re killing a life? And to me it’s just, like, a fetus....I don’t really see it as, like, I’m killing somebody.”

Case 33, however, was one of the few participants who expressed unequivocally pro-choice beliefs about the nature of fetal life. Instead, many clients were like case 9 who told me “if I was to have an abortion it would feel like I was taking a knife and killing him [gestures to a toddler she is babysitting] or killing my brother or killing myself--taking a life away.” Case 9 clearly expressed her opinion that abortion is murder, yet a week after our interview she terminated the early pregnancy she was carrying. In fact, this was common among the pregnancy resolution cases I observed. More than half of the young women in my sample who terminated a pregnancy felt that the fetus was a life.

I was not prepared for the deeply ambivalent and conflicting beliefs about abortion that most clients expressed, or for the way in which they combined into one position what I thought were contradictory elements of the elite abortion debate. Indeed, I was interested to find that the majority of participants expressed complex, often conflicting beliefs about abortion that drew on a variety of cultural ideas about the value of individual choice, the need to take responsibility, the need for personal authenticity, and the importance of moderation.

In this chapter I examine the ways that pregnant teens spoke and thought about the moral dilemma of abortion and describe the three primary moral understandings that I found. First, I argue that although the elite abortion debate structures the political discourse as an irreconcilable opposition between two points of view (abortion is personal choice or abortion is killing a fetus), the teens I interviewed used language from both sides of the abortion debate to discuss their reproductive decisions. For the most part they simultaneously expressed belief in personal choice and fetal life. Second, I discuss the opposing ideas that teens had about sexuality and responsibility and the ways these were related to abortion. Third, I discuss ideals about personal authenticity and achieving moderation in relation to abortion. Finally, I discuss the effect that moral understandings had upon decision outcomes, arguing that in most cases

the abortion decision was made on the basis of practical circumstances rather than moral ideals.

As I mentioned in the introduction, there are two distinct meanings of morality in the social sciences (Hitlin and Vaisey 2013). According to the first definition, morality has to do with right and wrong actions as evaluated by external standards of behavior. These external standards concern rules against harming others, maintaining fairness, and promoting prosocial behavior. This definition of morality, which Abend (2008) describes as “thin,” is concerned with abstract universal rules as well as right and wrong behaviors. A second definition of morality has to do with the evaluations particular social groups make regarding which behaviors and identities are more or less desirable. Here morality, referred to as “thick” morality, has to do with understandings about what kind of person or way of life is perceived as virtuous, socially valuable, and worthy of pursuit. In this chapter I am concerned with the first definition of morality as I describe how participants discuss abstract conceptions of morality—whether abortion is permissible or not. Then, as I describe cultural ideas about abortion, sexuality, and the ideal way in which to go about having an abortion, I focus on thick morality.

Background: The Abortion Debate and Public Opinion on Abortion

Various authors studying the elite political debate surrounding abortion have described the issue as polarized with no common ground for understanding between the two sides (DiMaggio, Evans and Bryson 1996, Hunter 1992). Indeed, many have described the way the dominant, mainstream cultural representation of the abortion issue in the United States frames the issue as an irreconcilable opposition between pro-life and pro-choice positions (Cook et al. 1992, Luker 1984). On the one hand, pro-life proponents insist that the embryo is a person with rights that must be protected. Luker (1984) explains the focus on life as part of a worldview that insists personhood and the rights that accompany personhood are inalienable rather than subject to evaluation on the basis of perceived value. On the other hand, pro-choice activists define the abortion issue as being about preserving individual freedom of choice. To this point, Myra Marx Ferree (2003) describes the way U.S. activists frame abortion in terms of liberal individualism, defining protection of privacy, autonomy from external state restrictions, and freedom of personal choice as the paramount values.

Survey researchers have been measuring public opinion about abortion since 1972 (Bowman and Rugg 2012). The General Social Survey asks yes or no questions about whether it should be possible for a pregnant woman to obtain an abortion in six different situations. Three of these questions ask about support for abortion in circumstances of physical trauma—when the mother’s own health is endangered by the pregnancy, when there is a strong chance of a serious defect in the baby, or when the pregnancy is the result of rape. The other three questions ask about support for abortion in socially difficult circumstances—if the woman is not married and does not want to marry, if the woman is married and does not want more children, or if the family cannot afford any more children (Cook et al. 1992). The average abortion approval score on the General Social Survey (GSS) is consistently 4 out of a possible 6 (with 6 indicating highest approval of abortion and 0 indicating lowest) and this has been the case since the 1970s (Cook et al. 1992, Wilcox and Norrander 2002). Americans generally approve of abortion for physical reasons (mother’s health, fetal defect, rape), but they are less supportive

of social reasons for abortion (unmarried, does not want more children, poor). On average GSS respondents approve of abortion for all of the physical reasons presented and typically only one of the social reasons.

Opinion researchers classify respondents as pro-choice when they indicate approval of abortion in all circumstances and classify respondents as pro-life when they do not approve of abortion in any circumstances. In general, then, since the mid-1970s, a small number (5-10%) of Americans are pro-life, a larger minority (33%-44%) is pro-choice and the majority (by a narrow margin) lie somewhere in between the two extremes (Wilcox and Riches 2002). Wilcox and Riches call the group of people who occupy this middle position “ambivalent situationalists”—those who feel that abortion should be legal in some but not all circumstances. Thus, while elite political activists occupy one side or the other of the conflict between personal choice and fetal life, survey research shows us that the American public does not choose one absolute over the other. Instead the tension between the opposing sides of the debate seems to create a conflicted and ambivalent majority position. Thus, rather than adopting an absolutist stance from one side of the elite framework, most Americans simultaneously hold conflicting beliefs from both sides of the abortion debate (Bowman and Rugg 2012).

While we have survey information on what people feel are acceptable or unacceptable reasons for abortion, we do not have information on the meanings of abortion for women who are faced with resolving a pregnancy (Jelen and Wilcox 2003). In this chapter I explore the ways teenagers who were deciding whether to terminate or continue a pregnancy discussed abortion. What were the cultural meanings of abortion among this population? How did these teens negotiate their way through the deadlocked opposition between the sanctity of fetal life and an individual’s right to choose? What were the moral worldviews associated with abortion for these predominantly low income teenagers? What did they consider morally acceptable and unacceptable ways to go about having an abortion?

How Teens Used the Language of the Abortion Debate: Women’s Choice vs. Abortion as Murder

Based on the answers they gave to my question “what is your opinion about abortion?” as well as statements that they volunteered during our interviews I categorized study participants into the three groups described by Cook, Jelen & Wilcox: pro-life, pro-choice and situationalist (Cook et al. 1992). I also administered the GSS abortion opinion questions to a sub-sample of 24 participants and used this information to classify them. I categorized my respondents as primarily middle of the ground situationalists with 3 (7%) classified as pro-life, (15) 33% classified as pro-choice, and 27 (60%) classified as situationalists.

I observed a great deal of ambivalence in participants’ abortion attitudes. Half of the young women who answered the GSS abortion survey questions as pro-choice (saying yes to all 6 questions) went on to express serious moral reservations about abortion. That is, although their survey answers indicated a strongly pro-choice position, they also expressed pro-life sentiments. Case 25, for example, who answered yes to all 6 GSS questions, was quite definite in her support of the legality of abortion: “I think that it should still be legal, no matter you know. It’s a person’s choice, you know. Everybody has right.” At the same time, however, she described the fetus as a life when she explained that she did not “like” abortion—especially for

herself because, “I feel all guilty and sad--stuff like that.... ‘Cause that’s, like, a new life. It’s like something that I’ve made, or whatever, and I’m destroying it.” Similarly, case 41’s survey answers indicated a pro-choice position, but she spoke as if she were a situationalist, telling me that “abortion is right for some people.” She went on to specify several situations in which she believed it was acceptable to have an abortion:

Like if abortion was illegal and say somebody got raped and then they got pregnant I think they should let that person get an abortion ‘cause that’s going to be a tragic memory. I mean they might hold that against that child or something. Or, like if somebody wasn’t able to have a baby like they would probably die if they did have the baby, then that would be abortion.

She also thought that if someone “just didn’t feel like having a child--they didn’t like kids” they should go ahead and have an abortion. After being generally tolerant of abortion, however, she was reluctant to have one herself, saying that it would be “too hard” emotionally and that she simply would not be able to bring herself to do it. Describing her feelings she switched the language she used to focus on fetal life: “I don’t think abortion is right for me because no matter how big or little the baby is I still consider it a baby. I still think that it’s killing the baby.” As case 25 and case 41 illustrate, most of the teens I spoke with had serious moral reservations about abortion even when they were, for the most part, in favor of its legality.

The teens that I interviewed were not, in fact, unusual in demonstrating ambivalence. Surveys consistently find that Americans believe both that abortion is murder and also that women have the personal right to make the abortion decision. In a Los Angeles Times poll conducted in 2000, 60% of respondents indicated they believed abortion was murder and more than 70% of respondents agreed with the statement “No matter how I feel about abortion, I believe it is a decision that has to be made by a woman and her doctor” (Wilcox and Norrander 2002). On this same survey, even consistently pro-choice or pro-life respondents indicated some ambivalence about their positions. For example, one fifth of pro-choice respondents (who indicated approval of abortion in all of the hypothetical situations) believed that abortion was murder and 40% said they would support a ban on second trimester abortions. On the other side of the spectrum, one quarter of pro-life respondents still believed that women and their doctors should make the abortion decision.

Regardless of their particular attitudes towards abortion, all teens relied on the language of the elite abortion debate to discuss their abortion opinion in general and their own pregnancy decision in particular. Many, like case 41 who is discussed above, were familiar with the standard hypothetical physical and social circumstances posed by opinion surveys (e.g., rape, mother’s health endangered) and spontaneously referred to them before I asked. The terms of the abortion debate provided one of the primary frameworks with which people expressed their opinions about abortion in general, thought through their specific pregnancy decisions, and explained their reproductive actions. Thus, these pregnant American teenagers situated themselves in relation to the inescapable, background opposition between individual reproductive choice and fetal rights. But, young women picked up and used the elite abortion language flexibly, without adhering to either side of the debate.

The majority of teenagers I interviewed spoke in terms of personal choice and assumed they had freedom to make their own reproductive decisions. Living in an urban area in a state

with liberal abortion laws and access to safe, low cost abortions, these teenagers both discussed and enacted their right to choose in a taken-for-granted manner. All of the teens that I interviewed proceeded on the assumption that it was their right to determine the outcome of their pregnancies and referred repeatedly to their pregnancy resolution as “my decision” and “my choice.” Both those who chose to continue their pregnancies and those who chose to terminate used the same language of personal choice to describe their actions. For example, Case 39, who continued her pregnancy, said, “I was going to have the baby no matter what anybody had to say. I was going to have the baby anyway, because it was my decision.” Case 4, who terminated her pregnancy, used similar language: “I told him I was going to have an abortion. He didn’t want me to and I told him ‘that’s too bad, because it’s my choice. It’s not your choice.’” Even some respondents who opposed abortion used ostensibly pro-choice language to reject abortion as an option. Case 42, for example, was one of several who expressed her disapproval of abortion by framing this position as her own personal choice: “I don’t really agree with [abortion].... I choose. I have a choice, and my choice is not to do it.” Thus, mixing elements from both sides of the abortion debate, case 42 used a pro-choice concept to justify her anti-abortion opinion.

Some participants tied the language of choice directly to control over their own bodies and to power dynamics within intimate relationships. As Case 44 explained, “it’s up to the person who’s pregnant.” Case 19 told me her boyfriend did not have any input into whether or not she had an abortion because “it’s my body.” She said, “that’s the decision I have to make and he don’t have no say so.” She told her boyfriend that she planned to have an abortion and said “he can’t do nothing but agree with it.” Similarly, case 34 did not ask for her boyfriend’s opinion regarding her pregnancy because she felt this matter was under her control rather than his: “I didn’t ask him what he wanted me to do. I just said what I want to do ‘cause I got more power over this than he does.” For these young women personal choice meant the right of an individual to make her own private decisions without interference from those around her. In this way they echoed the mainstream pro-choice movement in the U.S. with its liberal individualist approach emphasizing freedom of choice and autonomy (Ferree 2003).

The ideal of non-interference with individual choice also permeated the way young women described the reproductive actions of their peers. When I asked participants about their peers’ reproductive decisions the polite and socially acceptable response I received was to decline to pass judgment on the grounds that this decision was up to the individual. For example, when I asked case 5 what she thought about a friend who had an abortion she told me “that’s her decision. If she wants to she can. It’s not my body. I can’t tell her ‘no, I don’t want you to.’” Case 11 said she herself would not have an abortion, but she emphatically stated that this choice was up to each individual: “if it’s me I wouldn’t go have an abortion, but it’s their baby so it’s their choice. It’s their choice, they can do what they want to do. But I wouldn’t tell ‘em to go have one.” Case 18 felt her friend should not have had an abortion because she did it only to try and keep her boyfriend from leaving her. She discussed this for a while explaining “I don’t think she should have done it for that reason,” but concluded by saying “I don’t think anything really bad about her for doing it, I just wouldn’t have done it, but that’s what she decides and it’s up to her.”

Most participants who spoke in terms of personal choice also used language from the pro-life side of the elite abortion debate. With a few exceptions participants referred to abortion as “killing,” “murder,” or “taking a life,” and used language indicating the fetus was alive and human. Case 43, after going through an abortion told me, “I feel really bad like I’m a murderer now or something.” Others felt relief rather than guilt about terminating, but then still referred to abortion as murder. Case 34, for example, was 15 years old and very decisive, even matter of fact, about having an abortion. She looked forward to the way her life was “going to be back to normal” after the procedure she planned to have. She did not express guilt or angst about having an abortion yet, when she discussed abortion she spoke quite harshly in terms of killing: “that still ain’t nice to be killing people, killing kids, killing God’s creatures or whatever you wanna call them because my mama didn’t kill me when I was a baby.” Participants expressed varying amounts of sadness and guilt associated with the idea of abortion as taking a life. Some linked the concept of abortion as murder to their religious beliefs as Case 17 did: “I just couldn’t think of the fact of terminating, I mean, it was just, I don’t know, everybody, it’s like, a lot of stress, you’re killing a baby, you’re killing a baby and that was in my mind....And in the bible it’s a sin to abort and I was just like, I’m going to hell for doing this.” Others, like Case 6, referred to a more diffuse sense of the consequences of terminating a pregnancy:

I feel like my life is going to be such a disaster if I kill this life, like that’s just absolutely not okay....I just feel like something real bad is going to happen in my life, you know, like I’m going to have absolutely bad karma if-if I don’t keep this baby because I’m straight killing some life that should be here.

Like Case 6, all but five of my respondents referred to the fetus as alive and to abortion as the taking of that life—even those who believed abortion should be legal.

Sex, Abortion and Responsibility: Opposing Frames

The second set of frames through which participants understood abortion had to do with sexual morality and the need to take responsibility for one’s actions. Participants formulated their abortion opinions within the context of three core assumptions about sexuality that Schalet (2011) describes in her study of teenagers *Not Under My Roof*. These three related assumptions are 1) the idea that teenagers should not be having sex, 2) the fatalistic sense that teenagers are unable to prevent the negative consequences of sex, and 3) the idea that given the inevitability of pregnancy, engaging in sex necessarily requires readiness or willingness to become a parent. Together these three underlying assumptions created a punitive moral worldview about abortion and pregnancy that I call “you lay, you pay.” Two thirds of women (14/22) choosing to terminate their pregnancies and about half of those (12/23) choosing to continue framed their thoughts in terms of the “you lay, you pay” narrative. At the same time, this punitive worldview was countered, sometimes by the same person and in the same breath, with a more moderate understanding about pregnancy and responsibility that framed abortion as a moral choice—the best option for everyone involved. About 70% (15/22) of women choosing to terminate and about a quarter (7/23) choosing to continue discussed abortion as a moral choice. In what follows I describe these opposing frames about sexuality, responsibility and abortion.

More than half of the teenagers I interviewed (26/45) took a harshly self-punishing stance for having had sex and for getting pregnant. Their punitive attitude about sexuality was an integral part of their attitude towards abortion. Like the American teenagers that Schalet interviewed, most teens in my sample felt that they should not have been having sex and that pregnancy was their just punishment for engaging in forbidden behavior. Drawing an analogy between having sex and playing Russian roulette, Schalet describes the view among teenagers that sex is risky and carries with it the threats of pregnancy, sexually transmitted infections and a potential cascade of negative life consequences such as missed opportunities. And indeed, this was borne out by the way many of the teens I interviewed reacted to their own pregnancies.

When they became pregnant many of the young women I interviewed felt that they had been playing with fire and gotten burned. Consequently they blamed themselves (and only themselves) both for skipping birth control and for having sex. Case 15, for example, who had used condoms diligently for three months before she and her boyfriend began to get “careless,” told me “I was upset with myself, thinking that’s exactly what I get because I knew what could happen all those times that we were having sex without using a condom.” Similarly case 6, an inconsistent condom user, said about her pregnancy, “that’s what I get for screwing around with no condoms.” Even when consistently using birth control that happened to fail, young women blame themselves for getting pregnant because they felt they should not be having sex in the first place. Case 16, for example, a 14 year old involved in a relationship with a 20 year old, always used birth control but became pregnant after a condom broke. Case 16 felt the pregnancy was her fault despite the fact that she diligently took precautions not to become pregnant. When I asked her why she took responsibility for a contraceptive failure, she explained, “Because I’m too young to be having sex. I shouldn’t be having sex, but I chose to, so it’s my fault.” Another relatively young participant, case 33, who became pregnant at 16 despite using both condoms and spermicide, also regretted the sexual activity that led to her pregnancy. Explaining her decision to have an abortion by saying she was too young to have a baby, she told me “I know I should have thought about that before I ever had sex,” and added “I know there was always...a chance” of pregnancy. If she could go back in time to do things differently, she said she would choose not to have sex at all. Thus, case 33 blamed her decision to have sex, rather than birth control failure, as the source of her problems.

Both those continuing and those terminating their pregnancies spoke in terms of a justice oriented “you lay, you pay” worldview. According to the logic of this worldview, if getting pregnant was a much-deserved punishment for having sex, the responsible way to pay for your mistake was to take on the task of raising the baby you had created. Case 15 explained this thought process as she described her boyfriend: “He’s one of those ‘I made the mistake I’m going to take care of it for the rest of my life.’...He figures if...he had the baby and he had to take care of it the rest of his life that would teach him his lesson. Every time he looked at the kid then he’d know he messed up.” Thus, participants framed continuing an accidental pregnancy as a way of taking responsibility for error, as a way of correcting the irresponsible action of having had sex and gotten pregnant.

Sometimes the framing of the decision as a punishment was at odds with the happy demeanor of the expectant teen; even teenagers who were quite thrilled to be pregnant and

anticipated parenthood with excitement spoke about continuing their pregnancy as if it were a grim obligation they were compelled to fulfill. For example, although Case 1 was very much looking forward to starting a family with her long term boyfriend she confessed to me, "I think it was irresponsible that I missed the pill and that it's my fault that I'm pregnant." Despite her evident pleasure in having a baby she framed her choice to continue this way: "if I messed up then I should pay the consequences and I should take the responsibility."

In addition, many of the teenagers I spoke with felt that anyone who was having sex should be willing and prepared to raise a child. Case 31, like many teens, drew an analogy between lying down to have sex and lying down to give birth implying that if you dared to do the first you had better be willing to do the second: "I feel like if you lay up to have sex, you can have that baby, and that's the honest to God truth. So I feel like if I can lay up to have sex, I can lay up to have it. So that's what I'm going to do." Similarly, case 40 says, "if I took the responsibility of laying down and doing it [having sex], I should take the responsibility of what comes."

If continuing the pregnancy was a way of taking responsibility for your mistakes, then having an abortion was conversely thought of as "taking the easy way out" or "an escape" from the responsibility of raising a child. For example, case 13 told me, "in my mind I was thinking the best way would be an abortion just, you know, but then I was like that's the irresponsible way." An abortion, many respondents felt, was particularly unjust because it punished an innocent victim (the baby) for a mistake that you yourself had made. As many young women pointed out to me, "it's not the baby's fault that I was stupid once" or the "baby didn't ask to be created." Case 42 said, "I don't think that people should get abortions, just because they made a mistake. You know, harm their child because of their mistake." And Case 7 explained, "I don't know if I should have an abortion because it's my fault I got pregnant. I was the one who was having sex and I knew I wasn't using a condom and that's just like killing a baby, not having a baby, a baby not having a life because I was real stupid and that's not right."

Rather than have an innocent victim pay the consequence for their actions, young women felt they themselves should pay the price for being sexually active. According to this idea, anyone who used abortion to sidestep the childbearing consequences of sexual activity was not playing by the rules because they were having sex and then getting away without punishment. Case 20, who continued her unanticipated pregnancy, articulated this understanding:

I don't think that there's any reason that if you're just having sex and you make a mistake and you get pregnant I don't think that it's right for you to say "well I'm going to have an abortion, I'm going to kill this baby because I'm not going to be able to take the responsibility of raising it." But I can take the responsibility of doing the act that will make it? I don't know. It just doesn't seem right....Because you shouldn't be doing something like that if you're not ready to take the responsibility of caring for a kid that might accidentally pop up. If people are going to have sex and put themselves in that risk factor and they just accidentally get pregnant then...you shouldn't be having sex if you're not going to take care of a kid that you're going to make.

Thus, Case 20 illustrates the way in which attitudes towards abortion were inextricably tied to a sense of sexual morality.

While the “you lay, you pay” worldview was salient, particularly among young women feeling guilt about abortion or rationalizing their decision to give birth, participants almost as often expressed a second interpretation of abortion as a moral choice. This framing of abortion had to do with cultural assumptions about what children should receive from their parents--both financially and emotionally. A large number of teenagers felt abortion was a moral choice because it was ultimately unjust to have a child if the child could not be well cared for. As case 40 said, “it’s not fair to the child to come into the world and not be able to be taken care of.” This “abortion as a moral choice” frame, like “you lay, you pay,” revolved around the key issue of responsibility. However, rather than focusing on a binary outcome--whether the fetus is born or not—it rested on expectations about the quality of life a responsible parent should provide for her child.

Respondents who felt that abortion was the moral choice considered it irresponsible for people to have babies unless they were equipped to provide their children with a certain level of material resources. Framing abortion in this way is part of an economic ethic of limited childbearing whereby parents produce a small number of offspring in whom they are highly invested--both economically and emotionally (Petchesky 1990). Petchesky (1990) describes the spread of this economic ethic of family planning in Western Europe. During early capitalism limiting family size, refraining from having more children than you could afford, became a moral imperative, first for the poor and then later for the bourgeoisie. Case 9 reflected these ideas when she said “They can't afford to have a baby? Don't bring the baby into the world.” Similarly, Case 29 said, “at first I said that I wouldn't [have an abortion] because it's not fair to kill a baby, but then it's like I think it's not fair if I have one and can't really give it the best.” Being able to provide for a child, however, went beyond material support to include providing your baby with emotional support, time, and attention. Many teens, for example, said that if they continued their pregnancies, they would be working so hard that they would never have time to see their child.

According to this frame, abortion was the lesser of two evils because it prevented a child from experiencing deprivation and a sub-optimal start in life. Case 17 told me that if she carried her current pregnancy to term, “I would feel like I'm taking something away from the child” because she would not have enough money or time for her baby. She would have to work long hours and leave her child in daycare. She said “I'd rather do it this way [have an abortion] than for the child to suffer, not have the things that it needs, and neglect and all that stuff like that, because I'll be out and have to work.” Case 8 explained a similar thought process as she reconsidered her initial decision to continue her pregnancy: “I don't want the baby to have a crappy life and it would. I mean without a father and then...without a mother because I'd be working all the time, and I know it's not fair to it at all.”

In addition to preventing the problem of children who would not receive enough time, attention, or material resources due to financial limitations, abortion also prevented the emotional problem of bringing an unwanted child into the world. Case 36 wanted to have her baby the first time she became pregnant at 16. Soon after she gave birth, however, she was disappointed that her boyfriend failed to follow through on his initial enthusiastic promises to

love and support his son. She watched as her son was repeatedly ignored by his father. As she explained, “I knew I couldn’t take care of another child...and I didn’t want to bring another child into the world that wouldn’t be loved [by its father]. I mean I would love the child, but you know, I seen what my first son went through and I didn’t want another child to have to go through that.” Having an unwanted child was unfair and could potentially cause a whole host of other problems. Because of this, Case 29 said, “it’s better to have an abortion than to have some unwanted baby.” Case 17 explained the long-term undesirable effects that are the legacy of an unwanted child:

if you have the baby and you know you don't want to have the baby, you're going to neglect that child. That child is not going to be wanted. I mean, you know, that's how a lot of people, children I guess, I'm not going to say all the kids that's selling drugs or anything they've been neglected, 'cause that's not the situation, but, I mean, a lot of kids, they run away and things like that and don't do as good in school, because really and truly, how it all started is their mother didn't even want them....If you don't want that baby then that's the only best thing for you to do.

Abortion, then, was framed by some as a preventive measure, as when case 23 said, “if that's what they want to do [have an abortion] then I think they should be able to do it because otherwise I think it'll just create more problems if they couldn't do it.”

Given the imperative to want and provide for every child optimally, some young women framed abortion as being what they should do—as being responsible and right. Case 9, for example, explained her decision to have an abortion this way: “I wanted it [the baby] so bad--it’s just I can't take care of it now. So I just had to do the right thing.” Case 12 explained her decision to terminate by saying, “I feel if I can’t take care of it then I shouldn’t have it.” Similarly, Case 4 said her recent abortion was “the right thing to do. If I can’t take care of it then I should give it up.” Just as continuing a pregnancy was framed as taking responsibility, having an abortion could also be framed as the “unselfish decision” (case 29), as when Case 23 said “I thought that having an abortion would be the responsible thing to do. Not to bear anybody down like my mom or my boyfriend with this thing I couldn't handle.” Or, when case 41 complained her mother said that choosing to continue was “selfish” because “I wasn't thinking about the baby, I was just thinking about me.” In this way, both having an abortion and having the baby were framed by respondents as the responsible or unselfish choice.

Having A Moral Abortion

Now I will turn to describing a set of understandings about the right and wrong ways to have an abortion. In the section that follows I discuss consecutive repeat abortion, the reasons why this practice was widely regarded as undesirable, and then conclude with a discussion of what teenagers regarded as the ideal way in which to have an abortion.

The teens I spoke with felt strongly that repeat abortions were immoral. Almost one third of the young women I spoke with (13 out of 45) spontaneously brought up stories of women (they claimed to know firsthand) who had gone through what they felt was an excessive number of abortions. These negative examples, cautionary tales about an excess of personal choice, described women who purportedly had 9, 13, or even 16 abortions. The teenagers I interviewed referred to these repeat aborters with disgust, drawing a distinct boundary

between themselves having a limited number of abortions and others who were profligate and careless. Consecutive abortions spaced closely together were described as repugnant and “sick.” Unlike having one or two abortions at a young age, which was typically regarded as an excusable mistake, repeat abortions were widely regarded as morally unacceptable both by those who were tolerant of abortion and those who were not. Interestingly, Joffe (2010) found that among abortion counselors distaste for “repeater” clients was also widespread.

The practice of repeat abortion was felt to be an abuse of abortion, what many called “using abortion as birth control.” Case 40, for example, was generally supportive of individual choice regarding abortion rights and felt “it’s up to the person really.” She could understand and sympathize about abortion because of rape or if someone was not able to take care of the baby, but the practice of repeat abortions was where she very firmly drew a line: “I feel like women shouldn’t be able to have abortion after abortion after abortion....These women who get pregnant and have like 6 and 7 abortions before they have it [the baby], I think that is sick. I really think that is sick.” When I asked her to elaborate she explained:

[abortion] seven times? That’s not right. That’s murder, I mean, you’re sitting there and you know. I mean if you were not pregnant before I understand once, maybe twice, but if you’re continuing to have unprotected sex and you’re continuing to get pregnant, you know you’re going to get pregnant so you know you’re going to have a baby, so why keep killing it? That’s not, that’s not right.

Case 30 felt much the same way, saying she did not approve of people who aborted repeatedly: “You know they go and get pregnant--oop have an abortion. Go and get pregnant three months later--oop have an abortion, that kind of thing.” She told me that “if you think you could just get pregnant and have abortions every time or give them away, then you weren’t meant to be a mother in the first place.” Although case 8 planned to have an abortion (her first), she made it a point to tell me she would not be able to continue having abortions if she continued to get pregnant because she did not “think it’s right to have an abortion every time you get pregnant.” She believed that one or two abortions could be “a learning experience,” but said the following:

after the first [abortion] and the second [abortion] it’s a wakeup call I guess. You can’t just keep doing it--or at least I know I can’t. I mean, you have to deal with it, and I mean it’s not like, so every time you get pregnant “well I’m not ready for it now” and you have an abortion but it happens again “well I’m not ready for it now”--you have another abortion. And it just keeps going on and on and on. I don’t think that’s right.

The absolute worst way to have abortions, then, was to do so repeatedly, thoughtlessly and carelessly. Participants generally disapproved of repeated abortions because they revealed a failure to learn from your own birth control mistakes, a failure to take responsibility for your actions, and also a failure to connect emotional commitment and caring with sexual activity. The teens in my sample typically associated repeat abortions with what Schalet (2011) has called “soulless sex”—sex without emotional connection or committed relationship. Case 8, for example, connected repeat abortion to a lack of sexual discrimination and expressed disapproval of both: “they just have sex all the time--not that anything is wrong with that--but they have unprotected sex, or they just don’t care, they have sex with any Tom, Dick, and Harry

that walks along, and they get pregnant and they just keep having abortions.”

Case 29 also felt that casual sex would result in casual abortions and told me “a lot of people I know had abortions, but they’re like hos [whores]...They just have sex all the time and it doesn’t mean nothing to them, so an abortion doesn’t mean nothing.” She explained that the sex she herself had was meaningful; “when I was with them [her sexual partners] it meant something to me.” As a result, she felt strongly connected to the fetus she was carrying and said she wanted to have the baby, in part, because she loved her boyfriend so much. She felt her emotional connection to her first boyfriend made her pregnancy (although accidental) different from the pregnancy of someone who had gotten pregnant from casual sex. She explained, “I mean if I just had sex with some guy one night and got pregnant I would definitely have an abortion, but it’s different you know. My friend D., she’s had three abortions and she’s 14. She’s a ho [whore] [laughs]. She sleeps with everyone, she sleeps around a lot.” In this way, caring about one’s sexual partners, being careful about birth control, and caring about terminating pregnancies were all viewed as related. Indeed, for participants the most disturbing aspect of repeat abortions was the lack of care that this practice revealed--the way in which both sex and subsequent abortion of the resulting pregnancy were taken too lightly or too casually.

Participants discussed the apparently careless repeat abortions of their peers to establish for themselves, as well as for me, that they were not having an abortion in this undesirable way. In addition, these discussions of the way teens regarded repeat abortion as immoral illuminated what they felt was the ideal way to have an abortion. The teens I spoke with shared an understanding of the intellectual and emotional process that should be followed while making the abortion decision and then having the procedure. This collective understanding of the ideal way to make an abortion decision often went unfulfilled, as my description of the decision process in later chapters will make evident. Nonetheless, in contrast to the ways in which decisions unfolded in reality, teens believed that the abortion decision should be made deliberately (rather than just happen), that this important decision should be made after reaching an inner certainty about the right course of action, and that they were supposed to feel conflict, sadness, and guilt about having an abortion. After the abortion was over, the teenager, ideally, would have learned her lesson and avoid future pregnancies.

First, deciding to have an abortion was supposed to be a considered and thoughtful decision. As case 8 put it, “it’s not a decision that you make just like this [snaps fingers].” In contrast to the decision not to contracept, which often passively just happened, the pregnancy decision was supposed to be formally arrived at through a process of introspection and soul-searching. Teens described going off to spend time alone to think about their decision carefully, as if holding vigil. Case 27 described the work she did to arrive at her pregnancy decision this way: “I just started thinking and I just started praying, and I just started thinking and I was thinking all night. I never went to sleep—never. I stayed up all Sunday day, all the way to the next half of the day--I’m saying, like, until the morning time--and I just stayed up all night thinking.” Case 36 said, “I asked his sister to watch the baby. I just went off by myself and I just thought about everything, you know, and made the decision.” Case 16 described a similar process when she said, “I sat down in my room by myself and I was sitting there for a couple hours thinking ‘how am I going to do this? Should I get an abortion? If I should put it up for

adoption or if I should keep it.” In addition to “thinking real hard on it,” many participants discussed their decision with relatives, boyfriends, friends, sometimes parents, clergy, teachers, or the teen counselor at Planned Parenthood. Deciding how to resolve the pregnancy in general, and, choosing abortion in particular, was supposed to be a momentous decision, a potential turning point in the participant’s life. For many, it was what case 34 described as the “biggest decision that I’m ever going to have to make in my whole life.”

Closely associated to the introspective vigil, is the idea that the abortion decision should be made by searching within to find the right action to take and then “following your heart.” Although the vigil might include thoughts about the right action to take in terms of religion, abstract morality, or the needs of your immediate family—these considerations were not supposed to be the central focus. The point of the vigil was to discern your inner compass, find your direction internally. As case 42 told me, “you have to follow your heart and my deep down feeling was not to abort. And I decided not to abort.” Thus, participants sought inner validation for their decisions and were encouraged to do so by those around them. Case 7’s said her grandmother counseled her on the importance of finding her own inner certainty: “My grandmother she said she’s not going to tell me what I should do either way....She said I got to know exactly what I want before I do it.”

The focus on authenticity to oneself dovetailed with the language of reproductive choice. As case 36 said, “It should be the woman’s decision--as long as she knows that that is what she wants to do--for sure.” Because abortion was generally regarded as a difficult experience, it was particularly important to have a deep inner conviction that you were taking the best path for yourself at the time. The reasoning was that a decision free of doubt and based on inner certainty would provide the strength to weather the trial of the abortion experience. Ensuring that you were doing what you really want to do also seemed to promise some sort of protection from later feelings of regret or remorse after the procedure.

A crucial part of making a heartfelt decision was making an independent decision. Others were not supposed to make the choice for you, and you were not supposed to be swayed by their opinions. When it came to the abortion decision, in theory, the individual herself was supposed to be the final arbiter of morality. Participants, for example, said that having an abortion to please or appease a boyfriend was having an abortion for “the wrong reasons” and felt they should free themselves from the expectations or influence of the family and friends surrounding them as much as possible as they made their decisions.

Boyfriends, parents, and Planned Parenthood staff also agreed that it was essential for the pregnant woman to make her own decision. In many cases caregivers told their daughters “I can’t make your decisions for you” (Case 17) and carefully stepped away from influencing the decision process. Case 24 explained “[my grandmother] told me that I’m going to have to make my own decision. She can’t tell me what I can--what I should and should not do, so she’s just basically waiting for me to tell her what I’m doing either way.” Even the youngest teenager in my sample, who was 14, reported that her mother was reluctant to provide direction: “in the beginning when I told her--she wanted me to have an abortion but she told me it was up to me. She couldn’t make that decision”(Case 16). As I mentioned earlier, the same ethic of non-interference was a guiding principle at Planned Parenthood.

Some parents, as I will describe later, imposed their preference on their daughters' decision, but it was usually after waiting to see if she would have an abortion on her own volition. Parents seemed reluctant to weigh in on their daughters' actions precisely because the decision was so fraught with difficulty, precisely because neither option—abortion or becoming a teenage mother—was desirable. In fact, making the reproductive decision was seen as so difficult it seemed like a hot potato that no one wanted to hold. Case 25 said her mother “doesn’t believe in abortion, but she doesn’t want me to have it [the baby], so what are you going to do then? That’s exactly what she says. It’s like that’s still leaving it up to me.”

Just as there were rules about the intellectual process of making the abortion decision, there were what Hochschild calls “feeling rules” about the emotional process of having an abortion (Hochschild 2003). The feeling rule, or social expectation, was that those who terminated their pregnancies should experience sadness and guilt about doing so. As Case 40 put it, “it’s just something that’s natural to take it hard.” Case 21 described her abortion as “the worst experience of my life....Feeling that empty, empty feeling and the way it sounds you can hear it go down the tube....I mean afterwards I threw up and threw up and threw up and I cried and cried and cried and it was just the worst feeling in the world.” Even those who had not had an abortion anticipated that the experience would be upsetting. Case 1 said that if she had an abortion “I think I’d be guilty and beat myself up the rest of my life over it....I’d be very depressed, withdrawn.” Case 27 thought an abortion might make her suicidal: “I wouldn’t be able to live with myself. I probably wouldn’t even want to live.”

Given the assumption that abortion would be emotionally disturbing, some participants felt uneasy when they did not experience the sadness, loss, or guilt they were expected to feel by both themselves and others. Case 44, for example, always assumed she would have an abortion if she got pregnant as a teenager, so when she discovered that she was pregnant, she moved ahead with her decision and the procedure quite smoothly. Case 44’s boyfriend, however, thought her lack of distress was inappropriate and told her that she was taking the abortion too casually. Referring to the cultural narrative that associates repeat abortions with lack of caring, he accused her of acting as if she had “been through it before.” She explained, “My boyfriend thought I was crazy. It wasn’t like a big issue to me, I don’t know why, like it was for him. He was like, ‘you’re taking this too lightly.’” She said, “I wasn’t crying, or going through a lot of, you know, just tripping. I just, it [the day of her abortion] was like another day to me for some reason. It wasn’t that dramatic to me.” Planned Parenthood offered the services of a teen counselor, primarily for women who needed support after having an abortion, but Case 44 began to wonder aloud whether she needed to see the counselor because she was not adequately upset: “That’s why I was going to talk to the lady [counselor], because it hasn’t really bothered me.”

Like Case 44, Case 4 was defensively aware that others might have regarded her emotional response to abortion as inappropriate. Case 4, who had a tough girl, ready-to-fight style, was defiant about feeling great after her abortion. When I asked her how she felt after the procedure she said, “Actually I felt great [laughs] to tell you the truth. I wanted it [the abortion] you know, I really wanted to have it and I felt great after I had it. And that was it....I felt great having an abortion, because it’s the right thing to do....And if anybody can’t respect that then that’s their problem, not mine.”

A final element of the abortion process involved differentiating between what you believed was generally right and what you must do given your specific circumstances. In fact teens' stated disapproval of abortion, their acknowledgement of the gap between what they believed and what they must do, was precisely what made it morally possible for them to move forward with the procedure. As case 19 put it, "if that's what you have to resort to (abortion), then, that's just what you have to do. Sometimes you just have to do things and there's nothing that you can do or say about it." Similarly case 22 said, "I don't like abortions period--at all--but it's a decision you have to make." Part of having an abortion, then, meant acknowledging that this serious event was unfortunate, yet necessary, and in this case, could not be avoided. Case 28, for example, felt that abortion was only truly justifiable in cases of rape. When she became pregnant by accident (rather than rape) she felt she did not have a "good enough reason" to have an abortion. She said "I've always said oh I'll never get one of those [abortions] and I ended up doing it anyway." But sometimes, she told me "you gotta make a choice, you just have to." In cases like these, participants drew a distinction between what they believed and what they had to do. They distanced themselves from the abortion they chose by insisting that they had taken the procedure and its moral implications seriously. Acknowledging disapproval of what they done then became part of the process of having a moral abortion.

What Are the Effects of Absolute Moral Principles on Decision Outcomes?

I will now discuss the effects of the multiple moral ideas that I have described on decision outcomes. First, it was clear that the varied, contradictory, and often shifting thoughts about abortion that teens expressed had a painful effect on their emotional state. Many of the teens I interviewed experienced distress related to their moral ideas about abortion. Yet, while teens experienced negative emotions because of the discrepancy between their moral beliefs and their actions, in the majority of cases, moral principles did not have a direct effect on decision outcomes. Thus, while teens always justified their decisions with moral arguments, they were not, for the most part, able to make their decisions based on abstract moral principles.

First, teens who made unequivocal statements against abortion often subsequently behaved in ways contrary to their own moral beliefs. To provide the most extreme example, each of the 3 participants in my sample who identified exclusively as pro-life had abortions. Case 13, for example, was an 18-year-old recent high school graduate who wrote pro-life opinion pieces for her school newspaper, was a "strict Christian," and never imagined having an abortion herself. In fact she said she was instrumental in convincing a high school friend to keep her baby instead of having an abortion. Case 13, however, provided multiple reasons that she herself needed to have an abortion, making it clear she simply could not imagine having a baby in 8 months. Her boyfriend was strongly opposed to having a baby and feared he would be kicked out of his father's house. She was going to start community college in the fall, looked forward to enjoying an active social life in college, and, since she had publicly taken a vow of chastity, was overwhelmingly averse to revealing the fact that she had been sexually active to family members. She explained how her thinking had changed since becoming pregnant, discussing what she described as a previous failure of imagination:

everyone asks me “what would you do if you were pregnant?” Oh, “I would have the baby,” you know, of course--this is my belief. But then I never really thought, you know, how is it going to be when I’m pregnant? You know, how is it going to be different? How is going to be feel for me? What are going to be the circumstances? I never thought about it actually happening to me. I just thought of the circumstances moving someone else. So I guess, it’s like I’m doing it, basically I’m doing it for myself. I feel kind of selfish in a way for doing it.

Despite feeling “selfish” and despite her strong pro-life stance, Case 13 proceeded to quietly have an abortion.

Case 14 shared a similar ideological starting point and outcome. She was a 17 year old mother of an 8 month old who had gotten pregnant because she was seeing an abusive ex-boyfriend with whom she was not supposed have contact. When I first asked Case 14 about abortion she told me she was “totally against it.” In fact, she explained, the reason she had a baby was because she was unwilling to have an abortion the first time she became pregnant. When I asked her whether there was any situation in which she would have an abortion, she replied “I don't think so. I was telling my friends, because I've really, really thought about it, I said if I got raped and if I got pregnant I'd think there was a reason why God gave me the baby.” After several weeks of difficult deliberation, during which she attempted to miscarry by going in a hot tub and lifting weights, Case 14 eventually contradicted her own previous statements by having an abortion. In cases such as these, teens acted in ways that did not correspond to their own moral principles because the circumstances of their immediate situation made it impossible for them to imagine having a baby. A boyfriend’s insistence on abortion, the desire to avoid the moral shame and stigma of having a baby, or practical concerns about money and housing took precedence over the abstract moral principle that abortion was wrong.

Second, participants’ explanations for their own actions changed over time as they altered or solidified their intentions. In our first interview, Case 2 had just recently decided to continue her pregnancy. With the decision fresh and recent in her mind she told me that she initially considered having an abortion: “At first I wasn't going to have it ‘cause I was seeing that my mom got enough kids as it is.” Only 15 years old, case 2 was aware that if she had a baby her mother would be subsidizing her financially and helping with childcare. Case 2 also talked about her reasons for wanting to continue the pregnancy: “I always wanted a little baby ‘cause I see--they just precious and little.” She discussed her relationship with her boyfriend explaining that he wanted her to get pregnant, that he asked her not to have an abortion when she told him she was considering one, and that they have been getting “closer” since her pregnancy.

When I followed up with case 2 two months later, her pregnancy was starting to show. She seemed defensive as she complained that people were gossiping about her, asking her questions about the pregnancy (such as who was the father), being “nosy,” and getting in her business. When I reviewed her decision she offered a new justification for continuing.

Q: Why do you want to have this baby?

A: ‘Cause I'm against--I don't like abortion so that's why I had it. Well, that's why I'm having it, ‘cause I don't like abortion.

Q: What don't you like about them?

A: It's killing a baby, that's uh uh, it's like murder.

It may be that case 2 felt avoiding abortion was a more socially acceptable reason for a 15 year old to have a baby than those she discussed in our first interview.

In other cases the moral reasoning with which participants discussed their decision changed before and after the final outcome. At our first interview Case 30 told me she would not consider having an abortion in her situation because she was not raped and she was not a drug addict incapable of having a baby: "I'm a very firm believer of God and heaven so my thing is when you get to that gate he's going to show you 'you've had an abortion, you've killed something I created.' So I just can't even go there." She offered a clear moral justification for continuing the pregnancy. Later, despite her earlier statements, for reasons I explain below, Case 30 ended up having an abortion. She felt terrible about having done so, but was able to offer a different moral justification for her decision explaining that having a baby before she and her boyfriend were committed to each other and financially stable would not be the 'right' way to proceed:

A: We'd rather it be right than wrong cause so many other people have babies for the wrong reason nowadays. So we'd rather go the right way.

...

Q: What's the right way?

A: ...Dedicated to each other...and just being stable so when it does come into life it can have the life any kid would want.

In cases such as these, the outcome of the decision preceded and thus determined the moral explanation offered, rather than the other way around.

Third, in most cases situational, rather than moral, considerations determined the decision outcome. When a teen's material situation changed, the outcome of her decision often changed as a result. The following excerpt from my fieldnotes illustrates the way an unanticipated reaction from a parent changed a teen's decision from abortion to continue. In this excerpt Paula, a medical assistant, speaks to a 16 year old who was at the clinic for a pregnancy related appointment:

Paula [medical staff] said "well it looks like you're 20 weeks pregnant." The girl nodded. She seemed shy and kind of excited. Paula asked her how she was feeling about being pregnant and she said she was happy. Paula asked her who she'd talked to about her pregnancy. The girl said her parents and her boyfriend's parents. "And how do they feel about it?" Paula wanted to know. "They're supportive," the teen said. Paula looked at her chart and said "it says here that you had planned on getting an abortion when you found out you were pregnant. What made you change your mind?" The teen explained that she had a twin sister who was pregnant and when her Dad had found that out he had kicked her out of the house. The teen explained that she was afraid her Dad would kick her out so she was going to have an abortion but then it turned out when she told her dad he was supportive so she's going to continue the pregnancy.

In this case, knowing that she could continue living at home despite her pregnancy made the difference between continuing and terminating a teen's pregnancy. As teens found places to live, received support or negative reactions from partners and parents, their decision outcomes

changed accordingly. Thus, decision outcomes were influenced by the teen's immediate situation rather than by the abstract moral rules or concepts that they discussed. Although moral beliefs did not typically affect the outcome of the decision, I argue in the next chapter that the internal conflicts that morality created affected the decision process and influenced whether the decision was made easily and quickly or more slowly and with effort.

Conclusion

In this chapter I describe three sets of moral understandings about abortion expressed by pregnant teenagers discussing, considering, or going through abortion. First, I argue that the abortion debate in the United States provided the terminology and conceptual raw material that pregnant teenagers used to think about, discuss and justify their reproductive decisions. The majority of teens I spoke with combined a belief in personal choice with a concern for fetal rights and thus experienced ambivalence and conflict about their reproductive decisions. Second, I describe the way in which abortion was framed as irresponsible or responsible, selfish or unselfish. This contradictory framing was shaped by punitive ideas about teen sexuality on the one hand, and the cultural understanding that children require a minimum level of material and emotional sustenance on the other. Finally I describe shared understandings of unacceptable and acceptable ways of having an abortion. In general, teenagers thought repeat consecutive abortions were morally problematic while excusing one or two abortions at an early age as youthful mistakes. Teenagers agreed that the abortion decision should be made with a great deal of care and thought by the individual seeking an inner certainty about the best action to take. Lastly, for many teens, there was an acceptable gap between what you believed and what you did that was part of a person's negotiation of the abortion process.

I argue that abstract moral principles do not have a direct effect on decision outcomes. First, teens chose to terminate in spite of their belief that abortion was wrong. Second, as I will describe in the next chapter, teens were not always able to follow through on the moral ideal of making a reproductive decision free from the influence of others. I will argue later, however, that the moral ideal of refraining from excess in the form of repeat abortions influenced action because it was a flexible ideal and one that had to do with personal identity. There was no rigid cut off point defining the number of abortions that was acceptable, thus teens could reliably aspire towards the goal of not having too many abortions.

It may be that the young women I recruited at Planned Parenthood clinics were more likely to feel ambivalence, caught between their belief that abortion is murder while also feeling that they had the right to make their own reproductive decisions. Teenagers whose pro-life beliefs prevented them from terminating a pregnancy would likely to go to faith based clinics or adoption clinics for support rather than to an organization synonymous with abortion rights. Yet Planned Parenthood was and is a large organization that serves a significant portion of the teenage population. During the mid-1990s, when I collected my data, Planned Parenthood served 38.5% of family planning clients under the age of 20 in the region that included California (Frost 1996). The clinics at which I worked and collected research observations provided not only abortion services but gynecological care, family planning and prenatal care. That is, services other than abortion attracted clients to Planned Parenthood. Most importantly, the diverse group of teenagers I spoke with—those who continued and those

who terminated, those who were accepting of abortion and those who were not—all shared the language and worldview that I describe here.

CHAPTER THREE: REASON, INTUITION, AND IMAGINATIVE ASSESSMENT IN THE DECISION PROCESS

Introduction

I designed my research with the premise that I would be able to observe decision making as it unfolded, prospectively enrolling participants before they received their pregnancy test results, and then interviewing them over time as they resolved what to do. My goal was to approach teens who stood at a crossroads in their lives accompanying them as they decided which path to take. As I approached each young respondent I sought to understand how, when, and for what reasons, she decided in which direction to go. I thought that most pregnancies would result in a period of questioning and potential life transformation, a period of uncertainty and possibility that Johnson-Hanks calls a vital conjuncture, “a duration of lived time with many possible outcomes, each of which suggests a radically different future” (2006:194).

I found that for almost half of pregnancies, the decision process did involve a period of uncertainty. In 46% of cases teens engaged in a period of deliberation and typically conflict-ridden reflection. There was not, however, always a period of uncertainty and potential change associated with each pregnancy decision. For a little more than a third of participants, deciding which path to take was immediately obvious. In these cases the pregnancy resolution involved little uncertainty and required minimal deliberation. Finally, about 20% of the time, participants had prepared their decision in advance of finding out they were pregnant. These teens had hoped or assumed they would give birth if they became pregnant (or even intentionally conceived), or, alternatively, had planned in advance to terminate. Thus, for this third group the action taken was not the product of a decision made at a crossroads. Instead the action taken was the fulfillment of a plan, an action considered, formulated, and mentally rehearsed well before, sometimes years before, the pregnancy in question.

In this chapter I explore the different ways teens made their pregnancy resolution decisions addressing the question “how, or through what process, do teens make the decision to continue or terminate their pregnancies?” In answering this question I discuss the literature on dual-process cognition from both the social psychology of morality and moral sociology. Some sociologists are borrowing recent insights from social psychology about the importance of non-conscious automatic thought and applying them to moral sociology (Firat and McPherson 2010, Vaisey 2009). In what follows I use my interview data to empirically assess the relative importance of non-conscious thought during moral decision making. I argue that to understand decision-making processes we need to take into account the cultural frames and scripts through which people interpret and understand their world, the ways they imagine the future will be, and their conflicts with other actors.

Relevant Literature

Studies of the Pregnancy Resolution Process Focus on Reason and Relationships

There are few prospective, observational studies of the pregnancy resolution process. In the medical literature, studies on this topic tend to be descriptive (Ashton 1980, Berger et al. 1991, Farber 1991, Herrman 2007, Hudis and Brazzell 1981, Rosen 1980, Spear 2004), or focused on the question of why some women decide to continue their pregnancies while others

do not (Bracken et al. 1978, Fischman 1977). Recent sociological work on pregnancy resolution has focused on describing the social context in which pregnancy decisions are made rather than the decision process itself (Arai 2003, Ekstrand, Tyden, Darj et al. 2009, Hoggart 2012). Other sociologists have hypothesized about teen pregnancy decision making without directly observing the process (Furstenberg 1992, Geronimus 1991, Geronimus, Bound, Waidmann et al. 2001).

There are, however, two notable studies that focus directly on the decision process itself. Both studies argue that reproductive decisions are made through a process of reasoning and that this reasoning revolves around interpersonal relationship considerations. Gilligan and Belenky (1980) interviewed women resolving their pregnancies and found that as women made the decision whether or not to have an abortion their thinking situated the self continually in relationship to others and revolved around the issues of responsibility and selfishness. For Gilligan, the abortion decision epitomizes the central moral dilemma of women's lives, the conflict between self and other, or autonomy and caring, and this dilemma is approached and resolved through a process of conscious thought.

Like Gilligan, Luker (1978), studying the decision not to use contraception, approaches reproductive decisions as a form of rational thought, placing them within the context of relationships. Luker argues that there are relational reasons women may be motivated to become pregnant, albeit unintentionally. Applying rational choice theory to the decision not to use contraception, she analyzes the way women weigh the costs of using birth control against the potential risks and benefits of becoming pregnant. Pregnancy, she argues, has implications within sexual relationships and becoming pregnant can provide a woman with the opportunity to test and potentially change her relationship with her male partner. Luker's findings suggest the importance of attending to the social meanings of pregnancy within sexual relationships, an insight that I found relevant to my data.

Background on Moral Psychology

During the 1960s, the prevailing understanding in moral psychology was that conscious reasoning produced moral judgment. Kohlberg, the exemplar of this rationalist approach, argued that moral thinking was a cognitive process involving reason and reflection. People solve moral dilemmas by thinking them through as they would a math problem. His data, interviews in which research subjects explained their thought processes about moral conflicts, supported his theory that moral thinking is a form of reasoning accessible to discussion.

During the 1980s, however, in what psychologists call the "affective revolution," a large body of research in psychology and behavioral economics began to demonstrate the effects of unconscious processes on judgment and behavior. These processes are continuous, automatic, and evaluative. Zajonc, for example, showed that repeatedly exposing research subjects to items (nonsense words, faces, shapes) could produce a favorable reaction to the items simply by virtue of becoming familiar (Zajonc 1968, Zajonc and Rajecki 1969). This "mere exposure effect" was even more pronounced when subjects were not aware of the images they were being shown—when they flashed on a screen too quickly to be consciously registered (Monahan, Murphy and Zajonc 2000).

Bargh's priming studies provide another example of the way unconscious stimuli influence behavior (Bargh, Chen and Burrows 1996). In these studies, Bargh and his colleagues gave college undergraduates scrambled sentence tasks. For these tasks, some groups received words thematically associated with elderly people (bald, wrinkle, forgetful) while control groups did not receive such priming. The subjects who were primed to think of elderly people walked more slowly down a hallway after the test than did subjects who were not similarly primed. Importantly, Bargh's subjects were not aware that the words they had been shown had a common theme.

Multiple similar studies reiterate the points that unconscious cognitive processes play an influential role in human behavior, that we are not subjectively aware of this role, and that this role involves affect. Moral psychologists drew on these new insights about unconscious processing, applied them to understanding moral judgment, and began conducting various laboratory studies to observe and measure aspects of the relationship between unconscious processes and morality. Their many findings elaborate the ways that unconscious, affective processes contribute to moral judgment.

The common basis of recent thinking in moral psychology, then, is that the human brain operates with two cognitive systems: an automatic system and a deliberative system. In his summary work, *Thinking, Fast and Slow* (2011), on current understandings of the mind, judgment, and choice, Kahneman explains that each system within the brain processes information in a distinctive manner (Kahneman 2011). What Kahneman calls System 1 "operates automatically and quickly, with little or no effort and no sense of voluntary control" (Kahneman 2011:20-21). In contrast, System 2 "allocates attention to the effortful mental activities that demand it," and its operations are associated with the subjective experience of agency and decision making (Kahneman 2011:21). The fast system, then, automatically, effortlessly, and continuously produces feelings and provides affective evaluations of the surrounding environment in ways that are not always accessible to our conscious selves, but that nonetheless have an effect on behavior. System 2, in contrast, slowly reasons, attends to problems, plans, and makes choices in a way that is consciously accessible and subjectively experienced as the self. While System 1 operates without conscious intention, System 2 functions when there are surprises to explain, calculations to make, or problems that require attention.

In what follows I discuss recent developments in moral psychology, identifying some gaps in the literature that my data address. First, studies in moral psychology have not investigated real-life dilemmas as they occur within natural settings. Second, the debate over whether moral judgment is produced by intuition or reason makes assumptions about intuition that were not borne out by my data. Third, while hypothesizing social influences on decision making through concepts such as persuasion and reasoned argument, the literature has not addressed social influence through coercion and the exercise of power.

Moral Psychology Lacks Real World Studies

The field of moral psychology is dominated by studies of subjects completing tasks in a laboratory setting and does not typically include studies of real world moral decision making (Suhler and Churchland 2011). To date there are three general types of investigation in the

field of moral psychology. A first type of study presents subjects with moral dilemmas to resolve. Kohlberg's classic studies, for example, required subjects to discuss hypothetical situations that involved conflicting priorities such as stealing an expensive drug in order to save your wife's life. Other experiments focused on moral dilemmas ask individuals to deliberate about killing one person in order to save the lives of many. The trolley car dilemma, for example, asks whether it is morally acceptable to divert a runaway train that is going to kill five people onto an alternative route where it will kill only one person (Greene 2009). Similarly, the crying baby dilemma asks participants whether it would be acceptable to smother a crying baby in order to save a village of people hiding from enemy soldiers (Bartels 2008). A second type of study examines, not moral dilemmas, but situations that are morally objectionable yet, logically speaking, do not involve causing direct harm. This type of study elicits moral reactions to situations such as eating the family's pet dog who died accidentally, incest between adult consenting siblings, or cleaning the toilet with the national flag (Haidt et al. 1993). Finally, a third type of research measures brain activity using functional MRI to determine which areas of the brain are activated while subjects solve moral dilemmas (Greene, Sommerville, Nystrom et al. 2001) or look at pictures with or without morally charged content, such as war scenes, violence, or abandoned children (Moll, de Oliveira-Souza, Eslinger et al. 2002).

Both sociologists and moral psychologists have discussed the shortcomings of lab research investigating moral psychology at length and suggest, as a corrective, conducting studies of decision making in natural settings (Abend 2010, Firat and McPherson 2010, Hitlin 2008). With a few exceptions (Krebs, Denton and Wark 1997, McAdams, Albaugh, Farber et al. 2008, Turowetz and Maynard 2010), the field lacks observational studies of real-life moral actions. Critics of the exclusive focus on laboratory studies argue that moral judgment provoked by hypothetical scenarios in an artificial setting may not illuminate moral thought processes that occur outside the laboratory in the real world. Suhler & Churchland, for example, comment on the "dubious ecological validity" of many experiments, arguing that "presenting subjects with contrived, behaviorally inconsequential scenarios in highly artificial environments...may fail to give an accurate picture of an inherently social phenomenon like morality" (2011:38). Studies conducted in natural settings outside the lab promise to fill in this gap in our knowledge by providing data on what people think and do in real, rather than hypothetical, situations.

The Debate: Are Moral Decisions Dominated By Reason or Intuition?

Most researchers agree that two cognitive systems operate in the human brain, whether they call these systems intuition and reason, unconscious and conscious, fast and slow, automatic or effortful. They do not, however, agree which system plays the primary causal role in producing moral judgment. In what follows I explain the general debate over which cognitive system generates moral judgment and point out some assumptions of the debate that were not borne out by my data.

Some scholars, termed intuitionists, argue that System 1 is primary in generating moral judgment. Jonathan Haidt, the best known proponent of social intuitionism, argues against a rationalist approach based on his findings that affective reactions are better predictors of moral judgment than are rational perceptions of harm. Washing the toilet with the national flag, for example, is perceived as immoral even though no one is harmed by this action. Based on his

work investigating moral reactions, Haidt developed a model of moral judgment called the Social Intuitionist Model (SIM) (Haidt 2001). According to Haidt's model, people experience automatic, emotionally laden intuitions that give rise to moral judgment: "one feels a quick flash of revulsion at the thought of incest and one knows intuitively that something is wrong" (2001:814). Then, in a slower, secondary cognitive process, moral reasoning works to buttress, rationalize, and explain the moral judgments one's intuition has produced: "when faced with a social demand for a verbal justification, one becomes a lawyer trying to build a case rather than a judge searching for the truth" (Haidt 2001:814). What Haidt calls "lawyer logic" occurs when emotions determine the slower System 2's biased selection of evidence to support intuitive judgments that have already been made.

Haidt also describes a phenomenon he calls "moral dumbfounding" which is when people are unable to articulate the reasons why they have strong feelings that an action is immoral (such as eating a pet that has died naturally), yet still continue to insist that the action is wrong. Moral dumbfounding, Haidt says, provides further evidence that moral judgment is produced by intuition and affect rather than by reasoned thought, because it demonstrates that our moral judgment is inaccessible to our conscious mind.

While Haidt focuses on emotional intuition, his model also includes two pathways through which slower cognitive processes influence moral judgment. He calls these two pathways "reasoned judgment" and "private reflection." Reasoned judgment is the rational thought process (described by rationalists) through which an individual may override her initial moral intuition. Private reflection may give rise to new intuitions that revise one's original intuitive judgment. Haidt includes these two pathways, which have been the focus of rationalist approaches, in his model, yet argues that they play a very minor role in producing moral judgment.

Vaisey, as he brings the dual systems model of human cognition into sociology, also argues for the primacy of System 1 over System 2 in determining moral judgment (Vaisey 2009). Vaisey adds Haidt's work to the sociology of culture to address the question of how cultural meanings affect moral decisions. In Vaisey's dual-process model of the divided self, culture shapes two cognitive processes: the fast, automatic, and unconscious process that motivates action and the slow, deliberate, and conscious process that justifies action. Thus, Vaisey argues that culture influences individuals in two ways--through shaping both our unreflective internalized motivations and our subsequent conscious justifications for what we have intuitively decided.

Although there are ostensibly two cognitive processes at work in Vaisey's model, affective intuition is actually the primary driver of people's moral decisions. In fact, Vaisey gives System 2, which he calls discursive consciousness, almost no influence over the process of moral decision making. Borrowing from Haidt, he uses the metaphor of a rider on an elephant to describe the relationship between the two cognitive systems that make up the divided self.

The rider, who represents our conscious processes, is the part of ourselves we know best---she can talk, reason, and explain things to our heart's content. Yet, for the most part, she is not in charge. The elephant, which stands for our automatic processes, is larger and stronger than the rider and is totally unencumbered by the need, or the

ability, to justify itself. Driven by the simple mechanism of attraction and repulsion, the elephant goes where it wants (Vaisey 2009:1683).

Vaisey extends his argument by making a methodological point. Being as pessimistic as he is about the influence of reason on moral decision making, Vaisey argues that humans, and in particular research subjects, will not be able to articulate the intuitive process that motivates moral actions. Open-ended interviews, he argues, will not provide information about the true, underlying decision-making process, because that process is unconscious and therefore inaccessible. Instead, in-depth interviews will produce conflicting, multiple justifications for decisions, or inarticulate statements about “just knowing” what is right. Because of this, rather than elicit “lawyer logic,” or after the fact justifications, Vaisey studies the practical consciousness that generates decision making.

Vaisey’s application of moral psychology to sociology depicts culture as having an influence through unconscious processes, through schemas that influence our intuitive reactions to moral situations. He argues that teenagers internalize durable moral dispositions, or orientations towards moral decision making, on the basis of cultural scripts such as maximizing happiness, maximizing utilitarian success, following advice, or observing religious principles. He finds that these underlying unconscious moral schemas predict teens (self-reported) behavior in situations such as cheating on tests, keeping secrets from parents, drinking alcohol, and prosocial behavior.

In contrast to Haidt and Vaisey’s emphasis on intuition, other scholars develop models in which both reason and intuition generate moral judgment. According to Narvaez, for example, reason and intuition are equal partners in an iterative process that produces moral conclusions (Narvaez 2008). As we make moral decisions throughout the day the two cognitive systems alternate taking precedence over each other. Based on a personal diary study of her own thoughts, as well as her work in the development of expertise, Narvaez argues that both feelings and reasoning are equally involved in grappling with daily moral issues such as negotiating fights between siblings or juggling personal needs against other’s needs: “instead of intuition dominating the process, intuition danced with conscious reasoning, taking turns doing the leading” (2008:2). She suggests the process of coordinating between intuition and reason in particular situations is a form of “practical wisdom.”

Like Narvaez, Greene argues that intuition and reason both play a part in moral decision making (Greene et al. 2004, Greene 2009). According to Greene, System 1 and System 2 compete and trade off depending on the type of moral dilemma being presented, such as whether the moral dilemma is personal or impersonal. Personal moral dilemmas involve direct action to harm specific people (e.g. pushing a man off a bridge to stop a runaway train), while impersonal moral dilemmas involve abstract solutions that do not require causing direct harm (e.g. flipping a control switch to divert a runaway train). Greene’s fMRI data show that personal moral dilemmas engage brain areas associated with emotion, suggesting that System 1 is activated, while impersonal dilemmas engage brain areas associated with cognitive control, abstract reasoning, and problem solving, suggesting that System 2 is activated (Greene et al. 2001).

Greene's data also show that System 1 is not always the primary determinant of judgment. Based on measuring response times and brain activation areas, Greene argues that logical System 2 may sometimes override a System 1 impulse. Most study subjects intuitively recoiled from the idea of physically pushing a man off a bridge, even when it would save the lives of many other people. A few subjects, however, maintained that it would be appropriate to push one person to their death in order to save others. Compared to those who provided an intuitive answer (pushing is wrong), logically oriented subjects exhibited more brain activity in areas associated with abstract reasoning, and had longer response times both of which could suggest cognitive effort in overcoming an intuitive aversion to pushing. From this evidence Greene infers that utilitarian judgments made by System 2 may override a subject's initial intuitive reaction to a moral dilemma.

The debate, then, has centered on the question of how System 1 and System 2 work in producing moral judgment. Rationalists argue reason dominates, intuitionists argue intuition dominates, and others argue that the two systems are equally important (Haidt 2010). Some scholars, pointing out that there are many different types of moral decisions, have looked to the content of the decision to explain when reason or affect will dominate. Monin & Pizarro, for example, suggest that moral dilemmas of the type studied by Kohlberg will be resolved using System 2, while moral infractions of the type studied by Haidt will activate system 1 (Monin et al. 2007). Haidt himself draws a distinction between moral judgment and moral decisions and has suggested that reason will become more important when making decisions as opposed to judgments (Haidt and Bjorklund 2006). This, he explains, is because moral decisions have real consequences for the self and others while moral judgments are typically fleeting and often do not have consequences.

The debate over the relative importance of reason and intuition in moral thought makes certain assumptions about the nature of intuition that were not borne out by my observations. First, models that emphasize intuition assume that intuition will always be present to provide a moral judgment applicable to the task at hand. A second, related assumption is that moral intuition will be simple and unitary, giving rise to a clear judgment. Yet, I found some situations in which intuition failed to present itself and, more commonly, situations in which multiple, simultaneous intuitions produced conflicting judgments. The dual-process model does not account for complex situations such as experiencing strong negative feelings at the idea of having a baby while also experiencing equally strong and opposing feelings of horror and distaste at the idea of having an abortion. Thirdly, the debate ignores other types of moral thinking such as moral resolutions or intentions. Critics have pointed out that current social psychological models do not address the way moral thought processes are shaped by the actor's cultural and situational context (Firat and McPherson 2010). Perhaps by studying primarily decontextualized decisions, (those made in artificial settings), the debate has neglected to address the prior intentions that people bring with them when making moral decisions in the real world.

Absence of conflict and coercion in moral psychology's model of social influence

Another important aspect of Haidt's social intuitionist model, which should make it particularly adaptable to the field of sociology, is the idea that moral judgment is a social

phenomenon influenced both by culture and by others making moral decisions (Narvaez 2008). Haidt calls his model “social” because actors influence each other’s moral judgments in two ways--through “reasoned persuasion” and “social persuasion.” Reasoned persuasion refers to the way an actor’s justifications of her moral judgments may convince others to feel differently about a topic. Social persuasion refers to the way actors are motivated to agree with people around them. This motivation, which functions to enhance relatedness, means that we are pulled in the direction of others’ judgments through our desire for harmony and agreement. According to Haidt’s model, people can influence each other only by changing the intuitions that are the source of moral judgment. That is, Person A will be able to affect Person B’s moral judgment (intentionally through reasoned persuasion or unintentionally through social persuasion) only by first influencing his or her intuition.

Critics have pointed out that by focusing on compliance Haidt ignores other forms of social influence on moral decisions (Paxton and Greene 2010, Saltzstein and Kasachkoff 2004). These critics themselves, however, focus primarily on one alternative form of social influence—rational argument. Paxton & Greene, for example, discuss the ways we influence each other directly through reason and by appealing to our desire to hold consistent beliefs. Their primary point is that actors influence each other not just through the heart but also through the head.

The assumption, then, is that social influence is agreeable and harmonious, occurring either through willing (conscious or unconscious) compliance with persuasion, or through reasoned discussion. In this type of approach, social influence through the exercise of power, and the existence of conflict or coercion between parties making moral decisions, are not addressed. I found, however, that conflict with other actors was an important complication in the decision-making process, and that coercion could change decision outcomes.

A Moral Sociology of Pregnancy Decisions

In what follows I address the questions raised above by examining the decision-making observations I collected for evidence of intuition and reason. What light does my data shed on the debate over whether reason or intuition dominates moral decision making? I found aspects of both intuitive moral judgment and reason in most decisions. Experiences of the pregnancy resolution process ranged along a continuum from decisions that were relatively simple and easy to make to those that were complex and required more effortful thought. Participants spoke of their decision-making processes in different ways. Simpler decisions that seemed obvious to participants contained more expressions of intuition and certainty than did difficult decisions. Complex decisions, which often involved periods of uncertainty, contained fewer statements suggestive of intuition, and many statements indicative of reasoning and effortful, even angst ridden, thought.

After describing how I recognized and categorized expressions of intuitive processes and reasoned thought, I explain why intuition failed to dominate most decisions. In addition, I discuss the finding that intentions formulated prior to the pregnancy in question were an important element of decision making and explain why moral intentions did not fall easily into either side of the intuition-reason divide. I then suggest an alternative model of decision making in which participants used a combination of reason, intuition, imagination, and cultural knowledge in order to decide which route to take. Participants used cultural knowledge, in the

form of imagined futures, to explore various hypothetical scenarios and to determine, in negotiation with other actors in their environment, which imagined future was most appealing and most likely.

In proposing an alternative model of decision making I am suggesting some additions to the metaphor of the rider on an elephant that Vaisey (after Haidt) proposed to represent the two cognitive systems. In the original metaphor, the lone rider, representing reason, thinks she is in control, yet the elephant, representing our intuitive processes, goes wherever it pleases. In what follows, I will argue that we need to add several items to this image. First, the image needs to include the well-trodden paths through the forest, representing cultural understandings that provide structured choices, along which the elephant will move because this is easier than crashing through a dense, uncharted forest. Second, we need to add other riders on their own elephants to the picture. These other riders have their own ideas about what our rider should do. They may bully, coax, or entice our rider onto a different path from the one she originally began or, obstructing her progress, force her to maneuver towards a new destination. Lastly, our rider will often pick up the reins and guide her elephant when she does not like where she is going, when the path is obscured, or as obstacles arise along her way.

Observing Elements of Intuition and Reason in Moral Decisions

In this section I use my data to address the question of whether reason or intuition dominated moral decision making. I begin by discussing how I recognized and labeled statements about the decision process as indicative of intuition or reason.

According to moral psychologists and sociologists who apply their paradigms to social thought, intuition in moral judgment always involves affect and has been described as a “gut feeling” (Haidt 2002:54), something one “just knows,” or something that “feels right” (Vaisey 2009:1689). Vaisey, for example, in his qualitative analysis of adolescent moral judgments, categorized intuitive statements as those that involved reference to feelings, instinct, or a certainty of knowledge that something is right or wrong (Vaisey 2009:1693). Haidt describes intuition as “the sudden appearance in consciousness of a moral judgment, including an affective valence (good—bad, like—dislike), without any conscious awareness of having gone through the steps of searching, weighing evidence, or inferring a conclusion” (Haidt 2001:818).



Although intuitive thought processes themselves are not observable because they are unconscious, we can observe the products of intuitive thought. Kahneman, for example, provides the illustration (to the left) of an angry woman to demonstrate to his readers the automatic way in which system 1 works (Kahneman 2011:19). As you observe the face, you understand, without needing to consciously assess her mood or anticipate her next action, that the woman is angry and is likely vocalizing her complaints. Kahneman explains this as an instance of automatic thought because, “your reaction to the picture did not have the feel of something you did. It just happened to you” (Kahneman 2011:20). Thus, we cannot directly observe System 1 working as we intuit the woman’s state of mind, but we understand and can express the result of our System 1 process—we know that the woman is angry.

In contrast to intuition, the reasoning work done by System 2 requires deliberate attention and we are conscious of the effort it involves. Reasoned thought will not occur unless we intentionally undertake the effort of focusing on a problem. Kahneman draws an analogy between reasoning and solving a math problem such as 17×24 . That is, the solution does not automatically leap to mind and will not be reached unless you undertake the calculations needed to solve the problem. Kahneman also explains that reason is called into play secondarily, when a situation arises that is not easily handled by the automatic processing of system 1: "System 2 is mobilized when a question arises for which System 1 does not offer an answer...when an event is detected that violates the model of the world that System 1 maintains" (Kahneman 2011:24).

Because System 1 thought processes are inaccessible, Vaisey argues that unstructured interviews will collect only justifications for the intuitive conclusions that the unconscious has already reached. Yet, participants had not always reached a conclusion when I spoke with them. Some were undecided, did not yet know what they would do, or were vacillating between positions. Others switched outcomes between interviews spread across time in ways that surprised me and themselves. More importantly, I found that participants often described their decision making in ways that made it clear they were discussing either intuition or reason. That is, they described particular thought processes leading to decisions in distinct ways.

First, participants spoke of some aspects of decision making as thoughts that made themselves evident without any effort on their part. Thus teens described some decisions as introjecting themselves suddenly into their thoughts, as "popping" into their heads or as "coming to mind." Case 9, for example, said "it was just like something hit me, like 'keep it.'" They spoke as if their decision originated externally as when Case 21 explained that her boyfriend's abuse "just put that in my head" to have an abortion.

Participants also described some decisions as being the first and the only outcome that occurred to them. When I asked Case 12 whether she had thought about her first abortion a lot and whether she had considered keeping the baby she answered "no, not at all. The first thing that came to my mind--I'm getting an abortion." Case 22 explained her decision-making process in a similar manner as she told me "when I first thought about it I was like I can't do this [have a baby]." She explained: "That was just the first thing that came to my mind was abortion, which I don't like. That was my first decision, the first thing that popped into my head--abortion. I was like I'm going to get one." In cases such as these, participants did not consider alternatives.

Furthermore, in some decisions teens explicitly referred to the absence of deliberative thought. When I asked case 45 why she had continued her first pregnancy she corrected me saying,

It wasn't a reason. I just said, "I'm going to have this baby, because it's somebody I could love and somebody that's going to love me." That's -- it wasn't -- it wasn't no -- I just didn't give it no, no other thought, you know. I didn't think about doing nothing else but having that baby.

Other teens described their process as almost impulsive and, in reference to abortion, said they "just did it" quickly and without deliberation in order to get through an unpleasant situation (case 28). Case 21 told me that the first time she became pregnant she proceeded to have an

early abortion and did not examine her other options: "I just had it [the abortion]. I was like a month and a half [along in the pregnancy]. I had just found out [I was pregnant] and I had just did it. I had no time to think about it. I just got it over with and that was it."

Another common expression, that I judged as intuition, was the statement that some teens made about having an abortion, which was "I just can't do it." These teens were not speaking abstractly of their general opposition to abortion; they were describing the gut level feeling that they could not bring themselves to terminate the particular pregnancy they were carrying. In fact, some teens expressed this sentiment despite previous intentions to have an abortion or while expressing reluctance to have a baby. Case #26, a 16 year old who was in recovery from drug and alcohol abuse, initially intended to have an abortion when she became pregnant because, she explained, "my life is not totally straight and I'm not in school at the moment, and I don't have a job. I have no income coming in, and I didn't want to depend on my mother. And it's just, like, well a baby wouldn't be, a baby at this point in time wouldn't be a good thing to happen." Yet, after she had an ultrasound to determine how advanced her pregnancy was, her feelings changed and she felt unable to go through with terminating the pregnancy. She explained herself this way:

We've seen the sonogram. We've seen the baby move. I've seen his feet and his hands, and it's got a face, and ears and nose [laughs].... It was just after that--there was no way I could have an abortion. There's no way I could see that life and then--no way, I can't do it.

In this situation an affective moral judgment emerged as the direct result of an event and reversed the outcome of the decision.

In contrast to these expressions of the intuitive parts of decision making, however, participants also described more effortful aspects of decision making that involved reason and deliberation. While those describing intuition spoke as if thoughts simply emerged into consciousness fully formed (presumably because they were not aware of the processing that produced the idea), those describing reason were conscious of the thought process that produced their decisions. Some described this process as contemplative in what was generally regarded as the ideal method of arriving at a reproductive decision (as I described above). Case 38, for example, described coming to her decision this way: "That night I stayed up late just thinking, what should I do? And that's when I thought about it."

Others, however, described attempts at deliberation that, frustratingly, were not productive. Case 43 for example, explained,

I try to set my mind on something but I can't. I can't think clearly on it.... Because my mind will not just concentrate on just one thing, it won't. I can't, as much as I try and try and try, it's just not working.... And it's like flip-flopping.... I try to write it down on a piece of paper and put my pluses and minuses. I couldn't do it.

Teens like this who were undecided for a period of time described their decision as something that was produced with effort, or made, rather than as something that simply sprang to mind, presented itself, or became evident. Case 36, for example, described coming to a final decision through force of will, and said she told herself "OK well just make up your mind--make a decision."

In contrast to intuitive thoughts, which participants often described as someone speaking to them from outside their consciousness, participants described reasoned decisions as an internal dialogue. Case 36, for example, explained her decision-making process as a conversation with herself that began when she discovered that she was pregnant:

When I first found out...that's when I was thinking, you know, well maybe I should keep it, maybe I should. But then, I just kept thinking "well how are you gonna take care of this child? I mean, you can't get on welfare. It's hard to find two jobs. I mean, you know, it's hard to find one, let alone two. And you're not guaranteed to have this job at Federal Express. It's different if you knew for sure that you had this job."

Case 43 explained

I think about, "well, why are you going to keep the baby if everyone is telling you that you can't keep the baby?" And then I think, "Okay, I'm not going to keep the baby." And then, "Why do you do that when you want to keep the baby?"

She then described her internal dialogue as an argument saying, "I can't decide, I mean more of me is wanting to keep it, but the less of me is telling me that it might not be a good idea. So like, my mind is just arguing, making it hard."

In sum, participants spoke of different elements of their decision-making processes in markedly different ways. For some teens the decision arrived before them spontaneously and easily. Others went through a slow, often painful, process of deliberation, soul searching, or reversing direction before making a final decision. The relative ease or difficulty of decision making was not explained by individual variation in personal confidence and innate decisiveness. I found that the same teens who made quick decisions with a first pregnancy might later have trouble deciding how to resolve a second pregnancy. Similarly, some who described agonizing over their first pregnancy decision later behaved decisively, easily resolving their second pregnancy.

Reasons Why Intuition Was Not Always the Primary Driver of Decision Making

While Vaisey and Haidt theorize that intuition will be the primary driver of moral decisions, I found many instances in which intuition did not dominate the decision process. For some participants intuition did not emerge, while for others intuitions were multiple and conflicting, which caused confusion, uncertainty, and a sense of being mired in indecision. Some teens fought against their own intuitive sense of what to do, trying, for example, to resist their strong desire to have a baby or to overcome their aversion to abortion. Others were prevented in various ways by parents and partners from carrying out intuitive decisions they had settled on.

One problem participants encountered with intuition during decision making was that it sometimes simply failed to appear. When moral judgment about which way to resolve a pregnancy failed to emerge, teens were left in the dark groping for an answer. Case 40 described this type of blankness when I asked her what she thought she would do when she first discovered she was pregnant:

I really didn't know. I mean, it was like when I first found out I really didn't have time to think about it until I got back home and I had to tell him. We didn't decide what we

were going to do for a long time. We just sat there for like 3 hours; it was quiet, just thinking because I didn't know what I was going to do.

Others described a lack of inner signal precisely as the failure of intuition. Case 9, for example, who said she was "hit" by the decision to have her first baby, had a more difficult time deciding what to do when she discovered she was pregnant the second time. She described her lack of inspiration in the following way: "right now me being pregnant it's like nothing has hit me. Nothing is saying keep it and nothing is saying don't keep it. It's like I'm just confused. I don't know what to do."

Another difficulty participants experienced with intuition was that it could shift from moment to moment producing conflicting messages about which direction to take. Case 21, for example, described simultaneously holding conflicting desires: "right now today and the past days it's been like 50/50. I want to have an abortion and I want to have it [the baby]." Or as case 41 put it, "I mean one side says I do want to keep it and then another side says I don't." The most common quandary in these situations was not wanting to have a baby, yet not wanting to have an abortion.

Without the helpful compass of unequivocal feelings about the pregnancy steering them definitively in one direction or another, ambivalent teens had difficulty sorting through their conflicts to find a solution. Case 45, for example, explained that her feelings were not providing sustained guidance in making her decision. As she told me, "I try to be focused on how I feel, but every day I feel something different." Because of this ambivalence she said, "I don't know what to think. I don't know what to do. I don't know what to say."

In addition, participants did not always choose to carry through on their intuitions. Some acknowledged an impulse and then after further consideration decided that the opposite choice would be a better option. Case 37, the single mother of an 18 month old, worked full time at a pet store, and as she worried that she was pregnant, her first thought was to have an abortion: "when I first told [my boyfriend], I was like, 'You know what I'm going to do. I'm there. I'm there. I'm scheduling my appointment. I ain't keeping it. I can't have another baby.' But then the more I thought about it, I know I can handle it if I did do it [have the baby]." Thus despite her initial feeling that she simply could not have another baby, after thinking it over for a while, Case 37 decided that she could rearrange her life and receive enough support from her mother to continue her pregnancy.

Case 12 moved in the opposite direction, initially thinking she would continue and then reconsidering after imagining the ways a second baby might disrupt her current educational program and plans:

I was going to keep it. At first I was going to keep it.... But then I was thinking me--I want to go on and finish nursing. I want to get a better job instead of just having my part-time job. I want to get a job to where I can make for sure that I can have enough Medi-Cal for two kids. I don't want to be on A.F.D.C. I'm partially on it, but that's not for me, I like to be independent.... [My boyfriend] helps but he don't have an honest job right now and I don't want to be dependent on him and anything can happen to him by him being out on the street. He can get killed, or, and I don't want to be tied down with two babies at a young age where I'm trying to go to school, so that's why I'm getting an abortion.

Thus participants acknowledged their intuitions and were able to imagine and evaluate what might happen if they carried them out. Case 7 described this process as a struggle between her head and her heart:

I don't think I'm ready to have a baby by myself. But I still have feelings like I want to keep it but I agree with a lot of things people are saying to me about me not being ready. But you know that's my head saying "I'm not ready" 'cause my heart's saying "I want it."

Through this process of imaginative assessment participants evaluated and sometimes overrode intuition.

Finally, as I discuss below, sometimes, despite their best efforts, teens were unable to carry out their intuitions because those around them would not allow or enable them to do so. In many instances a teen's parents or boyfriend made it clear, directly or indirectly, that they would not support continuing the pregnancy. In these situations, the teen, having little power and few resources, had no choice but to give up on her hopes of having a baby.

Intentions: An Aspect of Moral Decision Making Not Explained By the Divided Self Model

In addition to intuition and reason, intentions were an important aspect of decision making. I define a reproductive intention as an idea about how to resolve a pregnancy, should one occur, that is formulated in advance of becoming pregnant. That is, before a teen suspected, hoped, or worried that she had conceived, she had an idea about which reproductive action she would take if she became pregnant. Not all teens brought clearly formulated intentions with them to particular pregnancies. In 31 of 67 pregnancies, however, teens mentioned having either a general or specific intention regarding their pregnancy resolution. Some intentions were general expectations a teen assumed she would carry out if she became pregnant, as in the case of those who assumed they would never terminate a pregnancy due to their beliefs about abortion (cases 1, 8, 13, 14). Other intentions were specific to a particular point in time, as in the case of teens who hoped to conceive and continue in order to create a family with a current boyfriend (cases 5, 6, 11, 18, 31, 32, 38).

Teens brought several types of intentions to their pregnancy decisions. A few intended to terminate if they became pregnant (or pregnant again) as teens, because they were unwilling to take on the morally stigmatizing identity of teen mother (or teen mother to more than one child). Some teens wished to have a baby because they, or their boyfriends, had hopes about the rich emotional relationships that would come from sharing pregnancy and childrearing. Others, having had an abortion previously, promised themselves to continue their next pregnancy in order to avoid repeated abortions, which they felt were immoral. Many intentions, of course, did not get carried out either because a teen changed her mind when faced with the circumstances of a particular pregnancy (such as those who were pro-life until they experienced pregnancy themselves) or because those around her prevented her from carrying out her original intentions. In 15 of 67 pregnancies, however, teens described the outcome as the successful fulfillment of prior intentions.

Reproductive intentions were difficult to categorize as either reason or intuition and combined elements of both. On the one hand intentions clearly belong in the domain of reason because they require conscious forethought and planning. Yet on the other hand I found that

intentions often originated from intuitive moral judgments, or, from emotionally based hopes about relationship and connection. In this way reproductive intentions seemed to have one foot in the realm of reason and one foot in the realm of intuition.

Some intentions were long term moral intentions to avoid too many abortions made by teens around the time they were going through the procedure. Most teens having abortions resolved never to do so again. Case 40 said, "if it [pregnancy] ever happened again then I'm going to have it [the baby]. I'm not going to go through this again." Or, as Case 29 promised, "I'm never going to get pregnant again unless I'm going to keep it, you know. I'm not like the type that will make the same mistakes over and over." These intentions, which teens used to preserve a sense of themselves as morally worthy, were often based on the type of moral repugnance that Haidt describes as fundamental in generating moral judgments.

As participants expressed the sensibility that multiple consecutive abortions were immoral they often did so with a sense of disgust, making statements of moral judgment such as "that's not right" (case 40). Case 44, for example, expressed this kind of moral outrage when she described a woman who had confessed to having nine abortions:

I'm like "oh my god, how could you do that to yourself? You should know by now...." I think people should be ashamed at themselves. She was telling me that she thought she would have nine kids by now.... You think she feels anything? You know you should talk to someone like her and ask her. That would probably be an interesting little interview to ask "how do you live every day?"

Case 21 cried as she directed similar disgust at herself for having a second abortion within six months:

The first time [I had an abortion] it was OK to me but not again. Again? A second one? No matter what, I already promised myself no matter what situation I'm in if I am stupid enough to get pregnant again I'm going to have it. No matter what! I've been telling myself after this-- that's it.

In this way, promises to continue the next pregnancy were long term intentions that originated in strong feelings of distaste for abortion.

Teens who promised not to have another abortion often successfully carried out this intention in a subsequent pregnancy. A typical pattern was to have an abortion in high school, pledge to continue the next pregnancy, and then do so after graduation. Importantly, when the second (or third) pregnancy occurred, teens with pregnancy intentions had already made their decision. Case 39, for example, planned to continue her second pregnancy as she terminated her first. Case 39 first became pregnant when she was 16 and quickly decided, with the support of her mother, that she was too young to have a baby. When she conceived again at age 18, she and her mother had already agreed what to do: "when I got pregnant and I found out I was pregnant, I wasn't having an abortion.... My mom had already said if I ever got pregnant it won't be an abortion, I'm going to have a baby." Similarly, case 23 said she didn't have to make a decision when she got pregnant for the third time after having had two abortions: "After I had the second one [abortion] he said 'well if you do get pregnant again then we'll keep it this time no matter what. We'll just live with it--we can get through it.' So that's what we're going to do now." She said that when she found out she was pregnant she simply put the plan she

had already discussed into motion and began prenatal care: "We didn't even ask each other. We just knew that that's what we were going to do."

Other intentions I observed were also plans based on intuitive moral judgment. For example, a few middle class subjects I interviewed had always operated with the assumption they would terminate if they accidentally became pregnant during their teenage years. These respondents intended to delay motherhood until they were older and had accomplished certain educational, career, and personal fulfillment milestones (such as traveling). Thus, for this small group, having an abortion was not a decision to make about a specific pregnancy--it was a general approach to managing the risk of becoming pregnant, a plan to carry out in case they had an accident or made a contraceptive mistake.

Teens like this quickly enacted their intentions when they discovered they were pregnant and spoke about their strategy of planned abortion as something they "knew" about themselves (case 15). Case 44, for example, said "I kind of knew that if I was a teenager that I was going to have one [an abortion]." When I asked case 44 to explain when, in the sequence of events, she decided to have an abortion she answered:

I knew it for a while. So it wasn't really like a decision [I] had to sit down and think about it, you know, you kinda already know. I thought it out, like you know how you kind of plan something and you're like, well if it does happen I will do this. So, I think that's what really, that's what I did.

Thus, case 44 described her decision process as intuitive, something she did not have to think about, yet with her self-knowledge she then developed a plan, something she imagined herself doing in the future, if necessary.

Intentions to terminate for college-bound middle-class teens were, in part, plans to carry out certain career and educational milestones before having a baby, but they were also moral intentions. As they explained their thinking to me, these teens explicitly discussed the way they were making a moral decision to avoid what, for them, was the negative, stigmatizing identity of becoming a teen mother. Case 33, for example, discussed the cautionary tale of her aunt, explaining why she had no intention of following in her footsteps: "my aunts did it [had children] when they were in high school. And I look at how they, you know, dealt with it. My mom never went to college and my aunt, she's really messed up." Case 33 went on to explain her aunt's story: "she became an alcoholic, and she just couldn't deal with it and she had to put one of her kids up for adoption or in foster care, because I guess her husband was beating her or something. Really, just like, I didn't want to have to deal with that." In this way, case 33 created a moral boundary between herself and those who were willing to descend into a chaotic, unhappy lifestyle, a descent that, in her telling, began with the mistake of teen childbearing.

As an African-American, Case 44 also drew a moral boundary between the way she was raised in a middle-class neighborhood, and the way she felt African-Americans raised in poverty might handle a teen pregnancy. She explained to me that her parents waited to have children until they were "married, well established, had a house" and that she considered becoming a teen parent anathema to the way she was taught to behave. She associated teen childbearing with practices she considered uncouth, such as "yelling, talking loud out in public places, you know, using bad language" and cutting school, which is not the way she liked to present herself:

I was raised in a good neighborhood. I've only lived here [indicating her current suburban development] so I've never lived in like Richmond, Oakland.... It's just mostly been, you know, good neighborhoods so I was raised well.... [I] know better than to do certain things.... [A] lot of people in my family...had kids younger, but we're basically me and my brother were raised just, I guess, not like really ghetto or anything.

For these teens, then, intention to terminate is both a plan as well as an expression of moral judgment.

My final point regarding intentions is that they involve future projections. In formulating intentions participants project forward in time, imagining the future and what they may do in the face of different potential situations. I argue in the next section that future projections, which include intentions as well as other ways of imagining the future or potential futures, are central parts of the decision-making process.

An Alternative Model of Moral Decision Making: Imaginative Assessment

In what follows I describe a model of decision making that takes conflict and the social meanings of pregnancy into account. I argue that the primary mechanism through which participants resolved decisions, particularly under situations of conflict and uncertainty, was imaginative assessment—a process of mentally rehearsing different future outcomes. Teens cast themselves forward in time trying to imagine how different hypothetical futures might look and feel. Assessing both their immediate situation and the reactions of those around them they used a combination of intuition and reason to gauge their options. In the next chapter I will describe the way a participant's immediate social circumstances shaped the specific content of her imagined futures. Here I focus on the way imagining the future was a central part of the decision process.

As teens made decisions they used cultural knowledge to imagine both what their potential futures might hold, how they might feel, and what other people might think or do. While both Haidt and Vaisey present culture as having an effect, through deeply rooted schemas, on intuitive, unconscious responses to moral dilemmas, I found that participants used cultural knowledge consciously as a tool to try and imagine their immediate future or to predict how those around them might respond to their pregnancy. This model thus includes culture not as justification but as a means through which participants tried to figure out what they wanted to do.

Just as moral intentions contained aspects of both reason and intuition, imaginative assessment involved deliberative thought to test, and clarify, one's moral intuitions. Thus participants used culturally-mediated scenarios to think through and assess what they felt about different situations, and to imagine how occupying different positions (having a baby alone, having a baby with their boyfriend, having a third abortion) might feel if they were within the situation.

In the model I describe below I first discuss the social meanings of pregnancy within male-female relationships and the ways that uncertainty in this area influences the decision-making process. Then I describe how imagining future outcomes is the primary means through which participants resolved internal conflicts. Finally, I discuss the ways in which coercion

affects the decision-making process by constraining the futures that participants felt were possible to imagine or hope for.

Negotiating Social Meanings of Pregnancy and Uncertainty

In this section I discuss the effects of cultural scripts on how teens made pregnancy decisions. Social meanings of pregnancy shaped the decision process as teens navigated the uncertainty of their male partners' reactions to pregnancy. Boyfriends and their reactions to pregnancy were a major source of uncertainty in the pregnancy resolution process. As teens assessed their male partners' reactions to pregnancy, they used their cultural knowledge of male scripts in strategic attempts to test and predict the behavior of their partners. Often feeling their decisions were contingent on their partner's reaction to the pregnancy, teens expended considerable effort and thought imagining the future actions of others in order to determine which way they themselves should turn.

When a teen announced her pregnancy to her male partner, a set of meanings and claims about their relationship were invoked--whether or not she intended to convey those meanings. These meanings had implications for the pregnancy decision-making process and the relationship in which this process was embedded. For both partners, the baby symbolically embodied a union, making their relationship public and permanent. Edin and Kefalas have described the way, for young couples in low income communities, having a child functions as a substitute for marriage: "marriage is both fragile and rare, and the bond that shared children create may be the most significant and enduring tie available" (2005:31). Because of this, news of the pregnancy often began a relationship negotiation ethnographers have described at length (Anderson 2000, Edin and Kefalas 2005, Harding 2010).

The pregnancy itself carried the promise, or threat, of forging a permanent bond between the teen and her boyfriend. Case 6 demonstrated the common idea that procreation created lasting and loving bonds when she told me that couples who had a baby remained happy with each other even if they had separated: "...a couple with a baby. They just seemed happy. And then, you know -- and then even if they're, um, they were broken up, it seemed like-like, um, they were still happy because they still see each other and can be together, you know, and stuff. They love the baby, love each other." Thus, for case 6, a baby continued and preserved a relationship even after it had formally ended. In some cases, even the fleeting existence of a pregnancy that did not result in a birth was seen as creating an enduring bond between the couple. Case 44, said her boyfriend felt they would always be connected by her pregnancy despite the fact that she chose to terminate.

He was saying that if we ever break up or don't get married or whatever, he feels that there will always be something special between me and him, because, you know, we could have had a baby together. And when you have one, no matter how much you hate that person, you still, you have a child by somebody. That's a bond between two parents.

Thus, for many couples, in different ways, the pregnancy or baby functioned to create a connection imagined to last longer than the sexual relationship itself, as both parties saw the baby binding them permanently together.

Harmonious couples who wanted to commit to each other were happy about the pregnancy and its associated cultural implications. For them, the baby established trust and functioned as an expression of exclusivity in an environment often characterized by gender antagonism. Case 12 told me that having a baby with her boyfriend had greatly improved their relationship. Since having the baby she saw her boyfriend more frequently and spent more time one-on-one with him rather than socializing in a group. The two of them were now less guarded with each other and more willing to express romantic feelings:

He'll tell me about how he feels about me and I tell him how I feel about him.... Before [having the baby] we would hold back, like "I don't know how he feels. I don't know if I should say that, because I don't know what he going to say," but now we just say it. It don't matter.... I'll say "well do you like me a lot?" You know, just goofy boyfriend and girlfriend stuff, mushy stuff.

Happily for case 12, her relationship blossomed due to having a baby. It was this blossoming that others aspired towards when they decided to have a baby together.

In more antagonistic relationships, pregnancy invoked a cultural script indicating that one party was attempting to control or possess the other partner. In these situations, the baby was still understood as binding the couple together, but in a manipulative and negative manner that highlighted the level of exclusive commitment one party owed the other. According to this idea, women had babies in order to "trap" or "keep" a particular male in a committed relationship. This is a variation of the "gold-digger frame" of sexual relationships that Harding discusses in which young women are understood to pursue material items and financial support through sexuality and reproduction (Harding 2010). Among the teens I spoke with, the insistence that males "claim" their children was as much about acknowledging the relationship as about pursuing financial support. Case 27 told me "it's like girls who like boys a lot who are cute...and they just want to have a child by that person, because they're thinking, you know, that's going to draw that person to them more." Young women complained that they were accused of attempting to "keep" their male partners through pregnancy by their mothers, friends, and boyfriends. Case 25's boyfriend, for example, warned her not to have his baby "for the wrong reasons" by which he meant "having a baby, looking for [his] love." At Planned Parenthood teens often asked for paperwork documenting their pregnancy so they could prove to skeptical boyfriends that they were, indeed, pregnant and not simply seeking to manipulate their partner into a commitment.

Young men also used the pregnancy in antagonistic relationships as an attempt to control their partners. Anderson sees male pregnancy-seeking behavior as oriented towards other males. He says young men seduce and impregnate their partners as part of a mating game through which they gain prestige by demonstrating sexual prowess to their peer group (Anderson 2000). Manipulating a partner into becoming pregnant, however, was also an attempt to demonstrate male ownership within a sexual relationship. Case 12, for example, said that her first boyfriend, who was jealous, possessive, and had recently started to become physically aggressive, tricked her into becoming pregnant "so I could stay with him, thinking it was going to keep me with him when it wasn't." She told me, "He didn't want me to have an abortion, but I said 'I'm not having no baby by you.' I said 'you'll never use that to be around me.'" Case 12 terminated her first pregnancy and successfully left the possessive boyfriend.

Yet, when she became pregnant later with another partner, her first boyfriend still tried to claim ownership of her by virtue of having impregnated her first: “when he found out I got pregnant this time he said ‘that baby is going to be my baby too, because you still got a part of my baby in you.’” Case 6 also became pregnant during a casual relationship with a physically abusive young man who forced her to have sex. She was not interested in having his baby because she felt that this would make his entitled behavior towards her even worse: “D would think that he owns me if I have his kid, and then he’ll really come over here and then he’d be trying to just really beat on me.” In cases such as these, pregnancy functioned to stake a claim of ownership over the other partner.

Given these cultural understandings about the implications of pregnancy in a relationship, when a teen announced her pregnancy to her partner he invariably reacted as if she expected, was offering, or was making a claim to an exclusive and permanent relationship. In response, male partners followed four scripts as they reacted to a teen’s announcement of pregnancy. First, the genitor could actively deny that the baby was his, which was akin to denying the relationship. In refusing to claim the baby he denied that he owed the young woman any financial or emotional support and, most hurtfully for the young woman, he refused to acknowledge exclusive intimacy they may have had and asserted, instead, that the young woman had been unfaithful to him or was promiscuous. Second, the young man could accept that he was the genitor but urge the young woman to have an abortion saying that he was not yet ready for fatherhood. Suggesting that the young woman have an abortion was carried out with varying amounts of energy from a mild statement such as “you’re not keeping it” (Case 9), to bargaining promises to have a baby together at a later point in time, to angry threats, harassment, or coercion. Third, the young man could opt to accept the baby along with the responsibility and the intensification of the relationship with his girlfriend that this implied. He could enact this script with varying degrees of enthusiasm—grudgingly, noncommittally, warmly, or with real excitement. Suggestions of marriage or promises to become engaged in the future (which were rarely carried out) were part of the “accepting responsibility” script. Finally, the young man could flee the scene altogether, cutting off the relationship, escaping all responsibility, making negotiations for support difficult, yet also making the young woman’s decision somewhat easier since she did not need to take his opinion into account. This was done by abruptly ending all communication or even, in one case, by moving to another state.

Young women thought that young men combined these four basic responses to pregnancy into longer sequences. According to the “seduced and abandoned” sequence that young women described, young men would start out supportive but ultimately leave the relationship--although it was uncertain after how long. A common progression was for a boyfriend to begin by urging a young woman to have a baby, show support for the baby for a brief period, and then abandon the relationship along with any caretaking responsibility for the mother and the baby.

Case 36’s boyfriend made this move from connection and enthusiasm to distance and denial. When she was 16, case 36’s boyfriend started saying he wanted her to have his baby, surreptitiously removed condoms during sex, and encouraged her to continue when she became pregnant. During the pregnancy and the first six months of the baby’s life her boyfriend was devoted, supportive, and helpful:

He was always there. Whenever I called and I needed something, he would bring it, or he would take me somewhere.... He was always at my doctor's appointments. He'd buy the baby everything the baby needed.... I mean anything I wanted, I would get, you know and he was obviously there after the baby was born. He was in the delivery room. He umm, asked if he could cut the umbilical cord. He was the first person to hold the baby.

When her baby was six months old, however, her boyfriend changed. He started denying her requests for supplies and visits to see his son, and began seeing other women; their relationship grew turbulent. When Case 36 became pregnant for the second time during a brief moment of reconciliation, her boyfriend told his friends and extended family "that's not my baby" (despite acknowledging privately to his mother and his girlfriend that he was responsible for the pregnancy). Thus, Case 36's boyfriend combined and used 3 of the 4 possible scripts available to him over the course of their relationship.

Another common combination of boyfriend scripts moved from denial and distance to closeness and connection. According to the "manning up to responsibility" sequence that young women described, young men often started out resistant to the idea of fatherhood and then slowly matured into being supportive. In this progression the boyfriend initially denied that the baby was his, distanced himself from the young girl and the pregnancy, only to come around again shortly before the baby's birth to claim fatherhood and accept some measure of responsibility. Case 9, for example, said her boyfriend initially denied his involvement in her first pregnancy before rejoining her for the birth: "he had his little 'it's not mine,' the young father stage--'it's not mine.' And when his family was telling him 'boy you know that's your baby' he realized it. He was there when...I had him."

Importantly, these two common cultural scripts about sequences of behavior started and ended at opposing places, which made trusting a young male's statements and predicting his future actions particularly difficult for young women. Because of this, teens engaged in an elaborate process of second guessing and doubt, wondering whether or when their boyfriends would switch scripts and reverse directions. This general uncertainty about male statements and the sense that male partners were not reliably unreliable—they sometimes fulfilled their promises—made planning their own future actions, which they saw as contingent on their partners, problematic for young women.

A clearly defined sexual relationship, either close or distant, in which both parties reactions to the pregnancy were similar (whether horror or joy), facilitated the conflict-free conditions for a quick and easy decision to be made and then carried out. In contrast, when teens were uncertain about their male partners, they had difficulty predicting their partners' actions, which in turn affected the decision-making process. Teens were often hopeful that they could trust their male partner and carefully gauged his reactions, trying to assess which of the available scripts he would use and in what order. They worried whether and when their boyfriend would leave, and tried to determine what he really meant, as opposed to what he merely said. Case 17, for example, was ambivalent about having her first baby because, in part, she did not trust her boyfriend's promises to stay with her and raise their baby together. She explained, "I was panicking. What if he's lying to me? What if he's going to leave me and say it's not his child? And I was thinking, you know, he's not going to care for this baby. He's just

lying. He's just telling me that." Her uncertainty about her boyfriend intensified the difficulty of her decision as she imagined a stressful life as a single mother, yet was unable to bring herself to have an abortion. She told her boyfriend,

all my friends, all their boyfriends left them. Right when they found out they were having the baby, they was like, "Oh, I'm going to take care of the baby." They're gone now, and they're on welfare, and they're stuck at home, trying to make a living. I was like, "that's what you're going to do to me."

When there was uncertainty about male partners, the pregnancy decision often involved strategic second-guessing, watchful waiting, and changes in the decision over time. Some teens presented their male partners with news of the pregnancy and made their decision dependent on the response they received. In other situations, teens watched and waited, hoping that over time their partner's scripted responses would change into the one they wanted to see. In either case, as I will describe in more detail below, teens made their decisions within the confining limits of the social meaning of pregnancy and negotiated a finite, yet difficult to predict, array of responses from their male partners.

Imagining Different Future Outcomes

In this section I discuss the important role that future projections played in participants' decision-making process. In the next chapter I will discuss the specific content of the futures that teens imagined, describing the way these projections were shaped by social circumstances and derived from both cultural knowledge and personal experience. In this chapter, however, I briefly point out the way thinking about the future was an important part of the decision-making process.

Recently, scholars have turned their attention to the ways that people conceptualize and construct the future. Mische describes future projections as consisting of "imagined pathways and possible end-states" (Mische 2014), while Johnson-Hanks describes them as the array of expectations and aspirations a respondent may imagine, hope for, or fear (Johnson-Hanks 2006:254). Like these authors, when I refer to future projections, I am referring to the range of possibilities, risks, and aspirations that respondents perceive, imagine, and discuss as they resolve their pregnancies.

Regardless of how the future is theoretically defined, these authors make the important point that the way people formulate their futures influences action. Both Frye (2012) and Johnson-Hanks have demonstrated that future projections motivate actions in the present. The young women they studied made daily choices about conduct and behavior, as well as larger pivotal decisions, based on future identities they could imagine inhabiting. Frye, for example, found that her research subjects, young female students in Malawi, identified themselves as striving for educational and career success, despite facing almost insurmountable structural barriers to achieving their stated goals. For her respondents, imagining a bright future functioned as a moral claim as they asserted the virtuous identity of "one who aspires." Similarly, Johnson-Hanks' research subjects strategically positioned themselves with regard to the multiple potential futures they might possibly inhabit as they made pivotal decisions about pregnancy.

Like these authors, I found that future projections were important tools participants used to try on or assess what their lives might look and feel like if they did or did not have a baby. Participants moved towards or away from imagined futures as they made their reproductive decisions. Those who made quick decisions typically envisioned simple, clear and unequivocal futures associated with either having a baby or having an abortion. A teen might, for example, imagine only the drudgery of having to care for an infant and only the relief of returning to normal life after having an abortion. In contrast, ambivalent participants usually visualized several, often conflicting, possible futures for the same choice. A conflicted participant might imagine both that having a baby would bring meaningful moments of joyful mothering and also that the baby would result in an unhappy life of continual poverty, stress, and struggle. In either case, imagined futures were associated with positive or negative feelings that teens experienced in the present, although the scenarios they imagined were in the future.

Participants imagining future scenarios associated the outcomes they visualized with either positive or negative emotions. Typically participants felt loss, relief, fear, guilt, or moral repugnance at the idea of having an abortion. They felt excitement, happiness, fear, a sense of being overwhelmed, or horror at the idea of having a baby. Participants experienced the emotions associated with imagined futures and used these feelings to navigate their decision. Case 16, for example, was 14 years old and almost a high school sophomore when she discovered that she was pregnant. Her first thought (on which she did not follow through) was to have an abortion because she was scared by the idea of being a mother. She imagined bringing the baby home and staring at it without having any idea how to take care of it. She told me, "I'm not ready, you know, 'cause I don't know how to take care of a child, you know. I wouldn't know what to do with it, you know, when I bring it home. I'll be like, uuuuuh. I'll just look at it." She also worried that she would not know enough to tell whether her baby was sick: "How will I know if it gets sick? Um, if it has any kind of diseases or anything, how will I know? That scares me." In contrast, for Case 29, imagining becoming a mother provoked positive feelings of connection with her partner. She described cuddling in bed next to her boyfriend, holding her stomach, and enjoying the anticipation of having a baby together: "I just really like laying there with L. and being like, 'Oh it's our baby. We're going to have a baby.' It felt good."

While both Case 16 and Case 29 ultimately decided to continue their pregnancies after seriously considering abortion, they took different paths, each imagining several different futures, in order to arrive at the same position. Although the thought of having a baby made Case 16 feel "stressed out," having an abortion also scared her as she thought ahead to how bad she thought it would make her feel. She said, "I'd feel sad. You know, I'd feel just down. I wouldn't feel good." As Case 16 negotiated between her fear of having a baby and her fear of having an abortion, she also imagined different possible future outcomes with her boyfriend. On the one hand Case 16 thought that her boyfriend, whom she hoped to marry, would be an involved father and described his enthusiasm for having a baby: "my boyfriend's always talking about he's so happy, you know. He's going to be a dad. He's happy, really happy about it.... He says 'I can't wait until the baby comes and I'll take care of the baby. I'm going to be a father to my child.'" On the other hand Case 16 imagined that her life after having a baby and marrying her boyfriend would be "just problems, problems after problems" and "probably not that

good.” She imagined that she would not finish high school and that she and her boyfriend would argue so much about their lack of money that they would end up divorced within two years.

Ultimately, Case 16 was attracted to her boyfriend’s excitement about becoming a father and reassured by his promises to help her with the daily work of caring for the baby. She also addressed her fear of divorce with a contingency plan, noting that her boyfriend had promised her “if things wouldn't work out between me and him he said he'll still pay child support.” Thus, Case 16 weighed her feelings about various scenarios and overrode her initial impulse to have an abortion. As she put it “I thought I wanted to have an abortion for a little while, but then I started thinking no, I can't do that, you know. I don't want to do that. So I just decided that I'm going to have it.”

In contrast, Case 29 began by wanting to continue her pregnancy and struggled with the feeling that having an abortion would be a wiser decision in the long term. Case 29, a 17 year old living on her own, had stopped going to high school when she was 15 and was sporadically working a variety of service jobs when I interviewed her. She thought that if she had the abortion her future would be “probably better in the long run,” and imagined that having a baby would permanently damage her prospects for both career and marriage: “I probably never would make more than \$7 an hour all my life, you know? I probably would never meet a good guy or nothing.” Yet, despite thinking that she should have an abortion, the idea of giving up her pregnancy made her very sad. She cried when she saw baby clothes at the mall and told me “I’ve grown attached to my baby already. I read my baby book. It’s already got legs and stuff, arms. I think it has fingers and toes and everything.” Thus, Case 29 was caught between imagining both a positive and negative future with a baby and both a positive and negative consequence of an abortion. After several weeks of indecision, Case 29 told me that she could not, after all, bring herself to have an abortion and was going to keep the baby. She explained, “it was like I tried to get an abortion and everything but I just couldn't do it. I kept cancelling appointments and everything. I just couldn't. I can't do it.” She explained that she changed her mind based on an intuitive sense of the right decision to make: “it’s just like it felt right.... I was trying to go the other way because it’d probably be better in the long run, but I just couldn’t.”

Both Case 16 and Case 29 illustrate the way imagining the future and the associated feelings this created were part of the decision-making process. Participants imagined their future options and selected the scenario that felt emotionally comfortable or intuitively right—often despite prior assumptions about being for or against abortion and despite reasoning about what might be best in the long term.

The Effects of External Conflict on Decision Making

The conflicts I have discussed to this point were within the teen herself. External conflicts, between the teen and those around her, also complicated the decision-making process, and often resulted in a change of plans. Of the 67 decisions in my sample, 25 involved conflicts between teens and their caregivers or boyfriends about what the decision outcome should be. Sometimes, a teen was undecided and receptive to advice pushing her in one direction or another. At other times, however, a teen who knew what she wanted to do was

pressured to change her mind. Caregivers and male partners influenced the decision-making process, sometimes convincing teens to agree to actions they did not feel comfortable with, at other times changing the way teens felt about their decision.

Some partners and parents successfully pressured teens into changing their minds. Typically, if boyfriends were adamant that they did not want a baby and the relationship was not ending, teens agreed to have an abortion and framed their action as being taken in order to preserve the relationship. Case 43, for example very much wanted to have a baby and thought “that would just make me happy.” She explained why the idea of having this baby in particular made her happy:

I love to be with children. It makes me happy. And I love [boyfriend] a lot. And he’s the type of person that, he’s someone that is good to me. He takes really good care of me, you know, he watches out for me, and I know that he would be a good father.

Yet her boyfriend, his parents, and her own parents all thought it would be best if she terminated the pregnancy. Thus, Case 43’s primary dilemma was the conflict between what she herself wanted to do, which was to have a baby, and what those around her thought would be best, which was to have an abortion. Case 43 waited for a while, hoping that her boyfriend would change his mind and become more interested in starting a family with her. Her boyfriend, however, became impatient with her reluctance to schedule an abortion appointment and snapped at her “Oh go ahead and have it [the baby] and then I’ll just be stuck with you.”

His hurtful comment and their ensuing argument led to a discussion about the reasons why having a baby would be difficult. She described their quarrel as a turning point in her decision making that “just made me think about it more.” During their fight they discussed “not being able to go to school, not being able to move out ‘cause we wouldn’t have the money, not being able to work because we’d have to be with the baby, not being able to get medical insurance and to give it clothing and food.” Case 43, who had been excited about being pregnant and hopeful that her boyfriend would come around to her point of view, began to realize her aspirations for a happy family were unfounded and said she felt “everything good just all turned to bad.” As a result of her disappointed hopes she agreed that she needed to go through with the abortion. After Case 43 had the procedure she told me she felt she had done the wrong thing. Realizing that the abortion saved her relationship with her boyfriend, she added, “I did it for him.” In this situation, a boyfriend’s lack of cooperation influenced both the thoughts and feelings of the participant causing her to do the opposite of what she wished.

In other situations involving external conflict, caregivers and male partners used power, rather than persuasion, to directly influence decision outcomes. Among the teens I interviewed 12 out of 45 experienced some form of coercion from caregivers or boyfriends regarding their pregnancy resolution decisions. (In 5 of the pregnancies these attempts to influence the teen were not successful.) Coercion reported to me included kicking the teen out of the house, threats to withdraw financial support, verbal harassment, and threats of violence. Coercion worked to influence actions by making teens feel overwhelmed and that they had no choice other than to comply, or by creating a situation in which the teen, driven by fear, focused on self-preservation. At times, harassment changed the decision process by changing the teen’s

feelings about the pregnancy. In some situations of coercion teens agreed to an action they did not want to take in order to maintain a relationship or to continue receiving material support.

Some mothers of the youngest teens unilaterally insisted that their daughter terminate her pregnancy. Case 42 remembered that when she was 15 her mother decided she was going to have an abortion: "I didn't want to get an abortion...but my mother made me. I had no choice.... [She] told me that I'm going to get one. I had nothing to say on it." She explained that, given her age and limited resources, she had no option other than to acquiesce to her mother's directive: "I said 'I'm only 15, I need her.' At 15 you can't even get a job, so I wasn't going to try to, you know, move out or anything. I had nowhere to go. I couldn't get my own clothes or anything. So I just said, 'okay.'"

Coercion also included direct threats to withdraw material support (money or housing). Case 10, who was living with her boyfriend and their 14 month old, told me she would continue her pregnancy because her boyfriend, who supported her financially, had promised to kick her out if she had an abortion: "he's either keep it or you're out." She discussed her reservations about having another child so soon after her first saying, "I'm just wondering how I'm going to deal with an infant plus a 2 year old." Yet, she did not feel that she had a choice in the matter since her boyfriend had previously told her "if you ever had an abortion, I'd leave." Since Case 10 did not work, was alone and isolated at home all day with her baby, and depended on her boyfriend for financial and emotional support, she continued her pregnancy.

In some cases a threat could change the decision outcome as well as shift the decision-making process from one that had seemed intuitive to one that became effortful and required more thought. Case 30 became pregnant at 17 while she and her boyfriend of two years were living at her mother's house. When she discovered her unplanned pregnancy, Case 30 had finished high school, was working at a sales job, and had recently enrolled in a pharmacy technician training program. I was her pregnancy counselor when she came in to Planned Parenthood for a pregnancy test. She was surprised, but calm, when I told her that she was pregnant and immediately decided that she would "parent" saying, "that's better than having an abortion." When I interviewed her four days later and asked how she had decided to continue the pregnancy she told me "well it wasn't much a decision 'cause the other two things [adoption and abortion] were out." Her decision, she said, was "pretty easy--it was easy for me. I didn't have to go through 'oh do I want to keep it or throw it away.'" Case 30 imagined that having an abortion would be much worse than having a baby:

The pain of going through abortion is much worse than the pain of having the baby to me. Because here you are, you're laying up on the table and giving somebody the right to suck a living thing out of you.... And who are you to kill something that's living?

During the interview she discussed her moral reservations about abortion and explained she would not consider having one saying "I don't even look down that row. I don't even go there." At this point Case 30's decision was apparently straightforward, without internal conflict or consideration of alternatives.

Soon, however, Case 30's situation changed, and when I followed up with her two and a half months later I discovered that she had had an abortion. She told me that about 15 weeks into her pregnancy her mother, who had not said much about her decision to have a baby until that point, delivered an ultimatum: "You can either stay here, have the procedure [abortion]

done.... Or you can decide to be grown and have the baby and get out of my house in 60 days.” Her mother’s ultimatum completely changed the context of Case 30’s plans with her boyfriend: “so that night we talked about it and talked about--words were exchanged and we came to the agreement. Well he pushed me to the agreement, to we shouldn't keep it--we're not ready.” Case 30, who had been planning to live at her mother’s house with both her boyfriend and her new baby, now imagined that she would be alone and without a home: “it was like ‘OK I'm going to be homeless.’ I have no family in the state of California other than my parent.... If I wasn't put in that position then I would still be carrying it. But the position I was put in--it was just too much.” Overwhelmed by the future she imagined, she reluctantly decided to have an abortion, feeling that it was something she was “totally against” yet agreeing with her boyfriend and mother that the situation was not right for her to have the baby:

I was starting school. I'm working full time. Nowhere to live is not good. Giving me 60 days--that's not good. So that was a hard situation.... And that wouldn't have been good for the baby itself. When I am going to be a mother I wouldn't want it to be wrong like that...like struggling.

Case 30 provides an example of an intuitive decision reshaped by external conflicts that prevent the initial decision from being successfully carried out. At first her decision appeared unproblematic, yet as Case 30 encountered opposition to her intentions the outcome of her decision was reversed.

In a different example of coercion, Case 23 experienced harassment from the genitor of her pregnancy that ultimately convinced her to have an abortion. Case 23 explained that she was 18, had graduated from high school, and was working full time at a service job when she became pregnant after she slept with a co-worker:

We had sex only once and I got pregnant and then he just like was really mean to me after that.... He'd just like say stuff to me. He'd walk me out [of work] and he'd go “God you're getting so fat. You got to do something. Did you get an abortion?” And he's all, “well I don't want it. You have to do something ‘cause I don't want it. I'm not going to claim it.”

Initially Case 23 had intended to keep the baby because she did not want to have an abortion. The genitor, however, did not agree with her plan and harassed her using a combination of public embarrassment, sexual intimidation, and hectoring phone calls. She remembered that he confronted her in public in a shopping mall:

He's all “well you going to get an abortion?” I was like “no.” And we're standing right in the middle of the store and there was a lady fixing a rack over there and he just yelled “I don't want it. Why are you having this? I do not want this baby!” And I was like “oh my god I am so embarrassed” [laughs].... And then I thought he was mad at me ‘cause he like totally yelled at me. And then the next store I went into he opened the door and...then he like grabbed my butt. And I was like this is not going to stop.... He'd call me on the phone you know and “you're getting so big, what’s your mom going to say?”

Case 23 ultimately became so “fed up with dealing with him” that she decided not to have the baby: “I couldn't take it anymore. I didn't want it either. I was just ‘make it go away because I don't want to have to deal with him anymore’ and after I did it he went away.” In this case,

being harassed changed the way Case 23 herself felt about having the baby: “I guess I got to the point where I didn't want it either.”

Discussion of One Example: Case 21

In this concluding section I discuss one case that illustrates several points I have made about the decision process. First, uncertainty about the particular script her boyfriend was going to follow, coupled with her reluctance to have a second abortion, motivated Case 21 to try out the option of continuing her pregnancy. Second, Case 21, who remained ambivalent about having a baby throughout her initial attempt to start a family, imagined several possible futures. Finally, Case 21 ultimately carried out her final decision as a direct result of her boyfriend's coercion.

Case 21 was a 17 year old who lived with her grandmother and attended high school regularly while working part time at a fast food restaurant. She had been in a relationship with her 22-year-old boyfriend for a year when I interviewed her about her second accidental pregnancy. She told me that six months before our interview she became pregnant and quickly had an abortion. She did not give the first decision much thought because her boyfriend was not ready to become a father, and she agreed that she was too young to have a baby: “I was like forget this I can't have a baby I don't want to ruin his life or mine--I'm too young.”

Three months passed and Case 21, feeling that the relationship was going well, started wanting to have a baby. In the typical manner she imagined the baby enhancing and affirming their relationship: “I thought that we would be together and he would want it and all this other stuff.... I just knew that I wanted a little M [boyfriend's name]. I wanted him. I wanted a baby by him.”

Three months after that, Case 21 became pregnant for the second time and was disappointed when her boyfriend told her to terminate. She did not, however, take his advice. Instead, horrified by the thought of a second abortion in 6 months, she decided to continue the pregnancy and began prenatal care at the Planned Parenthood clinic. She hoped that after an initial period of resistance her boyfriend would change his mind, accept her pregnancy, and they would be together as a couple. After all, she told me, this is what had happened with her boyfriend's parents and what her friends predicted would happen. She dismissed her boyfriend's objections to her pregnancy as a typical male reaction—“every guy gets mad at first”—and remembered her friend had said “when a girl has a guy's first baby they always want to be with that girl.”

Thus, Case 21, using her knowledge of male cultural scripts, adopted a strategy of expectant waiting, hoping that her boyfriend would change his mind and start supporting her pregnancy. And, for a brief period, Case 21 began to think that her boyfriend was adjusting to the idea of having a baby. Their relationship was going well and her boyfriend made statements that she interpreted as being protective of the pregnancy: “we were getting along great and he was telling me ‘you can't ever drink. You can't ever do this or that.’ For a while I was like ‘great, he's having a hard time, but he's going to come through and help me out and be with me.’” She told me, “when I'd stay the night a few times at his house he would even put his hand on my stomach, you know that's how we would sleep.” Like many other teens she interpreted the gesture of a hand to her belly as a sign of his growing interest in and acceptance

of the pregnancy. This brief period of reconciliation, however, did not last, and the two of them began to fight.

As she and her boyfriend argued she became increasingly ambivalent about having the baby. At this point in the decision-making process she felt conflicted about continuing the pregnancy and simultaneously imagined two futures. On the one hand she imagined a cute baby and said, "I kind of want to have his baby 'cause I know it'll be adorable, the most cutest thing in the world 'cause everything on him is perfect--big long, long, eyelashes, great hair, all that stuff." She told me she felt "if I have his kid I'm just going to have a part of him that I love 'cause I love him so much and I want a part of him forever." On the other hand she imagined the baby would make her life very difficult in terms of childcare, money, and a place to live: "It would be so hard to have a baby and it was so many problems." She also imagined caretaking as burdensome and could not envision herself as a mother. She imagined having to "stay up with it crying and take care of it and change its diapers and, you know, take care of it till it's 18. It's like I don't picture myself as a mother.... It's just something I'd have to get used to just staying home with a baby and taking care of a baby the rest of my life." She still, however, was reluctant to have a second abortion, dreading both the procedure and feeling "terrible" afterwards which was, she said, "the worst feeling in the world." She continued to hope that her boyfriend would return to being more supportive and involved in their relationship.

Her hopes, however, permanently came to an end when her boyfriend discovered she had cancelled the abortion appointment he had pressured her into making. Angrily he told her "you're having it [the baby] for the wrong reasons 'cause you just want to keep me." He called her on the phone and yelled at her:

He called me the day of the abortion appointment and I was like "I'm not going to have it [the abortion]." He called me all kinds of names, "stupid bitch".... He wouldn't stop. He was like, "I hate you. To me you're not even in the world no more. I don't even know you." He goes "I'll know my baby, I'll take care of it, but I hate you more than anybody in the world." And it's like that made me feel so bad 'cause I'm really, really sensitive. And from there on that put something in my head. I did not want to have an abortion. I did not want to and that put something in my head that just made me say "forget you. I'll have an abortion then, fine, if that's how you feel." He just put that in my head. He was calling me all kinds of names, just cussing me out. I said forget you. I hung up on him. I made another abortion appointment for the quickest time.

Case 21 pursued her strategy of hopeful waiting until her boyfriend made it clear that he would never follow the script of accepting her pregnancy. Her new certainty about the animosity in the relationship made it difficult for Case 21 to frame continuing her pregnancy as solidifying a connection with her boyfriend. In effect, her boyfriend's coercive outburst removed some of the imagined futures that Case 21 had been holding open as options. The clarity of the situation and her anger triggered an intuitive decision, which she described as something being "put" into her head, or, as she explained later "that day he just, he made my mind up." Case 21 scheduled an abortion and followed through on having the procedure.

Conclusion

In most cases the pregnancy decision was an iterative process—not only between reason and intuition, but also between the teen and her social environment. There were decisions in which intuition failed to appear, in which multiple intuitions competed, in which intuitions changed in response to social circumstances, and in which intuition was simply ignored as events unfolded in ways that participants did not anticipate. Various conflicts, such as the conflict between what the teen wanted and what she thought she should do, or between what the teen wanted and what those around her thought she should do, created circumstances in which decision making was not propelled solely by intuition.

Unlike moral judgments that occur in a passing moment, the pregnancy resolution decision unfolded over a period of time (sometimes weeks) during which teens explored their imagined futures, reassessed their abstract moral rejection of abortion, tested out different strategies on their partners and parents, and were sometimes forced to change their initial intent. Teens navigated the social meanings of pregnancy, using the tool of imagining different future outcomes, to negotiate between their circumstances and their hopes as they made their decisions. Ultimately, moral thought involved projecting forward in time to assess the intuitions participants associated with potential pathways and the multiple social frames around these pathways.

CHAPTER FOUR: EXPLAINING WHY SOME CONTINUE AND OTHERS TERMINATE

Introduction

In this chapter, I explain why some pregnant teens continued their pregnancies while others did not. In doing so, I describe the bases upon which teens made their reproductive decisions, arguing that structural factors affected who continued and who did not through two key mechanisms—a teen's life activities at the time she becomes pregnant and the future that she was able to anticipate or imagine for herself, partly as a result of these activities.

Not surprisingly, given the positive association between poverty and teen birth rates, the teens in my sample from more disadvantaged backgrounds were more likely to continue their pregnancies than those from backgrounds of relative advantage. But, how did this process unfold? In contrast to arguments that emphasize long-term opportunity costs, I argue that structural opportunities shaped outcomes because they determined a teen's short-term plans and the degree to which she was engaged in daily, organized activities. These immediate activities, in turn, shaped the types of practical and ideal futures teens imagined themselves inhabiting.

To explain why some teens continued while others did not, I will argue that the objective life circumstances in which each teen found herself when pregnant shaped the possible futures that she visualized as she decided whether or not to continue the pregnancy. A teen's social situation—visible in her daily activities—gave rise to particular imagined futures in which having a baby was cast as either appealing and feasible, or unappealing and difficult. Busy teens engaged in goal oriented activity typically imagined a future in which having a baby would interfere with their plans and prevent them from carrying out their short-term intentions. Teens with less opportunity and no immediate plans for the upcoming year were more likely to imagine a future in which having a baby promised fulfilling interpersonal relationships and a satisfying family life.

In what follows, after a discussion of the relevant literature on teen pregnancy and imagined futures, I will discuss the objective life circumstances of those who continued in comparison to those who did not, identifying the three most important factors in determining decision outcomes as short term plans, boyfriends, and parents. I then describe the way the teens I interviewed conceived of their future in both concrete, specific formulations, as well as more idealized and vague aspirations.

Background: Disparities in Teen Pregnancy, Birth and Abortion

In the United States, high rates of teen pregnancy and birth are consistently associated with social disadvantage. This had been the case for many years when I collected the data for my research in 1996 and continues to be the case now in 2017. Despite the fact that teen pregnancy rates have declined significantly in the past 20 years (Donovan 1998, Kost and Maddow-Zimet), African-American and lower income teens have consistently elevated rates of unintended pregnancy and birth compared to their white or higher income counterparts (Finer and Henshaw 2006, Henshaw and Kost 1996). For example, between 2006 and 2010, approximately 33% of African-American teens gave birth compared to 14% of white teens (Sweeney and Raley 2014). Similarly, teens whose mothers had the lowest education levels had

four times the birth rate of those whose mothers had the highest levels of education. That is, 32% of teens whose mothers had not completed high school gave birth as compared to 8% of teens whose mothers had completed a 4 year college degree (Sweeney & Raley 2014).

In addition to race and class, other factors associated with higher rates of teen birth are related to social disadvantage. These factors include living in poor neighborhoods (Browning, Leventhal and Brooks-Gunn 2004), school suspension or truancy, drug use, being a runaway (Elster et al. 1990), poor school performance, few extracurricular activities (Kivisto 2001), and being raised in a single parent home (Murry 1995).

Sociologists have proposed several types of explanations for the high rates of teen births among the urban poor (Small and Newman 2001). In the next section I will summarize these explanations for why some teens bear children and others do not.

Relevant Literature: Rational Choice, Relationships, Culture

During the 1980s researchers attempting to explain differential birth rates for different groups of teenagers drew on the work of economist Gary Becker (Becker 1960), hypothesizing that teenagers make fertility decisions by weighing the economic costs and benefits of potential outcomes (Abrahamse, Morrison and Waite 1988, Duncan and Hoffman 1990, Leibowitz et al. 1986). Eisen epitomized this approach when he wrote “teenagers are postulated to weigh the utility—that is, the costs and benefits—of various pregnancy outcomes and choose the one which represents the least costs and most benefits” (Eisen 1983:78). Proponents of this type of approach argue that teens from impoverished backgrounds with sparse opportunities for education or career have higher rates of pregnancy and birth because they have no disincentives, or opportunity costs, to prevent them from becoming young mothers (Abrahamse et al. 1988, Duncan and Hoffman 1990, Hayes 1987, Moore, Simms and Betsey 1986, Trent and Powell-Griner 1991).

Geronimus’ (1987, 1991, 2001, 2003) “weathering” hypothesis is the most recent and well-elaborated variant of rational-choice explanations of fertility decisions. Geronimus argues that teen childbearing is an adaptive strategy for optimizing fertility in an urban context of deprivation that causes “weathering,” or early erosion of general health and accelerated aging. Citing evidence that infant mortality rates are lower for African-American teens than for African-American women in their twenties, Geronimus argues that teen births maximize reproductive health. Because the general physical health of women in high poverty urban areas declines earlier than it does for their suburban or wealthier counterparts, it is advantageous for women in high-poverty urban areas to give birth in their late teens while they are still relatively young and healthy. It is also advantageous for teens to give birth while they are still living at home as they will have their own mother’s help in raising their children. According to Geronimus, African-Americans who give birth as teens do so at the peak of their health and when they are still able to draw extensive support from their family of origin. Teen childbearing is thus an adaptive strategy to maximize reproductive health and family support in the context of limited economic opportunity and the early erosion of health. Geronimus implies that low income African American women will intentionally bear children in their teens (as opposed to their twenties) motivated by the belief that teen births are healthier and will garner more

support from kinship networks than births during a woman's twenties or thirties (Furstenberg 1992).

Arguing against Geronimus and rational choice explanations, Furstenberg (Furstenberg 1992, Furstenberg 2007) and others (Kendall, Afaible-Munsuz, Speizer et al. 2005, Kivisto 2001) say that teen childbearing is neither intentional nor rational. Instead they characterize teen childbearing as the result of passivity and drift. Furstenberg and others find that most of the young mothers they studied did not make purposive choices about reproduction. In particular, they did not want or intend to become parents. Furstenberg argues that the teen birth rate is the unintended result of a process that includes early initiation of sexual activity, inadequate contraception, and a reluctance to abort accidental pregnancies. In fact, he argues, if teenagers were required to take a pill every day in order to have a baby, there would be very few teen parents. The problem, he says, is that teens with limited educational and economic opportunities lack sufficient motivation to prevent births; they drift into parenthood because they have no compelling reasons to avert the inevitable.

Another explanation for high rates of teen childbearing among the urban poor is the "poverty of relationships" argument (Small and Newman 2001). This type of argument focuses on the psychological and emotional benefits of having children for teens with few other sources of identity, satisfaction, or meaning in their lives (Kaplan 1997, Ladner 1972, Musick 1995). Edin and Kefalas, for example, explain that children are highly valued in the context of "relational poverty"--a sense of isolation and lack of connection due to gender distrust, scarcity of friendships, and troubled family relationships commonly experienced in poor urban neighborhoods (Edin and Kefalas 2005). They argue that for the young women they studied, "establishing the primordial bonds of love and connection is the ultimate goal of their mothering" (Edin and Kefalas 2005:185). Having children creates not only intimate connection, but also structure, a sense of purpose, and motivation to stay off the streets, prompting some of their informants to say "my child saved me" (Edin and Kefalas 2005:184).

Edin and Kefalas also describe the complex meanings of having a child within sexual relationships. For their informants, wanting someone's baby is the ultimate declaration of love and having a baby solidifies the romantic relationship, creating an enduring bond between the partners in a way that is regarded as more easily attainable than marriage.

Other scholars provide cultural explanations for the high rate of teen childbearing among the urban poor. Anderson describes a strategic mating game in which young men, primarily influenced by their peers and a street culture that prioritizes sexual conquest, seduce young women with promises of domesticity (Anderson 2000). For the girls, becoming a mother is a rite of passage to adulthood and the baby is an item of prestige and status competition among peers. In insular cultural environments and neighborhoods with few economic and educational opportunities, girls focus on acquiring prize babies for lack of other goals.

While Anderson attributes teen childbearing to one dominant, unitary, and oppositional subculture influential in poor urban neighborhoods, Harding argues that teens living in the poorest neighborhoods are exposed to multiple, conflicting and competing cultural models, a situation he calls cultural heterogeneity (Harding 2010). He describes specific mechanisms (model shifting, dilution, and simultaneity) through which a neighborhood's conflicting cultural models negatively affect inhabitants' decision making regarding reproductive decisions. For

example, in a neighborhood characterized by cultural heterogeneity teenagers will observe social support and role models for a variety of alternative pathways to parenthood, while in more culturally homogeneous neighborhoods teenagers will perceive a narrower range of behaviors as acceptable. For individual decision makers, being exposed to cultural heterogeneity creates confusion as actors shift between competing understandings (frames) of situations or try to sort through conflicting courses of action (scripts) with inadequate information. Harding, like other ethnographers of the inner city, observes an atmosphere of gender distrust and argues that the prominence of this distrust “dilutes” the concept of a committed relationship. Given low expectations for a successful relationship, teens who find a trustworthy partner may jump to the conclusion that they have found a unique match and thus are ready to settle down and start a family.

For a variety of reasons, the models I describe above did not provide a fully satisfying explanation for why some teens chose to continue and others not. I found, for example, no evidence to support Geronimus’ weathering hypothesis, which implies that low income African-American teens fear health risks or infertility if they wait beyond their teens to conceive and thus intentionally choose to bear children earlier (Small and Newman 2001). Similarly, Furstenberg’s theory of drifting into childbearing, which posits that if teens are reluctant to abort pregnancies for moral reasons, they will not do so, did not account for my observations that some low income teens do indeed choose to terminate despite their disapproval of abortion. Furstenberg’s theory also does not account for the fact that abortion is a relatively common occurrence, particularly for poor women of color.¹ Similarly, I found that while cultural explanations offered by Anderson and Harding illuminated many aspects of what I observed, they were not useful in differentiating between those who continued and those who terminated their pregnancies. This may be because most explanatory theories of teen childbearing focus on the series of smaller decisions regarding birth control routines, relationship negotiations, and sexual practices leading up to conception, while my focus is on the abortion decision. While the literature on teen pregnancy did not help me explain my findings, I did find a different literature--on imagining the future--that provided a better conceptual tool with which to approach my data.

Studying the Ways We Conceptualize the Future

Recently a small number of sociologists have turned their attention to studying the ways actors mentally formulate their individual futures (Gibson 2011, Mische 2009, Mische 2014, Tavory and Eliasoph 2013). This approach is usually offered as a corrective to theories that fail to capture the future from the actor’s point of view. The criticism is that traditional perspectives formulate the future as a one-dimensional set of clearly delineated choices--costs and benefits (in the case of rational choice theory), or aspirations and expectations (in the case of demography and life course research) (Johnson-Hanks 2005, Mische 2009). Within this small literature some focus on the ways that understandings of the future are negotiated in interaction (Gibson 2011, Tavory and Eliasoph 2013). Others discuss the importance of future projections in relation to personal identity (Frye 2012, Johnson-Hanks 2006). Most authors within this literature agree on three general points.

First, these authors agree that individual future projections are shaped by structural factors. Mische conceives of individual future hopes as being held in tension between institutional determinants (which she does not specify) and individual inventiveness (Mische 2014). Johnson-Hanks locates the source of her interlocutors' particular strategies in a Cameroonian social system characterized by economic upheaval, political uncertainty, and social change (Johnson-Hanks 2006). She argues that in Cameroon, the context of general uncertainty renders long-term planning impossible. Thus respondents, faced with the repeated experience of sudden change and shifting social circumstances, conceive of their future as sets of multiple potential identities and life trajectories that will become more or less possible depending on what unfolds. Frye, studying young women in Malawi, traces the origins of their future aspirations directly back to widespread public education programs instituted by governmental and non-governmental agencies (Frye 2012). The "bright futures" model that her participants espoused originated in multiple policies, programs, and forms of propaganda. The futures these young women project, however, are less rational plans about what they hope to accomplish than claims to morally-validated identities.

Second, authors writing about future projections suggest that we need more research on ways to distinguish among different ways of conceiving the future (Mische 2009, Tavory and Eliasoph 2013). Mische, for example, calls for examining the dimensions of projectivity, suggesting we ask questions about the forms that mental images of the future may take. How vague and impressionistic, as opposed to clear and detailed, are conceptions of the future? How far into the future do people project?

To date, the literature has focused on futures that are idealized and abstract rather than particular and concrete. Johnson-Hanks, for example, focuses on the archetypes her interlocutors use as reference points to think through their available alternatives and the possible consequences of their choices (Johnson-Hanks 2006:242). She discusses the figures of the glorious bride, the fallen schoolgirl, and the murderous abortionist, which are the ideal types that her informants navigate away from or towards. Frye too, focuses primarily on the hopes, ideals, and aspirations that motivate the young women she interviewed.

Third, as I mentioned above, these authors agree that projections of the future affect social action in the present. Frye, for example, finds that young female students in Malawi conduct themselves as if they are on the path to achieve academic success. Despite few realistic opportunities for education and career advancement, schoolgirls present themselves as having the desirable moral identity of "one who aspires" to a bright future. This identity, based on an idealized vision of their future self, motivates daily decisions such as resisting the temptations of boyfriends and sex, which threaten distraction in the pursuit of achieving educational goals.

Because I found that engaging in various future projections was the means through which participants decided whether to continue their pregnancies, my data provides the opportunity to contribute to the literature on future projections in three ways. First, did teens in different structural locations have different future projections? I will explore the way that being in positions of more or less opportunity resulted in different future projections regarding life with a baby. Second, what types of future projections did teens typically engage in? While previous literature has focused primarily on abstract formulations of the future, I discuss the

way participants used both concrete and abstract future projections. Third, how are future projections related to different outcomes? I argue that those who chose to continue generally imagined their future life with a baby very differently than those who chose to terminate.

Distribution of Sample Participants by Parent's Education and Race

The participants in my sample came from a variety of social backgrounds, with more from impoverished, working class, or lower middle class backgrounds than from middle or upper middle-class backgrounds. As a proxy for social class I gathered data on the highest level of education achieved for each participant's parents. Among the young women I interviewed 18% came from families in which the parents educational background was unknown or less than a high school diploma, 31% came from families in which at least one parent had a high school diploma, 33% came from families in which at least one parent had some amount of post-secondary education (typically at a community college), and 18% came from families in which at least one parent had a B.A. or higher.¹ In terms of race, 24 were African American (53%), 17 were Caucasian (38%) and 4 were from mixed race backgrounds (9%).

Table 1. Distribution of Parent's Highest Educational Attainment

Parent's Education	Number of Participants
Unknown	2
< High school diploma	5
High school diploma	15
Some college/AA degree	15
Bachelor's degree	6
> Bachelor's degree	2
Total	45

Table 2 shows the outcomes for all 67 pregnancies reported by the 45 participants I interviewed. As the existing literature would lead us to expect, participants in my sample whose parents had lower levels of education continued more pregnancies than those from families in which parents had higher levels of educational attainment. Conversely, those whose parents had higher levels of education terminated more pregnancies than those whose parents had lower levels. Nonetheless, parents' educational background by no means provides a full explanation of why some teens continued their pregnancies and others did not.

Table 2. Parent's Educational Attainment by Decision Outcome for All Pregnancies

Parent's Education	Abortion	Continue	Total
High school diploma or less	12 (36%)	21 (64%)	33
Some college or more	21 (62%)	13 (38%)	34

Social Circumstances: The Importance of Short Term Plans

A teen's immediate social circumstances—her short-term plans, her relationship with her boyfriend, and her parental support—largely explained who became a young mother and who did not. Teens actively engaged in goal-oriented activity (applying to colleges, completing units for high school graduation) at the time of pregnancy were more likely to terminate than those who lacked similarly compelling plans. And, teens from backgrounds of relative advantage were more frequently engaged in goal oriented activity compared to teens from disadvantaged backgrounds. In addition, teens who had boyfriends with whom they wished to further a connection, and who had parental support for having a baby were more likely to continue than teens whose boyfriends or parents were not supportive of having a baby. In what follows I will briefly discuss each of these factors.

First, aspirations did not explain why some teens continued while others did not. Participants' plans for the upcoming six to twelve months were far more important in determining decision outcomes than were long term aspirations, ambitions, or opportunities. My sample was uniformly ambitious when it came to long-term plans further than a year or two in the future. When asked, almost all participants described generally high aspirations to attend college and embark on a successful career. Most respondents named future careers that required moderate to high levels of education such as working in an office, working with computers, or becoming an attorney or physician. When asked about their long-term plans only two out of 45 participants described low aspirations such as planning to be on public assistance (#31) or hoping "just to get a job" (#27). Even teens who already had a child or had decided to continue their pregnancy had high aspirations. For example, among those who had decided to continue a pregnancy, six wanted to become attorneys, four wanted to become physicians, and four hoped to own their own businesses.

Long-term aspirations were often vague and these future projections were usually missing the specific details of when and how educational and career goals would be enacted. That is, they were clearly ideal hopes and dreams, rather than concrete plans. Case 28, for example, demonstrated the way future career aspirations were something to say, rather than something to do. (Being able to discuss plans was, perhaps, simply a social response to a question frequently asked of adolescents.) She told me "I'll probably go to college for art, or computers, one of those, or both" and named specific institutions that she had in mind. Case 28, however, was unable to specify how her aspiration would be reached. When I asked her when she would attend school (since she was going to have a baby soon), she backed away

from her original statement and became vague: “Umm, I don’t know. I mean I don’t even know if I will go. I don’t have any money to go to college or nothing like that, but, I don’t know.”

Thus, particularly for those without resources, having ambitious aspirations did not often translate into pursuing short term objectives to achieve these goals, such as completing high school as the first step towards obtaining an office job. Case 18 was like many whose stated career aspirations did not match with their current short-term plans. She was a 17-year old who told me that she was going to be a pediatrician after completing her degree at a four year university. Yet, having completed her GED, she was not taking concrete steps to continue her education. Instead, her immediate plan was to continue the pregnancy she had intentionally conceived and work at the franchise business her father managed. In sum, it was not teens’ ambitions that directly influenced their pregnancy-resolution decisions, but rather their more immediate activities.

Three Levels of Short Term Plans

While almost all teens could describe career aspirations, not all participants were engaged in goal-oriented activity at the time they became pregnant. I grouped participants by their short-term plans and daily activities at the time of pregnancy into three primary groups. A first group was actively working towards goals that would be realized within the upcoming year, such as graduating from high school or starting college. A second group was involved in activities that were not immediately oriented towards a specific end date or goal, such as working an entry level service job after high school graduation or taking one or two classes at a community college while working part-time. A third group was largely unoccupied—not involved in any school or work activities.

Busy Teens

Teens who came from more advantaged backgrounds were more often engaged in activities geared towards specific goals than their disadvantaged counterparts. Teens from families in which the caregivers had more than a high school education typically had concrete plans to attend college or were attending community college programs full time. Case 35, whose parents both attended some college, was a 17-year-old high school senior working on applications for college, which she planned to attend in the fall. For Case 35, going to college was not a vague aspiration. Instead, her short term plans included completing specific tasks to accomplish this goal. She rattled off the names of the seven colleges to which she was applying in order preference and told me, “It’s hard ‘cause I have a lot of typing to do, a lot of papers to write up, and I have to get my teachers to sign out recommendations.”

In addition, teens from backgrounds of relative advantage were often actively involved in extracurricular activities such as working part time, volunteering, church, or sports, that kept them busy and occupied while they were not in school. Case 39, who had an abortion while she was in high school, explained that she was participating in sports and also working as a youth mentor for a police department program the first time she became pregnant. She told me, “I loved school and I was just, I was in all type of sports—I was just into everything....My priorities were school, I need to graduate, I can’t miss choir.” Similarly, Case 35’s life was a whirlwind of extracurricular activities--meetings, choir practice, church responsibilities, and her dance group.

She described herself as continuously occupied, making statements such as “my weekends are booked” and, “I’m busy all week long.” When I asked if she’d ever worked she told me, I’ve held jobs before but that’s before I became really involved with school, with the dance, and the [Black Student Union], and the choir. Then there’s my church and there’s community groups and I’m a senior and I’m starting to fill out applications for [college] and there’s no time for a job because I wouldn’t have nowhere to fit it. In fact, she described having so little unstructured time with her boyfriend that I marveled she had managed to become pregnant at all.

Other teens had been able to remain busy after high school graduation, which for those not attending four-year colleges often became a difficult transition period during which they lost direction. Case 8 had earned her high school diploma and moved on to a new set of short-term goals, which were to complete her associate’s degree and transfer to a four-year college. To this end she was attending junior college full time while sharing an apartment with a friend. To pay for school and support herself, she worked 60 hours a week during the summer at two jobs, which meant that she had only one day off each week. Like case 35, Case 8 described herself as not spending much time at home. She told me, “I’m working; I’m out of the house at eight o’clock in the morning till at least 11 o’clock at night.” Teens like Case 8, who were occupied pursuing activities they felt were meaningful, important, and represented movement towards a goal, typically chose to terminate their pregnancies.

Unengaged Teens

In contrast, a second group of teens was perfunctorily attending high school without having graduation in their sights, or were working in service jobs without opportunity for advancement after having graduated or taken the GED. In contrast to teens who described being engaged and busy, Case 16 was a freshman in high school who seemed bored with her daily routine when she described it to me:

I go to school. I come home and I do my homework. Then after that, after I’m done with my homework, I go out and I talk to my friends on the phone. And that’s about all I do. I come home, come back home, and I go to sleep. Same thing happens every day. I wake up in the morning. I go back to school. I come back home. Do my homework. Then I go out with my friends. Then I go home. That’s what happens every day.

Case 23, who had graduated from high school a year earlier and was working full time in retail, also described the routine sameness of her days:

I get up in the morning and I go to work. I just come home and just I really don’t do anything. Just go home, rest, and go to bed. My boyfriend comes over after he gets off work and--’cause usually I get home before him--and he comes over and he goes home and I go to bed. And then do it all over again.

Because they had finished high school and were working, some teens in this category felt they had reached a sufficient level of stability to have a baby despite being young and living at home.

Idle Teens

The third group of teens—those without school or work to occupy themselves—were usually from the most disadvantaged backgrounds. Some of this group were in transition, or in

limbo, and lacked short-term plans because their lives had been disrupted in some way related to poverty. A few, for example, had recently returned home after spending some time as runaways, and had not yet established a new routine or gone back to school. Case 24, who was 17, had stopped going to high school during her freshman year and was attending an independent study program once a week. Due to her mother's frequent psychiatric hospitalizations and recent death, Case 24 had been itinerant--living with different friends and relatives for short periods of time. Understandably, rather than having short term plans or goals, she was focused on coping from day to day and told me, "I'm just going in whatever direction I take myself."

A few teens from more privileged backgrounds also lacked short term plans. These teens had become pregnant during the transition point after high school while they were not yet sure what their next steps would be. Case 7, for example, had recently graduated from high school, was working part-time in retail, and was receiving pressure from her mother to make something of herself, but had no idea precisely how this was supposed to happen.

While those in the second group described their lives as routine and uninspiring, those in the third group described themselves as not having very much to do during the day. Case #11, for example, was a 17-year-old who had left high school in the fall semester of 11th grade. She worked sporadically at fast food places, but had lost her most recent job by our second interview. With neither work nor school to occupy her time, she spent her days at home interacting with members of her own and her boyfriend's extended family. Some days she helped her sister by watching her nephew. Other days she stayed with her 19-year-old boyfriend at his mother's place, cheerfully focused on the drama of teasing, bickering, and then making up with him. Case 11, who had wanted to conceive and decided to continue her pregnancy, told me, "I just sit around the house and clean up or something."

Case 38, like case 11, seemed to be in a state of limbo, without immediate plans or structured day-to-day activities when she decided to continue her pregnancy. She was a 16 year old from an impoverished background with a difficult history of abandonment by her mother and sexual abuse by her father. She had lived in group homes, had a history of drug abuse, and told me she could not remember exactly when she had stopped going to high school. When I interviewed her she was living alone in an apartment paid for by her 26-year-old boyfriend. Case 38 spent most of her time at home, perhaps in an attempt to keep out of the type trouble she had previously gotten into on the street. She told me "a typical day for me is sitting around, watching TV [laughs] and I like taking baths a lot. It makes me think. And I like shopping when I got money! [Laughs] So that's me!"

Teens in this group tended to stay at home and, as a result, were isolated, particularly as they were not involved in activities that took them into public, such as work or school. When I interviewed Case 10 she lived in a small, empty apartment with her 14-month-old son and her boyfriend, who was rarely at home. She told me she didn't have any friends and described a lonely existence: "I'm usually by myself and I just take care of him and I clean. That's my day. Never do anything. I don't have a car, so I don't go anywhere. I go for a walk, but that's it." Some seemed to be avoiding interactions with peers they had previously gotten into problems with. Case 27, who went to a continuation high school a few hours a day, lived at home with her mother, yet did not interact with her or any of her former friends. She told me,

I don't really do too much during the day, just sleep all day [laughs]. But, I make sure all my business and stuff is handled before, but other than that I stay in the house. I don't have no friends or nothing, because, I don't know, I was just never really into hanging around a lot of people. So I mostly stay by myself, stay in the house or, you know, hang out by myself all of the time.

Staying in the house and lack of engagement in public life typically led to boredom, loneliness, and perhaps the sense that there was little to look forward to. Teen in this category generally continued their pregnancies because, as I discuss below, the experience of being idle created both the time and the desire for meaningful activity.

Social Circumstances: Boyfriends and Parents

Among teens who did not have short-term goals, those who had positive relationships with their boyfriends and parents willing to provide practical and material support often continued, while those who lacked supportive boyfriends and had parents who rejected pregnancy did not.

Teens without compelling short-term plans were particularly vulnerable to the influence of boyfriends urging them to conceive or to continue a pregnancy. Many of these teens described being very much in love with their boyfriends and hoped they would have a baby together (1, 27). They were flattered or delighted when boyfriends proposed having a baby (2, 5, 11, 18, 38) or initiated the plan to conceive themselves (27, 32). Case 38 (discussed above), who had run away from her foster care placement, and was not attending school or working, described the way she easily agreed to her boyfriend's proposal to have a baby. With a smile lighting up her face, she recounted what was clearly a happy memory in her relationship with her boyfriend:

he was just smiling at me, like, "damn I want a baby," and he is so cute! He is fine [very good looking] to me....I'm like "what?" [He said] "I want a baby" and I'm like "Oh God, for real?" He was like, "Yeah" and I was like, "Okay, I want one, too!" [Laughs]

Teens busy with short term plans were less invested in their romantic relationships and gave them less priority in their lives than teens who had more time on their hands. Busy teens typically deflected, ignored, or dismissed their boyfriends' demands to have a baby. Case 22, who was proud of taking a full load of academic classes and said, "I only got one more year to go" before high school graduation, told her boyfriend that he would have to wait for her to finish school before becoming a father. Her boyfriend had started saying "I want you to have my baby" but she told him "nope." As she explained, "he asked me and I told him no 'cause I have to go to school. I said you gotta wait till I get out of school. He was like OK." When she became pregnant shortly after their conversation she quickly decided to terminate the pregnancy.

The last important factor in the pregnancy decision was parental support. Most of the teens I interviewed were still financially dependent on their parents or on another caregiver—particularly for a place to live. Financially dependent teens usually required some sort of caregiver support, or at least permission, to continue their pregnancies. They looked for acknowledgement that bringing a new baby into the house would be tolerated, if not

welcomed. Participants generally sought a parent's positive or at least neutral reaction to the news of the pregnancy before moving ahead with their decision to continue. (Most parents were relatively permissive. In 47/67 pregnancies the participants thought their parent or caregiver would ultimately accept the pregnancy.) Thus, parents typically had an effect on the decision outcome towards the end of the process by providing, withholding, or threatening to withhold material support (housing, cash, childcare) from their daughter. The varying reactions of those providing care and housing for the teen could override an earlier decision, tip the decision in one direction or another, or, especially for those who wanted to have a baby, provide permission for the teen to continue forward on the path that she had chosen.

Teens with a caregiver willing to provide material support for the new baby were more likely to continue than those with parents who insisted on abortion or withdrew material support from the pregnant teen. Participants who continued their pregnancies usually had at least one source of material support, typically their own family or the family of the baby's father. This material support came in the form of continued housing, childcare, or help buying supplies for the baby. Parents who were opposed to abortion or accepting of having a new grandchild supported continuing the pregnancy, which usually implied that they would offer material help. Case 37, for example, told me her mother had supported her financially during her baby's first year and after that helped regularly with childcare so that she could go to work. Her mother, case 37 explained, didn't like abortions and so had urged her to continue both of her pregnancies: "my mom was like, 'You know you're not going to get an abortion, neh-neh-neh-neh.' All this stuff. 'I'll help you....I'm going to help you with the baby.'"

In contrast teens whose parents prohibited a teen birth and would not provide support were more likely to terminate. As I described above, parents, particularly those of the youngest teens, sometimes simply insisted that their daughter have an abortion or threatened to kick her out of the house if she failed to do so. In most cases when the mother or caregiver insisted, the teen decided that she had no choice other than to have the abortion.

Alternatively, if a teen knew that those she lived with would never allow her to have a baby in the house, then she was likely to have an abortion without telling her caregiver. Thus, some teens based their decision to terminate on the negative reaction they imagined their caregiver would have. Case 35, for example, was certain that if she had a baby her grandmother would disapprove of the path she was choosing and cut off her bank account. Case 40 was also afraid that she and her boyfriend would be kicked out of their respective houses if their parents found out about her pregnancy. She told me she was afraid to have the baby because "we can't both be kicked out with no money and nowhere to go." In cases such as these the teen typically had an abortion in secret without the caregiver finding out about the pregnancy.

In sum, the typical teen who continued had time on her hands, a romantic relationship that she felt was (or had once been) significant, and a parent willing to provide some level of material support. In contrast, the typical teen who terminated was busy with goals that were going to be realized within the upcoming year, did not have an emotionally significant relationship with her boyfriend, or had a boyfriend or parent who had vetoed the pregnancy. In this way, opportunities (operationalized as the presence or absence of short term plans) coupled with social and material support explained why some teens continued and others not.

Conceptualizing the Future to Make Decisions

The different social situations that I have described produced markedly different ways of imagining the future. That is, a teen's social circumstances shaped the potential futures she imagined herself inhabiting. Teens who were busy and engaged in their short-term plans tended to imagine a baby as an interruption or as an overwhelming logistical problem. In contrast, teens who did not have plans welcomed the baby as a pleasurable addition to their lives and hoped the baby would create satisfying family relationships.

As they were making their decisions, participants conceived of the future in multiple ways. I will discuss two types of future projections I found particularly relevant to decision outcomes. The first type of projection consisted of rehearsing or visualizing concrete, practical details of the way daily life would unfold in the short-term future. Frye characterizes this way of imagining the future as expectations, concrete plans, and probable scenarios. These predictions were flexible, in that the details could easily shift due to contingencies, but precise in that the details of what would happen—including how and when—were present. Thus, in contrast to long-term career aspirations that were typically missing information about how and when goals would be reached, these concrete plans specified how the teen would move forward and when events would happen (usually the time period when the baby was due to arrive). Concrete predictions were based on first-hand experience: promises or warnings people had made, others' experiences in similar situations, or the teen's own previous experience.

The second way of conceptualizing the future involved the type of aspirations, hopes, and ideals, discussed in the literature on imagined futures. This way of imagining the future included dreams about the good life and the way things would be if everything worked out exactly as the participant hoped for, a best case scenario. Johnson-Hanks calls this type of hope towards which action is oriented a "horizon." Horizons, she says, represent "shared expectations of what is possible or desirable" (Johnson-Hanks 2006:254). They are not the specific choices immediately faced by an individual, but they are the more distant landmarks against which people navigate as they move towards a decision, the "locally perceived borders of possibility, risk and aspiration" (2006:234). Johnson-Hanks represents horizons as both negative and positive archetypes. In what follows I will discuss two positive archetypes—the little family and the sentimentalized baby—that motivated participants' decision making.³

These horizons of hope were not as closely tethered to participants' experience as were the grounded predictions. Instead, one of the striking aspects of these imagined futures was that they were often quite remote from anything participants themselves had experienced directly. Furthermore, while participants making grounded predictions could be quite specific about how and when their plans would unfold, participants discussing aspirations were typically vague about some of these details. That is, they were vague about aspects of their family aspirations in the same way they were about their educational and career aspirations. So, while they could, perhaps, fantasize about attending college, or setting up house with their boyfriend and baby, they were often unsure what steps would turn these ideas into reality. Thus, idealized imagined futures had a timeless, abstract quality compared to the specificity of

concrete predictions. They did not involve a sequence of events, or a specified point in time, but instead were often represented by a snapshot or a scenario.

Predicted Futures

In this section I discuss the most prevalent type of future projection—concrete predicted futures. Almost all teens, those who continued and those who did not, made some sort of short-term concrete prognostication about what their life would look like with or without a baby. In what follows I will discuss several characteristics of concrete predicted futures.

The first characteristic of concrete futures is that they were based on particular details about the teen's situation at the time she became pregnant, such as where she lived, who had offered to help with the baby, and how those around her might react to the pregnancy. Teens who terminated tended to focus on the negative practical consequences that they thought would occur in the short-term future if they had a baby. Case 13, for example, predicted that it would be too complicated to bring a baby into her current home:

I live in a house where there is no extra room and it's not a small house, but it's kind of cluttered, plus my grandfather has Alzheimer's. I don't know how my grandmother would be able to handle it as far as understanding why I had a baby. She's very old-fashioned and, you know, why I'm not married yet.

Thus, she imagined bringing her baby into a specific house, at a specific point in time, and the specific objections that her grandmother would have to the baby.

Participants deciding to continue also made concrete predictions about what would happen when the baby arrived and most could discuss specifics such as where they would live and who would care for the baby. Case 20, for example, planned to live at home with her mother and intended to care for the baby herself as she had arranged to resume high school through independent study. Her concrete plans were as follows:

All the things the baby needs we got to get it. Well the baby needs food we got to get food, diapers, all of that. Pretty much continue going to church, continue seeing him [boyfriend]. I'll just continue going to school, but it'll be different type of school.

Other teens predicted that specific people would help care for the baby while they continued with school or went to work. Case 28, for example, lived at her boyfriend's parents' house and intended to continue working at her retail job after the baby came. Drawing on specific details about her boyfriend's sister's schedule, she told me, "I'll have his sister watch it. She doesn't go to school until like a quarter to twelve, and plus his mother, his mother is always there, she doesn't work, so she's around all the time."

The second important characteristic of predicted futures is that they were shaped by a teen's current activity level and short term intentions. These predictions, then, were based on the participant's first-hand observations and experience as they were filtered through the lens of her own short term plans, which focused her attention on either the positive or negative aspects of having a baby.

Teens who were busy found it difficult to imagine adding a baby to daily routines that were already packed with activities. Case 8, for example, thought it would not be possible to

take care of a baby on top of working two jobs and going to school: "there's no way, there's no way at all. Not with the hours I work, I mean without an education I can't go and get a nine-to-five job that's actually going to pay the rent, and help out with the baby's bills and whatever. It's hard enough to go to school, working two jobs, and then wanting to go to school with the baby." Case 22, at the end of her junior year, was focused on graduating from high school and predicted she would have a negative experience trying to take care of a baby. Some of Case 22's forecasting was based on what she observed about her cousin:

I think I be pulling my hair out of my head. Just sitting there and getting the baby bottles, getting up, have real bags under my eyes. 'Cause I see my cousin get up all the time and her youngest one is nine months. And she cry and cry. They spoiled her. She cry, she cry, she cry. Uh uh. Couldn't go thru that.

Busy teens projected forward and imagined a negative future in which the baby would "ruin" their daily lives, describing the way a baby would interfere with their social life, limit their ability to attend activities, and generally rob them of their freedom. Case 17, who was in college when she became pregnant, said that she thought,

Oh my God I'm going to be stuck at home. Oh God, I can't do anything I want now....Like, say if there was a game, I'd have to find a babysitter...go to the movies I still have to find a babysitter, and this and that and then what about school? I can't keep the baby and then go to school at the same time.

And Case 35 imagined the very specific consequences of not only of having a baby, but of being pregnant before that:

Weight gaining. I have to drop out of my dance class. I'd have to quit some of my activities. I wouldn't be able to go out on weekends and once the baby got here I know I wouldn't be able to go out on weekends. Probably wouldn't get no sleep, baby up crying at three in the morning and I got school and that wouldn't work. I hardly get any sleep now 'cause I'm up late doing homework and research and stuff--there really wouldn't be no time to sleep.

In general, teens who terminated imagined that having a baby would bring a life of drudgery that required tedious chores, changing diapers, night-time feeding, and having to find a babysitter.

Busy teens predicted that having a baby would not only ruin their daily lives but also disrupt their short-term plans. Case 44, for example, felt that the baby would interfere with her graduation activities and socializing--"Senior Fling, Senior Boat Cruise, being a regular teenager, going out on the weekends." Counting the months of pregnancy in relation to her high school graduation she told me "see, the baby was going to be due in August, so actually, I would be a senior, and that's when, you know...that's when you're really busy, you're going through all your activities to graduate, so I just said I can't have it."

In contrast, teens without short term plans felt that they did not have any activities or pressing commitments that a baby would disrupt. Case 27, for example, did not feel that having a baby would prevent her from doing anything because, she explained, "I don't do nothing." When I asked Case 25 what her life would be like if she did not have the baby she replied, "boring [laughs] because I'm about to get out of school and school has been my life for

so long and I don't know what I'd do now." With high school ending and her future uncertain, having a baby came to seem like a solution, something to do, rather than a problem. For unoccupied teens, having a baby also promised to solve the problems of being bored, unmotivated, and disengaged from public life. Case 32, who described herself as depressed and had lost a sense of direction after having graduated from high school, explained, "when you're not doing anything, you're sitting at home being a big couch potato, feeling no push....You feel like crap." She continued, "My life is so dull and boring, you know, as it was going, I needed to change it somehow. And nothing was motivating me."

Teens without pressing plans, then, were more likely to imagine having a baby in a positive light as a desirable addition to their lives. They typically felt that the baby would provide a welcome change adding interest to their lives. Case 1 told me, "I'm going to be a Mommy. It's kind of new." Case 2 felt the best thing about having a baby would be the opportunity to "experience new things in life." And Case 25 said, "it's like I'm taking a totally different direction. It's something new. It's exciting, something new—a change."

Third, a teen's predictions about the future were also based on what others had offered, promised, or threatened. Participants who received offers of support took these offers seriously and imagined relying on this help in the future. Case 11 explained, "if I need anything, I have people downstairs, like if I couldn't keep the baby, or something, my cousin want it and a whole bunch of other people want it, so, somebody would take care of it if I have to wait or something like that."

Others could easily imagine what their caregiver's reaction to a pregnancy would be based on previous conversations. Case 40's mother had been celebrating her accomplishments all her life, with emphasis on the fact that her daughter had successfully avoided teen motherhood. Case 40 told me,

My mother always brags. "[My daughter] is 18. She has no babies" [laughs]. She'll be like, "if you ever got pregnant I'll just be so hurt, I'll just be so disappointed in you." It's like my mother, she's the only person that's been there for me through my whole life and to have her disappointed in me, it would hurt a lot.

Imagining her mother's negative reaction, Case 40 decided that it would be "too stressful" to have a baby and chose to secretly terminate her pregnancy. As I have discussed, other teens predicted being forced to leave the house by parents who disapproved of the pregnancy and thus usually chose to terminate.

Lastly, the most important source of future predictions was a participant's own experience--particularly if she had already had a child. Teens with a baby or toddler at home often chose to terminate a subsequent pregnancy. Nine participants in my sample were already mothers when I interviewed them and, of this group, six chose to terminate. Like teens who chose to terminate their first pregnancies, teen mothers who were occupied with upcoming activities chose to terminate a second pregnancy. None of the three teen mothers who decided to continue were attending school, while four of the six who decided to terminate had returned to school and were continuing their education after their first birth.

Case 12 drew on her experience having her first child to forecast what it might be like to have a second child while in school. When Case 12 became pregnant for the second time she was taking classes to complete her community college vocational training program, working

part time as part of a stay-in-school package, and caring for her one year old. If she had a second baby, she worried that she would get behind in school or fall out of her stay-in-school program. Her first birth experience had been difficult because her son was born prematurely and she spent hours with him in the hospital after he was born. Given her previous experience she imagined what her life would be like if her second baby was also premature:

I was thinking well maybe I can go to school and still have this baby, but then I was thinking, I was so sick with Jason, and maybe I'd get sick then. I was scared I might have it early, and then if I have it earlier than I'm supposed to, that'll really mess me up. So, if it come on time, like it's supposed to, then it'd be okay, but if it comes earlier, then I'll be backed up, and then I would mess my whole schedule up. Then I'd end up, start over again in school, you know, get back on the right track, and that's going to hold me up.

She thought if everything went well she might be able to handle a second baby—particularly because her mother promised to help her. But, given her difficult first pregnancy and premature birth and remembering how hard it was for her to study and attend school while caring for a baby, she decided to terminate her pregnancy.

Like Case 12, most teen mothers felt that caring for another child would be financially and logistically too difficult. As Case 14, who was back in high school and caring for an eight month old explained, “if I have another baby right now it's going to be extremely hard and probably overwhelming for me.” Young mothers felt they were already struggling to care for their first child and imagined that adding a second child would be unmanageable and stressful. Case 37 said, “I don't know if I can handle it financially. Probably end up going gray before I'm 21. Two kids at the age of 20. That's too much.” Case 36, who was already living in crowded conditions on too little money said, “I know I can't take care of two.” And Case 9, who was gearing up for her last year of high school said, “It's hard finding a babysitter, you know, my mother reminds me of waking up in the middle of the night....Starting diapers all over again. Getting formula all over again.”

In addition, some teen mothers felt that having a baby had not been as wonderful an experience as they had anticipated. Thus, while teens anticipating their first birth often idealized the experience of motherhood in ways that I will discuss further below, teens who had given birth sometimes felt that mothering had not proved as fulfilling as they had hoped. Case 6, who had eagerly anticipated her first birth at age 17, explained that she did not really enjoy being a full-time mother as much as she thought she would: “I always wanted a little girl, so I could comb her hair. And that's not always fun these days, because she sits up and cries all the time.” She explained, “I love my daughter. You know, I take good care of her. But I really don't like it. I mean, I can't wait for -- until she's old enough to do her own things so I can -- so she can have her time, and I can have mine.” Case 9 also told me that while she loves her son she is always thinking “I can't wait till he gets older.” Like others who terminated, these teens imagined sleepless nights, dirty diapers, laundry, and dishes, and their reaction was that they would not be able to handle the work of another baby.

Distant Horizons: Stereotypical Imagined Futures

While almost all teens made concrete predictions about the immediate consequences of their different choices, teens who chose to continue their pregnancies also expressed idealized

aspirations about family life, and regarded having a baby as an important first step towards fulfilling those ideals. The teens who most often expressed idealized futures were young (less than 16), from disadvantaged backgrounds, and had experienced family instability. That is, teens who tended to idealize having a baby, and all that would follow from it, were in positions of greater disadvantage relative to their peers who did not discuss idealized futures, and chose to terminate their pregnancies.

Teens who wanted to continue their pregnancies were motivated to do so by two distinct, yet interrelated, sets of ideal imagined futures related to having a baby. The first of these had to do with male partners and creating a happy family together. As I discussed in the previous chapter, two people who were in love expressed their commitment to each other and fostered a permanent connection by having a baby together. This cultural understanding, well described by ethnographers of low income neighborhoods, framed having a baby as the natural progression and deepening of romantic love, one that elevated and solidified a sexual relationship (Edin and Kefalas 2005). Case 18 said she regarded the baby she was having with her boyfriend as “the best part of both of us,” and told me she was motivated to conceive because “we both loved each other and we both wanted to have something that was part of both of us.” Similarly case 1, a 16 year old, told me that she and her boyfriend “just got wrapped up in each other” and started wanting to have a baby together. She attributed this desire to being in love and explained the baby was “just between us, me and him, something of ours.”

Once pregnant, teens hoped that having a baby would transform the couple into a family. As case 20 explained, a baby magnified the love between two people and created a family:

I think that when a when a baby comes, couples, it kind of is different, they have somebody else to give love to and it just brings out more love for everybody involved. I think it will be pretty much the same, maybe a little bit more love. We'll eventually have our own house. We'll have our own little family going on....There will just be more people to care for.

Case 16 described a scenario that she had (literally) dreamt: “I had a dream that one day, you know, that me and him had kids and that I was sitting on his front porch and I had a little boy. And he, um, he saw, he saw [my boyfriend] and he started running and saying ‘Daddy.’” For Case 16 and others like her, continuing her pregnancy meant more than simply having a baby—it meant starting a family.

Teens who imagined starting a family had a particular type of family in mind—a nuclear family that lived harmoniously together in a single-family dwelling. These aspirations usually specified the family members who would be involved, the fact that they would be living in their own place, and the way that they would be primarily focused on nurturing or leisure activities. Case 21 described her ideal family life this way:

I want to have a husband to come home after work and, you know, be a family. Go on trips and just be a regular family, you know, cook dinner and stuff and I just want to have a family.... Have a house, have a dog, a cat, you know. My kids have their rooms, me have my husband, me and my husband, nobody else involved like ex-girlfriends anything, you know, it's so hard like that.

This ideal contrasted sharply with the blended, fractured, single parent, or extended families in which most participants had grown up. Case 6, who had grown up in foster care and group homes, seemed to want not only a traditional nuclear family, but a traditional division of labor. She said that when she began to think she was pregnant she and her boyfriend “sat down and had a long talk...how it was going to be. I was going to stay home and take care of the baby, and be this good little sweet Mom and he was going to go out and work like the old-fashioned days or whatever, you know? And everything was just going to be great, you know?”

Boyfriends often participated in domestic fantasies about the little family they were creating. In particular, boyfriends shared in the fantasy of moving out and living together in a place of their own. This aspect of idealized futures did not align with the reality that most teens continued to live with their own or their boyfriend’s parents after they gave birth and could not afford a place to themselves. Case 7, for example, told me she thought that her boyfriend wanted her to have the baby because he shared in imagining a domestic future with her:

he just talks about what if we did have it [the baby].... He talks about what it’d be like if we had a baby and we lived together.... He imagines me in the room or something changing the baby or something and he’s sitting in the living room watching TV.... One time we imagined we like had a housewarming...and everybody came over and everybody saw the baby.

Similarly, during her first pregnancy Case 36 had imagined going to live with her boyfriend and her new baby: “it was going to be me, my baby, my baby’s daddy. We had thought about getting married, umm, getting a place together.” She described the way her boyfriend suggested that they each put money aside every month to save up for an apartment they could live in together when the baby came. She explained,

he told me, he was like, “Well okay, this is what you do. I start saving for the apartment and you start buying stuff for the apartment.” So I was like well okay. So every time I got paid I would buy what my baby needed, you know, then I would buy something for the house. You know, it was like I got a whole bunch of dishes, you know, everything you would need for a house.

As often seemed to be the case, however, her boyfriend was unable to carry out his part of the bargain and she later found out that he had not been saving money for their life together. The imagined future of the little family was difficult to enact, not only because it required material resources, but also because it required the continued cooperation of male partners who often changed their minds and forfeited their role in the family. Unfortunately, in most cases such as these, the happy domestic future did not materialize and young women were left as single mothers rather than in the nuclear families they had hoped for. Being a mother, however, promised its own rewards for many pregnant teens. I now turn to a discussion of the second idealized future that motivated young women to become parents.

The Sentimentalized Baby

In addition to idealizing the family they hoped to have one day, participants also idealized the relationship they imagined they would have with their new baby. This imagined

future framed the baby as precious, and the mother child relationship as providing a fulfilling emotional connection.

In *Pricing the Priceless Child: The Changing Social Value of Children*, Zelizer (1985) describes a historical process she calls the “sacralization of childhood” through which children came to be defined as precious emotional and moral assets. Prior to the early 20th century, parents regarded children as useful, economically productive members of the family economy. By the early 20th century, however, the cultural meaning of children shifted. Parents began to view their children as emotionally valuable objects of affection and endearment, an attitude that persists to the present day. The teens I interviewed, particularly those who wanted to continue their pregnancies, expressed the kind of sentimental sensibility about children that Zelizer describes.

Teens who continued regarded children as an inherently valuable, precious emotional resource, and imagined that having a baby would bring them love and happiness. Participants spoke about the “joy” of babies, as in “there’s all kinds of joy a baby’s going to bring me” (Case 26), or “kids are a joy” (case 39). Case 9 epitomized this cultural understanding when she made the following statements about children:

They’re real adorable, they’re precious, they’re like, it’s like a special doll that you may have sitting in a china cabinet and you don’t want nobody to touch it because that doll is precious to you. It’s like a baby, it’s precious to you and you don’t want it to be treated the wrong way. It’s special. It’s a gift.... And they bring joy to you. They can bring joy to your whole family.

Case 20 discussed both her sentimental feelings and the way she projected forward in time as she answered the question of why she wanted to have a baby:

Little fingers, and little toes, and little nose and eyes [tiny voice]. No [laughs]. It’s something that we made together and it’s something that we will love.... Going and looking at all the little baby clothes it’s just like ooooh you know this is so cute ohhh the baby ’s going to be so cute you know stuff like that. You know the anticipation is really-- like I’m already thinking about when the baby’s here or when I’m going to go into labor and I’m not even hardly that far along it’s like I’m getting way ahead of myself here.

As these teens imagined life with a new baby, the baby itself was regarded as a precious object of fascination that they looked forward to doting upon.

Teens who continued also idealized the relationship that they imagined having with their new baby, looking forward to mothering as the most enduring and nurturing relationship a person could experience. According to this idea, it was natural and easy for mothers to experience intense, unconditional love for their children. Case 42 felt depressed about being pregnant, yet was determined to continue her second pregnancy because she had previously had an abortion. Despite her anger about being pregnant, she assumed that she would not transfer any resentment to her child and told me, “a baby is a beautiful thing, so when I see it I know I’ll love it.” Case 38, who had lived in foster care most of her life, said “I want it because it’s a part of me, and I’m not going to do what my mother did to me, you know? I was always looking for someone of my own blood to care about a lot. And now I’m about to have it.” In fact, the unconditional love flowing back and forth between mother and child was sometimes framed as sufficient rationale for the pregnancy to move forward. That is, some of the

youngest teens maintained the romantic idea that the only thing a baby really needed was a mother's love. Case 27 told me,

I feel like if a baby comes, you know, and if the mother really wants it, I feel that she should really have that child. You know, she just really deeply in her soul could want her baby and, you know, she's not worrying about that she has to take care of it.

At the same time, teens imagined that their babies would unerringly reciprocate the unconditional love they received from their mothers. Case 41, for example, wanted to have a baby because, "I know this is the number one person who will just always love me, who will just always be there no matter what." Similarly, Case 7 said, "I still want it 'cause I like the baby idea," by which she explained she meant "the idea of a baby that's mine. The baby that's going to call me mom. Or have to look up to me." Or, as Case 46 said, "you have someone to love...that, you know, loves you."

Teens who imagined a fulfilling relationship with their new baby focused on the fun or meaningful aspects of caretaking, rather than on the drudgery of daily chores and middle of the night feedings. Many participants, for example, looked forward to watching their child develop and grow, often in the context of the little family I described above. Explaining why she wanted to have a baby, Case 39 said "I thought it would be fun. I thought it would be just watching the baby grow up, just taking care of the baby....Play with the baby and teach the baby things and all types of things that parents just do with their kids together." Others focused more on the rituals, such as baby's first picture, or the consumer aspect of having a baby. Case 10 explained, "I thought about all the good things, like shopping for baby clothes and taking the first pictures and how cute he would be, what I would name him, just things like that."

In sum, I found that teens making pregnancy decisions had two general ways of conceptualizing the future, both of which were shaped by their immediate social situation. Concrete predictions of what might unfold over the upcoming year were based on first-hand experiences, while abstract scenarios of a happy future were based on cultural ideals and fueled by hopes of interpersonal connection.

Conclusion

The answer to why some teens continue their pregnancies and others not is found largely in a teen's social location and the resulting opportunities she perceives at the time she becomes pregnant. I have argued that level of daily activity and future projection are two mechanisms through which a teen's structural position shapes her behavior. From their different social locations, experiencing different types of daily activities, teens imagined futures that were patterned in predictable ways.

Although the literature to date has focused on idealized futures as a motivating force in action, I found that concrete short-term predictions are perhaps more important in understanding how people act. The teens I spoke with conceptualized the future in two primary ways—concrete predictions that were closely tied to their direct experience and ideal aspirations that were further removed from their daily lives. Almost all participants made short-term, concrete assumptions about what their lives might look like with or without a baby

that were directly connected to their reproductive decisions. Teens who were inexperienced and from backgrounds of relative disadvantage more often imagined the baby they were having as bringing them one step closer to their aspirations for family life. These ideals motivated their decisions. Yet without support and concrete predictions, aspirations remained simply hopes and ideals.

CHAPTER FIVE: CONCLUSION

Summary of Primary Findings

In this dissertation I have addressed two primary questions: 1) How do teenagers decide whether to terminate or continue a pregnancy? 2) Why do some pregnant teenagers choose to continue their pregnancies while others do not? I have answered these questions based on data from 19 months of participant-observation at reproductive health clinics and transcripts from 45 in depth interviews with pregnant young women deciding whether to terminate or continue. My primary findings contribute to the sociology of morality, theories of reproductive decision making, and recent work on the nature of future projections.

In Chapter Two I argued that, for the teens I interviewed, abortion beliefs did not determine the decision outcome. Faced with the particular circumstances of a pregnancy, teens did not apply absolute moral principles regarding abortion. Most often, the decision to terminate a pregnancy was carried out in spite of, rather than in accordance with, abstract beliefs about the morality of abortion. The majority of teens I spoke with were deeply ambivalent about abortion, simultaneously holding conflicting beliefs that I traced back to opposing sides of the elite political debate over abortion. On the one hand, the teens I interviewed felt that abortion was murder, and on the other, that women had the right to determine what to do with their own bodies. Teens also held other conflicting moral ideals about abortion, framing it as both selfish and unselfish, responsible and irresponsible. On the one hand, they felt that they should pay the price for sexual activity by accepting responsibility and taking care of the child they had conceived, and on the other they felt that teen childbearing was irresponsible because the child might not receive optimal nurturing and opportunities.

The teens I interviewed did not make their decisions based on the abstract moral principles that formed the basis of their opinion about abortion. Instead, the immediate practical circumstances in which the pregnancy occurred shaped the decision outcome. In addition, teens exhibited their own moral code that was more flexible than the absolute, black and white terms of the abortion debate. Teens attempted to steer a moderate course by avoiding multiple consecutive abortions on the one hand and multiple consecutive births on the other hand. Given these flexible parameters of avoiding “too many” abortions or births, they felt that the ideal way to reach a particular abortion decision was through careful introspection, independent of the influences of others, such as parents and partners. The way I observed decisions unfold in reality, however, did not correspond to these ideals that teens expressed about the decision-making process.

In Chapter Three, I described the processes through which teens made the decision to continue or terminate as involving both cognition and social interaction. Recent work in social psychology argues that humans engage in two types of cognition—automatic, non-conscious intuitions and effortful, conscious reasoning. Moral psychologists, such as Haidt, argue that automatic intuitions are primary in generating moral judgment, particularly when we are faced with actions that violate norms. Drawing upon this work, sociologists, such as Vaisey, have incorporated dual-process theory into sociology, arguing that intuitive and non-conscious thought processes dominate moral decision making. Vaisey argues that moral decisions are

made on the basis of deeply internalized cultural schemas that actors draw upon unconsciously and apply automatically.

I found, however, several reasons why intuition failed to dominate the decision processes that I observed. Intuition could fail to appear, or could shift from moment to moment, resulting in blankness or confusion on the part of the participant. Some participants experienced conflicting intuitions which resulted in a stalemate, rather than decisive action and, in many cases, participants were aware of their intuitions, yet chose to override or counter them with other ideas and actions. Most importantly, parents and partners, ascribing their own meanings to the teen's pregnancy, asserted their power and could insist that the teen terminate a pregnancy that she wanted to continue. Thus, intuition was constrained through social interaction and power differentials between a teen and her parents, or a teen and her partner.

Attempting to apply dual-process theories of decision making to my data highlighted the importance of including interpersonal coercion and social codes (which ascribed meaning to the pregnancy within relationships) into models of decision making. I proposed an alternative model of decision making that included these elements, suggesting that actors actively used their cultural knowledge to imaginatively assess what having or not having a baby might look and feel like in their immediate future. Taking both their parent's reactions as well as cultural scripts about the meanings of pregnancy and childbirth in sexual relationships into account, teens imagined their potential future outcomes assessing whether they were feasible and desirable.

In Chapter Four I addressed the question of why some teens continued their pregnancy while others did not. Research on the positive association between teen childbearing and poverty has focused on explaining why poor teens have more early births than their wealthier counterparts, without examining the last decision point before having a child—the decision to continue or terminate a pregnancy. Rather than assuming that all relatively disadvantaged teens will continue their pregnancies, I took a closer look at distinctions between those who continued their pregnancies and those who did not.

I found that structural factors--access to educational and employment opportunities—shaped decision outcomes through two key mechanisms: level of daily activity and formulations about the future. First, teens with more opportunities tended to be busier with school, work, and extra-curricular activities, than their counterparts with less opportunity. Because they were immersed in daily activities and focused on fulfilling short term goals, teens with more opportunity typically felt they were too busy to care for a baby and imagined a baby would interfere with their plans in a variety of practical ways. In contrast, teens with fewer opportunities were not as engaged by their daily activities and thus imagined the baby as a positive addition to their lives. They were also more likely to focus on their romantic relationships and hope that the baby would provide the beginnings of an emotionally fulfilling family life--either with or without their boyfriend. Thus, teen's daily level of engagement in activities shaped their ideas about the short term future.

In addition, I found that teens thought about the future in two distinct ways. They made practical predictions about the short term future based on their first-hand experience and they also expressed more idealistic and aspirational ideas about a more distant future.

Thus, while most literature has focused on distant, ideal formulations of the future, I found that short term practical visions of the future were also present and were, perhaps, what enabled teens to move forward with their plans.

Limitations

I collected the data for this study over twenty years ago and because of this the findings I derived from it may be out of date. In addition, the sample size is small and all of the interview participants were contacted through a pro-choice organization in a relatively progressive area of the country so the sample is biased towards those who are willing, on some level, to consider terminating their pregnancies. I have, however, approached the data not as a representative sampling, but as a case study that provides evidence relevant to theories of moral decision making and sociological work on future projections.

Implications for Theory

My findings have implications for dual-process theories--particularly the argument that non-conscious thought plays a more important role than conscious deliberation when people make moral decisions. Sociologists adopted dual-process theory from social psychology without empirically evaluating the accuracy of assigning primacy to intuition across all types of decision making. I found multiple reasons why intuition failed to dominate decision making. These included the failure of intuition to emerge, conflicting and shifting intuitions, and the ways in which intuition was over ridden by actors themselves or by other environmental constraints. Rather than focus on the non-conscious forces that shape decisions, I suggest that we examine the ways that social meaning and coercive power relations constrain decision making. In addition, I suggest that teens made their decisions through a process of imaginative assessment. This process involved mentally rehearsing different possible options while trying to assess which struck the balance of being simultaneously most appealing and most feasible. Such imaginative assessment did rely on a teen consulting her own intuitions, as she imagined various possible future scenarios, but the information about the teen's own preferences that this imaginative assessment generated, were not the definitive, all-or-nothing certainties that Haidt or Vaisey describe. Rather, these imaginative assessments could be run multiple times with differing scenarios producing contradictory or ambiguous results. Additionally, they could be folded into decision-processes that took many factors into account⁴.

My findings also have implications for developing theories about future projections. Despite calls for more investigation into the ways actors conceptualize the future, there has been relatively little empirical work of this nature. Most work on the ways that actors imagine the future has focused on abstract, idealized futures that motivate action. My findings suggest that concrete predictions about the immediate future based on direct experience are also an important part of the way actors conceptualize the future. That is, while some teens had idealized images of potential futures, almost all teens made practical predictions about how their lives would look in the upcoming year. Although longer-term idealized futures played a part in motivating decisions, aspirations alone were not sufficient to move action forward. Instead, practical predictions, which were based on first-hand experience, seemed to enable

concrete planning. It may be that practical conceptualizations enabled action, while more abstract conceptualizations provided meaning for these actions.

Implications for Policy

My findings suggest that teens who are not engaged in short term goals and are isolated may be particularly prone to find meaning and motivation in early childbearing. From a policy standpoint it appears that periods during the life course during which young women lack goal oriented daily activity are times when they will be most at risk for having intentional or unintentional births. Teens who have recently completed a goal (in particular high school graduation) and have not yet formulated their next set of concrete goals are particularly vulnerable to having an early birth.

My findings also suggest that providing teens from disadvantaged backgrounds with practical information on realizing short-term goals is an important aspect of supporting educational and career success. The teens I interviewed did not lack aspirations. In addition to clearly lacking material resources, they also seemed to need knowledge of the intermediate steps it might take to reach their aspirations. This suggests that “how to” programs pointing out periodic milestones and explaining the intervening activities that contribute to goals may be effective.

Notes

1. The population that Furstenberg studies, African-American and lower income teens, have consistently higher rates of unintended pregnancy, and thus of abortion, than their white or higher income counterparts (Finer and Henshaw 2006, Henshaw and Kost 1996). In 1996 the abortion rate for whites aged 15-19 was 22.2 (abortions per 1,000 women regardless of pregnancy status), as compared to 61.4 for African-Americans (Henshaw and Kost 1996). In addition, Henshaw and Kost found the probability of having an abortion is three times as high for women in the lowest income group as compared to women in the highest income group.

2. Frye has found that students with more structural advantage (they themselves or their parents have higher levels of education) had more specificity and details in their imagined futures than did students from more disadvantaged backgrounds (Frye 2012). Those of higher relative status, for example, referred to role models they knew personally and could outline specific steps leading to their career goals, in contrast to those of lower status who did not have personal exposure to role models and referenced abstract reasons for pursuing their career goals (such as admiring a uniform). It may be that this type of specific knowledge is what is needed for an aspiration to become a concrete plan.

3. In her discussion of horizons, Johnson-Hanks discusses culturally shared fears having to do with abortion and birth out of wedlock—outcomes participants wished to avoid (Johnson-Hanks 2006). Although participants certainly discussed the negative horizon of the welfare mother, I will not discuss that issue here.

4. Thank you to Ann Swidler for making this point.

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