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Genetic Technologies, Religion, and Public Debate

JOHN H. EVANS

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FOR SUSAN K. EVANS (1963–2005)
MAY YOUR SPIRIT LIVE ON IN THE LIVES OF OTHERS

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CHAPTER ONE

Introduction

There is a revolution under way in how babies come into being that may change our entire society. Some commentators assume it will "only" create forms of social inequality built into our bodies. For example, a Republican operative, writing about Republican strategies toward societal inequality, mentions that "the trend to inequality will grow even stronger in the years ahead, if new genetic techniques offer those with sufficient resources the possibility of enhancing the intelligence, health, beauty and strength of children in the womb."[1] Some make stronger claims about this revolution, such as that it will change our ideas about what it means to be human and result in the creation of a posthuman species.[2] This is all because new procedures that I will call reproductive genetic technologies (RGTs) allow parents to influence the genetic qualities of their offspring more precisely than through "normal" fertilization by a sperm and an egg after sex. Among the currently possible and potential technologies are genetic carrier screening, fetal testing followed by abortion, preimplantation genetic diagnosis, sex-determining sperm sorting, human genetic engineering, and reproductive cloning.

I will briefly explain these technologies with an example. Imagine a couple who are both carriers of the Tay-Sachs gene, and they want to ensure that their offspring do not have this gene. (Tay-Sachs is a genetic disorder that causes the destruction of a child's central nervous system by the time the child is five years old.) Choosing one of the simplest technologies,

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genetic carrier screening, the couple could find out whether they are carriers for the Tay-Sachs gene, before deciding to try to have children. If carriers, they could adopt instead of having biologically related children. Alternatively, the woman could become pregnant and then have fetal testing through amniocentesis to determine whether the fetus has the trait and then have an abortion if the fetus is afflicted with the disease.[3] The woman could also use preimplantation genetic diagnosis by creating multiple embryos through in vitro fertilization and then have the embryos tested for the Tay-Sachs gene. Those embryos that express the Tay-Sachs trait would be discarded and one or more that either lack the gene or would only be a carrier would be implanted in her uterus. Another option in the future might be to simply replace the Tay-Sachs gene with a properly functioning gene in the sperm, egg, or early embryo through human genetic engineering, thus removing Tay-Sachs from the family tree forever. Finally, and equally futuristically, the parents could create an embryo that is a genetic clone of someone they know who does not have Tay-Sachs and bring that embryo to term. (For definitions of these technologies and acronyms, see table 1.)

The least controversial application of RGTs is to make sure that children do not have deadly childhood diseases like Tay-Sachs. But what about using the technologies to ensure that children do not have a gene that would make them slightly more susceptible to cancer as adults? Or to Alzheimer's disease when they are fifty years old? Or, to have children with blue eyes and blonde hair? Or, perhaps one day, using RGTs to make your children taller or more intelligent? These questions refer to a commonly used spectrum of applications of RGTs, with "health" applications on one end and "enhancements" on the other. A health application is one that ensures that the offspring has a normal state of health and fitness, lacking known diseases, disabilities, and impairments. An enhancement augments or improves the capabilities of the child.[4] Each person will have a different notion of what is "normal," a "disease" or an "enhancement." What often matters in public debate, as well as in this book, is where an individual draws the line between health and enhancements.

Given that the same technologies can be used for both health and enhancement applications, it is easy to see why these technologies provoke controversy. The controversy partly derives from advocates of the extensive use of RGTs. For example, British bioethicist John Harris argues that "Darwinian evolution has taken millions of years to create human beings; the next phase of evolution, a phase I call 'enhancement evolution' could

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TABLE 1. **Glossary of Reproductive Genetic Technology (RGT) Terms and Acronyms**

Term	Definition
RGT	A technology that allows parents to control the genetic characteristics of their offspring.
Preimplantation genetic diagnosis (PGD)	A number of embryos are created using in vitro fertilization and allowed to grow to the eight-cell stage. Growth is arrested, and one cell is removed from each embryo and genetically tested.
Human genetic engineering (HGE)	Genes in sperm, egg, or embryo are altered to introduce desirable genetic characteristics into the embryo, which develops into a child.
Reproductive cloning	The nucleus of an embryo is replaced with the nucleus from a cell taken from an adult. The embryo is then induced to continue its development, but is now a genetic copy of the adult. When brought to term, the resulting baby is a genetic copy of the adult.
Sperm sorting	Sperm are divided into XX and XY sperm, and only the sperm that will produce the desired sex of a child are placed in the woman's uterus. If pregnancy occurs, there is a very high probability that the baby will be of the desired sex.
Amniocentesis	A needle is inserted into the uterus of a pregnant woman, and some fluid is removed for testing. The test reveals the genetic qualities of the fetus. If the genetic qualities are undesirable, an abortion is conducted.
In vitro fertilization	A number of eggs are removed from a woman and mixed with sperm. Some of the resulting embryos are placed in the woman's womb to develop into a baby or babies. If only in vitro fertilization is used, nothing is known about the genetic qualities of the embryos except who the parents are.
Health application	An RGT that ensures that the offspring has a normal state of health and fitness, lacking known diseases, disabilities, and impairments.
Enhancement application	An RGT that augments or improves the capabilities of the child.

occur before the end of the century. The result may be the emergence of a new species that will initially live alongside us and eventually may entirely replace humankind." After noting that many of the technologies are in place for the emergence of the posthuman and talking of how humans in the future may use RGTs to genetically design their children to live longer and be resistant to disease, Harris writes that "the end of humanity then is not in itself a concern; making sure that those who replace us are better than we are is a huge and timely concern."[5] Harris argues that to it is often ethically obligatory to enhance our children through RGTs to make them less susceptible to disease, and it can be acceptable to make your children

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more intelligent.[6] Harris is not some lonely crank, but an influential figure in these debates—influential enough to be a member of the British government's Human Genetics Commission.[7] Moreover, his advocacy of evolving ourselves into a "better" species is increasingly shared by others in these debates.[8]

This controversy will expand as more technologies become available and the genetic basis of more traits is better understood. Already, many of the technologies I discuss in this book are in use. For example, preimplantation genetic diagnosis has long been an "off-the-shelf" technology for traits that most people would consider to be diseases, such as Tay-Sachs. A reproductive clinic in the United States recently announced that simultaneously testing for fifteen thousand genetic conditions in an embryo will soon be possible.[9] As knowledge of the human genome improves, more traits in embryos, not all typically considered to be diseases, will be identifiable using this technique. For example, blurring the line between a therapeutic application and an enhancement, scientists in the United Kingdom have applied for a government license to use preimplantation genetic diagnosis to screen out embryos that are genetically susceptible to breast and bowel cancer later in life.[10] Embryos are also being screened by couples to make sure they will have children without a strong squint, deafness, or dwarfism. Conversely, some couples who are deaf or dwarves want to use the technology to ensure that their children will be like them and not "normal."[11] Asian Americans are already using RGTs to insure that they have a male child in their family, a pattern that is easily detectable using census data.[12] Finally, in a portent of applications to come, in February 2009 a fertility clinic announced that it would now use preimplantation genetic diagnosis to produce babies with the desired eye color, hair color, and complexion.[13]

Even technologies long considered to be in the realm of science fiction now appear to be on the horizon. For example, human genetic engineering has been a futuristic possibility that would allow genes to be changed not only for the recipient of the genes but also for all his or her descendants, essentially changing the genetic makeup of the human species. While this has been the holy grail of RGTs for more than fifty years and was the RGT that first generated intense religious opposition, it has always faced seemingly insurmountable technological hurdles.[14] However, in May 2008 scientists passed another hurdle with the creation of the first genetically engineered human embryo.[15] The technology required for our "posthuman" future is increasingly available.

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Current and Future Debates about RGTs

By and large there are no laws in the United States that specifically regulate RGTs beyond concerns about safety and efficacy.[16] Although there has been little legislation, there has been an extensive debate among philosophers, bioethicists, and similarly situated people about the morality of RGTs and whether RGTs should be regulated. However, there has not yet been much public debate among ordinary citizens like there has been over issues like abortion.

My presumption is that the lack of extensive public debate can be explained by the fact that RGTs are currently used primarily for what are almost universally considered to be diseases, which as we will see has the support of the majority of the public. However, when the first cloned human is born, or the first enhanced human, a debate of greater intensity will begin. Such a public debate is necessary; Should it not be the citizens who collectively decide whether to replace ourselves with a new "improved" species?

At its broadest, this book evaluates what the initial public debate will look like by examining the current views held by the public. Critically, such a debate will emerge in the public sphere, which I define, following Charles Taylor, as "a common space in which the members of society are deemed to meet through a variety of media: print, electronic, and also face-to-face encounters; to discuss matters of common interest; and thus to be able to form a common mind about these."[17] The public sphere is where we as a society debate matters of collective concern, such as whether we should engage in wars in the Middle East, whether we should be tolerant of different sexualities, or whether we should spend the society's money to combat pollution. Scholars often examine the views of participants in the public sphere and how these debates are influenced by powerful institutions such as the media, social movements, and the state. To fully understand how a debate will unfold in the public sphere, one would have to examine all these influences—clearly an impossible task for one book. Instead, I want to shine an analytic light on how the ordinary participants in the public sphere view RGTs.[18] Although these views will eventually be shaped by powerful institutions as a debate emerges, power is not absolute, and the initial views of the public can only be pushed so far in a short period of time. To paraphrase an old adage: One can make a bowl, a plate or even a chair out of a block of clay, but making a functioning car is not possible.

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Understanding Religious Opposition to RGTs

The first and most obvious question about a future RGT debate in the public sphere is what the public currently thinks about RGTs. Instead of looking more thinly across the entire public, I decided to focus on the religiously oriented public because I think this more narrow investigation will make the greatest contribution to a healthy debate about RGTs. This is because many of the people who inhabit the powerful institutions in the public sphere that mediate between the public and government officials, such as the media, are fairly uninformed about the religious people of whom surveys show are the most opposed to RGTs.[19] For example, one mediating institution is public bioethical debate, which is a group of primarily academics who deliberate about issues like RGTs.[20] People in the public bioethical debate often talk with the media, teach in universities, serve on government commissions, and make recommendations to government decision-makers while explicitly or implicitly claiming to be representing the view of the public.[21] In recent years bioethicists have split into mainstream and conservative factions, with the mainstream bioethicists associated with the Democratic Party and, most critically, avoiding religious ideas and arguments. The conservative bioethicists have been associated with the Republican Party and are more sympathetic to religious ideas.[22]

Conservative bioethicists who use the religious ideas that animate a good portion of the citizens of this country were dominant during the eight years of the presidency of George W. Bush. With the election of Barack Obama, the mainstream bioethicists are returning to influence. They will be staffing government bioethics commissions and making recommendations about RGTs to government authorities, again by explicitly or implicitly claiming to know how the public that would be governed by these policies would view medical and scientific issues. While it is admirable that mainstream bioethicists want to represent the views of *all* the citizens, since mainstream bioethics debates generally lack religious participants, particularly conservative religious participants, I worry that this debate will not describe accurately the religious citizens' views.

Similarly, scientists are often provided with influential roles in debates about genetic issues. Studies have shown that scientists, particularly the scientists at elite Ph.D. granting institutions who are the most influential in the public sphere, are much less religious than ordinary citizens and very much less likely to be from a conservative religious tradition.[23] Studies of

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these elite scientists reveal a pervasive ignorance about American religion, typically that all religious persons are fundamentalist Protestants—while confusing the statements of fundamentalist leaders with the views of the ordinary fundamentalists.[24] This book will allow the public to determine whether powerful people like bioethicists and scientists are portraying properly the religious public's views. It is important that bioethicists and scientists get this right, or the legitimacy of their role in the public sphere will be threatened.

I will also focus on people's reasons for opposing RGTs, rather than their reasons for supporting RGTs. This is because the scientists and bioethicists are fairly aware of why people would support these technologies like the scientists and bioethicists tend to do. Why people would oppose RGTs is, in my view, often not portrayed well by bioethicists and scientists.

This study is the first of its kind. There have of course been other studies of RGTs, such as studies of the views of the European and Australian public. But, even in the rare instances that these studies discuss religion, they implicitly highlight that religion is more central to the public sphere in the United States, and that a distinct study is required to make claims about the religious public in the United States.[25]

In the United States, many studies of the public's views of genetic science in general have been conducted, such as the public's view of genetic determinism and genetic research broadly construed.[26] A good number of studies also have examined how populations that have some particular exposure to genetic science by, for example, being a clinician or having a genetic disease, view RGTs.[27] These are not studies of the general public, nor are they focused on religion, so these do not cover the same ground as this book.

A number of survey studies have also evaluated the U.S. public's view of RGTs. Although these sometimes have the religious tradition or religious service attendance rate of the respondent as variables in the models and show that certain religious traditions and higher attendance rates lead to opposition to RGTs, it cannot be determined from these studies *why* this would be so.[28] The few qualitative studies of the public's views of RGTs have used focus groups to look at the public in general and not the religious respondents in particular. These studies may have a religiously oriented focus group in their sample, and religion may become an issue in other focus groups, but they have not focused on religion to the extent I do here.[29]

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Therefore, we do not know why religious citizens tend to oppose RGTs. For example, why are evangelicals more likely to be opposed to RGTs than others? The first purpose of this book is then to further our understanding of opposition to RGTs by inductively examining the reasons people give for their opposition to RGTs. I conduct this examination through a nationwide in-depth interview study of members of religious congregations, and a 4,800-respondent nationally representative public opinion poll. These two methods inevitably provide different lenses with which to examine the questions, but by looking through both we can obtain a clearer picture.

Although I am interested in how religious people "think" about RGTs, I am studying how they discuss RGTs, because a person's language about their thoughts, rather than solely their thoughts, influences others in the public sphere. Of course, any theory of why people talk in a particular way must have an assumed psychological model, and my model is discussed below.[30]

Of the many terms used by social scientists to describe the language people use in discussions in the public sphere, I will use the term discourse, which I define as a publicly available system of meaning, expressed through language, that structures how people organize their world, constraining what can be thought and said.[31] A good example of discourses, as well as their effects, are discourses about homosexuality. As little as fifty years ago, the discourse about homosexuality included the idea that homosexuality was a sickness and a source of shame for families. The social effect was severe as some parents disowned their homosexual children and homosexuals faced discrimination in many aspects of their lives. Fifty years later, a different discourse about homosexuality is more available and more often used, in which homosexuality is a natural variation in human behavior. If people use this discourse, the social effects are markedly different. In the 1950s, the new discourse was not publicly available and would never have been conceivable to parents—and thus the contemporary more liberal actions toward gay people also would have been unthinkable. As discourse about homosexuality has been very powerful, discourse about RGTs also will be powerful in debates. A future RGT debate will be very different if most people use a discourse of "playing God," instead of "the eradication of suffering." Although there is much more than discourse that influences debates in the public sphere, discourse is a critical component to study.

In chapters 3–6, I describe what I inductively find to be the oppositional discourses most frequently used by the religiously oriented Ameri-

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cans who also oppose most RGTs. These are the reasons why the religious public is disproportionately opposed to RGTs, and discovering these reasons helps us understand religious-based opposition. The first is what I call the "embryonic life" discourse, that is, "life begins at conception" and to destroy such life is therefore wrong. That the embryonic life discourse is often used is not too surprising given that many RGTs result in embryonic death, and many of the respondents also are opposed to abortion.

The second discourse is "Promethean fatalism," which claims that God has a plan for every person and to interrupt that plan is to usurp God's prerogatives. For example, if God wanted you to have cystic fibrosis, it is not the role of humans to interfere. I also describe subtly different discourses used by other interview respondents that also address the relationship among nature, God, and humanity.

The third discourse I call "individual human dignity and equality," which is that all humans have dignity because they are made in the image of God and therefore deserve to be treated equally. Although we might presume that this is used for opposing all RGTs, in actuality it is only used for some. There is also a related discourse in use among those who are opposed to fewer RGTs and fewer applications of RGTs.

I call the fourth discourse "meaningful suffering," which maintains that suffering is not necessarily to be avoided at all costs, but is instead a learning experience for the one who suffers and for those around him or her. Although scholars have identified a number of other suffering discourses in religious traditions, I find that only this one is used to discuss RGTs, and those who see meaning in suffering are more likely to be opposed to RGTs.[32] By showing how these discourses are actually used, we can see the basis of initial opposition to RGTs in the public sphere.

The commonly used discourses of opposition reveal *how* RGTs are opposed. We can also look for patterns in *which* RGTs are opposed by religious people. The simple answer is that the religious are opposed to more RGTs and applications of RGTs than the nonreligious, but a more subtle answer is to identify the characteristics of different RGTs that tend to fall on either side of the moral divide between approval and disapproval. One generalization we can make from other scholarly studies is that the public makes a moral distinction between health and enhancement applications of RGTs. For example, one study concluded that "the public disapproved of 'designer babies,' but approved of manipulation to correct for disease."[33] At first glance, I find something very similar among my religious respondents. However, I will argue in the conclusion that there are

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two conceptions among religious respondents about what "health" is that may well be found in the general public.

Will There Be an Effective RGT Debate?

There will be a debate about RGTs in the public sphere in the future, and this book will show the discourses that the religious population will use in that debate. But, will it be an *effective* debate? There are many detailed theories of what constitutes an effective debate in the public sphere, such as those found in the enormous Rawlsian, Habermasian, and deliberative democracy literatures.[34] I want to focus on a feature of an effective debate so basic that it is shared by nearly all theories and is built into the very definition of the public sphere that I am using. Taylor's definition states that, for the public sphere to be effective, people must "discuss" in order to "form a common mind." As another writer defines it, "deliberation . . . lies at the core of democratic citizenship."[35] This deliberation is between people who at least initially disagree. "Both in political theory and empirical work, there is near unanimous agreement that exposure to diverse political views is good for democracy and should be encouraged," write two political scientists [36] So, a minimum condition for an effective debate is that there is discussion about an issue between people who at least initially disagree.

The presumption is that discussion in the public sphere will result in a greater degree of both compromise and consensus on divisive issues. If a group in society feels that issues were not discussed with them, their concerns have not been taken into account, and that their interests were simply overwhelmed by social power, they could become alienated from society and erode the social cohesion necessary for a functioning society. Moreover, on an issue as new as RGTs, deliberation is even more important because it is unlikely that any group has thought through all of the ramifications of the issue. Discussion with people with a different perspective can help clarify one's own perspective. Given the importance of an effective debate, the second purpose of this book then is to help make an effective debate occur by dispelling some illusions about proponents and opponents of RGTs.

While discussion in the public sphere does seem to occur on most issues, thus allowing for the minimal conditions for an effective debate to exist, discussion does not occur for some issues.[37] I have found two reasons

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in the academic literature why people may not debate RGTs. The first is that, for abortion opponents, opposition to RGTs is part of their opposition to abortion, and the public considers the abortion issue not worth discussing because of a lack of shared discourses. Shared discourses *are* critical for having a conversation. For example, if a secular liberal were to meet a fundamentalist, they might avoid a conversation about gay marriage because they would presume that they have no shared discourses with which to discuss it. Perceiving a conversation about RGTs to be as pointless as a discussion about abortion, the RGT conversation would not occur. The second reason for a lack of debate about RGTs is that the debate may include much religious discourse, which is thought of as the ultimate example of unshared discourse, which would also repel people from a discussion.

Later chapters will show that a future RGT debate *will* largely be part of the abortion issue for abortion opponents. However, I will also show that the merger of the RGT and abortion issues will not have as severe an effect on deliberation as predicted, because, for many people, there *is* a shared language across the abortion divide with which to talk about RGTs. I will also show that the use of religious discourse will not necessarily preclude deliberation. Therefore, we should not be dissuaded from deliberation by initial appearances that the RGT is part of the insoluble abortion debate or that it will be debated in religious terms.

Culture Wars

The concerns about a lack of shared discourse to discuss RGTs are at the core of debates over whether the United States is in a "culture war." The term "culture war" is repeated endlessly in the public sphere by journalists, pundits, and activists as a depiction of debates in the public sphere. Having pundits say that there is a culture war over issues like RGTs can become a self-fulfilling prophecy as participants in the public sphere perceive that there is no point in having discussions with those whom they are told they share no common language. Therefore, it is important to determine whether lack of deliberation—the culture war—is really what we can expect in a debate about RGTs.

Academics have usefully specified what these journalists and activists mean when they say "culture war." A particularly clear articulation is the book appropriately called *Culture Wars* by James Hunter, which claims

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that debates about moral value issues are not resolvable through discussion, compromise, and consensus—the normal operation of the public sphere—and would instead be resolved through power politics or, at worst, violence.[38] Hunter described the people in the United States as split into two irreconcilable groups defined by having distinct worldviews that could not be compromised, and these worldviews led to opposing conclusions about abortion, homosexuality, and other social issues. According to this view, people are grouped by their conclusions about social issues into two warring camps, with the conclusions about these issues all being "the same" in a very abstract way. By this theory, the people with the different worldviews lacked a common moral language to discuss abortion and other issues; therefore, they found such discussion pointless. Hunter argued that the two worldviews do not divide the religious and the secular, but rather that religious conservatives such as evangelicals and traditionalist Catholics were considered to have one worldview, and religious liberals such as mainline Protestants and reform Jews, as well as secular people, had the other. By this theory, the people whom we interviewed for this project would be fairly evenly split into these two camps.

I and many other scholars have examined Hunter's claims and have concluded that the claim of a general culture war is overstated. For example, I have shown elsewhere that public opinion on social and moral issues is not diverging over time, as one would expect if these were two camps that did not communicate, but is converging, with the important exception of abortion.[39] The claim that there are two monolithic sides of a culture war where issues fall into two camps also has been criticized in various ways.[40] Moreover, most citizens simply do not care about these issues or are in the "mushy middle."[41]

Yet, for all the criticism, we must admit that conflict over abortion and other social issues remains. For example, it can easily be shown that people can, to some degree, be grouped by their *conclusions* on social issues because people who are opposed to abortion do have a moderate tendency to be opposed to gay marriage, extramarital sex, and so on.[42] Hunter provided a general model that was very useful in promoting debate and encouraging research, but we critics of the culture wars thesis have only shown that the extreme version of the thesis is false and have not tried to improve upon it by articulating a moderate version that can account for known cultural conflict.

Due to data limitations, we have tended to focus on people's lack of shared *conclusions* about social issues, which are typically called attitudes,

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but have not directly investigated claims of a lack of shared *discourses.* But, if we are interested in the efficacy of debates in the public sphere, we should be interested in not only whether people reach different conclusions but also whether people with different conclusions can find a way to talk with each other about why they disagree. For example, I will show that people who are opposed to abortion tend to be opposed to RGTs. This sort of social grouping by attitude is consistent with a situation where people lack a language to discuss issues, but it sidesteps the issue of language itself. We may be in different worlds defined by our attitudes, but can we discuss these attitudes across those worlds? That is what is important for a healthy debate and a healthy public sphere.

So, while the studies of conclusions are important, I want to return to the original claim made by pundits, journalists, activists, and academics and ask whether effective deliberation about a social issue like RGTs is possible in the public sphere. Hunter, building his theory from the classical sociological tradition, observed certain patterns in how people talk about different issues and then predicted that they would not deliberate with those with whom they disagree.[43] I will start with more specific and more recently developed theoretical premises than those of Hunter and then use the data on how people talk about RGTs to describe the possibility of effective deliberation quite differently.

Will Proponents Perceive Discussion with Opponents to be Pointless?

Perceptions of the Fruitlessness of the Abortion Debate

Scholars have not found evidence of a lack of deliberation about most social issues, but have found that people tend to not discuss abortion. Relatedly, while scholars have not found attitude polarization on most social issues, they have shown that the abortion issue has become more polarized over time, suggesting the possibility of ineffective deliberation due to either the perception of, or an actual lack of, shared discourse.[44] Hunter describes this lack of shared moral discourse over abortion as follows:

> It would seem as though there is very little real discussion, debate, or argument taking place. Debate, of course, presupposes that people are talking to each other. A more apt description of Americans engaged in the contemporary

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> culture war is that they only talk at or past each other. If it is true that antagonists in this cultural struggle operate out of fundamentally different worldviews, this would seem inevitable. Is it not impossible to speak to someone who does not share the same moral language? Gesture, maybe; pantomime, possibly. But that kind of communication that builds on mutual understanding of opposing and contradictory claims on the world? That would seem impossible.[45]

This is partly the result of specific discourses that logically allow no compromise. Unlike other issues, the abortion debate has been constructed as, to quote from the title of an influential book, a "clash of absolutes." It is "an insoluble conflict between two fundamental values: the right of a fetus to live and the right of a woman to determine her own fate. The contemporary citizen seeking an ethical solution to the abortion dilemma must, it seems, navigate like Ulysses between the Scylla of infanticide and the Charybdis of women's bondage."[46]

The perception of a lack of shared discourse has led some analysts, like the political theorist I quote below, to advocate abandoning the idea of shared discourses when discussing the abortion issue. In normal functioning of the public sphere, people would be required to "frame one's position in terms that are acceptable to all participants in the conversation," she writes. She finds this to be unlikely for the abortion debate, pointing out that there is not even a shared language to describe what is to be aborted, with one side saying "unborn child" and the other "fetus." Because of a lack of common discourses, she advocates an "agonal" deliberation, where the need for consensus is sidestepped and "participants express their perspectives in their own terms, albeit within the boundaries of civility."[47]

Further evidence of the citizen's inability to discuss abortion comes from a list of projects designed to allow citizens to come to "common ground" on divisive issues. The abortion issue sticks out as the primary issue that citizens seem to be unable to discuss without facilitation. For example, the Network for Life and Choice "uses conflict resolution and therapeutic techniques to engage antagonists across the abortion divide."[48] Finally, studies in political communication show that individuals who report disagreement in their personal discussion network less often discuss the issues subject to disagreement. Abortion was the issue that people described as having the greatest disagreement in their conversational networks and was also the least likely to be discussed.[49] Unlike most other issues, citizens avoid discussing abortion due to this lack of shared discourse.

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Similarity of Issues and the Fruitlessness of an RGT Debate

Deliberation would then be limited if proponents of RGTs perceived that, for opponents, RGTs are the same as abortion, and thus there is no shared language. Why would RGT proponents perceive that abortion opponents consider abortion and RGTs to be the same? In Hunter's theory, abortion and other issues, like RGTs, are the same—part of the same broader issue—if people use the same discourse to talk about all the issues. This one discourse is very abstract. On this point Hunter is consistent with a number of theories that explain why conclusions about many social issues are correlated, and all these theories hold that the social issues and arguments about them are all part of the same coherent, hierarchical, tightly structured cultural system. Political scientists talk of people's overarching liberal or conservative "ideologies" and social-movement scholars talk about "master frames" linking disparate movements.[50] For example, scholars would say that opposition to abortion and opposition to homosexuality are part of the same ideology.

Similarly, analyzing the debates over abortion, homosexuality, and other issues in the "culture war," Hunter writes that there are (only) two worldviews in American society, the "orthodox" and the "progressive." In the orthodox, moral authority is transcendent; in the progressive, morality is based on human institutions. In my terms, a worldview is a set of interlocking discourses arranged in a hierarchical cone from the one most abstract, general, deeply assumed discourse at the very top (e.g., "moral authority is transcendent"), to more specific discourses that broaden out from the pinnacle (e.g., "life begins at conception"), and to specific conclusions about issues at the bottom (e.g., "abortion is wrong").[51] The higher discourses legitimate or justify the lower.

For example, Hunter writes that "based upon" this uppermost discourse of transcendent moral authority in the orthodox worldview are "certain nonnegotiable moral 'truths.' Among the most relevant for the present purposes are that the world, and all of the life within it, was created by God, and that human life begins at conception and, from that point on, it is sacred."[52] In regards to Hunter's "moral truths," I would call them "discourses about moral truths"; and a number of these would logically fit under a discourse of transcendent moral authority. For Hunter, a person's conclusion about a moral issue (such as whether abortion should be legal) is a matter of "moral logic" that flows from these midlevel discourses.[53] Therefore, while people with an orthodox worldview use different specific

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discourses to oppose abortion, homosexuality, and other social issues, including RGTs, a master discourse exists that legitimates all of these mid-level discourses (e.g., "there is a transcendent moral authority").

In this model, if you were discussing abortion in the public sphere and asked an abortion opponent why abortion is wrong, he or she might say, "Life begins at conception." If you continued by asking, "Why does life begins at conception?" You would eventually get to the most abstract discourse: "Because there is a transcendent moral authority called God." You would end up with the same final response if you asked about homosexuality or RGTs. This shared highest level discourse is why abortion, homosexuality, RGTs, and other issues are considered in this model to be part of the same, albeit extremely abstract, issue. People on the other side of any of these issues would not want to discuss them with those with whom they disagree because they perceive that ultimately they will lack a shared language with which to have a discussion.

Further Specifying Issue Similarity with Domains

The worldview perspective is not wrong, but rather too abstract to be very useful in determining whether RGT proponents would encounter RGT opponents talking about RGTs and abortion in the same way, and thus signal that opponents consider the issues to be part of the same broader issue. This is because the abstract discourse that links the issues would not actually be uttered in a normal conversation. People who oppose abortion using the "embryonic life discourse" and oppose homosexuality via some discourse like "heterosexuality is unnatural" are not going to use the same discourse for both issues unless pressed to justify their claims. At that point, they would presumably use the same higher-level discourse to legitimate their more specific discourses (e.g., "There is transcendent moral authority"). Then it would not be obvious to potential deliberators that abortion and homosexuality are the same issue for opponents unless a conversation was well under way.[54] Thus, issues will not be perceived as the same if all that links them is an abstract legitimating discourse.

Other sociological theories that are less abstract and focused on how people succeed and fail at forging these discursive links between issues can be used to focus Hunter's theory. These theories do not presume that what Hunter calls "moral logic" will effortlessly lead people to talk about issues the same way, but rather see a greater degree of contingency as people with an interest in making particular discursive linkages succeed or fail at getting people to talk about issues the same way.

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The merger of existing issues to form new, broader issues is actually pervasive in the public sphere and has been extensively studied by scholars. These scholars argue that the challenge for promoters of particular issues (like social-movement activists) is that their message gets stale, and gatekeepers in the public sphere (like newspaper editors) become less interested in "old debates." Issue promoters then must continually keep their message fresh. One way to do that is "domain expansion," where "claims-makers offer new definitions for—and thus extend the boundaries of—the phenomena."[55] For example, the more narrow issue of the "battered child" that was based on physical violence was expanded to the broader issue of "child abuse," which also included verbal abuse, essentially merging battering and verbal abuse into one broader issue domain.[56] In another example, in the 1990s organizations devoted to the issue of "abortion rights," such as the National Abortion Rights Action League and the Religious Coalition for Abortion Rights changed their names to de-emphasize the word "abortion" and refer to a broader issue that included abortion while expanding to include new issues. The National Abortion Rights Action League became the National Abortion and Reproductive Rights Action League and the Religious Coalition for Abortion Rights became the Religious Coalition for Reproductive Choice.[57] The issue of "abortion" was expanded to the broader "reproduction," which included abortion and a number of other "reproductive" issues like the availability of birth control. Or, on the pro-life side, activists tried to merge the issue of embryonic stem cell research into the broader pro-life domain, where the pro-life issue had expanded long ago to mean stopping any embryonic or fetal death, in the womb or in a petri dish. Domain expansion is a common enough phenomenon that some scholars consider it to be a part of the natural history of social issues.[58]

Recognizing Domain Expansion

We know that domain expansion has occurred when people use the same discourse to talk about the two previously distinct issues, indicating that they consider them to be part of the same broader issue. For example, a pamphlet promoting the expanded issue of "child abuse" said: "what is child abuse? . . . It's repeated mistreatment or neglect of a child by parents(s) or other guardian resulting in injury or harm."[59] The discourse of "mistreatment and neglect" leading to "injury and harm" is used to discuss the two previous issues of battering and verbal abuse. In our case, we will know that domain expansion for opponents of RGTs is complete,

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and abortion and RGTs are part of the same broader issue domain, if people use the same discourses to talk about both issues. The use of the same discourses would signal to proponents of RGTs that debating with opponents will be as fruitless as debating abortion, because abortion and RGTs are the same issue.

The existing discourses used to talk about the original issue in a newly formed domain do not disappear—people can still talk about battering and verbal abuse as separate phenomena—but in a new domain a discourse or discourses exists that can be used to talk about the issues as one unified issue. For pro-choice activists, there are still distinct discourses about abortion that do not make sense in conversations about birth control (e.g., "back-alley abortions"), but there is also a unified discourse to talk about the availability of both abortion and birth control (e.g., "reproductive freedom"). Challenging a pro-choice activist's right to abortion, birth control, or in vitro fertilization would probably produce the unified reproductive freedom discourse. For the case at hand, while a specific discourse of opposition to abortion would remain (e.g., embryonic life), the question is whether there are additional discourses that can be used to oppose both abortion and RGTs, creating a unified discourse that would signal that these issues are in the same issue domain and are thus "the same."

Limits of Domain Expansion

Scholars note that definitions of issues are not "infinitely expandable." Expansion then needs to occur at the margins, with issues that can be easily construed as similar, and when the differences are too great, people do not accept that the issues are instances of "the same" broader issue.[60] We can point to failed attempts to make alcoholism a disability covered by the Americans for disabilities act and feminists trying to expand the concept of slavery to include housewives.[61] Expansion also failed when the anti-abortion group Operation Rescue tried to claim that abortion was part of the same broader issue as homosexuality in order to justify picketing a theme park with gay-friendly policies.[62] Similarly, religious right activists failed to make repeal of the inheritance tax a "family values" issue alongside abortion and homosexuality.[63]

A more ambiguous case is the long running attempt by the Roman Catholic Church to make birth control, abortion, the death penalty, euthanasia, and sometimes other issues like poverty—depending on who

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is talking—into one big "life" issue domain. In my estimation, this has worked moderately well among only Catholics, and the discursive link connecting all these issues is abstract enough to make the connection tenuous even for Catholics.

Domain expansion is visually represented in the left panel of figure 1, the hypothetical two-dimensional space of issues in the public sphere—in this case for opponents of RGTs who also use the embryonic life discourse. I focus on this group for analysis because they are using the primary uncompromisable discourse in the abortion debate that signals to the other side that deliberation is going to be fruitless. For purposes of parsimonious writing only, from this point forward I will call the people who use this discourse "pro-lifers." Those who do not use this discourse will be called "non–pro-lifers." I recognize that these truncated terms come with baggage, but please remember that by these terms I only mean the users and the non-users of the embryonic life discourse.[64]

At the top of figure 1 is the "opposition to abortion" issue domain, which contains a number of subsidiary issues that are distinctly talked about to at least some degree, such as the following: abortion because the woman does not want to have a baby; abortion because the woman was raped or was the victim of incest; abortion to save the life or health of the woman; and abortion to avoid having a child with defect. Each of these may have a unique discourse that is used in the public sphere, but if the issues are all in the same domain, then there is a shared discourse or discourses for discussing them, as indicated by the discourses printed vertically on the outer edge of the box. In this case, the unified discourse is the embryonic life discourse. The left side of figure 1 is a depiction of the situation where there is no merged issue domain for abortion and RGTs. Below are the new RGTs, without a uniform discourse—they are without a domain.

Existing theories of domain expansion focus on the situation where new issues are absorbed into an existing issue. In the left side of figure 1, this would be where types of RGTs, such as preimplantation genetic diagnosis, are moved into the "opposition to abortion" domain and the language of embryonic life is then used to discuss this technology as well, making preimplantation genetic diagnosis "part of" the abortion issue. As we will see, while this absorption does occur in the case of abortion and many RGTs, we can make domain expansion more subtle by acknowledging that issues can be in more than one domain because there is more than one way to talk about most issues.

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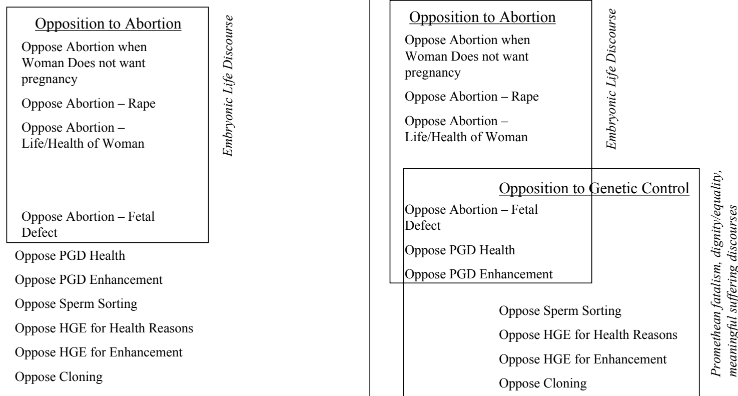

FIGURE 1. Existing and expanded issue domains for pro-life opponents of reproductive genetic technologies (RGTs).

Scholars of domain expansion say that a successful expansion starts from an issue that can be construed as similar, so the most likely expansion would be from the abortion for fetal defects, because, like RGTs, this involves the characteristics of the embryo/fetus. An expansion is represented on the right side of figure 1, where opposition to preimplantation genetic diagnosis is brought into an expanded opposition to abortion domain. However, shared discourses also are used to discuss abortion for fetal defects, preimplantation genetic diagnosis, and the other RGTs in a new issue domain that I will call "opposition to genetic control." The other types of abortion would still be located in their separate but overlapping domain. The reason that these domains are not perfectly overlapping is that the embryonic life discourse that defines the abortion issue domain could not be used to discuss all the RGTs, and the discourses used for reproduction cannot be used for all types of abortion.

If the domain arrangement on the right side of figure 1 depicts how RGT opponents talk about these issues, then proponents of RGTs would conclude that, for opponents, RGTs are part of a broader domain that includes types of abortion. Other research would then suggest that this would make people perceive that these new issues are "the same" as abortion, enough to avoid conversation about them, like they avoid conversa-

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tions about abortion. The empirical question, to be examined below, is whether the pro-lifers consider RGTs to be similar enough to types of abortion to discuss them the same way and thus have them in the same domain. Or, are abortion and RGTs considered to be dissimilar, like abortion and the inheritance tax have been for the religious right?

How Domain Expansion Occurs

The scholarly examinations of domain expansion focus on the efforts of social-movement activists, academics, and other people with power in the public sphere to teach the public to link discourses to particular issues.[65] For example, in the expansion of the narrow issue of defending legal abortion to the broader issue domain of "reproductive rights," a discourse was created to talk about more issues than abortion. The pro-choice movement taught this to the public through advertising, direct mail, newsletters, court cases, the media, placards at rallies, and even the names of the organizations themselves.

Something similar is beginning to happen with the pro-life movement, as its leaders are already working to create the combined domain depicted on the right side of figure 1. For example, the social action division of the Southern Baptist Convention, the Ethics and Religious Liberty Commission, produces the "Sanctity of Human Life Fact Sheet" that mostly discusses abortion, but also discusses "designer babies"—a reference to RGTs—and links these issues as one big "sanctity of human life" issue larger than protecting embryos.[66] Similarly, the Secretariat for Pro-life Activities of the United States Conference of Catholic Bishops is publishing texts about RGTs with titles such as "Genetic Enhancement: Custom Kids and Chimeras."[67] They also want RGTs and abortion to become part of a larger issue domain. Having these domains promoted by organizations devoted to the antiabortion cause will further solidify the perception that RGTs are part of the abortion issue and thus not worth discussing.

Domain expansion is complete when the public uses the discourse from the domain to discuss the issue that is being merged in. If, for example, the public already uses the same "child abuse' discourse to discuss both child battering and verbal abuse, then no social movement activism is necessary—domain expansion is already complete. Similarly, if those who use the embryonic life discourse already use the same discourses to oppose abortion for fetal defects and RGTs, then the efforts by activists to expand

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to create a broader opposition to genetic control domain are unnecessary because the new domain is already complete.[68]

Right-to-life organizations have not yet spent too much effort trying to teach abortion opponents to oppose RGTs using the same discourses. How then could people use the same discourses to talk about abortion and RGTs if they have not been taught to do so by right-to-life organizations or, indeed, if they had never even heard of RGTs? To understand how people talk about issues that are new to them, we can look to cognitive psychology and cognitive sociology theories, where people would use a discourse to discuss a RGT if they have used the discourse to discuss what they consider to be an analogous situation.[69] For example, when many of the respondents interviewed for this project hear about preimplantation genetic diagnosis for the first time, where embryos with undesirable genetic characteristics are discarded, they say that this sounds analogous to the situation of abortion to eliminate a fetus with undesirable genetic characteristics and thus use the discourses they have previously used to discuss abortion for fetal defects. The new situation "fits" with the old, in what cognitive sociologists call analogical or metaphorical thinking; therefore, the same discourses are used for both situations.[70]

How is analogical or metaphorical reasoning determined? It depends on which features of the new and previously discussed issues are salient. An American observer of a room full of people will probably not notice hair lengths, but focus on the sex and race of the people, because those are the more salient distinctions in our society. For abortion and RGTs, we cannot know a priori which features of these issues are salient and thus lend themselves to analogy. (Inferring the salient features will be one task of this book.) In some cases, our a priori intuitions are correct. For example, our common intuition would be that the salient feature in both preimplantation genetic diagnosis and abortion for fetal defects is that "embryos/fetuses are selectively destroyed"; therefore, the situations would be considered analogous. The same discourses then would be used for both, and indeed this is what I found in the interviews. In subsequent chapters, I will present cases where we might think the interviewees would make a seemingly obvious analogy, but actually consider different features of the situation to be salient than originally expected.

For other RGTs, the salient features may be different from those of abortion, because, from the perspective of an opponent of abortion, nobody dies. Rather, what seems salient is that a certain type of person is being brought into existence. It seems unlikely that this situation would

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be perceived as the same and that they would use the same discourse for this new situation.

The more specific issue domain theory, joined with cognitive sociology, provides a much more precise way of determining whether two issues will be discussed in the same way than can be had in Hunter's worldview theory. The legitimacy of the concern that people will not deliberate about RGTs because they perceive that, as part of the abortion issue, there will be no shared language, rests on an empirical question: Do people consider the situations of abortion for fetal defect and RGTs to be analogous enough to use the same discourses in discussing them?

Expectations That Issue Merger Will Lead to Less Discussion

It is not only sociological theories that predict that merging a new issue with the abortion issue will result in less discussion of the new issue. Political activists also see this dynamic at work. To take but one example on the merger of a different issue with the abortion issue, a January 2009 newspaper article described the strategic debate among Democrats for ending the ban on embryonic stem cell research. The article states that the "Democrats also say they hope to reduce the divisiveness of the debate by framing the stem cell policy as more of a health care issue with the potential to provide new treatments, and less of a fight that spills over into the abortion arena."[71] In my terms, the Democrats want to use a shared discourse of "healthcare" to discuss the issue instead of the abortion discourses, to keep it out of the abortion domain, and to avoid divisive debate.

Similarly, scholars involved with debating the ethics of RGTs see not only the merger of the abortion and RGT issues into one domain as already underway for activists and academics but also the merger as already having a constraining effect on the discussion of RGTs. For example, Parens and Knowles conclude that "the political division that has hampered public policy on reprogenetics [RGTs] is rooted in the vitriolic U.S. debate over abortion. Given the polarizing dynamics of this debate, much of the public policy conversation about embryo research and reproductive policy has consisted of pro-choice and anti-abortion activists shouting past each other."[72]

Others have concluded that the association of any issue with the abortion issue also results in a degree of institutional paralysis in the field of bioethics, one of the mediating institutions in the public sphere where issues concerning medicine and science are debated. For example, a group

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of analysts, reflecting on a national governmental bioethics commission that was stopped from doing any work because it "crashed on the shoals of abortion politics," wrote that "issues in which abortion is a factor may be issues of which public bioethics deliberation must simply steer clear." This is because the debate elicits "strongly held incompatible views that rational people reach from different moral premises."[73] In other words, people lack shared discourses, so deliberation is pointless.

Of course, academics, activists, and ordinary citizens are quite different in how they approach issues. However, if activists and academics display a condition where issue merger is occurring and that merger constrains conversation, it is plausible that the same condition may be found among ordinary citizens.

Possibilities of Shared Language across the Abortion Divide

The fear for a future debate about RGTs is that abortion opponents will talk of RGTs in the same way as abortion, signalling that the issues are the same for them, suggesting the lack of shared discourses of the abortion debate, and thus discouraging proponents of RGTs from having conversations. However, other social science research would predict that some people on both sides of the abortion debate *do* have a shared language beyond discussions of embryos to build on for discussions of RGTs, mitigating the negative effects of issue merger. To see why, we must again modify the culture wars theoretical perspective.

The worldview perspective presumes a discursive wall between those on the two sides of the abortion debate, where people with different worldviews do not share *any* moral discourses. This is because the topmost discourses in each worldview, and the discursive components that flow from the top, are mutually exclusive, resulting in "opposing and contradictory claims on the world." Hunter asks about deliberation over abortion: "Is it not impossible to speak to someone who does not share the same moral language?"[74] If this is the case, then there will be a community of abortion opponents who are also opposed to RGTs that is distinct from a community of people who are not opposed to abortion who are supportive of RGTs. Each of these communities will have their own moral languages and be unable to understand the other, making discussion and coming to a common mind difficult or impossible.

The worldview assumptions are represented in figure 2. On the left side of the mutually exclusive discourse divide are the people depicted in

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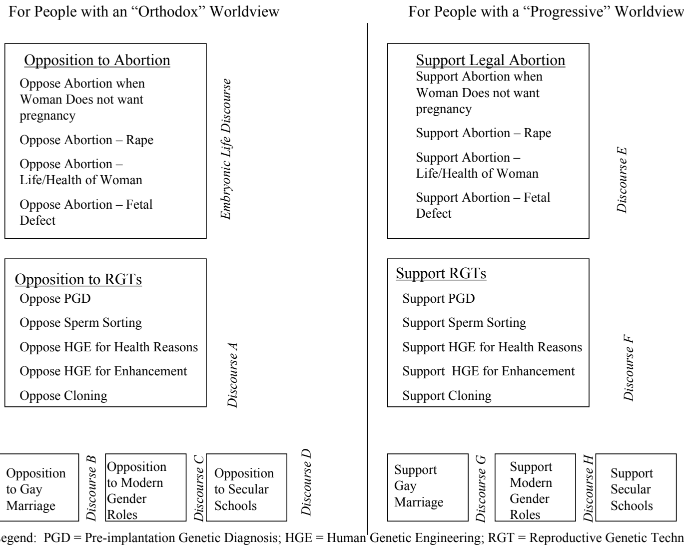

FIGURE 2. Issue domains hypothesized by worldview theory.

figure 1, the opponents of abortion and RGTs whom Hunter would describe as having an orthodox worldview. On the other side are the people who would generally support abortion and RGTs, whom Hunter would describe as having a progressive worldview. The domain of opposition to abortion and its associated discourses are on the orthodox side, and the domain of support of abortion and its associated discourses on the progressive side. Discourses that are logically beneath the orthodox and progressive discourse organize the various domains on the two sides, which would include support and opposition to RGTs. The reason that Hunter was so fearful of a lack of discussion eventually leading to violence was that he saw these issues as all organized in this highly structured manner, with people on both sides of the abortion debate, for example, unable to *also* talk about homosexuality, gender roles, prayer in school, and other issues, like RGTs. As depicted in figure 2, the people with opposing worldviews lack *any* shared discourses to discuss *any* issue. If there is a conclusion that both sides share, such as murder is wrong, they would reach that same conclusion via different discourses.

Again, this is a generalization that should be made more specific. In recent years scholars have begun to question whether worldviews and other high structure descriptions of culture are accurate enough to justify their continued use. For example, studies have shown that at an individual

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level, cultural systems like worldviews do not actually have a high degree of structure to them, and contrary to the assumptions of the worldview model, people are not consistent in their beliefs, but simultaneously hold vastly different views.[75] If so, then discourses would not be as structured as in figure 2. In light of these critiques, we should follow sociologist Ann Swidler, who has recently called for scholars to "no longer build into our assumptions and our methods the notion that culture is by definition a 'system'" (e.g., like a worldview) and instead find a way to describe the intermediate levels of structure that we see.[76] Issue domains are this sort of intermediate-level structure.

We can use other scholars' research to try to stake out an intermediate position in evaluating whether there is shared discourse across the abortion divide. One logical extreme would be that the very premise of a discursive divide is wrong and people on opposing sides of the abortion debate actually use the exact same moral languages to discuss abortion. If so, then there would be no concern of an ineffective public debate due to a lack of shared moral languages. However, empirical research suggests that people on opposing sides of the abortion debate do not use the same moral discourses to discuss abortion. Beyond the obvious difference in how they talk about embryos and fetuses, Michelle Dillon, summarizing qualitative studies of abortion activists, writes that activists on the two sides "express very different understandings of sexual morality, and disagree as to whether motherhood and gender roles are natural or socially constructed."[77]

We can also a priori eliminate the other extreme claim that the absolute mutual exclusivity of moral languages between antiabortion and pro-choice advocates means that they do not use a moral discourse that the other side would use for *any* issue, as is implied in figure 2. This is obviously incorrect, as nearly everyone in the United States shares some moral languages (e.g., "It is better to do good than harm"). The perfect organization of all issues and discourses into two sides organized by the abortion debate is one of the overstatements in the culture wars thesis that has been criticized by many scholars.

Between the two logical extremes of an impregnable discursive divide and a lack of any divide, we need a description of the somewhat porous divide that clearly exists. For example, on the abortion issue, Dillon concludes that "both sides share basic value commitments as exemplified by their affirmation of motherhood, concern with women's social status, and sensitivity to the moral and practical implications of both pregnancy and

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abortion."[78] That is, the people on both sides of the abortion debate use different discourses to discuss abortion, but used the same discourses on issues that were somewhat conceptually distant from the abortion issue.

For shared discourses to assist in conversation, they need to be drawn from issues proximate to the issue over which there is a disagreement. If Dillon were to have concluded that women on both sides of the abortion debate share a discourse about global warming, this would be less relevant, because it is hard to build a conversation about abortion from global warming. Therefore, there will be less chance of diminished deliberation, and thus an ineffective debate, if there is a shared discourse across the abortion divide on a very similar issue to the one that is the subject of disagreement.[79] If people on the two sides disagree about preimplantation genetic diagnosis for cystic fibrosis and use different languages to state this opposition, do they have a shared discourse on the related issue of preimplantation genetic diagnosis for sex selection? There should be less concern over the merger of the abortion and RGT issues leading to perceptions of a lack of shared discourses with which to deliberate if at least some people on both sides of the abortion debate actually share discourses that could be used as the basis of a conversation about RGTs. We can look for these shared discourses by looking in great detail at how people discuss these issues.

Preview of Findings and Outline of Book

I recognize that I have used many terms in this introduction. Moreover, talk of culture wars, opposing worldviews, and irreconcilable debates are so dominant in the media, as well as in the social sciences, that it may be hard to understand a contrasting theoretical perspective. Therefore, I will preview the findings so the substantive chapters are easier to follow. In chapter 2, I provide a historical background of RGTs. Tracing these technologies back to the eugenics movements of the nineteenth century, I discuss the reaction of religious communities to these technologies as they developed and complete the chapter by providing basic survey results on the level of opposition to different RGTs by members of different religious traditions.

Figure 3 summarizes the findings in chapters 3–6, where each of the four most prevalent discourses of the opponents is examined. On the left side are the pro-lifers and on the right side the non–pro-lifers, which

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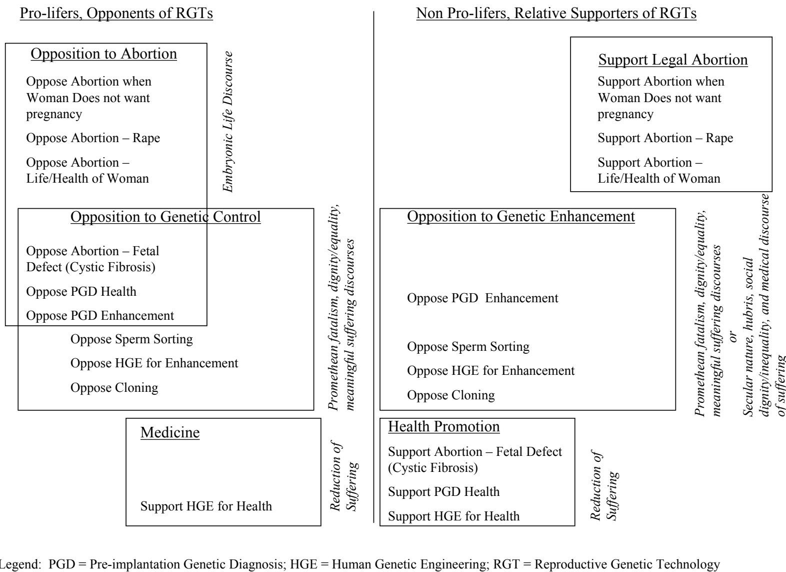

FIGURE 3. Actual issue domains for abortion and reproductive genetic technologies (RGTs).

represents not only the one known culture war divide but also one of the irreconcilable positions in the abortion debate that leads to a lack of discussion. If I can find the grounds for discussion across this divide, one can expect to find it across weaker divides. Those on the left are also the stronger opponents of RGTs, and on the right the (relative) proponents of RGTs. Those on the right are relative and not absolute proponents because almost nobody in the United States is in favor of enhancements like reproductive cloning and producing heritable increases in intelligence. The fact that the opponents of RGTs also tend to be the opponents of abortion, and that the (relative) proponents of RGTs tend to be supporters of legal abortion, shows that there is indeed some structure to the *conclusions* in the public sphere. The two sides reach distinct conclusions, but do they use distinct discourses to do so?

The opposition to abortion domain from the right panel of figure 1 is replicated on the left side of figure 3. The question in chapter 3 is whether pro-lifers only use the embryonic life discourse to oppose abortion. Visually, this would be represented by moving the "opposition to abortion" domain box so it does not overlap with the "opposition to genetic control" domain box, because there would be no shared discourses. I find that some of those who use the embryonic life discourse to oppose abortion do *only*

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use this discourse, with the predictable effect that they see RGTs that do not result in embryonic death to be entirely different issues. If this were the dominant view among those who use the embryonic life discourse, then there would be no concern about the viability of future discussions, because the RGT and the abortion issues would be perceived to be unrelated. However, I also show that such people are relatively rare, and that the dominant pattern is the merged issues depicted on the left side of figure 3.[80]

In chapters 4–6, I focus on the other three discourses used by the strongest opponents of RGTs: Promethean fatalism, individual dignity/equality, and meaningful suffering. In each chapter I discuss the discourse in detail and show variations in use by the religious community. The presentation of which RGTs are discussed with which discourse follows the flow of the typical in-depth interview. The interviews start with discussing abortion for a fetal defect, which I represent by asking about the morality of aborting a fetus that has cystic fibrosis. (Cystic fibrosis is a genetically inherited condition where mucus clogs the lungs and leads to life-threatening lung infections. Whereas in the fifties most children with cystic fibrosis died before they started school, today many people with cystic fibrosis can expect to live into their thirties or forties.)[81]

Social science research and theories that consider the embryonic life discourse to be the only discourse used by pro-lifers to oppose abortion leads to the conclusion that there is no shared discourse across the abortion divide. However, I find that the pro-lifers *also* tend to use the Promethean fatalist, individual dignity/equality, and meaningful suffering discourses to discuss abortion for cystic fibrosis. This is indicated in the left side of figure 3 by this issue's simultaneous location in the overlapping domain called "opposition to genetic control," defined by the three latter discourses, which are printed vertically on the side of the box representing the domain. Although you might think that logically all that people would use to oppose abortion is embryonic life discourse, it is clear that for most of this group abortion for cystic fibrosis is similar to a more varied set of situations than to only killing persons. For example, the use of the meaningful suffering discourse in this situation means that not having an abortion and therefore having a child with cystic fibrosis is similar to other situations of meaningful suffering for the respondents. For our purposes, what is important is that through a more detailed analysis of the discourse of opposition to abortion for cystic fibrosis, we see that these four discourses are used.

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Respondents were then asked about preimplantation genetic diagnosis for cystic fibrosis; this situation only differs from abortion for cystic fibrosis by the age of the embryo/fetus and its physical location in a petri dish instead of a uterus. For most pro-lifers, the age of the embryo/fetus and its physical location do not seem to be salient features of the new situation, so it is not surprising that these situations are considered to be analogous and the same four discourses are used. This is indicated on the left side of figure 3 by preimplantation genetic diagnosis applications being in the same two domains as abortion for cystic fibrosis. Preimplantation genetic diagnosis applications are "the same" as abortion for the pro-lifers.

However, when a new situation is described in the interview where embryonic life no longer "fits," such as using an enhancement like sperm sorting to guarantee the birth of a boy (which offers no threat to embryos), they continue to use the other three discourses they used for the abortion discussion without the embryonic life discourse. Opposition to these new issues is located in the "opposition to genetic control domain" due to reliance on the three latter discourses. This means that observers who worry about the merger of these issues are correct. Pro-lifers do see them as the same.

However, while theories predicting merger are right, the conclusion that this then means there will be no shared discourses across the abortion divide is wrong. Examining the right side of figure 3, as you would expect, the non–pro-lifers generally do not oppose abortion for cystic fibrosis, nor do they oppose what they consider "health" applications of RGTs, instead using a discourse of the reduction of suffering, which places these RGT applications in a distinct domain I call "health promotion."

These (relative) supporters of RGTs nonetheless typically reach the same conclusions about the RGTs that produce enhancements as do those on the other side of the abortion divide. These people then have their own domain for these issues that I call "opposition to genetic enhancement." Many of these respondents use different discourses than those on the other side of the debate to reach these conclusions. We will examine these discourses in each chapter (and they are the second set listed vertically next to the "opposition to genetic enhancement" domain on the right of fig. 3). Importantly for future deliberation, these people *do* live in a distinct discursive world, sharing almost no discourses about RGTs with those on the other side of the abortion issue.

But, critically, for others on the non–pro-lifer side, the same discourses are used to state their opposition to enhancements as are used on the

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other side of the supposed discursive divide. Instead of Hunter's worldview perspective portrayed in figure 2 where the domains and their discourses are all neatly sorted into two mutually exclusive sides, the reality is that a divide on one issue like abortion does not automatically create a discursive divide in another, and many of the people on both sides of the abortion debate agree on some issues using the same discourse. Moreover, this means that strong opponents and many of the (relative) proponents of RGTs have a shared language for an issue they agree on like sperm sorting, an issue that is extremely similar to issues that they disagree on, like RGTs for health reasons, and for the abortion issue itself. This suggests that common discursive ground for issues where disagreement remains may not be too elusive and that deliberation may well be possible.

There remains the seemingly peculiar case of human genetic engineering for cystic fibrosis. As described to the respondents during the interview, this involves changing the genes in an embryo to remove cystic fibrosis from the resulting person and that person's descendants. This issue is seemingly similar to sperm sorting in that we portrayed it as not resulting in embryonic destruction. Yet, unlike the discussion of sperm sorting, abortion opponents tend to not use the discourses from the abortion discussion to oppose this RGT and therefore do not see it as the same situation as abortion for cystic fibrosis. In fact, as I will elaborate in later chapters, they are often supportive of human genetic engineering for cystic fibrosis. Human genetic engineering for cystic fibrosis is then, for people on both sides of the abortion divide, in distinct domains defined by the discourse of the reduction of suffering. There is then this one more nearly universally shared discourse across the abortion divide, on this one issue, on which a conversation could be built.

The specific conclusions about this particular RGT suggest the usefulness of my more specific theory of issue similarity. While more general theories would lump all RGTs together, my analysis shows that for abortion opponents, human genetic engineering for health reasons is an utterly unrelated issue to not only abortion but also to the other RGTs. Discussion about this issue can proceed independently of the limitations of these other debates.

Finally, in chapter 7, I separately evaluate the second reason that people may not want to discuss RGTs—that people will be using religious language. I conclude that if there is going to be a lack of debate about RGTs in the future, it is not going to be because the debate has religious content. Respondents want to talk with each other religiously and, inverting

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the common concern about religion leading to misunderstanding, feel that speaking religiously *increases* our understanding of each other's arguments. In the conclusion, I summarize these findings, point out limitations of this study, and make some cautious predictions about the future RGT debate.

Which Religious People?

On the one hand, it would be interesting to see how members of each religious tradition in the United States discuss reproductive genetics. There are Hindus, Muslims, Pagans, Zoroastrians, and many other groups in the United States, all of which will be participating in a future debate. This would be impractical. Like almost all research that tries to make claims about the general public, smaller religious traditions cannot be examined, and much of the variation within the large traditions has to be glossed over. My concern with the public debate over RGTs also makes examining the diversity of religion in the United States less important than representing the religious traditions that are likely to have an influence on public debates. Therefore, I examine Roman Catholics, conservative Protestants (evangelicals and fundamentalists), mainline and liberal Protestants, Jews, and "seculars." The first three are the largest traditions in the United States and have long been involved with debates in the public sphere.

The decision to include Jews is less obvious, given that they are a very small religious minority, with about as many members as religious traditions that I am excluding such as Islam. The primary reason for this is that, despite the smaller number of Jews in the United States, there are many leaders of Jewish organizations that advocate for policies concerning genetics. The same cannot be said for the other religious minorities. Jewish groups are fairly attentive to issues of genetics for two reasons. First, while there may be genetic traits associated with members of other religious minority groups, Jews are very aware of genetic traits found disproportionately among themselves, such as Tay-Sachs disease. Second, the sad history of eugenics took place at the expense of the Jewish people, with the Nazis claiming that genetically inferior "races," such as the Jews, had to be killed in the name of genetic purity. In sum, despite their smaller number in the United States, Jews will be involved in any public debate in genetics and thus are important to study.

In a study of religious groups, including "seculars" may seem to be an odd decision. I do not want to enter debates about whether secularism is a

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type of functional religion, but rather I study "seculars" for the pragmatic reason that it is methodologically difficult to isolate discourses that are particularly religious without having a nonreligious discourse with which to compare. Seculars as I define them do not even have to be agnostic—they could believe in God—but must be disconnected from the discourse of any religious tradition. For example, by my working definition, they could not attend religious services. I treat the seculars like the religious groups in the analysis, and it is informative to see where they fit on the spectrum with the other groups.

To see how I defined each of these religious groups during the research, refer to the Methodological Appendix. However, a brief description of these different groups is useful. In the United States, the vast majority of Jews are members of the reform and conservative movements. Both define themselves in relation to the orthodox movement, which aspires to practice Judaism as it was practiced hundreds of years ago. The reform movement was an earlier innovation than conservatism, and it was an attempt to make Judaism more relevant by removing orthodox religious restrictions that they perceived as not fitting with the modern world. So, especially early in the movement, Reform Jews did not maintain the kosher dietary restrictions or wear the distinctive clothing that Jews have traditionally worn. The conservative movement is located between reform and orthodoxy in all these characteristics. A much smaller movement, Reconstructionism, is an offshoot of the conservative movement and is ritualistically similar to the conservative movement but socially and theologically much more liberal.

Catholicism is not monolithic; rather, various factions are located within this tradition, albeit sorted to some extent by congregation. For simplicity, we can say that there are traditionalists, moderates, and liberals. Traditionalists follow more of the rules and teachings of the church and are more respectful of papal authority. Liberals are at the opposite end of the spectrum, being more skeptical of the authority of the leadership and believing more in the freedom of individual Catholics to set their own minds on matters such as RGTs. The label "moderate" is for people who do not want to embrace either of these extremes.

There is a good degree of academic consensus about the definitions described immediately above. There is less consensus about categorizing different types of Protestants. Mainline or liberal Protestants are the theological descendants of not only the reformation but also the modernists of the 1930s.[82] Liberal in theology, mainline Protestants have never dominated numerically the religious landscape, although they did dominate the

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social and political landscape of the United States for many years and continue to have influence disproportionate to their numbers.[83] Although mainline Protestants can be found in most Protestant denominations, usually they are thought of as clustering within a number of historically mainline denominations. The six largest mainline denominations are the United Methodist Church, the Episcopal Church, the Presbyterian Church (USA), the United Church of Christ, the Evangelical Lutheran Church in America, and the American Baptist Churches.[84] Regarding some of the usual ways that Protestants theologically distinguish themselves, mainline Protestants are generally not biblical literalists and do not believe that the Kingdom of God will arrive in a violent end-times scenario of Armageddon and rapture. They are more likely to believe that we humans are to create the Kingdom of God on earth through our benevolent actions, rather than via the violent second coming of the Christ.

Evangelical and fundamentalist Protestants became more widely discussed in the 1980s with the rise of the religious right, and, more recently, because former President George W. Bush is a member of the evangelical tradition. I will also use the term "conservative Protestant" to describe evangelicals and fundamentalists using the same term, and this is the largest religious tradition in the United States. When people who are unfamiliar with the details of American religion encounter a conservative Protestant, they tend to call them a "fundamentalist," but, in actuality, fundamentalists are a very small component of the conservative Protestant group, with evangelicals being the far larger group.[85] As a generalization, we can say that evangelicals are more liberal than fundamentalists, although obviously liberalism is a relative term. Fundamentalists believe in what they consider to be "the fundamentals" of the Christian faith, including biblical inerrancy, the Virgin birth, and the bodily resurrection of Jesus. They are more socially separatist than other conservative Protestants. Fundamentalists typically have socially conservative perspectives on most social issues.

Evangelicalism is itself a broad term. Underneath this category are Pentecostals (people who speak in tongues and perhaps engage in faith healing), what I will call "traditional evangelicals," such as Southern Baptists and Nazarenes, as well as "nontraditional evangelicals" who belong to congregations where informality in worship style and dress are common.[86] Evangelicalism is theologically located between fundamentalism and liberal Protestantism. Indeed, it was consciously invented to hold that role.[87] While evangelicals can be found in most Protestant denominations,

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they are concentrated in some more than others. For example, odds are that a Southern Baptist will be either an evangelical or a fundamentalist, and not a liberal Protestant. The same could be said of the Christian and Missionary Alliance, the Presbyterian Church in America, the Christian Reform Church, the Assemblies of God, and many others.[88]

Methods

There are two sources of data in this book: interviews with 145 members of religious congregations and 35 secular people across the United States, as well as a nationally representative public opinion poll.[89] The respondents to the nationally representative survey were selected by using standard social science techniques. For the in-depth interviewees, the number of respondents in each religious category roughly represents the percentage of members of religious congregations in the United States who are in that category. In addition to the broad categories mentioned above (e.g., evangelicalism), I tried to make sure that known variation within each of these categories was represented. So, for example, among the conservative Protestant interviewees, I made sure to have appropriate numbers of Pentecostals, fundamentalists, traditional evangelicals, and nontraditional evangelicals. Given that there are more evangelicals in the churchgoing population of the United States than there are mainline Protestants, there are more evangelicals in my interview pool. For more methodological details, please refer to the methodological appendix.

Notes to Readers outside the Social Sciences

This book is squarely in the sociological tradition, using sociological methods, theories, and forms of argumentation. However, I want to be able to speak to people from other disciplines, particularly those in the humanities who study the ethics of RGTs. Therefore, I want to clarify some points that I have found from past experience to be a wellspring of misunderstanding between social scientists and other scholars. The primary misunderstanding concerns generalization. Consider a public opinion poll that you would read in the newspaper that says, "People in the South attend church more regularly than do people in the North." However, your brother lives in the South, and he never goes to church, so how could this

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statement be true? What the statement should actually say is that "on average" this statement is true. Social science is based on claims like this, and my book is no exception. I will repeatedly say in this book that "evangelicals tended to talk like this," or that "people I spoke with who used this discourse tended to approve of RGTs." These are generalizations, and there will be of course people I spoke with who do not fit the generalization. I may even not write the "tend to" after awhile, assuming we all understand the nature of the claims I am making.

Another disconnect with scholars in the humanities lies in the simplified social science depictions of concepts that are the focus of hugely detailed debates in the humanities. For example, in chapter 6, I devote approximately one page to describing an Irenean perspective on suffering, without even mentioning Irenaeus. I know that many books have been written on Irenean perspectives, but I make the barest of sketches—accurately, I hope. The reason that I do not go into great detail is that social science measurement devices are not precise enough to measure most concepts in such extreme detail. Social science methods are like sledgehammers, but they are the only tools that exist. That is why I use them.

Finally, the names of the respondents are fictional and other details have been changed to protect confidentiality. I also did not conduct all the interviews by myself, but relied on a team of research assistants; therefore, I use the first-person singular to describe my analysis and the first-person plural to describe the interviewing experience.

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Notes

Acknowledgments

1. John H. Evans, "Religious Belief, Perceptions of Human Suffering and Support for Reproductive Genetic Technology," *Journal of Health Politics, Policy and Law* 31, no. 6 (2006): 1047–74.

Chapter One

1. David Frum, "The Vanishing Republican Voter: Why Income Inequality is Destroying the G.O.P. Base," *New York Times* (Sunday Magazine), September 7, 2008, 51.

2. Francis Fukuyama, *Our Posthuman Future: Consequences of the Biotechnology Revolution* (New York: Farrar, Straus and Giroux, 2002).

3. Chorionic villi sampling has the same logic as amniocentesis, but occurs earlier in pregnancy. I do not discuss this RGT further because the moral issues are nearly identical with amniocentesis and it would have been much less familiar to the respondents.

4. These definitions are derived from the President's Council on Bioethics, *Beyond Therapy: Biotechnology and the Pursuit of Happiness* (Washington, DC: President's Council on Bioethics, 2003), 13. How to draw this distinction is an enormous debate in normative ethics, which primarily focuses on the meaning of the word "normal." For a summary of this debate, see John H. Evans and Cynthia E. Schairer, "Bioethics and Human Genetic Engineering," in *Handbook of Genetics and Society: Mapping the New Genomic Era*, ed. Paul Atkinson, Peter Glasner, and Margaret Lock (London: Routledge, 2009), 349–66; and Erik Parens, "Is Better Always Good? The Enhancement Project," in *Enhancing Human Traits: Ethical and Social Implications*, ed. Erik Parens (Washington, DC: Georgetown University Press, 1998), 1–28.

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5. John Harris, "Who's afraid of a synthetic human?" *TimesOnline*, May 17, 2008.

6. John Harris, *Enhancing Evolution: The Ethical Case for Making Better People* (Princeton: Princeton University Press, 2007).

7. Human Genetics Commission members (http://www.hgc.gov.uk/client/content_wide.asp?ContentId=21).

8. Evans and Schairer, "Bioethics and Human Genetic Engineering."

9. Fiona Macrae. "The IVF embryo test that can detect 15,000 genetic diseases," *Daily Mail*, July 1, 2009.

10. Mark Henderson, "Gene Tests to Start Era of Baby-to-Order," *The Times (London)* June 26, 2004, 1.

11. Fiona Macrae, "Designer baby row erupts over embryo 'squint test'," *Daily Mail* (London), May 7, 2007; and Darshak M. Sanghavi, "Wanting babies like themselves, some parents choose genetic defects," *New York Times*, December 5, 2006, F1.

12. Douglas Almond and Lena Edlund, "Son-Biased Sex Ratios in the 2000 United States Census," *Proceedings of the National Academy of Sciences* 105, no. 15 (2008): 5681–82.

13. Gautam Naik, "A Baby, Please. Blond, Freckles—Hold the Colic," *Wall Street Journal Online*, February 12, 2009.

14. John H. Evans, *Playing God? Human Genetic Engineering and the Rationalization of Public Bioethical Debate* (Chicago: University of Chicago Press, 2002).

15. Andrew Pollack, "Engineering by Scientists on Embryo Stirs Criticism," *New York Times*, May 13, 2008, A14.

16. Genetics and Public Policy Center, "Reproductive Genetic Testing: Issues and Options for Policymakers" (Washington, DC, 2004).

17. Charles Taylor, "Liberal Politics and the Public Sphere," in *The New Communitarian Thinking*, ed. Amitai Etzioni (Charlottesville: University Press of Virginia, 1995), 185–86.

18. The studies of powerful institutions in the public sphere generally fall under the headings of social movement theory and social problems theory. In this book, I do not directly engage either of these literatures because I am ultimately not focused on activists. In the social movement literature, the relevant literature is called the "framing literature," which is primarily focused on the actions of elite movement leaders and not the content of the ideas of the potentially mobilized ordinary citizens. According to Oliver and Johnston, "In frame alignment, people's belief systems are taken largely as givens, and movement intellectuals perform the marketing task of packaging their issue so that it will be accepted by others." See Pamela E. Oliver and Hank Johnston, "What a Good Idea! Ideologies and Frames in Social Movement Research," *Mobilization* 4, no. 1 (2000): 47. Something very similar could be said about the social problems literature, which focuses on claims-makers. In the terms of these academic debates, I am examining what Oliver and

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Johnston call the "belief systems" of the ordinary citizens that the activists are trying to achieve alignment with or the social problems that advocates are trying to change.

19. John H. Evans and Kathy Hudson, "Religion and Reproductive Genetics: Beyond Views of Embryonic Life?" *Journal for the Scientific Study of Religion* 46, no. 4 (2007): 565–81.

20. Evans, *Playing God? Human Genetic Engineering and the Rationalization of Public Bioethical Debate*.

21. John H. Evans, "Between Technocracy and Democratic Legitimation: A Proposed Compromise Position for Common Morality Public Bioethics," *Journal of Medicine and Philosophy* 31 (2006): 213–34.

22. Arthur Caplan, " 'Who Lost China?' A Foreshadowing of Today's Ideological Disputes in Bioethics," *Hastings Center Report* 35, no. 3 (2005): 12–13.

23. Neil Gross and Solon Simmons, "The Religiosity of American College and University Professors," *Sociology of Religion* 70 (2009): 101–29; Elaine Howard Ecklund and Christopher P. Scheitle, "Religion Among Academic Scientists: Distinctions, Disciplines, and Demographics," *Social Problems* 54, no. 2 (2007): 289–307; Elaine Howard Ecklund, *Waging Peace: On the Front Lines of Science and Religion* (New York: Oxford University Press, forthcoming).

24. Ecklund, *Waging Peace: On the Front Lines of Science and Religion*.

25. For example, in an analysis of survey questions on cloning in the United Kingdom, Shepherd and his colleagues break down the religions of the respondents as Church of England, Catholic, other Christian, non-Christian, and none. The first difference with the United States is that nearly half the respondents say "none," whereas about 12 percent of Americans would say "none." Second, although not shown in the paper, the level of adherence by those who retain an identity would be much lower than in the United States. Third, the religious traditions represented are not in synch with the United States. Finally, the very way that religion is used in societal debates in the United Kingdom is different than the United States. For example, the authors speculate that the reason there was "little direct appeal to religion" in their focus groups was that participants had "wariness about explicitly positioning themselves as religious. To have done so may have risked being positioned by others as judgmental, narrow-minded, fundamentalist or in terms of any of the other negative constructions of what it means to be (constructed as) religious within a largely secular cultural context." I think that such negative constructions of religiosity do not exist in general among U.S. citizens. See Richard Shepherd et al., "Towards an Understanding of British Public Attitudes Concerning Human Cloning," *Social Science and Medicine* 65 (2007): 390–91.

26. Celeste M. Condit, "How the Public Understands Genetics: Non-Deterministic and Non-Discriminatory Interpretations of the "Blueprint" Metaphor," *Public Understanding of Science* 8 (1999): 169–80; and Benjamin R. Bates et al., "Warranted Concerns, Warranted Outlooks: A Focus Group Study of Public

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Understandings of Genetic Research," *Social Science and Medicine* 60 (2005): 331–44.

27. Social scientists have focused on the experience of the people who use the technologies. See Barbara Katz Rothman, *Recreating Motherhood: Ideology and Technology in a Patriarchal Society* (New York: Norton, 1989); Barbara Katz Rothman, *The Tentative Pregnancy: Prenatal Diagnosis and the Future of Motherhood* (New York: Viking, 1986); Sarah Franklin, *Embodied Progress: A Cultural Account of Assisted Conception* (London and New York: Routledge, 1997); Gay Becker, *The Elusive Embryo: How Women and Men Approach New Reproductive Technologies* (Berkeley and Los Angeles: University of California Press, 2000); and Rayna Rapp, *Testing Women, Testing the Fetus: The Social Impact of Amniocentesis in America* (London and New York: Routledge, 1999). They have also examined the views of those who administer the technologies. See Elizabeth Ettorre, *Reproductive Genetics, Gender and the Body* (London and New York: Routledge, 2002). Scholars have also examined the potential social implications of these technologies, and the nature of elite debates about them. See Troy Duster, *Backdoor to Eugenics* (New York: Routledge, 1990); and Evans, *Playing God? Human Genetic Engineering and the Rationalization of Public Bioethical Debate*. There are many studies of attitudes of particular groups, such as those who have a child with a genetic disorder, adults with a genetic disorder, pregnant women and geneticists. See Dorothy Wertz, S. R. Janes, and R.W. Erbe, "Attitudes Toward the Prenatal Diagnosis of Cystic Fibrosis Factors in Decision-Making Among Affected Families," *American Journal of Human Genetics* 50, no. 5 (1992): 1077–85; L. Henneman et al., "Attitudes Toward Reproductive Issues and Carrier Testing Among Adult Patients and Parents of Children with Cystic Fibrosis (CF)," *Prenatal Diagnosis* 21 (2001): 1–9; Lee A. Learman et al., "Social and Familial Context of Prenatal Genetic Testing Decisions: Are There Racial/Ethnic Differences," *American Journal of Medical Genetics Part C* 119 (2003): 19–26; and Dorothy C. Wertz and John C. Fletcher, *Genetics and Ethics in Global Perspective* (Dordrecht: Kluwer Academic, 2004). These are obviously of limited usefulness for understanding the attitudes of the general public.

28. In the first paper on American attitudes toward prenatal genetic testing, Singer and her colleagues found overwhelmingly favorable attitudes toward prenatal genetic testing with younger people, those with more education and those who follow science news more closely being more supportive. See Eleanor Singer, "Public Attitudes Toward Genetic Testing," *Population Research and Policy Review* 10 (1991): 250. A 1999 study examined attitudes toward prenatal genetic testing found that women and those with more education think prenatal genetic testing will do more good than harm, and nonwhites and those who attend religious services more often think it will do more harm. See Eleanor Singer, Amy D. Corning, and Toni Antonucci, "Attitudes Toward Genetic Testing and Fetal Diagnosis," *Journal of Health and Social Behavior* 40 (1999): 438. While they did include religious covariates, they found that particular religious affiliation had no effect.

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A 2000 study that focuses on attitudes toward prenatal genetic testing also found that church attendance is a significant negative predictor of preferences for testing and that self-identification as Catholic is likewise related to negative altitudes toward testing. See Eleanor Singer, Toni Antonucci, and John Van Hoewyk, “Racial and Ethnic Variations in Knowledge and Attitudes About Genetic Testing,” *Genetic Testing* 8, no. 1 (2004): 41. A 1998 paper summarizes opinion change over time in attitudes toward genetic testing, genetic modification and gene therapy using commercial polls, without attempts to determine the variables that predict certain responses. They find little change in awareness or attitudes. See Eleanor Singer, Amy Corning, and Mark Lamias, “The Polls—Trends: Genetic Testing, Engineering and Therapy,” *Public Opinion Quarterly* 62 (1998): 635. Bane and her colleagues later engaged in a very similar study, with similar results. See Audra Bane et al., “Life and Death Decisions: America’s Changing Attitudes Toward Genetic Engineering, Genetic Testing and Abortion, 1972–98,” *International Social Work* 46, no. 2 (2003): 209–19.

Singer’s research did not focus on religion, and what we can learn about the views of religious groups can only be determined by looking at her covariates. That said, the sum of this research on attitudes toward reproductive genetic technologies—for our purposes—is simply that attending the services of any religious tradition is associated with greater opposition to reproductive genetic technologies. In a paper with Kathy Hudson that uses the survey data used in this book, I examine how religious tradition determines views of different types of RGTs, but cannot really get at more in-depth questions of why religious people are so opposed. See Evans and Hudson, “Religion and Reproductive Genetics: Beyond Views of Embryonic Life?”

29. Bates et al., “Warranted Concerns, Warranted Outlooks: A Focus Group Study of Public Understandings of Genetic Research”; and Andrea L. Kalfoglou et al., “Opinions About New Reproductive Genetic Technologies: Hopes and Fears for Our Genetic Future,” *Fertility and Sterility* 83, no. 6 (2005): 1612–21.

30. Paul DiMaggio and Walter W. Powell, “Introduction,” in *The New Institutionalism in Organizational Analysis*, ed. Walter W. Powell and Paul J. DiMaggio (Chicago: University of Chicago Press, 1991), 1–40.

31. I most closely follow Moon in this definition. See Dawne Moon, *God, Sex and Politics: Homosexuality and Everyday Theologies* (Chicago: University of Chicago Press, 2004), 9. Many cultural sociologists use very similar definitions. For example, Swidler writes that discourse is not concerned with “what particular individuals think or believe than on . . . how the larger semiotic structure—the discursive possibilities available in a given social world—constrains meaning (by constructing the categories through which people perceive themselves and others or simply by limiting what can be thought and said).” See Ann Swidler, *Talk of Love: How Culture Matters* (Chicago: University of Chicago Press, 2001), 6. Similarly, Eliasoph and Lichterman write that, in current cultural sociology, culture “is

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a set of publicly shared codes or repertoires, building blocks that structure people's ability to think and to share ideas. A society's collectively held symbolic system is as binding and real as a language." See Nina EIiasoph and Paul Lichterman, "Culture in Interaction," *American Journal of Sociology* 108, no. 4 (2003): 735.

32. There are obviously many more discourses that could be identified in the data. First, as noted above, I have not focused on the various discourses that are generally used to support RGTs. Second, there are discourses used by opponents that appear less frequently in the data. For parsimony, I do not discuss these further.

33. Bates et al., "Warranted Concerns, Warranted Outlooks: A Focus Group Study of Public Understandings of Genetic Research," 341. See also Rachel Iredale et al., "What Choices Should We Be Able to Make About Designer Babies? A Citizens' Jury of Young People in South Wales," *Health Expectations* 9 (2006): 207–17; Kalfoglou et al., "Opinions About New Reproductive Genetic Technologies: Hopes and Fears for Our Genetic Future.". Survey research also backs this distinction. As Kalfoglou and colleagues note, "Most surveys, including our own . . . , have shown that there is overwhelming public support for the availability of prenatal genetic testing, carrier testing, and new RGTs to avoid disorders like Down syndrome and other conditions that present a serious threat to health . . . . In contrast, these same studies show little support for the hypothetical use of RGTs to select for or alter traits such as intelligence, obesity, or homosexuality." See Kalfoglou et al., "Opinions About New Reproductive Genetic Technologies: Hopes and Fears for Our Genetic Future," 1612–13.

34. For a good summary of theories of healthy debates in the public sphere in relation to the abortion debate, see Myra Marx Ferree et al., *Shaping Abortion Discourse: Democracy and the Public Sphere in German and the United States* (Cambridge and New York: Cambridge University Press, 2002), chap. 10. For Habermas and the deliberative democracy tradition, a good starting point is Amy Gutmann and Dennis Thompson, *Democracy and Disagreement* (Cambridge: Harvard University Press, 1996). For summaries of empirical studies of the purported effects of deliberative democracy, see David M. Ryfe, "Does Deliberative Democracy Work?" *Annual Review of Political Science* 8 (2005): 49–71; Diana C. Mutz, "Is Deliberative Democracy a Falsifiable Theory?" *Annual Review of Politial Science* 11, no. 521–38 (2008); and Michael X. Delli Carpini, Fay Lomax Cook, and Lawrence R. Jacobs, "Public Deliberation, Discursive Participation, and Citizen Engagement: A Review of the Empirical Literature," *Annual Review of Political Science* 7 (2004): 315–44.

35. Andrew J. Perrin, "Political Microcultures: Linking Civic Life and Democratic Discourse," *Social Forces* 84, no. 2 (2005): 1049.

36. Diana C. Mutz and Paul S. Martin, "Facilitating Communication Across Lines of Political Difference: The Role of the Mass Media," *American Political Science Review* 95, no. 1 (2001): 97.

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37. Examination of the literature on attitude polarization over social issues reveals that it is extremely common for the public to form a common mind about issues over time, presumably through direct or indirect deliberation. See Paul DiMaggio, John Evans, and Bethany Bryson, “Have Americans’ Social Attitudes Become More Polarized?” *American Journal of Sociology* 102 (1996): 690–755; John H. Evans, “Have Americans’ Attitudes Become More Polarized?—an Update,” *Social Science Quarterly* 84, no. 1 (2003): 71–90. For example, whether a Jewish person should be president was a divisive issue for several decades, but now there is near consensus among the public that this is acceptable. We could say the same about interracial marriage, and there also appears to be growing consensus that we as a society should ameliorate global warming. In general, empirical studies of polarization over time show that increasing consensus is the norm and decreasing consensus is more rare, suggesting that actual discussion to reach a common mind does occur.

38. James D. Hunter, *Culture Wars* (New York: Basic, 1991); and Hunter, *Before the Shooting Begins* (New York: Free Press, 1994).

39. DiMaggio, Evans, and Bryson, “Have Americans’ Social Attitudes Become More Polarized?”; Evans, “Have Americans’ Attitudes Become More Polarized?—an Update.”

40. Yonghe Yang and N. J. Demerath III, “What American Culture War? A View from the Trenches as Opposed to the Command Posts and the Press Corps,” in *Cultural Wars in American Politics: Critical Reviews of a Popular Thesis*, ed. Rhys H. Williams (Hawthorn: Aldine de Gruyter, 1997); Nancy J. Davis and Robert V. Robinson, “Are Rumors of War Exaggerated? Religious Orthodoxy and Moral Progressivism in America,” *American Journal of Sociology* 102, no. 3 (November 1996): 756–76; and John H. Evans, “Worldviews or Social Groups as the Source of Moral Value Attitudes: Implications for the Culture Wars Thesis,” *Sociological Forum* 12, no. 3 (1997): 371–404.

41. Morris Fiorina, *Culture War? The Myth of a Polarized America* (New York: Pearson Longman, 2005).

42. DiMaggio, Evans, and Bryson, “Have Americans’ Social Attitudes Become More Polarized?”

43. The most clear precursor theory in Hunter is Peter Berger’s phenomenology, which was itself a synthesis of many predecessors such as Weber, Schutz, Mead, Durkheim, and others. See Peter L. Berger, *The Sacred Canopy: Elements of a Sociological Theory of Religion* (New York: Doubleday, 1967).

44. DiMaggio, Evans, and Bryson, “Have Americans’ Social Attitudes Become More Polarized?”; Evans, “Have Americans’ Attitudes Become More Polarized?—an Update.”

45. Hunter, *Before the Shooting Begins*, 8–9.

46. Laurence Tribe, *Abortion: The Clash of Absolutes* (New York: Norton, 1992), 27.

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47. Simona Goi, "Agonism, Deliberation and the Politics of Abortion," *Polity* 37, no. 1 (2005): 60.

48. David M. Ryfe, "The Practice of Deliberative Democracy: A Study of Sixteen Organizations," *Political Communication* 16 (2002): 376.

49. Robert Huckfeldt, "Unanimity, Discord, and the Communication of Public Opinion," *American Journal of Political Science* 51, no. 4 (2007): 984. See also Diana C. Mutz, "Cross-Cutting Social Networks: Testing Democratic Theory in Practice," *American Political Science Review* 96, no. 1 (2002): 111–26; Mutz and Martin, "Facilitating Communication Across Lines of Political Difference: The Role of the Mass Media."

50. Hunter, *Culture Wars*; Hunter, *Before the Shooting Begins*. In his comprehensive review of the term "ideology" in the social sciences, Gerring concludes that many definitions of ideology are "virtually indistinguishable from worldview, cultural system, symbol-system, or belief-system" in that they are, to use one formulation, "vast receptacle[s] for all conscious and relatively organized ideational phenomena." Gerring concludes that in political science, all definitions of ideology include the idea that ideologies are internally coherent sets of ideas, while the dominant Americanist branch also includes the idea that these are "organized in a hierarchical fashion, in which more specific attitudes interact with attitudes toward the more general class of objects in which the specific object is seen to belong." See John Gerring, "Ideology: A Definitional Analysis," *Political Research Quarterly* 50, no. 4 (1997): 969, 975. For example, Peffley and Hurwitz build on Converse's classic 1964 study to "predict an individual's specific attitudes from a knowledge of the individual's superordinate or abstract attitudes (or vice versa)." To do so they study a " 'hierarchical' model of ideological constraint," a "pyramidal structure . . . organized with more abstract attitudes at the top of the belief system and more specific attitudes subsumed under the general ones." They continue by writing that "the most central elements in the figure are abstract beliefs about the appropriate role of government in different policy domains . . . These beliefs are assumed to constrain more specific preferences for concrete government actions in more defined areas of public policies. . . . Finally, the more general attitudes are assumed to be partially—but not totally—a function of liberalism-conservatism . . . at the apex of the hierarchy." They also "assume that causation flows from the abstract to the specific, so that when an individual is faced with the question of what government should do in a given instance, his or her preference will be based, in part, on more general principles. This model thus assumes a degree of deductive political reasoning, from abstract beliefs to more specific political preferences." See Mark A. Peffley and Jon Hurwitz, "A Hierarchical Model of Attitude Constraint," *American Journal of Political Science* 29 (1985): 872, 876–77. Note that "constraint" and "deductive political reasoning" in this literature refer to what would be called "logic" in the worldview perspective.

Scholars of social movement framing see similarities between ideologies and frames. Oliver and Johnston write that "at a superficial level, ideologies and master

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frames may seem to be equivalent. Both are broad configurations of ideas within which more specific ideas are included." See Oliver and Johnston, "What a Good Idea! Ideologies and Frames in Social Movement Research," 49. A master frame refers to a more abstract symbolic structure to explain how movements surrounding issues X, Y, and Z are related. See David A. Snow and Robert D. Benford, "Master Frames and Cycles of Protest," in *Frontiers in Social Movement Theory*, ed. Aldon D. Morris and Carol McClurg Mueller (New Haven: Yale University Press, 1992), 133–55. For example, Operation Rescue is a social movement traditionally concerned with blockading abortion clinics to "save unborn babies." Operation Rescue attempted to expand beyond abortion to picket Barnes and Nobles because of some books with naked children in them, and protest at Disney World because of a marketed "gay day" at the theme park.

Why these issues? Youngman follows the activists' accounts by saying that they all flow from the same higher order discursive principle: Reconstructionist theology. "For Reconstructionists, all three of Operation Rescue's protest targets (the clinics, the bookstores, and Disney) represent the ongoing modernization and secularization of American society," she writes. For the activists, these issues were all the same because they are all logically implied by "modernization and secularization." She cites Operation Rescue leaders who saw "strong connections between legalized abortion, Disney's 'homosexual agenda,' and Barnes and Noble's 'child pornography.' " She quotes a leader talking to the press: "It's the same arena, you have to understand . . . We are dealing with two worldviews, a culture of death vs. a culture of life . . . the homosexual world views is exactly the same as the worldview of abortion . . . 'I'll do what I want whenever I want to, and the one commandment I have is 'thou shalt not get in my face, and don't you dare judge me!' . . . It's not a battle about abortion or homosexuality, it's a battle about whose laws reign, or who is Lord, and we're saying that Jesus is Lord and Mickey is not. See Nicole Youngman, "When Frame Extension Fails: Operation Rescue and the 'Triple Gates of Hell' in Orlando," *Journal of Contemporary Ethnography* 32, no. 5 (2003): 529, 535.

While worldview and ideology often connote thought or belief, instead of discourse, framing connotes discourse. However, if we think of what the Operation Rescue leader says above as indicative of their worldview, note that they do articulate these higher, more abstract beliefs as discourses. Finally, the term worldview is ubiquitous in Western intellectual thought. Among the sociological variants, I am de-emphasizing the phenomenological qualities and emphasizing the discursive. Using the closely related concept of "ideology" instead of worldview, my approach follows what Gerring calls the linguistic approach, where "the rules, regularities, and principles of any ideology . . . derive not so much from the intentions of the ideologists (their values and beliefs), but rather from the linguistic norms in which they are embedded." See Gerring, "Ideology: A Definitional Analysis," 967.

51. Hunter, *Culture Wars*, 122.

52. Ibid.

53. Ibid., 127.

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54. I demonstrate this empirically in chap. 7.

55. Valerie Jenness, "Social Movement Growth, Domain Expansion, and Framing Processes: The Gay/Lesbian Movement and Violence Against Gays and Lesbians as a Social Problem," *Social Problems* 42, no. 1 (1995): 154. See also Donileen R. Loseke, *Thinking About Social Problems: An Introduction to Constructionist Perspectives* (New York: Aldine de Gruyter, 1999), 82; Joel Best, *Social Problems* (New York: W. W. Norton, 2008), 48. Best says, "Domain expansion and elaboration reflect advocates' preference for inclusive definitions. Many social-problems campaigns begin with activists calling attention to extreme typifying examples in order to mobilize societal consensus. From that narrow foundation, they gradually can extend the problem's domain, arguing that other, less melodramatic cases are another form of, really no different than, the moral equivalent of, or just the same as the original typifying examples, and that the problem is complex, with many facets demanding attention. Such expansive claims help keep the problem visible. Social movements cannot afford to succeed and then relax; once members believe a cause is won, they may drift away. Domain expansion and elaboration let movement leaders argue that the battle continues, that work remains to be done, and that the cause needs continued support. Similarly, extending the domain lets advocates offer the media new angles on a problem, encouraging continued coverage that can keep the problem visible." See Joel Best, *Random Violence: How We Talk About New Crimes and New Victims* (Berkeley and Los Angeles: University of California Press, 1999), 169.

56. Joel Best, *Threatened Children: Rhetoric and Concern About Child-Victims* (Chicago: University of Chicago Press, 1990), chap. 4.

57. "Key Moments in NARAL Pro-Choice America's History": "1993—To more accurately reflect the organization's comprehensive approach to reproductive health policy, NARAL changes its name to the National Abortion and Reproductive Rights Action League" (http://www.prochoiceamerica.org/about-us/learn-about-us/history.html; accessed November 24, 2008). For the Religious Coalition for Reproductive Choice, see http://www.rcrc.org/about/history.cfm (accessed November 24, 2008).

58. Best, *Threatened Children: Rhetoric and Concern About Child-Victims*, chap. 4.

59. Ibid., 68–69.

60. Loseke, *Thinking About Social Problems: An Introduction to Constructionist Perspectives*, 83.

61. Ibid.

62. Youngman, "When Frame Extension Fails: Operation Rescue and the 'Triple Gates of Hell' in Orlando."

63. Richard J. Meagher, "Tax Revolt as a Family Value: How the Christian Right is Becoming a Freemarket Champion," *Public Eye Magazine* 21, no. 1 (2006).

64. By removing the term "embryonic," this term implies something about views of adult life, which it should not. By giving one side the positive prefix "pro"

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also implicitly puts them on the moral high ground, while I would like my analysis to be neutral. The term "pro-life" is also conflated with opposition to abortion, and while I will show that that is indeed an obvious empirical association, there are people who oppose abortion without using the embryonic life discourse. Moreover, "non pro-lifer" does not mean that such a person is opposed to "life," only that they do not think that embryonic life should be held to the same esteem as born life. Despite these terminological qualms, the phrases "respondent who uses the embryonic life discourse" and "respondent who does not use the embryonic life discourse" are so cumbersome that they impede understanding, so I decided to use the shorter terms.

65. The social problems literature used here is very similar to examinations of "frame extension" by social movement scholars. See David A. Snow et al., "Frame Alignment Processes, Micromobilization, and Movement Participation," *American Sociological Review* 51 (1986): 464–81; Youngman, "When Frame Extension Fails: Operation Rescue and the 'Triple Gates of Hell' in Orlando." For a sophisticated example of an analysis of how activists changed the discourse used to discuss a social problem, see particularly chaps. 2 and 3 in Joseph E. Davis, *Accounts of Innocence: Sexual Abuse, Trauma, and the Self* (Chicago: University of Chicago Press, 2005).

66. Ethics and Religious Liberty Commission, For Faith and Family Issues, "Sanctity of human life fact sheet – 2004."

67. See http://www.usccb.org/prolife/programs/rlp/Coors05.shtml.

68. Best uses this logic when he shows the percentage of the public that think of different issues as "child sexual abuse." Less successful efforts to make certain situations "child sexual abuse" are indicated by the low percentage of the public who use the discourse "child sexual abuse" to discuss the situation. See Best, *Threatened Children: Rhetoric and Concern About Child-Victims*, 84–85.

69. Here I will follow cognitive psychologists who explain this "fit" or metaphorical similarity as guided by cultural cues in the environment. The cue is some sort of analogy between the situation that the existing discourse has been used previously for and the situation presented to the person. For our purposes, we can use the simple model, which DiMaggio explains using the cognitive psychology term for discourse of "schemata." (There are obviously differences in the technical meanings of the terms discourse and schemata, but for my limited purposes I can treat them as analogous.) The cue is made where "two schemata or related structures lend themselves to analogy (and thus to generalization across domains) insofar as they share particular features . . . that create a correspondence between them." See Paul DiMaggio, "Culture and Cognition," *Annual Review of Sociology* 23 (1997): 274, 281. For example, people rely on visual and physical cues when invoking schema having to do with persons. The "welfare mother" schema is activated by the stereotypical appearance of such a person. See Susan T. Fiske and Shelley E. Taylor, *Social Cognition* (New York: McGraw-Hill, 1991), 144.

70. Karen A. Cerulo, *Culture in Mind: Toward a Sociology of Culture and Cognition* (New York: Routledge, 2002), 58–60.

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71. Carl Hulse, "Democrats Weigh Methods for Ending Stem Cell Ban," *New York Times*, March 1, 2009, A:11.

72. Erik Parens and Lori P. Knowles, "Reprogenetics and Public Policy: Reflections and Recommendations," *Hastings Center Report* 33, no. 4 (2003): S10.

73. Hanna et al. in Ruth Ellen Bulger, Elizabeth Meyer Bobby, and Harvey V. Fineberg, *Society's Choices: Social and Ethical Decision Making in Biomedicine* (Washington, DC: National Academy Press, 1995), 187.

74. Hunter, *Before the Shooting Begins*, 8.

75. Smith shows that worldviews are more compatible than the worldview imagery suggests. See Christian Smith, *American Evangelicalism: Embattled and Thriving* (Chicago: University of Chicago Press, 1998), 104–7. Even Peter Berger, one of the architects of the notion that the presence of two worldviews in the same interactive space will lead to the delegitimation of both, has come to the conclusion that this presumption was a mistake. See Peter L. Berger, "The Desecularization of the World: A Global Overview," in *The Desecularization of the World: Resurgent Religion and World Politics*, ed. Peter L. Berger (Grand Rapids: Eerdmans, 1999), 1–18. Moreover, many recent innovations in cultural sociology have concluded that we actually know much more culture than we regularly use, including, presumably, discourses that would logically be opposed to other discourses that the worldview perspective would place in separate worldviews. See DiMaggio, "Culture and Cognition"; Swidler, *Talk of Love: How Culture Matters*. Studies also show that the highest-level discursive elements in worldviews are very weak predictors of attitudes on social issues, suggesting the structure needs to be loosened to allow in additional factors. See Evans, "Worldviews or Social Groups as the Source of Moral Value Attitudes: Implications for the Culture Wars Thesis." Political scientists have also long known that ordinary people are not coherent in their attitudes. See Gerring, "Ideology: A Definitional Analysis."

76. Swidler, *Talk of Love: How Culture Matters*, 182. If the cultural systems approaches, such as the worldview idea, have too much structure, Swidler's original model of culture as a "tool kit" has been described as structureless. See Ilana Friedrich Silber, "Pragmatic Sociology as Cultural Sociology: Beyond Repertoire Theory?" *European Journal of Social Theory* 6, no. 4 (2003): 431; Ann Swidler, "Culture in Action: Symbols and Strategies," *American Sociological Review* 51 (1986): 273–86. Swidler's 2001 book-length statement adds some structure. Silber has concluded that only what she calls French "pragmatic sociology" has attempted "to introduce some form of order or structure in cultural 'tool-kits' or repertoires that other repertoire theorists have tended to leave largely unstructured or to structure in much rougher, less detailed fashion." See Silber, "Pragmatic Sociology as Cultural Sociology: Beyond Repertoire Theory?" 435. In the words of William Sewell, Jr., "Our job as cultural analysts is to discern what the shapes and consistencies of local meanings actually are and to determine how, why, and to what extent they hang together." See William H. Sewell, Jr., "The Concept(s) of Culture,"

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in *Beyond the Cultural Turn: New Directions in the Study of Society and Culture*, ed. Victoria E. Bonnell and Lynn Hunt (Berkeley: University of California Press, 1999), 58.

77. Michele Dillon, "The American Abortion Debate: Culture War or Normal Discourse?" in *The American Culture Wars: Current Contests and Future Prospects*, ed. James L. Nolan (Charlottesville: University Press of Virginia, 1996), 117.

78. Dillon, "The American Abortion Debate: Culture War or Normal Discourse?" 119.

79. This presumes that people on both sides of the abortion divide have not socially selected their interaction networks so as to never encounter someone who has opposing views. A network study of deliberation about controversial topics in communication networks suggests that this is not the case as people in the same network do have discordant views about abortion, even if they try to avoid talking about abortion. See Huckfeldt, "Unanimity, Discord, and the Communication of Public Opinion."

80. In fig. 3, I represent opposition and support for types of abortion other than abortion for fetal defect. This is only done to connect my argument to claims in the culture wars thesis, because I did not ask the respondents about these other types of abortion. Hunter's thesis presumes—fairly reasonably—that people who are opposed to all or most types of abortion would use this discourse.

81. Cystic Fibrosis Foundation, "About Cystic Fibrosis" (http://www.cff.org/AboutCF/; accessed May 14, 2008).

82. Peter J. Thuesen, "The Logic of Mainline Churchliness: Historical Background Since the Reformation," in *The Quiet Hand of God: Faith-Based Activism and the Public Role of Mainline Protestantism*, ed. Robert Wuthnow and John H. Evans (Berkeley: University of California Press, 2002), 27–53.

83. Robert Wuthnow and John H. Evans, *The Quiet Hand of God: Faith-Based Activism and the Public Role of Mainline Protestantism* (Berkeley: University of California Press, 2002).

84. Wuthnow and Evans, *The Quiet Hand of God: Faith-Based Activism and the Public Role of Mainline Protestantism*, 4.

85. Robert D. Woodberry and Christian S. Smith, "Fundamentalism et al: Conservative Protestants in America," *Annual Review of Sociology* 24 (1998): 25–56.

86. Donald E. Miller, *Reinventing American Protestantism: Christianity in the New Millennium* (Berkeley and Los Angeles: University of California Press, 1997); and Kimon Howland Sargeant, *Seeker Churches: Promoting Traditional Religion in a Nontraditional Way* (New Brunswick: Rutgers University Press, 2000).

87. Smith, *American Evangelicalism: Embattled and Thriving*.

88. For a particularly influential categorization of survey respondents into these Protestant categories by denomination, see Brian Steensland et al., "The Measure of American Religion: Toward Improving the State of the Art," *Social Forces* 79, no. 1 (2000): 291–318.

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89. With the members of congregations, I struggled with whether to interview a random sample of people who were members of congregations or to interview those who might be more aware of the discourse used in their tradition. In the end, half the interviews were conducted with a random sample of members from religious congregations, and half from those considered by the religious leader of the congregation to be able to "do a good job in discussing this issue." Therefore, my interviews represent something between these two categories. These people were by no means religious experts. They were truly ordinary members, with those identified as being "good at talking about this issue" being slightly more articulate. Examination of the conclusions about these technologies reached by the two types of members suggests they are broadly similar in their views.

Chapter Two

1. There have been a few attempts to evaluate ordinary religious persons' views historically, primarily of the eugenics movement. See Christine Rosen, *Preaching Eugenics: Religious Leaders and the American Eugenics Movement* (New York: Oxford University Press, 2004); Amy Laura Hall, *Conceiving Parenthood: American Protestantism and the Spirit of Reproduction* (Grand Rapids: Eerdmans, 2008).

2. Thomas F. Lee, *The Human Genome Project: Cracking the Genetic Code of Life* (New York: Plenum Press, 1991), 38.

3. Ibid., 31.

4. Ibid., 35.

5. Daniel Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Berkeley and Los Angeles: University of California Press, 1985), ix. My description of the nineteenth-century eugenics movement is based on the canonical texts by Kevles and Paul. See Diane B. Paul, *Controlling Human Heredity: 1865 to the Present* (Amherst: Humanity Books, 1995).

6. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity*, 34.

7. Ibid., 44, 47.

8. Ibid., 47.

9. Ibid., 97.

10. Ibid., 164.

11. Ibid., 118.

12. Ibid., 110–11.

13. Rosen, *Preaching Eugenics: Religious Leaders and the American Eugenics Movement*.

14. Ibid., chap. 5.

15. Ibid.

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