

INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

ProQuest Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
800-521-0600

UMI[®]

Dissertation

**CATEGORIZATION OF ABORTION SCENARIOS AS A FUNCTION
OF PRO-LIFE AND PRO-CHOICE ATTITUDES AND SEX**

Submitted by

SHARON JOY PICKRELL

Department of Psychology

In partial fulfillment of the requirements

for the Degree of Doctor of Philosophy

Colorado State University

Fort Collins, Colorado

Summer, 2002

UMI Number: 3064015

UMI[®]

UMI Microform 3064015

**Copyright 2002 by ProQuest Information and Learning Company.
All rights reserved. This microform edition is protected against
unauthorized copying under Title 17, United States Code.**

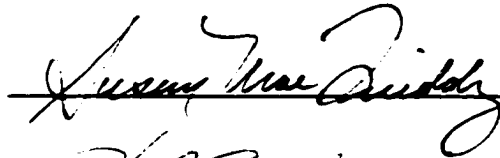
**ProQuest Information and Learning Company
300 North Zeeb Road
P.O. Box 1346
Ann Arbor, MI 48106-1346**

COLORADO STATE UNIVERSITY


July 8, 2002

WE HEREBY RECOMMEND THAT THE DISSERTATION
PREPARED UNDER OUR SUPERVISION BY SHARON JOY PICKRELL
ENTITLED CATEGORIZATION OF ABORTION SCENARIOS AS A
FUNCTION OF PRO-LIFE AND PRO-CHOICE ATTITUDES AND SEX BE
ACCEPTED AS FULFILLING IN PART REQUIREMENTS FOR THE
DEGREE OF DOCTOR OF PHILOSOPHY.

Committee on Graduate Work



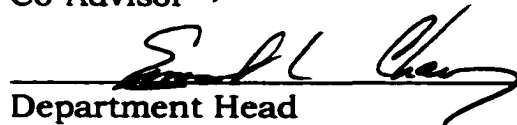




Co-Advisor



Co-Advisor



Department Head

ABSTRACT OF DISSERTATION
CATEGORIZATION OF ABORTION SCENARIOS AS A FUNCTION OF
PRO-LIFE AND PRO-CHOICE ATTITUDES AND SEX

This study examined categorization strategies for the abortion issue utilizing 175 participants from undergraduate psychology classes. The participants were prescreened to determine stance on abortion (pro-life versus pro-choice). Participants were next presented with thirty separate cards, each containing a realistic abortion scenario, and asked to create piles, or categories, that were personally meaningful or logical to them with no right or wrong way to categorize. Participants were subsequently asked to indicate whether the reason given for each of the thirty abortion scenarios was acceptable or unacceptable. The scenarios were presented to each participant in one of three forms: abstract, personally salient for females, or personally salient for males.

As predicted, pro-life participants created fewer (broader) categories than did pro-choice participants. However, there were no differences by sex in number of categories produced. Additionally, there were no differences in participant responses by the degree of salience of the scenarios presented (abstract versus personally salient). As expected, pro-choice participants, as identified based on scores on the prescreening instrument, rated more reasons offered for abortion as acceptable than did participants identified as pro-life. The differences in

number of categories created between pro-life and pro-choice participants were explored, with consideration of various explanations for categorization behavior from the existing literature as well as possible alternative explanations. Suggestions are offered for further research.

Sharon Joy Pickrell
Department of Psychology
Colorado State University
Fort Collins, CO 80523
Summer, 2002

ACKNOWLEDGEMENTS

The development and successful completion of a dissertation is indeed a rich illustration of Williams James claim that “concrete personal experience is multitudinous beyond imagination, tangled, muddy, painful and perplexed.” I want to heartily thank all those who joined me along the way.

Foremost are my two sons, Zachary and Joshua, who have endured my years of education with the resilience and perceptiveness that children seem to possess so abundantly. May you finally reap the rewards of your sacrifice for these many years that you have, at times, been graduate school orphans.

I also owe a tremendous debt of gratitude to my mother, Judy Poland, the perennial cheerleader. Thank you for never wavering in your belief that I would emerge from graduate school intact, and also for frequently picking up the slack as I frantically approached various deadlines. Most of all, thank you for your running mantra of “You can do it!”.

My gratitude also goes to my grandparents, Austin and Mamie Lee Floyd, for support both tangible and intangible. I am saddened that my grandfather did not live to see me actually earn my Ph.D., but his spirit remains with me as I recall his prodding all of his descendants to set a course and proceed undaunted and undeterred. And to my

grandmother, who went to college in a time when the dream to be a doctor was seldom encouraged for women, thank you for still supporting my pursuit of a higher education in ways both quiet and comical.

I want to express my fullest appreciation to my committee.

Foremost, my deepest gratitude goes to Dr. Wayne Viney. Thank you for the many richly philosophical discussions that not only made this project possible, but also truly brought it to life. I am also very grateful for your patience, wisdom, and unrelenting encouragement. Over the course of my years in graduate school, I have not only benefited from, but also have come to greatly respect, your expertise and insight into such a wide range of topics. And my genuine thanks for helping me to overcome more obstacles than I can count and for including me in your celebration of the possibilities of a pluralistic universe.

Sincere thanks also go to Dr. Richard Guest, for your peacefulness and vision, for your humor, and for your willingness to volunteer your time to this project. I also want to express my gratitude to Dr. Susan McQuiddy for being open to so many ideas, and for your steadfast support and easy manner. Also, I offer great appreciation to Dr. Charles Cole for saving the day by graciously coming on board after the beginning of the project despite other commitments.

And finally, thank you to friends, old and new, who waited.

TABLE OF CONTENTS

<u>Chapter</u>	<u>Page</u>
I. INTRODUCTION.	1
II. METHODS	22
III. RESULTS	30
IV. DISCUSSION	37
REFERENCES	55
APPENDICES	
A. Consent Form	63
B. Prescreening Instrument	66
C: Abstract Abortion Scenarios – Cards	68
D: Personally Salient Abortion Scenarios – Cards (Female)	74
E: Personally Salient Abortion Scenarios – Cards (Male)	80
F: Survey of Acceptability/Unacceptability of Abortions - Abstract form	87
G: Survey of Acceptability/Unacceptability of Abortions - Personally Salient form (Female)	94
H: Survey of Acceptability/ Unacceptability of Abortions - Personally Salient form (Male)	101
I. Raw Data	109

FIGURES

Figure 1:	Distribution of Pro-life and Pro-choice Males and Females	32
Figure 2:	Interaction between Pro-choice versus Pro-life Males versus Females based on Number of Categories (Piles of Cards) Created.	34

TABLES

Table 1:	Means and Standard Deviations for Pro-choice and Pro-life Males and Females based on Number of Categories	33
Table 2:	Summary of Analysis of Variance Based on Number of Categories Created for Pro-Choice and Pro-Life Males and Females.	33
Table 3:	Number of Acceptable Abortion Scenarios for Pro-choice and Pro-life Males and Females . . .	35
Table 4:	Summary of Analysis of Variance for Number of Acceptable Abortion Scenarios for Pro-choice and Pro-life Males and Females	36

“To believe in the one or in the many, that is the classification with the maximum number of consequences.”

- William James, 1907/1975, p. 64

CHAPTER I

Introduction

The present study employed a categorization task as a means of exploring the cognitive and intellectual structures associated with one of the most controversial issues of our time, namely abortion. Tribe (1992) has referred to the abortion controversy as “the clash of absolutes” and noted that this clash has been central to one of the most intense legal and political debates in recent American history. Since *Roe versus Wade* (1973), wherein the United States Supreme Court ruled that women have the right to decide to terminate a pregnancy, abortion has become an increasingly volatile and polarizing topic. It remains on the forefront of debates on ethics, morality, politics, religion, women’s rights, reproductive health, and even the intent of the United States Constitution (Goggin, 1993; Tribe, 1992; Wetstein, 1996). More concretely, the passion behind the controversy can be observed in everything from the murder of doctors who perform abortions to the bombings of abortion clinics to bumper stickers bearing such slogans as “I am pro-choice and I vote” and “If you don’t believe in abortion, don’t have one.”

Past political campaigns have turned on a candidate's position on the abortion issue. Tribe (1992) cites the antiabortion plank of the Republican platform of 1976 as a case in point. Tribe also notes that abortion became the springboard for the larger agenda of the 'religious right' that gained momentum in the political arena beginning in the late 1970's. Although the abortion debate has generally moved to smaller levels of government in recent years with the devolution of abortion policy in the United States to the level of state control, it continues to be a significant factor in politics. This conclusion can be readily derived from an examination of the close relationship between abortion policy and aggregate attitudes on the abortion issue by state, although special interest groups on both sides of the debate continue to press their agendas with considerable effect (Berkman & O'Conner, 1993; Meier & McFarlane, 1992, 1993; Wetstein, 1996).

Current statistics on the abortion issue in the United States further illustrate the divisive nature of the issue in American culture. A recent USA Today/CNN/Gallup Poll (2002) revealed that only 27% of Americans polled support legal abortions under any circumstances while the remainder take one of two pro-life positions: 16% believe abortion should be illegal in all circumstances while the remaining 55% take the position that abortion should be legal only under certain circumstances such as rape, incest, or to preserve the life of the mother (due to rounding, summed percentages do not equal 100%). This poll further

indicates that at 48% of the current United States population, which is down from 56% three years ago, individuals who self-identify as “pro-choice” are no longer a clear majority. Additionally, the poll reports no significant differences by gender with 49% of females and 47% of males identifying themselves as “pro-choice”. However, the poll reports that the number of individuals self-identifying as “pro-life” is currently 36%. After accounting for the percentages of the population self-identifying as either pro-choice or pro-life, it follows that 16% of the population does not self-identify as pro-choice or pro-life, although it would be expected that their positions, irrespective of self-identification, also make their way into abortion statistics.

Additional numbers illustrate the range of positions and the variability of statistics on seemingly similar aspects of the abortion issue. The New York Times has reported “one in every six Americans says simultaneously that abortion is murder and that it is sometimes the best course” (Dionne, April 26, 1989). Another nationwide poll (Harris Poll, 1989) reported that 40 percent oppose abortion when an unmarried teenager whose life might be seriously affected seeks it; however, 81 percent favor abortion in the case of rape or incest. Wetstein (1996), in a compilation of the percentages of people who favor abortion in all cases from the years 1988 through 1992, indicated that Kentucky had the lowest ranking at 12% while Colorado had the highest ranking at 48%. However, in 1992, the highest abortion to live birth ratio was reported for

New York at 694:1000, while the lowest ratio was reported for Wyoming at 74:1000. Wetstein (1996) further reported that higher income, urban dwelling, and greater education is generally accompanied by more liberal views on abortion.

It should be noted that in the United States it is currently legal to have an abortion without respect to reason. However, statistics, both in the United States and internationally, are maintained on the reasons given for abortion. Bankole, Singh, & Haas (1998), who have examined reasons for abortion from women around the world, reported the following statistical breakdown of reasons why women from the United States seek abortions: to postpone childbearing, 25%; cannot afford a baby, 21.3%; relationship problem or partner does not want pregnancy, 14.1%; too young or parent(s)/other(s) object to pregnancy, 12.2%; having a child will disrupt education or job, 10.8%; want no (more) children, 7.9%; risk to fetal health, 3.3%; risk to maternal health, 2.8%; other reason(s), 2.1%. According to the Central Illinois Right to Life organization (2002), only 1% of abortions are performed because of rape or incest.

In view of the controversial nature of the abortion issue, exciting possibilities emerge for research that explores the differences in cognitive structures for pro-life versus pro-choice individuals. For the pro-life individual, the question becomes one of the rights of the fetus while for the pro-choice individual the central question is that of the rights of the

prospective mother (Luker, 1984; Tribe, 1992). Such a fundamentally divisive issue provides not only rich fodder for an examination of abortion attitudes specifically, but of how individuals structure and organize such an issue on intellectual and emotional levels.

The research reported here explores categorization behaviors of pro-life and pro-choice males and females in response to a variety of abortion scenarios drawn from real life situations. The present study focuses on the number of categories created when study participants were asked to sort abortion scenarios into subjectively meaningful categories devoid of any researcher-prescribed guidelines for individual category formation.

Pilot work for this study suggested that category width (number of categories created) might be a function of one's stance on the abortion issue. One participant in the pilot study who held strong opinions on the abortion issue placed all scenarios into a single pile. This individual could apparently perceive no differences in rationale offered for the abortion scenarios described. The individual noted that if he were to "give in" on one scenario he might have to "give in" on others. In other words, this participant's strategy was to create a single category for all thirty abortion scenarios.

To aid the discussion of cognitive styles and category formation, it is important that common terms be defined unambiguously. Classic studies on category formation have created confusion by attaching

varying, and at times opposing, meanings to terms such as 'category width' and 'category breadth' (Glixman, 1965; Pettigrew, 1958; Wallach and Caron, 1959). For example, Pettigrew (1982) uses the terms 'broad,' 'medium,' and 'narrow' category width without translating these into comparative numbers of categories created. Additionally, in his earlier work, Pettigrew (1958) referred to category width (CW) as the number of items within a category. Later literature, however, refers to this as equivalence range (ER), while category width is generally understood to mean the number of categories created (for example, Garber & Miller, 1986, Weiler, 1989). Accordingly, equivalence range (ER) and category width (CW) are inversely related. Therefore, as the number of categories an individual creates increases, the number of items within each category would correspondingly decrease, assuming a finite number of items presented. In addition, the term 'category breadth' is, at times, used synonymously with category width and at other times with equivalence range. Category width is also used synonymously with the terms 'breadth of categorization' and 'band width' (Jonassen & Grabowski, 1993). Further, the terms 'broad' and 'narrow' categorizers are used frequently to discuss the outcomes of categorization studies (Gardner & Schoen, 1962, Glixman, 1965; Pettigrew, 1958, 1982). Generally, an individual producing relatively few categories (containing a wider range of items in each category) would be a broad categorizer. Conversely, a narrow categorizer would produce many categories, with

each category containing a relatively limited range of items (Garber & Miller, 1986; Pettigrew, 1958). However, these terms are also not used with complete consistency across studies.

Therefore, rather than attempt to adhere strictly to labels borrowed from previous studies, existing terminology will be used only as it lends itself to clarity. As such, the following terms and designations will be used except where others have been specifically cited and defined.

Category width (CW) will refer to the number of different categories created. Equivalence range (ER) will refer to the number of items within each category. Broad (or wide) categorizers will refer to participants who create relatively few categories. By contrast, narrow categorizers will refer to those participants who create relatively numerous categories.

Categorization studies can trace their history to the pioneering work of Thurston and Chave (1929). Their quantitative examination of attitude formation paved the way for an era of investigation into cognitive organization strategies that gained momentum in the late 1950's. Since that time, numerous studies have been done expanding the stimuli employed to examine the phenomenon of categorization. These studies have examined categorization strategies and behaviors as a potent and accessible means of measuring cognitive organization (Brehm and Cohen, 1962; Festinger, 1957; Gardner, 1953; Gardner and Schoen, 1962; Glixman, 1965; Pettigrew, 1958; Pettigrew, 1982; Sherif &

Hovland, 1961) and have yielded several significant findings and implications regarding the phenomenon of category formation.

Many have theorized on the value and efficiency of examining category formation as a means to ascertain less observable information about an individual. As early as 1936, Lewin noted that individuals exhibit differential permeability to stimuli. Block, Buss, Block, and Gjerde (1981) elaborated on this phenomenon by characterizing individuals with a permeable perceptualizing apparatus as 'under-perceptualizers', meaning that they tend to impose relatively little structure on experiential stimuli, and 'over-perceptualizers', referring to individuals who tend to exclude, constrain, or impose greater structure upon information from environmental stimuli. McReynolds (1954) had previously noted an association between excessive perceptualizing permeability and "loose standards of similarity". Wallach and Caron (1959) likewise suggested that such a dependence on external standards causally precedes certain styles of categorization behavior. Block, et al. (1981), in a study using children, worked from the position that the way in which a child forms categories is directly tied to a number of personality characteristics. They specifically noted that broad categorizers exhibited greater distractibility, difficulty delaying gratification, difficulty sustaining involvement in tasks, and a greater tendency to imitate the behavior of others than did narrow categorizers. Witkin, Dyk, Faterson, Goodenough, & Karp (1962) held the point of view

that the degree to which an individual differentiates the environment will be directly reflected in how that individual differentiates self. Kogan (1977) regarded categorization breadth as one of the “pure” cognitive styles, an examination of which removes the potential confound of differences in individual ability.

Among the early researchers in the examination of category formation is Pettigrew who is credited with the development of the Category Width (C-W) scale based on his Estimation Questionnaire (Pettigrew, 1958). This is a paper-and-pencil instrument containing 20 items, each with four fixed alternative responses based upon the 10th, 35th, 65th, and 90th percentile of answers provided by participants during instrument development. The instrument requires the participant to specify what they judge to be the limits of a given category when the mean is provided. For example, one item states “When all of the world’s written languages are considered, linguists tell us that the average number of verbs per language must be somewhere around 15,000. What do you think: a. is the largest number of verbs in any single language... b. is the smallest number of verbs for any given language?” Respondents are asked to choose one of four possible responses for both parts of each item. Despite limitations, the C-W scale has proven foundational for subsequent examinations of category formation. While Pettigrew acknowledges the scale’s disadvantage of being heavily reliant on participants’ quantitative judgments, as it is somewhat dependent on at

least a basic knowledge of statistical analysis, Wallach and Kogan (1965) list a notable advantage in that “[t]he Pettigrew instrument does not allow for the operation of acquiescence or criticalness as styles of responding, and hence may well be a more pure index of category breadth than are those procedures calling for acceptance-rejection responses on the part of the subject” (p. 99).

Gardner (1953) introduced an Object Sorting Task that offers a more open-ended means of assessing categorization strategies. This test asks participants to arrange 73 common and randomly arrayed objects “in a way that seems most natural, most logical, and most comfortable” (Gardner, Holzman, Klein, Linton, & Spence, 1959). This test is scored by simply tallying the number of groups created by an individual, with narrow categorizers forming more groups for the assortment of test objects and broad categorizers forming fewer groups.

Sherif and Hovland (1961), moved into the realm of categorization studies on attitudes. Working from the proposition that a person’s views on specific issues can be objectively ascertained based on how that individual categorizes various statements related to a given issue, they conducted a series of racial attitudes studies. Not only did their work demonstrate the utility of examining individual categorization strategies around attitudes, they also found that a more extreme position for a meaning domain accompanied the formation of fewer categories for that domain. They also found that individuals with a more extreme position

produced a differential concentration of number of items across categories, with the largest number of items placed in the position most at variance with that held by these individuals.

Since the early studies of category formation, many interpretations of category width have been offered. Pettigrew (1958, 1982) posited a relationship between category width and two types of cognitive activity. The first of these is what is now known as equivalence range (ER) and refers to the number of items an individual includes within a category. For example, in the pilot study mentioned earlier, the individual who placed all abortion scenarios into a single pile illustrates a broad equivalence range. For that person, all scenarios are functionally equivalent. Such a cognitive organization style stands in stark contrast to individuals who might sort the cards into two distinct piles or into many piles.

The focus on ER is built upon the observation of the varying degrees of discrimination between a set of stimuli within a meaning domain (Gardner, 1953; Gardner & Schoen, 1962) and the proposition that stimulus discrimination is the basic cognitive process at work. According to Pettigrew, the second type of cognitive activity being tapped is risk-taking, defined by the degree to which an individual is willing to make errors in category formation. Both explanations have received considerable attention in the categorization literature.

Numerous studies have worked from the proposition that equivalence range is a measure of discrimination (Alker, 1967; Bruner & Tajfel, 1961; Phares & Davis, 1966; Silverman, 1964; Steiner & Johnson, 1965). The primary assumption is that broad categorizers discriminate between stimuli less well than narrow categorizers. However, Bieri (1969), utilizing visual and auditory stimuli, conducted a study to examine this assumption and found that the relationship between category width and ability to discriminate between stimuli may depend on both an individual's level of arousal to the test situation as well as the nature of the stimuli presented.

Kogan and Wallach (1964) tied category width to risk-taking behavior, equating the inclusion of many items into few (broad) categories with the reduction of uncertainty or low risk-taking behavior. However, Bruner & Tajfel (1961) have concluded that "[t]he narrow categorizer appears to prefer the risk of reacting and possibly being wrong [whereas] the broad categorizer prefers the risk of not reacting to change and possibly being wrong" (p. 241).

Pettigrew (1982) conducted an extensive review of the category formation literature through the early 1980's. He presented additional interpretations of categorization behavior, which included a developmental approach, specifically noting that equivalence range tends to expand with age (Kogan, 1976, chap. 4). However, Penk (1969, 1971) has demonstrated the opposite trend with children from seven to eleven

years. Murdoch (1969) proposed a Unit Size interpretation based on research findings that larger units produced broader categories than smaller units (i.e. years would be placed into fewer categories than would days). Silverman (1964) has also offered a cognitive filtering interpretation of narrow categorizers, who may create very narrow perceptual categories as a way to minimize awareness of external threats to self. This interpretation grew primarily as a result of research with incarcerated individuals as well as individuals with various types of schizophrenia. Continuing this line of investigation, Silverman, Berg, & Kantor (1966) also found that prisoners to San Quentin, particularly newer arrivals, produced very narrow categories for the C-W scale.

Additional research suggests connections between categorization strategies and other psychological variables. Rokeach (1951a, 1951b), working from Tolman's classic views regarding cognitive mapping (Tolman, 1948), examined the relationship between categorization and narrow-mindedness. Using five religious and five political-economic concepts, Rokeach (1951a) asked participants to describe the ways in which the ten items were related and found that descriptions could be ordered along a single continuum ranging from comprehensive (all items are placed within a single category) to isolated (two or more categories are formed) to narrow (items are categorized after one or more aspects of the items were omitted in the process of forming categories). Akin to narrow-mindedness, dogmatism and its relationship to category width

has been considered (Pettigrew, 1958); however, Pettigrew (1982) summarized this line of research by reporting that “it is unusual to find even a modest association between dogmatism and C-W” (p. 218).

In his recent study on culture theory, Bhawuk (1998) used category width as a measure of differences in cross-cultural sensitivity. As part of this study, participants were asked to consider a figure and to then circle all figures on the page that belonged in the same category. This study predicted, and found, broad categorizers to be more cross-culturally sensitive. Bhawuk also found differences in category width as a function of type of cross-cultural training received by participants in this study.

The relationship between categorization strategies and other psychological variables given attention in the literature includes ego-resilience (Block, 1982; Block & Block, 1980), preference for novelty of experience (Taylor & Levitt, 1967), creativity (Kogan, Connor, Gross, & Fava, 1980; Richardson, 1977, Wallach & Kogan, 1965), and conservatism as a means of risk reduction (Touhey, 1973). Eagly & Telaak (1972), examined categorization and dissonance reduction using the issue of birth control, wherein they varied communication discrepancy from participants' positions and found that narrow categorizers changed their attitudes more than broad or medium categorizers. Additional research has examined differences in participant response by the degree of personal salience of stimuli presented

(Glixman, 1965; Glixman, 1967, Sherif & Hovland, 1953). Glixman (1965) noted that examining how a person sorts stimuli or forms categories in terms of personal salience could yield important information. He examined three different meaning domains - war, objects, and self - and found that statements that carried more personal importance were categorized differently than those that were not as personally meaningful. In Glixman's study, fewer categories were produced for items related to self than for objects. Sherif and Hovland (1961) also found a relationship between the personal significance of stimuli presented and subsequent categorization strategies. However, other studies have not supported this relationship between personal salience and number of categories formed. For example, Weiler (1989) found no difference between categorization of severity of punishment for crimes against person or property, although crimes against person were expected to be more personally meaningful.

Despite these findings regarding differences in category formation as a function of degree of personal salience, researchers have frequently reported that individuals categorize consistently across meaning domains and tasks (Block, Buss, Block, & Gjerde, 1981; Bruner, Goodnow, & Austin, 1956; Garber & Miller, 1986; Gardner, 1953; Glixman, 1965; Pettigrew, 1958). In other words, individuals who produce many categories for one meaning domain or task will produce many categories for other tasks or meaning domains. While consistency has generally

been found for object and other concrete category formation, Mascaro (1968) demonstrated that individual consistency across different categorization tasks also extends to attitude-relevant category formation. However, Pettigrew (1982) has noted that “[s]pecial expertise with a category can determine a category width at variance with an individual’s typical style of categorization” (p. 202). Additionally, individuals have also been shown to categorize consistently across time (Garber & Miller, 1986) although there are very few longitudinal studies in the categorization literature.

The literature is clearer with respect to sex difference in categorization behavior. Pettigrew (1958) was among the first to demonstrate that females will generally produce more categories for a given meaning domain than will males. Wallach (1958) and Wallach and Caron (1959), in an examination of typical equivalence range, confirmed Pettigrew’s findings that females produce more categories than males. Glixman (1965) also found that females produced more categories than males, and further that this held true for all three of the meaning domains presented in his study. A study by Weiler (1989), utilizing category formation strategies to assess attitudes toward various types of crimes, further supported the finding that females produce more categories than do males. Pettigrew (1958) added the possible interpretation of significant differences in number of categories formed by sex as being a result of females having less tolerance for over-

inclusiveness. Other interpretations are also plausible. For example, it may be that males are generally conditioned from an earlier age to be decisive, resolute, and in some instances, indiscriminate. For some males, overly fine levels of discrimination between stimuli may be associated with lack of confidence, or with a fluctuating and vacillating, and therefore “non-masculine”, mode of functioning.

Much of the research on category formation looks specifically at differences between broad and narrow categorizers. Saltz and Sigel (1967) and Saltz (1971) proposed that broad categorization is a result of a higher level of integration of incoming stimuli and attending to overarching conceptual links as a basis for judgments of similarity. However, Block, et al. (1981) cast a different interpretation on the formation of fewer categories in that such a categorization style may represent “the failure to make fine-grained perceptual/conceptual distinctions among objects with minimal featural differences because of looser standards employed for assessing similarity or because of a style that minimizes such differences” (page 778). They also found a significant relationship between broad categorization style (in this study ‘broad’ was taken to mean over-inclusive and again represented by the creation of relatively few categories) and greater distractibility, difficulty sustaining involvement in tasks, greater difficulty in delaying gratification, and a tendency to imitate the behavior of others more than narrow categorizers. By contrast, Block et al. found that narrow

categorizers (individuals creating comparatively distinct and numerous categories) exhibit relative strength of autonomous structuring and internal controls, which are manifest by the ability to sustain concentration, greater dependability, and the ability to postpone immediate gratification. In addition, in an examination of cognitive styles (Gardner, 1953), qualitative observations suggested that broad categorizers who create very few categories may be fully cognizant of subtle differences in stimuli yet choose a relaxed attitude toward stimulus differences resulting in tolerating these differences rather than acting upon them. Additional studies have related a broad categorization style to a greater tolerance for mistakes and a tendency toward procrastination (Sarmany Schuller, 1998), greater memory for more common features of stimuli whereas narrow categorizers had greater memory for small differences in stimulus features (Green, 1985; Huang, 1981), and greater openness to new and unusual things (Walker & Gibbins, 1989). Jonassen & Grabowski (1993) offer an extensive list of characteristic difference between wide (broad) and narrow categorizers (p. 138). Examples from this list include characterizing broad categorizers as extroverted, unaffected by environmental change, overgeneralizing, and tolerant of both cognitive dissonance and ambiguity. They further offered guidelines for compensating for, and capitalizing on, the different propensities of wide and narrow categorizers when adapting instructional conditions. Nosal & Piskorz (1989) noted that broad categorizers rely on

external referents while narrow categorizers are self-referent. Walker & Gibbins (1989) reported a serendipitous correlation between openness to change, which they termed neophilia, and category width. Messick & Kogan (1963) found a highly significant relationship between creating a greater number of smaller categories (narrow categorization) and vocabulary fluency. In a study of fraud detection ability, Pincus (1984) found that narrow categorizers were more confident and correct in their decisions and were more aware of clues that fraud might have occurred. Finley & Delgado-Hachey (1988) conducted a study of category formation and memory for younger and older adults based on their hypothesis that broad categorizers would exhibit superior recall for a variety of memory tests. Although their hypothesis was only partially born out, they found a significant relationship between broad categorization and superior story recall. Kagan & Douthat (1984) reported significant relationships between a narrow categorization style and greater achievement on analytic tasks. Huang and Chao (1996) examined differences in category breadth for Chinese and American graduate students and found Chinese students produced broader categories, which related to greater comfort with taking risks as evidenced by these Chinese students' willingness to attend graduate school in a foreign country.

There has been little categorization research specific to the field of psychology in the last few years, and such research has generally not involved attitudinal studies. However, Rozell (1999) examined the

differences in category formation for participants based on levels of racial prejudice. Rozell expected to find higher levels of prejudice in individuals who allowed less variation in perceived racial group membership (narrow categorizers) than those who produced more inclusive categories, but this hypothesis was not supported. Additional recently published research has explored categorization along with other cognitive variables. This includes examinations of category formation and representation in infancy (Mareschal & French, 2000; Mareschal & Quinn, 2001; Quinn, 2002; Smith, 2000; Younger & Fearing, 2000), and the role that language plays in how humans categorize both items and events (Wilkinson & McIlvane, 2001). In addition, Borland (2000) explored the nature of giftedness in children considering six different types of cognitive controls, including equivalence range, and proposed a label of “strict percept-strict concept”, which tended to be associated with greater facility with divergent thinking.

Despite the considerable literature looking at many aspects of categorization behavior, few studies have asked individuals to form categories around their opinions on significant socially inflammatory issues. In view of previous research on category formation and the potentially emotionally charged nature of the abortion issue, the following hypotheses were put forth for the current study: pro-choice participants will produce a significantly greater number of categories than pro-life participants, females will produce a significantly greater

number of categories than males, presentation of personally salient versions of the scenarios will yield significantly fewer categories than scenarios presented in the abstract, and there will be a significant correlation between the scores on the prescreening test and the number of abortion scenarios that are rated as unacceptable. This correlation is intended as a validity check on the prescreening instrument.

CHAPTER II

Method

Participants

Seventy-nine male and ninety-six female college students (n = 175) from various undergraduate psychology classes participated in this study. The average age of participants was 20.7 years for males and 21.4 for females.

Materials

Participants were first asked to read, sign, return one copy, and retain one copy of the consent form prior to further participation in this study (Appendix A). A prescreening test was then administered that was used to determine each individual's position on the abortion issue. This was a combined semantic differential and Likert-type scale (see Appendix B) with six items designed to measure pro-life or pro-choice attitudes.

Three different versions of thirty abortion scenarios (see Appendices C - E) were printed individually on 4 x 6 cards. These same scenarios were also printed in a test format with space provided for participants to indicate simple acceptability or unacceptability of abortion for each particular scenario (Appendices F - H). One set of cards consists of scenarios presented in the abstract. For example:

A woman finds that she has an ectopic pregnancy. In this case, one embryo is growing normally in the uterus, but a second embryo is lodged in a fallopian tube. A team of physicians agrees that failure to abort the embryo in the tube will result in the death of the embryo in the uterus as well as the death of the mother. With an abortion of the embryo in the tube, the mother can expect a normal pregnancy.

The two remaining versions of cards present the scenarios in more personally salient terms with a separate set created for males and females. For example (for a female participant):

Imagine that you find that you have an ectopic pregnancy. In this case, one embryo is growing normally in your uterus, but a second embryo is lodged in one of your fallopian tubes. A team of physicians agrees that failure to abort the embryo in the tube will result in the death of the embryo in the uterus and your death as well. With an abortion of the embryo in the tube, you can expect a normal pregnancy.

Likewise, the other personally salient form of this scenario (for a male participant) would read:

Imagine that a significant woman in your life (e.g. female partner, wife, sister, or daughter) has an ectopic pregnancy. In this case, one embryo is growing normally in her uterus, but a second embryo is lodged in one of her fallopian tubes. A team of

physicians agrees that failure to abort the embryo in the tube will result in the death of the embryo in the uterus and the mother's death as well. With an abortion of the embryo in the tube, she can expect a normal pregnancy.

Thus, there were three sets of 4 x 6 cards (one set for abstract scenarios, one set with personally salient scenarios for females, and one set with personally salient scenarios for males) and three corresponding versions of the questions presented in test format for acceptability or unacceptability of abortion for the same thirty scenarios previously presented on individual cards.

Another test was constructed using a combination of semantic differential and Likert-scale format for the purpose of assessing levels of emotionality associated with pro-life and pro-choice attitudes following exposure to the test stimuli; however, this instrument was abandoned due to problems that arose during data collection, which included several participants' failure to transcribe their individual codes on this last instrument. In addition, two different groups of participants engaged in brief audible conversations during this last phase of the study during which they expressed confusion regarding various aspects of this instrument. Further, it was determined that, while the instrument appeared to have face validity, interpretive guidelines could not be adequately established for statistical analysis.

Procedure

Human subjects approval was obtained for this project from the Human Research Committee at Colorado State University, Fort Collins, Colorado.

Participants were recruited from various undergraduate psychology classes or elected to participate based upon solicitation for volunteer research participants posted within their university's department of psychology. Some students earned research credits for participation. All participants were required to be at least eighteen years of age at the time of participation.

Participants were required to sign up for one of several sessions for participation in groups of no more than eight. At the beginning of each session, participants received the following verbal instruction: "Please sit one person per table where two copies of a consent form have been placed for you to look over and sign if you wish to continue (see Appendix H). Please let me know if you have any questions and please note you must be at least eighteen to participate in this study. I will collect one copy of your consent forms when you are finished. The other copy is for you to keep." One participant excused herself prior to signing the consent form, indicating she was not yet eighteen years of age. Consent forms were collected and coded with a letter and number coding system devised to protect anonymity and to indicate sex of each participant. Participants were told to transcribe this code onto their consent forms

and in the place indicated for each subsequent set of forms. The researcher transcribed the individual code assigned to each participant to a separate log when collecting the cards (see procedure below). This was done for data matching purposes.

Participants were next administered a prescreening instrument designed to determine personal stance on abortion (see Appendix B). After all prescreening instruments were collected and checked for individual codes, each participant was given one of three versions of thirty cards, face down, each containing a separate abortion scenario. The three forms of cards were comprised of sets worded in the abstract (Appendix C), sets worded to be personally salient for females (Appendix D), and sets worded to be personally salient for males (Appendix E). These were distributed with an attempt to maintain a relatively even balance between number of abstract sets and personally salient sets used. As the cards were distributed, the following instructions were given:

"I am going to give each of you a set of 4 x 6 cards which may differ from person to person in this study. What I would like for you to do is to read each of your cards and sort them into piles that are meaningful to you. There are no right or wrong responses and no right or wrong way to sort any of the cards. You can create as many or as few piles as you wish. Take whatever time you need and let me know when you are finished placing all of the cards into your piles. Do you have any

questions before we begin?" After responding to any questions, participants were asked to proceed with the sorting task and to indicate when they had finished. The researcher remained unobtrusively in the room while the participants sorted the cards. After each participant indicated that the piles were complete, the number of piles were counted and recorded on a separate log along with each participant's code. When all participants in a session finished this phase of the study, they were then given the following instructions after forms asking for acceptability or unacceptability of abortion for each of the thirty scenarios that participants had previously sorted were distributed face down:

"OK, there is another thing I would like for you to do. I would like for you to go through this form, which contains the same scenarios that you just had on your cards (Forms were matched by the researcher to reflect the same form of the scenarios previously presented to each participant). All I want for you to do now is to simply indicate your personal opinion as to whether an abortion is acceptable or unacceptable for each of the circumstances that are given. Please circle your response for each item and let me know when you are finished. Also, please make sure to transcribe your code from your consent form onto this form in the space indicated at the top of the first page." When all survey forms were complete, individuals were then given an emotionality post-test, which was eliminated for reasons previously described.

Participants were debriefed at the close of each study session.

During the debriefing they were told the following:

"I want to thank you again for participating in this study. As you noticed, you were asked to categorize cards with different abortion scenarios on them. What we were looking for was the number of piles that a person created for a study of attitudes toward abortion. We are comparing how many piles are created by men versus women and by people who indicated that they are more pro-life versus those who indicated they are more pro-choice. There were also three versions of the cards, although each participant received only one version. One of the versions was worded in the abstract. In other words, it contains abortion scenarios about a woman in general. The other two versions of cards were created to be more personally salient. In other words, they contain abortion scenarios specifically for you if you are female or someone very close to you if you are male. So, we will also be comparing how people respond to the version of the cards you received compared with people who received the other versions. I would also like to ask at this time that you not discuss any aspect of this study with other students or anyone who might be involved in this study until after the end of the semester. If you are participating to receive credit from one of your professors for your participation, I need for you to sign your name and put your Social Security number and the class you want research credit for on this separate log, which will be forwarded to your professor. Thanks again

and if you don't have any questions, we are finished. Please be sure to keep your copy of the consent form in case you have questions or concerns later on." Participants were then dismissed.

Research Design

The research employed a 2 x 2 x 2 design with an unequal number of pro-life and pro-choice males and females responding to abstract or personally salient abortion scenarios. The dependent measures were category width (number of piles created) for the card-sorting task and acceptability or unacceptability of abortion for each scenario for the survey format.

Chapter 3

Results

A total of 175 participants completed this project (96 female and 79 male). It should be noted that a higher number of participants from undergraduate psychology courses was originally sought; however, access to these students was extremely limited.

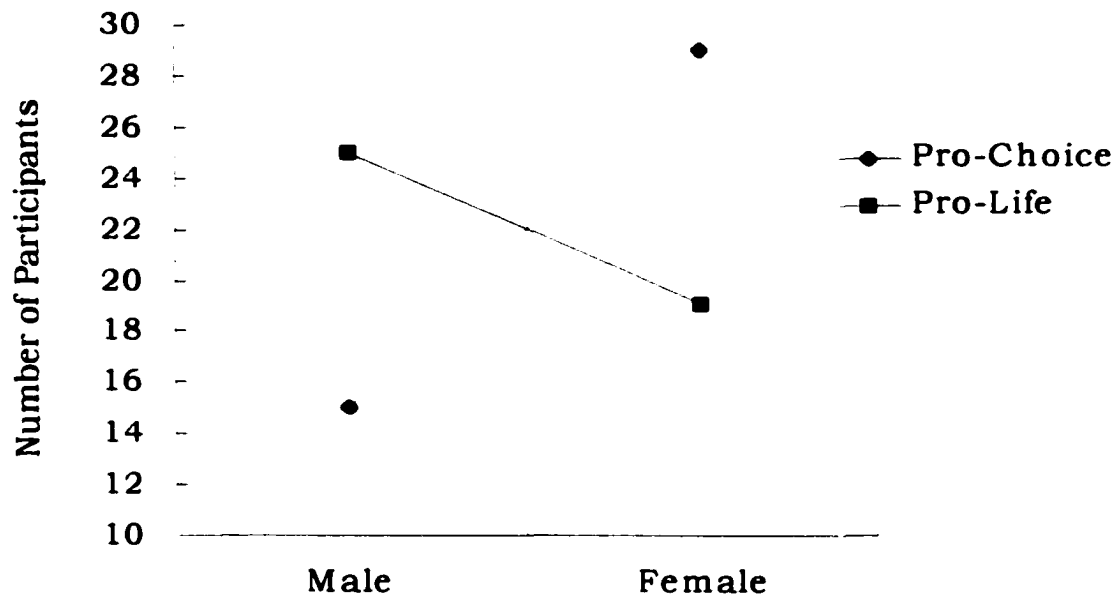
Raw data for scores on the prescreening instrument, the number of piles created for the abortion scenario cards, and the number of scenarios that were rated as acceptable by each of the 175 participants who completed the study are presented in Appendix I. The mean score on the prescreening instrument for all 175 participants was 19.13 ($SD = 6.89$). Both the potential and actual range of scores for this instrument was six to forty-two, with a score of six being most pro-choice and a score of forty-two being most pro-life. This participant sample as a whole was considerably more pro-choice than pro-life. Accordingly, distribution of scores for the prescreening instrument was positively skewed (higher scores were associated with a pro-life position). A split-half reliability study conducted on the prescreening instrument yielded an r of .81, $p < .001$. In addition, a validity study was conducted in which responses to the prescreening instrument were correlated with the

number of abortion scenarios for which participants indicated that an abortion would be unacceptable. The correlation coefficient between scores on the prescreening instrument and the number of abortion scenarios rated as unacceptable yielded an r of .66, $p < .001$.

Based on scores on the prescreening instrument, the upper and lower 25% of participants (44 participants in each group) were selected for purposes of analysis. The 44 participants who produced the highest scores were regarded as pro-life while the 44 with the lowest scores were regarded as pro-choice. There were 25 males and 19 females in the pro-life group and 15 males and 29 females in the pro-choice group. The distribution of the males and females in the two groups was statistically significant, $\chi^2 = 4.58$, $p < .05$ and is illustrated in Figure 1.

The major focus of this study was on number of categories (piles of cards) created as a function of sex, degree of personal salience of the abortion scenarios, and pro-life or pro-choice stance on abortion. A $2 \times 2 \times 2$ analysis of variance was problematic because there was a total of only three males in the abstract pro-choice condition. Further, there were no statistically significant effects attributable to the abstract vs. personally salient conditions and no statistically significant interactions between the abstract vs. personally salient conditions and the other variables. Accordingly, a 2×2 analysis of variance collapsed across abstract vs. personally salient conditions was conducted with male vs. female participants and pro-choice vs. pro-life orientations.

Figure 1: Distribution of Pro-life and Pro-choice Males and Females



Data were homogeneously variable, with $F_{max} = 1.16$, $p > .05$. Means and standard deviations based on number of categories created are presented in Table 1.

An analysis of variance (summarized in Table 2) based on the data presented in Table 1 yielded a significant effect attributable to participant stance on abortion, $F = 12.26$, $df = 1/84$, $p < .01$. Pro-life participants organized the abortion scenarios into significantly fewer categories ($\bar{x} = 4.58$) than pro-choice participants ($\bar{x} = 6.28$). According to η^2 , 12.60% of the variance is accounted for by membership in the pro-life versus pro-choice groups. There was no effect for sex; however, a

Table 1: Means and Standard Deviations for Pro-choice and Pro-life Males and Females based on Number of Categories Created

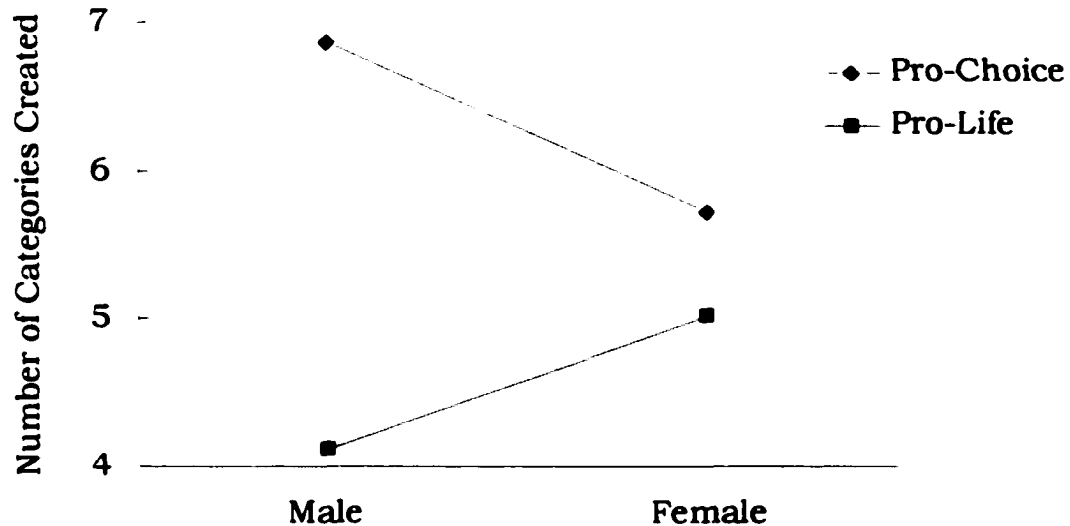
	<u>Males</u>		<u>Females</u>	
	Pro-Choice	Pro-Life	Pro-Choice	Pro-Life
Mean	6.87	4.12	5.72	5.05
SD	2.36	2.15	2.37	2.07

Table 2: Summary of Analysis of Variance Based on Number of Categories Created for Pro-Choice and Pro-Life Males and Females

<u>Source</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>P</u>
A: Pro-Choice vs. Pro-Life	61.68	1	61.68	12.26	<.01
B: Male vs. Female	.21	1	.21	<1.00	
A x B	22.52	1	22.52	4.58	<.05
Within	423.11	84	5.03		

sex x abortion stance interaction was found, $F = 4.48$, $df = 1/84$, $p < .05$. This interaction is illustrated in Figure 2. Because of a very low η^2 (less than 1%), further analysis was not pursued on the interaction.

Figure 2: Interaction between Pro-Choice versus Pro-Life Males versus Females based on Number of Categories (Piles of Cards) Created



Another variable of interest was the ratings of acceptability or unacceptability for each or the abortion scenarios as a function of participant sex, abstract versus personally salient scenarios, and pro-

choice or pro-life attitude toward abortion. The range of scores for possible acceptable scenarios was 0 – 30. Again, the planned 2 x 2 x 2 analysis was problematic because of the low number of males ($n = 3$) in the abstract, pro-choice condition. Further, as with the categorization data, there was no statistically significant effect for the abstract versus personally salient conditions and none of the interactions were significant. Accordingly, scores for the abstract vs. personally salient conditions were collapsed and a 2 x 2 analysis of variance was conducted based on number of acceptable scenarios for the pro-choice and pro-life males and females. The overall mean for all participants was 15.26, $SD = 6.92$. The means and standard deviations for male versus female and pro-choice versus pro-life are presented in Table 3.

Table 3: Number of Acceptable Abortion Scenarios for Pro-choice and Pro-life Males and Females

	<u>Males</u>		<u>Females</u>	
	Pro-Choice	Pro-Life	Pro-Choice	Pro-Life
Mean	21.33	9.36	22.24	7.58
SD	6.75	5.79	4.93	5.90

An analysis of variance based on data in Table 3 yielded a significant effect for pro-choice versus pro-life attitudes, $F = 114.03$, $df = 1/84$, $p < .001$. Eta² revealed that 57% of the variance was explained by membership in the pro-life versus pro-choice groups. There were no additional significant effects found for the data summarized in Table 4.

Table 4: Summary of Analysis of Variance for Number of Acceptable Abortion Scenarios for Pro-choice and Pro-life Males and Females

<u>Source</u>	<u>SS</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>P</u>
A: Pro-Choice vs. Pro-Life	3731.95	1	3731.95	114.03	<.001
B: Male vs. Female	4.00	1	4.00		
A x B	1.81	1	1.81		
Within	2747.03	84	32.70		

Chapter 4

Discussion

The most significant finding in this study is that pro-life participants organized the abortion scenarios into fewer categories than pro-choice participants. In the pilot work that preceded this study, recall one person, identified as extremely pro-life, placed all cards in a singular pile. He was deeply affected by one particular scenario involving an ectopic pregnancy (see Appendix D, card #1) and inquired as to whether there really are such cases. Informed that such cases do occur, he spent some time in apparent troubled deliberation but ultimately placed this card in his single pile declaring, "If I give in on this case, I might have to give in on something else." It is interesting, however, to note that no participant in the present study put all scenarios into one category, although several participants created only two piles. In addition, one participant who created three piles made the comment that some abortions are just selfish, some deserve consideration because of medical reasons, but that an abortion following rape seems like the best decision. In her final comment, this participant indicated that she always thought of herself as pro-choice, but expressed surprise that she was feeling somewhat pro-life as well after the study. At the close of one session, a

young male participant, identified in the prescreening as pro-life, asked if anyone had become upset about some of the reasons offered for abortion during this study, adding that most of the reasons offered were “just crazy.” Of further interest, this individual spent the most time on the categorization task and produced the most piles (thirteen) of any male in the study.

As expected, the manner in which pro-life participants organized the cards differed significantly from pro-choice participants, with pro-life participants producing significantly broader (fewer) piles than pro-choice participants. There are a number of possible interpretations for these differences. First, of course, it may be expected that the cognitive organization of the abortion issue should be different for the two groups, but this begs the question as to why pro-choice participants created significantly more piles than did pro-life participants.

Several theories have been advanced to explain categorization behavior. Why, given the same set of stimuli, do some individuals place a wide range items into few categories (broad categorizers) while others place few items into a multitude of categories (narrow categorizers)? Recall Pettigrew’s (1982) review of the literature that included a number of explanations for differences in the number or breadth of categories formed by different participants.

The first of Pettigrew’s explanations focuses on equivalence range (ER), which refers to the number of items an individual includes within a

category (Gardner, 1953; Gardner & Schoen, 1962, Messick & Damarin, 1964, Steiner & Johnson, 1965), and takes note of the ability of the individual to discriminate between various stimuli (Alker, 1967; Bruner & Tajfel, 1961; Phares & Davis, 1966; Silverman, 1964; Steiner & Johnson, 1965). For some individuals, many items bear enough similarities to belong together, irrespective of obvious or apparent differences, resulting in broad categories (many items in few categories), while for others the same set of stimuli requires numerous, but more narrowly defined, categories. Translated into categorization behaviors for such a provocative and polarizing issue as abortion, it becomes more apparent that for the broad categorizer, despite the variety of reasons offered for abortion, there is but a singular or, at most, a few overarching guidelines for forming categories around the issue. However, for the narrow categorizer similarity and difference is based on more narrowly defined criteria than, for example, the polarities of right or wrong that might be assumed for the person who creates one or two categories. Accordingly, although participants were not asked to define their categories, it is but a small step to assume that the broadest categories created for the abortion scenarios were based on some notion of unacceptability and possible exceptions. However, the research literature on equivalence range as an explanation for categorization behavior for attitudes does not specifically ask participants to define

their categories, allowing this explanation of category formation to remain open for speculation and further study.

Pettigrew (1982) reported that a second type of cognitive activity possibly being tapped is that of risk-taking. While risk-taking is often thought of less in terms of willingness to be wrong in one's facts and more in terms of "excitement and thrills" (Alexander, Jim, Ensminger, Johnson, Smith, & Dolan, 1990), in the categorization literature it is taken to be the degree to which an individual is willing to make errors in category formation (Bruner & Tajfel, 1961; Huang, & Chao, 1996; Kogan & Wallach, 1964). However, the notion of making errors implies that there are right and wrong responses, decreasing the utility of such an explanation for attitude research, which is built on the premise that there are no absolutes and therefore no right or wrong ways to respond. In addition, when considering categorization around attitudes, it is not clear that making errors of inclusion is somehow more (or less) risky than errors of exclusion as previously suggested by the risk-taking explanation (Huang, & Chao, 1996; Kogan & Wallach, 1964).

Another explanation cited by Pettigrew (1982) was Murdoch's (1969) proposed Unit Size interpretation based on research findings that larger units produced broader categories than smaller units (i.e. years would be placed into fewer categories than would days). Again, this explanation offers limited applicability regarding the abortion issue, unless we take the liberty of considering that category size will be

affected based on the number of people impacted by a potential abortion. Perhaps the categorization of abortion would be met with differing strategies when considering, for example, a pregnant woman who already has five children to support who seeks abortion versus a woman with one child. However, such a quantitative explanation does not seem to capture the nature of categorization styles demonstrated by participants in this study. Such an application might warrant further research into the categorization of abortion scenarios that treats the number of people affected by a possible abortion as a dependent variable, which was not done in the present study.

Silverman (1964) offered a cognitive filtering interpretation, noting that narrow categorizers may create very narrow perceptual categories as a way to minimize awareness of external threats to self. While there may also be limited utility in extending this explanation to categorization of the abortion issue, it is possible that narrow categorizers (those producing numerous categories) in this study, who also tended to be pro-choice, were working in part from the perception that loss of the right to choose could present a threat to self. To address this possibility, future research into the abortion issue might employ a categorization task that highlights various potential risks to self, although this was partially addressed in this study by the creation of three forms of the questions. Recall, however, that the scenarios written in the personally salient form

for either males or females did not produce different results than those written in the abstract.

Despite the numerous attempts by various researchers to explain the phenomenon of category formation and to connect it to broader applications, no one theory emerges as solely adequate to account for broad versus narrow categorizing around the issue of abortion. As a further step in understanding the varying styles of category formation for this socially divisive and personally provocative issue, consider the philosophy of monism versus pluralism and the parallels to broad versus narrow categorization styles.

The great psychologist and philosopher, William James, described monism as resting on “one great all-inclusive fact outside of which is nothing” (James, 1909/1977, p. 21). He argued that the label of ‘monist’ or ‘pluralist’ provided more clues about an individual than any other descriptive label “ending in ist” (Viney, King, & King, 1992). However, James did not find equal value in either position. He was unequivocal in his belief that a pluralistic orientation to the world was superior and argued that significant problems exist with a radically monistic philosophy, a viewpoint or theory that subsumes all phenomena under one principle. Viney, King, & King elucidate James’ criticism of monism in that such a personal philosophy is reductive, guilty of imposing “a constraining effect on the character and expression of reality” (p. 91), and note that, contrary to a monistic worldview, for James “reality was

not inert, sterile, static, or complete” (p.92). Viney (1989) cites another of James criticisms of a monistic perspective that, unlike a pluralistic approach to the world, brings with it the need to “rationalize, reinterpret, or even disregard features of the world that do not accord with the monistic vision, but that common sense takes for granted” (p. 1262). The resemblance to descriptors given to the individual who produces very broad categories in previous category research (for example, see Block, et al., 1981; Gardner, 1953; Gardner & Schoen, 1962) suggests that the broad categorizer works from a monistic perspective while conversely the narrow categorizer is pluralistic in orientation.

James also embraced a developmental perspective regarding the issue of monism versus pluralism. According to James, reality grows from experience, and with experience comes “meaningful additions and alternative ways of seeing reality” (Viney, King, & King, 1992, p. 93). The implication is that with experience comes a movement from a monistic, unitary perspective to a more open, pluralistic perspective. Yet he recognized that humankind imposes truth upon experience and draws conclusions where “there is no conclusion” (James, 1910/1978, p. 190).

Following James’ conception, monism is a “philosophy of absolutes” (Viney, King, & King, 1992, p 94) and as such is rife with accommodation that precludes an openness to the fuller reality, that dwells in the abstract and promotes an indifference to the human element. For James, pluralism, being more moderate and open to

experience, allowed for the individual complexities, the possibilities, and the ambiguities of the human condition. The monist, James believed, remains in a cold and sterile, codified world and does not ponder the vagaries and contradictions of our humanness. Decisions can thus be made on the basis of absolute, definitional guidelines instead of being shaped by the nuances of each situation. Decisions can even be made a priori so that one does not have to be troubled with the messiness of details. But the question remains as to whether this defines the radically pro-choice and radically pro-life alike?

So who is the monist? Why would someone very polarized on the pro-life end of the continuum produce broad categories and not someone equally polarized on the pro-choice end of the continuum? Interpretation here is somewhat limited by not having taken accounts as to why participants categorized as they did. If it is a fundamental question of rights of the fetus versus rights of the woman as put forth in the literature (e.g. Goggin, 1993, Tribe, 1992), we might reasonably expect that there would be equally extreme positions that abortion is always wrong to abortion should always be readily available upon request with no required explanation. It follows that if this were the overarching perspective of the extremes of pro-life and pro-choice attitudes, both extremes should produce a single pile. Yet this was not the result.

Recall once again the participant who was ultimately compelled to place all reasons offered for abortion into one pile. In James' analysis he

would clearly exemplify the monist perspective. However, is it reasonable to assume that the monistic position on abortion would have as the single consideration the rights of the fetus who cannot speak for itself versus the pluralist who considers the rights of all concerned including the woman who can at least theoretically speak for both herself and the fetus? For the pluralist, the woman can make any of several choices, informed by consideration of options, facts, and costs to both self and others, as well as to the fetus. By exercising her right to chose, she can also chose not to have an abortion. For the monist, however, there is but one resolution, one category, without ambiguity or exception. This perhaps moves a step closer to explaining why the pro-choice, including those scoring at the extreme of this end of the continuum, in aggregate did not produce categories as broad as did the pro-life participants.

It is also worthwhile to revisit the fact that of our apparent pro-life participants, not a single one rejected all reasons offered for having an abortion. However, six individuals found only one acceptable reason for abortion. It should be noted that, as a group, the pro-life individuals in this study indicated that 8.30 of the 30 abortion scenarios were acceptable reasons for an abortion. By contrast, six pro-choice individuals accepted all reasons offered for an elective abortion. Thus, while there were no pro-life participants who took the most extreme pro-life position available to them by rejecting all reasons offered for abortion, there were six participants who took the most extreme pro-choice

position possible. Accordingly, it follows that pro-choice participants may be at least as categorical in some respects as are the pro-life participants.

Following this same argument, although there were several individuals who demonstrated the most unwavering pro-life stand possible on the prescreening instrument by scoring 42 of a possible 42 in the pro-life direction, the fact that not a single participant subsequently rejected all reasons for abortion raises interesting questions. Is it the case that some people may readily self-identify as pro-life, yet when asked to consider the very real human complexities and ambiguities that introduce the possibility of abortion, then find it is no longer possible to embrace an unyielding pro-life approach? Again, when asked to think about the specific circumstances of an individual case with all of its complexities and ambiguities, these participants were willing to consider the human element, beyond any singular or absolutistic rule. Therefore, when asked to carefully weigh the subtleties of a specific story, it may become difficult to embrace a one-size-fits-all approach. The same may be equally true for the pro-choice participant who supports individual choice as paramount. The pro-choice position of unqualified personal right to choose notwithstanding, in this study only six individuals rated all thirty reasons given for abortion as acceptable when they, too, were faced with the specific facts of a situation. Is it then the case that neither the most pro-life nor most pro-choice participants were truly

monistic in their approach to the general issue of abortion when it was presented as realistic, humanized situations?

Responses of participants in this study raise interesting questions about the “ideal locus of power.” Presumably, pro-life individuals reject individual choice. Nevertheless, these participants found at least some acceptable rationale for choosing an abortion. This, in turn, raises the question as to how pro-life individuals structure various aspects of their belief systems. If the rights of the fetus are foremost, there are still times when rights of the fetus do not trump the rights of the woman. This, in turn, suggests that, while we acknowledge that an absolutistic position can occur on either extreme of the issue, the specific facts of a case can mitigate both a completely pro-life or pro-choice position.

Thus, how do we structure the moral/ethical/political/religious dimension to protect both the mother and the fetus? This is a particularly difficult question in view of the fact that decisions on some abortions are of necessity made in great haste. Given that abortion is perceived as wrong by the pro-life individual, what drives the consideration of exceptions to a pro-life position? Correspondingly, what pulls the adamantly pro-choice individual away from a position that all abortions should remain a matter of personal choice? Is it possible that the question of acceptability or unacceptability is answered from a personalized position rather than as the endorsed rule for society as a

whole? Such questions offer fertile ground for future attitudinal research concerning the abortion issue.

How are we to account for differences by gender? It will be recalled that in this study there were more females than males in the pro-choice group and more males than females in the pro-life group. Though χ^2 was significant only at the .05 level, it should be noted that the direction of these data are consistent with previous research and possibly consistent with evolutionary notions. Darwinian theory suggests that males have a vested interest in preserving a pregnancy in their mates whereas females might be less likely to wish to maintain a pregnancy in light of limited resources or other threats to self (Mayr, 1993; Miller & Engelhardt, 1982). Along these same lines, it is possibly no accident that religious groups that tend to be patriarchal in organizational structure are more pro-life than are religious groups that accord a wider base of participation for women. Consider the well-known official Catholic, Muslim, or Fundamentalist Christian stand on abortion versus the range of positions held by the more structurally egalitarian groups such as Presbyterians, Reformed Jews, United Church of Christ members, Unitarians or Universalists. While Tribe (1992) describes the ongoing "clash" as being clearly between fetal rights and women's rights, consideration of the range of positions promoted by religious groups also raises the question as to whether we are dealing solely with the rights of the fetus versus the rights of the woman, or if aspects of disparate

positions on the abortion issue are being overlooked. In addition, Goggin (1993) stated that “[b]ecause the abortion debate is essentially about the lives of women, *they* (emphasis added) have a greater vested interest in abortion (p. 19).” Recall that previous researchers (e.g. Glixman, 1965; Pettigrew, 1958; Wallach (1958); and Wallach and Caron (1959) that females generally created a greater number of (narrow) categories than men, who tend to create broader (fewer) categories. At the same time, there is evidence that the more emotionally charged the issue, the fewer the number of categories that will be formed for that issue. When considering the possibility that the issue of abortion could be a more emotional issue for females, it appears likely that the tendency for females to produce more numerous categories may have competed with the tendency for fewer categories to be formed for more emotionally charged stimuli in that no differences were found for the number of categories created by sex. Perhaps, then, the expected differences by sex and by degree of personal salience effectively canceled out one another. These possibilities support the need for further research that more specifically explores the motivation to support, or not support, abortion and under what circumstances.

It is surprising that no significant differences were found for the personally salient versus abstract versions of the abortion scenarios, as had been predicted following studies by Glixman (1965) and Sherif and Hovland (1961). Arguably, the topic is currently so volatile that the

addition of personalized wording did little to alter how participants responded over the more abstract (less personally salient) version. An alternate explanation is that for students with an average age of about 21 years, most have not been directly faced with the prospect of abortion. However, following debriefing, several participants, both male and female, made comments that indicated they had known someone who has considered or had an abortion. For whatever reason, these participants were not differently influenced by slight variations in wording. It may be that for most participants the possibility of abortion remains somewhat abstract despite subtle alternations in wording and that divergent responses between personally salient and abstract versions of abortion scenarios may be found in the general population. This presents another possible direction for future attitude research.

A brief explanation needs to be made as to the elimination of the emotionality post-test. As noted, several problems arose during testing with participants verbalizing confusion as to the purpose of the questions. In addition, participants frequently failed to transcribe their personal identification codes onto this instrument. A third reason for the elimination of this instrument resides in the difficulty that arose in attempting to apply statistical analyses to the results. Fortunately, this was the last in the battery of instruments and thus could not have contaminated participant responses to previous instruments and therefore did not interfere with the more focal aspects of this study.

Many studies as presented here have tapped the cognitive dimension of category formation. Most of these studies have drawn correlations between category breadth and various other psychological variables. However, as is common with studies built around an examination of socially divisive issues, the current study raises more questions than it answers. While some questions are a function of the limitations, many arise as a result of looking over the outcome of the present study. It is interesting that many of the secondary hypotheses were not born out, but that categorization occurred as expected, with pro-choice participants – irrespective of sex – producing significantly more categories than pro-life participants. Yet still lacking is a thoroughgoing explanation of category behavior around attitudes. The “whys” have yet to be addressed in a way that makes clear the rationale for any given individual creating categories in a particular manner. This points to the major gap in categorization research: the need for qualitative exploration. It follows that if experimental or correlational designs have not been able to fully address why some people create broad categories while others create narrow categories for the same stimuli, we need to go directly to the individual. This further highlights the recognition that if we are to truly know how someone thinks, feels, and believes, why an individual reacts in certain ways, and what motivates a position on certain subjects, the best explanations may come from taking a more direct approach: asking the individual.

Several limitations were inherent in the design and execution of this study. Foremost, the present research was conducted using undergraduate students from a single university in the United States. It is possible that the results would not generalize to the population at large; however, Gardner's (1953) categorization research found negligible response differences based on student versus non-student status. While specific information regarding personal history of pregnancy or parenthood was not sought for this participant group, the average age of the participants (20.7 years for males and 21.4 years for females) was such that few have likely been personally faced with pregnancy. It is possible that a broader segment of the population, including parents and those with more personal experience with the prospect of abortion or with unwanted or life-threatening pregnancy, would produce significantly different results.

As noted, the participants in this study were also considerably skewed toward a pro-choice stance on abortion, which, according to cited statistics, indicates a departure from the general population. In addition, Goggin (1993) reports that the typical pro-life activist is less well educated, less likely to be in the workforce, and has fewer financial resources than a typical pro-choice counterpart. However, participants in this study were not asked about their degree of personal activism regarding the abortion debate.

Participants were also not asked to provide any rationale or definitions for the categories they formed or how they arrived at them. A qualitative examination of participant rationale and reasons could shed light on many questions that remain as to the subtle processes that differentiated the broad from the narrow categorizers in a study of abortion attitudes.

Although participants were determined to be pro-choice or pro-life based upon the results of their prescreening responses, they were not directly asked to self-identify as either pro-life, pro-choice, or neutral. It would be interesting to examine correlations between how participants respond to questions to determine the direction and strength of individual attitudes toward abortion and how they self-identify.

An additional limitation arises in that no data were taken regarding which cards participants tended to group together in the categorization task. It is possible that trends would be found that would raise additional questions. For example, do participants indeed categorize based on perceived rightness or wrongness? Do women tend to group various scenarios together where men tend to have a different, but equally common, pattern of groupings? Do pro-choice participants afford choice to all even if specific reasons may not be particularly palatable and therefore be grouped together as such? Are there any commonalities by sex or by abortion stance in the grouping of scenarios?

This study captures a moment in time. It is possible that longitudinal research would highlight trends not evident in non-longitudinal research. Little longitudinal research exists for category formation. Revisiting participants such as these years down the line could provide insight into the possible developmental nature of categorization strategies for socially polarizing issues and presents another avenue for future research.

Despite the numerous attempts by various researchers to explain the phenomenon of category formation and to connect it to broader applications, no one theory emerges as solely adequate. In addition, the current research approaches categorization via a little-used method of sorting completely undefined categories around the very volatile, emotionally charged, and potentially polarizing issue of abortion. The findings support the proposition that pro-life individuals create fewer, broader categories around this issue than pro-choice individuals, but questions linger as to why this is so. This points to the most apparent research direction suggested by this study: the need for qualitative research that asks participants to define and describe, to explain their categories and the meanings that are individually attached. Such analysis could fill in many remaining gaps as to the fuller meaning of categorization strategies, especially around socially divisive issues such as that of abortion.

REFERENCES

- Alexander, C., Jim, Y. J., Ensminger, M., Johnson, K. E., Smith, B. J., & Dolan, L. J. (1990). A measure of risk taking for young adolescents: Reliability and validity assessments. *Journal of Youth and Adolescence, 19*, 559-569.
- Alker, H. A. (1967). Cognitive controls and the Haan-Kroeber model of ego functioning. *Journal of Abnormal Psychology, 72*, 434-440.
- Bankole, A., Singh, S., Haas, T. (1998). Reasons why women have induced abortions: Evidence from 27 countries. *International Family Planning Perspectives, 24*, 117-152.
- Berkman, M. B., & O'Conner, R. (1993). Do women legislators matter? Female legislators and state abortion policy. *American Politics Quarterly, 21*, 102-124.
- Bhawuk, D. P. S. (1998). The role of culture theory in cross-cultural training: A multimethod study of culture-specific, culture-general, and culture theory-based assimilators. *Journal of Cross-Cultural Psychology, 29*, 630-655.
- Bieri, J. (1969). Category width as a measure of discrimination. *Journal of Personality, 37*, 513-521.
- Block, J. (1982). Assimilation, accommodation, and the dynamics of personality development. *Child Development, 53*, 281-295.
- Block, J. H., & Block, J. (1980). The role of ego-control and ego-resiliency in the organization of behavior. In W. A. Collins (Ed.), *Minnesota symposia on child psychology* (Vol. 13, pp. 39-101). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Block, J., Buss, D. M., Block, J. H., & Gjerde, P. F. (1981). The cognitive style of breadth of categorization: Longitudinal consistency of personality correlates. *Journal of Personality and Social Psychology, 46*, 770-779.
- Borland, J. H. (2000). Cognitive controls, cognitive styles, and divergent production in gifted preadolescents. *Journal for the Education of the Gifted, 11*, 57-82.

- Brehm, J. W. & Cohen, A. R. (1962). *Explorations in cognitive dissonance*. New York: Wiley.
- Bruner, J. S., Goodnow, J., & Austin, G. A. (1956). *A study of thinking*. New York: Wiley.
- Bruner, J. S., & Tajfel, H. (1961). Cognitive risk and environmental change. *Journal of Abnormal and Social Psychology*, 62, 231-241.
- Central Illinois Right to Life. Retrieved June 11, 2002 from <http://www.cirtl.org/abfacts.htm>
- Craig, B. & O'Brien, D. M. (1993). *Abortion and American politics*. Chatham, NJ: Chatham House Publishers.
- Dionne, D. (1989, April 26). Poll on abortion finds the nation is sharply divided. *USA Today/CNN/Gallup Poll reported in New York Times*, p. A1.
- Eagly, A. E. & Telaak, K. (1972). Width of latitude of acceptance as a determinant of attitude change. *Journal of Personality and Social Psychology*, 23, 388-397.
- Festinger, L. (1957). *A theory of cognitive dissonance*. Stanford: Stanford University Press.
- Finley, G. E., & Delgado-Hachey, M. (1988). Category breadth and memory in younger and older adults. *Journal of Genetic Psychology*, 150, 119-120.
- Garber, B. D., & Miller, M. L. (1986). Of beasties and butterflies: Evidence for the stability and domain-specificity of individual differences in categorization. *Journal of Personality*, 54, 647-658.
- Gardner, R. W. (1953). Cognitive styles in categorizing behavior. *Journal of Personality*, 22, 214-233.
- Gardner, R. W., Holzman, P. S., Klein, G. S., Linton, H. B., & Spence, D. (1959). Cognitive control: A study of individual consistencies in cognitive behavior. *Psychological Issues*, 1, (4, Whole No. 8).
- Gardner, R. W., & Schoen, R. A. (1962). Differentiation and abstraction in concept formation. *Psychological Monographs*, 76, 41 (Whole No. 560).

- Glixman, A. F. (1965). Categorizing behavior as a function of meaning domain. *Journal of Personality and Social Psychology*, 2, 370-377.
- Glixman, A. F. (1967). Category membership and interitem semantic-space distances. *Journal of Personality*, 35, 134-143.
- Goggin, M. L. (1993). Understanding the new politics of abortion: A framework and agenda for research. *American Politics Quarterly*, 21, 4-30.
- Granberg, D. M., & Granberg, B. W. (1980). Abortion attitudes, 1965 - 1980: Trends and determinants. *Family Planning Perspectives*, 12, 250-261.
- Green, K. E. (1985). *Cognitive style: A review of the literature*. Chicago: Johnson O'Connor Research Foundation.
- Harris Poll, January 29, 1989, 2. Retrieved June 11, 2002 from www.abortionstats.com
- Huang, M. (1981). Category width and individual differences in information processing strategies. *Journal of Psychology*, 108, 73-79.
- Huang, J. & Chao, L. (1996). Category width and sharpening versus leveling cognitive styles of Chinese and American university students. *Perceptual and Motor Skills*, 82, 1183-1186.
- James, W. (1975). *Pragmatism*. Cambridge, MA: Harvard University Press. (Original work published 1907)
- James, W. (1977). *A pluralistic universe*. Cambridge, MA: Harvard University Press. (Original work published 1909)
- James, W. (1978). Pluralistic mystic. In W. James, *Essays in philosophy* (pp. 172-190). Cambridge, MA: Harvard University Press. (Original work published 1910)
- Jonassen, D. H., & Grabowski, B. L. (1993). *Handbook of individual difference, learning, and instruction*. Hillsdale, NJ: Lawrence Erlbaum.
- Kagan, D. M., & Douthat, J. M. (1984). Writing style, category width and introductory FORTRAN. *Journal of Research and Development in Education*, 18, 7-11.

- Kelly, G. A. (1955). *The psychology of personal constructs*. New York: Norton.
- Kogan, N. (1976). *Cognitive styles in infancy and early childhood*. Hillsdale, NJ: Lawrence Erlbaum.
- Kogan, N. (1977). *Cognitive styles in childhood and early infancy*. New York: Wiley.
- Kogan, N., Connor, K., Gross, A., & Fava, D. (1980). Understanding visual metaphor: Developmental and individual differences. *Monographs of the Society for Research in Child Development*, 45, No. 1 (Serial No. 183).
- Kogan, N., & Wallach, M. A. (1964). *Risk taking: A study in cognition and personality*. New York: Hold, Rinehart, & Winston.
- Lewin, K. (1935). *A dynamic theory of personality*. New York: McGraw-Hill.
- Luker, K. (1984). *Abortion and the politics of motherhood*. Berkeley, CA: University of California Press.
- Madole, K. L., & Oakes, L. M. (1999). Making sense of infant categorization: Sable processes and changing representations. *Developmental Review*, 19, 263-296.
- Mareschal, D. & French, R. M. (2000). Mechanisms of categorization in infancy. *Infancy*, 1, 59-76.
- Mareschal, D. & Quinn, P. C. (2001). Categorization in infancy. *Trends in Cognitive Sciences*, 5, 443-447.
- Mascaro, G. F. (1968). Categorization strategies across different domains. *Perceptual and Motor Skills*, 26, 1091-1097.
- Mayr, E. (1993). *One Long Argument: Charles Darwin and the Genesis of Modern Evolutionary Thought*. Boston: Harvard University Press.
- McReynolds, P. (1954). The Rorschach concept evaluation technique. *Journal of Projective Techniques*, 18, 60-74.
- Meier, K. J., & McFarlane, D. R. (1992). State policies on funding of abortion: A pooled time series analysis. *Social Science Quarterly*, 73, 690-698.

- Meier, K. J., & McFarlane, D. R. (1993). The politics of funding abortion: State responses to the political environment. *American Politics Quarterly*, 21, 81-101.
- Messick, S., & Damarin, F. (1964). Cognitive styles and memory for faces. *Journal of Abnormal and Social Psychology*, 69, 313-318.
- Messick, S., & Kogan, N. (1963). Differentiation and compartmentalization in object-sorting measures of categorizing style. *Perceptual and Motor Skills*, 16, 47-51.
- Miller, J., & Engelhardt, T. (Eds.) (1982). *Darwin for Beginners*. Boston: David McKay Pub.
- Murdoch, P. (1969). Effects of perspective and payment on reference scale formation. *Journal of Experimental Research in Personality*, 3, 301-310.
- Nosal, C. & Piskorz, Z. (1989). Category width and self-reference in answering questionnaire items - toward a cognitive model. *Polish Psychological Bulletin*, 18, 277-285.
- Page, B. I., & Shapiro, R. Y. (1992). *The rational public*. Chicago: University of Chicago Press.
- Penk, W. (1969). Two measures of category width: Age, sex, examiner differences and intercorrelations. *Psychological Reports*, 25, 859-870.
- Penk, W. (1971). Developmental patterns of conceptual styles. *Psychological Reports*, 29, 635-649.
- Pettigrew, T. F. (1958). The measurement and correlates of category width as a cognitive variable. *Journal of Personality*, 26, 532-544.
- Pettigrew, T. F. (1982). Cognitive style and social behavior: A review of category width. In *Review of Personality and Social Psychology, Third Edition*. Eds. Ladd Wheeler. (p. 199-223). Beverly Hills, CA: Sage Publications.
- Phares, E. J., & Davis, W. L. (1966). Breadth of categorization and the generalization of expectancies. *Journal of Personality and Social Psychology*, 4, 461-464.

- Pincus, K. V. (1984). Fraud detection ability: Individual differences and their relationship to cognitive style difference (Doctoral dissertation, University of Maryland). *Dissertation Abstracts International*, 46, 746.
- Quinn, P. C. (2002). Category representation in young infants. *Current Directions in Psychological Science*, 11, 66-70.
- Richardson, A. (1977). The meaning and measurement of memory imagery. *British Journal of Psychology*, 68, 29-43.
- Roe v. Wade*. 410 U.S. 113 (1973).
- Rokeach, M. (1951a). A method for studying individual differences in "narrow-mindedness." *Journal of Personality*, 20, 219-233.
- Rokeach, M. (1951b). Narrow-mindedness and personality. *Journal of Personality*, 20, 234-251.
- Rozell, A. D. (1999). The number, width, and labels for racial categories. *Dissertation Abstracts International*, 59 (7-B), 3775.
- Saltz, E. (1971). *The cognitive bases of human learning*. Homewood, IL: Dorsey.
- Saltz, E. & Sigel, I. E. (1967). Concept overdiscrimination in children. *Journal of Experimental Psychology*, 73, 1-8.
- Sarmany Schuller, I. (1998). Category width, cognitive style and decision making processes. *Studia Psychologica*, 40, 250-254.
- Sherif, M. & Hovland, C. I. (1953). Judgmental phenomena and scales of attitude measurement: Placement of items with individual choice of number of categories. *Journal of Abnormal and Social Psychology*, 48, 135-141.
- Sherif, M. & Hovland, C. I. (1961). *Social judgment*. New Haven, CT: Yale University Press.
- Silverman, J. (1964). Scanning-control mechanisms and "cognitive filtering" in paranoid and non-paranoid schizophrenia. *Journal of Consulting Psychology*, 28, 385-393.

- Silverman, J., Berg, P. S., & Kantor, R. (1966). Some perceptual correlates of institutionalization. *Journal of Nervous and Mental Disease, 141*, 651-657.
- Smith, L. B. (2000). From knowledge to knowing: Real progress in the study of infant categorization. *Infancy, 1*, 91-97.
- Steiner, I. D., & Johnson, H. H. (1965). Category width and responses to interpersonal disagreements. *Journal of Personality and Social Psychology, 2*, 290-292.
- Stimson, J. A. (1991). *Public opinion in America: Moods, cycles, and swings*. Boulder, CO: Westview.
- Taylor, R. L., & Levitt, E. E. (1967). Category breadth and the search for variety of experience. *Psychological Record, 17*, 349-352.
- Thurston, L. L. & Chave, E. J. (1929). *The measurement of attitude*. Chicago: University of Chicago Press.
- Tolman, E. C. (1948). Cognitive maps in rats and men. *Psychological Review, 55*, 189-208.
- Touhey, J. C. (1973). Category width and expectancies: Risk conservatism or generalization. *Journal of Research in Personality, 7*, 173-178.
- Tribe, L. H. (1992). *Abortion: The clash of absolutes*. New York: W. W. Norton & Co.
- USA Today/CNN/Gallup Poll. Retrieved June 11, 2002 from <http://www.cnn.com/health>
- Viney, W. (1989). The cyclops and the twelve-eyed toad: William James and the unity-disunity problem in psychology. *American Psychologist, 44*, 1261-1265.
- Viney, W., King, B., & King, C. (1992). William James on the advantages of a pluralistic psychology. In M. E. Donnelly (Ed.), *Reinterpreting the legacy of William James* (pp. 91-100). Washington, DC: American Psychological Association.
- Walker, I., & Gibbins, K. (1989). Expecting the unexpected: An explanation of category width? *Perceptual and Motor Skills, 68*, 715-724.

- Wallach, M. A. (1958). On psychological similarity. *Psychological Review*, 65, 1103-1116.
- Wallach, M. A. & Caron, A. J. (1959). Attribute criteriality and sex-linked conservatism as determinants of psychological similarity. *Journal of Abnormal and Social Psychology*, 59, 43-50.
- Wallach, M. A., & Kogan, (1965). Sex differences and judgment processes. *Journal of Personality*, 27, 555-564.
- Weiler, K. S. (1989). *Cognitive organization of crimes against person and crimes against property*. Unpublished Master's Thesis. Colorado State University.
- Wetstein, M. E. (1996). *Abortion rates in the United States: The influence of opinion and policy*. Albany, NY: SUNY Press.
- Witkin, H. A., Dyk, R. B., Faterson, F. F., Goodenough, D. R., & Karp, S. (1962). *Psychological differentiation: Studies of development*. York: Wiley.
- Wilkinson, K. M., & McIlvane, W. J. (2001). Methods for studying symbolic behavior and category formation: Contributions of stimulus equivalence research. *Developmental Review*, 21, 355-374.
- Younger, B. A. & Fearing, D. D. (2000). A global-to-basic trend in early categorization: Evidence from a dual-category habituation task. *Infancy*, 1, 47-58.

Appendix A

**COLORADO STATE UNIVERSITY
INFORMED CONSENT TO PARTICIPATE IN A RESEARCH PROJECT**

Title of Project: Categorization of Abortion Scenarios as a Function of Pro-Life and Pro-Choice Attitudes and Sex

Name of Principle Investigator: Wayne Viney, Ph.D.

Name of Co-Investigator: Sharon Pickrell, M.S.

Contact Name & Number for Questions/Problems: Sharon Pickrell @
(970) 491-5783

Purpose/Methods to be used:

The purpose of this study is to examine aspects of how individuals who are identified as pro-life or pro-choice think about the abortion. The methods to be used in the study involve: an initial prescreening, giving you a task to complete involving your responding to several brief written statements or questions; and, asking you to respond to various survey questions by indicating your opinions in writing.

Risks inherent in the procedure:

There are no known risks to participants involved in this study. However, it is not possible to identify all potential risks in research procedures, but the researchers have taken reasonable safeguards to minimize any known and potential, but unknown, risks. If at any time during the course of this study you have any experiences that concern you in any way, you are encouraged to notify the co-investigator immediately. Your participant is voluntary and may be stopped by you at any time. You will not lose any benefits to which you would be otherwise entitled should you elect to not continue.

Benefits:

It is not expected that there will be any significant direct benefits to you for participating other than research credit if you have been recruited from psychology classes that grant credit for your participation in research. If you are seeking research credit for this study, you are eligible to receive credit for one hour for your participation today. However, you may receive credit for means other than volunteering as a research participant. If you prefer not to be a research participant, please consult your professor or course material for alternate ways to earn research credits. If you have volunteered separate and apart from a course that offers credit for participation, there will be no additional credit or tangible rewards provided. However, you may benefit from the experience of being involved in research, and are welcome to ask questions regarding the research process itself after the completion of this study. (If so, contact the co-investigator listed above.)

Confidentiality:

Your confidentiality will be safeguarded throughout every phase of this study. All identifying information will be kept locked in the Department of Psychology and will be accessible only to authorized persons directly involved in the conducting of this study. All information will be maintained under such security for a period of 3 years, after which time it will be destroyed by shredding or paperwork and erasing of any disks or tapes with any identifying information. Your individual results will only be recorded in the data collection phase of this study using your individually pre-assigned code rather than your name. Your name will only be used on a master list with your code number, and on a list for any research credit for which you are eligible. Your name will not appear on any of your actual responses to research material. In addition, all statistical results will be reported as a group, with no individual or personally identifying information being reported at any time in any form.

Liability:

The Colorado Governmental Immunity Act determines and may limit Colorado State University's legal responsibility if an injury happens because of this study. Claims against the University must be filed within 180 days of injury.

Questions about participants' rights may be directed to Celia Walker at (970) 4911-1563.

Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty of loss of benefits to which you are otherwise entitled.

Your signature acknowledges that you have read the information stated and willingly signed this consent form. Your signature also acknowledges that you have received, on the date signed, a copy of this document containing two (2) pages.

NOTE: You must be at least 18 years of age to participate in this study. You are also excluded from participation if you have previously had an elective abortion. If you are not at least 18 years of age as of this date, or if you have had a previous elective abortion, please notify the researcher and do not sign.

Participant name (printed)

Participant signature

Date

Investigator signature

Date

Appendix B

PRESCREENING SURVEY

If a have ever been the parent of a pregnancy that was terminated through elective abortion, you are not eligible to participate in the current study. If this describes you, please do not proceed with this survey. You must also be at least 18 years of age to participate.

AGE: _____ SEX: _____ PERSONAL CODE: _____

PLEASE INDICATE YOUR RESPONSE FOR EACH OF THE FOLLOWING STATEMENTS BY PLACING A MARK ON THE CORRESPONDING LINE USING THE VALUES GIVEN BELOW.

- 1 = Agree Strongly
- 2 = Agree Somewhat
- 3 = Agree Slightly
- 4 = Neutral (Neither Agree nor Disagree)
- 5 = Disagree Slightly
- 6 = Disagree Somewhat
- 7 = Disagree Strongly

1. Abortion laws have often unfairly restricted a woman's right to an abortion.

|__1__|__2__|__3__|__4__|__5__|__6__|__7__|

2. Abortion under any circumstances is morally wrong.

|__1__|__2__|__3__|__4__|__5__|__6__|__7__|

3. Medically safe and legal abortions should be available to all women.

|__1__|__2__|__3__|__4__|__5__|__6__|__7__|

4. Anyone who performs an abortion is a murderer and should be punished as such.

|__1__|__2__|__3__|__4__|__5__|__6__|__7__|

5. Women should be able to have abortions without having to give a reason.

|__1__|__2__|__3__|__4__|__5__|__6__|__7__|

6. Abortion is anti-family.

|__1__|__2__|__3__|__4__|__5__|__6__|__7__|

Appendix C

***Note: All scenarios as presented in Appendices C - E bear sequential numbers for ease in referencing and are presented in running text format. However, during actual data collection, these scenarios were presented individually on 4" x 6" cards and shuffled between uses for random order of presentation.**

1. A woman finds that she has an ectopic pregnancy. In this case, one embryo is growing normally in the uterus, but a second embryo is lodged in a fallopian tube. A team of physicians agrees that failure to abort the embryo in the tube will result in the death of the embryo in the uterus and the death of the mother. With an abortion of the embryo in the tube, the mother can expect a normal pregnancy.

2. A couple has been trying to have a girl for quite some time. They already have five boys when they discover they are expecting again. They decide to undergo a test to determine the sex of the baby with the intention of aborting if it is another boy. The test subsequently reveals that they are expecting a boy.

3. A woman and her husband have been trying for a number of years to have a baby with no success. With the help of fertility drugs the woman has finally become pregnant, but is told that she is carrying six fetuses. Because of the great risk to the health of the mother and the likelihood that few, if any, of the fetuses can survive such a pregnancy, the doctor strongly recommends selective reduction to no more than three fetuses. This requires the abortion of three of the fetuses. Because he wants children badly but also fears for the safety of his wife, the husband would like for the wife to undergo the selective abortions, which she decides to do.

4. A senior in high school discovers she is pregnant. Her parents are strongly opposed to abortion, but she knows that if they discover that she is pregnant they will force her out of the house as soon as she turns 18. They will also rescind their offer to provide for her college education. Even if she has to lie about her age, she wants to have an abortion right away so that her parents will never know that she was pregnant.

5. A 19 year-old woman who is living on a large university campus accepts a date with a man she does not know. During the date he forces her to have sex with him. The young woman has been severely traumatized by this incident and is not doing well when it is discovered that she is pregnant. The pregnancy is a result of the date rape and both the woman's family and the woman's physician want the woman to abort the fetus.

6. A woman has four grown children and has just turned 53 when she discovers that she is pregnant again. She does not want to begin raising children again at this stage of her life and decided that she will abort.

7. A married woman has 3-month old twins. Her pregnancy was extremely difficult on her physically and emotionally, and her twins were premature. The woman and her husband are poor and have medical and related expenses well beyond what their insurance and foreseeable income will cover. The mother is under extreme stress and not doing well emotionally, which is compounding the situation. The family cannot adequately provide for the financial, medical, or emotional needs of their twin infants, and the woman has just discovered that she is pregnant again. She wishes to obtain an abortion.

8. A couple who is divorcing are in disagreement as to what should be done with the four viable embryos that were originally stored for the couple's later use. The woman wants the four fertilized eggs to be destroyed, but the man wants to give their embryos to other women rather than have them destroyed, as he considers this to be equivalent to abortion, to which he is opposed. However, under the circumstances the clinic recommends destroying the embryos, which the woman authorizes them to do.

9. A young, single woman finds that she is pregnant for the fifth time. She has already had four abortions in five years, but does not want to have a child at this time and plans to have another abortion.

10. A married woman in her mid-thirties who had never planned to have children has just discovered that she is pregnant. She had planned not to have children because she is the daughter of a man with Huntington's Chorea, a genetically transmitted disease with first symptoms appearing between the ages of 30 and 50. This disease is characterized by depression, defective memory and loss of intellectual abilities. As the disease progresses, patients exhibit facial grimacing, head nodding, involuntary smacking of the tongue and lips, disjuncted gait, and explosive speech. Both this woman and her husband wish to abort the fetus rather than experience the agony associated with possibly transmitting the disease to their child.

11. A woman whose religious beliefs dictate that abortion for any reason is wrong has just learned that she is pregnant with her ninth child. One of her children is disabled, and she is exhausted by her many responsibilities to the family she already has. The woman does not see how she can handle any more children. Her husband suspects that she is pregnant again and has been hinting that women in her circumstances should have an abortion. He has further hinted that because of their religious beliefs, if she were to abort, she should never tell anyone, not even him. She has scheduled an abortion and reported that her husband wants it also, although he has not actually been told about her pregnancy.

12. A happily married couple has decided that they do not want to have children. Despite careful use of birth control, the woman finds that she is pregnant. The couple agrees that she will have an abortion.

13. A young, unmarried girl is the mother of 3 children, all with different fathers who have never been identified. The young girl was initiated into prostitution by her mother who has profited financially from her daughter's activities. The young girl lives with her mother who is pressuring her to obtain an abortion. At this time, the girl retains custody of her 3 children, but the state is reviewing child abuse charges against both the young, unmarried girl and her mother. The pregnant girl decides to have an abortion.

14. A woman has just found out that her husband is having an affair and that it has been going on for quite some time. She is so angry and hurt that when she discovers that she is pregnant she decides to have an abortion to get even with her husband.

15. A single woman who is HIV-positive discovers she is pregnant with twins. Although it is possible that the babies will be born without the AIDS virus, the woman decides that it would be cruel for the babies to be born perhaps just to die or to watch their mother eventually die. She decides to have an abortion.

16. A married woman has become increasingly dissatisfied with her marriage and is no longer in love with her husband, but wishes to obtain a "civilized" divorce. She begins to make plans to resume her career and tentatively investigates childcare for her two preschoolers. She unexpectedly finds herself pregnant and decides to abort so as not to complicate the divorce proceedings.

17. A young Jewish woman discovers, following amniocentesis, that the fetus she is carrying will have Tay-Sachs disease. There is no known cure and the infant ordinarily becomes apathetic, develops muscular weakness, blindness, mental retardation, and death occurs within a few years. The woman's rabbi strongly urges her to have an abortion.

18. A middle-aged mother of 7 children discovers she is pregnant again. Her physician has warned her following her last child that under no circumstances should she attempt any future pregnancies. Following her first examination, her physician repeats that her health and the health of her baby will be in serious jeopardy if she continues with the pregnancy. The physician strongly recommends that the pregnancy be terminated immediately.

19. A thirteen year-old girl has been raped by her father and discovers she is pregnant. She has had no other sexual experience, so the pregnancy is clearly the result of incest. She desires to obtain an abortion.

20. A young single woman learns she is pregnant. Since she is an active alcoholic, she has been informed by her physician that she will most likely give birth to an infant with fetal alcohol syndrome. This disorder is characterized by low birth weight, retarded motor development, numerous physical abnormalities including facial deformities, and possible mental retardation. She schedules an abortion.

21. A woman has just discovered that she has breast cancer when she also learns she is pregnant. If she puts off treatment for her cancer until her baby is born there is a small but very real chance that it could cost her her life. If she has the treatment now she will almost definitely recover fully, but the treatment would likely produce birth defects in her baby and could also result in a miscarriage or stillbirth. Her doctor urges her to have an abortion and undergo treatment immediately.

22. A career woman who is enjoying tremendous success has just received word that she will receive a much sought-after promotion. A week later she discovers she is pregnant. She will have to turn down her much sought-after promotion if she allows the pregnancy to continue. She seeks an abortion.

23. A woman is acting as a surrogate to a friend of hers who has been unable to carry her own babies to term. During the second month of pregnancy, the man and woman who are the biological parents to the baby are killed in an accident. The pregnant woman now plans to have an abortion.

24. A woman in her late thirties, who already has two sons, has become pregnant for the third time. Her husband suffers from hemophilia, a genetically transmitted disease characterized by severe bleeding, arthritic joints, prolonged bruising, infections, attendant depression, and a reduced life expectancy. Typically, only males have the disease, and fathers do not pass it on to their sons, but all daughters become carriers with a 50 percent chance of passing hemophilia on to their sons. Amniocentesis reveals that the fetus is female, and the husband strongly desires an abortion to spare his daughter the uncertainty and distress of bearing a son with this disorder. His wife, however, points out that 20 years from now medical science may have eliminated hemophilia and the daughter will herself have the option of aborting a male fetus.

25. A young married woman discovers she is pregnant and decides that a baby at this point will constitute a hardship, as it would interfere with a planned trip to Europe. She decides to have an abortion.

26. A woman is seeking an abortion for her teenage daughter who is blind, deaf, cannot communicate, and has the intelligence of a 1-year-old. The young girl was raped in the state institution in which she has lived since the age of 6. Her mother has religious beliefs that are against abortion, but she also has grave concerns about both the care and condition of her daughter and any future grandchild. Her financial resources are very limited, and caring for the daughter has been extremely difficult and depressing, plus there is no possibility that she could care for a new baby as well. The daughter has an abortion.

27. A woman is in an abusive relationship and has made plans to leave it on the same day that she finds out that she is pregnant. She feels that she cannot stay in the relationship and does not want to have a child with the man she is leaving. She decides to have an abortion.

28. A high school dropout with a history of promiscuity and criminal delinquency is pregnant. The girl's brother and his wife have a stable, but childless, marriage and offer to shelter the girl and legally adopt the baby. She refuses the offer and seeks an abortion.

29. A woman who is engaged to be married in a couple of months finds that she is pregnant and will be embarrassed if friends and family figure out that she became pregnant before she was married. Rather than face such embarrassment, she decides to have an abortion.

30. A woman who is five months pregnant suffers a serious brain injury that leaves her in a coma with no hope of recovery. Her doctors claim that she can most likely be maintained in a coma until she is far enough along in her pregnancy to deliver a health baby. Her husband produces a legal document indicating that his wife did not wish to be kept alive by artificial means. He therefore does not want to sustain his wife on machines for the many months until the baby is born and decides to turn off life support. Even if the woman survives temporarily without life support, it will most likely result in the abortion of the fetus.

Appendix D

- 1. Imagine that you find you have an ectopic pregnancy. In this case, one embryo is growing normally in your uterus, but a second embryo is lodged in one of your fallopian tubes. A team of physicians agrees that failure to abort the embryo in the tube will result in the death of the embryo in the uterus and your death as well. With an abortion of the embryo in your tube, you can expect a normal pregnancy.**

- 2. Imagine you and your husband or partner have been trying to have a girl for quite some time. You already have five boys when you discover you are expecting again. You decide to undergo a test to determine the sex of the baby with the intention of aborting if it is another boy. The test subsequently reveals that you are expecting a boy.**

- 3. Imagine you and your husband or partner have been trying for a number of years to have a baby with no success. With the help of fertility drugs you finally become pregnant, but are told that you are carrying six fetuses. Because of the great risk to your health and the likelihood that few, if any, of the fetuses can survive such a pregnancy, the doctor strongly recommends selective reduction to no more than three fetuses. This requires abortion of three of the fetuses. Because your husband or partner wants children badly, but also fears for your safety, your husband or partner would like for you to undergo the selective abortions.**

- 4. Imagine you are a senior in high school when you discover you are pregnant. Your parents are strongly opposed to abortion, but you know that if they discover that you are pregnant they will force you out of the house as soon as you turn 18. They will also rescind their offer to provide for your college education. Even if you have to lie about your age, you want to have an abortion right away so that your parents will never know that you were pregnant.**

- 5. Imagine that you are a 19 year-old woman who is living on a large university campus when you accept a date with a man you do not know. During the date he forces you to have sex with him. You have been severely traumatized by this incident and are not doing well when you discover that you are pregnant. The pregnancy is a result of the date rape and both your family and your physician want you to abort the fetus.**

- 6. Imagine that you have four grown children and have just turned 53 when you discover that you are pregnant again. You do not want to begin raising children again at this stage of your life and decide that you will abort.**

7. Imagine that you have 3-month old twins. Your pregnancy was extremely difficult on you physically and emotionally, and your twins were premature. You and your husband or partner are poor and have medical and related expenses well beyond what your insurance and foreseeable income will cover. You are under extreme stress and not doing well emotionally, which is compounding the situation. You and your family cannot adequately provide for the financial, medical, or emotional needs of your twin infants, and you have just discovered that you are pregnant again. You wish to obtain an abortion.

8. Imagine that you and your husband are divorcing and are in disagreement as to what should be done with the four viable embryos that were originally stored for your later use. One of you wants the four fertilized eggs to be destroyed, but one of you wants to give your embryos to other women rather than have them destroyed, because this seems to be equivalent to abortion. However, under the circumstances the clinic recommends destroying the embryos.

9. Imagine that you are a young, single woman who is pregnant for the fifth time. You have already had four abortions in five years, but do not want to have a child at this time and plan to have another abortion.

10. Imagine that you are a married woman in her mid-thirties who had never planned to have children, but you have just discovered that you are pregnant. You had planned not to have children because you are the daughter of a man with Huntington's Chorea, a genetically transmitted disease with first symptoms appearing between the ages of 30 and 50. This disease is characterized by depression, defective memory, and loss of intellectual abilities. As the disease progresses, patients exhibit facial grimacing, head nodding, involuntary smacking of the tongue and lips, disjointed gait, and explosive speech. Both you and your husband wish to abort the fetus rather than experience the agony associated with possibly transmitting the disease to your child.

11. Imagine that you are a married woman whose religious beliefs dictate that abortion for any reason is wrong. You have just learned that you are pregnant with your ninth child. One of your children is disabled, and you are exhausted by your many responsibilities to the family you already have. You do not see how you can handle any more children. Your husband suspects that you are pregnant again and has been hinting that women in your circumstances should have an abortion. He has further hinted that because of your shared religious beliefs, if you were to abort you should never tell anyone, not even him. You have scheduled an abortion and reported that your husband wants it also, although he has not actually been told about your pregnancy.

12. Imagine you are happily married and as a couple you have decided that you do not want to have children. Despite careful use of birth control, you find that you are pregnant. The two of you agree that you will have an abortion.

13. Imagine that you are a young, unmarried girl and the mother of 3 children, all with different fathers who have never been identified. You were initiated into prostitution by your mother who has profited financially from your activities. You live with your mother who is pressuring you to obtain an abortion. At this time, you retain custody of your 3 children, but the state is reviewing child abuse charges against both you and your mother. You decide to have an abortion.

14. Imagine that you have just found out that your husband or partner is having an affair and that it has been going on for quite some time. You are so angry and hurt that when you discover you are pregnant you decide to have an abortion to get even with your husband or partner.

15. Imagine that you are a single woman who is HIV-positive and discover you are pregnant with twins. Although it is possible that the babies will be born without the AIDS virus, you decide that it would be cruel for the babies to be born perhaps just die or to watch you eventually die. You decide to have an abortion.

16. Imagine that you are a married woman who has become increasingly dissatisfied with your marriage. You are no longer in love with your husband, but wish to obtain a "civilized" divorce. You begin to make plans to resume your career and tentatively investigate childcare for your two preschoolers. You unexpectedly find yourself pregnant and decide to abort so as not to complicate your divorce proceedings.

17. Imagine you are a young Jewish woman who discovers, following amniocentesis, that the fetus you are carrying will have Tay-Sachs disease. There is no known cure, and the infant ordinarily becomes apathetic, develops muscular weakness, blindness, mental retardation, and death occurs within a few years. Your rabbi strongly urges you to have an abortion.

18. Imagine that you a middle-aged mother of 7 children and discover you are pregnant again. Your physician has warned you following your last child that under no circumstances should you attempt any future pregnancies. Following your first examination, your physician repeats that your health and the health of your baby will be in serious jeopardy if you continue with the pregnancy. Your physician strongly recommends that your pregnancy be terminated immediately.

19. Imagine that you are a thirteen year-old girl and have been raped by your father when you discover you are pregnant. You have had no other sexual experience, so the pregnancy is clearly the result of incest. You desire to obtain an abortion.

20. Imagine that you are a young single woman and learn you are pregnant. Since you are an active alcoholic, you have been informed by your physician that you will most likely give birth to an infant with fetal alcohol syndrome. This disorder is characterized by low birth weight, retarded motor development, numerous physical abnormalities including facial deformities, and possible mental retardation. You schedule an abortion.

21. Imagine that you have just discovered that you have breast cancer when you also learn you are pregnant. If you put off treatment for your cancer until your baby is born there is a small but very real chance that it could cost you your life. If you have the treatment now you will almost definitely recover fully, but the treatment would likely produce birth defects in your baby, and could also result in a miscarriage or stillbirth. Your doctor urges you to have an abortion and undergo treatment immediately.

22. Imagine that you are a career woman who is enjoying tremendous success and you have just received word that you will receive a much sought-after promotion. A week later you discover you are pregnant. You will have to turn down your much sought-after promotion if you allow the pregnancy to continue. You seek an abortion.

23. Imagine you a woman who is acting as a surrogate to a friend of yours who has been unable to carry her own babies to term. During the second month of your pregnancy, your friend and the man who are the biological parents to the baby are killed in an accident. You now plan to have an abortion.

24. Imagine that you are a woman in your late thirties who already has two sons when you become pregnant for the third time. Your husband suffers from hemophilia, a genetically transmitted disease characterized by severe bleeding, arthritic joints, prolonged bruising, infections, attendant depression, and a reduced life expectancy. Typically, only males have the disease, and fathers do not pass it on to their sons, but all daughters become carriers with a 50 percent chance of passing hemophilia on to their sons. Amniocentesis reveals that your fetus is female, and your husband strongly desires an abortion to spare your daughter the uncertainty and distress of bearing a son with this disorder. You, however, point out that 20 years from now medical science may have eliminated hemophilia, and your daughter will herself have the option of aborting a male fetus.

25. Imagine yourself to be a young married woman and discover you are pregnant. You decide that a baby at this point will constitute a hardship, as it would interfere with a planned trip to Europe. You decide to have an abortion.

26. Imagine that you are a woman who is seeking an abortion for your teenage daughter who is blind, deaf, cannot communicate, and has the intelligence of a 1-year-old. Your daughter was raped in the state institution in which she has lived since the age of 6. You have religious beliefs, which are against abortion, but you also have grave concerns about both the care and condition of your daughter and any future grandchild. Your financial resources are very limited, and caring for your daughter has been extremely difficult and depressing, plus there is not possibility that you could care for a new baby either. Your daughter has an abortion.

27. Imagine that you are a woman in an abusive relationship and have made plans to leave it on the same day that you find out that you are pregnant. You feel that you cannot stay in the relationship and do not want to have a child with the man you are leaving. You decide to have an abortion.

28. Imagine that you are a high school dropout with a history of promiscuity and criminal delinquency when you learn you are pregnant. Your brother and his wife have a stable, but childless, marriage and offer to shelter you and legally adopt your baby. You refuse the offer and seek an abortion.

29. Imagine that you are a woman who is engaged to be married in a couple of months. You find that you are pregnant and will be embarrassed if friends and family figure out that you became pregnant before you were married. Rather than face such embarrassment, you decide to have an abortion.

30. Imagine yourself to be a married woman who is five months pregnant when you suffer a serious brain injury that leaves you in a coma with no hope of recovery. Your doctors claim that you can most likely be maintained in a coma until you are far enough along in your pregnancy to deliver a healthy baby. However, your husband produces a legal document indicating that you did not wish to be kept alive by artificial means. He therefore does not want to sustain you on machines for the many months until your baby is born and decides to turn off life support. Even if you survive temporarily without life support, it will most likely result in the abortion of your fetus.

Appendix E

- 1. Imagine that a significant woman in your life (e.g. female partner, wife, sister, or daughter) has an ectopic pregnancy. In this case, one embryo is growing normally in the uterus, but a second embryo is lodged in a fallopian tube. A team of physicians agrees that failure to abort the embryo in the tube will result in the death of the embryo in the uterus and the death of the mother. With an abortion of the embryo in the tube, the mother can expect a normal pregnancy.**

- 2. Imagine that you and your female partner have been trying to have a girl for quite some time. You already have five boys when you discover you are expecting again. The two of you decide to undergo a test to determine the sex of this baby with the intention of aborting if it is another boy. The test subsequently reveals that you are expecting a boy.**

- 3. Imagine that a significant woman in your life (e.g. female partner, wife, sister, or daughter) has been trying for a number of years to have a baby with no success. With the help of fertility drugs she has finally become pregnant, but is told that she is carrying six fetuses. Because of the great risk to her health and the likelihood that few, if any, of the fetuses can survive such a pregnancy, the doctor strongly recommends selective reduction to no more than three fetuses. This requires the abortion of three of the fetuses. Because you know she wants children badly, but you also fear for her safety, you discuss her options with her. She decides to undergo the selective abortions.**

- 4. Imagine that a significant woman in your life (e.g. female partner, wife, sister, or daughter) is a senior in high school when she discovers she is pregnant. Her parents are strongly opposed to abortion, but she knows that if they discover that she is pregnant they will force her out of the house as soon as she turns 18. They will also rescind their offer to provide for her college education. Even if she has to lie about her age, she wants to have an abortion right away so that her parents will never know that she was pregnant.**

- 5. Imagine that a 19 year-old woman who is someone very close to you (e.g. sister, daughter) is living on a large university campus when she accepts a date with a man she does not know. During the date he forces her to have sex with him. The young woman has been severely traumatized by this incident and is not doing well when it is discovered that she is pregnant. The pregnancy is a result of the date rape, and both the woman's family and the woman's physician want the woman to abort the fetus.**

- 6. Imagine that a significant woman in your life (e.g. female partner, wife, mother, or sister) has four grown children and has just turned 53 when she discovers that she is pregnant again. She does not want to begin raising children again at this stage of her life and decides that she will abort.**

7. Imagine that a significant woman in your life (e.g. female partner, wife, daughter, or sister) has 3-month old twins. Her pregnancy was extremely difficult on her physically and emotionally and her twins were premature. The woman and her husband are poor and have medical and related expenses well beyond what their insurance and foreseeable income will cover. The mother is under extreme stress and not doing well emotionally, which is compounding the situation. The family cannot adequately provide for the financial, medical, or emotional needs of their twin infants, and the woman has just discovered that she is pregnant again. She wishes to obtain an abortion.

8. Imagine you and your wife are divorcing and in disagreement as to what should be done with the four viable embryos that were originally stored for your later use. One of you wants the four fertilized eggs to be destroyed, but the other wants to give your embryos to other women rather than have them destroyed, because this seems to be equivalent to abortion. However, under the circumstances the clinic recommends destroying the embryos.

9. Imagine a young, single woman who is especially close to you (e.g. sister, girlfriend, or daughter) finds that she is pregnant for the fifth time. She has already had four abortions in five years, but does not want to have a child at this time and plans to have another abortion.

10. Imagine you are married to a woman in her mid-thirties who had never planned to have children, but has just discovered that she is pregnant. You and your wife had planned not to have because she is the daughter of a man with Huntington's Chorea, a genetically transmitted disease with first symptoms appearing between the ages of 30 and 50. This disease is characterized by depression, defective memory, and loss of intellectual abilities. As the disease progresses, patients exhibit facial grimacing, head nodding, involuntary smacking of the tongue and lips, disjointed fait, and explosive speech. Both of you wish to abort the fetus rather than experience the agony associated with possibly transmitting the disease to your child.

11. Imagine you are especially close to a woman whose religious beliefs dictate that abortion for any reason is wrong. She has just learned that she is pregnant with her ninth child. One of her children is disabled, and you know that she is exhausted by her many responsibilities to the family she already has. The woman does not see how she can handle any more children. She has told you that her husband suspects she is pregnant and that he has been hinting that women in such circumstances should have an abortion. He has further hinted that because of their religious beliefs, if she were to abort, she should never tell anyone, not even him. She has scheduled an abortion and has told you that she is going to tell the clinic doing the abortion that her husband wants I also, although he has not actually been told about her pregnancy.

12. Imagine that you are happily married and you and your wife have decided that you do not want to have children. Despite careful use of birth control, your wife finds that she is pregnant. As a couple, you agree that she will have an abortion.

13. Imagine that someone very close to you is a young, unmarried girl and the mother of 3 children, all with different fathers who have never been identified. This young girl was initiated into prostitution by her mother who has profited financially from her daughter's activities. The young girl lives with her mother who is pressuring her to obtain an abortion. At this time, the girl retains custody of her 3 children, but the state is reviewing child abuse charges against both the young, unmarried girl and her mother. The pregnant girl decides to have an abortion.

14. Imagine that a woman you are especially close to (e.g. your mother, sister, or daughter) has just found out that her husband is having an affair and that it has been going on for quite some time. She is so angry and hurt that when she discovers that she is pregnant she decides to have an abortion to get even with her husband.

15. Imagine that you are especially close to a single woman (e.g. your sister, daughter) who is HIV-positive and discovers she is pregnant with twins. Although it is possible that the babies will be born without the AIDS virus, the woman decides that it would be cruel for the babies to be born perhaps just to die or to watch their mother eventually die. She decides to have an abortion.

16. Imagine you are married to a woman who has become increasingly dissatisfied with your marriage and is no longer in love with you, but wishes to obtain a "civilized" divorce. She begins to make plans to resume her career and tentatively investigates childcare for your two preschoolers. She unexpectedly finds herself pregnant and decides to abort so as not to complicate your divorce proceedings.

17. Imagine yourself in a relationship with a young Jewish woman who discovers, following amniocentesis, that the fetus she is carrying will have Tay-Sachs disease. There is no known cure and the infant ordinarily becomes apathetic, develops muscular weakness, blindness, mental retardation, and death occurs within a few years. The woman's rabbi strongly urges her to have an abortion.

18. Imagine that someone you are especially close to is a middle-aged mother of 7 children (e.g. your mother, sister, or daughter) and discovers she is pregnant again. Her physician has warned her following her last child that under no circumstances should she attempt any future pregnancies. Following her first examination, her physician repeats that her health and the health of her baby will be in serious jeopardy if she continues with the pregnancy. The physician strongly recommends that the pregnancy be terminated immediately.

19. Imagine that a thirteen year-old girl who is someone very important to you (e.g. sister, niece) has been raped by her father and discovers she is pregnant. She has had no other sexual experience, so the pregnancy is clearly the result of incest. She desires to obtain an abortion.

20. Imagine that you are very close to a young single woman (e.g. your sister or daughter) who learns she is pregnant. Since she is an active alcoholic, she has been informed by her physician that she will most likely give birth to an infant with fetal alcohol syndrome. This disorder is characterized by low birth weight, retarded motor development, numerous physical abnormalities including facial deformities, and possible mental retardation. She schedules an abortion.

21. Imagine that you are very close to a woman (i.e. your wife, sister, mother) who has just discovered that she has breast cancer when she also learns she is pregnant. If she puts off treatment for her cancer until her baby is born, there is a small but very real chance that it could cost her her life. If she has the treatment now she will almost definitely recover fully, but the treatment would likely produce birth defects in her baby, and could also result in miscarriage or stillbirth. Her doctor urges her to have an abortion and undergo treatment immediately.

22. Imagine you are married to a career woman who is enjoying tremendous success and has just received word that she will receive a much sought-after promotion. A week later, your wife discovers she is pregnant. She will also have to turn down her much sought-after promotion if she allows the pregnancy to continue. She seeks an abortion.

23. Imagine that your wife or girlfriend is acting as a surrogate to a friend of hers who has been unable to carry her own babies to term. During the second month of pregnancy, the man and woman who the biological parents to the baby are killed in an accident. Your wife or girlfriend now plans to have an abortion.

24. Imagine that woman in her late thirties who is very close to you (e.g. your sister, mother, or daughter) and who already has two sons has become pregnant for the third time. Her husband suffers from hemophilia, a genetically transmitted disease characterized by severe bleeding, arthritic joints, prolonged bruising, infections, attendant depression, and a reduced life expectancy. Typically, only males have the disease, and fathers do not pass it on to their sons, but all daughters become carriers with a 50 percent chance of passing hemophilia on to their sons. Amniocentesis reveals that the fetus is female, and this woman's husband strongly desires an abortion to spare their daughter the uncertainty and distress of bearing a son with this disorder. This woman, however, points out that 20 years from now medical science may have eliminated hemophilia and the daughter will herself have the option of aborting a male fetus.

25. Imagine that you are married to a woman who discovers she is pregnant and decides that a baby at this point will constitute a hardship for the two of you, as it would interfere with a planned trip to Europe. She decides to have an abortion.

26. Imagine a significant woman in your life (e.g. your sister, mother, or daughter) is seeking an abortion for her teenage daughter who is blind, deaf, cannot communicate, and has the intelligence of a 1-year old. The young girl was raped in the state institution in which she has lived since the age of 6. This woman has religious beliefs, which are against abortion, but she also has grave concerns about both the care and condition of her daughter and any future grandchild. Her financial resources are very limited, and caring for the daughter has been extremely difficult and depressing, plus there is no possibility that she could care for a new baby either. The daughter has an abortion.

27. Imagine that you are very close to a woman (e.g. your mother, sister, or daughter) who is in an abusive relationship and has made plans to leave it on the same day that she finds out that she is pregnant. She feels that she cannot stay in the relationship and does not want to have a child with the man she is leaving. She decides to have an abortion.

28. Imagine that someone who is very close to you (e.g. your sister or daughter) is a high school dropout with a history of promiscuity and criminal delinquency and is pregnant. One of the girl's brothers and his wife have a stable, but childless, marriage and offer to shelter the girl and legally adopt the baby. She refuses the offer and seeks an abortion.

30. Imagine that you are engaged to be married in a couple of months. Your future wife finds that she is pregnant and will be embarrassed if friends and family figure out that she became pregnant before you were married. Rather than face such embarrassment, you agree that she should have an abortion. Imagine your wife is five months pregnant when she suffers a serious brain injury that leaves her in a coma with no hope of recovery. Her doctors claim that she can most likely be maintained in a coma until she is far enough along in her pregnancy to deliver a healthy baby. However, you produce a legal document indicating that your wife did not wish to be kept alive by artificial means. You therefore do not want to sustain your wife on machines for the many months until the baby is born and decide to turn off life support. Even if your wife survives temporarily without life support, it will most likely result in the abortion of the fetus.

Appendix F

The following are scenarios that might be given as justifications for abortions. The scenarios are designed to be representative of some of the reasons that are commonly given for seeking abortions, but any similarity between a particular scenario and an actual case is purely coincidental. Please read through each of the following scenarios and then indicate your opinion regarding the acceptability or unacceptability of an abortion for each set of circumstances described. Please circle your answer. Do not put your name on this form, but please indicate your age and sex below. The researcher will enter your personal code.

AGE: _____ SEX: _____ Personal Code: _____

1. A woman finds that she has an ectopic pregnancy. In this case, one embryo is growing normally in the uterus, but a second embryo is lodged in a fallopian tube. A team of physicians agrees that failure to abort the embryo in the tube will result in the death of the embryo in the uterus and the death of the mother. With an abortion of the embryo in the tube, the mother can expect a normal pregnancy.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

2. A couple has been trying to have a girl for quite some time. They already have five boys when they discover they are expecting again. They decide to undergo a test to determine the sex of the baby with the intention of aborting if it is another boy. The test subsequently reveals that they are expecting a boy.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

3. A woman and her husband have been trying for a number of years to have a baby with no success. With the help of fertility drugs the woman has finally become pregnant, but is told that she is carrying six fetuses. Because of the great risk to the health of the mother and the likelihood that few, if any, of the fetuses can survive such a pregnancy, the doctor strongly recommends selective reduction to no more than three fetuses. This requires the abortion of three of the fetuses. Because he wants children badly but also fears for the safety of his wife, the husband would like for the wife to undergo the selective abortions, which she decides to do.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

4. A senior in high school discovers she is pregnant. Her parents are strongly opposed to abortion, but she knows that if they discover that she is pregnant they will force her out of the house as soon as she turns 18. They will also rescind their offer to provide for her college education. Even if she has to lie about her age, she wants to have an abortion right away so that her parents will never know that she was pregnant.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

5. A 19 year-old woman who is living on a large university campus accepts a date with a man she does not know. During the date he forces her to have sex with him. The young woman has been severely traumatized by this incident and is not doing well when it is discovered that she is pregnant. The pregnancy is a result of the date rape and both the woman's family and the woman's physician want the woman to abort the fetus.

For these circumstances abortion is: **ACCEPTABLE UNACCEPTABLE**

6. A woman has four grown children and has just turned 53 when she discovers that she is pregnant again. She does not want to begin raising children again at this stage of her life and decided that she will abort.

For these circumstances abortion is: **ACCEPTABLE UNACCEPTABLE**

7. A married woman has 3-month old twins. Her pregnancy was extremely difficult on her physically and emotionally, and her twins were premature. The woman and her husband are poor and have medical and related expenses well beyond what their insurance and foreseeable income will cover. The mother is under extreme stress and not doing well emotionally, which is compounding the situation. The family cannot adequately provide for the financial, medical, or emotional needs of their twin infants, and the woman has just discovered that she is pregnant again. She wishes to obtain an abortion.

For these circumstances abortion is: **ACCEPTABLE UNACCEPTABLE**

8. A couple who is divorcing are in disagreement as to what should be done with the four viable embryos that were originally stored for the couple's later use. The woman wants the four fertilized eggs to be destroyed, but the man wants to give their embryos to other women rather than have them destroyed, as he considers this to be equivalent to abortion, to which he is opposed. However, under the circumstances the clinic recommends destroying the embryos, which the woman authorizes them to do.

For these circumstances abortion is: **ACCEPTABLE UNACCEPTABLE**

9. A young, single woman finds that she is pregnant for the fifth time. She has already had four abortions in five years, but does not want to have a child at this time and plans to have another abortion.

For these circumstances abortion is: **ACCEPTABLE UNACCEPTABLE**

10. A married woman in her mid-thirties who had never planned to have children has just discovered that she is pregnant. She had planned not to have children because she is the daughter of a man with Huntington's Chorea, a genetically transmitted disease with first symptoms appearing between the ages of 30 and 50. This disease is characterized by depression, defective memory and loss of intellectual abilities. As the disease progresses, patients exhibit facial grimacing, head nodding, involuntary smacking of the tongue and lips, disjuncted gait, and explosive speech. Both this woman and her husband wish to abort the fetus rather than experience the agony associated with possibly transmitting the disease to their child.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

11. A woman whose religious beliefs dictate that abortion for any reason is wrong has just learned that she is pregnant with her ninth child. One of her children is disabled, and she is exhausted by her many responsibilities to the family she already has. The woman does not see how she can handle any more children. Her husband suspects that she is pregnant again and has been hinting that women in her circumstances should have an abortion. He has further hinted that because of their religious beliefs, if she were to abort, she should never tell anyone, not even him. She has scheduled an abortion and reported that husband wants it also, although he has not actually been told about her pregnancy.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

12. A happily married couple has decided that they do not want to have children. Despite careful use of birth control, the woman finds that she is pregnant. The couple agrees that she will have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

13. A young, unmarried girl is the mother of 3 children, all with different fathers who have never been identified. The young girl was initiated into prostitution by her mother who has profited financially from her daughter's activities. The young girl lives with her mother who is pressuring her to obtain an abortion. At this time, the girl retains custody of her 3 children, but the state is reviewing child abuse charges against both the young, unmarried girl and her mother. The pregnant girl decides to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

14. A woman has just found out that her husband is having an affair and that it has been going on for quite some time. She is so angry and hurt that when she discovers that she is pregnant she decides to have an abortion to get even with her husband.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

15. A single woman who is HIV-positive discovers she is pregnant with twins. Although it is possible that the babies will be born without the AIDS virus, the woman decides that it would be cruel for the babies to be born perhaps just to die or to watch their mother eventually die. She decides to have an abortion. For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

16. A married woman has become increasingly dissatisfied with her marriage and is no longer in love with her husband, but wishes to obtain a "civilized" divorce. She begins to make plans to resume her career and tentatively investigates childcare for her two preschoolers. She unexpectedly finds herself pregnant and decides to abort so as not to complicate the divorce proceedings. For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

17. A young Jewish woman discovers, following amniocentesis, that the fetus she is carrying will have Tay-Sachs disease. There is no known cure and the infant ordinarily becomes apathetic, develops muscular weakness, blindness, mental retardation, and death occurs within a few years. The woman's rabbi strongly urges her to have an abortion. For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

18. A middle-aged mother of 7 children discovers she is pregnant again. Her physician has warned her following her last child that under no circumstances should she attempt any future pregnancies. Following her first examination, her physician repeats that her health and the health of her baby will be in serious jeopardy if she continues with the pregnancy. The physician strongly recommends that the pregnancy be terminated immediately. For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

19. A thirteen year-old girl has been raped by her father and discovers she is pregnant. She has had no other sexual experience, so the pregnancy is clearly the result of incest. She desires to obtain an abortion. For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

20. A young single woman learns she is pregnant. Since she is an active alcoholic, she has been informed by her physician that she will most likely give birth to an infant with fetal alcohol syndrome. This disorder is characterized by low birth weight, retarded motor development, numerous physical abnormalities including facial deformities, and possible mental retardation. She schedules an abortion. For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

21. A woman has just discovered that she has breast cancer when she also learns she is pregnant. If she puts off treatment for her cancer until her baby is born there is a small but very real chance that it could cost her her life. If she has the treatment now she will almost definitely recover fully, but the treatment would likely produce birth defects in her baby and could also result in a miscarriage or stillbirth. Her doctor urges her to have an abortion and undergo treatment immediately.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

22. A career woman who is enjoying tremendous success has just received word that she will receive a much sought-after promotion. A week later she discovers she is pregnant. She will also have to turn down her much sought-after promotion if she allows the pregnancy to continue. She seeks an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

23. A woman is acting as a surrogate to a friend of hers who has been unable to carry her own babies to term. During the second month of pregnancy, the man and woman who are the biological parents to the baby are killed in an accident. The pregnant woman now plans to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

24. A woman in her late thirties, who already has two sons, has become pregnant for the third time. Her husband suffers from hemophilia, a genetically transmitted disease characterized by severe bleeding, arthritic joints, prolonged bruising, infections, attendant depression, and a reduced life expectancy. Typically, only males have the disease, and fathers do not pass it on to their sons, but all daughters become carriers with a 50 percent chance of passing hemophilia on to their sons. Amniocentesis reveals that the fetus is female, and the husband strongly desires an abortion to spare his daughter the uncertainty and distress of bearing a son with this disorder. His wife, however, points out that 20 years from now medical science may have eliminated hemophilia and the daughter will herself have the option of aborting a male fetus.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

25. A young married woman discovers she is pregnant and decides that a baby at this point will constitute a hardship, as it would interfere with a planned trip to Europe. She decides to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

26. A woman is seeking an abortion for her teenage daughter who is blind, deaf, cannot communicate, and has the intelligence of a 1-year-old. The young girl was raped in the state institution in which she has lived since the age of 6. Her mother has religious beliefs, which are against abortion, but she also has grave concerns about both the care and condition of her daughter and any future grandchild. Her financial resources are very limited, and caring for the daughter has been extremely difficult and depressing, plus there is no possibility that she could care for a new baby either. The daughter has an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

27. A woman is in an abusive relationship and has made plans to leave it on the same day that she finds out that she is pregnant. She feels that she cannot stay in the relationship and does not want to have a child with the man she is leaving. She decides to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

28. A high school dropout with a history of promiscuity and criminal delinquency is pregnant. The girl's brother and his wife have a stable, but childless, marriage and offer to shelter the girl and legally adopt the baby. She refuses the offer and seeks an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

29. A woman who is engaged to be married in a couple of months finds that she is pregnant and will be embarrassed if friends and family figure out that she became pregnant before she was married. Rather than face such embarrassment, she decides to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

30. A woman who is five months pregnant suffers a serious brain injury that leaves her in a coma with no hope of recovery. Her doctors claim that she can most likely be maintained in a coma until she is far enough along in her pregnancy to deliver a health baby. Her husband produces a legal document indicating that his wife did not wish to be kept alive by artificial means. He therefore does not want to sustain his wife on machines for the many months until the baby is born and decides to turn off life support. Even if the woman survives temporarily without life support, it will most likely result in the abortion of the fetus.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

Appendix G

The following are scenarios that might be given as justifications for abortions. The scenarios are designed to be representative of some of the reasons that are commonly given for seeking abortions, but any similarity between a particular scenario and an actual case is purely coincidental. Please read through each of the following scenarios and then indicate your opinion regarding the acceptability or unacceptability of an abortion for each set of circumstances described. Please circle your answer. Do not put your name on this form, but please indicate your age and sex below. The researcher will enter your personal code.

AGE: _____ SEX: _____ Personal Code: _____

1. Imagine that you find you have an ectopic pregnancy. In this case, one embryo is growing normally in your uterus, but a second embryo is lodged in one of your fallopian tubes. A team of physicians agrees that failure to abort the embryo in the tube will result in the death of the embryo in the uterus and your death as well. With an abortion of the embryo in your tube, you can expect a normal pregnancy.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

2. Imagine you and your husband or partner have been trying to have a girl for quite some time. You already have five boys when you discover you are expecting again. You decide to undergo a test to determine the sex of the baby with the intention of aborting if it is another boy. The test subsequently reveals that you are expecting a boy.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

3. Imagine you and your husband or partner have been trying for a number of years to have a baby with no success. With the help of fertility drugs you finally become pregnant, but are told that you are carrying six fetuses. Because of the great risk to your health and the likelihood that few, if any, of the fetuses can survive such a pregnancy, the doctor strongly recommends selective reduction to no more than three fetuses. This requires abortion of three of the fetuses. Because your husband or partner wants children badly, but also fears for your safety, your husband or partner would like for you to undergo the selective abortions.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

4. Imagine you are a senior in high school when you discover you are pregnant. Your parents are strongly opposed to abortion, but you know that if they discover that you are pregnant they will force you out of the house as soon as you turn 18. They will also rescind their offer to provide for your college education. Even if you have to lie about your age, you want to have an abortion right away so that your parents will never know that you were pregnant.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

5. Imagine that you are a 19 year-old woman who is living on a large university campus when you accept a date with a man you do not know. During the date he forces you to have sex with him. You have been severely traumatized by this incident and are not doing well when you discover that you are pregnant. The pregnancy is a result of the date rape and both your family and your physician want you to abort the fetus.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

6. Imagine that you have four grown children and have just turned 53 when you discover that you are pregnant again. You do not want to begin raising children again at this stage of your life and decide that you will abort.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

7. Imagine that you have 3-month old twins. Your pregnancy was extremely difficult on you physically and emotionally, and your twins were premature. You and your husband or partner are poor and have medical and related expenses well beyond what your insurance and foreseeable income will cover. You are under extreme stress and not doing well emotionally, which is compounding the situation. You and your family cannot adequately provide for the financial, medical, or emotional needs of your twin infants, and you have just discovered that you are pregnant again. You wish to obtain an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

8. Imagine that you and your husband are divorcing and are in disagreement as to what should be done with the four viable embryos that were originally stored for your later use. One of you wants the four fertilized eggs to be destroyed, but one of you wants to give your embryos to other women rather than have them destroyed, because this seems to be equivalent to abortion. However, under the circumstances the clinic recommends destroying the embryos.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

9. Imagine that you are a young, single woman who is pregnant for the fifth time. You have already had four abortions in five years, but do not want to have a child at this time and plan to have another abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

10. Imagine that you are a married woman in her mid-thirties who had never planned to have children, but you have just discovered that you are pregnant. You had planned not to have children because you are the daughter of a man with Huntington's Chorea, a genetically transmitted disease with first symptoms appearing between the ages of 30 and 50. This disease is characterized by depression, defective memory, and loss of intellectual abilities. As the disease progresses, patients exhibit facial grimacing, head nodding, involuntary smacking of the tongue and lips, disjointed gait, and explosive speech. Both you and your husband wish to abort the fetus rather than experience the agony associated with possibly transmitting the disease to your child.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

11. Imagine that you are a married woman whose religious beliefs dictate that abortion for any reason is wrong. You have just learned that you are pregnant with your ninth child. One of your children is disabled, and you are exhausted by your many responsibilities to the family you already have. You do not see how you can handle any more children. Your husband suspects that you are pregnant again and has been hinting that women in your circumstances should have an abortion. He has further hinted that because of your shared religious beliefs, if you were to abort you should never tell anyone, not even him. You have scheduled an abortion and reported that your husband wants it also, although he has not actually been told about your pregnancy.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

12. Imagine you are happily married and as a couple you have decided that you do not want to have children. Despite careful use of birth control, you find that you are pregnant. The two of you agree that you will have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

13. Imagine that you are a young, unmarried girl and the mother of 3 children, all with different fathers who have never been identified. You were initiated into prostitution by your mother who has profited financially from your activities. You live with your mother who is pressuring you to obtain an abortion. At this time, you retain custody of your 3 children, but the state is reviewing child abuse charges against both you and your mother. You decide to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

14. Imagine that you have just found out that your husband or partner is having an affair and that it has been going on for quite some time. You are so angry and hurt that when you discover you are pregnant you decide to have an abortion to get even with your husband or partner.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

15. Imagine that you are a single woman who is HIV-positive and discover you are pregnant with twins. Although it is possible that the babies will be born without the AIDS virus, you decide that it would be cruel for the babies to be born perhaps just die or to watch you eventually die. You decide to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

16. Imagine that you are a married woman who has become increasingly dissatisfied with your marriage. You are no longer in love with your husband, but wish to obtain a "civilized" divorce. You begin to make plans to resume your career and tentatively investigate childcare for your two preschoolers. You unexpectedly find yourself pregnant and decide to abort so as not to complicate your divorce proceedings.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

17. Imagine you are a young Jewish woman who discovers, following amniocentesis, that the fetus you are carrying will have Tay-Sachs disease. There is no known cure, and the infant ordinarily becomes apathetic, develops muscular weakness, blindness, mental retardation, and death occurs within a few years. Your rabbi strongly urges you to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

18. Imagine that you a middle-aged mother of 7 children and discover you are pregnant again. Your physician has warned you following your last child that under no circumstances should you attempt any future pregnancies. Following your first examination, your physician repeats that your health and the health of your baby will be in serious jeopardy if you continue with the pregnancy. Your physician strongly recommends that your pregnancy be terminated immediately.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

19. Imagine that you are a thirteen year-old girl and have been raped by your father when you discover you are pregnant. You have had no other sexual experience, so the pregnancy is clearly the result of incest. You desire to obtain an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

20. Imagine that you are a young single woman and learn you are pregnant. Since you are an active alcoholic, you have been informed by your physician that you will most likely give birth to an infant with fetal alcohol syndrome. This disorder is characterized by low birth weight, retarded motor development, numerous physical abnormalities including facial deformities, and possible mental retardation. You schedule an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

21. Imagine that you have just discovered that you have breast cancer when you also learn you are pregnant. If you put off treatment for your cancer until your baby is born there is a small but very real chance that it could cost you your life. If you have the treatment now you will almost definitely recover fully, but the treatment would likely produce birth defects in your baby, and could also result in a miscarriage or stillbirth. Your doctor urges you to have an abortion and undergo treatment immediately.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

22. Imagine that you are a career woman who is enjoying tremendous success and you have just received word that you will receive a much sought-after promotion. A week later you discover you are pregnant. You will have to turn down your much sought-after promotion if you allow the pregnancy to continue. You seek an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

23. Imagine you a woman who is acting as a surrogate to a friend of yours who has been unable to carry her own babies to term. During the second month of your pregnancy, your friend and the man who are the biological parents to the baby are killed in an accident. You now plan to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

24. Imagine that you are a woman in your late thirties who already has two sons when you become pregnant for the third time. Your husband suffers from hemophilia, a genetically transmitted disease characterized by severe bleeding, arthritic joints, prolonged bruising, infections, attendant depression, and a reduced life expectancy. Typically, only males have the disease, and fathers do not pass it on to their sons, but all daughters become carriers with a 50 percent chance of passing hemophilia on to their sons. Amniocentesis reveals that your fetus is female, and your husband strongly desires an abortion to spare your daughter the uncertainty and distress of bearing a son with this disorder. You, however, point out that 20 years from now medical science may have eliminated hemophilia, and your daughter will herself have the option of aborting a male fetus.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

25. Imagine yourself to be a young married woman and discover you are pregnant. You decide that a baby at this point will constitute a hardship, as it would interfere with a planned trip to Europe. You decide to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

26. Imagine that you are a woman who is seeking an abortion for your teenage daughter who is blind, deaf, cannot communicate, and has the intelligence of a 1-year-old. Your daughter was raped in the state institution in which she has lived since the age of 6. You have religious beliefs, which are against abortion, but you also have grave concerns about both the care and condition of your daughter and any future grandchild. Your financial resources are very limited, and caring for your daughter has been extremely difficult and depressing, plus there is not possibility that you could care for a new baby either. Your daughter has an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

27. Imagine that you are a woman in an abusive relationship and have made plans to leave it on the same day that you find out that you are pregnant. You feel that you cannot stay in the relationship and do not want to have a child with the man you are leaving. You decide to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

28. Imagine that you are a high school dropout with a history of promiscuity and criminal delinquency when you learn you are pregnant. Your brother and his wife have a stable, but childless, marriage and offer to shelter you and legally adopt your baby. You refuse the offer and seek an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

29. Imagine that you are a woman who is engaged to be married in a couple of months. You find that you are pregnant and will be embarrassed if friends and family figure out that you became pregnant before you were married. Rather than face such embarrassment, you decide to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

30. Imagine yourself to be a married woman who is five months pregnant when you suffer a serious brain injury that leaves you in a coma with no hope of recovery. Your doctors claim that you can most likely be maintained in a coma until you are far enough along in your pregnancy to deliver a healthy baby. However, your husband produces a legal document indicating that you did not wish to be kept alive by artificial means. He therefore does not want to sustain you on machines for the many months until your baby is born and decides to turn off life support. Even if you survive temporarily without life support, it will most likely result in the abortion of your fetus.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

Appendix H

The following are scenarios that might be given as justifications for abortions. The scenarios are designed to be representative of some of the reasons that are commonly given for seeking abortions, but any similarity between a particular scenario and an actual case is purely coincidental. Please read through each of the following scenarios and then indicate your opinion regarding the acceptability or unacceptability of an abortion for each set of circumstances described. Please circle your answer. Do not put your name on this form, but please indicate your age and sex below. The researcher will enter your personal code.

AGE: _____ SEX: _____ Personal Code: _____

1. Imagine that a significant woman in your life (e.g. female partner, wife, sister, or daughter) has an ectopic pregnancy. In this case, one embryo is growing normally in the uterus, but a second embryo is lodged in a fallopian tube. A team of physicians agrees that failure to abort the embryo in the tube will result in the death of the embryo in the uterus and the death of the mother. With an abortion of the embryo in the tube, the mother can expect a normal pregnancy. For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

2. Imagine that you and your female partner have been trying to have a girl for quite some time. You already have five boys when you discover you are expecting again. The two of you decide to undergo a test to determine the sex of this baby with the intention of aborting if it is another boy. The test subsequently reveals that you are expecting a boy. For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

3. Imagine that a significant woman in your life (e.g. female partner, wife, sister, or daughter) has been trying for a number of years to have a baby with no success. With the help of fertility drugs she has finally become pregnant, but is told that she is carrying six fetuses. Because of the great risk to her health and the likelihood that few, if any, of the fetuses can survive such a pregnancy, the doctor strongly recommends selective reduction to no more than three fetuses. This requires the abortion of three of the fetuses. Because you know she wants children badly, but you also fear for her safety, you discuss her options with her. She decides to undergo the selective abortions. For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

4. Imagine that a significant woman in your life (e.g. female partner, wife, sister, or daughter) is a senior in high school when she discovers she is pregnant. Her parents are strongly opposed to abortion, but she knows that if they discover that she is pregnant they will force her out of the house as soon as she turns 18. They will also rescind their offer to provide for her college education. Even if she has to lie about her age, she wants to have an abortion right away so that her parents will never know that she was pregnant.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

5. Imagine that a 19 year-old woman who is someone very close to you (e.g. sister, daughter) is living on a large university campus when she accepts a date with a man she does not know. During the date he forces her to have sex with him. The young woman has been severely traumatized by this incident and is not doing well when it is discovered that she is pregnant. The pregnancy is a result of the date rape, and both the woman's family and the woman's physician want the woman to abort the fetus.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

6. Imagine that a significant woman in your life (e.g. female partner, wife, mother, or sister) has four grown children and has just turned 53 when she discovers that she is pregnant again. She does not want to begin raising children again at this stage of her life and decides that she will abort.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

7. Imagine that a significant woman in your life (e.g. female partner, wife, daughter, or sister) has 3-month old twins. Her pregnancy was extremely difficult on her physically and emotionally and her twins were premature. The woman and her husband are poor and have medical and related expenses well beyond what their insurance and foreseeable income will cover. The mother is under extreme stress and not doing well emotionally, which is compounding the situation. The family cannot adequately provide for the financial, medical, or emotional needs of their twin infants, and the woman has just discovered that she is pregnant again. She wishes to obtain an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

8. Imagine you and your wife are divorcing and in disagreement as to what should be done with the four viable embryos that were originally stored for your later use. One of you wants the four fertilized eggs to be destroyed, but the other wants to give your embryos to other women rather than have them destroyed, because this seems to be equivalent to abortion. However, under the circumstances the clinic recommends destroying the embryos.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

9. Imagine a young, single woman who is especially close to you (e.g. sister, girlfriend, or daughter) finds that she is pregnant for the fifth time. She has already had four abortions in five years, but does not want to have a child at this time and plans to have another abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

10. Imagine you are married to a woman in her mid-thirties who had never planned to have children, but has just discovered that she is pregnant. You and your wife had planned not to have because she is the daughter of a man with Huntington's chorea, a genetically transmitted disease with first symptoms appearing between the ages of 30 and 50. This disease is characterized by depression, defective memory, and loss of intellectual abilities. As the disease progresses, patients exhibit facial grimacing, head nodding, involuntary smacking of the tongue and lips, disjuncted gait, and explosive speech. Both of you wish to abort the fetus rather than experience the agony associated with possibly transmitting the disease to your child.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

11. Imagine you are especially close to a woman whose religious beliefs dictate that abortion for any reason is wrong. She has just learned that she is pregnant with her ninth child. One of her children is disabled, and you know that she is exhausted by her many responsibilities to the family she already has. The woman does not see how she can handle any more children. She has told you that her husband suspects she is pregnant and that he has been hinting that women in such circumstances should have an abortion. He has further hinted that because of their religious beliefs, if she were to abort, she should never tell anyone, not even him. She has scheduled an abortion and has told you that she is going to tell the clinic doing the abortion that her husband wants it also, although he has not actually been told about her pregnancy.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

12. Imagine that you are happily married and you and your wife have decided that you do not want to have children. Despite careful use of birth control, your wife finds that she is pregnant. As a couple, you agree that she will have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

13. Imagine that someone very close to you is a young, unmarried girl and the mother of 3 children, all with different fathers who have never been identified. This young girl was initiated into prostitution by her mother who has profited financially from her daughter's activities. The young girl lives with her mother who is pressuring her to obtain an abortion. At this time, the girl retains custody of her 3 children, but the state is reviewing child abuse charges against both the young, unmarried girl and her mother. The pregnant girl decides to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

14. Imagine that a woman you are especially close to (e.g. your mother, sister, or daughter) has just found out that her husband is having an affair and that it has been going on for quite some time. She is so angry and hurt that when she discovers that she is pregnant she decides to have an abortion to get even with her husband.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

15. Imagine that you are especially close to a single woman (e.g. your sister, daughter) who is HIV-positive and discovers she is pregnant with twins. Although it is possible that the babies will be born without the AIDS virus, the woman decides that it would be cruel for the babies to be born perhaps just to die or to watch their mother eventually die. She decides to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

16. Imagine you are married to a woman who has become increasingly dissatisfied with your marriage and is no longer in love with you, but wishes to obtain a "civilized" divorce. She begins to make plans to resume her career and tentatively investigates childcare for your two preschoolers. She unexpectedly finds herself pregnant and decides to abort so as not to complicate your divorce proceedings.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

17. Imagine yourself in a relationship with a young Jewish woman who discovers, following amniocentesis, that the fetus she is carrying will have Tay-Sachs disease. There is no known cure and the infant ordinarily becomes apathetic, develops muscular weakness, blindness, mental retardation, and death occurs within a few years. The woman's rabbi strongly urges her to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

18. Imagine that someone you are especially close to is a middle-aged mother of 7 children (e.g. your mother, sister, or daughter) and discovers she is pregnant again. Her physician has warned her following her last child that under no circumstances should she attempt any future pregnancies. Following her first examination, her physician repeats that her health and the health of her baby will be in serious jeopardy if she continues with the pregnancy. The physician strongly recommends that the pregnancy be terminated immediately.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

19. Imagine that a thirteen year-old girl who is someone very important to you (e.g. sister, niece) has been raped by her father and discovers she is pregnant. She has had no other sexual experience, so the pregnancy is clearly the result of incest. She desires to obtain an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

20. Imagine that you are very close to a young single woman (e.g. your sister or daughter) who learns she is pregnant. Since she is an active alcoholic, she has been informed by her physician that she will most likely give birth to an infant with fetal alcohol syndrome. This disorder is characterized by low birth weight, retarded motor development, numerous physical abnormalities including facial deformities, and possible mental retardation. She schedules an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

21. Imagine that you are very close to a woman (i.e. your wife, sister, mother) who has just discovered that she has breast cancer when she also learns she is pregnant. If she puts off treatment for her cancer until her baby is born, there is a small but very real chance that it could cost her her life. If she has the treatment now she will almost definitely recover fully, but the treatment would likely produce birth defects in her baby, and could also result in miscarriage or stillbirth. Her doctor urges her to have an abortion and undergo treatment immediately.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

22. Imagine you are married to a career woman who is enjoying tremendous success and has just received word that she will receive a much sought-after promotion. A week later, your wife discovers she is pregnant. She will also have to turn down her much sought-after promotion if she allows the pregnancy to continue. She seeks an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

23. Imagine that your wife or girlfriend is acting as a surrogate to a friend of hers who has been unable to carry her own babies to term. During the second month of pregnancy, the man and woman who the biological parents to the baby are killed in an accident. Your wife or girlfriend now plans to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

24. Imagine that woman in her late thirties who is very close to you (e.g. your sister, mother, or daughter) and who already has two sons has become pregnant for the third time. Her husband suffers from hemophilia, a genetically transmitted disease characterized by severe bleeding, arthritic joints, prolonged bruising, infections, attendant depression, and a reduced life expectance. Typically, only males have the disease, and fathers do not pass it on to their sons, but all daughters become carriers with a 50 percent chance of passing hemophilia on to their sons. Amniocentesis reveals that the fetus is female, and this woman's husband strongly desires an abortion to spare their daughter the uncertainty and distress of bearing a son with this disorder. This woman, however, points out that 20 years from now medical science may had eliminated hemophilia and the daughter will herself have the option of aborting a male fetus.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

25. Imagine that you are married to a woman who discovers she is pregnant and decides that a baby at this point will constitute a hardship for the two of you, as it would interfere with a planned trip to Europe. She decides to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

26. Imagine a significant woman in your life (e.g. your sister, mother, or daughter) is seeking an abortion for her teenage daughter who is blind, deaf, cannot communicate, and has the intelligence of a 1-year old. The young girl was raped in the state institution in which she has lived since the age of 6. This woman has religious beliefs, which are against abortion, but she also has grave concerns about both the care and condition of her daughter and any future grandchild. Her financial resources are very limited, and caring for the daughter has been extremely difficult and depressing, plus there is no possibility that she could care for a new baby either. The daughter has an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

27. Imagine that you are very close to a woman (e.g. your mother, sister, or daughter) who is in an abusive relationship and has made plans to leave it on the same day that she finds out that she is pregnant. She feels that she cannot stay in the relationship and does not want to have a child with the man she is leaving. She decides to have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

28. Imagine that someone who is very close to you (e.g. your sister or daughter) is a high school dropout with a history of promiscuity and criminal delinquency and is pregnant. One of the girl's brothers and his wife have a stable, but childless, marriage and offer to shelter the girl and legally adopt the baby. She refuses the offer and seeks an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

29. Imagine that you are engaged to be married in a couple of months. Your future wife finds that she is pregnant and will be embarrassed if friends and family figure out that she became pregnant before you were married. Rather than face such embarrassment, you agree that she should have an abortion.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

30. Imagine your wife is five months pregnant when she suffers a serious brain injury that leaves her in a coma with no hope of recovery. Her doctors claim that she can most likely be maintained in a coma until she is far enough along in her pregnancy to deliver a healthy baby. However, you produce a legal document indicating that your wife did not wish to be kept alive by artificial means. You therefore do not want to sustain your wife on machines for the many months until the baby is born and decide to turn off life support. Even if your wife survives temporarily without life support, it will most likely result in the abortion of the fetus.

For these circumstances abortion is: ACCEPTABLE UNACCEPTABLE

Appendix I

Prescreening Score	Sex*	Form of Cards**	Number of Piles	Number of abortions rated Acceptable
37	M	A	3	9
35	M	A	4	24
22	F	A	7	10
14	M	A	9	20
13	M	A	5	9
21	M	A	4	19
37	F	A	3	22
30	F	A	6	9
20	M	A	4	13
19	M	A	7	24
17	M	A	4	27
35	F	A	4	8
14	M	A	4	5
17	F	A	8	13
42	F	A	3	1
13	F	A	5	21
42	F	A	3	3
14	F	S	4	12
16	M	A	7	10
9	F	S	10	21
17	F	S	5	13
6	F	A	5	24
27	M	S	4	14
6	F	A	7	30
14	F	A	3	17
18	F	A	6	20
14	F	A	5	21
20	M	A	9	20
15	F	S	4	15
13	M	S	3	23
28	M	S	12	17
41	F	A	4	5
36	M	A	2	5
12	F	A	3	18
17	F	A	3	18
20	F	S	5	19

*Note re Sex: M = Male; F = Female

**Note re Form of Cards: A = Abstract; S = Personally Salient

Prescreening Score	Sex*	Form of Cards**	Number of Piles	Number of abortions rated Acceptable
17	F	S	4	13
15	F	S	6	13
21	F	A	8	9
18	M	S	7	11
25	F	A	5	13
30	F	S	2	8
12	M	A	6	16
29	F	S	4	12
21	F	A	3	20
20	F	S	7	12
6	F	A	4	30
11	F	S	7	25
20	M	S	13	24
10	F	A	7	23
39	F	S	6	11
6	M	S	6	13
24	M	S	6	28
42	M	A	2	3
17	F	S	3	13
16	M	S	4	14
15	M	S	3	21
9	M	S	3	15
6	M	S	9	30
12	F	S	11	9
36	M	S	5	8
26	F	A	9	15
12	F	A	3	18
36	F	A	4	5
14	M	A	7	16
6	M	A	10	30
11	F	A	5	19
39	F	A	5	12
8	M	S	4	24
29	M	S	4	11
13	M	S	6	16
10	M	S	7	22
7	M	S	8	24
14	F	S	4	21
20	F	S	3	23

Prescreening Score	Sex*	Form of Cards**	Number of Piles	Number of abortions rated Acceptable
18	M	S	4	13
16	F	S	5	22
11	F	S	5	23
26	M	S	6	18
13	F	A	6	18
11	F	A	3	23
8	F	S	4	23
35	M	S	4	13
24	F	S	4	4
37	M	S	4	12
15	F	S	5	8
33	F	S	7	1
14	M	A	3	22
18	M	S	4	22
16	F	S	3	19
25	F	A	3	8
8	F	S	6	17
10	F	S	7	15
17	F	S	3	18
10	M	S	11	20
16	F	S	8	15
17	M	S	2	22
17	F	A	6	16
18	F	S	9	18
10	F	S	2	19
25	F	S	3	15
39	M	S	3	3
27	M	S	3	1
13	M	A	3	16
7	F	S	4	26
25	M	S	3	17
23	M	A	4	19
27	M	S	4	6
13	F	S	5	12
14	F	S	6	17
41	F	A	7	4
26	M	S	6	14
9	F	S	3	29
21	M	S	6	25

Prescreening Score	Sex*	Form of Cards**	Number of Piles	Number of abortions rated Acceptable
9	F	S	8	26
10	F	S	3	20
13	F	S	6	15
11	F	A	8	30
14	M	S	4	15
15	M	S	4	16
14	F	S	4	13
28	M	S	2	11
33	F	S	4	2
12	M	S	5	16
6	M	S	5	26
21	F	S	8	19
16	F	S	6	8
17	F	S	6	14
8	F	S	7	25
12	F	A	3	29
33	F	A	5	16
15	F	S	11	19
8	F	S	5	18
13	F	S	6	19
10	M	S	7	11
10	F	A	8	20
9	F	S	10	21
36	F	S	5	1
15	F	A	9	11
21	F	A	5	6
18	M	S	4	14
33	F	S	10	7
7	F	A	6	29
16	F	S	7	14
6	F	A	6	30
27	F	S	5	2
15	M	S	2	20
15	F	S	13	19
30	M	A	3	10
21	M	S	5	27
31	M	A	2	2
26	M	S	4	13
18	F	A	3	11

Prescreening Score	Sex*	Form of Cards**	Number of Piles	Number of abortions rated Acceptable
9	M	S	7	24
34	M	S	6	4
16	M	A	5	20
24	M	S	8	13
18	M	S	7	12
16	M	A	5	16
9	M	S	5	15
25	M	A	3	19
15	M	A	4	19
24	M	S	3	17
6	M	A	10	20
31	M	S	4	8
34	M	A	3	8
13	F	S	4	24
30	M	S	4	1
30	M	S	2	7
17	F	S	12	23
25	F	A	10	15
17	F	S	6	18
14	M	A	8	18
25	M	A	7	13
14	M	S	6	24