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Managing Religion and Morality Within the Abortion Experience: Qualitative Interviews With Women Obtaining Abortions in the U.S.

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Abstract

Most women in the United States are religious, and most major religions in the United States doctrinally disapprove of abortion. A substantial proportion of U.S. women have abortions. Although relationships among religious beliefs, abortion attitudes, behaviors, and stigma have been found in previous research, the relationship between stigma and religion is understudied. In-depth interviews conducted with 78 women having abortions at nine sites in the United States found religion to permeate abortion stigma manifestations and management strategies identified in previous research, for religious and religiously affiliated respondents as well as those who did not claim a religious affiliation. Health-care providers, religious leaders, researchers, and advocates need to recognize the influence religion has on the experience of obtaining an abortion for all women in the United States.

Keywords

abortion; religion; stigma

Background

Religion and abortion are closely connected in political and social discourse in the United States. Most major religions express doctrinal disapproval of abortion (The Pew Forum on Religion and Public Life, 2013a), and this condemnation is reflected in individuals' stated beliefs; research has demonstrated a strong connection between individual religiosity and negative abortion attitudes (Adamczyk, 2013; Alvarez & Brehm, 1995; Craig, Cane, &

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Martinez, 2002; Emerson, 1996; Hoffman & Mills Johnson, 2005; Jelen & Wilcox, 2003; Sahar & Karasawa, 2005; The Pew Forum on Religion and Public Life, 2008; Woodrum & Davison, 1992). Recent polling found that, when asked if abortion was morally wrong, almost half of Americans said that it was (47 percent), with only 13 percent reporting that abortion was morally acceptable, and 27 percent stating that abortion is not a moral issue. Larger percentages of Protestants and Catholics reported believing abortion to be morally wrong (56 and 58 percent) and only 20 percent of those without an affiliation held this belief (The Pew Forum on Religion and Public Life, 2013b).

Both religious affiliation and the experience of having an abortion are common in the United States; 77 percent of Americans affiliate themselves with a religion (The Pew Forum on Religion and Public Life, 2015), and 79 percent of women of reproductive age do so (Jerman, Jones, & Onda, 2016). One out of every four American women will have had an abortion by age 45 (at current abortion rates) (Jones & Jerman, 2017). Religiously affiliated women in the United States therefore do obtain abortions despite doctrinal disapproval of the practice; approximately 60 percent of the over 900,000 women who obtained an abortion in 2014 claimed a religious affiliation (Jerman et al., 2016). Nor does it appear that there is a striking difference between the abortion-related behavior of women who are affiliated with "mainstream" religions versus all women. Current demographics show that Catholic women obtain abortions at the same rate as all other women with Mainline Protestants at a slightly lower rate. Abortion-related behavior is different at the ends of the spectrum, however; Evangelicals obtain abortions at half the rate of all women, and women with no affiliation at nearly double the rate of all women (Jerman et al., 2016). Studies have found that religion plays an inconclusive and context-specific role in women's decision making about whether to terminate a pregnancy (Adamczyk, 2008, 2009; Adamczyk & Felson, 2008; Williams, 1982).

Due to the high levels of religious affiliation and religiosity of the U.S. population, this religious disapproval has implications for individual women choosing to have an abortion. These women (both those who claim a religious identity and those who do not but live in this country's highly religious culture, where religious values are often intertwined with social and public policy) must decipher from a myriad of messages whether abortion is the right option for them and manage the implications of their decision within their own religious and moral frameworks. Foster, Gould, Taylor, and Weitz (2012) documented this potential conflict in her survey of 5,387 abortion patients at one U.S. clinic in 2008 regarding their decision to terminate. Thirty-six percent of these women reported having spiritual concerns about abortion and 28 percent were not at peace spiritually with their decision.

These concerns suggest a concept of religiously informed abortion stigma not addressed in the previously discussed literature. Stigma has been studied since the 1960s and applied to reproductive outcomes and abortion in particular beginning in the late 1990s. Goffman's (1963) theory of social stigma, often considered the preeminent stigma theory, defines stigma as an "attribute that is deeply discrediting" which "taints" an individual's identity. Goffman also theorizes stigma-management strategies. Typically, individuals affected by stigma hold the same beliefs as society at large about what is considered "normal," and

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understand which aspects of themselves are stigmatized; they then often correctly perceive they will not fully be accepted by society when in possession of the stigmatized trait. This causes shame because the individual cannot ever reach "normal" status. The individual can attempt to correct the blemish by mastering an area or activity considered close to the shortcoming, for example, a person who uses a wheelchair becoming a marathoner. The individual could also try to break with reality and institute an unconventional interpretation of the stigmatized trait, such as considering it a "blessing in disguise."

Stigma has been theoretically applied to many social and biological conditions, and a growing body of recent research has attempted to conceptualize as well as measure abortion stigma (Cockrill, Upadhyay, Turan, & Foster, 2013; Cockrill & Nack, 2013; Cowan, 2017; Hanschmidt, Linde, Hilbert, Riedel-Heller, & Kersting, 2016; Kumar, Hessini, & Mitchell, 2009; Major & Gramzow, 1999; Norris et al., 2011; Shellenberg & Tsui, 2012) Major and Gramzow (1999) were the first to describe how the concept of stigma could be applied to the process of coping with the abortion experience, finding negative mental health impacts from concealing an abortion from others and from suppressing thoughts about it internally. Kumar et al. (2009) further developed these ideas to understand the formation of abortion stigma, labeling it as multi-faceted, multi-dimensional, and operating on many different societal levels. They identify several aspects of abortion that make it subject to stigmatization, such as its violation of norms of motherhood, femininity, and feminine sexuality. Norris et al. (2011) extend Kumar's conceptualization of abortion to include the attribution of personhood to the fetus, legal or policy restrictions which suggest morally acceptable and unacceptable reasons for having abortion, and the idea that abortion and its practitioners are dirty or unhealthy.

Cockrill and Nack (2013) apply both Goffman's theory and Herek's (2009) model of sexual stigma to abortion to further describe the manifestation and management of abortion stigma. They explain three domains of stigma as experienced at the individual level: internalized, felt, and enacted. Using in-depth interviews with 34 women who previously had an abortion or were in the process of obtaining one in the United States, the authors found that women *internalize* societal stigma in two categories described by Goffman: character blemishes and tribal stigma. Their respondents described how they perceived that having abortion taints or blemishes a woman's character, and it also classifies her as belonging to a type or tribe of "bad women" who deviates from established norms of other groups to which she belongs. Their respondents reported *felt* stigma, which encompassed the fear of experiencing judgmental attitudes or other consequences from other people if their abortions were revealed. Finally, they experienced *enacted* stigma; that is, stigma perpetuated upon them by others, such as encounters with protestors, health-care providers, family members, and partners who condemn women for having abortions.

These manifestations of abortion stigma necessitate the strategies for managing stigma in each domain similar to those described by Goffman, which Cockrill and Nack (2013) describe as "managing the damaged self" (p. 982). They observe their respondents managing *internalized* stigma by declining to challenge the legitimacy of the stigma itself, but finding a way to exclude themselves from implication by rationalizing their choice to have an abortion and by amending their previous prejudices against abortion to align with their current status.

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Cockrill and Nack (2013) found that their respondents managed *felt* stigma by "maintaining a good reputation" (p. 983) via concealment of their abortions. Among women who were unable to conceal their abortions and therefore experienced *enacted* stigma, they reported strategies to "manage their damaged reputations" (p. 985) by separating the abortion from the stigma, or invalidating the supposed traits that make abortion subject to stigmatization. In subsequent work, Cockrill et al. (2013) utilized these conceptual findings to construct and test a validated measure of abortion stigma that could capture all of these domains.

All of this recent work on stigma mentions religion and religiosity. The theoretical work of Kumar et al. (2009) and Norris et al. (2011) cite religion as a part of the context in which abortion stigma is formed and experienced. Cockrill and Nack (2013) devote more attention to religion in their qualitative exploration of abortion stigma: They recorded the religious affiliations of their respondents, and they found that respondents who identified as having a religious affiliation expressed internalized stigma more often than their non-religiously identified counterparts. Religion is present in their respondents' narratives about perceived stigma; among women who said that their friends, family members, or communities were religious, they imagined that they would be judged harshly if their abortion were disclosed. The relationship between religion and stigma is further explored in Cockrill et al.'s (2013) development and testing of a stigma scale. The scale includes religiosity (among other individual characteristics) and experiences of stigma. Among the 600 respondents who had previously obtained abortions in that study, those who reported higher levels of religiosity reported feeling more self-judgment and perceived more community condemnation than other women. Religious denomination also had an effect. Women who identified as Protestant or Catholic scored higher on the full stigma scale and on some individual measures (such as self-judgement and perceived community condemnation) than women without an affiliation, leading the authors to conclude that the highly religious are at the greatest risk for experiencing stigma. This conclusion has been substantiated elsewhere: Nationally representative data from abortion patients found that White Protestant and Hispanic Catholic women experienced higher levels of abortion stigma, particularly around issues of disclosure, than nonreligious women or Black women of any denomination (Shellenberg & Tsui, 2012).

Women's management of their religious and moral beliefs during the abortion experience, regardless of their own personal religiosity or religious affiliation, remains understudied. We posit that religion has a stronger relationship to all domains of abortion stigma and the strategies women employ to manage that stigma, for both religiously affiliated and non-religiously affiliated women, than has been articulated in previous studies. To expand upon the current research surrounding religious beliefs and abortion stigma, we explore how religion influences religiously affiliated, and non-religiously affiliated women's abortion decision making and experience.

Data and Methods

Study Design and Sample

Seventy-eight semi-structured face-to-face in-depth interviews were conducted with cross-sectional samples of women at nine abortion clinics at two time points: 2008 and 2015. Both

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sets of data were collected as the qualitative complement to the Abortion Patient Survey conducted by the Guttmacher Institute, a periodic survey of approximately 10,000 women having abortions captured from a nationally representative sample of health facilities in the United States. Women were interviewed in one clinic in a small city in Connecticut, one clinic in a mid-size city in Texas, one in a large town in a rural area of Washington, three clinics in a large city in Michigan, two clinics in a midsize city in New Mexico, and one clinic in a small city in New Mexico. The interviews were conducted either on the day of their abortion or the day of their follow-up appointment approximately 2 weeks later. The interviewers (including authors Lori Frohwirth and Ann Moore) were trained on interview techniques, the informed consent process, and administration of the interview guide, and signed a confidentiality agreement. For the 2008 interviews, all English-speaking women 18 or older obtaining (or having recently obtained) surgical or medication abortions at the selected facilities were eligible for participation in the study, and in 2015 all women meeting those criteria and who had crossed state lines or traveled more than 100 miles to get to the clinic were eligible. For further description of the sample, see Jerman, Frohwirth, Kavanaugh, and Blades (2017). Even though the inclusion criteria differed slightly, that difference is unlikely to have influenced respondents' answers on the topics we included in this analysis. Women were informed about the study by clinic staff, and if they were interested in participating, a member of the research team was contacted and escorted the woman to a private space to administer the research informed consent form and, when consent was obtained, conducted the interview. Participants were interviewed during waiting times at the abortion appointment, when it was least intrusive to their visit. Data collection occurred between June and October 2008 and January and February of 2015. The participants received $35 cash in 2008 and $50 in cash in 2015 as compensation for their time. The clinic staff made sure that the remuneration did not influence the woman's ability to afford the abortion so that women did not feel coerced into participating; all participants provided oral consent. Each clinic received $500 as compensation for allowing our study to be conducted there. This study and all associated procedures and study instruments were approved by The Guttmacher Institute's Institutional Review Board.

Instrument

The 2008 interview guide focused on the woman's decision-making process regarding her pregnancy, the reasons for termination and any stigma she experienced related to her abortion, how having an abortion fit in with her personal beliefs including her religious and moral beliefs, and how she has seen her community react to women who have had abortions. The 2015 interview guide also explored the woman's decision-making process, as well as different primary research question (the experience of travel to obtain abortion care). While the interview guides were not identical, the guides were semi-structured, allowing for topics most relevant to the respondent to emerge. Respondents were not explicitly asked about religious influences on their abortion, but they were asked to elaborate on their religiosity, if they discussed it. Interviews lasted between 45 and 90 minutes, and at the conclusion of the oral portion of the interview, participants were asked to fill out a short questionnaire on their socio-demographic characteristics.

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Data Management and Analysis

All of the interviews were digitally recorded and transcribed verbatim with identifiable information removed during the cleaning phase. A systematic analytical approach was devised and included creating an inductive and deductive coding structure using NVivo 8 and 10 (QSR International, Melbourne, Australia). As qualitative data analysis is always custom-built (Huberman & Miles, 2014), deductive coding themes were derived based on the themes explored during the interviews, and the inductive codes were designed based on unanticipated issues that emerged (Crabtree & Miller, 1992). We first used Agar's (1980) qualitative strategy of reading each woman's interview in its entirety to understand each respondent's comprehensive narrative. The transcripts were then examined as meaningful segments and these segments were assigned codes, according to an abridged application of Huberman and Miles's (2014) analytic strategy. Two coders (both of whom were interviewers) double-coded several transcripts and examined intercoder reliability. After discussion, codes were refined to improve the clarity of the coding structure, and further double-coding produced intercoder reliability ranging from 95 to 100 percent.

Analyses were conducted to summarize emerging themes and concepts, and to explore patterns of similarities and differences across interviews. For this analysis, we examined any segments of interviews that had been identified and coded as pertaining to the role of God, religion, or religious beliefs in the participant's abortion experience. Key topics that emerged are summarized via a textured description and illustrated using direct quotes from participants (Moustakas, 1994), identifying respondents by year of interview and whether or not they claimed a religious affiliation. Respondents are also identified by race, ethnicity, and religious affiliation if applicable, because these factors have been associated with experiences of abortion stigma in previous research (Cockrill et al., 2013; Shellenberg & Tsui, 2012). However, those characteristics are used here for context and are not analytic categories due to this study's small sample size and exploratory nature.

Results

Our sample (Table 1) consisted of a majority of women who claimed a religious affiliation (mostly Catholic, nondenominational Christian, and Protestant). Twenty women (26 percent of the sample) indicated "None" for their religious affiliation; many of these women said that they did not attend religious services or participate in a religious community, yet still considered themselves spiritual, religious, or moral. Fifty-eight of the 78 respondents (74 percent) spontaneously spoke about the influence of religion and God in their decision to have an abortion, and in their experience of obtaining an abortion and reflecting on their abortion. This includes eight women who had no religious affiliation.

We found that experiencing religiously informed abortion stigma is typical for U.S. abortion patients, even when they claim no religious affiliation. When attempting to further understand how religion impacted our respondents' experiences of their abortions, we consulted the conceptual framework developed by Cockrill and Nack (2013). We found religion to be intimately entwined with both of the manifestations and the management abortion stigma theorized by that work.

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Religion Within the Experience of Internalized Abortion Stigma

Respondents in our study strongly and consistently articulated *internalized* stigma, and for religious respondents, this was often expressed with explicit reference to their beliefs. The following respondent describes hearing in her church that adoption is preferable to having an abortion or "killing" her baby, and that this in turn triggers her guilt about choosing abortion:

> … at church, yeah, we are really against, it's more… once I talk about it, it makes me feel bad [crying], like […] having the baby but giving to adopt, not killing it. So it's something really hard for me right now.
>
> —2008, Catholic, Hispanic

> So you know, it's just something that haunts you and you—I mean, everybody has different beliefs, some people are Atheist, some people are Protestant, Catholic, whatever. I mean, me personally I am spiritual and so I feel like if I go through with this again, how is God going to punish me, later on? You know, if—when we are ready and say we have our finances in place, we finally have our own house, everything is perfect, right?
>
> —2015, Christian, White and Hispanic

For these women, abortion stigma was by definition religious; their religious doctrines and communities had named abortion as wrong, and their abortions violate the norms of those groups and therefore subject them to tribal stigma. Both "tribal" stigma and "character blemishes" (Goffman, 1963) were also directly linked to religion by our respondents who related fears that their abortion experience now placed them in a new category, unsure whether they were still "good" and able to claim their previous religious affiliation:

> It's really hard because I grew up Catholic, but probably after today, I won't be.
>
> —2008, Catholic, White Nonhispanic

> I am just worried that, you know, like, my fiance and I wanted to start taking our kids to church every week, and I felt like, well am I going to be able to go now, and not feel guilty or wrong to be there, and, you know, will it really affect, like, what will happen when I die later on?
>
> —2008, Mormon, White Nonhispanic

Even women who did not subscribe to the doctrines in which they had been raised still reported the internalized stigma of a "character blemish":

> I went to Catholic school and basically [they say that abortion is] just like the most horrible thing you could ever do, and you are taking away God's life, and blah-blah-blah, and like, just exaggerated to the point of like craziness. So it didn't really affect me, but those things always be in your head, even though you say, "I don't believe in that," but that little voice keeps coming on, like, "You are killing your kid."
>
> —2008, Catholic, White Nonhispanic

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Catholicism positions having an abortion as taking a life, and Catholic women who have abortions reported feeling as though they were "murderers." However, respondents who did not claim a religious affiliation also reported internalized stigma as a result of their decision to have an abortion. Many of these women framed their description of this feeling in opposition to that which they imagined would be experienced by a religious woman, instead classifying their distress as stemming from a moral conflict:

> …I would cry that, like, what have I done? I know this is not a morally good thing. I am not religious or anything, so it doesn't affect me, like, religiously…
>
> —2008, No affiliation, Asian

> Abortion, I always just thought was just not …just not right. So I never pictured myself being here. It made it that much harder to make this decision to be here today, because I never believed in this. This like, being here goes against everything that I've ever believed in, like I didn't grow up religious. I don't go to church. I don't, I don't pray. I don't read anything. I don't, I just … but I don't believe that this should be okay…
>
> —2015, No affiliation, White Nonhispanic

Religion informed, rather than dictated, the experience of *internalized* abortion stigma for these women. Although they did not claim a religious affiliation, they felt the need to reference religion when discussing their experiences of abortion stigma.

Religion Within the Experience of Felt Abortion Stigma

Felt stigma was entwined with religion for our respondents; women specifically feared religiously based condemnation if they revealed that they had had abortions:

> I guess my parents are pretty … they are Catholic, so, I mean, of course, if I was to tell them, they would absolutely not allow it.
>
> —2008, Catholic, Hispanic

> …my family is very Catholic so I am, like, terrified to even think about telling them.
>
> —2008, Catholic, White Nonhispanic

> It's kind of wrong because I never been, like, raised to do this. Like, [if] my family even knew I was doing this, they'd probably be upset with me 'cause we don't—they just don't believe in it. So it's all about your religion as well.
>
> —2015, Protestant, Black Nonhispanic

Women experienced religiously informed felt abortion stigma at the prospect of people outside of their immediate family finding out about their abortions. Fear of judgment extended to the larger community:

> The people in the town are all older, so it's a very conservative town, so for people to know that I went out of town to have an abortion would just be like, ungodly to them, because it's a small town and "our kids don't do that," you know, that kind of thing.

—2008, Protestant, White Nonhispanic

Religion permeated the *felt* abortion stigma of our respondents, who expressed fear of condemnation from family and community members that was grounded in religiously based opposition to abortion.

Religion Within the Experience of Enacted Abortion Stigma

In our data, experiences of *enacted* stigma were also explicitly linked with religion:

> …my father and my stepmother—I had a lot of family in [city], and they stopped speaking to me. My stepmother is a "Born Again," I think is what she calls herself, and so I was immediately a murderer and going to hell and embarrassing the family.
>
> —2008, No affiliation, White Nonhispanic

> …I have talked to my mom about it and I told her I wanted to have an abortion. She hates me. She doesn't talk to me. She kicked me out of the house. I was staying with her. Right now I'm staying here and there, wherever I can, and with my son, and she says that I'm a bad mom, that I'm the worst person ever, that if I'm having an abortion I don't love my son either, that God should have never gave me the gift to be a mom. That's just so hard, because my whole family hates me. They don't understand what it's like to be in my shoes or why I don't want to be pregnant.
>
> —2015, Catholic, White and Hispanic

As with *felt* stigma, respondents reported religiously informed *enacted* abortion stigma at many levels. The respondents quoted above experienced *enacted* stigma from family members, but others reported it in their communities and physical environments as well:

> I: In your opinion, how did people in your community view abortion?
>
> R: … where I live it's mainly Hispanics, and Hispanics are very religious, and so it's like half and half, so you really don't know. It's kind of weird, like, if you could go down the street and you could see a billboard that says you know "Killing a baby from God is a sin or something" […]so it's pretty much like the environment you are in, that is a big thing.
>
> —2008, Catholic, Hispanic

Respondents who claimed a religious affiliation were more likely to speak about experiencing *felt* or *enacted* abortion stigma than those who were not religious.

Strategies for Managing Religiously Based Abortion Stigma: Rejecting Religion

In our data, religion was entwined with the strategies women reported using to manage the stigma they experienced as a result of choosing and obtaining an abortion. Rejecting a religious identity or affiliation emerged as a major strategy of stigma management. Respondents who did not claim a religious identity often referenced this when explaining their lack of internalized stigma regarding their abortions, illustrating how rejecting religious beliefs may offer women a path to resisting religiously influenced abortion stigma:

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> I: How does having an abortion fit in with your personal beliefs?
>
> R: Actually, I don't really have a special religious preference, so I believe it's everybody's decision, […] that is just how I feel. I am very open-minded about stuff, so, and then, I don't have a religious preference, so just go on my own, really.
>
> —2008, No affiliation, Black Nonhispanic

However, not all of our respondents who claimed a religious identity described experiencing internalized abortion stigma. The following woman did not express the shame, guilt, conflict, or discomfort common in the narratives of other religious women, and she framed this freedom from stigma in opposition to her religious context:

> In my church they don't like it [abortion], but that's the church rule. Everybody in church has their church rules, and then their own set of rules. It doesn't go against my personal morals because I am a "whatever" type of person—whatever you want to do, whatever you feel comfortable doing….
>
> —2008, Protestant, Black Nonhispanic

This respondent acknowledges that her religious community stigmatizes abortion, but resists internalizing that stigma because her personal beliefs supersede her community values.

Strategies for Managing Religiously Based Abortion Stigma: Personal Exceptionalism

Women in our sample engaged in the strategy of finding exceptions from the religiously informed abortion stigma that they personally subscribed to that would permit them to choose abortion without being subject to condemnation. In order to do this, they often invoked religious beliefs to support their acceptance of abortion stigma in general, while simultaneously asserting that their specific circumstances warranted an exception:

> I: How did the father [feel], the man involved with the pregnancy, what's his reaction?
>
> R: He wasn't too happy that we have to have an abortion, but he knew that it has to be done, so we can be able to get our son [back from state custody], because he [the father] is a Roman Catholic, but his dad's a Jehovah's Witness, and I am a Christian, and his family doesn't believe in it, I don't believe, and my family don't believe in it. But when I went and told them that I had to have it done, they kind of like went off on me, but then after I sat down and explained to them why I had to have it done, then they kind of realized, you know, okay it's just this one time, right.
>
> —2008, Nondenominational Christian, White Nonhispanic

Strategies could be combined in order to manage religiously informed abortion stigma. The following woman begins to carve out an exception to her religious doctrine for her own circumstances, but ends up challenging the legitimacy of abortion as a stigmatized action:

> …but it's just, like, in certain circumstances, a child should not be brought into the world I feel. I'm a Christian, so it completely goes against, like, what I believe, but,

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> you know, that's just what I think, and I think that certain religions shouldn't hold you back of what you—how you feel. I don't think that's right.
>
> —2015, Christian, White Nonhispanic

Personal exceptionalism proved a common, and flexible, mechanism for managing religiously informed abortion stigma.

Strategies for Managing Religiously Based Abortion Stigma: Revising Beliefs

The strategy of revising or amending previously held prejudices was also connected to religion in our data. Women in our sample described a process of discarding or revising their previous beliefs about abortion and women who had them, which were nearly universally formed in a religious context. Many described having "pro-life" views, which were explicitly described as being informed by religion through school, church, family, or community:

> I went to a Catholic school my entire life up until college so like, this decision also is, like, I have learned since I was in first grade that this is wrong. But I have friends that have gone through it so, and now that I am in college, it's like, you know what? I have an open mind.
>
> —2008, Catholic, White Nonhispanic

> Well, I was raised as a Catholic so it was always "abortion is wrong, gay marriage is wrong," and now that I have …I actually have gay relatives and I have done … like in high school I did a little bit of research about like the Plan B pill, and you know I've kind of moved a little bit away from the Catholicism. Just because it's so strict […] I went to like Catholic schools, Catholic churches, like my whole life, and so I was just done with it, and then I kind of got my own opinions, and I'm really glad I got my own opinions.
>
> —2015, Christian, White Nonhispanic

The abortion stigma management strategy of revising former beliefs, thereby robbing abortion of its power to taint one's identity, proved particularly useful when applied to religiously informed abortion stigma. Women experienced abortion stigma informed by religious beliefs they held in earlier phases of their lives, and managed that stigma by referring to their personal rejection, or drifting away, from their former religiosity.

Strategies for Managing Religiously Based Abortion Stigma: Challenging a Stigmatized Status

Our respondents utilized the strategy of concealing their abortions, particularly by those respondents discussed above who did so due to *felt* stigma from religious family and community members. Those who had to disclose their abortions reported the strategy of arguing against abortion's doctrinally and culturally stigmatized status, and they invoked religion when they described engaging in this process. Some women reported that, although their religious doctrines might condemn abortion, they themselves did not believe that God felt they had committed a sin:

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> … so they [people at church] think God wants you to be this, but I honestly think God knows we makes mistakes. […] I don't think he expects us to be perfect…
>
> —2008, Nondenominational Christian, White Nonhispanic

> Everybody that I've been around, they very big in church, so it's like a negative and a positive side. They don't try to judge me, but at the end of the day, they do want you to keep it. So it's like, it's all about the religion, basically. I believe in the same religion, but I feel like we all make mistakes and, you know, we ask for forgiveness, we move on. That's how you do it. There's nothing else you can do about it. We all do something we should not do, every once in a while at least. I know I do, shoot. So, yeah. Nobody's perfect.
>
> —2015 Protestant, Black Nonhispanic

Some women described using this strategy in direct response to encounters with anti-abortion protestors:

> I mean, I go to church sometimes, but I am not [religious]. For some reason, I just don't think they, like those people outside [protesters] were saying, like "Mother Mary" and all the stuff, and for some reason, the God that I believe in would not say that this is not okay. I am sure that he would like me to have it [the baby], but I don't think that you are going to get punished because of something you thought you needed to do.
>
> —2008, No affiliation, Hispanic

Our respondents employed this management strategy by pointing to the fact that they had had previous abortions and had not been punished by God:

> I am a Catholic, Catholic people don't believe, supposedly, they don't believe in abortions. […] And, you know, they believe that if you have an abortion you are going to hell. I don't believe it. I mean, women way before my grandma's been having abortion[s], you know. See, I kind of see it as if God was to punish us, like if you rob a bank, God is going to punish you by going to jail because you robbed a bank. So, I mean, I have had an abortion [referring to first abortion], but God didn't punish me. Actually, he kind of blessed me, you know, because I ended up, you know, going to school […] I don't believe that God punishes you for an abortion.
>
> —2008, Catholic, Hispanic

Another means of refusing to accept abortion's religiously stigmatized status while remaining within a religious framework was to articulate the idea that, even though they might be subject to judgment from other people for having an abortion, the only true judge of their behavior was God:

> God's the only one that could judge me. […] To me, I have always said nobody can judge you, nobody is in your footsteps, nobody is there, nobody can judge you. […] I mean anybody can judge me, my parents, it doesn't matter to me; the only person who can judge me is God.
>
> —2008, Catholic, Hispanic

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Viewing previous conceptual frameworks of the manifestations and management strategies of abortion stigma through a religious lens reveals a potentially stronger connection between religion and abortion stigma than has been previously articulated. In our data, Cockrill and Nack's (2013) conceptualization of *internalized*, *felt*, and *enacted* abortion stigma, and the strategies they described for managing those domains of abortion stigma, were confirmed. Among our respondents, religion was a major filter through which stigma was both experienced and managed, regardless of personal religious affiliation.

Discussion

Previous research has documented the influence of religion on abortion attitudes, and, to a lesser extent, abortion behavior, in the United States. The religious denominations practiced in this country are perceived to condemn abortion (The Pew Forum on Religion & Public Life, 2013a); yet, while abortion rates may vary between those who claim a religious affiliation and those who do not, religious and religiously affiliated women do obtain abortions (Jerman et al., 2016). A substantial proportion of these women report religious or spiritual conflict over their decision (Foster et al., 2012), and various models of stigma have been successfully mapped onto the abortion experience (Cockrill & Nack, 2013; Kumar et al., 2009; Major & Gramzow, 1999; Norris et al., 2011). Religion has been theorized as a site of abortion stigma formation in that work, and measurement exercises have found a correlation between religious affiliation or religiosity and the experience of abortion stigma (Cockrill et al., 2013; Cockrill & Nack, 2013; Shellenberg & Tsui, 2012).

The continually evolving theory and measurement of abortion stigma is robust, far-reaching, and interdisciplinary, and ultimately comes to the conclusion that abortion stigma confounds a woman's decision to terminate a pregnancy due to worries about judgment, isolation, self-judgment, and community condemnation (Cockrill et al., 2013; Cockrill & Nack 2013; Hanschmidt et al., 2016; Kumar et al., 2009; Major & Gramzow, 1999; Norris et al., 2011; Shellenberg & Tsui, 2012). Although previous work has found religious affiliation and belief to impact the experience of abortion stigma (Cockrill et al., 2013; Cockrill & Nack, 2013; Shellenberg & Tsui, 2012) our data support the idea that religion and abortion stigma are closely linked, both in the experience of that stigma and in women's strategies of both managing and resisting that stigma. Our findings support this conclusion and extend it by highlighting the salience of the association between religious condemnation of abortion and abortion stigma.

Nearly all of the respondents in the original sample (43/49) and over half in the second sample (15/29) spoke about the influence that religion, religious communities, or God had in in their experiences obtaining and reflecting on their abortions. While our respondents were unanimous in their perception that religions (either in their experience, or in the abstract) disapprove of abortion, their experiences of abortion stigma and their mechanisms for coping with this stigma, varied. Cockrill and Nack (2013) found that women who expressed guilt most strongly were religious, and all of our respondents who strongly described feeling internalized stigma claimed a religious affiliation. Our respondents described similar manifestations of abortion stigma and the same strategies for managing that stigma as the women interviewed by Cockrill and Nack (2013) and experienced abortion stigma as

occurring at the same levels as depicted in Kumar et al.'s (2009) social-ecologically-based framework. However, the women in this study depicted religion as intimately interwoven into these beliefs, experiences, and strategies.

Religion is only one cause of abortion stigma in the United States. Other social taboos such as premarital sex or stigma related to race, class, and age are also discussed in the literature. And not all difficulties that women have regarding abortion are a result of abortion stigma (Allanson, 2007; Cowan, 2017; Kimport, Foster, & Weitz, 2011; Kumar, 2013; Steinberg, McCulloch, & Adler, 2014). However, even other identified sites of stigma formation have connections to religion. Kumar et al. (2009) state abortion is stigmatized because it violates certain norms, and therefore abortion stigma is posited in culture as essential and natural. The authors then illustrate that it is really neither: they show that the meaning of abortion has changed over time within cultural context, and that it varies across cultural contexts, so abortion cannot truly be thought of as something that is inherently and fundamentally subject to stigmatization. Our data show that abortion stigma is not even seen as natural and essential within a religious framework. Our respondents clearly articulated that accepting disapproving religious doctrine and participating in community condemnation are not the only ways that religious people can relate to abortion. Individuals may call upon their own sense of morality in place of religious teachings, construct a more tolerant personal doctrine, or carve out exceptions for their own circumstances. In these ways, they deny or circumvent religiously informed abortion stigma, but they do so from within a religious or moral framework.

Limitations

There are limitations to the study. Our data reflect women's emotions and perceptions in the time period leading up to their abortion, and not in the period after their abortions. We spoke to women in abortion clinics, either directly before their abortion procedures or at their follow-up visit approximately 2 weeks postprocedure. Although some women in our sample had had previous abortions and were therefore able to reflect on experiences of enacted stigma occurring in a longer span of time after an abortion, our study design focused on the time period before and during the abortion and was inadequate for assessing stigma experiences over a longer timeframe. The religious composition of our sample, being both more religiously affiliated and specifically more Catholic than abortion patients nationally (Jerman et al., 2016) may have influenced the frequency with which religiously informed abortion stigma emerged in our respondents' narratives as well as the content of those experiences. However, the finding that some respondents who did not claim a religious affiliation still described experiencing religiously informed abortion stigma remains salient. Last, as our results and others (Stevans, Register, & Sessions, 1992) have shown that narrowing the complexity of the impact of religion on people's lives to a question about their religious affiliation is problematically reductive. Our standardized information about our respondent's religiosity is limited to exactly this question (asked on the demographic questionnaire completed at the end of the interview), although many respondents provided more detail in the course of the interview. Further research on abortion decision making should attempt to measure religiosity and religious affiliation in a more multifaceted manner.

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Implications and Conclusion

Our data indicate that religion informs abortion stigma in all of its conceptualized domains and that it permeates the strategies women use to manage this stigma. Our data suggest that this relationship is strong enough to warrant more explicit and focused attention. Cockrill and Nack (2013) conclude that women stigmatized by abortion will still have abortions, and therefore abortion stigma needs further study and action to mitigate its harmful effects. Both Norris et al. (2011) and Cockrill and Nack's (2013) call for attempts to normalize abortion experiences within the public discourse to reduce stigma. We expand this sentiment to add that women who hold religious beliefs, as well as women who do not have a religious affiliation but who are subject to communities and societies informed by religious norms, will also have abortions, therefore specific strategies for managing conflict resulting from religiously informed abortion stigma needs similar attention. Sociologist Lori Freedman (2014) wrote about abortion patients, many of them Catholic, speaking freely to abortion clinic staff about their spiritual discomfort with their abortion decision and seeking counsel from them on those terms, mainly because abortion was so stigmatized in their own communities that they literally had no other space in which to have these discussions. The existence of organizations such as Faith Aloud (2015), which provides resources for women, clinics and clergy to make reproductive decisions "guided by faith," and internal documents of professional organizations of abortion providers that aim to help them address not just abortion stigma but its religious elements in particular (Johnston & Merritt, 2008; The Abortion Care Network, 2014a, 2014b) are examples of how this religiously informed stigma is attempting to be addressed. These organizations and resources can capitalize on the data presented here regarding the ways in which women negotiate their experiences of religiously informed abortion stigma.

Stigma has been shown to have negative effects on individual's physical and mental health, and on the public health of societies (Link & Phelan, 2006), and therefore the reduction of stigma is an important public health goal. For many women in the United States, religion and stigma are intertwined, among those who claim a strong religious identity and those who do not, and they must manage religiously informed stigma as they contemplate and experience abortions. In order to better answer the scientific and advocacy calls for progress in measuring and reducing abortion stigma, and to help millions of women as they navigate their abortion experiences, researchers, clinicians, and advocates should remain aware of the strong connection between religion and abortion stigma in this country and the need for more research and societal knowledge demonstrating this connection.

References

Adamczyk Amy. 2008 "The Effects of Religious Contextual Norms, Structural Constraints, and Personal Religiosity on Abortion Decisions." Social Science Research 37 (2): 657–72. [PubMed: 19069064]

Adamczyk Amy.2009 "Understanding the Effects of Personal and School Religiosity on the Decision to Abort a Premarital Pregnancy." Journal of Health and Social Behavior 50 (2): 180–95. [PubMed: 19537459]

Adamczyk Amy.2013 "The Effect of Personal Religiosity on Attitudes Toward Abortion, Divorce, and Gender Equality—Does Cultural Context Make a Difference?" EurAmerica 43 (1): 213–53.

Author Manuscript Author Manuscript Author Manuscript Author Manuscript

Adamczyk Amy, and Felson Jacob. 2008 "Fetal Positions: Unraveling the Influence of Religion on Premarital Pregnancy Resolution." Social Science Quarterly 89 (1): 17–38.

Agar Michael H.1980 The Professional Stranger: An Informal Introduction to Ethnography. San Diego, CA: Academic Press.

Allanson Susie. 2007 "Abortion Decision and Ambivalence: Insights via an Abortion Decision Balance Sheet." Clinical Psychologist 11 (2): 50–60.

Alvarez R. Michael, and John Brehm. 2008 "American Ambivalence Towards Abortion Policy: Development of a Heterokedastic Probit Model of Competing Values." American Journal of Political Science 39 (4): 1055–82.

Cockrill Kate, and Nack Adina. 2013 "'I'm Not That Type of Person': Managing the Stigma of Having an Abortion." Deviant Behavior 34 (12): 973–90.

Cockrill Kate, Upadhyay Ushma D., Turan Janet, and Foster Diana Greene. 2013 "The Stigma of Having an Abortion: Development of a Scale and Characteristics of Women Experiencing Abortion Stigma." Perspectives on Sexual and Reproductive Health 45 (2): 79–88. [PubMed: 23750622]

Cowan Sarah K. 2017 "Enacted Abortion Stigma in the United States." Social Science and Medicine 177: 259–68. [PubMed: 28161123]

Crabtree Benjamin, and Miller William. 1992 Doing Qualitative Research. Newbury Park, CA: Sage.

Craig Stephen C., Cane James G., and Martinez Michael D.. 2002 "Sometimes You Feel Like a Nut, Sometimes You Don't: Citizens' Ambivalence About Abortion." Political Psychology 23 (2): 285–301.

Emerson Michael O. 2007 "Through Tinted Glasses: Religion, Worldviews and Abortion Attitudes." Journal for the Scientific Study of Religion 35 (March): 41–55.

Aloud Faith 2015 Faith Aloud. St. Louis, MO: Faith Aloud https://www.faithaloud.org/. Accessed November 7, 2018.

Foster Diana Greene, Gould Heather, Taylor Jessica, and Weitz Tracy A.. 2002 "Attitudes and Decision Making Among Women Seeking Abortions at One U.S. Clinic." Perspectives on Sexual and Reproductive Health 44 (2): 117–24.

Freedman Lori. 2014 "Forgiveness in the Abortion Clinic." Atrium 12 (Winter): 6–8.

Goffman Erving. 1963 Stigma: Notes on the Management of Spoiled Identity. Upper Saddle River, NJ: Prentice Hall.

Hanschmidt Franz, Linde Katja, Hilbert Anja, Riedel-Heller Steffi G., and Kersting Anette. 2016 "Abortion Stigma: A Systematic Review." Perspectives on Sexual and Reproductive Health 48 (4): 169–77. [PubMed: 27037848]

Herek Gregory M. 2009 "Sexual Stigma and Sexual Prejudice in the United States: A Conceptual Framework." Nebraska Symposium on Motivation 54: 65–111. [PubMed: 19230525]

Hoffman John P., and Sherrie Mills Johnson. 2005 "Attitudes Towards Abortion Among Religious Traditions in the United States: Change or Continuity?" Sociology of Religion 66 (2): 161–82.

Huberman A. Michael, and Matthew B. Miles. 2014 "Data Management and Analysis Methods." In *Handbook of Qualitative Research*, eds Denzin Norman K., and Lincoln Yvonna S.. Thousand Oaks, CA: Sage, 428–444.

Jelen Ted G., and Wilcox Clyde. 2003 "Causes and Consequences of Public Attitudes Toward Abortion: A Review and Research Agenda." Politcal Research Quarterly 56 (4): 489–500.

Jerman Jenna, Frohwirth Lori, Kavanaugh Megan L., and Blades Nakeisha. 2017 "Barriers to Abortion Care and Their Consequences For Patients Traveling for Services: Qualitative Findings from Two States." Perspectives on Sexual and Reproductive Health 49 (2): 95–102. [PubMed: 28394463]

Jerman Jenna, Jones Rachel K., and Onda Tsuyoshi. 2016 Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008. New York: Guttmacher Institute.

Johnston Peg, and Terry Sallas Merritt. 2008 The Pregnancy Options Workbook: A Guide to Emotional and Spiritual Resolution After Abortion. Binghamton, NY: The Ferre Institute.

Jones Rachel K., and Jerman Jenna. 2017 "Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008–2014." American Journal Public Health 107 (12): 1904–9.

Author Manuscript Author Manuscript Author Manuscript Author Manuscript

Kimport Katrina, Foster Kira, and Weitz Tracy A.. 2011 “Social Sources of Women’s Emotional Difficulty After Abortion: Lessons from Women’s Abortion Narratives.” Perspectives on Sexual and Reproductive Health 43 (2): 103–9. [PubMed: 21651709]

Kumar Anuradha. 2013 “Everything Is Not Abortion Stigma.” Womens Health Issues 23 (6): e329–e331. [PubMed: 24183406]

Kumar Anuradha, Hessini Leila, and Mitchell Ellen M. H.. 2009 “Conceptualising Abortion Stigma.” Culture, Health & Sexuality 11 (6): 625–39.

Link Bruce G., and Phelan Jo C.. 2006 “Stigma and Its Public Health Implications.” Lancet 367 (9509): 528–29. [PubMed: 16473129]

Major Barbara, and Gramzow Richard H.. 1999 “Abortion as Stigma: Cognitive and Emotional Implications of Concealment.” Journal of Personality and Social Psychology 77 (4): 735–45. [PubMed: 10531670]

Moustakas Clark. 1994 Phenomenological Research Methods. Thousand Oaks, CA: Sage.

Norris Alison, Bessett Danielle, Steinberg Julia R., Kavanaugh Megan L., De Zordo Silvia, and Becker Davida. 2011 “Abortion Stigma: A Reconceptualization of Constituents, Causes, and Consequences.” Womens Health Issues 21 (3 Suppl): S49–S54. [PubMed: 21530840]

Sahar Gail, and Karasawa Kaori. 2005 “Is the Personal Always Political? A Cross-Cultural Analysis of Abortion Attitudes.” Basic and Applied Social Psychology 27 (4): 285–96.

Shellenberg Kristen M., and Tsui Amy O.. 2012 “Correlates of Perceived and Internalized Stigma Among Abortion Patients in the USA: An Exploration by Race and Hispanic Ethnicity.” International Journal of Gynaecology and Obstetrics 118 (Suppl 2): S152–S159. [PubMed: 22920620]

Steinberg Julia R., McCulloch Charles E., and Adler Nancy E.. 2014 “Abortion and Mental Health: Findings From The National Comorbidity Survey-Replication.” Obstetrics & Gynecology 123 (2 Pt 1): 263–70. [PubMed: 24402590]

Stevans Lonnie K., Register Charles A., and Sessions David N.. 1992 “The Abortion Decision: A Qualitative Choice Approach.” Social Indicators Research 27 (4): 327–44.

The Abortion Care Network. 2014a Religion and Spirtiuality. https://www.abortioncarenetwork.org/. Accessed August 15, 2018.

The Abortion Care Network.2014b You Are a Good Woman. Washington, DC: The Abortion Care Network https://www.abortioncarenetwork.org/exceptional-care/get-help/you-are-a-good-woman/. Accessed August 15, 2018.

The Pew Forum on Religion and Public Life. 2008 U.S. Religious Landscape Survey, Religious Beliefs and Practices: Diverse and Politically Relevant. Washington, DC: Author.

The Pew Forum on Religion and Public Life.2013a “Religious Groups’ Official Positions on Abortion.” http://www.pewforum.org/2013/01/16/religious-groups-official-positions-on-abortion/. Accessed November 7, 2018.

The Pew Forum on Religion and Public Life.2013b “Roe v. Wade at 40: Most Oppose Overturning Abortion Decision.” http://www.pewforum.org/2013/01/16/roe-v-wade-at-40/. Accessed November 7, 2018.

The Pew Forum on Religion and Public Life.2015 “America’s Changing Religious Landscape.” http://www.pewforum.org/2015/05/12/americas-changing-religious-landscape/. Accessed November 7, 2018.

Williams Dorie Giles. 1982 “Religion, Beliefs About Human Life, and the Abortion Discussion.” Review of Religious Research 24 (1982): 40–48.

Woodrum Eric, and Davison Beth L.. 1992 “Reexamination of Religious Influences on Abortion Attitudes.” Review of Religious Research 33 (3): 229–43. [PubMed: 11656394]

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Table 1.

Characteristics of In-Depth Interview Respondents

	Total Combined Sample (n = 78)	% of Total
Age		
18–19	7	9%
20–24	36	46%
25–29	16	21%
30–34	13	17%
35+	6	8%
	78	100%
Race		
White	33	42%
Black	12	15%
Hispanic *	27	35%
Other	6	8%
	78	100%
Religion		
Protestant	13	17%
Catholic	25	32%
Nondenominational Christian	14	18%
Other +	6	8%
None	20	26%
	78	100%
Education		
9–11th	5	6%
High school/GED	16	21%
Some college	45	58%
College grad	12	15%
	78	100%
Poverty status		
Lower (below 250%)	58	74%
Higher (250% +)	20	26%
	78	100%
Parity		
0	33	42%
1	13	17%
2+	32	41%
	78	100%

+ Includes Hindu, Muslim, Native American religion, “Natural,” 7th Day Adventist, Pagan

* Includes a Hispanic/Lebanese.