Abortion Stigma

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For the women that are faced with the choice, the question of whether or not to have an abortion is one of the most difficult decisions they will ever make. As if the decision alone weren’t enough, the stigma associated with abortions casts judgment and isolation on the people who need the most support, and it does not go away. This stigma is debilitating and persistent, and follows both abortion patients and providers. Abortion stigma is immortalized in politics, law, and the media, and has proven to be psychologically damaging to the people who experience it. These conscious and unconscious views are kept alive by Pro-Life and Pro-Choice advocates alike. Dismantling the stigma surrounding abortion is critical to the health and well-being of people seeking or receiving abortions, as well as abortion providers.

In their systematic review of abortion stigma, Hanschmidt et al. (2016) used Goffman’s first description of the word “stigma”: “an ‘attribute that is deeply discrediting’ and that reduces the bearer ‘from a whole and usual person, to a tainted, discounted one’” (p. 169). As abortion stigma became more widely recognized, it earned its own specific definition. Hanschmidt et al. (2016) list this definition given by Kumar et al.: “a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to the ideals of womanhood” (p. 169). Hanschmidt and colleagues noted that though there are a startlingly low number of studies exploring this stigma behind pregnancy termination, the results are conclusive that abortion stigma is cause for concern when it comes to the mental health of the people who experience it.

In a recent study, Biggs et al. (2020) investigated abortion stigma and the psychological well-being of people after they had sought or received abortions. The results found that over half of the participants worried that people in their community or even close friends or family would view them negatively if their interest in aborting was discovered. People who presented with these higher rates of perceived abortion stigma were significantly more likely to report psychological distress years after they had sought or received an abortion. Participants were
also more likely to report psychological distress years later if they had told one or more people (excluding the man involved) about their decision compared to the participants who chose not to tell anyone.

This study also suggests that race, marital status, religion, location, and age may influence abortion stigma. Biggs et al. (2020) found that African American people were much less likely to perceive abortion stigma in their communities and overall compared to White people. People who were married, people belonging to Protestant or Catholic religions, people living in the South, and people under the age of 20 were all more likely to perceive abortion stigma from their community, from people close to them, and overall, compared to people who were never married, identified as having no religion, lived in the West, and were 20 or older (Biggs et al., 2020).

The negative effects of abortion stigma are not limited to people who seek or receive abortions. A 2018 study by Martin et al. revealed abortion stigma may also be harmful to the mental health of abortion providers. Worries about their jobs being disclosed to others, social judgment and isolation, and discrimination were among the list of stigma-induced stressors experienced by providers of abortion. These measured stigmas were correlated with psychological distress and with Maslach Burnout Inventory's emotional exhaustion and depersonalization subscales, and inversely correlated with Maslach Burnout Inventory's personal accomplishment subscale.

Oftentimes the stigma encountered by providers employed at abortion clinics extends to their family members as well. One provider at Planned Parenthood shared her unique experience with abortion stigma. Though hers is not a religious family, she and her husband believe in the value of education. Wanting to provide the best education possible for their children, they enrolled their eldest in a private Catholic school. The provider talked about her interest in joining the PTA to be more involved at the school, but she expressed fear that she would be “found out” by the other parents, or worse, that her child would be mistreated by
classmates or even teachers. She had also experienced abortion stigma in her professional life when she was able to teach a nursing class at a Catholic college. She reported that she thoroughly enjoyed teaching and was even being considered for an adjunct professor opening before a priest at the college advised against her being hired, arguing that she was unfit for the position due to her workplace.

Laws and policies pertaining to abortion can worsen the stigma, as they are usually built on misconceptions about the dangers of abortion or the “irresponsible or selfish” stereotypes around people who seek them (Turan & Budhwani, 2021, p. 37). Because these dangers and stereotypes are inaccurate, and the laws and policies created are inequitable, they allow abortion stigma to continue to thrive. Turan and Budhwani put plainly the negative effects of stigma in their 2021 article:

Abortion itself is not associated with an increased risk of any physical or mental health issues, but experiences and fears of abortion-related stigma can result in lower self-efficacy, reduced perceptions of social support to help with abortion decision-making, increased use of denial and avoidance coping techniques, and avoidance of needed services (p. 38).

Even people who do not intend to encourage abortion stigma can end up doing so by accident. As part of the onboarding process, Planned Parenthood employees are required to complete a series of trainings ranging from using inclusive language to recognizing and dealing with trauma. One of these lessons is about awareness of abortion stigma and how to stop perpetuating it. Many well-meaning supporters unknowingly feed into abortion stigma with comments like, “ Abortions are only about 3% of Planned Parenthood’s does.” While this statement is true, according to Planned Parenthood’s 2019-2020 report (p. 35), it carries with it a weight of shame and abnormality. Defending Planned Parenthood by arguing that they offer a plethora of different services further stigmatizes abortion by framing it as a small portion of wrong in a large portion of right.
How abortion is portrayed in the media may have an impact both on abortion stigma and on viewers’ knowledge about abortion. A recent study by Sisson et al. (2021) revealed that an episode of *Grey’s Anatomy* with a scripted abortion plotline significantly improved viewers’ knowledge on medication abortions. Another study by Nathaniel Swigger (2016) questioned the impact of sexual norms seen in sitcoms and how they may affect viewers’ opinions on abortion and contraception. To explore this, participants were split into three groups receiving different message treatments: negative, positive, and control. The negative treatment group viewed an episode of *How I Met Your Mother* with a “boys will be boys” message from a sexist character, Barney. He discusses how he tricks women into sleeping with him and that they deserve it for believing his lies, which is received without trouble by the other characters. The positive treatment group watched an episode of *Parks and Recreation* where the main character, Leslie, has too much to drink on a first date, and the man she is with gets her home safely and does not take sexual advantage of her. The control group did not watch anything. Participants were then asked to rate their feelings about abortion and contraception access, and the results found that people who watched *Parks and Recreation* reported significantly more support for access to abortion than those who watched *How I Met Your Mother*. This study suggests that sitcoms may greatly influence public opinion, and Swigger hypothesizes that pop culture may be even more effective in influencing political views than news programs.

Abortion stigma frames the people who seek, receive, or provide abortions as unacceptable, undesirable, and inferior members of society. This stigma is perpetuated by abortion laws and policies, the media, and the communities influenced by them. Though abortion itself has no direct effect on mental health, the stigmas behind abortion can have detrimental effects on the mental health of people who experience stigma. In order to preserve the health and well-being of abortion patients and providers alike, serious measures need to be taken to reverse and prevent abortion stigma.
References


