Bodies and Choices:

Women's Deliberations about Abortion and COVID-19 Mandates as a Window into Issue Constraint

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ABSTRACT

Research on public opinion finds that very few Americans are ideological. This research requires that "ideological" individuals feature beliefs that are "constrained," meaning that they are logically or otherwise consistent with each other. But how is this constraint (or lack thereof) experienced by individuals themselves? How do individuals describe and defend their opinions on controversial issues that are politically salient and moralized? And how, if at all, do individuals recognize and respond to inconsistencies in the reasons they offer in support of these opinions? For instance, do individuals who are pro-life observe an inconsistency in their reasoning when they invoke "my body, my choice" to defend their opposition to COVID-19 mandates? In this thesis, I conduct twenty interviews with women from suburban communities mostly in the metro-Detroit area. Through an interpretivist lens, I observe and analyze patterns in the types of reasons participants (I use the terms "participants," "interviewees," and "subjects" interchangeably throughout this thesis) offer to describe and defend their opinions on two issues: COVID-19 mandates and abortion policy. I then discuss the fascinating ways in which they respond to inconsistencies in their reasoning; some interview subjects alter their reasoning to render it consistent, while others actually alter their opinions. This research sheds new light on the subjective experience of reasoning and constraint in America's polarized public.

Preface

When the world was turned upside down, I went home for a mandated lockdown in March of my sophomore year at the University of Michigan. Like many others, I was heartbroken about the state of our world. As 2020 marched on and things became more dire, my priorities shifted. While the world was falling apart because of a new and deadly virus, what did I really care about? My loved ones and their health, and my own health. As the governor of Michigan, along with other authorities in both the United States and the rest of the world, began to issue mask mandates for the sake of public health, the population was split in two: those who opposed mask mandates, or "anti-mandaters" as I refer to them in this thesis, and those who supported mask mandates as a public health measure, or "pro-mandaters." In my family of medical professionals, there was little conflict over the issue, but many of my friends had left a more liberal Ann Arbor to return home to conservative towns and states. Their families were splintering daily over the issue. It became apparent that there was a huge public health debate raging outside of the five-person bubble I was living in for months, and that issues of fact and fiction were blending together with morals, personal autonomy, the right to medical decision-making, disagreements about the common good, and a general sense of entitlement to certain individual freedoms.

As I lived in a half-online world like everyone else, I became increasingly aware of the phrase, "my body, my choice" swirling around Facebook and Twitter posts. Those on the "pro-choice" side of the abortion debate have been familiar with this phrase for decades, as it has been used by advocates hoping to expand and retain access to abortion rights across the country. What caught my attention and sparked this project is the co-optation of this rhetoric by those opposed to masks and, later, vaccine mandates at schools and work. A phrase that had been

associated with the liberal pro-choice argument for so long was now being used to defend a position typically held by individuals who often held conservative views and who would likely oppose the original intent of the rhetoric. This left both anti-mandaters and pro-choicers to grapple with the meaning of the phrase, which could lead to different conclusions that both require reasoning and rationalization. The first is justifying the use of the phrase for their respective purposes - "this is acceptable because it applies to our cause." The second is an exclusion of the other side from the phrase - "this isn't acceptable use of this phrase because their cause just isn't the same thing as ours."

After life returned to our new version of normal, I found myself wanting to understand what seemed to me an incongruity of beliefs in my community. I did not understand how individuals processed and formed relationships between their different sets of beliefs, but rather than impose the label of "conflicting" beliefs upon adults, I wanted to *ask* people why their different beliefs do not conflict for them. Over the past several months, I identified and then conducted long, intense interviews with twenty, middle-aged women about their opinions on abortion and COVID-19 mandates. In this thesis, I report on the reasons they provide when they describe and elaborate on their opinions. And I wrestle with how, if at all, they react if they notice any inconsistencies in these reasons across these issues.

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you would sit in the same room with me in the month of March, but I'm grateful for your love and support in my life.

Chapter 1: Introduction

> Here's a bit of evidence that we live in a simulation controlled by someone with a perverse sense of humor: At the very moment that *Roe v. Wade* could be overturned, the American right has become obsessed with bodily autonomy and has adopted the slogan "My body, my choice" about COVID vaccines and mask mandates (Goldberg, 2021).

My favorite podcaster and *New York Times* writer, Michelle Goldberg, expressed in November of 2021 the sentiment that had been motivating my thesis since the year before. How did the language that had been used for decades by pro-choice advocates throughout abortion's contentious history in the US become a far-right justification for objection to COVID-19 public health measures (Luker 1985)? Goldberg's article confirmed what I had seen from my living room on social media for an entire year: that prominent pro-life judges and activists were the same ones using "my body, my choice" to defend their opposition to COVID-19 mandates. Judge Kurt D. Engelhardt, who had been a pro-life activist, wrote for the U.S. Court of Appeals for the Fifth Circuit that the public interest is "served by maintaining…the liberty of individuals to make intensely personal decisions according to their own convictions - even, or perhaps particularly, when those decisions frustrate government officials" (Goldberg 2021). This ruling put on hold a vaccine mandate the Biden administration had imposed upon large companies.

As I watched this play out in real time, I wanted to know what was happening in the minds of Americans as they used these slogans. Was the irony intentional, or simply lost on people? Was the adoption of a pro-choice argument by individuals opposed to abortion a sign that they had reconsidered the issues at hand? Would pro-choice Americans who support stringent COVID-19 public health measures rethink their own use of the catchphrase "my body, my choice," and potentially even their views?

Through long, intense conversations with twenty middle-aged women, I explore how individuals describe and explain (or defend) their views on both abortion and COVID-19 mandates. I aim to develop a better understanding of how individuals reason about both of these issues. Research on ideology informs my exploration of whether individuals acknowledge inconsistencies in their opinions or the reasoning they use to arrive at them over the course of an extended conversation. If they acknowledge those inconsistencies, how do they respond, and do they change their reasoning or even their opinions? In this chapter, I contextualize my question within some of the academic research related to it before describing my research design as an instance of interpretivist research. Finally, I justify my choice of COVID-19 mandates and abortion as issues to be explored, as well as my decision to focus on women.

Literature Review

This thesis is concerned with two main questions: What kinds of reasons do individuals provide to describe and justify their opinions on controversial issues? And: How do they seem to feel and think about potential inconsistencies in the ways they articulate multiple opinions, and how (if at all) do they respond after noticing such an inconsistency? I discuss some relevant research about both questions, beginning with the second one.

This is closely related to political science research related to ideology, which can be generally defined as a set of attitudes and beliefs people possess that can be grouped together in a way that makes sense to them and the outside world in some capacity. Renowned scholar Philip Converse (1964: 207) defines ideology, which he also refers to interchangeably as a "belief system," as "a configuration of ideas and attitudes in which elements are bound together by some form of constraint or functional interdependence." This "binding together" he calls "constraint."

Constraint for Converse is thus essential -- one can be considered ideological only if their ideas are characterized by issue constraint, meaning that if we know one or two of their positions we should be able to predict others they have. He considers (1964: 209) government spending, taxation, and the budget deficit. Logical constraint would be violated if an individual prized a balanced budget, more spending, and lower taxes. Constraints may have other sources besides logic, such as the appeals made by politicians as they build a party platform.

The latter is more complex - political elites not only are some of the few who actually operate within an ideological framework, but they also help to form it by developing belief systems like liberalism and conservatism that regular people can ascribe to (Converse 1964). Politicians are able to package beliefs into sets using arguments in a way that is palatable to the rest of us and helps us view what would otherwise be individual beliefs as a group instead (Converse 1964: 211, Noel 2013: 7, 35-37). Thus, arguments are used to turn packages of beliefs into ideologies, such as liberalism or conservatism. These packages bundle together views that have no logical relationship, such as being pro-choice on abortion and being pro-gun control. In other words, it is through ideology we can relate seemingly unrelated issues and positions.

Converse found that while ideologies do exist and people do believe they subscribe to them, very few Americans, save the well-educated and political elite, actually adhere to the package of beliefs that those ideologies contain (1964). While Americans have been increasingly self-identifying with ideologies since Converse's study in the 1950s, a new study by Kinder and Kalmoe (2017) found that Converse's results hold true today. Americans may seem more ideological, but, Kinder and Kalmoe argue, this is an incorrect conclusion (both for researchers and for the Americans who wrongly view themselves as being ideological). Kinder and Kalmoe offer two main pieces of evidence for this view. First, many Americans simply do not understand

the content of the packages associated with each ideology. For example, a person may identify as a conservative but take the position that the U.S. should have an expansive immigration policy and increase anti-poverty spending.

Second, many people's opinions are unstable over time -- that is, when asked about their opinion on a particular issue twice over a short period of time, many Americans give two entirely different positions on an issue (Kinder and Kalmoe, 2017). As Kinder and Kalmoe (2017: 18) write, "[i]f ideology— however eccentric it might be—informs political beliefs, then those beliefs must display durability. By definition, ideological beliefs are beliefs held with conviction." They conclude that "genuine ideological identification -- an abiding dispositional commitment to an ideological point of view -- turns out to be rare." Confirming Converse's earlier research, they find that "real liberals and real conservatives are found in impressive numbers only among the comparatively few who are deeply and seriously engaged in political life" (Kinder and Kalmoe 2017: 7).

As demonstrated by Converse as well as Kinder and Kalmoe, most public opinion scholars agree that most Americans are not ideological for a variety of reasons. However, they have not reached a consensus on how best to think about and measure "constraint" (Luskin 1987, Peffley and Hurwitz 1985, Sniderman and Bullock 2004, Levendusky 2010, Jewett and Goren 2016). Some scholars, like Converse, define "constraint" as the correlation between issue positions held by an individual, such as the example of being pro-choice and pro-gun reform. Others take it to mean that *reasons* people have (or claim to have) for holding particular views must not contradict the reasons they provide for other beliefs. Throughout this thesis, I use "constraint" and "consistency" interchangeably to discuss how the reasons individuals give to support one opinion are consistent with those given to support their opinion on a different issue.

Most scholars view constraint as "normatively desirable" because it connotes logical consistency (Levendusky 2010: 112). The relationship between constraint and ideology may also be why scholars equate it with "political sophistication" (Luskin 1987). There is therefore a construed relationship between being a sophisticated person and ascribing to a coherent and consistent set of views -- an ideology. There is truth in this as was found by Converse and later confirmed by Kinder and Kalmoe, considering that it is the best-educated Americans who are most likely to be ideological.

Political science research has not established whether individuals prefer to be (or be perceived as) consistent in the reasons they give for their opinions. The finding that ideological Americans are concentrated among college graduates may suggest that, when they are confronted with their own inconsistency, they would seek to mitigate it. They could do so by changing the reasons they offer to justify their opinion, or even by changing their opinion. However, the latter seems less likely if they also value others' perceiving them as having stable beliefs, which, as discussed above, is another feature of being ideological. To sum up, the literature on ideology highlights the importance of consistency (or "constraint"), but focuses on consistency among issue opinions. I hope to build on this by exploring the highly related but distinct matter of consistency in reason-giving.

Using an Interpretivist Approach to My Research Questions

Decades of mainstream public opinion research on constraint are the basis for my research. As mentioned above, my research is not exactly about issue constraint but it still serves as the jumping-off point for my questions concerning how people reason and their reactions to inconsistency in their reasoning. My answer is more "interpretivist" (see below) in that it is

exploratory research that aims to generate hypotheses rather than test them. This is the case for a few reasons.

First, there is no established literature featuring hypotheses I can test. Additionally, my subject matter is itself better suited to interpretivist analysis (Yanow and Schwartz-Shea 2015) than to more mainstream "positivist" social science. Other social sciences such as sociology or anthropology rely more heavily upon an interpretivist approach to understand how individuals make sense of things. The goal of interpretivist research is the same as my own -- to wrestle with, or "interpret," how individuals experience the world and how they create meaning in their lives.

Choosing an interpretivist mode of research comes with real trade-offs; from a mainstream perspective, the disadvantages may seem to outweigh the advantages. The most obvious is that, by conducting a small number of in-depth interviews, I cannot generalize my findings to a broader population. Second, as with most interpretivist work, mine is qualitative. Thus, I do not have "datasets" in the typical sense. While I can compare a statement made by one participant to the statement of another, the statements are in no way standardized and thus are not comparable "data." Third, since I am not using my evidence to test hypotheses, I also cannot falsify them. The falsification of hypotheses is an essential component of most mainstream science, and political science is no exception (Godfrey-Smith 2021, Elster 2015). Finally, interpretivist research makes the goals of research transparency and replicability much more difficult (Jacobs, Buthe, et al. 2021).

I detail my research methods in Chapter 2, including an exploration of my choice of interview subjects, my questions, etc. Here, it is worth elaborating on some of the benefits of interpretivism for my research aims. Considering the aforementioned lack of clear guidance

offered by the existing scholarship regarding issue constraint, interpretivist work is an appropriate choice for exploratory research (Schwartz-Shea and Yanow 2011). As detailed in Chapter 2, free-flowing interviews are the best way to understand how individuals describe and defend their own beliefs and attitudes; they are thus a much clearer window onto observing how people "think out loud" than any survey could be. The open-ended interview method -- which renders this research more interpretivist than positivist -- is also what allows individuals the opportunity enough time and space in a conversation to reflect on their own opinions and arguments.

Other research -- even a version of research like the one presented here -- might use an elaborate coding scheme to track the incidence of particular words or phrases. A clear advantage here is that words can be converted into quantitative data that can be analyzed using mainstream tools. However, the purpose of this research is not to illuminate how many times a participant says something but rather how they say it, how their statements relate to one another, and even to attempt to interpret the "text" of the entire interview to understand *why* they said it. It seems like it would be extremely difficult, or even impossible, to code for non-verbal cues and the subtleties in tone that occur during a conversation. Even if it were possible, I would rather not break down a conversation into thousands of component parts.

Each of my twenty long interviews -- including my behavior in each one of them -- is different, and that is what makes them good candidates for interpretivist analysis. One of the hallmarks of interpretivist social science is "reflexivity." Lee Ann Fujii describes this as

> a critical, ongoing examination of the way the researcher engages with others—be they participants, research assistants, interpreters, or other interlocutors. Reflexivity involves careful consideration of how issues of positionality—such as the researcher's personal

> characteristics or theoretical vantage points—shape the research process. Such issues bear on the kinds of knowledge claims the researcher can advance (2017: 1).

Here, reflexivity points to my need to reflect upon my own role in shaping my empirical work (i.e., the conversations). This could involve thinking about, for example, whether I "press" too much on an interview subject to notice what I might consider to be an inconsistency in their reasoning, or whether in interpreting an interview I "hear what I want to hear."

The practice of reflexivity is one of the things that separates qualitative research that is more "mainstream" from qualitative research that is more interpretivist. Where interpretivist scholars seek to reflect on their place in the research, "[p]ositivist–qualitative researchers . . . hold out for the possibility of objectivity in their interviews—that is, for their ability to generate knowledge from a point external, conceptually, to the research setting" (Schwartz-Shea and Yanow 2011: 81-82). In contrast, the researcher who works reflexively simultaneously reports and reflects upon their work (Cramer 2016, Walsh 2003). This lens prompts us to be humble and self-aware when we attempt to analyze the worldview of others, as I discuss in Chapter 6.

Choices about Bodies: Abortion and COVID-19 Mandates as Suitable Cases

The issues of abortion and COVID-19 policies have been incredibly contentious both politically and interpersonally throughout their (long and short) histories. On both issues, party leaders have offered clearly different positions, and have worked to heighten their salience, resulting in a polarized public increasingly distrustful of politicians and voters associated with the other party (Adams 1997, Adolph et al. 2021, Druckman et al. 2021). Discussions surrounding both issues have involved medicine, personal bodily autonomy, religion or religious exemption, and government overreach or lack thereof. As I demonstrate in Chapters 3, 4, and 5,

attitudes on both issues are described and justified by a wide range of arguments and therefore these two issues are an appropriate avenue to explore reasoning. Since the two issues have been related to one another in social media and in political discourse through the phrase "my body, my choice," exploring reason-giving and consistency across these two issues is especially appropriate to answer my research question. Long conversations featuring in-depth discussions of both issues in effect "primes" the participants to compare their reason-giving across both topics, as well as notice and respond to any tensions or outright inconsistency in this reasoning.

The arrival of COVID-19 was sudden and devastating for both the emotional and physical health of people worldwide. As it developed into a public health emergency in the United States, policies surrounding the virus's management quickly became associated with partisan positions (Adolph et al. 2021, Druckman et al. 2021). Aggressive public deliberation about how to deal with the pandemic led to everything from verbal arguments in coffee shops across the country to physical confrontations between flight attendants and non-compliant passengers on planes. To make matters worse, the "issue" of COVID contains multiple controversies. One concerns whether individuals can be required by the state to wear masks in public spaces and private businesses. Another has been whether schools should be in person or virtual, and whether mandatory vaccinations in schools and the workplace are constitutional. These and other controversies are deeply tied to the state regulation of public spaces and personal bodies.

Many of these controversies regarding COVID-19 policies have become "moralized," in that people perceive those who disagree with them as being characterized by moral failings, are much less willing to view the issue as one in which compromise is possible or even appropriate (Skitka et al. 2021, Bor et al. 2021). Therefore, many of the debates around COVID-19 focus on

to what extent others' actions should be regulated by the state (or even be the target of public shaming) (Bor et al. 2021). Individuals opposed to vaccine regulations are more likely to distrust scientific experts and public officials such as Dr. Anthony Fauci, who has been responsible for much of the national handling of public health since the beginning of the pandemic. This opposition has also become associated with conspiratorial thinking and a belief in myths surrounding vaccines and other public health measures (Lindholt et al. 2021).

All of these controversies concern the regulation of bodies in public and private spaces, both one's own body and others' bodies. They have to do with deciding what we can tell others to do for our own sake and the sake of our loved ones, either at an interpersonal level or at the top-down level from authorities. To be clear, this is true on both the pro-mandate and the anti-mandate ends of the argument because of the aforementioned deep moral convictions that are attached to any belief about COVID-19.

In addition to being a moralized issue, COVID-19 controversies are also gendered in both obvious and subtle ways. When state-mandated shutdowns of schools and workplaces took place, the dual burden of childcare and education fell on parents in addition to their other responsibilities. However, the onus placed in society at large on women for the day-to-day care of children and duties of the home makes the consequences of COVID-19 policies uniquely and disproportionately impactful for them (Kupfer and Stutz 2022). Since the outcomes of COVID-19 policies differential impact women, it is likely that women think about these policies differently.

Abortion is a structurally similar issue in many ways. It is also controversial because it involves regulating people's bodies in both their private and public lives at the state and national levels. People feel passionately enough about abortion to fight with their neighbors, friends, and

colleagues. Decades of debate on abortion involve medicine, morality, religion, bodily autonomy, personal freedom, and many other dimensions. Because abortion is a much older issue than COVID-19, individuals and the culture as a whole have had a substantial amount of time to develop complex arguments related to all of those things and more. The controversy has remained in the public arena even decades after reproductive rights were secured through *Roe v. Wade* (1973). The Supreme Court is likely to narrow further or even eliminate these rights in a ruling to be announced this summer; whatever its actions, abortion debates are likely to continue long into the future (Hulse and Lerer 2021).

Unlike COVID-19 policy, which became a partisan issue immediately, abortion policy only became one in the 1980s (Adams 1997). However, party elites, activists, and associated advocacy groups have continued to take clearly opposed positions since the 1980s. Thus, abortion has remained a deeply partisan and religious issue. That is to say, abortion is an issue that has become deeply embedded in American culture and which has become inextricably linked to many aspects of individuals' identities, including their partisan identities (Mason 2018). Therefore, individuals have had time to be socialized to have strong feelings about the issue.

Abortion is an issue that is tied to gender in more than one way and more deeply so than perhaps any other public controversy. (I should note that not all people who become pregnant and who can be impacted in this way identify themselves as women; moreover, since this research works within gender-binary terms, it does not fully encompass the entire issue of abortion and gender.) First, women's bodies are impacted and regulated by abortion policy in a way that men's are not. By this, I mean that women's ability to attain access to abortion as a form of health care available only to women is impacted directly by abortion policy. While men of course are affected by abortion regulations and the choice their partners make, they do not have

to physically carry the pregnancy to term in their own bodies and endure childbirth. In that way, abortion options have gendered consequences and implications.

Abortion and COVID-19 are therefore both similar and different issues with different histories and places in the public consciousness. It is because of both their similarities and their differences that, when they are discussed together, they challenge individuals to confront their opinions and reasoning about the two issues.

Forces Shaping Reasoning on These Issues

An essential part of understanding the connection between abortion and COVID-19 is that they are both deeply connected to things that are related to ideology, despite the frequent inability of non-elites to integrate their beliefs into a particular ideology. What passionately held ideas do individuals incorporate into their reasoning about these issues? Are they applying this reasoning consistently across the two issues? We can expect individuals to invoke arguments on behalf of their positions on the two issues that might be inconsistent (Mohamed 2018, Luker 1985). Some of these arguments are rooted in morality, many of which concern bodily autonomy. Others are rooted in religion. With respect to abortion, men and women often differ systematically in the arguments they utilize. Given the availability of prior research on it, here I discuss reasoning related to abortion; later in the thesis, I investigate their use with respect to COVID-19 mandate debates.

Morality

Historically, abortion was previously portrayed framed as a medical issue and was regarded to be a medical procedure, but recently has become a morally charged issue (Huddy 2001). Morality politics can be defined as those issues that emphasize the "importance of values,

identities, and beliefs in shaping policy attitudes" (Mohamed 2018). Morality politics focus on social norms surrounding issues and how these norms impact the policy attitudes people hold (Heidt-Forsythe 2018). For example, differences in attitudes can arise from the different moral claims women and men use; men are more likely to use an ethic of justice to think through moral dilemmas, while women are more likely to use an ethic of care (Gilligan et al. 2019). Norms related to gender often impact the way that individuals form attitudes (Heidt-Forsythe 2018). Women are more religious than men, which makes them more likely to support traditional value systems when they vote and less likely to violate moral norms (Huddy 2001). They also carry the social role of being responsible for children's moral development, which makes them even more likely to emphasize moral arguments in articulating their beliefs.

Overall, moral positions on abortion are inextricably linked to beliefs about sex and gender, particularly sexual behavior and promiscuity, the duty of child-raising, the details of family life, and more (Luker 1985). Specifically, the pro-life movement utilized the taboo placed on sexuality in society at the time when the pro-life movement was coming to prominence, working to create a strong association of immoral sexuality with abortion (Luker 1985). This of course impacted how those seeking abortions or advocating for reproductive rights were viewed by society, as well as the willingness of individuals to be associated with these groups. Thus, individual beliefs about morality are linked to what people believe about how others should conduct themselves (including in using their bodies).

Bodily Autonomy as a Common Instance of Moral Reasoning

Moral claims made on behalf of opinions on abortion policy -- and, it seems, on COVID-19 mandates as well -- often deal with individuals' views about their autonomous right

to their own body. Over time, debate surrounding abortion has shifted to include the "language of rights," and once women began to "claim a right" to abortion, it prompted the pro-life movement to emphasize the fetal right to life (Luker 2015). Much of the debate pits the rights of the embryo or fetus against the rights of a pregnant woman; thus, the debate can be understood as one concerning whose autonomy and personhood wins, even if individuals do not use that terminology to describe their beliefs. (Mohamed 2018).

For COVID-19, some arguments over autonomy seem to involve weighing the rights of the person upon whose body a mandate is imposed against those individuals who could be affected by the behavior of the first individual. A common argument for autonomy and against mandates is that much of the population is not at risk of death or serious injury; thus, it is wrong to impose stringent restrictions upon all of society for the sake of the endangered few (Adolph et al. 2021). Social distancing policies imposed by governors across the country have provoked opposition among many Americans that such policies infringe upon Americans' right to bodily autonomy (or "personal freedom") (Adolph et al. 2021).

Religion

Several factors shape attitudes concerning abortion. However, religiosity is cited most often as an explanation for why there is not a gender gap between men and women on abortion attitudes. Certainly, the most fundamental pro-life belief is that a fetus or embryo constitutes life from either the moment of conception or fertilization and within this framework, it is logical that abortion amounts to the taking of a life (Luker 1985, Mohamed 2018). After *Roe v. Wade* (1973) established a constitutional right to most abortions, the issue was launched into the spotlight and became much more political (and partisan). The pro-life organizing that followed was performed

in large part by both Catholic leaders and lay Catholics, including Catholic women homemakers who believed in traditional values and had personal experiences with unwanted pregnancies (Luker 1985). The movement that followed and that has grown is now supported by other religious groups as well, in particular evangelicals. The movement has capitalized on the need to establish evidence for (or at least support for the notion of) fetal personhood since the fetus is a potential person that needs to be legally protected under the law since it cannot do so for itself (Luker 1985, 157).

Considering that religion was a formative aspect of the pro-life movement, it follows that religious identity is one of the most influential factors shaping individuals' reasoning on the issue, especially when compared with other identities such as gender and race (Hertel and Russell 1999). On average, women report that they are more religious than men (Lizotte 2015). The connection between moral traditionalism and religion makes it all the more likely that women being more religious and more traditional than men accounts for the lack of gender gap. When religion is controlled for, women show more support for legal abortion than men, which indicates that religion may be a hugely impactful -- and gendered -- influence on both reasoning and opinion (Lizotte 2015).

Why Women?

I chose to interview women because abortion is "an aspect of women's rights" in that it impacts women's access to a specific health-care service but does not change men's access to that service (Figueira-McDonough 1989, Hertel & Russell 1999). Women are unique as a social group because of their shared low social status as a result of their gender identity and sex. Social identity theory suggests that despite the "unchangeable" nature of the female identity, women

will attempt to improve their social status by distinguishing themselves from other members of the same low-status group (Swan and Wyer 1997). Therefore, while men or those in other high-status social categories choose to align themselves more closely with the group that gives them status and power, women do the reverse to raise their status, avoiding the associated aspects of being a woman (Swan and Wyer 1997). It is especially important to consider that this effect would be stronger for women who are also part of other low-status groups and are looking for ways to differentiate themselves from those groups to raise their status as well. It may be for this defensive purpose that women are less likely to expose inconsistencies in their reasoning about abortion and are more acutely aware of the importance of the issue than men (Hertel and Russell 1999).

In the next chapter, I discuss the methodological choices I have made in this study, and explain why long-form, conversational interviews are best for exploring reasoning and consistency. In chapter 3, I investigate the use of both secular and sacred forms of moral (or "deontological") reasoning in relation to COVID-19 and abortion. Chapter 4 examines the use of appeals to the common good and the protection of the most vulnerable (or "consequentialist" reasoning). In Chapter 5, I perform close readings on a subset of four interviews in order to examine potential inconsistencies in reasoning as well as participants' acknowledgment and response (if any) to this inconsistency. I conclude in Chapter 6 with a summary of my findings, reflect on my place "in" these findings, consider some limitations of my research, and make some suggestions regarding the future study of these issues.

Chapter 2: Research Methodology

In this chapter, I first discuss alternatives to my chosen method of open-ended interviews. Second, I detail some trade-offs of using extended interviews as an empirical strategy before exploring how this approach is well suited to my research question. Lastly, I elaborate on my interview question scheme, describe my snowball sampling strategy, discuss some logistical details regarding the interviews.

Alternatives to Open-Ended Interviews

Survey Questionnaires

Empirics will be collected using an in-depth interview method in the mode of a long, personal discussion. Since the study is focused on reasoning rather than on attitudes, a conversation is more effective than other methods because it has a better chance of revealing how people reason and rationalize their beliefs regarding contentious topics. Initially, I had anticipated using a closed-ended survey to collect data but realized that this would be more effective for making inferences about the correlates of issue opinions as opposed to information that could explore issue and reasoning constraint. I also considered an open-ended, long-answer-style survey. This could provide more descriptive data from individuals about their thought processes which I could then code for incidences of certain phrases or words. This may have included some kind of sliding scale that would allow participants to rate themselves (Pasek and Krosnick 2010). However, I decided that the likelihood that individuals would divulge their true feelings on such contentious and complex topics through an impersonal survey form was too low. A survey simplifies preferences -- and the reasoning for those preferences -- down to overly

broad and mechanical categories rather than allowing individuals to discuss complicated and often deeply personal issues.

Moreover, reliance on a survey would not allow me to build the rapport necessary to elicit more meaningful answers. It might also encourage respondents to "script" responses when the purpose of my work is to observe language as individuals naturally use it.

Social Media

In addition to relying on relevant academic research, I explored observational data from Twitter, Reddit, or Facebook. The true beauty of Twitter, and the reason why I have disliked it from early teenagerhood on, is that people are willing to tell strangers everything about themselves, their opinions, and exactly why they think everyone else is wrong and they are right. Social media sites contain a wealth of voluntarily offered, extensively described personal information waiting to be observed. Twitter, Facebook, and Reddit lend themselves exceptionally well to researchers attempting to collect observational data because of their basic text-based format (McCormick et. al 2017).

While photos can be shared on Facebook, users are more prone to seeing novella-length litanies and comment sections with three-paragraph responses than anything else. Twitter essentially provides an open platform for people to share their deepest or shallowest thoughts, regardless of popularity. Reddit is so anonymous that I feel like Mr. Robot when I log on just to lurk on subreddits I find interesting even though I have never posted anything myself.

The importance of this kind of data is that these massive opinion-dumps represent what people say when they either do not care who is listening or think that no one is listening at all. It is for this reason that I did Twitter research to find commonly-used terms surrounding abortion

and COVID-19 policy. I did not use the Twitter Application Programming Interface or any kind of formal data offered by Twitter, because the purpose of this informal research was to pick up on as many popular associated terms as possible, not to attain a dataset. I then confirmed the relevance of the things people mentioned on social media in the literature and decided to categorize questions based on reasoning involving moral claims (including claims regarding bodily autonomy) as well as those rooted in religious beliefs. Much of my review of the literature had focused on understanding why people had certain preferences that led them to vote in certain ways as well as what personal information or demographics influenced those behaviors. What I truly had difficulty gleaning from the literature was a discussion of how people characterized their own views on these issues and the types of language they naturally use.

After using the literature and social media to see what was most likely to be included in participants' reasoning, I informally tested the themes I had pulled out on the University of Michigan campus. I reached out to campus organizations that I knew had a focus on abortion or COVID-19, even if indirectly through party affiliation. I contacted about 20 student organizations whose platforms or student constitutions took a variety of positions, including pro-choice, pro-life, liberal, and conservative stances. Many organizations were unwilling to meet with an external researcher, claiming that they did not want to endanger their membership or invite me into a space in a way that would betray their members' trust. This primarily occurred with liberal organizations. Over the course of two weeks, I sat in on meetings held by Students for Life, participated in meetings by the Women's Organization on the Rights to Health, and spoke with the president of Young Americans for Freedom, a conservative group affiliated with Reagan-style Republicanism. My goal with these casual conversations was to get a baseline understanding of what things came up naturally in conversation and the most common types of

language people use. I could then know which things were most pressing to focus on during my actual interviews. I needed to know what to ask, and how to ask it in a way that appealed to what people already wanted to talk about.

What I learned from these conversations is that I had miscalculated the extent to which the people who were part of these groups were thinking about these issues in complex and even heavily academic terms. They had not just formed opinions based on the platforms of the groups that they were in but had actually come up with their own sets of complicated terminologies and definitions to use in conversation about these issues. They were extremely practiced and had thought through everything so thoroughly that it was clear they were mincing words, extremely aware that they were speaking to me as an outsider to whom they wanted to come across perfectly clearly. Considering the sensitive nature of the subjects of the conversations, it is understandable that people would not want to misportray themselves to me. More than anything, it demonstrated to me the importance of avoiding overly technical formal terminology in my question phrasing so as not to prompt such formal and calculated conversations.

My Empirical Strategy: Long, Open-Ended Interviews

Virtues of Long Interviews

In any interview, it is generally true that people have positions that they seek to both describe and rationalize or justify to the interviewer or the general audience. For those who do not have positions that are set in stone, their positions may develop and emerge in the course of a conversation. There is even a potential that they might emerge in the course of the first conversation and then change in the next conversation the person has.

The way I have structured my interviews gives me a good opportunity to collect rich empirical evidence. The first benefit is that the interviews were quite long -- on average each was just over one hour -- and this provided a substantial amount of time for participants to express their position if they already had one, or to develop and express one over the course of an extended conversation. Most importantly, the interviews were long enough to make it much more likely that participants would change their positions or their reasoning in light of inconsistencies that they observed in their own reasoning over the course of the conversation.

The second major benefit is the open-ended format of the interviews. Since the study is focused on reasoning rather than on attitudes, a personal conversation is more effective than other methods because it reveals how people reason and rationalize their beliefs toward contentious topics. Initially, I had anticipated using a closed-ended survey to collect data but realized that this would be more effective at making inferences regarding the correlates of different opinions as opposed to information suitable for an intense examination of issue and reasoning constraint. I did consider an open-ended, long-answer-style survey that would provide me with more descriptive data from individuals about their thought processes, which I could then code for incidences of certain phrases or words. This may have included some kind of sliding scale that would allow participants to rate themselves (Pasek and Krosnick 2010). However, the likelihood of individuals divulging their true feelings on such contentious and complex topics through an impersonal survey form is low. A survey simplifies preferences and the reasoning for those preferences down to easy and calculating decisions instead of allowing people to discuss things as the complicated issues that they are.

The third major benefit of my empirical strategy is that my sample is comprised of better-educated and higher-status individuals. As discussed above, it is likely that inconsistencies

in reasoning or beliefs would arise in a longer interview regardless of the interviewee, but the nature of the population itself as better educated amplifies that likelihood. Individuals who have attended university have had a socializing experience (Hastie 2007, Mendelberg, McCabe, and Thal 2017) that will impact the rest of their lives, including the way they look at these two issues. This socialization often includes a pressure to present oneself as having consistent and sensical beliefs. A highly educated person wants to seem highly educated and present that to the world -- and to a college-educated interviewer -- and may be more likely to not only see discrepancies in their beliefs but to also be preemptively defensive of those discrepancies. As I mentioned in the previous chapter, they are also perhaps more likely to be troubled by inconsistencies in reasoning, and therefore more likely to notice their own reasoning and react to inconsistencies, perhaps by changing their reasoning or persisting in their opinions.

Another unique aspect of studying this group specifically is that living in a certain space because of their socioeconomic class has its own effects independent of socialization that may occur because of their education or other factors. These women's residential settings are small suburban communities, almost all middle to upper-middle class. This setting brings with it its own social currency and avenues for gaining -- or losing -- social capital. It is likely that women seeking approval and respect would seek to represent themselves in a way that would achieve that effect. By living among higher-status households, they may guard against appearing to be extremist, unreasonable, or illogical. A similarly interview-based study in Australia found recently that parents who are part of higher-status social networks perceive pressure to conform to the decisions their neighbors make about vaccines (Attwell, Meyer, and Ward 2018).

Interview Questions

I developed an interview question scheme that prompted the interviewee to discuss their opinions broadly, with specific consideration for what they think has shaped their views, who they consider important when developing their opinions and policy, and what "my body, my choice" means to them. The most ideal way to do this was to make sure they were influenced externally as little as possible, and ensure that there was a relationship of trust so they felt comfortable speaking openly. Mosley's interview methods suggest that having a baseline set of interview questions to reference is important to keep the interview on track, but that leaving room for people to naturally tell their stories once I ask them a question is vital to understanding (Mosley 2013). For this reason, I constructed a set of baseline interview questions and a few questions branching off of them that I could ask or not ask or even slightly alter easily based on what the participant said. This was an attempt at listening to Mosley's highest recommendation, which is to listen as much as possible while also keeping the interview as close to on track as is reasonable (Mosley 2013).

The interview scheme was developed in such a way that the broadest and least uncomfortable questions were asked first so that I might get the most natural and least prompted responses to begin with. The intention of the question order was to avoid accidentally priming the interviewee to think about things like race, diversity, religion, morality, autonomy, and medical science. This would then alter the rest of the interview because the interviewee would structure their entire interview based on what they think I wanted to know. This section will explore the interview questions one by one, although the whole interview question scheme is in the appendix. While I *was* trying to lead participants to think about their reasoning and beliefs, I was *not* trying to influence what their beliefs and reasoning *were*.

1. There has been a lot of discussion about abortion during recent years, and especially this year with the case that is going to the Supreme Court. Some people think that abortion should never be permitted, that it should be permitted only in case of rape, incest, or when there is a danger to the woman, and some believe that abortion should always be legal. Can you describe your opinion on abortion and why it is important to you?
    a. What do you think has shaped your views on abortion the most?
    b. Who do you think it is most important to consider when talking about abortion policy? The woman, the fetus, and the father are common answers to this.

Question 1, 1a, and 1b are all related to abortion policy. In the first part of the question, participants were given a brief mention of the Supreme Court case as a reminder of what abortion policy developments are occurring at the national level, and to spark any thoughts they may have had about current policy status. They were then presented with some policy position options that others may hold as examples of how they could respond to my question about what their stance is and why. It is important to note that all of the options or examples given were presented equally and neutrally so as not to imply that I wanted them to take any particular position over the other or to choose any of those positions at all. After this, they were asked to describe their own opinion. Depending on the response received, I asked follow-up question 1a, which prompted the participant to describe what they thought has shaped their views on abortion the most. Sometimes the participants answered this question in their initial response and my follow-up was not necessary. They also sometimes answered 1b naturally, which asks who they think it is most important to consider in the construction of abortion policy. Once again, the question phrasing presented all options equally.

2. The issue of COVID-19 mask and vaccine mandates has also been brought into the spotlight in the last year and a half. Some people believe that we should have some enforceable regulations but not all, some think that all mandates should be illegal, and

others believe that all mandates should be legal. What do you think about COVID-19 mask mandates and why does it matter to you?

a. What do you think has shaped your views on COVID-19 the most?
b. Do you feel there is a difference between mask mandates and vaccine mandates?
    i. If so, why?
c. Who, or what, do you think it is most important to consider when developing COVID-19 mandates? For example, the people being forced to wear masks, the general public, immunocompromised people and the elderly, and the freedom to do what we want with our bodies.

Question 2 and its subsets were all related to assessing participants' opinions on and reasoning about COVID-19 mandates. The initial question was posed the same way as Question 1, with a brief mention of why this issue is relevant today and its status followed up by a neutral presentation of several examples of common policy positions people hold on the issue. The participants were then asked to describe their own position on the issue. All three of the follow-up questions were asked if they were not naturally brought up by the participants themselves. Question 2a is like Question 1a and asks what they think shaped their views on COVID-19 the most to prompt the participants to discuss reasons for their beliefs. Question 2b attempts to assess whether participants sensed a difference between mandate types and what their reasons are for those differences. Question 2c is like Question 1b and asks participants to assess what or who they think it is most important to consider in the process of policy development, with suggestions of what answers could be presented equally.

The order of Questions 1 and 2 was switched each interview to account for the influence that asking about abortion versus COVID-19 mandates first may have on priming the interviewee to respond in a particular way. For example, someone may have recalled an answer they gave for an earlier question about abortion and repurposed it for the second set of questions about COVID-19. The question-switching allowed me to observe any patterns in the collected

evidence that indicated there was a connection between question order and reasoning or language used.

3. How important is religion to you, and do you feel like it has impacted the opinions you hold on these issues?

Question 3 aims to ask and understand whether religious beliefs or principles are used in participants' reasoning about policy positions. If participants previously answered this question in detail by bringing it up explicitly in their reasoning or stating that religion is important to them, I did not ask this question. Otherwise, I prompted them with this question and accepted whatever extent the question was answered.

4. In either or both of these cases, what does the phrase "my body, my choice" mean to you?

Question 4 is arguably the most important question because it is the point at which participants were prompted to consider their beliefs about each subject in relation to the same phrase. This question was placed so that it occured after the participants had already stated all of their opinions and thought through all of their reasoning out loud in the course of their conversation with me, so that their own reasoning would already be "laid out" for them to reference. This question was meant to prompt them to consider both their policy preferences and the reasoning they used to reach them (or at least justify them), as well as whether this reason-giving across the two issues results in an inconsistency.

5. Can you rank these issues in order of what you think is the biggest issue facing our country today: economy/inflation, poor government leadership, immigration, climate

change, abortion, poverty, national security and drugs, gun control, COVID-19, health insurance and medicare, the decline of the family unit and lack of religiosity?

Question 5 is modeled after the "most important problem" questions often seen in large surveys or interviews that are used to determine voter preferences by asking them to rank various issues facing the country in order of their importance. I modified the question from the version asked in the American National Election Studies by choosing a small diverse handful of the original options, being sure to include both COVID-19 and abortion (ANES 2021). I randomly selected the other options simply to provide options other than COVID-19 and abortion so that they would be nestled in among the women's regular policy preferences. My aim with this question is to understand what individuals' stated preferences are after listening to them speak about the two issues so that I could gauge whether their rank-order preferences aligned with the way they spoke about the two issues.

Question 6 is a battery of demographic questions, listed in the appendix, that is meant to serve as baseline information about each participant.

Conducting Interviews

Number and Location

In total, twenty interviews were conducted, with the shortest about thirty-five minutes and the longest about 108. As described above, these interviews were conducted in a conversational, semi-directed style, which involved me initially prompting subjects with broader questions as outlined in the interview question scheme and gradually asking more detailed and refined questions. Often, the interviewee spent a significant amount of time and words discussing tangential anecdotes, personal life experiences, or even other politically contentious topics

unrelated to COVID-19 or abortion. While I did guide subjects back to the original subject of interest eventually, this was exactly what was so useful about the interview format since it allowed me to collect evidence about unexpected reasoning mechanisms that I had not expected.

Due to the nature of COVID-19 outbreaks, and with consideration for the general health and safety of both the participants and myself, I chose to stop conducting interviews in person after the holiday season of December 2021. Prior to that point, I conducted interviews in person at a coffee shop in Grosse Pointe Park, Michigan. One interview took place in a hospital lobby in Troy, Michigan. While I had initially planned to keep my empirical strategy consistent, many participants indicated a strong preference to participate exclusively online, if not a complete refusal to meet in person. This was unfortunate, but the hazard of interviewing a group of people composed primarily of suburban mothers is that their children are prone to catching COVID-19 or the flu in school, which makes it unsafe for me to meet with women who know they have either been exposed or infected. For this reason, five interviews were conducted in person in December 2021, and the other fifteen interviews took place online through Zoom.

Transcription Strategy

Interviews were recorded on Zoom with the express written and verbal consent of participants, and transcriptions of the interviews were formed using the Zoom audio transcription function. Since this function did not create complete transcripts and I wanted to account for the system's error, I hand-wrote large portions of transcripts using a combination of the Zoom transcription file and the Zoom recorded audio. For the in-person interviews, I constructed transcripts almost entirely from scratch, since Zoom was unable to pick up most of the audio.

Overall, I did everything possible to mitigate the chance that the collected information would be incorrect, or that any participant's words would be misrepresented or omitted.

A Note on Compensation and Consistency

For interviews that took place in person, I used funds from the Gerstein Family Research Stipend to purchase coffees or drinks for the participants, which was listed in the consent form as a potential form of compensation for their time and participation. Unfortunately, I could not do this for the interviews that took place online, so I instead offered them a $10 gift card to a coffee shop that I could mail to their homes. This offer was declined by all but two participants. This alternate compensation option was part of my IRB approval since I anticipated this may happen if something changed with COVID-19 public health recommendations. Since I do not have their addresses, it was impossible for me to carry this out without permission and unless they provided me with this information. Participants, therefore, received unequal compensation by choice.

A Consideration of Sensitive Topics

Abortion and COVID-19 policy are both extremely sensitive topics given how personal and emotional they can be. All of my interviews went well, and while some women started out with shorter and more reserved responses, they eventually all progressed into a more natural conversation and opened up. I am extremely humbled by the amount of personal information these women shared with me, some that they had admittedly never shared with anyone else. It is for this reason that I have taken painstaking measures to keep everything confidential throughout my empirical analysis. All names have been replaced with names chosen at random in both the transcript files and in the analysis portion of the work.

As important as anonymity is sensitivity to what participants are telling me about their personal life experiences. I never directly asked in any of my interviews whether participants had experienced a death in the family due to COVID-19 or if they had an abortion. Rather, I used questions 1a and 2a to prompt participants to share as much personal information as they would like to share, and therefore this was when I received the most information of that nature. When participants became emotional, I was sure to allow them to speak without interruption and not show any judgment of what they were sharing with me. We moved on when they were ready to move on, and I allowed for enough fluidity in the rest of the conversation that they could return to tough topics if they wished to do so.

Attaining the Sample

The sample was constructed using a snowball sampling technique (Lynch 2013: 41-42). This technique has major drawbacks if the goal is to generalize one's inferences to a larger population. For instance, relying on social networks to find subjects likely introduces biases in the study. Members of a single network may be very similar to one another on one or many dimensions, and thus reduce the sample's range on some variable of interest. Moreover, as Cathie Jo Martin (2013: 115) writes, "people reached through personal networks might be inclined to answer questions differently than would otherwise be the case. Interviewees might be more willing to share information with a perceived insider, or conversely, they might be more guarded if they feared that the interviewer might share their data with other respondents." However, since I am not worried about issues of generalizability, and since I am seeking out individuals who are willing to share very personal thoughts with me, snowball sampling is an appropriate strategy.

I contacted a relative who had close connections within her close-knit community of suburban mothers and friends in Grosse Pointe, Michigan, a wealthy suburb of Detroit. She was able to provide me with 14 initial contacts who were willing to speak with me. After I contacted and interviewed as many of those as were still willing and available to meet, I asked several of them if they would be willing to connect me with anyone who would be interested in participating in the research project. Several of the participants were able to connect me with others, who I then interviewed. I also attained one more participant from my mother and one from my aunt, both outside of Grosse Pointe Park (an incorporated area within Grosse Pointe). Some of the others who were referred to me by the first round of participants, the "snowball" participants, were also outside of Grosse Pointe Park. Therefore, while the majority of the participants reside in Grosse Pointe Park, there is also a handful who live in other tight-knit similar suburban neighborhoods in Michigan. The one notable exception to this is the participant that is from Kansas with whom I spoke because of her specialty in perinatology, or maternal-fetal medicine.

A Note on Terminology

Firstly, I would like to acknowledge that while this thesis is focused on people who identify as women, the issue of abortion extends past cisgender women and past women as a category altogether as pregnancy is not limited exclusively to those groups. It of course does not have to be women that carry children, and while I use the term "mother" frequently throughout this research and the interviewees themselves use binary terminology of that sort, "person who can become pregnant" is likely more accurate. For ease of use and to keep true to the phrasing that participants used throughout the interviews so as not to change their intention, I have chosen

to use the phrasing I did with the understanding that things are much more complex outside of this context.

I discuss interviews in the past tense because I do not want to suggest that participants' beliefs remain the same today. While of course many of their beliefs may be durable, I can report only what I observed. In the absence of a follow-up discussion, for each subject, I observed only their self-presentation of their beliefs during the interview itself.

Overall, while there are benefits to other research methods, a long-form interview method is best suited for understanding reasoning because of the flexibility it provides interviewees in terms of their responses, and the length that allows both for inconsistencies to arise and be addressed, and for rapport to be built in a discussion of highly sensitive topics. The interview questions are structured in a way that capitalizes on the benefits offered by the empirical strategy by offering structured open-ended prompts designed to encourage self-discovery of reasoning.

Chapter 3: Deontological Reasoning, Secular and Sacred

Is everything wrong illegal? (Maria, #1)

In nearly every interview, women invoked two main kinds of deontological arguments. The first was secular, and usually involved rights claims involving bodily autonomy, almost always in relation to various aspects of medical decision-making. The second, to be discussed in the latter half of this chapter, was religious claims -- on both sides of both issues.

Secular Principled Arguments about Bodily Autonomy

Medical-Decisionmaking and Abortion

A common aspect of the conversations was that women approached explaining their opinions by first defining, if informally, the way that they viewed abortion. They often began the conversation by immediately defining abortion as "killing a baby" or as "quality health care," before elaborating on the reasoning behind their position on the issue. This was helpful because it defined the terms of the conversation before it even began, which helped to set both parties (the participants and myself) in the conversation on the same plane of understanding.

For example, if one viewed abortion as "killing a baby," then abortion is removed from the realm of health care -- it puts the conversation on a moral ground by recategorizing abortion from a medical procedure into murder. On the opposite side, defining abortion as an elective (or nonelective, if taken under medical advisement) medical procedure makes it more difficult to justify restriction because generally, people believe in the freedom to make decisions about medical procedures. Therefore it makes sense that those holding positions in favor of restricting abortion reason in a way that removes it from the realm of medicine by defining it as something

other than a medical procedure, or else must prove that the woman is incapable of making the decision herself if it is a medical procedure.

There was a heavy emphasis from essentially all of the women who were pro-choice on trusting women with their ability to make decisions about abortion. Betty believed that abortion "should be a decision between a woman and her doctor," firmly positioning abortion both as a private decision and a medical decision (#8). This is consistent with post-*Roe* attitudes that root support for abortion in privacy claims. Likewise, Barbara reasoned that since abortion is a "health care issue," the government should not "have a right to say that women, you know, can't have an abortion" (#9). Lucy acknowledged the potential for abortions to be "abused" as a form of birth control but insisted that since it is health care it should be "her choice alone" (#12) Lauren said "we have to trust that women can make informed decisions," and the emphasis on the word "informed" should not be lost (#6). In order to make informed decisions, women have to be given factually correct, medically advisable information.

Emily, a physician's assistant, elaborated on how this information could be given and who should be involved in making the decision. Referring to herself and other health-care professionals, she said, "that's all of health care - [we health-care professionals] … give them their options of the procedures that are out there" (#5). While Emily incorporated medical advising into the equation, it was simply to inform medical decisions, not to make decisions on *behalf* of women.

Erin is a perinatologist, or a maternal-fetal medicine specialist, and her job is to manage and advise on the health of the mother and fetus from before conception to after the delivery of the fetus. Similarly to Emily, she stressed the necessity of individual decision-making in combination with the assistance of a medical team. To Erin, it was imperative for pro-choice

policies to exist because of the life-saving potential of medically informed individual decision-making. She said that the legality of abortion "affects [her] ability to practice medicine" because she has "diagnosed [patients] with lethal fetal anomalies," or conditions that threaten fetal life, that may require options other than carrying a pregnancy to term (#13). In order for women to be able to make these decisions alongside doctors like Erin, she argues that abortion must be a legal medical procedure so that individuals' autonomy over their decisions dominates other concerns. Specifically, she mentioned the importance of not having restrictions so that she can provide factual information rather than being forced by law to present abortion as an option alongside information about abortion that is factually "not a thing" (#13).

> How can you separate one from the other? … It's still a medical choice that you're making … not to receive a vaccine … not to have a baby … not to have your leg amputated … People can always go against medical advice. They just have to understand the possible consequences. (Lucy, #12)

Some participants chose to discuss both issues using universal reasoning about medical decision-making. Rather than separate the right to autonomy over medical decisions in each case, Lucy asked the rhetorical question quoted above. Lucy equated abortion, vaccination, and leg amputation as medical procedures that require both medical advice but also the maintenance of individual decision-making power. While this may seem to diminish the importance or complexity of any of these things individually, it shows that she reasoned consistently across both of these issues once she had categorized them as the same thing. This shows the importance of bodily autonomy as a tool for reasoning, especially as it relates to medical procedures.

Bodily Autonomy and COVID-19 Mandates

All of this reasoning was used with regard to COVID-19, too, with participants applying the same logic about medical procedures and decisions. Vaccines were often defined as a medical procedure in the way that abortion was by anti-mandaters and pro-mandaters alike. Participants made a significant amount of differentiation between masks, which were considered an external item more like clothes (Nancy, #3), and vaccines, which were considered a more "invasive" medical procedure. Emily felt that since masks were just external, they could be mandated, whereas vaccines should not because they are "something that's injected into you," (#5). Lauren agreed that vaccines are "medical…something you put into your body" and for that reason, "masks are easier to navigate" (#6). Nicole compared having to wear a mask in public to the widely respected and accepted "no shirt, no shoes, no service," policy established by restaurants and private businesses (#11).

The separation of vaccines into a different category than masks, it follows that participants felt about the government stepping in and removing citizens' ability to make a decision about each of these measures. Participants established that the status of vaccines as a medical procedure is an important reason that the right to have autonomy over medical decisions should be preserved and offered that defense of autonomy as a reason for why they did not agree with vaccine mandates. The distinction they made between vaccines and masks nullified the ability for medical procedure arguments to be made because the two are no longer comparable in terms of how bodily autonomy principles can be applied.

The most notable departure from the application of the principle was in Rachel's case because she likened mask mandates to the invasiveness of vaccines and said she viewed masks as something equivalent to putting things such as vaccines in our bodies. "Technically speaking,

if you wear your mask you're not exhaling all that carbon dioxide … you're still putting things in your body," she said (#10). Because she equated masks and vaccines as similar medical procedures, she was able to apply the same principle in her reasoning about both issues. However, Rachel did not feel that the principle of retaining autonomy applied to abortion as a medical procedure because she defined abortion as murder.

It is important to acknowledge that some participants simply felt that it was wrong in general to be told to do something they do not want to do. This is important because it means that while yes, some women used complex principled reasoning about mandates, some just believed in the application of autonomy to their bodies in general. A statement Jennifer made in reference to vaccine mandates expressed this sentiment: "the one thing we own is our bodies and so, you know, allowing people to make that decision for themselves is probably important" (#2). She actually referenced the intrusiveness of the vaccine in general terms, rather than defining her categorization of the vaccine, to reason about this. There is a strong sense in the United States of entitlement to personal freedom and liberty, and, regardless of the individual details of specific policies, very few adults appreciate being subject to intrusive regulations of their daily lives, even if they actually *do* agree with having mandates. Veronica, who was in favor of a mask mandate, acknowledged that this may be a uniquely American trait, saying, "I think we are a country that is somewhat reluctant to be told what to do" (#16). Erin lamented this reluctance, saying that no one trusts medicine anymore and that "no one will be told what to do anymore" (#13).

> We live in a free country, okay? People don't want to be ruled by the government. This is America, the land of the free. Now you have a government coming in saying you have to do this. (Phoebe, #20)

It is perhaps because of that reluctance that Phoebe felt very strongly that everyone should wear a mask, but rejected the idea of the government mandating, as well as the idea of a mask mandate only applying to unvaccinated individuals. She attributed her strong stance on freedom from government and business overreach in terms of masking, despite her belief that everyone should wear a mask to stop the pandemic, to her perception that unvaccinated people are being discriminated against in these policies. Phoebe said that if it were not for this discrimination, she would not have been vaccinated and that the inconvenience of having to follow extra rules in the workplace motivated her decision. Phoebe proposed and justified a standard application of any mask mandate to everyone by asserting that "there's not enough evidence" that the vaccine is effective at stopping the spread of COVID-19 (#20). Therefore unvaccinated and vaccinated people put each other at equal risk, which makes calling for an equal and standard mask mandate appropriate. She clearly tied this feeling of a right to equality to the ideal of American freedom, both in a general sense to be able to do what one wishes and in the specific context of government overreach into personal health decisions that would tell people what to do (#20). Her quote confirmed the suspicion Veronica, Erin, and Katie had that, in addition to all of the political and social complications of COVID-19, many Americans resent the idea that they are being told what to do in what many believe to be the freest country on Earth.

For Shannon, who believed on a personal level that since she is vaccinated a mandate would be "fine," she still felt wary of mandates for everyone because she felt that "we live in a country, you know, that we're supposed to be able to make our own decisions" (#18). While she believed that everyone should be vaccinated and was willing to get vaccinated herself, she

believed in an inchoate sense of "American freedom" enough to land in a gray area on the legality of the mandates. For her, American adults should be able to make their own decisions.

The use of this principle is consistent with Adolph et al's (2021) hypothesis that COVID-19 mandates are perceived as reducing personal autonomy but as generating benefits that are outweighed by an additional loss of freedom for those who do not believe in mandates. Interestingly, there were a few people that pushed back against the principle of freedom being used to justify going against mandated vaccination, on the basis that historically American freedom and mandated vaccination have not been mutually exclusive. Considering that my sample is composed of people who were old enough for immunizations like the polio vaccine to have been required for their school attendance, many participants recalled that there was little pushback in their communities against mandatory vaccinations.

Erin said that in her experience as a physician, having to get the flu shot and her children getting vaccinated before going to school, "vaccine mandates are nothing new" (#13). Katie also reasoned that since the polio vaccine and chickenpox were mandated, "it gives historical precedent" for mandating the COVID-19 vaccine (#4). Monica also said that "we know from history, we mandated people to get the polio vaccine…we know it works and that's how we get through this" (#19).

In fact, Katie recalled that both of her parents have scars from when they were "lined up in elementary school to get the polio vaccine" (#4). She speculated that there must have been "some kind of [switch that flipped] in the general consciousness" away from "common sense" (#4). Erin, Veronica, and Katie's feeling that the current atmosphere in the United States is resistant to regulations and restrictions influenced their feelings about the issues because they had previously experienced or witnessed widespread compliance with public health mandates

and were able to use that as a comparison point when thinking about the response to the COVID-19 mandates.

All of these participants referenced the history of mandated vaccines in the United States for similarly contagious and widely spread viruses, specifically that they were necessary to go into public spaces like work and school. They then reasoned that since they were mandated before, they should be mandated now and that no one should feel as if it infringes upon their rights since it has never before been an issue in the same way it is now. All of these women expressed what Erin put into words: "vaccine mandates are nothing new…right?" (#13).

Conflict between Concern for Bodily Autonomy and Other Moral Claims

Subjects often experienced a conflict between what they thought people should do - get vaccines or not get abortions - and what they should legally be able or required to do. Bodily autonomy was often raised to support the idea that the state should allow behavior the participants see as immoral. Interviewees stated their opinions about the issues and the preferred outcomes they wanted to see in policy before using this form of reasoning to explain why they want to actually enforce outcomes that go *against* their preferences.

When asked if she thought abortion should always be legal, Monica (#19) said she felt that it was wrong for abortion to be legal in the third trimester, because "this is not just a group of cells." Without interruption, she came to the conclusion that most women who have late-term abortions do so for a "drastic reason" and changes her mind about her initial stance, saying that making it illegal would be a "slippery slope…so I'm opening it up to everything now." Monica's original preference for late-term abortions being illegal was related to the fact that the fetus "could live" and would be viable in its current state, and believed late-term abortion to morally

to be wrong. The reasoning she used to reach her new conclusion, that it is "not her place to decide", is that opening the door for decisions about abortion to be taken out of the hands of women is too large a threat to the long-term preservation of bodily autonomy. This is a trade-off assessment, consciously or unconsciously done, in which bodily autonomy is used to reason *against* her preferences because the risk of giving up that decision-making freedom outweighs the reward.

Maria, a physician who was staunchly anti-vaccine mandate and also pro-life, used the principle of bodily autonomy in arguments about both abortion and COVID-19. With regard to vaccine mandates, she said "imagine I'm forcing someone to undergo a colonoscopy to avoid them having colon cancer. That doesn't happen in a free country at least. Like I said, I understand the risk if you're going to end the pandemic, but we know this is not happening" (#1). Here Maria reasoned that mandating vaccines was inappropriate based on an assertion that it is wrong to force someone to give up bodily autonomy over medical decisions when that sacrifice will not yield a favorable enough outcome to make that trade-off worth it.

Her mention of a colonoscopy as a precautionary measure is interesting because it is a procedure that many undergo in order to mitigate the risk of cancer, but Maria used it as an example of something being *too* precautionary. She never asserted that it is too cautious a thing to do, only insisted that it must be a personal choice, as she did with vaccine mandates as a precautionary medical procedure as well. Most interesting is her reasoning that the freedom she felt entitled to in the United States with regard to getting vaccinated would be worth sacrificing if only we could guarantee an end to the pandemic as a result.

The Complications of Pregnancy as Surrogacy for Life

> You have a human in you from a sexual act, you are the surrogate of this life. (Maria, #1)

Maria's reasoning showcases an unexpected aspect of the conversations about abortion: that pregnancy is by nature surrogacy for another potential life. By being pregnant, women become surrogates for fetuses, which some of the women viewed to be separate living beings and others viewed as extensions of women's lives and bodies. Of course, there is a conversation to be had about the point at which fetuses become living beings, but that was not brought up by participants and was not the focus of the interviews. Rather, participants focused on their perception of women as surrogates for life and whether that impacted their reasoning for why women should or should not be able to have decision-making autonomy related to abortion. Some women viewed pregnancy as a reason not to have an option for legal abortion, and others believed that women should not be viewed only as surrogates because it undermines their agency as separate beings.

Maria discussed the same bodily autonomy she previously mentioned as something that is *absent* for pregnant women, as "the baby is not your body" (#1). This definition of body ownership removes bodily autonomy from the conversation surrounding the woman entirely and shifts it to the fetus; the woman is now not only herself, but a "surrogate of this life" (#1). She reasoned that having the right not to be injured by vaccines as a medical procedure is not the same as having the right to make decisions about abortion because of that surrogacy. Therefore the bodily autonomy of the fetus is used as a reason that the right to medical decision-making can be removed from an individual, implying that the sacrifice of bodily autonomy is now considered appropriate. Whereas in the case of COVID-19, the trade-off of sacrificing this autonomy was not worth it because the pandemic would not be solved and not enough lives

would be saved (in her view), in the case of abortion, the goal of preserving the life of the fetus outweighs the woman's loss of autonomy.

Nicole disagreed completely with Maria's line of thinking and rejected the idea that women carrying a fetus nullifies their right to autonomy. Instead, she reasoned that any arguments beginning with the phrase "life begins at" -- usually these phrases are finished with words such as "conception" -- cannot "override the fact that that's inside of a woman…drawing that arbitrary line implies that there is a line that supersedes a woman's right over her own body." While Maria was comfortable with drawing that line, Nicole weighed the trade-off risks and benefits and decided that there was nothing (that she stated, at least) that would ever make the loss of autonomy for women worth it, even if it was a living fetus. This puts her in direct contrast with Rachel as well.

Rachel's reasoning was exactly the opposite of Nicole's. She stated that she believed that vaccine mandates, mask mandates, and abortion were all medical procedures, but reasoned that since she viewed abortion as murder, it was not something people should have the ability to make a decision about. She reasoned that women should not be able to "kill somebody" simply because it is their body (#10). Their body is being occupied by a fetus and therefore they should not have that decision to make. Additionally for Rachel, abortion being a medical procedure no longer matters because the need to preserve fetal life outweighs autonomy.

There was also an emphasis from women on the fact that pregnancy only applies to women in a way it does not to men. Only women experience pregnancy as a condition that occupies their own bodies. Tricia said that abortion should be legal because it is the woman who bears the majority of the responsibility in terms of "housing a fetus and then caring physically for a fetus and paying basically all the consequences of any pregnancy" (#15). Those three things

that Tricia listed exclusively impact the person carrying the fetus and are different responsibilities than those that come after pregnancy. They cannot be taken care of or looked after by another person.

Jennifer elaborated on this, saying that there had never been a year of her life that she had not "noticed that the world is different for a woman than for a man…men aren't going to accidentally get pregnant, this is only a woman problem" (#2). This is the reason that she gave for why abortion should be legal and for why the argument that men can just take care of the child is not a compelling enough reason to make abortion illegal. It is the specificity of the impacts of pregnancy on women's lives that made abortion a women's issue for Jennifer, and this is directly related to women's bodies being the home for fetuses. She essentially reasoned that because of the nature of pregnancy as an act of surrogacy, women are bound in a way that men are not because, unlike women, "men can easily walk away" (#2).

Sexuality and Irresponsibility

Generally, the topic of sexuality was often brought up in my interviews when participants discussed abortion policy. More specifically, the idea was brought up that abortion is wrong because it encourages people to have frequent, irresponsible sex without concern for the repercussions of their actions. Some participants felt strongly that women use abortion as a form of birth control when they were rampantly sexually irresponsible. The implication is that if abortion was not legal, it would firstly put a stop to those abortions and secondly discourage the kind of sexual behavior that might lead to pregnancy. This argument has to do with maintaining the "right way" to do things in life.

Maria, who was strongly in favor of outlawing abortion, said that in order to avoid unwanted pregnancies that would cause abortions to happen, women need to follow three steps in order. They should get an education, get a job, and then have a child, because "anything in a different sequence is gonna lead to poverty and more abortions" (#1). She then said that "the sexual revolution or liberation hurt women more than it helped them" (#1). For Maria, there is a clearly established "right way" to do things, and she reasons that when that way is not followed, it will lead to more abortions. Abortion should not be legal because people should have been doing things the right way to begin with. Essentially, her view is that since sexual deviance is what leads to abortions, and because it is wrong, abortions should not be an available avenue of recourse for people who have engaged in that behavior and they should have to face the consequences of their actions.

Rachel expanded more upon the concept of sexual deviance and said that "if you can lay in bed to make a baby, you should keep your baby or give it up for adoption" (#10). This directly links abortion and sexual responsibility together. Phoebe similarly brought up that young adults are "selfish" and decide not to keep their children because they "want to continue to go out and party…have fun…have sex" (#20). She said that women who do these things feel that they can continue to engage in frequent sex because abortion is available and they feel that "if I have ten abortions, I have ten abortions," which she found to be "disgusting" (#20).

The use of the word disgusting immediately tied the sexual behavior Phoebe spoke about to a feeling of wrongness, and sexual immorality in particular. It also established her belief that abortion is an easy decision that women make, is easy to access, and that it is frequently used. It is on this basis that she asserted that people should have consequences for their actions. They should not be able to "take a life" because they have chosen to go out and have fun when

everyone else is doing the right thing (#20). She specifically tied abortion back to women being "drunk" and wanting to get an abortion because otherwise they "can't go out and party next week" (#20). In this way, her belief that abortion should not be legal imposed a punishment for the perceived deviance of the behavior of women who want to have an abortion. It served as a method of control over the sexuality that she, Rachel, and Maria all assigned as a characteristic to women who have abortions, and moreover, it prevents abortion from being an option for how to deal with the consequences of those actions.

Some of the women rebuffed the control of sexuality as a viable reason to outlaw abortion, mostly on the grounds of being skeptical that women actually are having abortions casually and frequently as a form of birth control. After saying that abortion was health care and that some people will always abuse health-care privileges, Lucy rhetorically asked, "I mean, how many people are really using abortion as birth control?" (#12). She said she had often heard opposition to abortion justified on the grounds that the procedure is used as birth control. However, she disputed this claim and maintained that women should have control over the decision to abort a fetus.

Erin, a maternal-fetal medicine specialist, said that she thought there was a "misconception that women come to this decision [about whether to have an abortion] flippantly" because in her medical fellowship she had enough personal experiences to know that the decision is not made "lightly" and that "women don't use abortions as birth control" (#13). Erin by no means used this reason as her primary justification for why abortion should be legal, but she strongly rebutted the idea that women were using abortion as a quick, easy solution for their unwanted pregnancies.

Moral Claims Rooted in Religion or Spirituality

The second type of deontological claim was based on religion, or spirituality if the participants did not indicate that they ascribed to a particular religion. For the purposes of this section, both religious and spiritual arguments will be referenced as sacred arguments. Sacred arguments were used to support both COVID-19 mandates and restrictions on abortion.

Religion Invoked in Support of Mandates

Firstly, religion is used in reasoning about why COVID-19 mandates should exist. These are different from common good arguments because they focus specifically on why religious texts or deities would support the measures. Betty is an immigration lawyer who was raised in a family with a "very, very pro-life Catholic" grandmother and attended Catholic school throughout high school (#8). She said that the way she was raised in the Catholic Church made her think about COVID-19 through a religious lens and made her ask herself "really, what would Jesus do? Would Jesus not put on a mask?" (#8). By referencing the teachings of Jesus as a pillar of her reason for wearing a mask and his teachings as a reason that everyone should wear a mask, Betty uses a religious principle as a grounding force in her argument.

When asked about her religious associations with COVID-19 policy, Barbara also mentioned religious principles as a reason that people should get vaccinated. She was in disbelief that Christians would choose not to get the vaccine, saying that she could not understand how a "follower of Jesus" would not "love thy neighbor [as thyself]" (#8, alluding to Matthew 22:39). She invoked a very commonly used phrase from the Bible to ground her reasoning that loving your neighbor requires taking a vaccine to protect them, and then further extends the religious reasoning to include that we should love our neighbors because Jesus would.

Nicole, a woman with an Irish immigrant background who grew up Catholic said that nothing in Catholicism "says not to get a vaccine" when she was prompted to discuss her feelings about religious exemptions (#11). When elaborating on these exemptions, she referenced only Catholicism and her own religious experience and did not mention other religious exemptions. She also utilized the lack of support for anti-vaccine sentiment in the Bible as a reason for why COVID-19 vaccine mandates should be legal. More than that, she emphasized that current religious figures support her reasoning and said that a huge part of the current Pope's mission is to help the "sick and needy" and that the vaccine "fits in with his mission" (#11). Nicole not only connected the principle of religious support (or at least, lack of condemnation) for vaccination to the appropriateness of mandates but also connected these principles to the current state of the Church and its leaders as ongoing pillars of support for that religious principle.

Tricia, who was raised Catholic but defined her current religious stance as "trying to be a good person," raised the religious principle called "the golden rule," a phrase that, while used here in the context of the Bible, is widely used in various religious, spiritual, moral, and ethical frameworks (#15). It essentially means to treat others how you would like to be treated, something I was taught as early as my memory goes back. While she used this to explain that "vaccines make sense," in terms of the greater good, it strongly connected her urge to do what is in the best interest of the greater good with religious teachings to do so (#15). Not only did Tricia reconcile her religious beliefs, even if they were just beliefs from her childhood that she no longer identified with Catholicism in her present, she actually used them as a basis for her compliance with and encouragement of mandates. This is a good example of how religious principles can be invoked in support of compliance with mandates.

Rachel: An Exception

Among the subjects invoking religion in a discussion of COVID-19 mandates, only Rachel did so in a declaration of opposition to these mandates. Rachel is a staff member in a medical office who took the vaccine because it made workplace life easier, but she was not in favor of a vaccine mandate. Throughout our entire conversation, regardless of which policy we were discussing, Rachel mentioned that even though she was "not a Bible thumper," she did believe in a higher power that led to everyone having a "path that's made for them" (#10). When asked if she was concerned about the potential impacts of her son having asthma and becoming ill with COVID-19 as a result of not being vaccinated, she affirmed that she was worried, but that since "his ticket out of the world was already pre-planned," there was "nothing that a vaccine or I could do about it" (#10). Since her belief system includes the idea of a pre-planned destiny or a life plan that will be fulfilled regardless, it does not make sense within that framework to insist upon mandating vaccines because it would have no impact on the outcome regardless.

Religion Invoked in Support of Restrictions on Abortion

The second, and most common, way that religious principles were used for reasoning about these issues is to support restrictions on abortion. Lucy, a Hungarian-Catholic-identifying participant, took a more neutral approach to what the Catholic faith says about abortion restrictions. Firstly, Lucy acknowledged that she knew her religion "believes abortion is murder," establishing the religious principle (#12). She then chose not to use those religious principles in her reasoning about abortion because she felt that it was important for her to "grow in the Catholic faith" (#12). Lucy insisted that, while principles present in her religion make her a

better person, she could also "believe in science as well" (#12). She even went far enough as to say that she did not allow religion to "cloud [her] judgment when it comes to health care choices" (#12). For Lucy, following her faith meant that she could both adhere to her religious principles and believe in science as it applies to health care. While she saw the religious basis for outlawing abortion, she actively avoided using it as a primary reasoning tool in her decisions about abortion because she views abortion as an issue of health care.

Arguments based on religious principles focused on the sanctity of life and the presence of a predetermined life path that should not be interfered with because of its connection to some variation of "God's plan" (#1). Maria, a pro-life physician, felt strongly that "religion plays a role in human life and how precious it is," with an aspect of this being that she believed abortion is something that takes the life of a baby (#1). This established that her belief that abortion violates human life has its origin in religious principles that stress the sanctity of fetal life. Considering that she believed that life begins at conception, this religious principle of life being sacred is applied in her reasoning to make it clear that abortion is murder and should be illegal. Shortly after this, Maria described the current state of things as a "massacre" and implied that religion is the best guide to making a decision about something so difficult as abortion when "you can't have a right decision" (#1) Therefore Maria used religious principles about the sanctity of life not only to establish a baseline for why abortion is wrong but also as a guide for how to make morally correct decisions.

The second major way that religious principled arguments were used to support restrictions on abortion is that God's plan dictated for various reasons that pregnancies be carried through. Phoebe, who was mainly pro-life but believed in certain exemptions to that rule, recalled that one of her mother's friends was raped and chose to carry the pregnancy to term

because of her religious views (#20). She said that the child was accepted by his mother because he was "an act of God," a belief that her mother supported on the basis that having an abortion is an "abomination" since "God is giving you this gift" (#20). For Phoebe, the presence of a religious figure that has cosmic life plans for women who do get pregnant negated the need for an abortion, and in fact, is what made it so abominable.

Overall, religion was involved in reasoning about both policy issues, specifically as a reason that people should support COVID-19 mandates and why people should support restrictions on abortion. Participants reasoned that since COVID-19 mandates were in fulfillment of some variation of the "golden rule" that Jesus preached of in the Bible, they would be approved of by religious teachings and should therefore be acceptable. Participants also used religious principles about the morality of abortion and the presence of a divinely organized life path to reason that abortion was both against divine wishes and morally wrong because of religious teachings.

Policy Opinions on Behalf of Future Generations

Surprisingly, across both topics, most of my subjects described their preferred policies as those benefiting not themselves but future generations. This was true even among those who are not mothers. This is relevant because it impacts the reasoning used. If one feels as if they are deciding which policies to support, whom to vote for, and how to feel about something based on someone else's best interest, they are likely to use less self-centered reasoning than if they were doing it for themselves. This may mean that their opinions were less related to their status as women, or as middle-aged women, than I expected. However, that is not a bad thing. In fact, it

was a great asset to my analysis that I could recognize that they often distanced themselves from their reasoning, and I could account for it.

Several women referenced their children when they offered reasons for their issue positions. Nicole said she thought about what she would want for herself and for her children when she talked about abortion, specifically that she wanted "access to safe health care" (#12). Veronica spoke about her children when she talked about why she was hesitant to declare an opinion on vaccine mandates and said "I'm not particularly worried about myself, but when I think about my kids and their futures, you know…I just kind of wanted to hit pause" (#16). Both Veronica and Nicole excluded themselves from their own reasons for why they chose certain policy stances because of their age and instead redirected their reasoning toward their children's futures and prospects instead.

Others thought less about their own children specifically and more about the general welfare of younger generations of society. Priya said that abortion policy decisions were not about her anymore because she was "too old now" but that she wanted to "protect other women's rights" who would still be impacted by her policy decisions (#14). Like Nicole and Veronica, she removed herself from the decision-making arena entirely and left her own options out of her reasoning altogether. Interestingly, though, she still said that it was because she was a woman that she wanted to protect other women's rights.

Katie left me speechless with her pragmatism when she bluntly said "I've got maybe 50 years left, you know?" (#4). She was openly distressed while discussing the future of her children, saying that when considering COVID-19 mandates "the first thing [you] have to consider is how much of a mess are you leaving for the future to clean up?" (#4). She not only indicated that she was out of the realm of relevance when it came to COVID-19 policy but

outright said that her first priority was the welfare of the generations to come. Katie felt that it made sense to revolve her reasoning around younger people because she was "coming close to the downhill side [of life]" whereas people my age and her children's age are still going uphill and need "a heck of a lot more help" (#4).

In this chapter, I found that interviewees reasoned about COVID-19 in both sacred and secular ways. Secular principled arguments involved invoking the right to bodily autonomy of fetuses or of pregnant women to reason about abortion's legality. Some also reasoned that in order to preserve the bodily autonomy of individuals in society, COVID-19 mandates should be illegal. The most interesting discovery in this chapter was that some of the abortion-related principled arguments focused on abortion as a way to regulate sexual behavior and a lack of abortion access as a natural consequence of sexual irresponsibility. Here, a deontological claim about abortion's immorality was supported by a "consequentialist" claim (also a moral hazard claim): legalized abortion will continue to lead women to engage in sex irresponsibly. I now turn to a closer look at consequentialist reasoning regarding abortion and COVID-19 mandates.

Chapter 4: Appeals to the Common Good and the Most Vulnerable

> If people were to just be kind … and want to protect society, [we wouldn't need mandates] (Erin, #13)

As Chapter 3 illustrates, many of my interviewees supported their policy opinions by appealing to principles regarding what individuals are owed. They rooted these principles in either secular moral claims or in their religious beliefs, or what philosophers and theologians call "deontological" claims. In this chapter, I explore a very different set of reasons my interviewees drew on. Here, I highlight their "consequentialist" claims regarding appropriate abortion and COVID-19 policies. As I show, many women make appeals to the common good and to the needs of society's most vulnerable.

Participants were asked to share their opinion on who, or what, they thought was "most important to consider" when crafting these policies in each case separately. A common method of reasoning used by interviewees in response to this question and throughout the interviews, in general, was an appeal to the common good. It was strongly present not only in discussions of abortion and COVID-19 independently of one another but also in the latter half of the interview when the two policies are discussed in relation to one another. Appeals were made to the moral duty to protect others in relation to COVID-19, and the right of the government to legally step in when citizens will not do the morally right thing with regard to both abortion and COVID-19. The second appeal made under the blanket of the common good argument is an appeal specifically to the moral duty to protect the most vulnerable in society because they cannot protect themselves. I have chosen to include this as an appeal to the common good because the implication is that protecting the most vulnerable *does* protect the common good.

Consequentialist Claims Regarding the Common Good

COVID-19 Mandates

Something surprising to me that was brought up a few times is the theme that the social-political divide over mask and vaccine mandates is highly damaging in itself to the common good. It is likely true that some people who are vaccinated and regularly mask have chosen for whatever reason not to interact with people who are unvaccinated or who do not mask in public spaces. When she mentioned having a friend that chose not to be vaccinated, I asked Emily whether she felt that her friendship was impacted by that decision. She responded, "I will restrict what I do with her and what we do as a family with her, but I respect her decision" (#5). Emily was unconvinced of the idea that vaccination status separated people into two different classes that were treated differently. Rather, she seemed to view her friend's decisions as something that she would respect, but that she would adjust her interactions with her friend accordingly.

However, Phoebe and Maria, who felt strongly against vaccine mandates and who were essentially in the same position as the "friend" that Emily was referring to, felt that they were indeed being discriminated against on the basis of their decision, both socially and legally. Maria was the only person who introduced the concept of "medical apartheid" as a "dangerous" state of affairs created by the state's encouragement of vaccines, or even vaccine mandates (#1). To her, implementing vaccine mandates meant socially stratifying people by preventing them from having access to or doing certain things because of their vaccine status, which is bad in her view. She then said that once information "comes to light" about the vaccines, people who are encouraging mandatory vaccination will admit that they were wrong and apologize for "what they're putting people through" (#1).

Phoebe said president Joe Biden telling people that if they did not get vaccinated they would end up "in hospitals…they're going to end up dying" is what "caused a divide…between non vaccinated and vaccinated people" (#20). She primarily blamed the media and the government for creating an unnecessary divide by spreading this information like this. She did not explicitly say that she felt that saying that people would die was a lie made up by the government, but heavily implied it in a skeptical tone. Phoebe said that the government does not know what it is doing "at this point" because of how "wishy-washy" the administration had been on health regulations regarding COVID-19 masks or vaccines (#20). More than whether it was a lie to talk about the unvaccinated going to the hospital and dying, Phoebe focused on the social divide caused by the statement being the biggest threat to society's well-being.

> I think public good is extremely important because we're never going to get this under control if we don't have more people vaccinated and it comes down to a question, sometimes as to how many people are you willing to let die because you have not you've decided not to be vaccinated, how many is acceptable for you. Obviously, for people who aren't getting vaccinated, people in this country are expendable to them. (Sarah, #17)

The common good argument in favor of mandates was used either as a way to reason that losing control over decision-making because of mandates is worth it because of the benefits to public health or as a way to reason that it is in the best interest of the common good not to mandate vaccines and masks because of adverse health consequences.

The argument raised against vaccine mandates is that they will actually not benefit the common good either because the mandates do not work or because the trade-off of risk to reward is too high. This was only used as a reason that mandates should not be legal by two participants,

though others expressed concern about mandates and then reasoned that there was enough benefit to the common good to make the tradeoff of risk to reward worth it.

The primary way that the common good principle was used to reason about COVID-19 mandates was in favor of mandates because of the benefit they could have to society as a whole through the preservation of public health. The biggest principle used here was some variation of "the golden rule," which was mentioned briefly by Tricia in Chapter 3 as an aspect of a principled religious argument. However, the golden rule is applied here as the responsibility each person has to protect society and the common good simply for the sake of being a good person who fulfills their duty to others by doing what is best for everyone and not just themselves. The golden rule was used to justify both mask and vaccine mandates as a result of its overall benefit to the common good when applied as a principle by which to live one's life.

Tricia said that she felt "very similarly" about vaccine and mask mandates in that she thought both were "such a little ask" and that neither was a huge imposition since there was "proven science [that] it's for the good of the community and public health" (#15). Nicole also referenced the golden rule principle because she felt a duty "as a general human population" to do no harm and to do what she could do to help other people (#11). She said she was frustrated by people who "get up and on their high horse" about not wearing masks because she personally did not view mask mandates as "an imposition," but rather as "basic human decency" (#11). By using this charged language, she essentially revealed her strong beliefs that mask-wearing is equal to being a decent or good person. The benefit of the masks to everyone else and the prevention of harm makes the trade-off of mask-wearing worth it to her because it ceases to be an imposition once it helps everyone else.

Priya also said that masks were not an "infringement" because she viewed it as "our duty for public health" (#14). Therefore she established the relationship between wearing masks and the maintenance of the public good, which is what kept mask-wearing from feeling like an imposition upon her rights. Priya took it a step further since she thought that, because mask-wearing can protect public health, "the government should have the right to tell us to wear a mask" (#14). It is the principle of acting in the best interests of the common good in terms of public health that she invoked when reasoning through the tradeoff between losing autonomy and protecting other people.

> Sometimes we have to, like, sacrifice what might be the best for us personally, because we want what's best for our community. (Monica, #19)

It is important to recognize that subjects differentiated between the legal requirement to protect the common good and the moral duty to protect the common good. It was clear in more than one case that this was a great source of conflict for participants, as they often recognized the conflict between morally right and legally right that they either could not or did not want to resolve. Like Monica's above statement, women in the previous section spoke about what they were willing to sacrifice in the name of the golden rule. Because they were willing to sacrifice, they believed that when others do not do the same, they do not deserve to enjoy the same things as those in society who protect each other.

In cases in which interviewees erred on the side of being legally conservative in their positions on the issue of imposing enforceable restrictions on people's actions, there was a heavy emphasis on the idea that there should be consequences when people do not do the right thing for the common good. Often these consequences are raised as an alternative to legal means that will still essentially compel people to do what is best for the common good. The women who

incorporated consequences like this in their reasoning also indicated how much they were willing to sacrifice in the name of the golden rule. It is perhaps because they were willing to sacrifice on a personal level for the good of society that they believed that when others are not willing to do the same, they do not deserve to reap the benefits of living in that same society as full citizens.

Monica expressed her frustration with those who do not want mask *or* vaccine mandates, expressing a sentiment, common to other interviewees, that "people cannot have it both ways" (#19). Here, she meant that those who oppose a mask mandate and are thus willing to tolerate a greater risk of infection should not also oppose a vaccine mandate. The overarching sentiment was that something has to give in order for the common good to be protected. Monica said that once "95%" of people are vaccinated, she was "okay with everyone choosing whether or not they want to wear a mask" because then enough people would be protected that individual discretion could once again be trusted (#19). This concept of not being able to have everything one wants resurfaced when she expressed her wish that "the government had just been like that's the law, you get a vaccine or you don't do anything" (#19).

She said that if she was in charge, she would mandate a vaccine for everyone unless they had extenuating circumstances (which she did not specify). Monica not only used the principle of the common good to reason that a vaccine mandate was necessary, but also reasoned that those who were unwilling to follow that principle should face consequences for their actions in the form of being excluded from the benefits of society. By removing unvaccinated people from public spaces and not allowing them to "do anything," Monica argued for society to favor the common good over individual preference and incentivize people to do what she believed is in the best interest of everyone (#19).

Jennifer similarly felt that the government should have the ability to legally impose mandates in service of the principle of the common good. She said that masks are a "very easy, unobtrusive way for the leaders in our country to protect the general good of the society and our country" (#2). Like in Monica's argument, Jennifer reasoned in this statement that if it is in the best interest of everyone to wear a mask and some people do not wear a mask, the consequence should be that authorities can overstep the personal right not to wear a mask in favor of the common good. Further than just government involvement, Jennifer also believed in consequences in other aspects of people's lives. She felt that if someone chooses not to be vaccinated, they should accept that the consequences may be to "lose [their] job…[they] may not be welcome in a lot of places" (#12).

Jennifer was extremely hesitant as she said that she "would never do this" but that she felt that "if you're going to refuse the vaccine, then you should not be able to get the antibody treatment when you go into the hospital…don't be a hypocrite" (#12). I understood her hesitancy to say something that essentially indicated that she supported withholding lifesaving medical services from some people and not others because of their personal decisions. It was a strong stance to take, and it emphasized the very strong feeling that if someone is not doing their part like everyone else, they should not be able to draw on resources that are available to everyone even if it threatens their life. If someone is told to get vaccinated, does not, becomes sick, and then wants to get the lifesaving treatment Jennifer mentioned, then she thought they should face the consequence of not having the resources afforded to those who did not put themselves in that position. It is worth noting that Jennifer said this regretfully, and seemed to feel very empathetic toward nearly everyone about whom she spoke throughout the interview. While she described a consequence, she seemed to view it more as an issue of justness rather than revenge.

> I wish we could turn away people who got COVID-19 and aren't vaccinated, like I think that should be another result of not being vaccinated…you made a choice and now you're taking resources away from people who need them, so if you don't want to participate in society safely, then you don't get the benefits of society either. (Priya, #14)

Priya used a similar argument that if people are able to make their own decisions about vaccination, their "insurance should go up, there should be some consequences for making that choice" (#14). It is interesting to look at this angle because instead of talking strictly about whether people should be able to make their own choices or have them mandated for them, it deals with what repercussions the interviewees believed should be in place as a result of personal choice. Considering that Priya and Jennifer both felt that vaccines and/or masks were in the best interest of society, people who might consider making decisions contrary to that should face financial and medical consequences that will disincentivize those kinds of choices.

A lot of these feelings were related back to the feeling that people who do not get vaccinated but still want their lives to continue as normal are hypocrites, as Jennifer said. Tricia mentioned that she felt as if there was "a certain faction that wants it both ways…they want [things] to be opened at all costs, but they also want to have no mask" (#15). She expressed her frustration with this approach that prioritized personal wants and shirked responsibility for protecting society by either staying home or wearing a mask regardless of how it puts "everything at risk" (#15). She said she did not understand why people were so opposed to wearing masks to protect others, and why people were not as worried about "tasking the [hospital] system so heavily," which she found to be "extremely alarming" (#15). It is obviously not in the best interest of the common good for the health-care system to be so taxed that people cannot receive medical care for something like a "car crash," which is how she reasoned that we

have a responsibility as a society to prevent that from happening through mask and vaccine mandates (#15).

All of this disregard for the principle of the golden rule, which Tricia established she felt very strongly about, led her to reason that if mandates do not exist and people choose not to vaccinate themselves, they "have the responsibility to then not be in public" (#15). Priya, who was not entirely sure whether she supported vaccine mandates, said that she could see why people "don't want to be told to get a vaccine" but that if we allowed people not to get vaccinated, it was "okay to say…you can't participate in public life" as a result of that decision (#14). This put her in agreement with Tricia, Monica, Jennifer, and Priya because they all used the principle of the common good to justify wanting others to get vaccinated, and in the event that people were given the option to refuse because a mandate is not in place, believe that the need to protect the public good justifies putting repercussions in place that still preserves the wellbeing of those who are doing what is best for everyone.

Claims about Protecting Society's Most Vulnerable

While invocations of the common good were used as previously discussed to refer to the well-being of the whole of society, many participants felt very strongly about protecting those in society who are most vulnerable. They often connected protecting the most vulnerable to preserving the common good, since protecting those who cannot protect themselves ensures that by extension everyone is protected.

COVID-19

Principled arguments were made in support of and in opposition to COVID-19 mask and vaccine mandates that the most vulnerable should be protected either by or from vaccines and

masks. It is most logical to analyze this principle as it applies to immunocompromised people and children as vulnerable groups that are separate from the common good, but many participants clarified that all vulnerable groups should be referred to together as one group to be protected.

Children and Others who Cannot Decide for Themselves

Lucy began describing her beliefs about mandates by saying that we should "consider our vulnerable populations…what we can do as a society to keep them safe," which outright established the importance of vulnerable groups to her reasoning about the legality of mandates (#12). However, she clarified that for her, vulnerable groups were part of the larger duty to protect everyone, because only focusing on "one population" means that "then we're kind of not addressing…the other parts of the problem" (#12). She mentioned that these other aspects of the problem included our society in general and the functioning of our economy. While the principle of protecting the most vulnerable was what Lucy initially considered to be most integral to her reasoning, she contextualized protecting the vulnerable within the larger principle of protecting the general welfare of everyone.

Others did focus strictly on the most vulnerable -- the elderly, children who could not get vaccinated, the immunocompromised, and even health care workers. Both Barbara and Monica justified their feelings that vaccine mandates should be in place by referencing children who could not make decisions to get the vaccine themselves and whose parents were unwilling to do it for them. The reasoning here was that since these kids are in a vulnerable position where they cannot protect themselves, they need society to protect them from the poor health decisions their parents are making on their behalf.

Barbara pointed out that "it stinks for the kids who have parents who really do not believe in vaccines….who can't make a decision for themselves and go" (#19). Monica used a similar example to illustrate her point, saying that "it's our responsibility to protect others that can't protect themselves" and comparing punishing parents for not vaccinating their children to getting one's license suspended for not putting their child in a car seat (#19). She said that in that case, "we can't trust their parents to make the right choices so we've mandated those [car seats] to keep them safe, so why would this be different?" (#19).

Both of these women believed that everyone should get the vaccine and both believed in mask mandates. The children are vulnerable because they are in the position of not having their health protected by their parents who are making the wrong decisions about vaccines. The responsibility that Monica mentioned is our duty to protect those children from parents who would make the wrong decision by taking the decision away from the parents so that the children's health is protected regardless. Monica's comparison of anti-vaccination parents' decisions to physical child endangerment shows how she justified vaccine mandates because of the physical danger posed to children in each case, and that in each case the child is helpless. The principle of protecting these vulnerable children is the reason she offered to justify supporting the vaccine mandate.

Monica also used the same argument in relation to people who "don't have the option of the choice" for other reasons such as being immunocompromised to justify the mandated vaccination of everyone (#19). She said that we should focus on talking about these groups because "they need to be protected" as a result of their inability to make a choice about protecting their own health (#19). Veronica, who never reached a conclusion about her opinions on the legality of a vaccine mandate, said that she overcame her trepidation about giving her kids

the vaccine by thinking about protecting the overall health of everyone around her family (#16). She explained the importance of the vaccine to her children by explaining to them that "this is for grandma and grandpa, this is for…people we know who have cancer, or…even young kids" (#16). Veronica eventually justified vaccination despite the risks it may carry to her children in the future because the vaccine was "rushed" by tying vaccination to the protection of her loved ones, specifically those she knew that were in compromised positions. Rather than speak about the elderly or the immunocompromised in general terms, she specifically related the vaccine's importance back to protecting her loved ones in particular. This does not necessarily mean she did not mean for her reasoning to be interpreted more widely or even that she did not mean to include everyone, but rather indicates how personal the decision was to her, because of her worry for her children and the people around them as well.

Priya, who remained undecided about her stance on vaccine mandates by the end of our conversation, similarly included "young ones and people with auto-immune deficiencies" in her umbrella of "the ones who can't get vaccinated" that need to be prioritized (#14). She said that those who are unwilling to get vaccinated and who are attaining any exemptions that are not medical should stay home or stay "with [their] people" to mitigate risk for everyone else, especially the vulnerable groups that she mentioned (#14). This shows that while Priya firmly believed that everyone should get vaccinated and protect others, the alternative she came up with to vaccine mandates still placed the most vulnerable as the highest priority.

Both Maria and Rachel believed that the best way to protect children in the context of COVID-19 mandates was to protect them from vaccine mandates that would threaten their health and safety. Maria believed that vaccines should not be mandated for "a very simple reason - the vaccinated are still catching [COVID-19]" (#1). Maria also emphasized the risk that the vaccine

(in her view) presented to children by raising the likelihood of medical problems like myocarditis, an inflammation of heart tissue that has a high fatality rate which she claimed was more likely to be contracted by children who had the vaccine. It was the lack of effectiveness of the vaccine at preventing transmission of the virus, combined with the risk posed to children who take it, that convinced her that mandating the vaccine is "not only [medical] malpractice," but criminal (#1). Despite her views on the vaccine, Maria still thought that the vaccine should be given to the most vulnerable in society, without specifying who falls into that group, because the "benefit is favorable over the risk" which makes it acceptable to give them the vaccine (#1). While that does not mean that she supported vaccine mandates even for the most vulnerable, it does show how she viewed vulnerable populations in general. On her view, children are too vulnerable to receive a risky vaccine while an undefined group of vulnerable others should receive the vaccine because of their vulnerable status.

Rachel, who has a nineteen-year-old son who is not vaccinated and who she had advised against vaccination, felt similarly that the risks of the vaccine were too high to justify mandating it for vulnerable populations like children. She said that the benefits of giving the vaccine to other vulnerable groups like the elderly, like her parents who received the vaccine, outweighed the risks because "they've had their time on Earth," and that "it's not as devastating as a young kid losing their whole life over the vaccine" (#10). Like Maria, she weighed the risks and benefits of the vaccine to various vulnerable populations based on her opinions and beliefs to come to the conclusion that not mandating the vaccine was most beneficial to vulnerable populations. However, whereas Maria differentiated between children and another undescribed vulnerable group when making that decision, Rachel differentiated between age groups to make her decision about how much risk was worth mandating.

Abortion

The vulnerable in the case of abortion are separated into two groups: mothers who are going to have unsafe abortions in the event that abortion is no longer legal, and fetuses that are at risk of having poor life or health outcomes once they are born. Once again, though these are specific groups of people, they are under the umbrella principle of preserving the common good because that is how participants referred to their reasoning.

Mothers

The first vulnerable group in abortion policy is what I will refer to as mothers, but could really be made up of anyone who could carry a pregnancy to term. Because of the age range of my sample, a significant portion of these women had been born before *Roe v. Wade* was decided, and the others had been born shortly after. Sarah, at 79 years old, was the oldest participant, with the next oldest being 57 years old. Sarah was the only participant old enough to have been outside of early childhood before *Roe*, and she was part of a "religious coalition for abortion rights" through her Presbyterian church that fought to "petition through the church to have abortion legal" (#17). As a self-proclaimed not-very-religious person, she said that a religious movie that depicted the consequences of an abortion ban is what primarily formed her opinion on abortion at the young age of 13. Sarah said that the priest's sister was pregnant and "she needed an abortion or she would die, and he would not give her permission…she died in childbirth" (#17). The priest allowing his sister to die in favor of a religious principle showed her the dangers that face women when abortion is not legal. One of the most striking moments in all of

my interviews was this statement: “I knew that it was wrong that he just…let his sister die…that he had power over her” (#17).

What Sarah was referring to is not really a religious principle. In part, she was referring to the way being exposed to the impacts of religious principles playing out in real life changed the way that she chose to identify religiously. However, the other principle she was using in her reasoning was that when abortion is not legal, others have the power to decide whether women live or die as a result of whether or not they can have a life-saving abortion and that is wrong. Sarah used a case in which it is not in women’s best interest for abortion to be illegal to illustrate the reason that abortion *should* be legal.

Others also made reference to the consequences women faced before abortion was a legal right afforded to them. Betty felt strongly that abortion *has* to be legal because she knew about “back-alley abortions and dying” that happened prior to the legalization of abortion (#8). Knowing the adverse consequences is what fueled her feelings toward abortion’s legal status. The consequences that women face as an alternative to legal abortion immediately came to the front of her mind as compelling evidence that there are“reasons for abortions” (#8). The use of that particular phrase indicates that these reasons are what justify abortion and that the prevalence of them before abortion was legal is enough of a demonstration of horrible enough consequences to make legal abortion worth it. She said that she was always thinking about “incest, rape…a mother shouldn’t have to deliver a baby knowing that she’s going to die” (#8). This once again draws the conversation back to the most vulnerable populations of women, those who have become pregnant without any choice in the matter and those who are likely to pass in childbirth or afterward.

Betty also specifically addressed populations of mothers that may be more likely to have high-risk pregnancies or to be unprepared to have children. She referenced "addicted mother[s] going through detox, withdrawals" as one of the first things that came to her mind when she thought about when considering her position on abortion (#8). While this is a common stereotype applied to women who get abortions, she mentioned it in the specific context of why it is important to recognize that people have different needs and reasons for getting an abortion, which means to her that everyone needs to be able to have an abortion if necessary. When she thought of who abortion needs to be legal for, the most vulnerable group of women possible came to mind as the primary reason for defending the right to abortion because their right to be safe needed to be preserved.

Erin, a perinatologist or maternal-fetal health specialist, also brought up the threat to maternal life and the complex question of "how do you define that, and who defines that?" The "who" aspect is in reference to her expressed frustration with politicians' influence over the ability for doctors to offer abortion as an offer when necessary (#13). Erin illustrated the complexity of restricting abortion only to specific cases where women are most likely to die by pointing out that this leaves little room for medical assessment and interpretation. She pointed out the difficulty of establishing a policy regarding the "whatever percent chance of dying" necessary for medical intervention with abortion when it is illegal, and asks, "do I have to wait until she's actually dying?" (#13). Erin first established women as a group rendered vulnerable by legal restrictions on abortion and then specified that some women are more vulnerable and more likely to face life-threatening challenges because of these restrictions on medical advising. She then used those two claims to support her view that abortion must be legal.

> Making abortion illegal doesn't make women not have an abortion, it just makes women find unsafe ways to do it, so

> now we're putting more and more lives at risk. (Monica, #19).

Thus far, I have discussed interviews in which people reference women dying or otherwise having their health, whether mental or physical, damaged by a lack of ability to attain an abortion because of the complications of carrying through the pregnancy when it is not medically or otherwise advisable for them to do so. However, there is another aspect of the abortion debate that was brought up repeatedly that outlawing abortion causes more maternal deaths because women will attempt to receive abortions through whatever means necessary. The loss of life that results was pointed to by participants as a detriment to the common good because of the overall loss of life it causes, therefore justifying the legality of abortion.

When Nicole (#12) mentioned "the history of, you know, *what happens* when we don't have equal access to abortion," she referred to the likely consequences of unequal access to abortion: high amounts of maternal deaths caused by unsafe, illegal abortions. Priya brought up a point similar to Monica's and asked, "why not learn anything from history when…so many women died? (#14). Both of these women used this consequence of repeating history as supporting evidence for why abortion should not be made illegal again. The overall aim they are referencing is to reduce as many unnecessary deaths as possible, in this case, to reduce unnecessary maternal deaths.

The last prominent way that mothers were discussed as a vulnerable group was by virtue of their circumstances, specifically, when women seek abortions it is because their circumstances put them in positions that make carrying a pregnancy to term "incredibly challenging or impossible" (Veronica, #16). Veronica acknowledged the common rebuttal given by pro-life activists to pro-choice arguments that "abortion is a choice," but she said that that "still means that a person is carrying a baby for nine months…that's not doable for everybody" (#16). She

explained that the reason it would not be doable is that some women may be in "an abusive situation" (#16). Veronica acknowledged that there are potential alternatives to abortion, but since not all women can reliably access these alternatives they are ultimately not viable.

Erin also mentioned the difficulty that women "who have abusive partners…abusing their other children" may face "when they find out they're pregnant" and that this is a reason women should have the ability to make a decision about whether or not having an abortion is best (#13). She established the importance of thinking about women in compromised and unsafe positions, and whose children may be in the same situation, when deciding whether abortion should be legal, and used this population to justify that abortion should be accessible.

Emily was perhaps the most explicit about connecting what happens when abortion is not legal and the importance of abortion being legal. She first acknowledged that abortions are always going to happen "in some way, shape, or form" because "women used to go to the woman down the street who would do 'em in her attic" (#5). She then connected the prevalence of abortion even when it is illegal to how outlawing it "wasn't looking out for the best interests of [women]" (#5). She reasoned that the interests of women as a group made vulnerable by abortion policies are not being safeguarded and that criminalizing abortion would make an already vulnerable group more so.

Fetuses

The second vulnerable group mentioned in discussions about abortion comprised fetuses and children, who were generally defined as vulnerable because of their inability to defend their own interests or make decisions for themselves. Unborn fetuses were generally referenced as a vulnerable group because of their inability to defend themselves against abortion, which usually

involved an establishment during the conversation that they are living. The principle of fetal autonomy -- the idea that fetuses should be considered separately from the mother because they are people and therefore should have the right to determine their own lives -- is used to reason that abortion should be illegal (Morris 1997). While the participants never used the phrase "fetal autonomy," they worked within the principle by reasoning that, because they are unable to defend themselves, fetuses should be defended by way of making abortion less accessible or completely illegal.

They often illustrated the vulnerability of fetuses by speaking in evocative and often emotional language. Rachel said, "that little bean in you has, like, arms and legs and fingers and toes already, like, you're murdering a human being" (#10). By using such vivid imagery, Rachel painted the image of a living human being to justify her statement that abortion is murder. Again, if fetuses are people and abortion is defined as murder from the outset, it makes sense that murder would be illegal. The final important consideration she brings up is that "babies are living children but they don't have a say when it's just a fetus" (#10). It is ultimately the principle of not killing someone who cannot defend themselves that Rachel uses to reason that abortion should be illegal. Since the fetus does not have a say, the woman should not be able to decide on its behalf whether it gets to live.

Phoebe similarly painted abortion as the murder of a defenseless person and said that it is "[an] innocent fetus who isn't even going to be given a chance to make it in this world, let alone out of the womb" (#20). This is the reason she gave for not believing that women should have the right to choose whether to have an abortion. She tied the innocence of the fetus to the wrongness of abortion and made its defenselessness the primary reason that abortion should not be legal. She then emphasized that "this child has no say…they can't speak…they have no

rights" (#20). Once again, the principle of hurting those who cannot defend themselves drove her reasoning that abortion should not be legal. She advocated for more legal fetal autonomy than currently exists, and prioritizes fetal autonomy over maternal autonomy because of the lack of ability the fetus has to participate in decision-making. These arguments are both common good arguments because they explicitly encourage the protection of the most legally voiceless and vulnerable people involved in the situation and some of the most legally vulnerable people in society.

Denise reached a view contrary to Phoebe's, but shared her reasoning -- she believed that abortion should be the mother's choice, since "that life can't make a choice for itself yet…why else would we have so many kids…that live horrible lives that don't have anyone to take care of them?" (#7). The idea of children being harmed by being brought into the world without a choice motivates her view that women should make the choice they think is best for the fetus. However, Phoebe reasoned that, since fetuses have no choice, the most protection that can be given to them is for the mother not to have a choice that she can make on the fetus's behalf. It is incredibly interesting to see that even though they came to completely different conclusions, Denise and Phoebe used the same principle to reason their way to those conclusions.

Another notable counter that was given to the principle of fetal autonomy came from Erin, a perinatologist. Erin claimed that, in the case of fetal anomalies that would be lethal or "cause a very, very low quality of life," mothers who abort may feel guilty. Even so, she said, that "might be the more compassionate choice" (#13). This is because "this fetus now will experience no pain" instead of living only to suffer (#13). It becomes acceptable to Erin to legalize abortion when it causes less pain and suffering to fetuses than they would experience if their fetal autonomy were honored.

Therefore, women on both sides are concerned with the vulnerability of the fetus due to its lack of autonomy, but in different ways. Some argued that the vulnerability should be protected by giving the mother the right to make decisions on its behalf, while others claimed that it should be protected by taking decision-making power away from the mother.

Children

Children were most often referenced as a vulnerable group because of the poor outcomes they potentially face if they are forced to be born but are unwanted because the guardian is unable to or is unwilling to take care of them. The line of reasoning used in this context is that abortion is a favorable alternative to children being born into unfortunate circumstances as a result of restrictions on abortion.

One reason given by the women that abortion should remain legal for the sake of children is that when abortion is illegal, unwanted children are the ones who suffer (the women who made this argument also made arguments about women suffering from abortion restrictions as well). Women often mentioned the typically pro-life point that we must save children from abortion, only to refute this claim with examples of how children can suffer at the hands of parents who do not want them or who are unprepared to care for them.

Veronica pointed out that in "situations where kids…weren't planned for" she thought that "the resentment would be pretty severe" and that this would lead to poor treatment of the children (#16). She reasoned that children being brought into families where they were not planned for and in which they would be resented was reason enough to have legal abortion. Barbara used similar reasoning to defend abortion rights, saying that if "a person's not ready for [children] they shouldn't be forced into it it's not fair to the child" (#9). Whereas reasoning

utilizing the principle of fetal autonomy reasoned that it is unfair to take the rights of a fetus away or not to honor them, Barbara reasoned that it was not fair to force children to live in poor circumstances just because their parents had no other legal option. By this logic, it is in the best interest of the most vulnerable in the situation from being brought into the world to begin with.

Lauren, who assumes herself to be an unwanted child that was brought into the world before *Roe v. Wade*, acknowledged that she holds her pro-choice stance while having the ability to "understand the ramifications" that she may not have her own life if abortion had been legal before 1973 (#6). We both cried during her interview when she told me that her children, both adopted "accidents," would likely not have been born had abortion been an option (#6). She reasoned that abortion should still be legal, despite "the thought of not having my children or I guess my own life," because "there are too many bad parents running around as it is" and the priority should not be simply that "the baby's born" (#6). When she discussed why women should have the ability to choose, she said she would like to put her trust in women to do "what's right for that child" (#6). To Lauren, "what's right" for that child is not simply to have it be brought into the world, but to be able to give it a life like her own and like her children's, which she knew was not something afforded to every unwanted or unexpected child.

Economic disparity is another thing brought up by several participants as a reason that abortion should be legal because of the consequences children can face when in poor financial situations. Veronica said, "not all kids come out equally" because there is "a lot of disparity economically" (#16). Priya said that if abortion is illegal, though that is not her preference, Medicaid should help to offset the costs of the child's upbringing since "this woman's clearly poor and can't afford to have a baby" (#14). Priya and Veronica both reasoned that because not all children have an equal chance at having financially sound futures that would ensure their

wellbeing, abortion should be legal so that those who are not financially prepared for children do not have to have them. Once again, it is the child who suffers from this forced decision. Priya introduced government assistance as an alternative to her preference, which Nicole also brings up.

"There's tons of babies in the welfare system, so this notion of like 'we don't want to…harm babies'…what about the ones that are alive? We take care of them first" (Nicole, #11). She essentially reasoned that since the current state of affairs in the United States is ill-equipped to handle the volume of children that are being born into financially unfortunate circumstances when abortion is legal, we should prioritize those children before forcing more to be brought into the same situation. Nicole prioritized existing children in her reasoning as opposed to the unborn "babies" that others are worried about being harmed (#11). There was also an implication that since the system is already overwhelmed and children are already being harmed by insufficient resources, bringing more children into the system by force will only worsen the situation by harming more children. There will be more net harm to vulnerable populations and therefore the common good if more children are brought into the welfare system as a result of a change in policy.

Monica also reasoned that the impacts of pro-life policies are not always those that do the least harm to children, saying, "the pro-life movement becomes very myopic as far as 'we are saving this baby' … and I'm like, 'saving it for *what*?" (#19). The lack of ability to follow through on the quality of life that the "saved babies" experience leaves her opposed to pro-life policies (#19). For Monica, it was unclear if saving the babies actually leads to a better alternative than them not existing, which is how she came to view abortion as a necessary option.

There was one significant counterexample to this line of thinking that unwanted babies should not be forced to exist because it is not in their best interest. Rachel's parents were both in the foster care system before they were adopted into their respective families, and they faced many hardships in the "messed up system" (#10). However, she still believed that adoption should be the alternative to legal abortion; after all, her mother "learned good people [from] bad people" and eventually was adopted into a good family (#10). Therefore, while she saw the potential for damage to children as a result of being brought into the world, the character-building and personal development potential outweighed the risks of living through unfortunate circumstances.

Overall, there was a strong theme throughout the conversations that people should act in ways that protect each other. While each participant had a different idea of what actual actions were most protective of the common good, many used an understanding of "the golden rule" to come to their conclusions about what actions should be legal. When arguments about protecting the most vulnerable were invoked, they defined the most vulnerable as those who could not make decisions for themselves. That lack of ability to defend oneself was the basis for arguments that supported COVID-19 mandates as well as those that argued against abortion rights. This chapter demonstrates most strongly *who* participants considered in their reasoning and why.

Chapter 5: Issue Constraint and Responses to It

In this chapter, I perform a holistic analysis of the content of four noteworthy interviews across both policy issues. By "holistic," I mean that I consider all of each woman's views in total, rather than separating these views from one another in particular categories, as I did in Chapters 3 and 4. These four women gave me the most to think about in terms of how they resolved or did not resolve inconsistencies in their reasoning or beliefs that arose over the course of our conversation. Chapters 3 and 4 investigated patterns regarding how women used particular types of reasoning to describe and defend their views. While this analysis helps us to understand how participants reached certain conclusions, it does not tell us how that reasoning did or did not change over the course of the conversation. This chapter investigates how the reasoning and/or beliefs of participants changed over the course of the conversation.

As seen in Figure 1 below, in my discussions with participants the beliefs and reasoning of participants were either consistent or inconsistent. If they were inconsistent, they then resolved the conversation in one of four ways as seen in the last row of the figure. I have chosen to investigate only the four outcomes that occurred in interviews in which subjects themselves seemingly saw inconsistencies in their own beliefs.

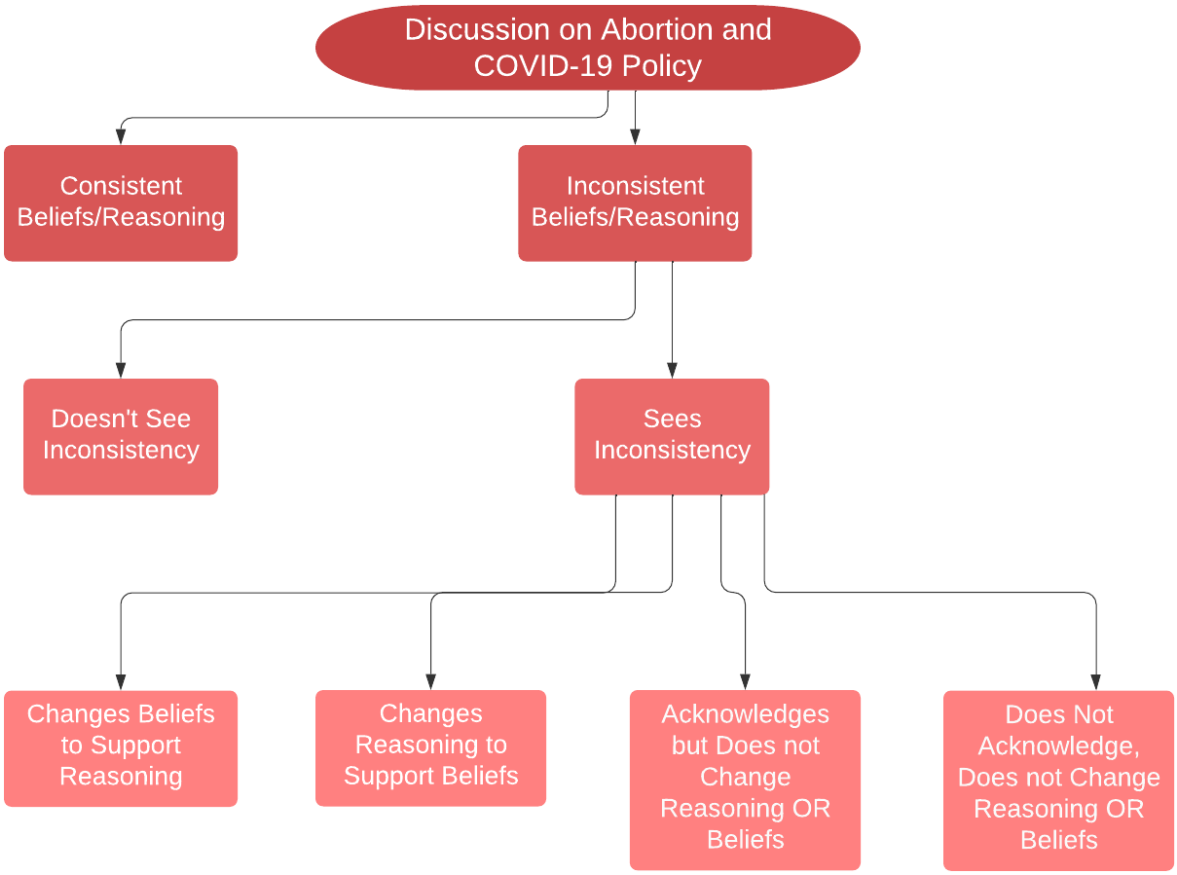

Figure 1: Diagram of Possible Interviewee Experiences with Inconsistency

It is difficult to determine what is "inconsistent" in each case, especially in cases in which the interviewee does not acknowledge an inconsistency herself. Thus, I have categorized different situations and explored what that means to both myself and the participants.

Route 1: Beliefs Change to Support Reasoning

One route that participants took if they found that their reasoning and beliefs across the two issues were not consistent was to change their beliefs, or conclusions, to support their reasoning and keep their reasoning consistent across the two issues. This route involved seeing

that the applied reasoning is only sound if the conclusions reached match the application of that reasoning. Veronica is a fantastic example of someone who was pro-choice and pro-mandate and who changed her mind about her beliefs because she saw a flaw in her reasoning.

My conversation with Veronica was not only one of the most interesting, but also one of the most heartbreaking. Veronica spoke a lot about what she would want to happen in an "ideal world," or a "dream world" in which everyone was benevolent, did the right thing, and followed through on being good people (#16). Veronica wanted to be optimistic about human nature but restrained herself from doing so because she recognized that in reality, she had to choose positions that would protect people she cared about because we do not live in an ideal world.

In Chapter 3, Veronica talked about the importance of wearing a mask for others because it protects them and because not to do so is to allow our unwillingness as Americans to be commanded to completely take over. This is how she reasoned that mask mandates should exist. I mention in Chapter 4 that Veronica never reached a conclusion about her preferences in regard to vaccine mandates because while she cared deeply about the common good and the loved ones that are close to her, she felt nervous about the rushed nature of the vaccine. However, there is more to her story.

Veronica had a very nuanced view of both issues and took pride in her attempts to see them from a nuanced and complex perspective. She spent a lot of time considering how she would feel if she were in someone else's position on both issues and structured her responses and reasoning based at least partly on how she would feel if she were in someone else's shoes and living through their circumstances. As explored in Chapter 3, she placed a heavy emphasis on the need for bodily autonomy in regard to abortion rights and used it as a fundamental reason that abortion should be legal. However, she also felt at the beginning of the interview that COVID-19

vaccine mandates might be acceptable to her because they serve to protect the common good, as investigated in Chapter 4.

Veronica was very open to changing her mind, partly I think because of her willingness to be open to considering others' circumstances and perspectives. For example, at the beginning of the interview, she felt hesitant about allowing late-term abortions because it made her uncomfortable to think about how developed the pregnancy was at that point. However, she seemed to alter her beliefs -- or at least soften her conviction -- by entertaining the morality of even late-term abortions, noting, "until you walk in somebody else's shoes, it's hard to say for them 'is [carrying to term] really an option?'" (#16).

She never seemed to become completely comfortable with unregulated late-term abortion even after she changed her mind. As exemplified in that quote she felt that women should ultimately retain the ability to make their own decision based on their circumstances. Veronica placed a great deal of emphasis on not judging others for their decisions, even if they were not decisions she would personally make. In Chapter 4, I explore how she talks about inequity as a reason she thought adoption could not be framed as the fix-all alternative to abortion. She pointed out her own position of privilege and alluded to mine, and said that "we have options, but you know, that's 'we' as in those of us with money and insurance and access to health care" (#16). After that point, it was clear that she did not just consider others or her own personal experiences in her decisions, but rather took a holistic look at who is affected by what when these policies change, and why.

When I first asked Veronica what the phrase "my body, my choice" meant to her, she said that it meant "I get to choose what happens" and related it back to everything from shaving her hair off to getting pregnant and doing what she "needed to do" (#16). This is a very general and

almost universally applicable interpretation of the phrase, and she did actually apply it to quite a wide variety of average things people do. This made it clear that she viewed decisions about abortion as comparable to decisions about everyday activities. It was not until I asked her what she thought of the phrase "my body, my choice" across the two issues that she changed her mind on being more neutral toward the possibility of vaccine mandates.

At that point, Veronica visibly struggled with answering the question because she was trying to apply the universal approach to bodily autonomy she had first outlined to the conclusion she reached that vaccine mandates might defend the common good. She started out by saying "that's a tough one…I don't know how I would feel about, like, full-on mandating vaccines" and offered the explanation that "it is somebody's body" (#16). Granted, Veronica followed this statement up with a lengthy description of why she thought people should get vaccinated but then worked her way back around to applying the reasoning she used for abortion to this case as well, concluding that "if they want to choose, I gotta…then, yeah" (#16). While she started the interview feeling that she may be amenable to a COVID-19 vaccine or was at least neutral enough toward it that she would not take a stance, once she stated what she thought of "my body, my choice," plainly and simply, she felt that it had to apply to both issues in order for her conclusions to be sound. I never made that implication, Veronica saw the inconsistency in the application of her reasoning herself and then chose to change her mind about her stances because she believed so firmly in the reasoning that she used that she felt it should apply to both policy issues.

Route 2: New Reasoning is Provided to Support Beliefs

The second logical possibility is that participants would change their reasoning to support their beliefs. This would have rendered their reasoning consistent in the face of their discomfort after noticing their relative lack of "constraint." However, none of my participants did this in a straightforward way. Maria came closest to this route by modifying the categories she used earlier in the conversation.

Maria was my first interview, and she is a wonderful example of a pro-life, anti-mandate participant who saw the issue with applying principled arguments about bodily autonomy to COVID-19 mandates but not to abortion. She then "resolved" that inconsistency by redefining what constituted "the body" in the phrase (and moral appeal), "my body, my choice."

My interview with Maria was fascinating because it genuinely felt as if she was trying to convince me of her perspective and thoughts. Maria is the only subject I knew personally before the interview and who I still know afterward, and it is interesting to think about how that relationship dynamic may have impacted what she was willing to say and how cautiously she said it. In her position, I would personally be much more invested in maintaining the respect and interest of a family friend than I would a stranger, and it would not surprise me if this played into how Maria responded to me as a friend of my family. While I interpreted the extensive effort she put into relaying statistics and constructing sound complex moral arguments as an attempt to persuade and convince me, it is entirely possible that in reality, she was simply trying to make an argument in a way that I would respect or be more likely to agree with. Maria was also my first interview, which augmented the preexisting hesitancy I felt to push back on her ideas because she's a person with whom I would like to maintain a relationship.

A second incredibly unique thing about Maria is that she is the only immigrant of all of the participants, a fact she actually cited as a tipping point in the beliefs she holds about the "right way" to live a life that I explore in Chapter 3. Reflecting on her own views, she claimed that her background as an immigrant made her view American mandates related to COVID-19 as an unacceptably intrusive effort to remove liberties from the people.

Throughout the interview, she was at pains to convince me of her views. She cited several medical journals and studies from around the world in an effort to make it clear that her claims substantiated claims about both COVID-19 and abortion were substantiated. In this way, Maria also illustrates an interesting aspect of many interview subjects: being a member of a highly-educated and somewhat insular residential and social network led her to focus on how she is perceived by others in her network and heightened her desire to conform to the norms of this network. Maria was fervent when she reassured me on several occasions throughout the interview that she is "not an anti-vaxxer" but rather a rational person using medical studies and complex reasoning to reach her conclusions about COVID-19 (#1).

Maria did not want to be a doctor who was seen as a conspiracy theorist, but rather one who was thinking critically. She sounded defensive as she explained to me that she "should be able to discuss the risks and benefits of a medical procedure…without being called an anti-vaxxer" and expressed her consternation at the common, one-dimensional view of anti-mandaters like herself (#1). This speaks to her frustration about her inability to control others' perceptions of her beliefs and behavior. It also indicates a hyper-awareness of how she portrays herself to others, and perhaps even a slight fixation on how she represents herself.

Near the end of our interview, she discussed the involvement of autonomy in medical decision-making and the need to preserve it in the case of COVID-19 vaccine mandates. Maria said:

> One last thing: the government will never take a . . . the more they chip away from your liberty and freedom and personal choice . . . it will never be given back to you. When they take your rights away from you, especially over your own health, that will not be given back to you.

I found this statement fascinating because, to me, it was strange at first glance that she supported the government outlawing abortion even though her reasoning for not supporting COVID-19 mandates is related to government overreach and personal freedom over medical decision-making, as explored in earlier chapters. What I realized is that while it may not make sense to me and seems like an inconsistent application of a principle because of the way that I define things surrounding abortion and health care, Maria's definition of what abortion is removed it from the same sphere as COVID-19 in terms of what she considers government overreach into health care. That is not to say that Maria did not recognize that I was prompting her to discuss any inconsistencies she may have had - she was preemptively defensive when I asked about the phrase "my body, my choice." She seemingly saw what would be considered to be an inconsistent application of reasoning and inconsistent conclusions in her previous statement presented above, and immediately started a new line of reasoning. I would like to point out the possibility that Maria did not even see these things as inconsistencies, but rather was prepared for *me* to see them that way. That may have been the impetus for her efforts to resolve it even if her perception of herself did not match mine.

Instead of applying the reasoning about autonomy over medical decisions related to COVID-19 to medical decisions about abortion, she veered away from her previous principled

reasoning about abortion that was related to sexual promiscuity and religion and instead redefined the terms of the conversation. Maria essentially avoided applying "my body, my choice" to abortion by redefining "body" in such a way that when a woman is pregnant "that's not [her] body" (#1). This temporary suspension of bodily autonomy by removing the ownership of one's body from a pregnant person is a prerequisite for her reasoning that the phrase "my body, my choice" does not apply in the case of abortion. If it is not your body, the argument for having the right to make decisions about your body no longer makes sense. Maria avoided improperly applying the principled reasoning she used related to autonomy in relation to COVID-19 by radically redefining body ownership in a way that leaves no room for someone else to say that her reasoning contradicts itself.

It is noteworthy that while she does not directly relate her statement about government impacts on freedom and personal choice back to being an immigrant, it is likely that being from a country in which the government is able to freely infringe upon those liberties and freedoms is what made her understandably wary of the COVID-19 mandates she referenced. Maria did not have a principled argument against the state mandating vaccinations in general but specifically had an issue with COVID-19 vaccine mandates. As she said herself before listing a dozen or so vaccines, her son is vaccinated against "everything except COVID-19" because she is "not an anti-vaxxer" (#1). It is interesting to see what I view as a contradiction between her deep suspicion of government intervention to take people's rights away that she uses as an explanation for why COVID-19 vaccine mandates are unacceptable and her willingness to allow the government to mandate other vaccines for her son. That being said, Maria did offer dozens of medical studies as an explanation for why the COVID-19 vaccine is different from other

vaccines because it is an mRNA vaccine that has been less time-tested and has the potential to cause life-threatening complications for children like "myocarditis" (#1).

Therefore, taking COVID-19 and abortion together, Maria had a very narrow definition of the phrase because she did not apply it to abortion and essentially only applied it to mandates when she did not trust or want a particular vaccine. It was not even a fundamental application of "my body, my choice" across the board with medical procedures like vaccines, it was specific to the cases she thought were appropriate. This may have had something to do with her belief that the government regularly contradicts itself and lies to the public about the necessity and effectiveness of mandates. While Maria never directly referenced a particular party when she cites government hypocrisy, she did specifically point out two flashpoints for conservatives in Michigan, Governor Gretchen Whitmer and top COVID-19 policy advisor, Dr. Anthony Fauci.

Route 3: Acknowledgement and No Change

The third thing participants did if they saw that there was an inconsistency in their reasoning and beliefs was to acknowledge it and then choose not to change their reasoning *or* beliefs. These participants acknowledged an inconsistency without my pointing it out, but responded only by reiterating their opinions and reasons for them. Reading between the lines, they essentially said, "I know this is inconsistent, I see a flaw in my own thinking, but regardless of anything else, this is simply how I feel and nothing will change it."

My interview with Rachel is a wonderful case study for this route. The largest theme throughout her interview in relation to COVID-19 was that she was "over it," which is a phrase she applied to several situations and used in combination with more complex reasoning to conclude that she did not find vaccine mandates to be acceptable and that mask mandates are

unfair (#10). It was the most difficult interview for me to conduct and analyze because she shared the story of her own abortion with me, and I want to be as sensitive to that lived experience as possible.

The story of her abortion is also what made her interview one of the most interesting. As a minor, Rachel did not consent to the abortion she had at 15. "To this day," she had mixed feelings about it (#10). On one hand, she said, it was the right thing for her mother to decide for her so that her life would stay on track; on the other hand, she viewed herself as complicit in murder. While she indeed used complex reasoning -- as shown in her reasoning featured in Chapters 3 and 4 -- she was also heavily influenced by this personal experience, as she herself admitted. For example, after her first pregnancy and eventual abortion, she was able to overcome things like drug addiction and single parenthood as an alternative to having another abortion when she became pregnant a second time with her now son. That influenced her belief that others should be able to do so as well and served as the foundation for her belief that her policy preferences are correct. Another personal experience, that her parents grew up in the foster care system and were able to overcome obstacles to their well-being in a system that Rachel admits is poor, led her to conclude that foster care is a valid alternative to abortion.

These personal experiences were relied upon heavily to reconcile inconsistencies in her beliefs and reasoning across the issues. When I asked her what she thought of the phrase "my body, my choice," she said "I mean, there shouldn't be a difference [between the two], but in my eyes…you're killing an innocent baby" (#10). She acknowledged that there should not be a difference because the application of her reasoning should be consistent across the issues but that for her, there was indeed a difference regardless because of the strength of her personal feelings about the nature of abortion. In Chapter 4, I discuss her strong feeling that abortion is wrong

because, to her, abortion is the murder of a defenseless being that cannot defend itself. However, here she used a much more personal analogy when answering my question. Rachel discussed how one of her reasons for why "my body, my choice" does not apply to abortion is that young girls who get pregnant like she did do not get to say that phrase or live within its principle because it is legally not their body since they are minors. She does not use complicated principled arguments or talk about larger arguments. Rachel simply discussed how the impacts left by her own life experiences were so widespread that even though she knew her arguments about bodily autonomy related to COVID-19 should apply similarly to abortion, she simply could not bring herself to do it because the way she felt on a personal level was overpowering. At the end of the day, Rachel knew there was an inconsistent factor in the conclusions she reached, but she just felt like abortion was wrong and that was enough justification of her beliefs for her.

It would be a mistake not to mention stories like Rachel's. It is much easier to consider the types of principled reasoning she employed that I discussed in Chapters 3 and 4 as the primary driving force behind how she made and thought through her decisions. However, that would entirely ignore the more nuanced emotional and personal factors that influenced her reasoning and neglect to fully explore the way that she actually reconciled for herself what I would call inconsistencies in her reasoning and preferences. Throughout the entire interview, I felt like I was being persuaded to believe something and as if I were being given a pitch, which was perhaps because of my own biases as a person and not as a researcher. It was not until the end of the interview that I actually felt like Rachel was simply stating something for herself - it did not matter what I thought, or whether I knew as she did that she was contradicting herself. She simply felt how she felt regardless of everything else and that was a good enough reason not

to change anything, which if anything shows how authentic the rest of her responses were. She was not willing to change them because regardless of everything else, the responses were true to how she really felt.

Route 4: No Acknowledgement

The last thing that happened if participants were inconsistent in their reasoning and beliefs was that they did not recognize or acknowledge the inconsistency and therefore did not alter their beliefs or reasoning in any way. In this case, it appeared that the participants simply did not notice that their reasoning was inconsistent across the two issues. Of course, for cases in which there was no such recognition, any judgment of consistency or inconsistency has been imposed by me using my own (perhaps inconsistent) conception of logical or normative constraint. I reflect more on this issue in the next chapter.

Phoebe was different from Rachel in that while she also did not change her reasoning or beliefs, she did not acknowledge any inconsistencies in them as Rachel did. Throughout our conversation, I asked more branching questions and offered more of my own thoughts than in other interviews because I felt it was the best way to have a real conversation. It removed the need for defensiveness either from her or from myself because of my own personal stances and experiences and brought it down to us just being people having a conversation. As explored in Chapter 3, Phoebe's reasoning regarding abortion policy involved a lot of discussion of how abortion allows people to escape the consequences of their sexual irresponsibility. It also involved a deeply impactful personal experience Phoebe had when she went with her friend to an abortion clinic that she felt had "traumatized" her to this day because of how wrong it felt (#20). Phoebe's descriptions were extremely vivid, and she was able to describe the entire experience back to me in a way that was colorful and visceral. It helped me to understand why she would

use a word so strong as "disgusting" to describe women she perceived were having abortions in the dozens and showed me why she may feel that women were in fact doing that.

The most incredible thing about this interview was likely a byproduct of me offering some extra information and contributing some of my own thoughts to the conversation. After Phoebe described all of those feelings about abortion that were related to sexual irresponsibility and the willy-nilly acquisition of abortions as a regular form of birth control, I offered the possibility that irresponsibility may not be the only factor at play and I suggested that a lack of education and resources may also play a role in women needing or wanting abortions. I gave a short personal anecdote about how sex education worked at my school as an example and she seemed genuinely shocked to find out that sex education was not standardized across the US. Phoebe said, "it blows my mind and I never really thought about that 'til you said it…I thought that was part of learning…I didn't even know that" (#20).

After that, over the course of our conversation, Phoebe never actually changed her mind or acknowledged any inconsistencies, but she *did* open her mind to even just that small piece of new information and incorporate it into her processing even though it did not change her beliefs or conclusions. She said that "just hearing that, it changes…not that it changes that way that I feel about [abortion] but it makes then like a little bit of a bigger picture of why this is happening" (#20). Of course, my intention was not to change her opinion, but to prompt her to do exactly what she did, which is to reconsider why she felt how she did and see if that brought up any feelings in her about whether what she was saying was consistent. It was so like an ordinary conversation in that she just took what I said at face value and took it into consideration and then responded with her own story from her life experiences related to sex education and how the topics of sex and abortion were treated in her childhood home. I am especially

appreciative of Phoebe for this interview; she showed me that even when I disagree strongly with someone, it is still possible to have an open-minded and respectful conversation.

Phoebe placed a lot of emphasis throughout the interview on personal responsibility both in the case of abortion as mentioned with regard to sexuality and in the case of COVID-19 with vaccination and masking. As explored in Chapter 4, she was very pro-mask mandate but only if it is applied uniformly to everyone. However, she believed very strongly that there should be no vaccine mandate because of the need for bodily autonomy and control over medical decision-making. However, when it came to looking at both issues with regard to "my body, my choice," Phoebe had a difficult time verbalizing how she felt and was evasive when it came to answering the question. She reiterated what she had said earlier in the interview that abortion is different than COVID-19 because abortion decisions affect a second party whereas COVID-19 decisions about vaccination and masking do not. The difference for her was that "there's not just one body and one choice" involved in abortion decisions and the second party being the fetus has no voice to participate in the choice, whereas COVID-19 decisions involve parties who "have a voice" (#20).

After Phoebe continued to reassert the same point that there is an agenda to push abortion on people and that people say "hey, you need to get this abortion" to "[force] that on somebody," I prompted her to think about the reverse scenario that women could be forced to have children, not abortions (#20). In Phoebe's case, the thing I found to be inconsistent is that she used the impact abortion has on another human being, at least in her view, as a fundamental reason for why abortion should be illegal and then avoided applying this reasoning about the impact on others with COVID-19. Granted, she did come up with a reason for why COVID-19 decisions do not impact others, that they are adults who can make their own choices, but she still found a way

to avoid recognizing other people as a party when it came to COVID-19. It is not that Phoebe did not use reasoning to do that -- she rationalized that abortion was different because one party has no voice -- but even then her reasoning left glaring inconsistencies in her thinking. Others are indeed impacted by COVID-19 choices that individuals make, and even though they have a personal say in what they do with their own bodies they cannot control the impacts that others' decisions have if they choose not to be vaccinated or wear a mask and spread COVID-19 around.

Phoebe did not acknowledge any of this and simply said "I know I keep repeating the same thing" before repeating her reasoning once again and then getting lost in her thoughts, pausing for a long period before saying "Yeah…and so…I don't even know what to say" (#20). I do not point these things out to suggest that she does not know what she thinks or that she is at fault for not perceiving the inconsistencies that I observe. Rather, Phoebe is interesting to me as a case in which an individual may seemingly intentionally avoid acknowledging possible inconsistencies and thus be free of the pressure -- whether acted on or not -- to resolve them. Perhaps if I had continued to press the matter even further, Phoebe might have eventually agreed that even though others have a voice in their own medical decisions regarding COVID-19, others also factor into the consequences of what happens.

I have broadly speculated about why some women may be loath to acknowledge inconsistencies in their reasoning across their two issue positions. Women are unique as a social group because of their shared low social status as a result of their gender identity and sex. All women, in particular cisgender women, are united by their gender identity in that they cannot or would not be willing to change their presentation of gender to the outside world, and are visibly identifiable with a social identity based on their appearance. Social identity theory suggests that despite the "unchangeable" nature of the female identity, women attempt to improve their social

status by distinguishing themselves from other members of the same low-status group (Swan and Wyer 1997). Therefore, while men or those in other high-status social categories choose to align themselves more closely with the group that gives them status and power, women often do the reverse to raise their status, avoiding the associated aspects of being a woman (Swan and Wyer 1997). It is especially important to consider that this effect would be stronger for women who are also part of other low-status groups, and who seek ways to differentiate themselves from those groups to raise their status as well. For this defensive purpose, women may be less likely to expose inconsistencies in their reasoning about abortion and are more acutely aware of the importance of the issue than men (Hertel and Russell 1999).

Conclusions

All of the women in this chapter spoke their version of the truth even while they may have had their own reasons to want to convince me of their point of view that may have been influenced by their residential environment or educational socialization. That kernel of truth is what makes it even more interesting to observe the differences in how they resolve, or explain their reasons for not resolving, what I or what they see as inconsistencies in their reasoning or beliefs.

Veronica saw and acknowledged inconsistencies in her application of the principle of bodily autonomy as a reason for abortion to be legal while still believing COVID-19 mandates should be legal. While she very visibly struggled with it, she resolved this inconsistency by changing her mind and concluding that mandates should not exist, reconciling her beliefs and the reasoning she used to reach her conclusions.

Maria responded defensively when I led her down a path to investigate potential inconsistencies in her application of bodily autonomy to preventing COVID-19 mandates and outlawing abortion. To resolve this inconsistency, she introduced new reasoning mechanisms, heavily cited medical literature, and redefined various aspects of bodily autonomy and ownership without changing her beliefs.

Rachel expressed extreme apathy toward the COVID-19 pandemic as she informally acknowledged that while she knew she logically should not feel this way, she still believed people should have the right to make medical decisions about their bodies in the case of COVID-19 but not abortion. She offered personal anecdotes related to her own abortion and her experience raising her son as an explanation for why she felt she had to keep her conclusions the same in our conversation even though she saw that they were not in accordance with the reasoning she offered about them.

While I saw some inconsistencies in Phoebe's reasoning about who is impacted by decisions in the case of COVID-19 and abortion and how that affects the conclusions she reached, she did not acknowledge this inconsistency in any way that involved changing her conclusions or reasoning. She instead repeated the same conclusions while acknowledging that she knew she was repeating them and then concluded by indicating she simply did not know how to proceed with explaining her conflicting reasoning mechanisms.

These participants chose different approaches to inconsistencies in their discussions with me and offered different windows into understanding how we cope with confronting the complexities of our own belief systems and reasoning mechanisms. They serve as wonderful examples of how unique we all are, and how differently things can be interpreted by others. I am

very grateful to have been let in on these anecdotes that were held so close to all of these women's hearts.

Chapter 6: Conclusion

In this chapter, I summarize my own findings, reflect on my own role in the research process, discuss some limitations of my research, and close with some thoughts about a potential research agenda related to my findings.

Summarizing My Findings

The research question asked at the beginning of this endeavor was: How do white, middle-class, middle-aged women describe their opinions and reasoning regarding two polarizing issues, abortion policy and COVID-19 mandates? More than just that question, I have asked how people deliberate about contentious issues when they are prompted to confront their own views and thought processes. I explored how the consistency of beliefs and reasoning across two similar polarizing and contemporary issues develop and unfold over the course of actual conversations instead of how they look in more abstract surveys and polls. In a situation that came as close as possible to real life, how did these women describe their own beliefs and reasoning, and how did they react to their own statements when prompted or when self-discovering something they did not expect?

In Chapter 3, I found that participants employed a range of moral, deontological claims to support their views on both COVID-19 mandates and abortion policy. Secular claims involved a heavy emphasis on the right to bodily autonomy when it comes to making medical decisions about abortion. These kinds of arguments involved reasoning that women should be trusted to make their own decisions and that because abortion is health care, it should be treated how other medical decisions are. The principle of maintaining bodily autonomy was also applied to

COVID-19. Most respondents, even if they thought everyone should be vaccinated because of a moral duty to society, that because vaccines can be defined as some form of a medical procedure people should have the choice about whether to get one. In that way, masks and vaccines were treated differently because bodily autonomy was used in almost every case as a principle applying to medical decisions. Chapter 3 also demonstrates the surprising range of moral claims rooted in religion that my interviewees mentioned. These claims were not limited to supporting pro-life positions but were also prevalent among those supporting mask and vaccine mandates.

I found in Chapter 4 that participants consistently voiced appeals to the common good of society and the need to protect the most vulnerable in our communities when discussing both issues. Most of these arguments relied upon "the golden rule," which is the duty of everyone in society to protect each other. In layperson's terms, the rule dictates that we all treat others as we would like to be treated. With regard to COVID-19 mandates, participants were split on whether supporting or not supporting mask and vaccine mandates was more beneficial to the common good and most vulnerable. Some felt that the vaccine was not well tested enough to be safe, which informed their view that mandating the vaccine was actually a massive threat to the health of society. Others felt that mandating the vaccine or masks was simply compliance with the golden rule and therefore did not substantiate an infringement upon personal rights. There was a surprising finding that a large portion of participants felt that if someone chose not to be vaccinated or wear their mask in public for the sake of protecting others and their health, they deserved to suffer consequences as a result. These proposed consequences included exclusion from personal social events in addition to more serious exclusion from health care services, an inability to acquire health care, and not being able to enter public spaces.

With regard to abortion policy, there was a heavy emphasis on protecting the most vulnerable in the situation. For pro-life participants, the most vulnerable party in the situation is the fetus because it cannot make a decision for itself, which justifies the view that no one should be able to make a decision on its behalf. Therefore, outlawing abortion is the best way to ensure the most vulnerable are protected from the worst-case scenario. Pro-choice participants talked about pregnant women and unwanted children as the most vulnerable. In their view, the prevalence of abortion pre-*Roe* when it was illegal and the accompanying high maternal death rates demonstrate the need to keep abortion legal to keep the net loss of life low and protect the most vulnerable. The mistreatment of unwanted children or fetuses that would have poor health or quality of life outcomes was used to justify abortion being a morally justifiable option, bolstering the argument for its legality.

In Chapter 5, I found that when faced with inconsistencies in their views or reasoning about the issues and the phrase "my body, my choice," participants could take a few different approaches to resolving them or alternatively could choose not to resolve them at all. Veronica thought abortion should be legal because of the necessity for bodily autonomy and that COVID-19 mandates should be legal because of the need to preserve the common good. She acknowledged after being prompted to consider the phrase that she was not applying the principle of bodily autonomy equally to the issue COVID-19 mandates and therefore changed her mind. Veronica decided that because she believed in the reasoning she presented, she now thought that COVID-19 mandates should not be allowed.

Maria had a very narrow interpretation of "my body, my choice" as it applied to the two issues and redefined traditional conceptions of bodily ownership in order to avoid applying bodily autonomy arguments to abortion. Rather than trying to reconcile the conflict in her

reasoning, she reinterprets "body" to exclude pregnant women, whose bodily autonomy is surrendered for the entirety of her pregnancy.

Rachel saw that her beliefs about abortion and COVID-19 were not consistent because she felt very strongly about bodily autonomy over medical decisions but only in the case of COVID-19. She acknowledged that based on her reasoning across the issues, she "should" have come to a conclusion about abortion that supported its legality but resolved this issue without changing her reasoning or conclusions. Instead, she stated that while she knew she was contradicting herself, she felt too strongly about the immorality of abortion to change her mind.

The last case study is of Phoebe, who did not acknowledge what I perceived to be a contradiction in her reasoning about why abortion should be illegal even when prompted to confront it almost directly. Phoebe neither saw the contradiction or resolved it, instead choosing to repeat the same thoughts before concluding that she did not know what else to say about the topic.

Broader Reflections about My Findings

Judith Jarvis Thomson's enduring work, "A Defense of Abortion," raises many aspects of the argument against abortion and explores them through well-reasoned rebuttals. Arguably one of the most famous analogies ever made surrounding abortion is the violinist's kidney example that she describes in vivid detail. In short, Thomson asks you, the reader, to engage in a thought experiment. A famous violinist has a deadly, kidney-related illness that can only be helped if he is hooked up to someone else's body and relies upon their kidneys to stay alive. The illness is analogized to a pregnancy in that you are attached to him for the duration of his illness, and if you are detached, he will die. She explores various arguments that branch off of this, all through

the lens of the thought experiment but with the firm underlying understanding that kidney failure is meant to be a pregnancy.

The biggest takeaway from her thought experiment is that using the reasoning that pro-life activists use, it would be acceptable to force you to remain bound to the violinist for the duration of his illness, or for nine months, because of the violinist's right to life. It may or may not matter, depending on the person making the argument, that the violinist is drawing upon your resources, that he could kill you because of the drain on your own kidney's resources. It may not matter whether you consented to have your kidneys used in the violinist's treatment, or whether it was foisted upon you while you were asleep or otherwise unaware. The fact remains that regardless of the circumstances, you are bound to this person who will die without you, and the thought experiment explores whether it is ethical to use a right to life argument despite all of those other factors I just mentioned.

I raise Thomson's analysis here because I was shocked how frequently aspects of it were indirectly and accidentally referenced by my interview subjects. Most notable here was Tricia's statement in support of pro-choice policies; she stated that "we don't force people to engage in medical issues for someone else, it's not something we do." She mentions that "we don't force people to be bone marrow [donors] you know…you can't force someone to [give] their kidney." While I do not know if she was intentionally referencing Thomson's work when she declared that it would be inappropriate to force someone into a kidney donation even if they were the only viable match, it is absolutely the same reasoning and logic. More specifically, it is the way that she lays out a similar analogy that we as Americans would not impose something similar to abortion that requires a medical drain on someone's body for the sake of someone else's well-being.

While none of the participants actually referenced Thomson's work, they did use the reasoning and principles discussed in it as well as very similar analogies about medical procedures. I did not see these connections until I was well into my empirical analysis. However, it would be interesting to see how well-educated, middle-class women become adept at integrating arguments from famous academic works into their everyday reasoning, whether internal or external. It is impossible for me to know at this point whether the women who mentioned it had read Thomson's work in an undergraduate course, if they had been exposed to it in conversations with their coworkers or peers, or if they had just existed in the same space as people having these conversations for long enough that the work trickled down into their everyday conversations and experiences. Of course, there is the alternative explanation that their education and socioeconomic status have nothing to do with it, or even that they were not referencing anything they had ever heard from Thomson and just happened to make a similar analogy up on their own. This is why it would be fascinating to study these relationships and whether the trend I observed across the interviews is substantial or coincidental.

I would like to reflect upon how I have judged and categorized issue consistency. My own worldview has been impacted by the fact that I am American raised in a Michigan community not dissimilar to those where most of the participants live. Those characteristics have undoubtedly influenced my view that liberal positions like being pro-mandate and pro-choice are a logical preference match and that perhaps other preference combinations are less obvious to me. This package of opinions ("liberalism") seems natural to me because of my own beliefs and biases as well. It is true that in some sense, conservative politicians have created a connection between anti-mandate and pro-life views and liberal politicians have created connections between pro-choice and pro-mandate views through party platforms and cues.

In that sense, it is not that I am claiming that the package of views themselves are contradictory or inconsistent, but rather the reasoning behind them that I investigate through this research. Sometimes my definition of "inconsistent" is related to logic, such as pro-life participants using the phrase "my body, my choice" to refer to COVID-19 mandates (except in Maria's case). I recognize that I am the one who is often deciding that something is inconsistent. While some participants saw what I did in their reasoning and preferences, sometimes they did not, and in those instances, I interpreted our conversation. As the analyst, I made judgments, and I recognize that I did not make these judgments from a neutral and all-knowing perspective. Rather, my own political views and worldview, in general, were involved in the process because I myself was part of the conversation and research experiment. That is what gave me the ability to reflect on my results in a unique way that survey researchers cannot. In a survey where I would have been less involved, I would be unable to reflect upon the deeper meanings of what was said.

Limitations, Extensions, and Opportunities for Further Study

One limitation of this work is its scope. This research is not generalizable because of the lack of availability of time and resources. It would require years and a substantial amount of transportation funding to be able to expand this work substantially enough for the findings to be applied to women living in suburban communities across Michigan or the entire country.

Another potential limitation is that the interviewees all report being cisgender women. This means that the research does not explore the additional nuances that nonbinary people and transgender women or women may make in their arguments. Additionally, the lack of inclusion of male participants may be an additional limitation. While I am not seeking to describe and explain gender differences in reason-giving and in reactions to matters of "constraint," it could

be that interviews with men would yield different patterns than the ones I describe in Chapter 5. Given the issues, I explore with these women -- abortion and (often gendered) COVID-19 mandates -- it is not surprising that women often root their opinions in gendered arguments.

Another substantial opportunity for further research would be to extend the project further over time and acquire more funding for a sample over a wider geographic area. To some extent, a work of this kind will always be difficult to do on a very large, generalizable scale because of the amount of time it takes to conduct, transcribe, and analyze interviews in such an involved way. However, it would be significantly helped by an increase in the time available. It would allow for a larger sample size because there would be more travel time available to include other suburban neighborhoods in the sample, which could lead to the potential for more generalizable conclusions to be reached even through such time-intensive work. Additionally, it would be helpful to analyze all of that data using a coding scheme for terms and topics brought up in the interviews because it would be efficient enough to allow a researcher to process a very large amount of data and draw conclusions. In this case, it would also be wise to include various mechanisms to ensure inter-coder reliability, which also requires funding and time.

If time allowed, it would also be helpful to have a second conversation with interviewees well after our first to see if the interview changed any of their opinions or reasoning, or if nothing changed at all from the time of our conversation. It is also possible that different beliefs would be offered but for reasons other than our conversation. As Converse (1964) and many others have found using panel data, individuals' beliefs are often characterized by instability and change. However, this instability is more likely to characterize beliefs regarding complex public policy issues, issues of less importance to the respondent, or issues on which important cues (party leaders, etc.) are themselves unstable. It is much less likely that opinions about hot-button

issues like abortion change much over time. All this said, follow-up interviews would shed light not just on whether opinions change but whether *reason-giving* might change over time.

Appendix

Table of Demographics and Positions on COVID-19 Mandates

Interview #	Name	Age	Party	Education Level	Mandates Legal?	Conditionally Mandatory?
1	Maria	47	Independent	MD	Yes	Yes - Mask Only
2	Jennifer	46	Democrat	MA	Yes	Yes - Mask Only
3	Nancy	49	None	Associate's	Yes	Yes - Mask Only
4	Katie	42	Independent	Some College	Yes	No
5	Emily	43	Democrat	MA	Yes	Yes - Mask Only
6	Lauren	53	Former Republican	BA	Yes	Yes - Mask Only
7	Denise	52	Republican	BA	Yes	Yes - Mask Only
8	Betty	46	Democrat	JD	Yes	No
9	Barbara	43	Democrat Swing	BA	Yes	Yes - Mask Only
10	Rachel	38	Independent	LPN	Yes	Yes - Mask Only
11	Nicole	45	Democrat	PhD	Yes	Unclear
12	Lucy	35	Independent	MA	Yes	Yes - Mask Only
13	Erin	38	Democrat	MD	Yes	No
14	Priya	54	Democrat	JD	Yes	Unclear
15	Tricia	55	Democrat	BA	Yes	No
16	Veronica	39	Democrat	BA	Yes	Unclear
17	Sarah	79	Democrat	BA	Yes	Unclear
18	Shannon	57	Democrat	BA, partial MA	Yes	Yes - Mask Only
19	Monica	45	Democrat	BA	Yes	No
20	Phoebe	47	Republican	Some College	Yes	Yes - Mask Only

Table of Demographics and Positions on Abortion Policy

Interview #	Name	Age	Party	Education Level	Abortion Legal?	Conditionally Legal?
1	Maria	47	Independent	MD	No	No
2	Jennifer	46	Democrat	MA	Yes	Yes - Late Term
3	Nancy	49	None	Associate's	Yes	No
4	Katie	42	Independent	Some College	Yes	No
5	Emily	43	Democrat	MA	Yes	No
6	Lauren	53	Former Republican	BA	Yes	No
7	Denise	52	Republican	BA	Yes	No
8	Betty	46	Democrat	JD	Yes	No
9	Barbara	43	Democrat Swing	BA	Yes	No
10	Rachel	38	Independent	LPN	No	Yes - Danger to Mother
11	Nicole	45	Democrat	PhD	Yes	No
12	Lucy	35	Independent	MA	Yes	No
13	Erin	38	Democrat	MD	Yes	No
14	Priya	54	Democrat	JD	Yes	No
15	Tricia	55	Democrat	BA	Yes	No
16	Veronica	39	Democrat	BA	Yes	No
17	Sarah	79	Democrat	BA	Yes	No
18	Shannon	57	Democrat	BA, partial MA	Yes	Yes - Late Term
19	Monica	45	Democrat	BA	Yes	No
20	Phoebe	47	Republican	Some College	Yes	Yes - Rape, Incest, Danger

Interview Question Scheme

1. There has been a lot of discussion about abortion during recent years, and especially this year with the case that is going to the Supreme Court. Some people think that abortion should never be permitted, that it should be permitted only in case of rape, incest, or when there is a danger to the woman, and some believe that abortion should always be legal. Can you describe your opinion on abortion and why it is important to you?
    a. What do you think has shaped your views on abortion the most?
    b. Who do you think it is most important to consider when talking about abortion policy? The woman, the fetus, and the father are common answers to this.
2. The issue of COVID-19 mask and vaccine mandates has also been brought into the spotlight in the last year and a half. Some people believe that we should have some enforceable regulations but not all, some think that all mandates should be illegal, and others believe that all mandates should be legal. What do you think about COVID-19 mask mandates and why does it matter to you?
    a. What do you think has shaped your views on COVID-19 the most?
    b. Do you feel there is a difference between mask mandates and vaccine mandates?
        i. If so, why?
    c. Who, or what, do you think it is most important to consider when developing COVID-19 mandates? For example, the people being forced to wear masks, the general public, immunocompromised people and the elderly, and the freedom to do what we want with our bodies.
3. How important is religion to you, and do you feel like it has impacted the opinions you hold on these issues?
4. In either or both of these cases, what does the phrase “my body, my choice” mean to you?
5. Can you rank these issues in order of what you think is the biggest issue facing our country today?
    a. Options:
        i. Economy/inflation
        ii. Poor government leadership
        iii. Immigration
        iv. Climate change
        v. Abortion
        vi. Poverty
        vii. National security and drugs
        viii. Gun control
        ix. COVID-19
        x. Health insurance and medicare
        xi. The decline of the family unit and lack of religiosity
6. Demographics
    a. What is your age?

b. Which race or races do you closely identify with?
c. What do you consider to be your main ethnic or nationality group or groups?
d. Where are you located geographically?
e. Which political party (Democrat, Republican, Independent) do you identify most closely with?
f. Which political ideology (conservative, liberal, moderate, libertarian) do you identify most closely with?
g. What is your present religion, if any?
    i. To which sect of that religion do you belong? (if applicable)
h. What is your highest level of education?
i. Which class do you most closely identify with? Middle class, upper middle class, lower middle class, lower class, upper class, etc.
j. Can you estimate your household income?

Consent Form

CONSENT FORM
INVESTIGATIONS INTO COVID-19 AND ABORTION POLICY IN VARIOUS POPULATIONS
HUM00207477

Principal Investigator: Gabrielle Nahhas, B.A. Honors Political Science candidate, University of Michigan
Faculty Advisor: Rob Mickey, Associate Professor and Director of Graduate Studies, Dept. of Political Science at the University of Michigan

You are invited to participate in a research study in political science about people's opinions on abortion and COVID-19 that will look at how people feel toward two important issues in current politics.

If you agree to be part of the research study, you will be asked to discuss your opinions on abortion and COVID-19 policy, as well as provide some basic demographic information.

Benefits of the research include furthering our understanding of how political opinions are developed.

Risks and discomforts include providing some demographic information such as which socioeconomic class you identify with, your race, and similar questions. Some of them may be optional. It is important to note that both abortion and COVID-19 mandates can be sensitive topics for some people.

Compensation**:** You will receive a $10 gift card to a coffee shop if we are meeting over Zoom, or I will buy your coffee if we are meeting in person at a coffee shop!

Participating in this study is completely voluntary. Even if you decide to participate now, you may change your mind and stop at any time. You may choose not to continue with the interview for any reason.

As part of the research, we may mislead you or we may not tell you everything about the purpose of the research or research procedures. At the conclusion of the study, we will provide you with that information.

We will protect the confidentiality of your research records by not using your real name in the paper.

If you have questions about this research study, please contact Gaby Nahhas at gdnahhas@umich.edu or Rob Mickey at rmickey@umich.edu.

As part of their review, the University of Michigan Institutional Review Board Health Sciences and Behavioral Sciences has determined that this study is no more than minimal risk and exempt from on-going IRB oversight.

Printed Name:

Sign Here:

Date Here:

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