

"Not Brain-washed, but Heart-washed": A Qualitative Analysis of Benevolent Sexism in the Anti-Choice Stance

Kari N. Duerksen¹ · Karen L. Lawson¹

Published online: 25 January 2017 © International Society of Behavioral Medicine 2017

Abstract

Purpose In recent years, anti-choice dialog has shifted from a focus on the fetus to a focus on the woman. This new movement constructs itself as positive and pro-woman, while perpetuating harmful stereotypes about women and the effects of abortion. Research has shown a relationship between benevolent sexism (beliefs that women are morally pure creatures in need of protection and nurturing) and restrictive attitudes towards abortion, although no research has qualitatively explored this relationship.

Method The present study seeks to explore this by interpreting the content of one-on-one interviews with Canadian individuals holding an anti-choice stance through the theoretical framework of benevolent sexism.

Results Thematic analysis of the interviews revealed three main themes: (1) protective paternalism, (2) complementary gender differentiation, and (3) the categorization of women.

Conclusion These themes connect strongly with benevolent sexism, providing evidence that abortion is still a stigmatized procedure. This stigma has shifted from viewing women who have abortions in an overtly negative way to viewing them as pitiable and poor decision makers.

Keywords Benevolent sexism · Abortion attitudes · Anti-choice attitudes · Reproductive rights

Kari N. Duerksen kari.duerksen@usask.ca

> Karen L. Lawson karen.lawson@usask.ca

Introduction

Recent years have shown a shift in anti-choice¹ arguments from focusing on the fetus to focusing on the woman [1, 2]. While traditional anti-choice attitudes viewed women who have abortions as selfish and irresponsible, modern antichoice movements present themselves as positive and prowoman [2]. They do this by constructing safe and legal abortion as harmful towards women [3] and by suggesting that women are coerced, misled, and regret their abortions [4], thus positioning those who have restrictive attitudes towards abortion as protectors of women [1]. This argument assumes that women are incapable of making informed reproductive decisions. However, the tone of this argument is subjectively positive and pro-woman and thus it could be more attractive.

The present study took place in Canada, where abortion is thought to be unregulated and "on demand" due to the Supreme Court of Canada's ruling in 1988 to dispel federal criminal law restrictions on abortion [5]. Canada has a universal health care system, but regulation of abortion still occurs at the provincial level, and the right to abortion is still widely challenged in Canada. Provincial regulations attempt to impose limits on which abortions are publicly insured and where abortions can be performed and differ widely across provinces. For example, in New Brunswick, the government classified abortion as an unentitled service, which removed abortion from the provincial health plan except for a few extreme

¹ Department of Psychology, University of Saskatchewan, 9 Campus Drive, Saskatoon, SK S7N 5A5, Canada

¹ For the purposes of this paper, the terms pro-choice and anti-choice will be used to identify the two opposing abortion stances, as these terms situate the woman and her reproductive autonomy as the center of the abortion issue. While abortion attitudes are complex and there are a multitude of positions on abortion that do not fit neatly into either of these two categories, we have chosen these terms since our focus is on individuals who actively oppose abortion.

situations but in Quebec, attempts were made to ensure government coverage for abortion in clinics, as opposed to solely hospitals [5]. Access is also time-restricted, with different provinces providing access with different gestational limits imposed by physicians, funding regulations, and facilities. This access ranges from a cut-off at 12 weeks in New Brunswick to 24 weeks in Ontario [5].

The main tenets upon which the new anti-choice argument is based, that abortion is mentally harmful to women and that most women are coerced into abortions, are not supported by current methodologically sound research. Most women experience overall low levels of regret after abortion [6] and either neutral [7] or positive [8] emotions about abortion decisions over time. There is a low incidence of psychiatric illness after abortion with a small minority of women experiencing negative outcomes with many other factors mediating this relationship (for review, see [9–11]). Rates of interpersonal coercion also appear to be relatively low, with reasons such as interference with education, work, ability to care for dependents, and financial issues being the most common reasons cited by women who choose abortion [12, 13]. Due to the relatively new emergence of a psychologized discourse of abortion, more research is needed to understand the foundations of this discourse within abortion politics.

The present study explores attitudes towards women in modern anti-choice discourse using benevolent sexism as the guiding theoretical framework. Benevolent sexism, defined as the adoration of women in traditional roles and viewing such women as morally pure creatures in need of protection and nurturing, stands in stark contrast to hostile sexism, which is characterized by the belief that women in non-traditional roles are seeking to gain power and control over men [14]. While benevolent sexism appears subjectively positive, it works to confine women to traditional gender roles. Importantly, these attitudes work together to reward women for remaining in traditional gender roles and to punish those who attempt to leave these roles [14, 15].

Benevolent sexism is comprised of three sub-factors: protective paternalism, complementary gender differentiation, and heterosexual intimacy [14]. Protective paternalism is characterized by the notion that it is men's responsibility to protect women. An example of this would be the notion that women should be rescued first in emergencies. Complementary gender differentiation categorizes women as purer than men and makes it men's burden to take care of women and protect them from the harsh, cruel world. Finally, heterosexual intimacy is the notion that men's lives are incomplete without the adoration of a woman. The relationship between benevolent sexism and a variety of beliefs, attitudes, and behaviors towards women has been investigated. For example, people who score higher on benevolent sexism are more likely to blame the woman in cases of acquaintance rape [16], minimize domestic violence and blame the victim [17], and desire to restrict pregnant women's freedoms such as forbidding them from exercising, eating soft cheese, or drinking alcohol [18, 19].

Benevolent sexism has been found to be related to less support for abortion regardless of the reason, whereas the relationship between hostile sexism and support for abortion has been mixed and overall weaker [20, 21]. Although these findings substantiate a relationship between benevolent sexism and abortion attitudes, to date, no research has qualitatively examined this relationship. The present qualitative study explores anti-choice attitudes towards women's roles in abortion decisions. While many other studies have qualitatively analyzed restrictive attitudes towards abortion [1, 2, 22–24], none to date have deductively linked attitudinal content with concepts of sexism. In the present research, we undertake such a deductive examination by interpreting anti-choice perspectives relayed through personal interviews within the framework of benevolent sexism.

Methods

Participants and Procedure

In total, 21 participants (8 male, 13 female; years of age ranging from 19 to 61 with a mean age of 25.7 years) participated in semi-structured personal interviews. Twelve participants had previously known someone who had an abortion, and one participant had a partner who had an abortion. All participants identified as being religious (12 Catholic, 8 Protestant, 1 Islam).

Anti-choice individuals were recruited through an online research advertisement posted on a secular mid-sized Canadian university's website. All participants began by answering demographic questions and discussing their attitudes towards abortion as a whole. From this, participants were classified as anti-choice if they held restrictive attitudes towards the acceptability of abortion. All participants met this criterion. Ten participants reported there were no cases in which abortion was acceptable, while ten others indicated that abortion was permissible only when the pregnant woman's health is at risk, and one participant reported abortion was additionally permissible in cases of rape or fetal defect. Participants were then asked to discuss their attitudes towards women's roles in abortion decisions. Specifically, they were asked to discuss their thoughts regarding the amount of input women have in the decision, the resources women have, perceived characteristics of women who choose abortion, feelings women have after obtaining an abortion, and appropriate legal action against women who receive illegal abortions. The questions were designed to be open-ended, and participants were allowed to spontaneously express ideas related to the topic. The interviews were transcribed

verbatim, and the transcripts were provided to the participant who then had the opportunity to add, delete, or change whichever parts of the transcript they wished until they felt the transcript accurately expressed their views.

Data Analysis

We used a deductive methodology in which a pre-determined theoretical framework was used to analyze the data. The content of the interviews was analyzed using thematic analysis, a method used for classifying data and identifying and explaining the patterns within data [25]. Data were analyzed for the presence of themes related to benevolent sexism [14]. Due to our theory-driven approach to analyzing data, this analysis operates on a realist post-positivist epistemology. In line with this epistemological framework, we operate on the assumption that humans create relatively stable meanings with each other to make sense of the world and that these constructed meanings and external realities interact at multiple levels including institutional, traditional, and social. With this epistemology, we acknowledge that our interpretation and analysis of the data is theory-laden and context-dependent [26].

Results and Discussion

Three main themes of benevolent sexism were apparent from the analysis: (1) protective paternalism, (2) complementary gender differentiation, and (3) the categorization of women (see Fig. 1 for a diagram of themes and subthemes). Note that pseudonyms were assigned in order to maintain confidentiality.

Protective Paternalism

In interviews, participants nearly unanimously fixated on negative abortion outcomes for women, such as grief, regret, shame, "false" relief, guilt, fear, and trauma. The focus on negative emotions allows anti-choice individuals to position themselves as protectors of women [27], corresponding to the protective paternalism facet of benevolent sexism [14]. While patriarchy is defined as the absolute power of men over women [28], paternalism takes a gentler, more insidious, approach that combines benevolence with dominance and subordination. The elicitation of nearly exclusively negative emotions in the present study provides a strong example of paternalism as inherent within these views is the proposition that restricting women's reproductive freedoms would ultimately be beneficial to women.

The emotion most frequently attributed to women post abortion was grief, often accompanied by a sense of feeling haunted or that something was missing: I would almost say it's like a death of someone in their family. Just that real grieving process, um, I don't think there'd be any relief... I think that it's a loss not just as if someone's died in your life but also, like, you were the reason for it. (Emma)

A similar sentiment was expressed by Isaac, "The women I know who've told me about it say they're haunted by it... They know they killed their baby. They know. Because a mother knows her child." Several participants posited that this grief might not be immediate but might surface later, especially in times when "they're pregnant again and want the child" (Rita).

Participants also believed the woman would come to regret her decision. As with grief, this regret was sometimes characterized as being immediate, or as persisting for long periods of time, or as occurring later, when the woman was pregnant or trying to become pregnant again:

I think a lot of the time there's a lot of women ... who undergo an abortion and later on have children... it makes me wonder what they, like, how they would feel that they have children... that are grown up and everything, but there's a child that they never got to meet, that they never gave an opportunity to. (Rachel) When the baby is there you take it for granted that 'I could be able to get pregnant, I had the possibility, I was able, I was capable to do that.' When you lose the baby there are risks of never getting pregnant. And you maybe regret that 'what if I just had my baby?' (Anna)

While grief and regret were considered to be appropriate and necessary emotions when processing an abortion, shame, which participants also thought would be involved, was not. Rachel expressed sadness that abortion is often cloaked in shame and secrecy, "They feel ashamed that they shouldn't have done it or they shouldn't have gotten pregnant and all these things... it breaks my heart." Wendy expressed a concern that the pro-choice movement and efforts to reduce negative stigma surrounding abortion could actually be increasing shame and secrecy, "I think especially recently with that whole "Shout your Abortion" hashtag... the voices of the women who've had negative experiences with abortion or regret their abortions, like their voices are being put down or are being silenced."

Participants discussed the possibility that a woman might feel relieved after her abortion, but most concluded that this relief would be a "false" relief. A minority of participants posited that women could truly feel relieved, while the majority qualified relief by casting it as a product of society: "[Women are] kind of feeling relieved because society tells them they should be relieved" (Ashley) and "I think some people have been completely, not brainwashed, but heart-

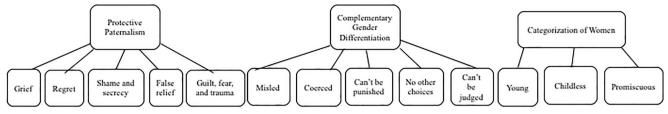


Fig. 1 Themes and subthemes of attitudes towards women in the anti-choice stance

washed" (Isaac). This false relief was also thought to arise from a lack of knowledge or be a disguise for grief, "If they're grieving silently and putting up a brave strong face that they're proud of their abortion, like I also grieve with them because it's possible that they're grieving silently" (Wendy).

Other negative emotions including guilt, fear, and trauma were discussed to a lesser extent. The only mention of potential positive emotional outcomes was relief. Steven noticed that this focus on negative emotions is a common theme in the anti-choice movement:

pro-life people tend to focus too much on the negative emotional effects. They don't want to deal with the fact that there are some women who are OK with having an abortion.

Paternalistic beliefs that restricting abortion would protect women were not limited to our study, as fixation on negative emotional impacts of abortion has become a dominant narrative within anti-choice movements [2, 27] and media coverage of abortion issues [29]. The negative emotions elicited in the present study correlate closely with those encompassed within "post-abortion syndrome" (PAS), a catch-all syndrome that, despite any scientific or medical support, attributes ubiquitous negative emotional outcomes for women post-abortion. In fact, it purports that women who do not experience negative affect are in denial or too mentally unstable to recognize the effects of their abortion [3]. This aspect of PAS is evident within the present study by participants who cast postabortive relief as being due to societal pressures, denial, or ignorance. Despite a lack of evidence that abortion is solely harmful to women, this idea has permeated public discourse and policy to the extent that, in the USA, abortion counseling protocols are mandated to focus on the likelihood of negative emotional reactions [30].

The question remains, given the lack of evidence, why has the belief that abortion is detrimental to women's emotional health permeated modern discourse? While previous arguments against abortion challenged women's morality by constructing them as selfish, this stance focusing on negative emotional impacts of abortion challenges women's ability to make competent reproductive decisions [31]. Portraying abortion as mentally destabilizing implies that women are victims of abortion who need to be guided by the law in order to avoid a poor decision [31]. Anti-choice activists acknowledge that the "abortion harms women" argument more effectively convinces people that abortion should be illegal in all cases, including incest and rape as it would only add to the trauma [27].

Widespread acceptance of the abortion harms women stance has been attributed to gendered social claims and stereotypes [3]. Proponents of PAS and the abortion harms women argument rely on dominant societal norms constructing motherhood as natural, healthy, and positive [3], and thus, abortion becomes construed as a violation of women's innate nurturing and protective nature [27].

Complementary Gender Differentiation

Participants also suggested that abortion is not truly what women desire by suggesting that women who choose abortion are either coerced or misinformed. Anti-choice arguments highlighting misinformation and coercion connect strongly with the complementary gender differentiation facet of benevolent sexism [14]. Complementary gender differentiation is characterized by the dual assumptions that motherhood is the most natural role for a woman and that women are morally pure creatures who desire to adhere to their natural role, unless tainted by external forces (such as, in the present study, coercion and misinformation) [14]. Here, complementary gender differentiation and protective paternalism overlap, as restrictive laws towards women's reproductive choices are represented as means to protect women from the inevitable exploitation and coercion that they will face if abortion is allowed [27].

Participants expressed the belief that women could be misled in a variety of ways regarding abortion. For example, participants believed women could be misled on such issues as the physical aftereffects of abortion, ("a lot of people aren't informed about the potential problems that could happen with such an invasive procedure and what not" [Georgia]), the extent of support that is available to them for childbearing and rearing ("if anyone were to have an abortion for financial reasons I would find that really tragic because I think there would be lots of people willing to help them" [Carla]), the nature of fetal development ("they literally thought that it was a ball of cells" [Kylie]), and the extent to which they would regret their decision ("there's so many stories of women who get abortions who feel lied to because they regret it later" [Abigail]). The underlying belief was that women were not truly in the wrong, it was others who manipulated them, "I think that in most cases [women] were truly looking for the best decision to make and were maybe given wrong or misleading information." (Wendy).

For others, pressure or coercion from family, friends, and/ or the man involved in the pregnancy was expressed as the most common reason for abortion:

You do know that it's often... in the majority of cases of women getting abortions it's not always... the choice has been pushed on them, they've never actually had the choice? You know that, right? [Yolanda]

Corresponding with a view of women being coerced into obtaining abortions was a hesitancy to take punitive action towards women following an abortion. Although the majority of participants believed that abortion should be legally restricted, a minority relayed that they viewed jail as an appropriate punishment for obtaining an illegal abortion. Specifically, they believed that the woman should not be punished "because the woman's not performing the abortion. She's seeking the abortion, but if there was nobody providing this illegal service, she wouldn't be obtaining an illegal service" (Rita).

Some participants relayed that a woman contemplating an abortion should be pitied because she must falsely perceive there are no other options available to her:

They felt like they have no other choice to get an abortion, and really that's not making a decision, that's being forced into something they don't really want. She's being forced by the idea that the only way she can finish her education is if she gets an abortion. Or she's being forced by the fear that she won't have enough money to pay for food or rent or that she'll end up homeless... This is I think where our society has really failed women, because they have been told that having a baby in any situation like that is going to ruin their life. Women in these situations don't feel supported to have the child that they have maybe already fallen in love with. (Wendy)

As is seen by this comment, an assumption made again is that women who have abortions are ultimately acting against their will under the control of some external force.

Corresponding to the perception that women choose abortion due to external forces, many participants expressed they held no judgment towards the woman: "I can't impose my views on women because... I blame it on society and society includes me, and so I can't... pass judgment on them without passing judgment on myself." (Trevor).

Concern for coercion is perhaps the dominant theme in wider abortion discourse [2, 4, 23, 27]. This focus on coercion

implies abortion is not something that women truly want but is imposed on them by external actors. The coercion argument may find its basis in gender essentialist ideology, similar to complementary gender differentiation, the belief that there are uniquely feminine and masculine modes of being that are innate and not subject to socialization [27]. Within this framework, females are assumed to be essentially nurturing and protective, which gives women a strong desire to become a mother. Since abortion is a direct violation of this female essence, it is seen to be impossible that any woman would choose to go against her nature [27]. This perspective is illustrated by anti-choice pamphlets that emphasize a woman's right not to be coerced into abortion but are silent about a woman's right not to be coerced into childbirth [22].

Examples of beliefs that women have been misinformed can be found on popular anti-choice websites [4]. The assumptions underlying this argument are that women would make different choices if they had full information [32] and that the true interests of a woman would never clash with those of the fetus [2]. Statemandated abortion counseling materials in the USA have also taken up the assumptions of coercion and contain implications that women are not likely fully informed about their options [22]. Such pamphlets are of particular concern, because their overall rhetoric appears to promote women's rights, but they do not truly acknowledge women's reproductive autonomy [22].

The Categorization of Women

Participants stereotyped women who seek abortions as young, childless, and promiscuous, thus dichotomizing abortion from family, femininity, and motherhood. Implicit in this is the categorization upon which benevolent sexism and its counterpart hostile sexism are based: that there are good women and bad women [14] and that separations into good and bad are innately tied to sexual and reproductive choices [33, 34], wherein good women who deserve adoration are those who fulfill traditional gender roles such as wife and mother, and bad women who are met with hostility are those who reject these roles [14]. The separation of women who choose abortion from women who fulfill traditional roles could serve as a legitimization of reduced rights for women who choose abortion. Failing to acknowledge that a woman can simultaneously fulfill a traditional role and choose abortion serves to classify women who choose abortion into an inferior category.

Participants made specific reference to young women more often than older women when discussing women who seek abortions. These "young women" were portrayed as being more easily misled or prone to making an impulsive decision:

These young girls, they get pregnant. It's gotta be terrifying for them. Can you imagine? Like, "ah, what am I going to do, are my parents going to disown me?" (Trevor) Several participants also assumed women who seek abortions to be childless. Emma expressed disbelief that women with children could ever desire an abortion, "If a woman had three kids and had an abortion and had three more kids... honestly it would be like 'how'?... I'd almost want to do a study on those people to understand how they justify it." More often, participants conveyed this assumption by discussing the identity shift that occurs when becoming a parent, "It's like their world is getting rocked, because having a kid makes them so different. For the first time in your life you're considering what it's like to have a kid. Um, nobody's ready to have a kid" (Ryan).

Women who seek abortions were also characterized as promiscuous. Interestingly, one of the only times participants expressed blame or a desire for female responsibility was when discussing promiscuity:

With a lot of pro-choice movements, they're always like "well what about the woman?" It's like... well, the majority of the time she chose to sleep around or maybe she didn't make the wisest decisions with regards to contraception. (Georgia)

Similar beliefs of promiscuity were expressed by Yolanda, "Really, have a little bit of self control. Like... I don't know. Less drugs, less booze and you won't get pregnant?" and Ryan, "If there's no health risk to the mother, it's nine months. Maybe you'll think more about the sexual liberation and its consequences. I guarantee you'll have a new point of view at the end of nine months."

Similar stereotypes of women who have abortions permeate both pro-choice and anti-choice arguments. Claims of promiscuity and troublesome lifestyles are commonplace on antichoice websites, constructing abortion as just one aspect of a "life out of control" [4]. This is also seen in print media [29] as well as in state-mandated counseling materials, where women are assumed to be young, unmarried, and without relationship or financial stability [22].

General Discussion

Within our analyses, we found evidence for benevolent sexism in current anti-choice discourse, thus corroborating the relationship between benevolent sexism and anti-choice attitudes. Complementary gender differentiation was manifested through beliefs that women have a natural desire to mother and therefore, no woman could truly choose and/or feel positive emotions about abortion. Protective paternalism was evident in stated desires to restrict women's reproductive freedom in order to protect them from negative emotions and exploitation. Participants also dichotomized women who have abortions from those who occupy traditional roles, similar to how women are categorized by those who hold benevolent and hostile sexist views. These results support the previously reported link between benevolent sexism and restrictive attitudes towards abortion [20, 21] and highlight the presence of paternalistic attitudes evident in the argument that abortion should be restricted in order to protect women [3, 4, 22, 27, 30]. No previous qualitative research has explicitly explored the connections between anti-choice attitudes and the subfactors of benevolent sexism.

Notably, our data were collected in Canada from participants affiliated with a university, which could impact our findings in several ways. First, Canadian universal health care could elicit more anti-choice attitudes due to resistance of anti-choice individuals to have their tax money go towards abortion, which several participants in the current study expressed as a concern. Further, recruitment of anti-choice individuals from a university meant our sample was more highly educated than the general population. As well, our sample was young, with a mean age of 25, which means we could have been accessing predominantly newer, "prowoman" anti-choice stances than we might have with a predominantly older sample, who may still hold overtly negative views of women who have abortions. Thus, future research should seek to replicate these findings in other contexts.

It is cause for concern that the principles of benevolent sexism appear in the anti-choice stance. Prior anti-choice attitudes (i.e., those that overtly viewed women who have abortions negatively) were easy to identify and combat and were not very appealing to women. New anti-choice attitudes, due to their close associations with benevolent sexism, might be more appealing to women and might reduce resistance to these attitudes similarly to how benevolent sexism is hypothesized to reduce women's resistance to patriarchy [14]. Strategies should be undertaken to make women aware of paternalistic attitudes, such as the woman-centered anti-choice argument.

This research also provides evidence that abortion is still a stigmatized procedure, although the content of the stigma is changing. Women who choose abortion are no longer constructed as predominantly selfish or irresponsible but as weak, poor decision makers, and pitiable. This stigma likely originates in the view that abortion transgresses feminine ideals of instinctive nurturing [35], as the anti-choice participants felt that abortion could never truly be what a woman desired.

Those hoping to combat abortion stigma will have to challenge culturally accepted notions of womanhood and motherhood. We found that abortion was cast as antithetical to women's fundamental nature; the assumption being that if women were truly doing what they wanted, they would choose to become a mother. While the present study focused on anti-choice individuals, evidence of this belief has also been found in government-mandated counseling materials [22], suggesting this belief extends beyond those who strictly identify as anti-choice. While attitudes towards women who choose abortion are no longer overtly negative, they may serve to restrict women's freedoms in a paternalistic manner by convincing women that it is for their own good, thus making these restrictive attitudes harder to identify and combat.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

References

- Cannold L. Understanding and responding to anti-choice womencentered strategies. Reprod Health Matters. 2002;10:171–9.
- Saurette P, Gordon K. Arguing abortion: the new anti-abortion discourse in Canada. Can J Political Sci. 2013;46:157–85.
- Kelly K. The spread of 'post abortion syndrome' as social diagnosis. Medicine. 2014;102:18–25.
- Allen M. Narrative diversity and sympathetic abortion: what online storytelling reveals about the prescribed norms of the mainstream movements. Symb Interact. 2014;38:42–63.
- Johnstone R, Macfarlane E. Public policy, rights, and abortion access in Canada. International Journal of Canadian Studies. 2015;51: 97–120.
- Rocca CH, Kimport K, Gould H, Foster DG. Women's emotions one week after receiving or being denied an abortion in the United States. Perspect Sex Repro H. 2013;45:122–31.
- Rocca CH, Kimport K, Roberts SCM, Gould H, Neuhaus J, Foster DG. Decision rightness and emotional responses to abortion in the United States: a longitudinal study. PLoS One. 2015; doi:10.1371 /journal.pone.0128832.
- Kero A, Hogberg U, Lalos A. Wellbeing and mental growth—longterm effects of legal abortion. Soc Sci Med. 2004;58:2559–69.
- 9. Adler NE, David HP, Major BN, Roth SH, Russo NF, Wyatt GE. Psychological responses after abortion. Science. 1990;248:41–4.
- 10. Bellieni CV, Buonocore G. Abortion and subsequent mental health: review of the literature. Psychiat Clin Neuros. 2013;67:301–10.
- Stotland NL. Psychiatric aspects of induced abortion. J Nerv Ment Dis. 2011;199:568–70.
- Chibber KS, Biggs MA, Roberts SCM, Foster DG. The role of intimate partners in women's reasons for seeking abortion. Women Health Iss. 2014;24:e138.
- Finer LB, Frohwirth LF, Dauphinee LA, Singh S, Moore AM. Reasons U.S. women have abortions: quantitative and qualitative perspectives. Perspect Sex Repro H. 2005;37:110–8.
- Glick P, Fiske ST. An ambivalent alliance: hostile and benevolent sexism as complementary justifications for gender inequality. Am Psychol. 2001;56:109–18.

- Glick P, Fiske ST. The ambivalence toward men inventory: differentiating hostile and benevolent beliefs about men. Psychol Women Quart. 1999;23:519–36.
- Masser B, Lee K, McKimmie B. Bad woman, bad victim? Disentangling the effects of victim stereotypicality, gender stereotypicality, and benevolent sexism on acquaintance rape victim blame. Sex Roles. 2010;62:494–504.
- Yamawaki N, Ostenson J, Brown CR. The functions of gender role traditionality, ambivalent sexism, injury, and frequency of assault on domestic violence perpetration. Violence Against Wom. 2009;15:1126–42.
- Murphy AO, Sutton RM, Douglas KM, McClellan LM. Ambivalent sexism and the "do"s and "don't"s of pregnancy: examining attitudes toward proscriptions and the women who flout them. Pers Indiv Differ. 2011;51:812–6.
- Sutton RM, Douglas KM, McClellan LM. Benevolent sexism, perceived health risks, and the inclination to restrict pregnant women's freedoms. Sex Roles. 2011;65:596–605.
- Huang Y, Osborne D, Sibley CG, Davies PG. The precious vessel: ambivalent sexism and opposition to elective and traumatic abortion. Sex Roles. 2014;71:436–49.
- Osborne D, Davies PG. When benevolence backfires: benevolent sexists' opposition to elective and traumatic abortion. J Appl Soc Psychol. 2012;42:291–307.
- Johnson KM. Protecting women, saving the fetus: symbolic politics and mandated abortion counseling. Women Stud Int Forum. 2014;47:36–45.
- Larsson S, Eliasson M, Allvin MK, Faxelid E, Atuyambe L, Fritzell S. The discourses on induced abortion in Ugandan daily newspapers: a discourse analysis. Reprod Health. 2015;12:58–68.
- 24. Siegel RB. The right's reasons: constitutional conflict and the spread of woman-protective antiabortion argument. Duke Law J. 2008;57:1641–92.
- Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3:77–101.
- Fox NJ. Post-positvism. In: Given LM, editor. The SAGE Encyclopaedia of qualitative research methods. London: Sage; 2008. p. 659–64.
- 27. Trumpy AJ. Women vs. fetus: frame transformation and intramovement dynamics in the pro-life movement. Sociol Spectrum. 2014;34:163–84.
- Gurevich L. Patriarchy? Paternalism? Motherhood discourses in trials of crimes against children. Sociol Perspect. 2008;51:515–39.
- Purcell C, Hilton S, McDaid L. The stigmatisation of abortion: a qualitative analysis of print media in Great Britain in 2010. Cult Health Sex. 2014;16:1141–55.
- Gold RB, Nash E. State abortion counseling policies and the fundamental principles of informed consent. Guttmacher Policy Review. 2007;10:6–13.
- 31. Leask M. Constructing women as mentally troubled: the political and performative effects of psychological studies on abortion and mental health. Women's Studies Journal. 2014;26:74–82.
- Duvnjak A, Buttfield B. Ignorant fools: the construction of women's decision-making. Women Against Violence: An Australian Feminist Journal. 2007;19:20–6.
- Abrams P. The bad mother: stigma, abortion and surrogacy. J Law Medicine & Ethics. 2015;43:179–88.
- Nack A. Bad girls and fallen women: chronic STD diagnoses as gateways to tribal stigma. Symb Interact. 2002;25:463–85.
- Kumar A, Hessini L, Mitchell EMH. Conceptualising abortion stigma. Cult Health Sex. 2009;11:625–39.