



Dear Friend,

Last month at Oklahoma State University I talked with a young man named Jeremy. He said he didn’t care much for abortion, but that it was a woman’s choice. He didn’t think the unborn was human, but he was open-minded and didn’t dispute my evidence. After twenty minutes he said,

Jeremy: You make some good points, and you’re probably right; the fetus is human. But I still think a woman should be able to make her own choice about abortion. If it’s her body, it’s her choice.

Tim: Let me know if I’m understanding you correctly. It sounds like your argument is something like this: The fetus is human and has the same right to live as a toddler, but a woman’s body is her *sovereign zone** and she can do *anything she wants with her body*. So because the fetus is inside her, she can kill it. Am I understanding you?

Jeremy: Yes, that’s what I mean.

This kind of conversation can be incredibly confusing to many who are pro-life. We get in the habit of thinking that all we need to do is argue for the humanity of the unborn, and the pro-choice person will conclude that killing the unborn couldn’t possibly be justifiable. But many pro-choice people don’t think that way. They have an intuition that a woman’s right to her bodily autonomy is so important that she should have the right to have an abortion *even if it means killing a child*. If we don’t target this intuition directly, then we won’t be able to persuade the individual, no matter how much we argue for the value of the unborn. My conversation with Jeremy continued:

Tim: Jeremy, have you ever heard of a drug called thalidomide?

Jeremy: No, what’s that?

Tim: It’s a drug that pregnant women used to take to treat morning sickness. It isn’t available anymore because it causes incredibly severe birth defects. Babies were being born with arms or legs missing. If a woman can do anything she wants with her body, even if it hurts someone else, should she have the right to take thalidomide?

Jeremy: That makes me really uncomfortable.

Tim: I agree. It makes me really uncomfortable, too. But should she have the legal right to take it?

Jeremy: (after pausing) Um, yeah, I don’t like it, but it’s her choice.

Tim: What if she didn’t take it to treat her morning sickness? What if a pregnant woman just thought it was hilarious when little kids were missing limbs, so she took thalidomide over and over to intentionally deform her baby?

Jeremy: (immediately) No, no, no! She definitely shouldn’t be able to do that.



This Oklahoma State University student, Jeremy, and I had such good rapport that we were able to make marked progress in our conversation.

Tim: I agree with you. That's horrible. But help me understand. If a woman shouldn't be allowed to intentionally *deform* her child when he's in her sovereign zone, why should she be allowed to intentionally *kill* her child when he's in her sovereign zone?

Jeremy: I don't know anymore.

Tim: Jeremy, do you know what abortion is? Do you know how surgical abortions are done?

Jeremy: No, but some of them are instant, right?

I spent a few minutes describing abortion procedures to him. I told him how suction abortions and dilation and curettage abortions dismember the unborn in the first trimester, and I told him how dilation and evacuation abortions kill the unborn in the second trimester through the pulling apart of the baby's body. Then, with his permission, I showed him pictures of the results of some of these procedures. Looking a little pale, he weakly said:

Jeremy: Wow. I don't support any of that.

Note the stark shift in Jeremy's position! He began by saying he supported the killing of the unborn even if it's a human being. He ended up saying he didn't support it. What changed?

Jeremy needed to go through a two-step process in order to understand the weakness in his view. First, he needed to see his sovereign zone principle outside of the context of abortion. Second, he needed to see abortion.

In order to persuade him, I couldn't just talk about killing, because Jeremy had become comfortable with killing in the case of abortion. I needed to demonstrate the falsity of the sovereign zone view by appealing to moral intuitions about cases that are related, but different enough that he could think about it in a fresh way. The thalidomide case helped him realize that women don't have a sovereign zone such that they can do *anything* they want with *anything* in their bodies. By looking at the principle in the context of thalidomide, he could evaluate it more clearly and see that there is good reason not to believe it.

The other integral part of Jeremy's process was learning about what abortion really is and *seeing* the results of it. His support of abortion stemmed largely from ignorance. As we transitioned from having a theoretical, philosophical discussion to facing the cold, hard facts about what abortion does to the unborn, he couldn't support it anymore.

In Christ,
Tim

* The term "sovereign zone" was coined by former JFA Intern Trent Horn.



My colleague John Michener's motto is "bring fun to serious work." He and I were putting that into practice with these students in Stillwater, Oklahoma.

Conversation Tip

The "sovereign zone" view is very common, but the people we talk to usually can't articulate it clearly. They'll say something like "my body, my choice," or "it's part of the woman's body." Anytime you hear a phrase like this, say something such as the following:

"I want to understand your view, but I'm struggling because it sounds like you could mean a couple of different things. Do you mean that you think the fetus is *not* a valuable human being so it's okay to kill it? Or do you mean the fetus *is* a valuable human being but that doesn't matter, because a woman's body is her sovereign zone and she can do anything she wants with it?"

If you don't ask this kind of clarification question, you may spend the whole conversation talking about the value of the unborn when, in fact, that won't persuade the person to change her mind at all.

When in doubt, always ask a clarifying question.

Support Raising Update: WICHITA!

As you read this letter, I've just completed the drive halfway across the country to Wichita to begin my work in JFA's national office! Since I've reached **61%** of my support goal, the national office encouraged the move. I'll continue raising support as I begin working on being certified as a JFA speaker and facilitator.

Thank you for helping me get to work on behalf of the unborn through your support.