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Rachel L. Dyer

Olivia R. Checkalski

Sarah Gervais

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Rachel L. Dyer,[1] Olivia R. Checkalski,[2] and Sarah J. Gervais [2]

1 Department of Counseling Psychology, University of Wisconsin–Madison, Madison, USA
2 Department of Psychology, University of Nebraska–Lincoln, Lincoln, USA

Correspondence — Rachel L. Dyer, Department of Counseling Psychology, University of Wisconsin – Madison, 335 Education Building, 1000 Bascom Mall, Madison, WI, 53706, USA. Email: rldyer@wisc.edu

ORCID Rachel L. Dyer https://orcid.org/0000-0003-0073-3442

Abstract

Women-centered anti-abortion rhetoric, grounded in ostensibly positive beliefs that pregnant people are precious objects who must be protected from having abortions, has proliferated anti-abortion activism and legislation. However, abortion stigma, marked by negative perceptions of people who terminate pregnancies, is the most widely used theoretical tool for understanding the social and psychological implications of abortion. In this article, we first integrate these two seemingly contradictory perspectives on abortion through the lens of ambivalent sexism theory. We then argue that ambivalent sexism paves the way for objectifying perceptions and

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treatment of pregnant people; specifically, our typology of reproductive objectification provides a tool for exploring how the abortion decision-making of pregnant people is undermined. Through this lens, abortion decisions can represent a subversion of these portrayals and treatment by affirming people who seek and have abortions as whole human beings. Throughout, we aim to counter White supremacy and cisheteropatriarchy, which have marked public discourse and psychological research on abortion. Finally, using this reproductive objectification framework, recommendations for clinicians and researchers are provided.

Keywords: abortion, attitudes/attributions, sex bias/sexism

Despite clear and longstanding scientific consensus concluding that abortions do not cause physical (National Academies of Sciences, Engineering, and Medicine, 2018) or psychological distress (Biggs et al., 2020; Major et al., 2009), a growing faction of the anti-abortion rights movement has focused their efforts on claiming to protect pregnant people against the alleged harm of abortion (Trumpy, 2014). Women-centered anti-abortion rhetoric aims to change opinions about abortion by erroneously purporting that (a) abortion is associated with various physical and psychological risks, and (b) pregnant people do not truly understand these risks and therefore cannot consent to abortion (Roberti, 2021; Von Hagel & Mansbach, 2016). In an analysis of anti-abortion bills introduced across the United States of America (USA) from 2008 to 2017, the majority included this rhetoric (Roberti, 2021).

In this article, we understand "women-centered" to imply both cisgender women, as well as the imposition of womanhood upon pregnant transgender and gender diverse people. Although people of many genders have abortions (Moseson, Fix, Hastings et al., 2021), much of the antiabortion movement operates on the cissexist fallacy that all pregnant people are women (Dietz, 2021), thus implying that all people who have abortions are women. Such impositions of womanhood, and of motherhood, are also reflected in healthcare, insurance, and legal systems alike (e.g., Dietz, 2021; Pearce et al, 2019; Pezaro et al., 2023). Additionally, much abortion-related research and theorizing uses pregnancy as a proxy for gender identity, assuming all participants are women without asking. For example, in her book on the prolific Turnaway Study, Foster wrote, "… our consent form specified that the target study population was pregnant women, and, to my

knowledge, no trans men participated " (2020, p. 9). Similarly, "... not all [abortion] providers collect data on the patients' gender identities and/or sex assigned at birth - necessary to identify [transgender and gender diverse] people " (Moseson, Fix, Hastings et al., 2021, para. 2). These assumptions are also reflected in the scarcity of research on trans people and abortions; a review of literature on trans and gender diverse reproductive health published between 2000 and 2018 found zero articles on abortion (Agénor et al., 2021). In this article, we intentionally use the gender neutral and accurate word, "people," to describe those who experience pregnancy and have abortions, unless citing existing research that used gendered language, or theory initially developed to consider cisgender women in particular (Lowik, 2019).

Women-centered anti-abortion rhetoric has provided supposed credibility to an array of anti-abortion legislation— such as state-mandated counseling, waiting periods, and parental involvement (Guttmacher Institute, 2023)— by way of constructing pregnant people as "'unknowing' [objects] in relation to their own bodies/minds, which leads to efforts enacted by the state to 'protect'" those seeking and having abortions from nonexistent harm (Hooberman & Ozoguz, 2022, p. 8). Women-centered anti-abortion rhetoric has concrete implications for legislation concerning abortion, and thereby its accessibility, such as delays in or foregoing care (Jerman et al., 2017; see also Guttmacher Institute, 2023). For example, some states (Guttmacher Institute, 2023) unnecessarily (Gould et al., 2013) require false information about purported physical (e.g., fetal pain; Lee et al., 2005) and psychological (e.g., "post-abortion syndrome"; Kelly, 2014) risks of abortion in their state-mandated counseling materials "to ensure that women understand the risks of and alternatives to the abortion procedure" (Gould et al., 2013, p. e249).

Women-centered anti-abortion rhetoric also appeared in the Dobbs v. Jackson Women's Health Organization case— the June 2022 USA Supreme Court decision overturning the landmark Roe v. Wade (i.e., legalizing abortion nationwide; 1973) and Planned Parenthood of Southeastern Pennsylvania v. Casey (1992) cases—when Scott Stewart, Mississippi Solicitor General noted in oral arguments that states have been prevented by precedent from weighing the state's interest in "fetal life" in order to make decisions about what is best for pregnant people "however [the state] thinks is best" (2021, p.

32). Stewart specifically referenced "the viability line" and "undue burden standard" as examples of state interest being stymied where the former refers to time demarcating when a fetus can survive outside the uterus, and the latter a criterion that abortion restrictions may be implemented so long as they do not place "a substantial obstacle in the path of [someone] seeking an abortion." This approach was incoherent given the ruling specifically concluded "that the state has a legitimate interest in fetal life throughout pregnancy and may promote this interest by enacting pre-viability regulations designed to encourage childbirth over abortion" (Benshoof, 1993, p. 2249). In the Dobbs v. Jackson Women's Health Organization (2022) oral arguments, Stewart further suggested—paternalistically—that pregnancy, and thereby abortion, may be avoided by simply utilizing contraception (2021); such notions overlook the prevalence of contraceptive failure (e.g., 7% for combined oral contraceptives, 13% for external condoms; Centers for Disease Control and Prevention, 2022) and situations in which contraception is un available, such as when someone cannot afford reliable contraception (Swan, 2021), a sexual partner will not cooperate with contraception usage (K. C. Davis, 2019) or a person does not want to use contraception due to its side effects (Westhoff et al., 2007) or under certain medical conditions (Serfaty, 2019).

The women-centered anti-abortion rhetoric that pervades our institutions (e.g., the law, healthcare) and public discourse represents a departure from dominant approaches to the psychological study of abortion which have centered abortion stigma—"a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to the ideals of womanhood" (Kumar et al., 2009, p. 1010). Of course, this conceptualization of abortion stigma itself imposes womanhood upon all people having abortions, whether they are women or not (Dietz, 2021; Moseson, Fix, Hastings et al., 2021). Having done something that threatens core values of "womanhood," abortion stigma dictates that someone who sought or had an abortion becomes less human—their identity is reduced to a single experience, and they are moved from the categories of person to woman to woman-who-has-had-an-abortion (Kumar et al., 2009). However, via women-centered antiabortion rhetoric, this imposition itself is part and parcel with hostility.

With the rise in prevalence of women-centered antiabortion rhetoric, abortion stigma may be insufficient in fully encompassing the treatment of people seeking and having abortions as it does not account for the presence of supposedly positive and protective attitudes toward pregnant people. Four years after their initial publication conceptualizing abortion stigma (Kumar et al., 2009), Kumar wrote a commentary detailing her concerns that abortion stigma was becoming too large—the basket into which everything was heaped. This broad conceptualization enables other inequities and oppressions, such as ageism, classism, and other forms of discrimination against "socially excluded" people seeking and having abortions, to be ignored when theorizing about abortion (Kumar, 2013, p. e330).

Complementing Kumar's (2013) critique, we suggest that the purportedly positive sentiment associated with women-centered antiabortion rhetoric and the hostility and othering connected to abortion stigma represent two sides of the same sexist coin. Specifically, according to ambivalent sexism theory, women-centered anti-abortion rhetoric aligns with tenets of benevolent sexism—"a subjectively favorable, chivalrous ideology that offers protection and affection to women who embrace conventional roles" (Duerksen & Lawson, 2017; Glick & Fiske, 2001, p. 109) whereas traditional notions of abortion stigma represent hostile sexism, marked by blatant antipathy toward women. Rather than experiencing benevolence or hostility toward women, ambivalent sexism theory posits that people who hold sexist beliefs feel both, hence their ambivalence, depending on the degree to which women conform or violate conventional norms of femininity. Pregnant people may be subject to benevolent sexism, including when they are in the process of making decisions about abortion, because they conform to feminine norms of motherhood, but people who decide to terminate a pregnancy would be subject to hostility due to their blatant violation of the feminine gender role.

Indeed, recent research has connected ambivalent sexism to antiabortion attitudes (e.g., Huang et al., 2016; Osborne & Davies, 2012). Scholars have also started to acknowledge a shift over time from viewing people who have abortions in uniformly negative ways to viewing them in seemingly positive, but infantilizing ways. In other words, people who seek and have abortions are treated with condescending paternalism masquerading as positive regard and protectiveness (e.g.,

as helpless, fragile, naive; Duerken & Lawson, 2017; see also Glick & Fiske, 1996) as well as with overt misogyny and disrespect (e.g., selfish, bad; Cockrill & Nack, 2013). Although both hostile and benevolent sexism contribute to the continued subordination of people who seek and have abortions, the shift toward the benevolent sexism of women-centered anti-abortion rhetoric portrays pregnant people as needing to be protected from having abortions. This shift positions them as less capable, competent, and independent, and as property for men to defend.

Critically, the purported defense of pregnant people remains under the jurisdiction of the cisgender White men in power. Pregnant people who diverge from White and cisgender ideals of womanhood (e.g., Black pregnant people, transgender pregnant people) may not be viewed as deserving the same paternalistic protection, thus rendering them vulnerable to hostile sexism. Perniciously, benevolent sexism, relative to hostile sexism, can lead pregnant people themselves to act in ways that reinforce the dominant, White supremacist cisheteropatriarchy (Becker & Wright, 2011; Calogero & Jost, 2011; Jackman, 1994). White supremacy refers to "the widespread ideology baked into the beliefs, norms, and standards of our groups (many if not most of them), our communities, our towns, our states, our nation, teaching us both overtly and covertly that whiteness holds values, whiteness is value" (Okun, 2022, "White Supremacy Culture" section). Any potential benefits of this distorted benevolence merely reinforce the privileging of cisgender White pregnant women over all other pregnant people, rendering it not only useless, but actively harmful.

Ambivalent sexism, particularly benevolent sexism, has also been connected to objectification (see also Calogero, 2013; Calogero & Jost, 2011). Consistent with benevolent sexism, the notion that pregnant people are precious and unknowing objects is inherent to women-centered antiabortion rhetoric (e.g., Hooberman & Ozoguz, 2022; Osborne & Davies, 2012). Thus, we submit that objectification may be another form of gender oppression that factors into and enables other gender oppressions (e.g., abortion stigma, benevolent sexism) and offers a route for conceptualizing the treatment of people seeking and having abortions under women-centered anti-abortion rhetoric through an objectification lens. Across the many interactions, extensions, and applications, objectification is most broadly

conceptualized as the reduction of a human to an object (Fredrickson & Roberts, 1997; Langton, 2009; Nussbaum, 1995). In the context of abortion, objectifying treatment is characterized by the diminution of people who have sought or had abortions, and efforts to prevent them from having abortions when that is the pregnant person's decision. Granting that we highlight pregnant people's own abortion decisions in this article, it is important to note that partner or parent coercion to have an abortion occurs rarely (4% or less of cases) relative to other reasons for having abortions (Finer et al., 2005; Grace & Anderson, 2018).

To summarize, we suggest that ambivalent sexism underlies women-centered anti-abortion rhetoric and is a foundation for objectifying and dehumanizing treatment of pregnant people. Although such actions are seemingly protective and caring toward pregnant people as precious objects, they come with the implicit threat that, if pregnant people seek or have abortions or challenge the system in any other way—such as by affirming their Blackness (see also McMahon & Kahn, 2016)— they will become useless objects subject to blatant hostility and antipathy. In short, we suggest that women-centered antiabortion rhetoric, and efforts to impede reproductive autonomy more generally, are objectifying. Through this lens, pregnant people's agentic abortion decisions can be subversive by affirming people, including those who have abortions, as whole human beings. Conceptualizing women-centered antiabortion rhetoric within ambivalent sexism and objectification scholarship humanizes people who have had abortions by positioning their abortion decisions as actions against objectifying treatment and in support of their own humanity. This analysis paves the way for future work from clinicians and researchers.

Reproductive Justice

Given the specific reproductive needs of Black, Native, and other people of color living within a White supremacist culture, the prochoice movement of the latter 20th century proved insufficient and exclusionary in part by focusing on abortion legality alone. Therefore, Women of African Descent for Reproductive Justice, now SisterSong, coined the term reproductive justice—"the human right to

maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities" (SisterSong, n.d., "What is reproductive justice?" section). Neither abortion stigma, nor objectification can be usefully applied without accounting for the broader cultural context of White supremacy in the USA (Okun, 2022) and how systems of oppression interact (i.e., intersectionality; Crenshaw, 1989; matrix of domination; Collins, 1990). By extension, some scholars working to understand trans peoples' experiences with reproductive health have also applied this framework resulting in trans reproductive justice (e.g., Honkasalo, 2018; Nixon, 2013; Radi, 2020; Riggs & Bartholomaeus, 2020). Crucially, Avery and Stanton (2020) caution feminists and psychology researchers seeking to employ a reproductive justice framework that "it is imperative that we adhere to its aims and utilize it to confront and disrupt the systems that constantly pathologize and violate communities of color as a means of population control" (p. 448). The present work, though indeed focusing on abortion, will draw from a reproductive justice framework by considering both the unique history of reproductive oppression experienced by Black women in the USA and by considering the subversive potential of reproductive decisions more broadly.

The meaning of having an abortion is disparately viewed and experienced within the USA depending on systems of oppression, as well as one's identities and cultures, including political affiliation, religious or spiritual beliefs, geographic location, and cultural background (Jozkowski et al., 2018; Macleod et al., 2011). Throughout the history of the USA, people who have had abortions have been stigmatized under White supremacist views of "the ideals of womanhood" (Kumar et al., 2009, p. 1010). This violent history includes the European colonization of Native peoples (Beck & LaPier, 2022), enslavement of Black people and commodification of their reproduction (Morrison, 2019), and discreditation and theft of reproductive care from midwives— who were primarily Black and other people of color— by the White, male-dominated medical field (Goodwin, 2020); people who have abortions have been increasingly stigmatized under White supremacist views of "the ideals of womanhood" (Kumar et al., 2009, p. 1010). Indeed, the binary construct of woman- and manhood itself is a product of colonization (e.g., Mirandé, 2016; Walters et al., 2006,

as cited in Kroehle et al., 2020). Kumar et al. (2009) originally conceptualized the ideals of womanhood as having innate nurturing instincts, using one's sexuality only to reproduce, and desiring to inevitably become a mother (2009), yet it is essential that we place this conceptualization within the context of dominant, White supremacist cultural values (Okun, 2022).

Likewise, we must consider the ways other forms of marginalization and oppression intersect with one another to inform experiences with abortion and with reproductive healthcare more broadly. The works of Black feminist scholars have been foundational in construing this interplay of various oppressions based on socially constructed identities such as race, gender, and class (e.g., Collins, 1990; Crenshaw, 1989; Davis, 1981; Lorde, 1984). Particularly useful frameworks for such analysis include matrix of domination (Collins, 1990) and intersectionality (Crenshaw, 1989), both of which acknowledge the convergence of multiple oppressions. Indeed, dominant cultural values about reproductive freedom vary along lines of marginalization. For example, people of color have been disproportionately criminalized for taking their reproductive matters into their own hands (e.g., self-managed abortion; Grossman & Verma, 2022). Additionally, eugenics, forced sterilization procedures, and police violence all have interfered with Black people's ability to have and raise their children (Lowik, 2017; Radi, 2020; Roberts, 2015; Ross, 2020). Likewise, Black women in particular have been chastised for pregnancies by way of harmful stereotypes and use of the racist term "welfare queen" (Roberts, 2017) despite barriers to accessing contraceptives (e.g., Bearak & Jones, 2017) if they desire to use them.

For abortion, White women express greater perceived abortion stigma than Black and Latina women, likely due to the White supremacist pronatalism that encourages and obliges White cisgender women to have and raise children (Bommaraju et al., 2016) —although current measures of abortion stigma may be insufficient in assessing how abortion stigma is experienced by people of color (Brown et al., 2022). Within their communities, a legacy of reproductive suppression and coercion may contribute to the demonization of Black, Native, and other people of color who have abortions (Morrison, 2019; Smith, 2005). Indeed, White supremacist barriers placed on their ability to safely have and raise children differently contextualizes Black

and Native births and abortions as compared with their White counterparts. In examining community-level abortion stigma, Black people report higher community-level stigma than White people (Cutler et al., 2021). Although this suggests that Black, Native, and other people of color are subjected to more hostile than benevolent sexism (Duerksen & Lawson, 2017; Glick & Fiske, 1996), the anti-abortion movement has also adopted benevolently racist (Esposito & Romano, 2016; Katz & Hass, 1988) tactics. Benevolent racism particularly targets Black and Asian people by portraying abortion as "Black genocide " (Pérez, 2011) and by racializing sex-selective abortion bans (National Asian Pacific American Women's Forum, 2014), thus evoking White saviorism (Okun, 2022) that may supersede or warp paternalistic protection (see McMahon & Kahn, 2016).

Anti-Abortion Rhetoric

Despite public legal actions expanding abortion access such as the Roe v. Wade decision in 1973, anti-abortion rhetoric has persisted and adapted. For example, the rise of the Evangelical political right in the late 1970s— motivated, in part, by White supremacist efforts to combat desegregation mandates— expanded anti-abortion values from primarily Catholics to a broader Christian coalition (Balmer, 2014). This brought fetus-centered anti-abortion rhetoric from niche religious spaces to public political ones, fueling antiabortion laws such as gestational limits and so-called "partial birth" abortion bans (Guttmacher Institute, 2023) as well as violence against those seeking and providing abortions in the name of protecting the "unborn" (Von Hagel & Mansbach, 2016). Third-party anti-abortion rhetoric, which aims to protect the rights of taxpayers and healthcare providers who do not want their taxes or work to support abortions, also arose during this time but has failed to gain traction outside of funding restrictions (e.g., Hyde Amendment; Von Hagel & Mansbach, 2016).

Despite the expansion of fetus-centered anti-abortion rhetoric, the anti-abortion movement failed to change public support for abortion, which increased from the 1970 s to the 1990 s (Von Hagel & Mansbach, 2016). This is not to say that abortion stigma reduced during

this time. Abortion attitudes capture how people think and feel about abortion, including both general views of abortion support or opposition, as well as people's evaluation of the circumstances surrounding an abortion; in other words, the permissibility of abortion supportable in a given circumstance (Osborne et al., 2022). General support has increased, reflecting the American public's abortion attitudes on the first dimension, yet there remains greater variability in abortion attitudes on the second dimension (Osborne et al., 2022; Pew Research Center, 2022). This, in turn, allows the perpetuation of abortion stigma, even in the face of general support. For example, a person may report general support for abortions but may oppose abortions after a particular gestational age (Crawford et al., 2022; Pew Research Center, 2022), thus perpetuating stigma for abortions occurring in that timeframe.

Endeavoring to change public opinion, the anti-abortion movement began to bolster women-centered anti-abortion rhetoric in the 1990s, shifting the optics of abortion opposition away from "uncompassionate" and "anti-woman" (Von Hagel & Mansbach, 2016). This new rhetoric instead invited public concern, particularly among those who did not share the religious and "pro-family" values of fetus-centered antiabortion rhetoric, including some feminists such as Feminists for Life which was founded by defectors from the National Organization for Women (Von Hagel & Mansbach, 2016). Women-centered anti-abortion rhetoric reconceptualized people having and seeking abortions from enemies of anti-abortion efforts to victims of abortions by purporting that abortion is associated with various physical and psychological risks that pregnant people cannot fully conceptualize and, therefore, consent to (Roberti, 2021; Von Hagel & Mansbach, 2016). To lend credibility to this framing, particularly for legislative use, the anti-abortion movement began to rely on misrepresentations of scientific evidence about how abortions cause psychological (e.g., "post-abortion syndrome"; Kelly, 2014; Von Hagel & Mansbach, 2016) and physical harm (e.g., fetal pain; Lee et al., 2005)—such as referring to embryonic cardiac activity as a "heartbeat" (Evans & Narasimhan, 2020).

Countering these claims, in 2008, the groundbreaking American Psychological Association Report of the Task Force on Mental Health and Abortion was released, stating that there were no differences in

the mental health of those who had one, elective, first-trimester abortion compared to those who would go on to give birth. In fact, scholars later provided evidence that being denied an abortion when one is sought was associated with poorer mental, physical, relational, and financial health for the pregnant person over time (e.g., Foster et al., 2022; Harris et al., 2014; Ralph et al., 2019; Roberts et al., 2014). Though the best evidence continues to provide consensus that abortions themselves do not cause psychological distress, people seeking and having abortions consistently report the negative psychological impact of abortion decision difficulty (e.g., Rocca et al., 2020), structural barriers to abortion access (e.g., Jerman et al., 2017) including denial (e.g., Biggs et al., 2017; see other Turnaway Study publications) and abortion stigma (e.g., Biggs et al., 2020).

Abortion Stigma

Drawing on extant stigma literature (e.g., Crocker et al., 1998; Goffman, 1963; Link & Phelan, 2001), Kumar and colleagues (2009) defined abortion stigma and described its production individually, as well as structurally in law and policy, institutions, and communities. Following the initial conceptualization of abortion stigma (Kumar et al., 2009), scholars began to theorize about the impact of such stigma on individuals. Abortion stigma was initially thought to only apply to cisgender women thus imposing womanhood upon all people having abortions, whether they are women or not (Dietz, 2021; Moseson, Fix, Hastings et al., 2021). At the individual level, abortion stigma is generally conceptualized across three domains. Firstly, perceived stigma: “a woman’s awareness of the devaluing attitudes of others concerning her abortion and her own expectations that these attitudes might result in discriminatory actions.” Secondly, enacted stigma: “actual experiences of discrimination or negative treatment by others that are directly related to a woman’s abortion experience.” Thirdly, internalized stigma: “when a woman incorporates devaluing social norms, beliefs, and attitudes related to abortion in her self-image, creating a sense of shame, guilt or other negative feelings” (Hanschmidt et al., 2016, pp. 169–170; Major & Gramzow, 1999; Shellenberg et al., 2011).

Kumar later cautioned that abortion stigma is not unidirectional with only systems and structures impacting individuals; rather, individuals also buttress abortion stigma at the structural level. In other words, abortion stigma is experienced individually, but individuals' attitudes and actions to perpetuate abortion stigma also results in abortion stigma itself (2013). For example, a systematic review of abortion stigma found that the combination of perceived and internalized abortion stigma facilitated secret-keeping about one's abortion experiences; this, in turn, was associated with social isolation and psychological distress (Hanschmidt et al., 2016). As abortions are concealable experiences and abortion stigma is both a cause and consequence of them being kept secret (Kumar, 2013; Norris et al., 2011; Quinn & Earnshaw, 2013), stigma management through secret-keeping (Hanschmidt et al., 2016) can be both harmful to one's well-being and perpetuate abortion stigma at the structural level through silence (Kumar et al., 2009).

Although abortion stigma was instrumental in describing the specific consequences and discriminations attached to seeking and having an abortion (Kumar et al., 2009; Shellenberg et al., 2011) and enriching our understanding of the relation between abortions and mental health (Biggs et al., 2020; Hanschmidt et al., 2016), its usefulness is limited when treated as a catch-all concept (Kumar, 2013). In conceptualizing women-centered anti-abortion rhetoric specifically, abortion stigma proves insufficient because it fails to account for benevolent sexism and its ramifications. In short, as abortion stigma is currently understood, it does not presuppose that pregnant people are already inferior (e.g., helpless, fragile, naive; Duerksen & Lawson, 2017; Glick & Fiske, 1996); it only accounts for the aftermath: hostility and degradation as a result of seeking or having abortions (e.g., selfish, bad; Cockrill & Nack, 2013). This limited framing (a) fails to problematize the pseudo-kindness claimed by those espousing women-centered anti-abortion rhetoric, and (b) constrains how we might conceptualize the treatment of people seeking and having abortions such that only direct hostile actions—and their anticipation—may be considered stigmatizing (e.g., devalued, discriminated against, or treated negatively by others; Hanschmidt et al., 2016).

Abortion stigma is also inconsistent with the empirical research in the area, which suggests that benevolent sexism may be a stronger

predictor of anti-abortion attitudes than hostile sexism. In a longitudinal study, Huang et al. (2016) found that benevolent sexism, but not hostile sexism, predicted abortion opposition. Likewise, benevolent sexism predicted anti-abortion attitudes, regardless of circumstances, such as when the pregnant person's life is in danger (Osborne & Davies, 2012). Researchers posit that the idealization of pregnant people and motherhood by those who endorse benevolently sexist beliefs explain these effects (Huang et al., 2016; see also Huang et al., 2014). Unfortunately, this scholarship has not accounted for the race of the person who has had an abortion, calling into question the generalizability of these findings (see McMahon & Kahn, 2016).

Integrating abortion stigma with ambivalent sexism theory can help us understand how both hostility and benevolence toward pregnant people can predict anti-abortion attitudes, though it remains unclear how this sentiment may manifest in the sexist treatment of pregnant people. One clue lies in the ways that women-centered anti-abortion rhetoric describes pregnant people as precious (Huang et al., 2014) and unknowing (Hooberman & Ozoguz, 2022) "vessels." Women-centered anti-abortion rhetoric is not only benevolently sexist, but it is also inherently objectifying— describing pregnant people as objects, rather than as fully human (see also Moore, 2019). One promising path to illuminate the specific behaviors that follow from women-centered anti-abortion rhetoric is to incorporate objectification scholarship (Fredrickson & Roberts, 1997; Roberts et al., 2018). Benevolent sexism and objectification have been connected in past theorizing and research (e.g., Calogero & Jost, 2011), but objectification has yet to be formally applied to women-centered anti-abortion rhetoric and related treatment. Importantly, identifying the sexist and objectifying treatment of pregnant people may represent an important first step toward preventing its occurrence.

Women-Centered Anti-Abortion Rhetoric and Objectification

Objectification can most basically be understood as treating a person as an object (Bartky, 1990; Fredrickson & Roberts, 1997; Langton, 2009; Nussbaum, 1995). To understand how one can be treated as an object, Nussbaum (1995) began by outlining what it is to be

an object, identifying seven aspects of objecthood: Instrumentality, Denial of Autonomy, Inertness, Fungibility, Violability, Ownership, and Denial of Subjectivity. Langton (2009) subsequently expanded on Nussbaum's features by adding three additional types: Reduction to Body, Reduction to Appearance, and Silencing. These facets of objectification combine to construct objectification as a cluster concept (i.e., made up of various components but not necessarily requiring the presence of all parts), thus providing a helpful guiding framework when considering novel applications of objectification (Langton, 2009; Nussbaum, 1995) such as the treatment of people who seek and have abortions.

Building on the work of feminist philosophers (see also Bartky, 1990), Fredrickson and Roberts (1997) wrote their landmark piece introducing objectification theory to the field of psychology. They initially focused on how women living under patriarchy experience objectification in the form of sexual objectification. Drawing especially from the work of Bartky (1990), they posited that:

> Sexual objectification occurs whenever a woman's body, body parts, or sexual functions are separated out from her person, reduced to the status of mere instruments, or regarded as if they were capable of representing her [...] when objectified, women are treated as bodies—and in particular, as bodies that exist for the use and pleasure of others (Fredrickson & Roberts, 1997, p. 175).

Inspired by objectification theory and this conceptualization, researchers have extensively documented the causes and consequences of reducing someone to their appearance, sex appeal, and sexual body parts (see Roberts et al., 2018, for summary). Notably, most of this work has examined perceptions and treatment of young, White, cisgender, heterosexual women, especially those they deem "sexy women"—those donning bathing suits or lingerie, who fit cultural ideals of attractiveness (e.g., thin, hourglass shaped figures), and are not pregnant. These women tend to be reduced to their appearance and sexual body parts, such as their breasts, with significant dehumanizing consequences (Roberts et al., 2018). There has been much less research on the ways objectification functions beyond the gender binary, or how someone's sexual and reproductive functions are

separated out from their person and treated as existing for the use of others (c.f., Gervais et al., 2014, for work on sexual violence)—and little to no work on pregnant people or abortion specifically. We endeavor to consider the ways that all pregnant people, not just a subset of women, may be reduced to their reproductive potential and dehumanized accordingly.

Fredrickson and Roberts' (1997) conceptualization of sexual objectification complements the typologies developed by Nussbaum (1995) and Langton (2009). Most directly, describing Reduction to Body and Appearance correspond with separating someone out from their body and reducing them to it, and Instrumentality maps onto using someone for sexual function and pleasure. Collectively, these elements imply Denial of Autonomy and Subjectivity by positioning appearance, sexual body parts, or sexual functions as capable of representing the entire person. Consistent with the potential connections between sexual objectification, pregnancy, and abortion, Goldenberg and Roberts have linked objectification to the capacity to bear children, menstruate, and lactate (via terror management theory; e.g., Goldenberg, 2013; Goldenberg & Roberts, 2011; Roberts et al., 2002). Likewise, other work has found a relation between self-objectification and reproductive shame (Johnston-Robledo, Sheffield et al., 2007), attitudes toward breastfeeding (Johnston-Robledo, Wares et al., 2007), and partner dehumanization during pregnancy (Brock et al., 2020). Given that this work hinges on various reproductive functions, rather than gender or even sex assigned at birth, it is imperative that future work expands beyond consideration of cisgender women.

Nussbaum (1995) and Langton's (2009) typologies have not yet been applied to sexual objectification in the context of sexual functions as they relate to pregnancy, abortion, or anti-abortion rhetoric. Although, the one scholar who has examined abortion through an objectification lens concluded that anti-abortion rights laws are discriminatory to "women" by construing them as "instruments of reproduction," which aligns with Nussbaum's notion of instrumentality (1995; Moore, 2019, p. 1010). We envision this notion of reproductive objectification as more broadly applicable to people, rather than only women, who may become pregnant. In an extension of sexual objectification, we posit that pregnant people, and those who have sought

or had abortions, experience a particular kind of sexual objectification based on their reproductive sexual function resulting in reproductive objectification (see also McLeod, 2002).

Following from Langton's (2009) perspective on treatment as either "a matter of attitude or act," we can consider how women-centered anti-abortion rhetoric itself (attitudes), as well as restrictions on the ability to have on abortion stemming from this rhetoric (acts), align with features of objectification (p. 231). In this section, we argue that to perpetuate women-centered anti-abortion rhetoric and use it to prevent someone from freely seeking or having an abortion is to objectify them because it involves the ten proposed features of objectification (Langton, 2009; Nussbaum, 1995).

Denial of Subjectivity and Silencing

Denials of subjectivity involve disregarding a person's sentience and interiority—their emotional and conscious perspectives. Imposing and enforcing structures that delay access to abortion is a quintessential example of denial of subjectivity (Nussbaum, 1995) as these structures serve to completely neglect the feelings and experiences of those seeking abortions, such as not wanting to have children/ another child, as well as the reflection and discussion they have already engaged in around this decision (Finer et al., 2005; Grace & Anderson, 2018). Under women-centered anti-abortion rhetoric, this manifests as a disregard of the perspectives and emotions pregnant people bring to inform their decision and consent for abortion. For instance, Cazembe Murphy Jackson (2022), a We Testify abortion storyteller— an organization by and for people who have had abortions that specifically aims to uplift the stories of minoritized people— and Black trans man was raped and became pregnant during his junior year of high school. Jackson needed to take out a payday loan in order to afford an abortion. When he could finally get to the clinic, Jackson was forced to wait a couple more days before actually having the abortion due to a Texas 24-h waiting period law in effect at the time (i.e., "Women's Right to Know Act"). This required delay undermined his decision to have an abortion as soon as possible.

For some trans people, pregnancy may be additionally complicated by gender dysphoria. For instance, in a study of trans and nonbinary

students' family building desires, one participant remarked, "I definitely never want to carry a child and never have. I think a lot of my dysphoria is especially about internal reproductive parts, so I don't ever want to have a kid" (Guss et al., 2021, p. 476). Delaying or failing to provide an abortion in such cases may also function as a denial of subjectivity by not taking seriously their discomfort with pregnancy or their desire for an abortion. As Jackson noted, "… for trans men, [abortion] comes with the added stigma of your gender identity " (2022, para. 4). Even so, not all trans and gender diverse people consider pregnancy an aversive or dysphoric experience; rather, there are rich and varied perspectives on pregnancy and fertility (e.g., Dietz, 2021; Guss et al., 2021; MacDonald et al., 2021; Moseson, Fix, Ragosta et al., 2021). Indeed, Dietz (2021) argues for the unexceptional nature of trans pregnancy, positing that "when trans people experience discrimination and their access to care is limited or harmful to them, it is not because they pose extraordinary challenges to health systems. It is because health systems have failed to recognize the ordinariness of gender identity diversity in people who reproduce" (p. 191). Even so, those opponents of abortion— who believe abortions are only sought by women—impose womanhood on people who are not women. This cissexism further represents a Denial of Subjectivity through a negation of identity. Indeed, Jackson may have been treated as a precious object who must be protected from the projected and assumed harms of both abortion and a trans identity. Such instances of obscuring or undermining personal experiences can function to silence people, positioning them as voiceless objects.

Closely connected to Denial of Subjectivity is Silencing. Silencing occurs when one is treated as "lacking the ability to speak" (Langton, 2009, p. 229). Women-centered antiabortion rhetoric silences pregnant people both through the imposition of womanhood onto pregnant people and also by purporting to speak for those pregnant people, as was the case for Jackson. For example, Kayla Winston, another We Testify abortion storyteller, asked for an abortion while incarcerated, yet the doctor ignored this request, telling her that she could "do that" after she completed her 90-day sentence. In denying Winston's access to abortion, the doctor and larger carceral system were speaking for her, possibly in absence of their legal requirement to do so (Sufrin et al., 2009). Instead, Winston was transferred

to "the pregnancy pod"—a designated area for incarcerated pregnant people that presumed they would continue their pregnancies (Henderson, 2021, para. 6). When asking for an abortion, Winston's voice was not heard. Considering Denial of Subjectivity and Silencing together, this anti-abortion rhetoric and treatment essentially says: I will not consider your opinions or feelings and I want you to be quiet about them.

Denial of Autonomy and Inertness

To deny someone autonomy is to undermine their self-sovereignty (Nussbaum, 1995). Anti-abortion attitudes, and actions to inhibit one's ability to have an abortion, represent Denial of Autonomy both along the lines of non-attribution and violation of autonomy as defined by Langton (2009). Women-centered anti-abortion rhetoric positions pregnant people as needing protection from themselves because of their supposed inability to make sound, informed decisions that are in their best interest. This perspective subordinates pregnant people and implies both non-attribution and violation of autonomy; it assumes pregnant people cannot, or should not, be in charge of themselves. In the case of non-attribution, consider crisis pregnancy centers (i.e., antiabortion centers; Associated Press, 2022)—facilities that "operate unethically and with the intention to dissuade, deter, or prevent [people] from seeking certain reproductive health care options," namely abortion (ACOG Government Affairs, 2022, p. 1). Typically, crisis pregnancy centers claim to provide nonjudgmental pregnancy options counseling and medical care —sometimes implying that they provide abortions with misleading signage and proximity to actual abortion clinics. Instead, most crisis pregnancy centers are staffed by "lay volunteers who are not licensed clinicians" (Bryant & Swartz, 2018, p. 270), but instead work to manipulate people into continuing their pregnancies or delay them in accessing abortion (ACOG Government Affairs, 2022; Montoya et al., 2022). For example, a participant in a qualitative study said of her experience that center staff "try to get every girl to think that abortion is horrible, and if you're going to have the baby, put it up for adoption if you don't want it. 'Do not, do not have an abortion… Abortion is horrible; you'll get sick'" (Smith et al., 2016, p. 78).

People who staff crisis pregnancy centers appear to believe pregnant people cannot make decisions about their reproduction and must be intercepted and "supported" in continuing their pregnancies no matter the cost. Indeed, some crisis pregnancy centers provide "mommy money" to people for attending parenting classes or watching their educational videos, as well as resources such as diapers, bottles, maternity clothes, and cribs (Bryant & Swartz, 2018; Smith et al., 2016, p. 78)—a patronizing practice given the lifetime costs of raising a child, particularly if a pregnant person was pursuing abortion primarily for financial reasons (Finer et al., 2005; Grace & Anderson, 2018).

In considering violations of autonomy, imagine antiabortion protesters who are often stationed outside of abortion clinics; over 100,000 incidences of picketing were reported by abortion providers in 2021 (National Abortion Federation, 2022). These protestors target abortion providers, clinic staff, and people seeking abortions using various tactics including blockades, assault, threats of harm, arson, and vandalism, with the overall goal of stopping abortions from occurring (National Abortion Federation, 2022). Whereas many antiabortion protesters use intimidating, if not violent, tactics (e.g., National Abortion Federation, 2022), some anti-abortion protesters attempt to make a "connection" with people seeking abortions so they can "counsel" them on their reproductive decisions (Crumpler, 2022). For example, outside of an abortion clinic in North Carolina, antiabortion protesters have been seen waving, smiling, and holding signs that say, "God loves you and your baby. We can help" (Crumpler, 2022, para. 3). These anti-abortion protesters want to ensure that people seeking abortions have additional time to be "educated" on the alleged harm of abortion and reconsider their choice (Crumpler, 2022). In doing so, they presume that pregnant people have not sufficiently considered their decision —despite all the thoughtfulness (Finer et al., 2005; Grace & Anderson, 2018) and effort it has taken to overcome access barriers and arrive at the clinic (Jerman et al., 2017). In short, those seeking abortions are seen as helpless, naive objects whose efforts to self-govern, make decisions, and take action should be overridden through additional education from anti-abortion protestors or ignored through intimidation, blockades, and violence by anti-abortion protesters.

This example also implies the assumption of Inertness onto the pregnant person. To treat someone as inert is to presume or deny the ability to act or behave as an active agent. Impeding a pregnant person from taking action by way of having an abortion—such as through the various antiabortion clinic protester tactics summarized above (National Abortion Federation, 2022)—renders them inactive recipients of pregnancy, thus denying their agency. Indeed, the ability for a pregnant person to freely decide whether or not to have an abortion and to have that decision honored is an affirmation of their agency. Not all denials of autonomy include the aspect of inertness, yet many instances of treating someone as inert imply a denial of autonomy as is the case here.

Instrumentality, Reduction to Body, and Fungibility

Instrumentality is characterized by using someone as merely a means to an end. In the present context, using a person primarily as a procreative tool is to treat them instrumentally (Nussbaum, 1995). Indeed, Moore (2019) conducted an evaluation of anti-abortion rights laws, concluding that they are discriminatory because they depict pregnant "women" as "instruments of reproduction" (p. 1010). Perhaps the most quintessential example of instrumentation harkens back to chattel slavery in the USA when the reproductive capacity of enslaved Black people was commodified and held at a premium. As D. Davis (2019) explains, "those of reproductive age were exposed to sexual assault and forced pregnancy and went through labor and childbirth while shackled on ships bound for various ports of call. Reproductive slavery was sustained through slave owners forcing sexual relations between enslaved people and sexually exploiting enslaved people —all toward increasing property and potential earnings" (p. 176; see also Berry, 2017). Likewise, as Cooper Owens (2021) explains, "the wealth of slave owners was not only tied to land ownership but also to enslaved women's wombs. If an enslaved woman gave birth to a child, the owner's wealth increased" (p. 789). In other words, these enslaved pregnant people were reduced to their reproductive capacity and used as instruments of wealth acquisition though the proliferation of babies who were construed as the legal property of the enslavers.

As a more contemporary example, in 2018, a law called the "Arkansas Unborn Child Protection from Dismemberment Abortion Act" went into effect and included a clause that allowed the "father of the unborn child, if the father is married to the woman" to sue the abortion provider to prevent his spouse from having an abortion (Criss, 2017). In short, a husband could legally prevent his wife from seeking an abortion— prior to abortion becoming illegal in Arkansas following the Dobbs v. Jackson Women's Health Organization decision in June 2022. This positions people belonging to the legal category of husband as entitled to the pregnancy and to using a pregnant person's body to continue it—specifically those belonging to the legal category of wife. Consequently, this reduces the pregnant person to a reproductive object, simultaneously denying their subjectivity and autonomy, by instrumentalizing them as a means to an end: a child.

These and related instances of reproductive Instrumentality also represent a Reduction to Body. To reduce someone to their body is to treat them as though they are merely a body or collection of body parts—by extension, that this is their primary source of value or importance (Langton, 2009). Women-centered anti-abortion rhetoric and its impact represents Reduction to Body by positioning people as merely bodies to be used valuable reproductive and child-rearing objects, and as naive, non-autonomous hosts. Consider first that when people are not permitted or able to access safe, affordable, and effective contraceptives and abortions, it construes them as a thing to have sex with, without the ability to make decisions about the potential consequences of some kinds of sex. Second, when trans and gender diverse pregnant people are misgendered by women-centered anti-abortion-rhetoric, through the prevalence of gendered language in reproductive health settings (e.g., "maternal/maternity care"; Pezaro et al., 2023, p. 126) or in legal classifications of "mother" (e.g., Pearce et al., 2019), they are reduced to their body parts. Third, pregnant people are reduced to their body when they are treated merely as incubators for fetuses—functionally reducing them to wombs.

With the foregrounding of bodies, parts, and functions, there is the potential for this reduction to also imply a certain level of fungibility. To be fungible is to be treated as "interchangeable (a) with other objects of the same type, and/or (b) with objects of other types" (Nussbaum, 1995, p. 257). If the hypothetical Arkansas husband above

thinks of his wife as nothing but a womb, she could be more easily substituted by another more compliant womb than if she were valued as a whole person. That is, when pregnant people are reduced to their reproductive body parts, they too become fungible—vulnerable to being replaced.

Ownership and Violability

Ownership is defined as instances where one is treated "as something that is owned by another, [and] can be bought or sold" (Nussbaum, 1995, p. 257). Likewise, benevolent sexism conceptualizes pregnant people as precious objects in need of protection, though owned nonetheless. Consider for example the sexual and reproductive exploitation of enslaved people who were prized for their reproductive potential and also violated for profit (Cooper Owens, 2021; D. Davis, 2019). Moreover, the value of pregnant people from this perspective is not earned through their own personhood, but rather is assigned transitively based on the personhood of the men they belong to, or with whom they are otherwise affiliated as spouses, partners, parents, children, siblings, and so on. This framing often appears in arguments against sexual harassment and violence and is typically directed toward cisgender women through phrases such as, "She's someone's daughter" or "She's someone's wife." As Sajjad wrote, "This commonly used analogy goes on to show how women are barely seen as human beings – human beings who can think and feel emotions, who are defined by their own selves instead of some title attached to a man in their lives " (2016, para. 8). In the context of abortion, women-centered anti-abortion rhetoric, undergirded by benevolent sexism, clearly aligns with the Ownership feature of objectification. For example, the notion of Ownership was evident in the Dobbs v. Jackson Women's Health Organization (2022) case, where the Mississippi Solicitor General functionally argued that pregnant people are under the ownership of their state given that states should be able to make decisions for pregnant people "however [the state] thinks is best" — specifically, that abortion restrictions are for pregnant people's own good (2021, p. 32).

Viewing a person as owned often facilitates an entitlement to treat them as violable. Nussbaum (1995) defines Violability as the quality

of "lacking in boundary-integrity," being "permissible to break up, smash, break into" (p. 257). Whereas this sort of aggressive violation may seem more aligned with the tenants of hostile sexism, there is also place for it within benevolent sexism, and likewise women-centered anti-abortion rhetoric. Indeed, even precious objects are objects nonetheless; without recognition of humanity, there is no impetus for humane treatment. Said another way, treating an object as breakable and in need of protection does nothing to establish its deservingness of protection or to dissuade its "protector" from breaking it. This may be especially true considering the source of the "preciousness" is not inherent but rather assigned instrumentally because of what the person's body can do (e.g., valuing of Black women for their fecundity while enslaved; D. Davis, 2019). Importantly, medical racism including the anti-Black, and unsubstantiated, assumptions underlying the obstetric hardiness thesis— a belief that certain groups of people are more suited to the pains of labor than others because of differences in pain tolerance (D. Davis, 2019)— places Black people at increased risk of violation when receiving medical care (Hoffman et al., 2016).

Forcing someone to continue a pregnancy and undergo the slew of associated medical procedures represents violability both because of the violation of boundary integrity as well the literal tearing open of the body either by way of cesarean section or vaginal birth. When this path is not freely chosen, these physical experiences may represent violations. For example, in 2017, the USA Office of Refugee Resettlement instituted a ban on abortion access for minors in their custody, positioning them as "protected" under the Ownership of the federal government (Messing et al., 2020). This resulted in the office attempting to "compel a minor who had become pregnant as a result of rape to carry her pregnancy to term" (Messing et al., 2020, p. 341). In this case, violability suggests that migrant children and survivors of rape are subject to the continuation of pregnancy against their will and ongoing medical care that may serve to retraumatize them following sexual violence (Sabola et al., 2022)—with sexual violence itself representing a violation of the body. Jane Poe, the pseudonym for the minor in this example, was ultimately able to access the abortion she sought (Messing et al., 2020).

Reduction to Appearance

Finally, Reduction to Appearance represents instances where one is considered exclusively or primarily based on how they look (Langton, 2009). Namely, anti-abortion propaganda often weaponizes images of highly feminine, visibly pregnant people (Gold et al., 2015). This romanticizes motherhood and foregrounds its importance as a tactic to subsequently dissuade people from seeking and having abortions, despite most abortions occurring in the first trimester (93.1%; Kortsmit et al., 2020) before "baby bumps" typically appear. These visuals are often paired with infant and fetal images (e.g., Becker & Hann, 2021), visually depicting pregnant people as vessels for fetuses. Anti-abortion propaganda exploits the appearance of pregnant bodies to reify idealistic notions of pregnancy that undercut the humanity of the pregnant person. Feminized baby bump iconography simultaneously perpetuates misconceptions about who has abortions and when they have them (Gold et al., 2015; Kittel, 2022), all in favor of a pronatalist agenda (e.g., Gotlib, 2016).

Abortion Decisions as Enactments of Personhood

If we take women-centered anti-abortion rhetoric and its use to prevent abortions as objectifying, what is the implication of this premise for having abortions? If the impact of women-centered anti-abortion rhetoric is indicative of objecthood, then when someone is able to freely consider and have an abortion, should that be their decision, they are enacting personhood. Likewise, when someone is supported and accepted in their decision about whether or not to get an abortion, they are being treated as human beings rather than objects. Indeed, they are acting and being treated as autonomous and agentic subjects, recognized as whole, self-possessed people rather than merely as instruments, bodies, or body parts that belong to others.

Having an abortion not only represents an individual decision but also a structural one. For those who the state seeks to deny abortions, it is a subversion of the systems that largely discourage that decision; "The discourse about women's right to abortion is political, but every woman's reason for seeking an abortion is deeply personal " (Furedi,

2021, p. 18). In this way, seeking, having, and being supported in one's abortion may function to humanize people not only on an individual level but also on a systems level. In other words, the decision to have an abortion directly counters women-centered anti-abortion rhetoric and its objectifying impact. Conversely, for those who have been denied opportunities to become pregnant, or safely birth and raise children, deciding to carry and birth a child also has subversive potential (SisterSong, n.d.). Such subversions, if incorporated at a systems level, could have an emancipatory impact for pregnant people by disavowing attempts to dictate parenthood and subsequently diminish personhood. If women-centered anti-abortion rhetoric treats people as objects, then freely made abortion decisions represent a refusal to be relegated to objecthood.

When considering the subversive and humanizing potential of abortions, there must also be consideration of identity and ideological context. Under White supremacist cisheteropatriarchy, the various identities held by the pregnant person inform reception of both the person and their pregnancy. For instance, under hetero- and cissexism, queer, trans, and gender diverse people freely deciding to continue pregnancies likewise serves as both an active decision and a subversion of cisheteropatriarchal family structures. Additionally, the historical contexts of genocide, enslavement, eugenics, and other ongoing acts of racialized violence also inform the meaning of pregnancy and efforts to control pregnant people. That is, not all pregnancies have been valued equally or thought of as important to maintain such that the symbolic meaning of abortion also varies. Given the history of forced sterilization (Radi, 2020; Roberts, 2015; Ross, 2020) and targeted use of long-acting contraceptives for Black, Native, Latinx, disabled, young, and poor people, the decision to maintain a pregnancy may also be humanizing for people at various intersections of those identities in that it involves an active decision and also a subversion of the efforts to dissuade reproduction. For instance, consider the covert implantation of Norplant in Black, middle school girls in the 1990s in Baltimore, Maryland (D. Davis, 2019). Uniquely, the hegemonic perspective on Black births has shifted over time depending on whether White people, and the state, stood to profit from them. That is, while enslaved, Black pregnancies were fostered and forced (i.e., through rape), yet once free, they were repressed and prevented (Cooper Owens, 2021).

In short, Black births have not always been suppressed, but they have always been controlled, so both the decision to have or not have an abortion subverts the legacy of domination. Overall, it is the ability to make a decision about pregnancy, whatever that decision, that is humanizing as an enactment of subjectivity and autonomy.

Finally, it is important to note that systems of gender oppression that justify and maintain White supremacy and cisheteropatriarchy are resistant to change. Following the humanization that results from the decision to have an abortion, backlash is probable—sexism and objectification will likely manifest in ways meant to put people who have had abortions back in their places. However, unlike the women-centered anti-abortion messages that currently dominate mainstream rhetoric, such perceptions and treatment are likely to be marked by antipathy and hostility that are characteristic of traditional abortion stigma, denoting people who have had abortions as selfish and bad (Cockrill & Nack, 2013). Following an abortion, hostile sexism and objectification, for example, would result in the treatment of people who have had abortions as useless, disposable objects rather than precious, valuable objects; both are objects all the same.

Recommendations

Clinicians

Before putting reproductive objectification considerations into practice, it is essential that mental health clinicians establish a baseline level of accurate knowledge on human sexuality and reproduction. Among health service psychologists, there are currently no practice guidelines, nor coursework and training required by the American Psychological Association on the subject, including abortion (Mollen & Abbott, 2022). Additionally, few graduate training programs (Burnes et al., 2017) or pre-doctoral internships (Abbott et al., 2021) offer comprehensive training in human sexuality and reproduction, with only a handful of programs surveyed (10.5%) offering any training on abortion, making it one of the least-covered human sexuality topics (Mollen, Burnes et al., 2018). This lack of training is likely a result of abortion stigma (Grzanka & Frantell, 2017) and sets up psychologists

to perpetuate it with clients, in their teaching, and in their research (Mollen, Hargons et al., 2018). Indeed, psychologists with more accurate abortion-related knowledge have been found to report more pro-abortion attitudes (Mollen, Hargons et al., 2018).

We strongly recommend the establishment of practice guidelines and benchmark competency expectations for psychology students in the areas of human sexuality and reproduction (see Mollen & Abbott, 2022). We also acknowledge that practicing clinicians need effective training and accurate information about abortion now, particularly after the Dobbs v. Jackson Women's Health Organization decision (2022). To increase one's knowledge, we recommend reading the primary sources cited throughout this article, particularly in the Abortion Stigma section. Additionally, we recommend turning to professional models such as the National Association of Social Workers who have taken definitive steps to declare their field's support for abortion (see the Reproductive Justice chapter of Social Work Speaks: National Association of Social Workers Policy Statements, 2018–2020; National Association of Social Workers Delegate Assembly, 2017). For additional counseling-related training on abortion and mental health, contact non-profit organizations such as All-Options and Exhale Pro-Voice who platform nonjudgmental peer helplines on pregnancy options counseling and after-abortion support, respectively, and offer training on those topics. A new organization, ProChoiceTherapists.org, will aim to offer training on abortion for mental health clinicians specifically and a searchable directory of supportive and competent clinicians.

In terms of clinically applying our conceptualization of women-centered anti-abortion rhetoric using objectification, understanding clients' freely chosen abortion decisions as actions taken against objectifying treatment and in support of their humanity can help to build empathy. This is especially important for clinicians who may not support abortion, or who may not support their clients' decision to have an abortion under a set of particular circumstances (Osborne et al., 2022), as unaddressed clinician biases have been found to negatively impact clinical effectiveness for other experiences and identities (e.g. HIV/AIDS, race, sexual orientation; Mohr et al., 2009; Vasquez, 2007; Walker & Spengler, 1995). Should a clinician find themself being unsupportive of a client's abortion decisions, we recommend revisiting

the objectification framework, conducting a self-assessment of objectifying bias, and seeking consultation. Clinically, we view this conceptualization as an opportunity to understand clients as empowered.

Researchers

Toward greater gender inclusivity, we highly recommend that all researchers collecting data from, or about, people seeking or having abortions use quality measures of gender identity demographics (see recommendations from Hughes et al., 2022) to ensure avoidance of erroneously using pregnancy or abortion as a proxy for womanhood. Furthermore, consideration of recruitment and sampling techniques to enhance the inclusion of participants who are not cisgender women is necessary (see recommendations from Vincent, 2018).

Additionally, researchers should replicate and expand beyond the use of abortion stigma by also using a reproductive objectification framework. Writ large, the relation between abortion and objectification has been vastly understudied. Given the prevalence of women-centered antiabortion rhetoric, greater ability to concretize and measure its impact is necessary and objectification provides a framework for this approach. Indeed, abortion stigma and objectification may be considered simultaneously, such as adapting Tebbe and colleagues' (2022) approach to exploring the impact of anti-trans bills on trans people for anti-abortion bills, laws, and court cases on people who have sought or had abortions. Another useful approach may be to experimentally prime women-centered anti-abortion rhetoric and examine the impact of objectification through a benevolent sexism mechanism (Calogero & Jost, 2011). This would help further empirically document the dangers of women-centered anti-abortion rhetoric, though precautions should be taken to correct misconceptions and provide support during an in-depth debriefing process. Such approaches could also be used to examine the impacts of humanization frames for abortion and may provide useful starting points to counter women-centered anti-abortion rhetoric at the societal level. Furthermore, most measures of objectification have been developed and validated with a focus on reducing "sexy women" to their appearance and sexual body parts (Roberts et al., 2018), and measure development for reproductive objectification will be necessary as the field

matures. Finally, given that studies of benevolent sexism and abortion attitudes have not yet accounted for the presumed demographics of the person who has had an abortion (Huang et al., 2016; Huang et al., 2014; Osborne & Davies, 2012), further exploration is warranted to fully understand the role of race and racism. Broadly, we agree with Avery and Stanton (2020) in their recommendations surrounding the implementation of a reproductive justice framework by feminist and psychological researchers. In their words,

> We must collectively facilitate a paradigmatic shift in our field that will routinely redirect the well-worn pathway toward victim blaming to indict the actual culprits of systemic health inequalities; where we no longer blame Black women for actively choosing their disenfranchisement and oppression, but instead explore how and why health care providers, legislators, educators, and citizens actively refuse to see particular groups of humans as deserving of rights, civility, agency, pleasure, and life (pp. 452–453).

Given ongoing social and political movements opposing abortion access and legality, much abortion-related research has focused on disparity and harm that stems from abortion inaccessibility (e.g., The Turnaway Study; Foster, 2020). Subsequently, much of the abortion literature counters anti- abortion myths (e.g., mental health effects; Biggs et al., 2017; Rocca et al., 2020), which may inadvertently communicate that abortion is negative and harmful. By detailing a novel application of objectification to women-centered antiabortion rhetoric and reconceptualizing abortion decisions as actions in support of one's humanity, researchers have the opportunity to ground future study of abortion in possibility and empowerment.

Our conclusion that abortion decisions can be conceptualized as humanizing is not a revelation to anyone whose work focuses on abortion and reproductive justice (SisterSong, n.d.). Indeed, organizations like SisterSong, We Testify, SPARK, and other reproductive justice organizations have operated on this principle for decades. Although we look forward to the application of this article in clinical work and research, Flynn and colleagues remind us that, "Research in itself is not activism, and neither is applied psychology. It is up to us to follow the lead of and build intentional partnerships with activists, communities,

policymakers, organizers, youth, and elders engaged in revolutionary change (Fine, 2018; Trujillo, 2018)" (2021, p. 1225).

Conclusion

In this article, we began by using ambivalent sexism theory to integrate women-centered anti-abortion rhetoric—which positions seemingly positive evaluations of pregnant people as precious objects who must be protected —with abortion stigma, which highlights the negative perceptions of people who seek and have abortions. Subsequently, we argued that ambivalent sexism lays the foundation for the objectification of pregnant people, offering our concept of reproductive objectification, as a tool of oppression, and explored how the abortion decision-making of pregnant people is undermined. With this tool, abortion decisions may represent a subversion of women-centered anti-abortion rhetoric and treatment by affirming people who have abortions as whole human beings. Woven throughout this article are our endeavors to stand in opposition to White supremacy and cisheteropatriarchy— highlighting the limitations, harms, and violence that these forms of domination have brought to the public discourse on abortion, psychological research on abortion, and those who seek and have abortions themselves.

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References

Abbott, D. M., Mollen, D., Anaya, E. J., Burnes, T. R., Jones, M. M., & Rukus, V. A. (2021). Providing sexuality training for psychologists: The role of predoctoral internship sites. American Journal of Sexuality Education, 16(2), 161–180. https://doi.org/10.1080/15546128.2021.1892555

ACOG Government Affairs (2022). Issue brief: Crisis pregnancy centers (Issue Brief No. 1). The American College of Obstetricians and Gynecologists. https://www.acog.org/-/media/project/acog/acogorg/files/advocacy/cpc-issue-brief.pdf?la=en&hash=0E118FA8C462E25F8BE5DF9506941BBA

Agénor, M., Murchison, G. R., Najarro, J., Grimshaw, A., Cottrill, A. A., Janiak, E., Gordon, A. R., & Charlton, B. M. (2021). Mapping the scientific literature on reproductive health among transgender and gender diverse people: A scoping review. Sexual and Reproductive Health Matters, 29(1), 57–74. https://doi.org/10.1080/26410397.2021.1886395

American Psychological Association, Task Force on Mental Health and Abortion (2008). Report of the Task Force on Mental Health and Abortion. American Psychological Association. https://www.apa.org/pi/wpo/mental-health-abortion-report.pdf

Associated Press (2022). Abortion topical guide. https://www.apstylebook.com/topical_most_recent

Avery, L. R., & Stanton, A. G. (2020). Subverting the mandates of our methods: Tensions and considerations for incorporating reproductive justice frameworks into psychological science. Journal of Social Issues, 76(2), 447–455. https://doi.org/10.1111/josi.12386

Balmer, R. (2014, May 27). The real origins of the religious right. POLITICO Magazine. https://www.politico.com/magazine/story/2014/05/religious-right-real-origins-107133/

Bartky, S. L. (eds) (1990). Femininity and domination: Studies in the phenomenology of oppression. Routledge.

Bearak, J. M., & Jones, R. K. (2017). Did contraceptive use patterns change after the Affordable Care Act? A descriptive analysis. Women's Health Issues, 27(3), 316–321. https://doi.org/10.1016/j.whi.2017.01.006

Beck, A., & LaPier, R. (2022, July 7). Abaki Beck & Rosalyn LaPier: For Indigenous peoples, abortion is a religious right. Vox Populi. https://voxpopulisphere.com/2022/07/07/abaki-beckrosalyn-lapier-for-indigenous-peoples-abortion-is-a-religious-right/

Becker, A., & Hann, L. R. (2021). It makes it more real": Examining ambiguous fetal meanings in abortion care. Social Science & Medicine, 272, Article e113736. https://doi.org/10.1016/j.socscimed.2021.113736

Becker, J. C., & Wright, S. C. (2011). Yet another dark side of chivalry: Benevolent sexism undermines and hostile sexism motivates collective action for social change. Journal of Personality and Social Psychology, 101(1), 622–77. https://doi.org/10.1037/a0022615

Benshoof, J. (1993). Planned Parenthood v. Casey. The impact of the news undue burden standard on reproductive health care. Journal of the American Medical Association, 269(17), 2249–2257. https://doi.org/10.1001/jama.269.17.2249

Berry, D. R. (ed) (2017). The price for their pound of flesh: The value of the enslaved from womb to grave in the building of a nation. Beacon Press.

Biggs, M. A., Brown, K., & Foster, D. G. (2020). Perceived abortion stigma and psychological well-being over five years after receiving or being denied an abortion. PLoS One, 15(1), Article e0226417. https://doi.org/10.1371/journal.pone.0226417

Biggs, M. A., Upadhyay, U. D., McCulloch, C. E., & Foster, D. G. (2017). Women's mental health and well-being 5 years after receiving or being denied an abortion: A prospective, longitudinal cohort study. JAMA Psychiatry, 74(2), 169–178. https://doi.org/10.1001/jamapsychiatry.2016.3478

Bommaraju, A., Kavanaugh, M. L., Hou, M. Y., & Bessett, D. (2016). Situating stigma in stratified reproduction: Abortion stigma and miscarriage stigma as barriers to reproductive healthcare. Sexual & Reproductive Healthcare, 10, 62–69. https://doi.org/10.1016/j.srhc.2016.10.008

Brock, R. L., Ramsdell, E. L., Sáez, G., & Gervais, S. J. (2020). Perceived humanization by intimate partners during pregnancy is associated with fewer depressive symptoms, less body dissatisfaction, and greater sexual satisfaction through reduced self-objectification. Sex Roles, 84(5–6), 285–298. https://doi.org/10.1007/s11199-020-01166-6

Brown, K., Laverde, R., Barr-Walker, J., & Steinauer, J. (2022). Understanding the role of race in abortion stigma in the United States: A systematic scoping review. Sexual and Reproductive Health Matters, 30(1), Article e214972. https://doi.org/10.1080/26410397.2022.2141972

Bryant, A. G., & Swartz, J. J. (2018). Why crisis pregnancy centers are legal but unethical. AMA Journal of Ethics, 20(3), 269–277. https://doi.org/10.1001/journalofethics.2018.20.3.pfor1-1803

Burnes, T. R., Singh, A. A., & Witherspoon, R. G. (2017). Graduate counseling psychology training in sex and sexuality: An exploratory analysis. The Counseling Psychologist, 45(4), 504–527. https://doi.org/10.1177/0011000017714765

Calogero, R. M. (2013). Objects don't object: Evidence that self-objectification disrupts women's social activism. Psychological Science, 24(3), 312–318. https://doi.org/10.1177/0956797612452574

Calogero, R. M., & Jost, J. T. (2011). Self-subjugation among women: Exposure to sexist ideology, self-objectification, and the protective function of the need to avoid closure. Journal of Personality and Social Psychology, 100(2), 211–228. https://doi.org/10.1037/a0021864

Centers for Disease Control and Prevention (2022). Contraception. https://www.cdc.gov/reproductivehealth/contraception/index.htm

Cockrill, K., & Nack, A. (2013). I'm not that type of person": Managing the stigma of having an abortion. Deviant Behavior, 34(12), 973–990. https://doi.org/10.1080/01639625.2013.800423

Collins, P. (1990). Black feminist thought: Knowledge, consciousness, and the politics of empowerment (2nd ed.). Routledge.

Cooper Owens, D. (2021). Listening to Black women save Black lives. The Lancet, 397(10276), 788–789. https://doi.org/10.1016/S0140-6736(21)00367-6

Crawford, B. L., LaRoche, K. J., & Jozkowski, K. N. (2022). Examining abortion attitudes in the context of gestational age. Social Science Quarterly, 103(4), 855–867. https://doi.org/10.1111/ssqu.13157

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. In K. T. Bartlett & R. Kennedy (Eds.), Feminist legal theory: Readings in law and gender (pp. 57–80). Routledge.

Criss, D. (2017, February 7). New law lets husbands sue to stop wives having abortion. CNN. https://www.cnn.com/2017/02/07/health/arkansas-rape-law-trnd/index.html

Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In D. T. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), The handbook of social psychology (4th ed, Vol. 2, pp. 504–553). Academic Press.

Crumpler, R. (2022, April 6). Standing their ground outside the abortion clinic. NC Policy Watch. https://ncpolicywatch.com/2022/04/06/standing-their-ground-outside-the-abortion-clinic/

Cutler, A. S., Lundsberg, L. S., White, M. A., Stanwood, N. L., & Gariepy, A. M. (2021). Characterizing community-level abortion stigma in the United States. Contraception, 104(3), 305–313. https://doi.org/10.1016/j.contraception.2021.03.021

Davis, A. (ed) (1981). Women, race, & class (1st ed.). Random House.

Davis, D. (2019). Radical Black birth workers. In D. Davis (Ed.), Reproductive injustice: Racism, pregnancy, and premature birth (pp. 57–80). New York University Press.

Davis, K. C. (2019). Stealthing": Factors associated with young men's nonconsensual condom removal. Health Psychology, 38(11), 997–1000. https://doi.org/10.1037/hea0000779

Dietz, E. (2021). Normal parents: Trans pregnancy and the production of reproducers. International Journal of Transgender Health, 22(1-2), 191–202. https://doi.org/10.1080/26895269.2020.1834483

Dobbs, V. (2022). Jackson Women's Health Organization, 597 U.S. https://www.oyez.org/cases/2021/19-1392

Duerksen, K. N., & Lawson, K. L. (2017). Not brain-washed, but heart-washed": A qualitative analysis of benevolent sexism in the antichoice stance. International Journal of Behavioral Medicine, 24(6), 864–870. https://doi.org/10.1007/s12529-017-9633-8

Esposito, L., & Romano, V. (2016). Benevolent racism and the co-optation of the Black Lives Matter movement. Western Journal of Black Studies, 40(3), 161–173. http://blog.richmond.edu/criticalracetheory/files/2019/01/Benevolent_Racism_and_the_Co-O.pdf

Evans, D. P., & Narasimhan, S. (2020). A narrative analysis of antiabortion testimony and legislative debate related to Georgia's fetal "heartbeat" abortion ban. Sexual and Reproductive Health Matters, 28(1), 215–231. https://doi.org/10.1080/26410397.2019.1686201

Finer, L. B., Frohwirth, L. F., Dauphinee, L. A., Singh, S., & Moore, A. M. (2005). Reasons U.S. women have abortions: Quantitative and qualitative perspectives. Perspectives on Sexual and Reproductive Health, 37(3), 110–118. https://doi.org/10.1363/3711005

Flynn, A. W., Domínguez, S. Jr, Jordan, R., Dyer, R. L., & Young, E. I. (2021). When the political is professional: Civil disobedience in psychology. American Psychologist, 76(8), 1217–1231. https://doi.org/10.1037/amp0000867

Foster, D. G. (ed) (2020). The Turnaway Study. Scribner.

Foster, D. G., Biggs, M. A., Ralph, L., Gerdts, C., Roberts, S., & Glymour, M. M. (2022). Socioeconomic outcomes of women who receive and women who are denied wanted abortions in the United States. American Journal of Public Health, 112(9), 1290–1296. https://doi.org/10.2105/AJPH.2017.304247

Fredrickson, B. L., & Roberts, T.-A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. Psychology of Women Quarterly, 21(2), 173–206. https://doi.org/10.1111/j.1471-6402.1997.tb00108.x

Furedi, A. (ed) (2021). The moral case for abortion: A defence of reproductive choice (2nd ed.). Springer Nature Limited.

Gervais, S. J., DiLillo, D., & McChargue, D. (2014). Understanding the link between men's alcohol use and sexual violence perpetration: The mediating role of sexual objectification. Psychology of Violence, 4(2), 156–169. https://doi.org/10.1037/a0033840

Glick, P., & Fiske, S. T. (1996). The Ambivalent Sexism Inventory: Differentiating hostile and benevolent sexism. Journal of Personality and Social Psychology, 70(3), 491–512. https://doi.org/10.1037/0022-3514.70.3.491

Glick, P., & Fiske, S. T. (2001). An ambivalent alliance: Hostile and benevolent sexism as complementary justifications for gender inequality. American Psychologist, 56(2), 109–118. https://doi.org/10.1037/0003-066X.56.2.109

Goffman, E. (ed) (1963). Stigma: Notes on the management of spoiled identity. Prentice-Hall.

Goldenberg, J. L. (2013). Immortal objects: The objectification of women as terror management. In S. J. Gervais (Ed.), Objectification and (de)humanization: 60th Nebraska symposium on motivation (pp. 73–95). Springer Science+Business Media. https://doi.org/10.1007/978-1-4614-6959-9_4

Goldenberg, J. L., & Roberts, T.-A. (2011). The birthmark: An existential account of the objectification of women. In R. M. Calogero, S. Tantleff-Dunn, & J. K. Thompson (Eds.), Self-objectification in women: Causes, consequences, and counteractions (pp. 77–99). American Psychological Association. https://doi.org/10.1037/12304-004

Gold, J., Hurley, L., Wachsmann, H., & Wilkins, R. (2015). How to talk about abortion: A guide to rights-based messaging. International Planned Parenthood Federation. https://www.ippf.org/sites/default/files/ippf_abortion_messaging_guide_web.pdf

Goodwin, M. (2020, July 1). The racist history of abortion and midwifery bans. American Civil Liberties Union. https://www.aclu.org/news/racial-justice/the-racist-history-of-abortion-and-midwifery-bans

Gotlib, A. (2016). But you would be the best mother": Unwoman, counterstories, and the motherhood mandate. Journal of Bioethical Inquiry, 13, 327–347. https://doi.org/10.1007/s11673-016-9699-z

Gould, H., Foster, D. G., Perrucci, A. C., Barar, R. E., & Roberts, S. C. M. (2013). Predictors of abortion counseling and receipt and helpfulness in the United States. Women's Health Issues, 23(4), e249–e255. https://doi.org/10.1016/j.whi.2013.05.003

Grace, K. T., & Anderson, J. C. (2018). Reproductive coercion: A systematic review. Trauma, Violence, and Abuse, 19(4), 371–390. https://doi.org/10.1177/1524838016663935

Grossman, D., & Verma, N. (2022). Self-managed abortion in the US. Journal of the American Medical Association, 328(17), 1693–1694. https://doi.org/10.1001/jama.2022.19057

Grzanka, P. R., & Frantell, K. A. (2017). Counseling psychology and reproductive justice: A call to action. The Counseling Psychologist, 45(3), 326–352. https://doi.org/10.1177/0011000017699871

Guss, C. E., Katz-Wise, S. L., Martey, E. B., & Goldberg, A. E. (2021). Family building desires among a sample of transgender and nonbinary students. Journal of GLBT Family Studies, 17(5), 470–481. https://doi.org/10.1080/1550428X.2021.1911013

Guttmacher Institute (2023, February 1). An overview of abortion laws. https://www.guttmacher.org/state-policy/explore/overview-abortion-laws

Hanschmidt, F., Linde, K., Hilbert, A., Riedel-Heller, S. G., & Kersting, A. (2016). Abortion stigma: A systematic review. Perspectives on Sexual and Reproductive Health, 48(4), 169–177. https://doi.org/10.1363/48e8516

Harris, L. F., Roberts, S., Biggs, M. A., Rocca, C. H., & Foster, D. G. (2014). Perceived stress and emotional social support among women who are denied or receive abortions in the United States: A prospective cohort study. BMC Women's Health, 14, Article e76. https://doi.org/10.1186/1472-6874-14-76

Henderson, G. (Host) (2021, January 28). What are the consequences of being denied an abortion? (No. 7) [Audio podcast episode]. In ACCESS: A Podcast About Abortion. Independent production. https://www.apodcastaboutabortion.com/episodes/episode-7-what-are-the-consequences-of-being-denied-an-abortion

Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. Proceedings of the National Academy of Sciences - PNAS, 113(16), 4296–4301. https://doi.org/10.1073/pnas.1516047113

Honkasalo, J. (2018). Unfit for parenthood? Compulsory sterilization and transgender reproductive justice in Finland. Journal of International Women's Studies, 20(1), 40–52. https://vc.bridgew.edu/jiws/vol20/iss1/4

Hooberman, L., & Ozoguz, S. (2022). Abortion, mental health and epistemologies of psychological knowledge and ignorance. Social and Personality Psychology Compass, 16(9), Article e12703. https://doi.org/10.1111/spc3.12703

Huang, Y., Davies, P. G., Sibley, C. G., & Osborne, D. (2016). Benevolent sexism, attitudes toward motherhood, and reproductive rights: A multi-study longitudinal examination of abortion attitudes. Personality and Social Psychology Bulletin, 42(7), 970–984. https://doi.org/10.1177/0146167216649607

Huang, Y., Osborne, D., Sibley, C. G., & Davies, P. G. (2014). The precious vessel: Ambivalent sexism and opposition to elective and traumatic abortion. Sex Roles, 71(11), 436–449. https://doi.org/10.1007/s11199-014-0423-3

Hughes, J. L., Camden, A. A., Yangchen, T., Smith, G. P. A., Rodríguez, M. M. D., Rouse, S. V., McDonald, C. P., & Lopez, S. (2022). Guidance for researchers when using inclusive demographic questions for surveys: Improved and updated questions. Psi Chi Journal of Psychological Research, 27(4), 232–255. https://doi.org/10.24839/2325-7342.JN27.4.232

Jackman, M. R. (1994). The velvet glove: Paternalism and conflict in gender, class, and race relations. University of California Press.

Jackson, C. M. (2022). Cazembe Murphy Jackson. Abortion Is Essential: Stories of Liberation. https://www.aclu.org/abortion-stories/cazembe-murphy-jackson

Jerman, J., Frohwirth, L., Kavanaugh, M. L., & Blades, N. (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. https://doi.org/10.1363/psrh.12024

Johnston-Robledo, I., Sheffield, K., Voigt, J., & Wilcox-Constantine, J. (2007). Reproductive shame: Self-objectification and young women's attitudes toward their reproductive functioning. Women & Health, 46(1), 25–39. https://doi.org/10.1300/J013v46n01_03

Johnston-Robledo, I., Wares, S., Fricker, J., & Pasek, L. (2007). Indecent exposure: Self-objectification and young women's attitudes toward breastfeeding. Sex Roles, 56(7), 429–437. https://doi.org/10.1007/s11199-007-9194-4

Jozkowski, K. N., Crawford, B. L., & Hunt, M. E. (2018). Complexity in attitudes toward abortion: Results from two studies. Sexuality Research and Social Policy, 15, 464–482. https://doi.org/10.1007/s13178-018-0322-4

Katz, I., & Hass, R. G. (1988). Racial ambivalence and American value conflict: Correlational and priming studies of dual cognitive structures. Journal of Personality and Social Psychology, 55(6), 893–905. https://doi.org/10.1037/0022-3514.55.6.893

Kelly, K. (2014). The spread of 'post abortion syndrome' as social diagnosis. Social Science & Medicine, 102, 18–25. https://doi.org/10.1016/j.socscimed.2013.11.030

Kittel, L. (2022, July 13). Strategies for combatting abortion disinformation in the post-Roe era. Stanford Social Innovation Review. https://ssir.org/articles/entry/strategies_for_combatting_abortion_disinformation_in_the_post_roe_era

Kortsmit, K., Jatlaoui, T. C., Mandel, M. G., Reeves, J. A., Oduyebo, T., Petersen, E., & Whiteman, M. K. (2020). Abortion surveillance – United States, 2018. MMWR Surveillance Summaries, 69(7), 1–29. https://doi.org/10.15585/mmwr.ss6907a1

Kroehle, K., Shelton, J., Clark, E., & Seelman, K. (2020). Mainstreaming dissidence: Confronting binary gender in social work's grand challenges. Social Work, 65(4), 368– 377. https://doi.org/10.1093/sw/swaa037

Kumar, A. (2013). Everything is not abortion stigma. Women's Health Issues, 23(6), e329–e331. https://doi.org/10.1016/j.whi.2013.09.001

Kumar, A., Hessini, L., & Mitchell, E. M. (2009). Conceptualising abortion stigma. Culture, Health & Sexuality, 11(6), 625–639. https://doi.org/10.1080/13691050902842741

Langton, R. (2009). Autonomy-denial in objectification. In R. Langton (Ed.), Sexual solipsism: Philosophical essays on pornography and objectification (pp. 223–240). Oxford University Press. https://doi.org/10.1093/acprof:oso/9780199247066.003.0011

Lee, S. J., Ralston, H. J. P., Drey, A. E., Partridge, J. C., & Rosen, M. A. (2005). Fetal pain: A systematic multidisciplinary review of the evidence. Journal of the American Medical Association, 294, 947–954. https://doi.org/10.1001/jama.294.8.947

Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. Annual Review of Sociology, 27(1), 363–385. https://doi.org/10.1146/annurev.soc.27.1.363

Lorde, A. (ed) (1984). Sister outsider: Essays and speeches. Crossing Press.

Lowik, A. (2019). Trans-inclusive abortion care: A manual for operationalizing trans-inclusive policies and practices in an abortion setting, United States. FQPN, National Abortion Federation. https://www.ajlowik.com/publications#/transinclusiveabortion

Lowik, A. J. (2017). Reproducing eugenics, reproducing while trans: The state sterilization of trans people. Journal of GLBT Family Studies, 14(5), 425–445. https://doi.org/10.1080/1550428X.2017.1393361

MacDonald, T. K., Walks, M., Biener, M., & Kibbe, A. (2021). Disrupting the norms: Reproduction, gender identity, gender dysphoria, and intersectionality. International Journal of Transgender Health, 22(1–2), 18–29. https://doi.org/0.1080/ 26895269.2020.1848692

MacLeod, C., Sigcau, N., & Luwaca, P. (2011). Culture as a discursive resource opposing legal abortion. Critical Public Health, 21(2), 237–245. https://doi.org/10.1080/09581596.2010.492211

Major, B., Appelbaum, M., Beckman, L., Dutton, M. A., Russo, N. F., & West, C. (2009). Abortion and mental health: Evaluating the evidence. American Psychologist, 64(9), 863–890. https://doi.org/10.1037/a0017497

Major, B., & Gramzow, R. H. (1999). Abortion as stigma: Cognitive and emotional implications of concealment. Journal of Personality and Social Psychology, 77(4), 735–745. https://doi.org/10.1037/0022-3514.77.4.735

McLeod, C. (2002). Mere and partial means: The full range of the objectification of women. Canadian Journal of Philosophy, 28, 219–244. https://doi.org/10.1080/00455091.2002.10717588

McMahon, J. M., & Kahn, K. B. (2016). Benevolent racism? The impact of target race on ambivalent sexism. Group Processes & Intergroup Relations, 19(2), 169–183. https://doi.org/10.1177/1368430215583153

Messing, A. J., Fabi, R. E., & Rosen, J. D. (2020). Reproductive injustice at the US border. American Journal of Public Health, 110(3), 339–344. https://doi.org/10.2105/AJPH.2019.305466

Mirandé, A. (2016). Hombres mujeres: An Indigenous third gender. Men and Masculinities, 19(4), 384–409. https://doi.org/10.1177/1097184X15602746

Mohr, J. J., Weiner, J. L., Chopp, R. M., & Wong, S. J. (2009). Effects of client bisexuality on clinical judgment: When is bias most likely to occur? Journal of Counseling Psychology, 56(1), 164–175. https://doi.org/10.1037/a0012816

Mollen, D., & Abbott, D. M. (2022). Sexuality as a competency: Advancing training to serve the public. Training and Education in Professional Psychology, 16(3), 280–286. https://doi.org/10.1037/tep0000378

Mollen, D., Burnes, T., Lee, S., & Abbott, D. M. (2018). Sexuality training in counseling psychology. Counselling Psychology Quarterly, 33(3), 375–392. https://doi.org/10.1080/09515070.2018.1553146

Mollen, D., Hargons, C., Klann, E. M., & Mosley, D. V. (2018). Abortion knowledge and attitudes among psychologists and graduate students. The Counseling Psychologist, 46(6), 738–760. https://doi.org/10.1177/0011000018795296

Montoya, M. N., Judge-Golden, C., & Swartz, J. J. (2022). The problems with crisis pregnancy centers: Reviewing the literature and identifying new directions for future research. International Journal of Women's Health, 14, 757–763. https://doi.org/10.2147/IJWH.S288861

Moore, I. (2019). Indignity in unwanted pregnancy: Denial of abortion as cruel, inhuman and degrading treatment. The International Journal of Human Rights, 23(6), 1010–1027. https://doi.org/10.1080/13642987.2019.1592160

Morrison, J. C. (2019). Resuscitating the Black body: Reproductive justice as resistance to the state's property interest in Black women's reproductive capacity. Yale Journal of Law & Feminism, 31(1), 35–56. https://doi.org/ https://openyls.law.yale.edu/handle/20.500.13051/7124

Moseson, H., Fix, L., Hastings, J., Stoeffler, A., Lunn, M. R., Flentje, A., Lubensky, M. E., Capriotti, M. R., Ragosta, S., Forsberg, H., & Obedin-Maliver, J. (2021). Pregnancy intentions and outcomes among transgender, nonbinary, and gender-expansive people assigned female or intersex at birth in the United States: Results from a national, quantitative survey. International Journal of Transgender Health, 22(1-2), 30–41. https://doi.org/10.1080/26895269.2020.1841058

Moseson, H., Fix, L., Ragosta, S., Forsberg, H., Hastings, J., Stoeffler, A., Lunn, M. R., Flentje, A., Capriotti, M. R., Lubensky, M. E., & Obedin-Maliver, J. (2021). Abortion experiences and preferences of transgender, nonbinary, and gender-expansive people in the United States. American Journal of Obstetrics and Gynecology, 224(4), Article e376. https://doi.org/10.1016/j.ajog.2020.09.035

National Abortion Federation (2022). 2021 violence & disruption statistics. https://prochoice.org/wp-content/uploads/2021_NAF_VD_Stats_Final.pdf

National Academies of Sciences, Engineering, and Medicine (2018). The safety and quality of abortion care in the United States. The National Academies Press. https://doi.org/10.17226/24950

National Asian Pacific American Women's Forum (2014, June). Replacing myths with facts: Sex selective abortion laws in the United States. https://www.napawf.org/our-work/content/replacing-myths-with-facts

National Association of Social Workers Delegate Assembly (2017). Reproductive justice. In National association of social workers delegate assembly, social work speaks, 11th edition: NASW policy statement- 2018-2020 (11th ed., pp. 265–277). NASW Press.

Nixon, L. (2013). The right to (trans) parent: A reproductive justice approach to reproductive rights, fertility, and family-building issues facing transgender people. William and Mary Journal of Women and the Law, 20(1), 73–103. https://scholarship.law.wm.edu/wmjowl/vol20/iss1/5

Norris, A., Bessett, D., Steinberg, J. R., Kavanaugh, M. L., De Zordo, S., & Becker, D. (2011). Abortion stigma: A reconceptualization of constituents, causes, and consequences [Supplement]. Women's Health Issues, 21(3), 49–54. https://doi.org/10.1016/j.whi.2011.02.010

Nussbaum, M. C. (1995). Objectification. Philosophy & Public Affairs, 24(4), 249–291. https://doi.org/10.1111/j.1088-4963.1995.tb00032.x Okun, T. (2022). What is white supremacy culture? White Supremacy Culture. https://www.whitesupremacyculture.info/what-is-it.html

Osborne, D., & Davies, P. G. (2012). When benevolence backfires: Benevolent sexists' opposition to elective and traumatic abortion. Journal of Applied Social Psychology, 42(2), 291–307. https://doi.org/10.1111/j.1559-1816.2011.00890.x

Osborne, D., Huang, Y., Overall, N. C., Sutton, R. M., Petterson, A., Douglas, K. M., Davies, P. G., & Sibley, C. G. (2022). Abortion attitudes: An overview of demographic and ideological differences. Political Psychology, 43(S1), 29–76. https://doi.org/10.1111/pops.12803

Pearce, R., Hines, S., Pfeffer, C., Riggs, D., Ruspini, E., & White, F. (2019, September 26). Of trans fathers and male mothers – the importance of centering experience: Trans pregnancy. Trans Pregnancy Project. https://trans-pregnancy.leeds.ac.uk/2019/09/26/of-trans-fathers-and-male-mothers-the-importance-of-centering-experience

Pérez, M. Z. (2011, March 3). Past and present collide as the Black anti-abortion movement grows. Colorlines. https://www.colorlines.com/articles/past-and-present-collide-black-antiabortion-movement-grows

Pew Research Center (2022). America's abortion quandary. https://www.pewresearch.org/religion/2022/05/06/americas-abortionquandary/

Pezaro, S., Crowther, R., Pearce, G., Jowett, A., Godfrey-Isaacs, L., Samuels, I., & Valentine, V. (2023). Perinatal care for trans and nonbinary people birthing in heteronormative "maternity" services: Experiences and educational needs of professionals. Gender & Society, 37(1), 124–151. https://doi.org/10.1177/08912432221138086

Planned Parenthood of Southeastern Pennsylvania v. Casey, 505 U.S. 833 (1992). https://www.oyez.org/cases/1991/91-744

Quinn, D. M., & Earnshaw, V. A. (2013). Concealable stigmatized identities and psychological well-being. Social and Personality Psychology Compass, 7(1), 40–51. https://doi.org/10.1111/spc3.12005

Radi, B. (2020). Reproductive injustice, trans rights, and eugenics. Sexual and Reproductive Health Matters, 28(1), Article e1824318. https://doi.org/10.1080/26410397.2020.1824318

Ralph, L. J., Schwarz, E. B., Grossman, D., & Foster, D. G. (2019). Self-reported physical health of women who did and did not terminate pregnancy after seeking abortion services: A cohort study. Annals of Internal Medicine, 171(4), 238–247. https://doi.org/10.7326/m18-1666

Riggs, D. W., & Bartholomaeus, C. (2020). Toward trans reproductive justice: A qualitative analysis of views on fertility preservation for Australian transgender and non-binary people. Journal of Social Issues, 76(2), 314–337. https://doi.org/10.1111/josi.12364

Roberti, A. (2021). Women deserve better:" The use of the prowoman frame in anti-abortion policies in US states. Journal of Women, Politics & Policy, 42(3), 207–224. https://doi.org/10.1080/1554477X.2021.1925478

Roberts, D. (2015, Fall). Reproductive justice, not just rights. Dissent, 62(4), 79–82. https://www.dissentmagazine.org/article/reproductive-justice-not-just-rights

Roberts, D. (ed) (2017). Killing the Black body (2nd ed.). Vintage Books.

Roberts, S., Biggs, M. A., Chibber, K. S., Gould, H., Rocca, C. H., & Foster, D. G. (2014). Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion. BMC Medicine, 12, Article e144. https://doi.org/10.1186/s12916-014-0144-z

Roberts, T. A., Calogero, R. M., & Gervais, S. J. (2018). Objectification theory: Continuing contributions to feminist psychology. In C. B. Travis, J. W. White, A. Rutherford, W. S. Williams, S. L. Cook, & K. F. Wyche (Eds.), APA handbook of the psychology of women: History, theory, and battlegrounds (pp. 249–271). American Psychological Association. https://doi.org/10.1037/0000059-013

Roberts, T.-A., Goldenberg, J. L., Power, C., & Pyszczynski, T. (2002). Feminine protection": The effects of menstruation on attitudes towards women. Psychology of Women Quarterly, 26(2), 131–139. https://doi.org/10.1111/1471-6402.00051

Rocca, C. H., Samari, G., Foster, D. G., Gould, H., & Kimport, K. (2020). Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma. Social Science & Medicine, 248, Article e112704. https://doi.org/10.1016/j.socscimed.2019.112704

Roe v. Wade, 410 U.S. 113 (1973). https://www.oyez.org/cases/1971/70-18

Ross, L. (2020). Understanding reproductive justice. In C. R. McCann, S.-K. Kim, & E. Ergun (Eds.), Feminist theory reader: Local and global perspectives (5th ed., pp. 77–82). Routledge.

Sabola, S., Kim, J., & Sheppard, C. C. (2022). Perinatal care for individuals with a history of sexual trauma. Nursing for Women's Health, 26(5), 371–378. https://doi.org/10.1016/j.nwh.2022.07.010

Sajjad, A. (2016, March 14). I am not someone's sister, mother, wife, or daughter: I am someone, all on my own. Elephant Journal. https://www.elephantjournal.com/2016/03/i-am-not-someones-sister-mother-wife-or-daughter-i-am-someone-all-on-my-own/

Serfaty, D. (2019). Update on the contraceptive contraindications. Journal of Gynecology, Obstetrics and Human Reproduction, 48(5), 297–307. https://doi.org/10.1016/j.jogoh.2019.02.006

Shellenberg, K. M., Moore, A. M., Bankole, A., Juarez, F., Omideyi, A. K., Palomino, N., Sathar, Z., Singh, S., & Tsui, A. O. (2011). Social stigma and disclosure about induced abortion: Results from an exploratory study [Supplement]. Global Public Health, 6(1), S111–S125. https://doi.org/10.1080/17441692.2011.594072

SisterSong (n.d.). Reproductive justice. https://www.sistersong.net/reproductive-justice

Smith, A. (2005). Beyond pro-choice versus pro-life: Women of color and reproductive justice. NWSA Journal, 17(1), 119– 140. https://doi.org/10.2979/nws.2005.17.1.119

Smith, W., Turan, J. M., White, K., Stringer, K. L., Helova, A., Simpson, T., & Cockrill, K. (2016). Social norms and stigma regarding unintended pregnancy and pregnancy decisions: A qualitative study of young women in Alabama. Perspectives on Sexual and Reproductive Health, 48(2), 73–81. https://doi.org/10.1363/48e9016

Sufrin, C. B., Creinin, M. D., & Chang, J. C. (2009). Incarcerated women and abortion provision: A survey of correctional health providers. Perspectives on Sexual and Reproductive Health, 41(1), 6–11. https://doi.org/10.1111/j.1931-2393.2009.4110609.x

Supreme Court of the United States & Heritage Reporting Corporation (2021). Oral argument, Thomas E. Dobbs v. Jackson Women's Health Organization et al. https://www.supremecourt.gov/oral_arguments/argument_transcripts/2021/19-1392_4425.pdf

Swan, L. E. T. (2021). The impact of US policy on contraceptive access: A policy analysis. Reproductive Health, 18, 235. https://doi.org/10.1186/s12978-021-01289-3

Tebbe, E. A., Simone, M., Wilson, E., & Hunsicker, M. (2022). A dangerous visibility: Moderating effects of antitrans legislative efforts on trans and gender-diverse mental health. Psychology of Sexual Orientation and Gender Diversity, 9(3), 259–271. https://doi.org/10.1037/sgd0000481

Trumpy, A. J. (2014). Woman vs. fetus: Frame transformation and intramovement dynamics in the pro-life movement. Sociological Spectrum, 34(2), 163–184. https://doi.org/10.1080/02732173.2014.878624

Vasquez, M.J.T. (2007). Cultural difference and the therapeutic alliance: An evidence based analysis. American Psychologist, 62(8), 878–885. https://doi.org/10.1037/0003-066X.62.8.878

Vincent, B. W. (2018). Studying trans: Recommendations for ethical recruitment and collaboration with transgender participants in academic research. Psychology & Sexuality, 9(2), 102–116. https://doi.org/10.1080/19419899.2018.1434558

Von Hagel, A., & Mansbach, D. (2016). Love them both: Pro-life is pro-women. In A. Von Hagel & D. Mansbach (Eds.), Reproductive rights in the age of human rights (pp. 87–140). Palgrave Macmillan. https://doi.org/10.1057/978-1-137-53952-6_2

Walker, B. S., & Spengler, P. M. (1995). Clinical judgment of major depression in AIDS patients: The effects of clinician complexity and stereotyping. Professional Psychology: Research and Practice, 26(3), 269–273. https://doi.org/10.1037/0735-7028.26.3.269

Walters, K. L., Evans-Campbell, T., Simoni, J. M., Ronquillo, T., & Bhuyan, R. (2006). My spirit in my heart": Identity experiences and challenges among American Indian two-spirit women. Journal of Lesbian Studies, 10(1-2), 125–149. https://doi.org/10.1300/J155v10n01_07

Westhoff, C. L., Heartwell, S., Edwards, S., Zieman, M., Stuart, G., Cwiak, C., Davis, A., Robilotto, T., Cushman, L., & Kalmuss, D., & Quick Start Study Group. (2007). Oral contraceptive discontinuation: Do side effects matter? American Journal of Obstetrics and Gynecology, 196(4), Article e412. https://doi.org/10.1016/j.ajog.2006.12.015