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GESTATING TYRANNY: RELIGION AS A THROUGHLINE IN ABORTION STIGMATIZATION, EXCEPTIONALISM, AND CRIMINALIZATION IN THE U.S. FROM *ROE* TO *DOBBS* AND BEYOND

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GESTATING TYRANNY: RELIGION AS A THROUGHLINE IN ABORTION STIGMATIZATION, EXCEPTIONALISM, AND CRIMINALIZATION IN THE U.S. FROM *ROE* TO *DOBBS* AND BEYOND

A DISSERTATION APPROVED FOR THE
DEPARTMENT OF SOCIOLOGY

BY THE COMMITTEE CONSISTING OF

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Personal Statement

Sociology is a collaborative discipline, and as such, my gratitude for the people who have made invaluable contributions to my development as a sociologist and criminologist extends all the way back to my training at Southern Illinois University Edwardsville in 2011-2013, where scholar-teacher-activists like Connie Frey-Spurlock, Mark Hedley, Liz Stygar, Ezra Temko, and especially Linda Markowitz fed my curiosity and met my dogmatic and ideologically-driven stubbornness with heaps of kindness, humor, and empirical evidence.

A decade later, I was able to come to the University of Oklahoma because I have a partner, spouse, and best friend who never wavered in his belief in my intellectual and personal capacity to become a scholar-teacher-activist in my own right, and because we co-parent a crew of five of the most amazing, adventurous, growing-too-fast humans, who all cast silent ballots to "go," happily moving across the country in support of their mom's pursuit of higher education.

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rigorous knowledge production but also of social justice —especially to Wendy Dedmond and Taylor Gamble, with me from day one, and Emily Bonner, Ami Frost, and Liz McElroy, who came into my corner, too—and to a growing network of coauthors. To all these people—only a few named or mentioned, but many more for whom space precludes enumeration or allusion—I express my sincere gratitude.

To the powers that be at the University of Oklahoma, I would be remiss if I failed to take one more opportunity to ask you to return to its rightful owner—Dr. Léone Meyer, a survivor of the Holocaust—the 1886 Pissaro painting, "Shepherdess Bringing in the Sheep," stolen by the Nazis in 1941. There is no redemption for the presence of this painting on the OU campus but returning it to Dr. Meyer would be a powerfully symbolic redemptive act for our world.

Finally, I want to dedicate this dissertation to my parents. Mom, thank you for reading to me for hours on end before I could read for myself, and for always keeping your door and your heart open to your defiant youngest who became an abortion researcher—I love you. Dad, the trees are about to sprout new leaves for the first time since you've been gone. How I wish you could be here to see spring in Oklahoma when I walk across the stage; autumn in West Virginia when I start my career. Thank you for planting so many thousands of trees, and for reminding me their shade would be for my children's children. May we all tend to our spheres of influence like my dad did his Illinois farmland; along with him and our First American siblings, may we all think of what shade will be cast by the seeds we're planting now—unto the seventh generation.

Professional Statement:

Popy Begum and Christopher H. Seto were coauthors for a published article that closely mirrors Chapter Three of this dissertation. The full citation for that piece is listed below. I was responsible for methodological decisions, implementation, and reporting of results, and led project framing, while we collaborated on the literature review and discussion sections. Their support, sociological insights, and guidance through the publication process were invaluable.

Schmidgall, Darci K., Popy Begum, and Christopher H. Seto. 2025. "Deciding for Her: Religio-Political Conservatism, Christian Nationalism, and Public Opposition to Legal Abortion Across Circumstances." *The Sociological Quarterly* 1–27. doi:10.1080/00380253.2025.2596588.

ABSTRACT

In this dissertation, I address the sociology of abortion within the context of the United States from the *Roe* era through the *Dobbs* Supreme Court ruling and its immediate aftermath, considering the sociological and criminological implications of the removal of the federal government's guarantee through the second trimester of pregnancy of a right to an abortion.

In Chapter One, I develop a comprehensive theory of abortion destigmatization in four tenets. In tenet one, I address linguistic and conceptual shortcomings surrounding the phrase "abortion stigma." In tenet two, I emphasize the fundamental necessity and utility of intersectionality for a theory of abortion destigmatization and preference reproductive justice frames over reproductive choice frames. In tenet three, I outline how dominant forms of abortion stigmas evidence biopower at work across the political spectrum, and in tenet four, I reconcile a symbolic-interactionist approach to stigma theorizing (in line with Goffman) with the social process-based approach to stigma theorizing (in line with Foucault) that Erica Millar recently argued abortion stigma research should emulate. I then discuss implications of the theory.

In Chapter Two, I investigate the stigmatizing role of state biopolitical incursion into personal reproductive decisions, constructing a panel dataset from a variety of sources of state-level sociopolitical predictors, including abortion opposition strategies and policies, along with covariates that previous research leads me to expect would be associated with state abortion opposition. I estimate a hybrid (between- and within-effects) linear regression model predicting state-year abortion rates. Results suggest that a positive association exists between some formal mechanisms of state abortion opposition (biopower) and corresponding state abortion rates when comparing states in given years where such mechanisms were enacted with states in given years where no such mechanisms existed. I theorize that people facing pregnancies stigmatized by the

sort of religio-political conservative rhetoric that is often consistent with state biopolitical abortion opposition tactics may choose abortion as a means of avoiding enduring stigmas associated with non-normative family formation and mothering/parenting scenarios.

In Chapter Three, my co-authors and I investigate the mediating role of Christian nationalism, an ideology melding certain conservative religious views with beliefs about American civic life, on well-established political and religious predictors of opposition to legal abortion access across both social-sphere circumstances (poverty, desired family size, marital status) and physical-sphere circumstances (rape, life/health of mother, and fetal defects). We use a structural equation modeling (SEM) approach to mediation. Our SEM mediation model estimated that Christian nationalism played a strong mediating role in shaping opposition to legal abortion across circumstances. However, both the associations between traditional religio-political predictors and the mediation by Christian nationalism were weaker for opposition under physical-sphere circumstances. We consider whether these data suggest the norm of "abortion exceptionalism," an approach to public policy making where abortion is held to a different (more stringent) standard than comparable procedures, has the counter-intuitive capacity to convince ardent abortion opponents to support legal abortion in some circumstances.

Throughout this dissertation, I theoretically and empirically investigate the implications for gender equity, racial and social justice, and the sustainability of democratic governance that various social and legal barriers may have—abortion stigmatization, exceptionalism, and criminalization—when implemented to curtail/control uterine-bearing people's bodily autonomy.

Keywords: abortion destigmatization theory, biopower, abortion exceptionalism, abortion criminalization, hybrid regression, structural equation modeling (SEM) and mediation, Christian nationalism, reproductive justice

INTRODUCTION

Over the last half century in the United States, powerful religious leaders, conservative politicians, and traditionalist social movement actors have sacralized and moralized abortion opposition in ways that fundamentally shape the landscape of abortion politics and the broader cultural intelligibility of abortion in the U.S. today (Balmer 2007; Holland 2020; Kobes DuMez 2020; Ziegler 2023). Political scientists argue that, shortly after the *Roe* decision, elite actors forming the Religious Right began to operationalize top-down processes to cement conservative Christian and Republican identities with abortion opposition—tactics that have proven remarkably effective in establishing a loyal voter bloc (Adams 1997; Carmines et al. 2010; Carmines and Woods 2002). While religion does not take center stage in every chapter of this dissertation, the topics I explore are all intricately related to the sacralization of abortion opposition. The religious and moral influences that have so profoundly shaped the U.S. "abortion imaginary" (Bruce, Hutchens, and Cowan 2024:10) form a throughline interweaving the sociological analysis of abortion meaning making, governmental abortion policy, and public attitudes toward abortion presented throughout this dissertation.

In Chapter One, I address the moral conjuring of abortion stigmas and theorize how the social processes of abortion destigmatization and legitimation must contend with abortion sacralization in order to gain traction. In Chapter Two, I analyze the [unintended] consequences of anti-abortion state policies and the social, political, and religious contexts that support government programs channeling public moneys into abortion opposition efforts. Finally, in Chapter Three, I explore the associations between various religio-political influences, mediated by Christian nationalism, and individual adherence to the norm of "abortion exceptionalism," an approach to abortion policy making that holds abortion to an elevated standard in comparison to

similar public health matters (Joffe and Schroeder 2021). Importantly, across all three chapters, the sway of individual religious beliefs is visible, but as sociologist of religion Samuel L. Perry (2024) theorized, religion operates as a powerful vehicle for *belonging*, informing our intuitive moral driving force—what Jonathan Haidt (2013) likened to an elephant on which our rational thinking and believing person rides—*before* religion informs our deeply held *beliefs*. Therefore, I endeavor to treat religious meso- and macro-level organizing and group structuration as having as much or more salience than individual religious beliefs in the social construction of abortion.

My attention to religious influences in the sociology of abortion reflects empirical evidence of the formative and leading role religion plays in shaping abortion attitudes across levels of analysis (Adamczyk, Kim, and Dillon 2020; Adamczyk 2022). Additionally, in keeping with Sprague (2016), I closely attend to the religious dimensions and morality politics of abortion in order to exercise feminist methodological reflexivity, my own background and upbringing having been steeped in conservative evangelicalism and moral opposition to abortion. It was necessary for me to grapple with my own deeply held, hardline moral and religious view that abortion was fundamentally immoral before I could approach the possibility of performing any rigorous, sociological analysis of abortion. I had to cognitively decouple the moral values and religious beliefs venerating fetal personhood and the protection of fetal life as an end goal so righteous that nearly any means necessary to achieve it could be legitimated from the social phenomena of (1) healthcare systems providing comprehensive reproductive healthcare for agentic individuals, (2) governments creating and enforcing laws that exert reproductive control, and (3) the routinized invocation of public attitudes warm to state reproductive control.

There is evidence that such cognitive decoupling is often left undone even in academic work around abortion and in left-wing "pro-choice" meaning making spaces (Millar 2017),

which is in part what led me to develop a theory of abortion destigmatization (Chapter One). In point of fact, while the sort of state reproductive controls (Chapter Two) and the norm of abortion exceptionalism (Chapter Three) developed **during the *Roe* era** may appear tame relative to the threats and enactments of abortion bans and criminalization happening under *Dobbs*, they all share the same illiberal quality. Can our current system of governance be so flexible as to permit humans being enslaved as incubators—in order to achieve the sacralized end goal of bestowing civil liberties at conception (or some other moment of in uterine development)—of a *right* to be born? How long can our cultural value system sustain the collective cognitive dissonance required to venerate personal responsibility, individual freedom, and the rights to privacy and to own private property on the one hand and withhold from some of our fellow citizens the right to personal reproductive decision-making and independent control over one's own bodily resources on the other? These sorts of sociological questions can only crystallize as the sacralization of abortion opposition is deconstructed.

Global and national history certainly demonstrate that there is no shortage of sustainable means of organizing and governing society that allow for state reproductive control—even, at times, neoliberal means. Intersectional feminist scholarship demonstrates that state reproductive control hinges on the legitimation of hetero-patriarchy and the minoritization (to varying degrees) of uterine-bearing people (Collins 2004; Mohanty 2006; Roberts 1997, 2015; Tong and Botts 2018). Since Christianity in both the past and present United States effectively facilitates the neoliberalism and hetero-patriarchy that enables abortion stigmatization, exceptionalism, and criminalization (Daly 1975; Griffith 1997; Stewart, Edgell, and Delehanty 2025), the topic of religion necessarily bobs and weaves its way through the pages of this dissertation. I explore abortion stigmatization processes legitimating state reproductive control, state policies enacting

reproductive control mechanisms, and exceptionalist attitudes favoring [limited?] reproductive control. All the while, I keep in mind the tensions across levels of analysis and that the same sort of top-down political pressure that elite Republicans used to impose abortion opposition on the party platform in the 1970s and 1980s (Adams 1997; Carmines et al. 2010; Carmines and Woods 2002) likely operates in religious spheres as well. As sociologist of religion Sam Perry (2024:99) theorizes, "…we are bodies [first], then belongers, then believers." In other words, while reproduction begins with our biology, attitudes toward reproductive control are shaped by the groups we belong to, and techniques of control are symbiotically legitimated by group authority and serve to legitimate group authority.

Chapter One: Stigmas, Norms, Power, and the Social Order: Developing a Theory of Abortion Destigmatization in the Aftermath of *Dobbs*

CHAPTER ONE INTRODUCTION

Nestled within section VIII of the majority's written opinion in the 1973 U.S. Supreme Court *Roe v. Wade* ruling, a word appeared that had only recently, following the publication of Erving Goffman's (1963) book subtitled *Notes on the Management of Spoiled Identity*, been solidified as a stalwart sociological concept. That word, of course, was stigma. The court's majority enumerated several factors that a woman[1] may weigh while engaging in the decision of whether or not to terminate a pregnancy, including "the additional difficulties and continuing *stigma of unwed motherhood*…" (*Roe v. Wade* 1973, emphasis added). It was not until some decades later that an academic subfield devoted to abortion stigma began to develop, and some researchers raised important criticisms of early frameworks, cautioning against the use of vague conceptualizations that are prone to conflation (Kumar 2013), overly individualistic (Footman 2025), or inadvertently reify negative socio-cultural biases toward abortion (Baird and Millar 2019; Kimport and Weitz 2024; Millar 2017, 2020).

In this chapter, I begin by outlining the development of the subfield of abortion stigma literature, which to my knowledge as of this writing, does not include any comprehensive sociological theory of abortion destigmatization[2]. I then identify a particular, recent moment as marking a potential turning point for the subfield—the publication of Erica Millar's (2020) article entitled "Abortion Stigma as a Social Process." By highlighting inconsistencies in

[1] While transgender, nonbinary, and gender-expansive people assigned female or intersex at birth may also experience pregnancy and need reproductive healthcare including abortion (Moseson et al. 2021), I use "woman" here to match the language in the *Roe* opinion, while employing agender terms elsewhere to encompass all people who experience pregnancy and abortion.

[2] As one anonymous reviewer pointed out, this is likely due to the fact that much of the abortion stigma literature has been driven by the field of public health, which is often atheoretical. For examples of empirical studies engaging the term "abortion destigmatization," see Mosley (2018); Mosley et al. (2017); Mosley et al. (2020).

subsequent scholarly engagement with Millar (2020), I develop a foundational justification for the theoretical endeavor I undertake in this chapter. Ultimately, I will also argue that the task of constructing a theory of abortion destigmatization is a vehicle for accomplishing disciplinary reflexivity in sociology.

I develop a comprehensive theory of abortion destigmatization with four tenets. In tenet one, I point out and remediate certain linguistic inadequacies in discursive norms around abortion stigma(s) and highlight the utility of Foucauldian power analysis for abortion discourse (Deutscher 2008; Millar 2020). In tenet two, I ground the theorizing of abortion destigmatization in an intersectional reproductive justice framework (Luna and Luker 2013; Ross 2017), which requires consideration of the full range of stigmas that a pregnant person may face when considering abortion, including—as enumerated in the above quote by Justice Blackmun, author of the majority *Roe* opinion—related stigmata tied to gender, family, sex, and reproduction (Strong, Coast and Nandagiri 2023).

In tenet three, I arrive at the heart of the theory of abortion destigmatization I put forward: the "discursive terrain" often "cede[d]…to the anti-abortion movement" (Millar 2017:97) of the U.S. Religious Right, namely, that which surrounds fetocentrism and the sacralization of abortion politics, attitudes, and incidences (Adamczyk 2022; 2025; Deckman et al. 2023; Emerson 1996; Harris and Mills 1985; Hoffmann and Johnson 2005). Rather than being wholly distinct from the treatment of abortion by the U.S. Secular Left, however, I argue that fetocentrism and abortion sacralization are merely conservative forms of abortion stigmas, and that the neoliberal rhetoric of choice legitimating legal abortion and constructing abortion exceptionalism in the U.S. during the *Roe* era also produced abortion stigmas (Millar 2017). Constructed on both the Right and Left of the U.S. political divide, these dominant forms of

abortion stigmas have in common that they are each a manifestation of technologies of biopower (Foucault 1997) "irrigating" the social order (Browne 2006, as cited by Millar 2020). The final core tenet of my theory of abortion destigmatization outlines the indispensability of symbolic-interactionism, emphasizing "norm centrality" and norm-stigma relationality (Worthen 2023). I use universes of motherhood norms to illustrate the interplay between cultural norms and culture-specific abortion stigmas. (In Chapter 2 of this dissertation, I return to the specific motherhood norms-abortion stigmas interplay, as I report results from a longitudinal analysis of the association between state biopolitical mechanisms of abortion opposition with corresponding abortion incidences.)

In the discussion section for this chapter, I offer suggestions for what an abortion destigmatization research agenda might look like and engage with abortion policy implications in the increasingly punitive climate of the post-*Roe* U.S. I conclude that the implications of the theoretical pursuit I undertake in this chapter, to move sociology beyond abortion negativities, extend across a variety of sociological subfields by speaking to the social justice orientation of the discipline (Romero 2020). Further, I hazard a warning that sociologists must maintain a Foucauldian awareness of the biopolitical interests that may drive ethno-nationalist, hetero-patriarchal and [neo-]authoritarian leaders to coopt big data and population-level analyses. Sociological work need not be unduly helpful to biopower players seeking to optimize, regularize, and otherwise manipulate the fertility, morbidity, and mortality of stratified subgroups according to their perceived hierarchical value.

The Development of a Subfield: Abortion Stigma Research

It was not until well into the 21st century that scholars began to develop systematic theories of and empirical measurements for abortion stigma. Kumar, Hessini, and Mitchell

(2009:625), acknowledging the "poorly theorised" state of scholarly conversation around abortion stigma, published a foundational work theorizing the localized and power-contextualized nature of abortion stigma as stemming from violations of "feminine" ideals. Norris et al. (2011:S49) echoed the assessment of abortion stigma as "under-researched and under-theorized," and argued for an expanded conceptualization to include politically motivated weaponizations of stigma as well as negativity linked to misperceptions of the health and cleanliness of abortion and discourses constructing fetal personhood. Then, in 2012, an 11-country strong international team of researchers and practitioners convened in Italy, producing actionable definitions of and responses to abortion stigma (Hessini 2014). Although Hanschmidt et al. (2016), in their 2016 systematic review of empirical studies of abortion stigma, maintained that "little attention has been paid to the study of abortion-related stigma" (Hanschmidt et al. 2016:169), in subsequent years, the subfield proved to have been on the cusp of a balloon.

Indeed, while *Roe* held precedent, research activity around abortion stigma went on to develop considerably. Theorists honed the bounds of the concept of abortion stigma (Kumar 2013) and emphasized the processual nature of abortion stigmatization (Millar 2020) while empirical studies explored the causes, consequences, and modalities of abortion stigma (Biggs, Brown, and Greene Foster 2020; Bommaraju et al. 2016; Cockrill and Biggs 2018; Cowan 2017; Cutler et al. 2021; Martin et al. 2014a; Patev, Hood, and Hall 2019; Sorhaindo and Lavelanet 2022). Researchers advanced standardized scales measuring experiences with stigma surrounding abortion care, both from the perspective of those receiving (Cockrill et al. 2013; Shellenberg, Hessini, and Levandowski 2014; Wollum, Makleff and Baum 2021; for a review, see Ratcliffe et al. 2023) and those providing care (Martin et al. 2014b; Martin et al. 2018).

After the Supreme Court handed down the June 2022 ruling in *Dobbs v. Jackson*, which [re]permitted total state restriction or outright criminalization of abortion, U.S. abortion stigma research necessarily began to shift in order to account for the potential for criminal sanctioning and further-decreased accessibility of abortion (see e.g., Baker et al. 2023; Jozkowski et al. 2023; O'Shea and Watson 2025; Pacilli et al. 2024). Researchers investigating other national contexts have discussed similar considerations made due to analogous shifts in legal contexts across time or space (Baird et al. 2022; Broussard 2020; Footman 2025; Millar 2023), considerations which Footman (2025) identified as evidence of a need for a structural approach to stigma framing. Even in the initial stages of abortion stigma research development, though, in the recommendations from the earlier-mentioned international abortion stigma working group, researchers had stressed the need for analyses ranging from the most macro framing discourses and mass culture down to the individual level (Hessini 2014).

Yet systematic and scoping reviews of abortion stigma research have consistently found macro-level analyses to be scant (Hanschmidt et al. 2016; Moore et al. 2021; Sorhaindo and Lavelanet 2022; Sorhaindo and Loi 2022), and the consequences of this overreliance on a micro-analytical lens are worth considering. Without analyzing anti-abortion framing discourses and anti-abortion structural and organizational resources, abortion stigma researchers were hard pressed to foresee a need to engage with any potentialities (i.e., those enabled by the *Dobbs* ruling) outside the auspices of *Roe*. Similarly, abortion attitudes research produced *Roe*-era studies grounded in a presumption of the permanency of abortion legalization, analyzing survey data consistently limited to measurements of attitudes toward legal abortion, and virtually never querying attitudes toward abortion bans, criminalization, or support for possible sanctions of illegal abortions (Crawford et al. 2023; Schmidgall, Perry, and Grubbs 2025).

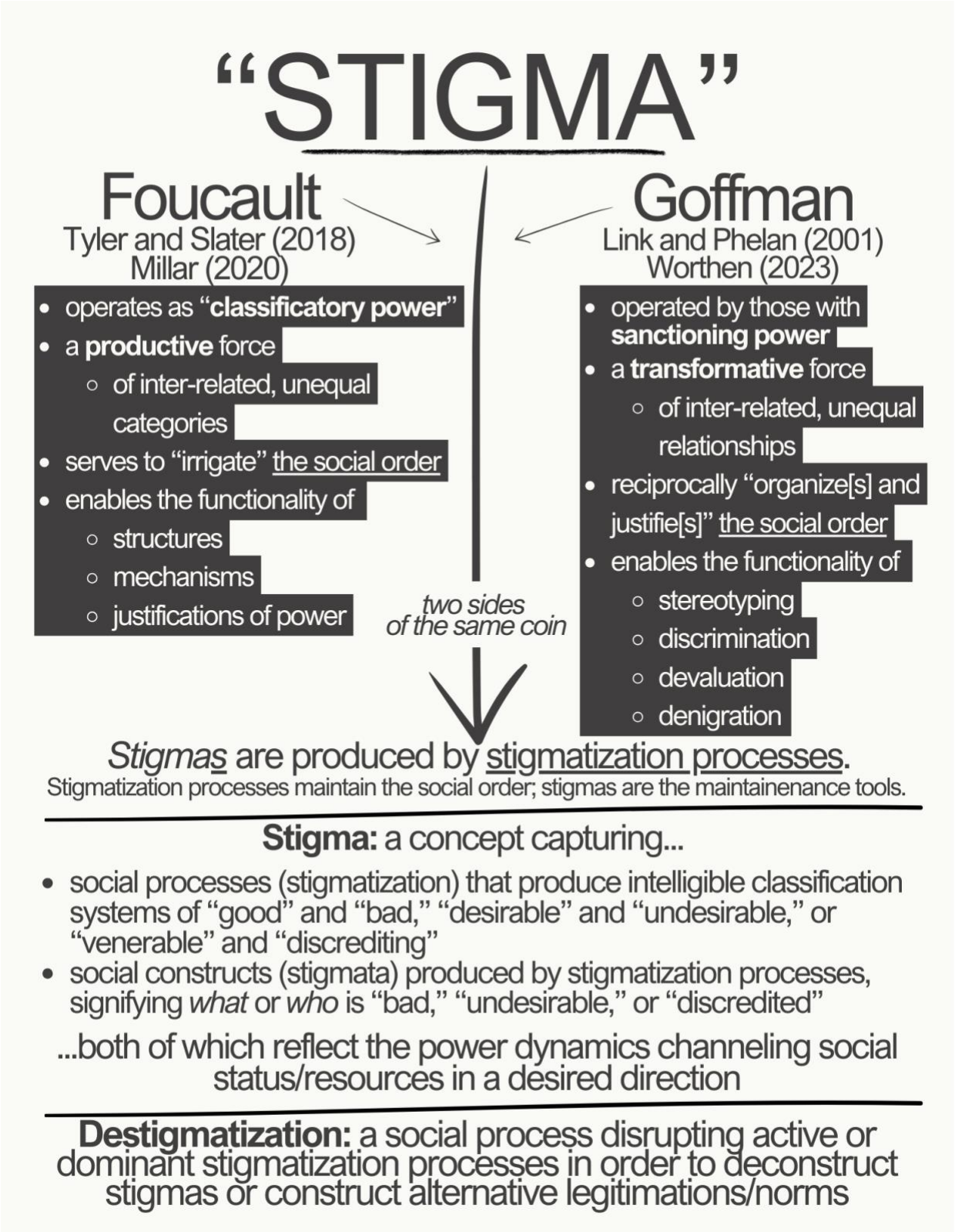
In the words of Baird and Millar (2019:1110), "[s]cholarship on abortion has performative effects…" and, to the degree that academic presses are able to move the needle of public discourse and opinion, abortion stigma and attitudes research, by operating nearly exclusively within a micro-level individualistic framework or with a presumed permanency of abortion's legality, arguably ceded any available influence in forestalling the assailment of abortion rights in the U.S. Even more sobering, abortion research may have at times contributed to abortion [re]stigmatization. In developing an intersectional theory of abortion destigmatization, I seek to synthesize a framework for abortion stigmas that is robust and responsive to rapidly shifting socio-legal landscapes. Reminiscent of criminologists Baumer, Velez, and Rosenfeld's (2018) call for the development of criminological theories capable of real-time analyses (if not foresight) of major shifts in crime trends (e.g., the "great American crime drop"), I contend that an adequate conceptualization of abortion stigmas must have the capacity to probe counterfactuals, engage macro-micro levels of analysis, and consider an array of futures made possible by unfolding social circumstances.

A Turning Point?

I contend that Erica Millar's (2020) critical analyses of some of the theoretical underpinnings in abortion stigma research mark an underutilized theoretical turning point for the subfield. Millar (2020:1) problematized the subfield's foundational framing of Goffman's (1963) conceptualization of stigma as an attribute that individuals possess and can therefore attempt to manage or conceal, arguing instead for a Foucauldian approach to understanding stigma as a "classificatory form of power." From this perspective, stigma is only one of many contested social processes by which abortion is made intelligible.

Indeed, in a systematic review of research published on abortion stigma measurement tools, Ratcliffe et al. (2023) found a *universal* reliance on Goffman among scholars who explicated a formal conceptualization of stigma, and pointed to Millar's (2020) work as a harbinger for change, calling the recognition of abortion stigma as a social process an "evolution [that] suggests measurement will improve as conceptualisation is clarified" (Ratcliffe et al. 2023:107). In theorizing abortion destigmatization, I build on Millar (2020) by further developing a Foucauldian conceptualization of abortion stigmas, while clarifying that some of what is problematized as Goffman's flawed approach to stigma is in fact misattributed (Link and Phelan 2001) or reconcilable with Foucault. The approach I take to theorizing abortion destigmatization seeks to square Foucault's processual framing of stigma with a symbolic-interactionist and constructionist approach consistent with the Goffman school. In the former, stigma is defined as "a productive and constitutive force which enables 'the structures, mechanisms, and justifications of power to function'" (Foucault 2008:85; quoted by Tyler and Slater 2018:732). In the latter, stigma is defined as "the negativity and other social sanctions…directed toward norm violations and norm violators that is organized and justified through social power dynamics between the stigmatized and the stigmatizers and situated on a spectrum" (Worthen 2023:26). I argue that these approaches represent two sides of the same coin, and thus the exclusion of either can result in fundamental conceptual flaws. Figure 1.1 displays the interrelatedness of the Foucauldian and Goffmanian schools of stigma conceptualization, as well as the definitions of stigma and destigmatization I operationalize.

Figure 1.1: A conceptual diagram synthesizing influential schools of "stigma" theorizing



Engagement with Millar (2020) has included noteworthy oversights and inconsistencies, which I will outline shortly, and it is possible such discrepancies flow from the unsettled nature of stigma conceptualization. It is also possible, however, as Millar (2017) argued elsewhere in her aptly titled manuscript, *Happy Abortions*, that a strong orienting perception exists—strong enough to pervade even progressive politics and ivory towers—framing abortion as negative or deviant, such that "abortion common sense" could survive the peer review process where analogous prejudices would likely be weeded out. If normative integration of biased views of abortion as "bad" can prevail even within abortion scholarship (Millar 2017; see also Baird and Millar 2019), such biases may have contributed to the stalled potential for Millar's (2020) conceptual reframing of abortion stigma to have (thus far) effectively served as a turning point in the abortion stigma research subfield.

Citations to Millar's (2020) work have largely either avoided or, at times, directly contradicted her central premise of abortion stigma as a contested social process rather than a static individual attribute. Some scholars have belied Millar's thesis when making only tangential references to her work. For instance, Brott and Townley (2023:1955), while never directly engaging with Goffman or stigma conceptualization, cited Millar to substantiate the claim that "…medical abortion remains a stigmatized procedure in the United States (Millar, 2020; WHO, 2018)." Similarly, Huslage et al.'s (2024:295) single citation to Millar (2020) appeared after stating that abortion stigma "…can lead individuals to believe that they have a negatively valued identity…" Jacobson et al.'s (2022) reference to Millar fell along the same lines. Generalized statements emphasizing abortion negativity contrast core tenets of Millar's argument, however. She wrote, for example, "[a]bortion does not stigmatise individuals equally

even within specific geographical locations, and stigmatising discourses and subject positions appear alongside those that are normalizing and non-stigmatising.[3]" (Millar 2020:6).

Pressing further into the theme of abortion's presumed negativity, scholarship surrounding stigma reduction campaigns has at times drawn from Millar's work despite being situated in opposition to it. Kim and Steinberg (2023) cited Millar (2020) to support a guiding principle of their study: that individuals' possession of more or less knowledge about abortion (e.g., of the objective safety of abortion procedures or the subjective experiences of people who obtain abortions) could affect their propensity to stigmatize abortion. Millar (2020:5), however, refuted modes of anti-stigma campaigns rooted in attempts to "change beliefs around abortion," explaining:

> Specific intervention programs could never effectively achieve large-scale change across populations and rely on what Freire (1970) termed a banking theory of pedagogy, where the community or general population are presumed to have a deficit that can be filled by educators armed with the 'truth' of a given situation… [S]uch programs are…bound to fail, as countless other anti-stigma initiatives have before them, without engagement with the socio-cultural production and function of stigmatizing categories.
> Millar 2020:5-6

Kim and Steinberg's (2023) position on anti-stigma programs, constructed in alignment with a banking model of knowledge growth, is not unique among abortion stigma researchers (other examples, though lacking engagement with Millar, include Chekol et al. 2022 and Patev et al. 2019; cf. Cullen and Korolczuk 2019; Purcell et al. 2020), and the position is one that seems to flow naturally from the "common sense" that abortion is inherently "bad" and therefore in need of justification, learned polemics, or orchestrated social confessionals (Baird and Millar 2019; Millar 2017).

[3] The Turnaway studies further illustrate Millar's point. Though Biggs, Brown, and Greene Foster (2020) concluded that "abortion is a highly stigmatized experience" (14/20), 40% of their baseline sample reported feeling "not at all" that their community would look down on them for having an abortion, and 44% felt the same about people close to them.

Another area of inconsistency in scholarly engagements with Millar's work involves transgressions of her concern about "methodologies that focus attention on the individual" (Millar 2020:6). The rather cursory reference made by Jacobson et al. (2022) to Millar (2020) in their study's introduction, for instance, begs clarification given their use of an individual unit of analysis, which risks, in Millar's estimation, "diminish[ing] the significance of the contextual dimensions of stigma…" (Millar 2020:6). In an article that more squarely engaged with the conceptual framings of both abortion stigma and structural stigma, Baker et al. (2023:36) referenced Millar's (2020) development of a working definition of abortion stigma to orient their study toward the "perspective of the [individual] stigmatizer." Here again a citation to Millar's work seems disjointed given the study's unit of analysis, but Baker et al.'s (2023) engagement with Millar is further questionable considering Millar's critique of stigma frameworks "predicated on a conception of power that flows from the stigmatisers to the stigmatised" (Millar 2020:1), a characteristically Goffman-style framework with which Baker and colleagues fundamentally aligned.

Some scholars attempted to balance the Goffman versus Foucault competing schools of thought. For example, Siuta (2023) drew first from the stigma-as-process and then the stigma-as-attribute schools in the same thought:

> One oppressive *process* resulting from social power hierarchies is that of abortion stigma (Millar, 2020), which has been defined as a negative *attribute* that is assigned to individuals who experience abortion that marks them as deviating from ideals of womanhood (Kumar et al., 2009)…For those in need of abortion care, the heightened social context of public stigma may lead to higher concealment of this need.
> Siuta 2023:8, emphases added

In addition to the unexplained pivot from process to attribute, Siuta's (2023) subsequent engagement with the concept of *concealment* was further at odds with Millar (2020). Citing 20th-century research evidence that women who conceal their abortions are often those women who

are *least distressed* by their abortions, Millar (2020) argued that researchers' continued use of concealment as an indicator of internalized stigma (e.g. Cheung 2023), or, in Siuta's (2023) assertion, as a consequence of stigma, may be misguided. Millar (2020) asserted that such approaches to concealment are evidence of the infiltration of the "common sense" that abortion is an exclusively undesirable/negative thing.

Still other and even more recent scholarship provides evidence of ample uptake of Millar's approach to abortion stigma framing, providing evidence that the deconstruction or rejection of prevailing abortion "common sense" is not only possible but already underway. Baker et al. (2025:198) qualitatively explored how personal experiences with abortion tend to shift abortion attitudes, as one's perception of abortion changes "from abstract idea to reality." This interpretation of change arguably aligns more closely with Paulo Freire's (1970) concept of the process of conscientization than it does with his banking theory of pedagogy. Baker and colleagues (2025:206) drove home their juxtaposition to research rooted in the latter when they referenced Millar's (2020) work following their call for pursuing means of "destigmatizing abortion" via "normalization techniques" as opposed to knowledge-building anti-stigma campaigns.

Similarly, Johnson et al. (2025), a team of abortion researchers who engaged deeply with the work of Millar (2017, 2020) as well as Baird and Millar (2019), stated:

> …fresh approaches for bolstering reproductive decision-making are necessary to educate future generations. This may require a *paradigm shift* in social attitides [sic] and the belief that ending a pregnancy requires justification and is assumed to be something to be anguished over (Millar 2017).
> Johnson et al. 2025:32, emphasis added

Here, Johnson and colleagues alluded more to Kuhn's (1962) prescriptions than Freire's (1970) proscriptions as they engaged Millar's premise that requiring justifications for abortions, rather

than being an inevitable byproduct of the inherent negativity of abortion, is a norm that operates in the service of abortion stigmatization. There are numerous additional, substantively rich examples of alignment with the Millar school of abortion stigma as a social process (Avdan, Murdie, and Asal 2024; Berndt and Bell 2024; Cullen and Korolczuk 2019; Footman 2025; McGuinness 2024; Nandegeri and Pizzarossa 2023; Stevens 2021; Treloar et al. 2021; Wollum et al. 2022). Presumptions of abortion negativity are not, therefore, inevitable, but their cultural embedding appears to camouflage them enough to survive various social scientific peer review processes, nonetheless. In the following section, I turn to the business of constructing a theoretical framework for abortion destigmatization, a task that further demonstrates the reach of anti-abortion bias.

THEORIZING ABORTION DESTIGMATIZATION

Over a decade before Kumar et al. (2009) effectively founded the abortion stigma subfield, Janet Hadley (1997) wrote of abortion's "awfulisation," recognizing that while assumptions of universal abortion negativity abound, abortion experiences are far from monolithic and sometimes neutral or positive. What, then, explains the emphasis in 21st-century social science on stigmatization rather than normalization of abortion (Purcell et al. 2020)? Given abortion's common and varied experience, the disproportionate academic focus on abortion stigmas may in part reflect linguistic inadequacies and theoretical hesitancies that a theory of abortion destigmatization can address.

Tenet One: On Language and Abortion Destigmatization

One foundational tool for constructing a theory of abortion destigmatization is to avoid a linguistic cementing of abortion negativities in the singular and static form encased by the word *stigma*. (Refer back to Figure 1.1 to review how I intend the singular "stigma" to capture both

processual dynamics and the products of stigmatization processes.) Just as Black, Cerdeña, and Spearman-McCarthy (2023:1) advocated that "[t]erms like 'racially minoritized' or 'racially oppressed' better highlight the active processes of structural racism than 'racial minorities'…," seemingly minor adjustments—e.g., prefixes and suffixes added to root words—can powerfully redirect trajectories of meaning attached to the words we use to name and describe the social processes that construct abortion stigmas. Similarly, Worthen (n.d.) outlined how outdated terms like "~~transwomen~~" and "~~transmen~~" serve to other and exclude, while "trans women" and "trans men" are respectful and inclusive. Additionally, consider Connell's (1995) and Schippers' (2007) foundational works leading sociologists to recognize the functionality and increased precision and accuracy encapsulated in the terms *masculinities* and *femininities* as opposed to the singular forms, masculinity and femininity.

Pluralizing stigma to *stigmas* (or stigmata) conjures recognition of multiple and variable, rather than singular and static, negative valuations of abortion. In all likelihood, often when people use the word stigma, they are indeed speaking of an array of possible negativities, none of which can be pinpointed as a singular stigma *thing*, much less an attribute or problematic belief (Millar 2020), and, hence, speaking of a singular abortion stigma may at times be misleading. In comparison, people seem to have much more deft and functional maneuvering back and forth between the singular "norm" and plural "norms," and, given the strong reciprocity between norms and stigmas (Worthen 2023), similar linguistic treatment of the terms is logical. Destigmatizing abortion involves recognizing and properly naming the multiple, shifting forms of abortion stigmas.

Another useful minor adjustment to the root word "stigma" is the addition of the -ize suffix and its variations (or -ise/-isation for English speakers such as Erica Millar of the

Australian and British varieties). "Stigma*tize*" adds to our linguistic toolkit a word that connotates the process by which a potentially anodyne social fact is made *un*acceptable (essentially making stigmatize the sociological antonym of Weber's legitimation). Therefore, rather than strictly maintaining Millar's (2020) phrasing of abortion stigma as a social process, I argue that "abortion stigma" more appropriately defines a social *product*. In this more precise construal, abortion stigmas are products of social processes, which are in the business of creating negative categories and classifications abortion can be super-imposed into. Abortion legitimations, normalizations, and destigmatizations on the other hand, are social processes constructing alternative schema that make it possible for abortion to be rendered neutral or positive by producing abortion norms and *de*stigmas (the latter of which, admittedly, is an awkward turn of phrase) the products of normalization and destigmatization processes[4].

It could be argued that a variety of social actors who morally condemn abortion "do stigma[5]." Tangibly, "doing abortion stigma" might mean blushing at the mention (or suppression of a mention) of one's own or one's loved one's abortion, or it could look like standing on a streetcorner with a megaphone telling passersby that "abortion is murder, and everyone knows it[6]." Undoing abortion stigmas could take the form of actively reserving the passage of moral

[4] While medicalization may enable destigmatization through professional advocacy organizations like Physicians for Reproductive Healthcare and medical associations condemning *Dobbs* (American Medical Association 2022; American College of Obstetricians and Gynecologists 2022), the medical model often facilitates abortion [re]stigmatization and I expound on this in the Discussion (Axelson 2025; Millar 2022; 2023; 2024). Medical communities frequently police deviance beyond abortion contexts (Conrad and Schneider 1992; Worthen 2016).
[5] See Müller (2024) on doing/undoing stigma. Presently, I discuss doing/undoing stigma in line with West and Zimmerman's (1987) "doing gender" (i.e., doing abortion stigma as a "routine accomplishment embedded in everyday interaction" [West and Zimmerman 1987:125]) and Deutsch's (2007) "undoing gender" (i.e., undoing abortion stigma as interactions reducing distance between classifications of abortion).
[6] This refrain was common among anti-abortion abolitionists I observed during fieldwork in Washington D.C. in March 2025. While abortion rights advocates could hypothetically stigmatize anti-abortion adherents (e.g., calling them "evil"), this is not, to my knowledge, a standard tactic. I note this because a Foucauldian approach treats stigma as "classificatory power" (Millar 2020)—both "abortion is good" and "abortion is bad" exercise such power. However, given that anti-abortion adherents routinely stigmatize abortion (e.g., clinic protests) while abortion rights advocates rarely organize around stigmatizing anti-abortion views, I align my examples with the former pattern.

judgement about abortion—perhaps by gossiping about "so and so" *for their condemnation* of a friend's abortion—or it could mean simply emphasizing ambiguity and nuance in individualized reproductive decision making.

Discursively though, the specification of *de*stigmatization and *re*stigmatization, as opposed to doing/undoing stigmas, may more readily enable and encourage recognition of "classificatory power," effectively connotating the polycentricity that directs stigmatization processes, the nonlinearity that patterns said processes, and the biopower that fuels them. Power in a Foucauldian sense is an "irrigation of the social order" (Brown 2006:67). Researchers should theorize, measure and analyze whether, when and to what degree abortion destigmatization or restigmatization processes are at work. In other words, research should parse whether the objects or subjects of study (e.g., symbols, identities, interactions, events, policies, mass discourses, etc.) are fueled by or in alignment with the channels irrigating social hierarchies (of gender, maternity, fertility, race, etc.) or whether, alternatively, the studied objects or subjects actively disrupt or are positionally misaligned with a social hierarchy's power supply.

Tenet Two: On Intersectionality and Abortion Destigmatization

Kimberlé Crenshaw (1991) is often recognized as the founder of intersectionality theory. Alongside other Black feminists who invested in intersectional scholarship and activism such as Patricia Hill Collins, Adrienne Rich, Audre Lorde, Deborah King, and bell hooks, Crenshaw (1991) defined intersectionality in terms of the multiplicative effects of prejudice and discrimination that experiences of marginalization across hierarchical social systems can have on an individual's life chances and lived experiences. In order to avoid the mistakes of first and second wave feminists, and in line with Strong et al. (2023), a theory of abortion

destigmatization must contend with intersecting stigmas and marginalizations facing pregnant people. At base, intersectional theorizing is accurate theorizing.

Considering that early U.S. feminism was plagued with weaknesses resulting from the infiltration of social hierarchies into feminist organizing (feminist activism around reproduction was no exception) provides additional impetus for stressing intersectionality. Early "reproductive rights" organizing often privileged the concerns of white, able-bodied, relatively wealthy, American-born, and hetero-cis-normative[7] women as being more pressing than those of their counterparts who embodied marginalized positionalities in more realms than gender (Tong and Botts 2018). There is a long history in the United States of racist and tacitly eugenic tactics being enacted, including dominantly racialized men conducting obstetric and gynecological experiments on the bodies of racially minoritized women without their knowledge or consent, often with devastating consequences (Mohanty 2003; Collins 2004; Roberts 1997; 2015). Throughout American history, relatively privileged white women have been able to benefit from the discoveries made via such exploitation, enjoying comparatively expansive access to reproductive choices and control as a result (Luna and Luker 2013), which contributed to *Roe*-era white women's disproportionate investment in abortion rights advocacy as opposed to other aspects of reproductive justice (Ziegler 2020).

In the United States, one of the powerful forces liberal feminists and politicians used to legitimate legal abortion after the *Roe* decision was the neoliberal rhetoric of individual choice (Briggs 2017; Luker 1984; Roberts 1997; Solinger 2005; Ziegler 2020, 2023). Framing abortion as a *private* decision rather than a matter for state control helped make legal abortion politically

[7] Hetero-cis-normativity is defined as the synergistic relationship between constructions of sexuality- and gender-related norms where only straight, cisgender people's sexual and gender identities are privileged as normative (Worthen 2016).

defensible and intellectually and morally comprehensible (Millar 2017). However, "privacy[8]" in the context of abortion is intertwined with medical discourses where power dynamics between providers and patients orient interactions, acting as potential barriers to the free exercise or realization of reproductive rights (Baird 2018). Millar (2024) argued that positioning medical professionals as gatekeepers to legal abortion stifles abortion seekers' agency. Placing emphasis on individual choice can obscure structural constraints and inequities in reproductive decision making, wrongly implying that abortion is an attainable choice for anyone (Kimport 2022).

Dorothy Roberts (1997) identified the shortcomings of concepts of reproductive "freedom" and "choice," outlining the elusiveness of desirable, safe, accessible options for Black women particularly but also others whose decisions are constrained by socioeconomics, hetero-cis-normativity, ability or citizenship status, or other sources of marginalization. Reproductive justice, a concept developed by feminists of color in organizations like the Sister Song Collective (n.d.) (Luna and Luker 2013), crucially redresses the well-documented shortcomings of "choice" frames (Briggs 2017; Roberts 1997; Solinger 2005). A shift from liberty to justice in reproductive rights framing enables scholars and activists to address intersectional disparities (Luna and Luker 2013; Ross 2017).

Importantly, using a reproductive justice framework within the theorizing of abortion destigmatization need not preclude all mention of choice. Lorretta Ross (2017:306) discussed the "amazing flexibility and adaptability" of reproductive justice, and in order to conceptually address the moralization and sacralization of abortion, reproductive justice in the current project must include a "politics of abortion decision making" (McKinney 2019:282). Disability studies

[8] Privacy frames may prove ineffective in post-*Dobbs* America where states are criminalizing abortion (Schmidgall et al. 2025). Criminalizing behavior can justify state policing even in private settings—as in *Bowers v. Hardwick* (1986), where the Supreme Court ruled Americans had no privacy right for consensual adult sexual activity in their bedrooms because sodomy was criminal, until *Lawrence v. Texas* (2003) overturned this precedent (Worthen 2016).

and abortion politics scholar Claire McKinney discussed the complexities of navigating moralized abortion territory from a variety of contexts for reproductive choice, concluding:

> If abortion is a morally fraught decision, that moral fraughtness should not be displaced on either "unfit" mothers or onto disabled fetuses. A politics of abortion decision-making would enable critique of the institutional and discursive contexts that make some abortions tragic but morally intelligible, that judge some mothers as unfit, and that judge some lives as not livable. Simultaneously, such a politics of abortion decision-making would make it possible to imagine how most reproductive decisions are partially responses to the enabling conditions of and constraints on living lives free from deprivation. But any such politics must contest abortion stigma directly instead of seeking exceptions to its rules.
> McKinney 2019:282

Here, McKinney aptly emphasized the social structuration of choice and the varied connections between reproductive choice and the "moral fraughtness" of abortion. McKinney also engaged vectors of social norms and stigmas surrounding gender, motherhood, and disability that get caught up in abortion debates and, while reciprocally related to abortion stigmas, are also attached to other, conceptually distinct stigmas (e.g., disability stigmas and mothering stigmas).

Indeed, addressing the moralization of abortion and considering the intersection of competing moralized norms and stigmas influencing reproductive decision making are key tasks for developing a theory of abortion destigmatization, as is confronting abortion exceptionalism, a concept I discuss further below. To be explicit, the intersectional theory of abortion destigmatization I call for uses reproductive justice frames incorporating consideration of the social structure of reproductive choices, which contextualizes the variable moral troubling of abortion. In this way, reproductive justice jettisons the current project to be intersectional and to address historical patterns of discrimination and ongoing institutional inequities, whether in service of ensuring freedom from forced pregnancy and childbirth or families' access to adequate resources for supporting childrearing and family life free from deprivation (Sister Song n.d.; Luna and Luker 2013; Ross 2017). Later, in tenet four, I discuss how intersectionality also

proves to be an important reason for maintaining a symbolic-interactionist framework in abortion destigmatization, and in the Discussion, I outline how a fundamental lack of intersectional theorizing contributed to the current situation in sociology where abortion "common sense" persists.

Tenet Three: On Biopower Evident Across Dominant Forms of Abortion Stigmas

The heart of this current endeavor in intersectional theorizing of abortion destigmatization lies in an analysis of dominant, prevailing forms of abortion stigmas. Presently, I examine those forms that are specific to and common in the contemporary United States. The sacralization of abortion can serve as a starting point. Here, in line with Berger (1967), I treat sacralization as a religious group imbuing some idea, person, or thing—in this case, fetal protection/fetocentrism/abortion opposition—with a sacrosanct quality. Sacralization also involves integrating that now-sacred thing within a cosmic order where a pre-constructed ideological worldview exists to sustain its holiness—in this case, hetero-patriarchy and ethno-religious social privileging and political power. By virtue of its integration into the cosmic order, the holy thing gains a reciprocally legitimating relationship with the pre-existing ideology.

Several years *after Roe*, leaders forming the "moral majority" or Religious Right enacted a sacralization process, rather unceremoniously selecting abortion as a political tool for coalescing a conservative evangelical Christian voting bloc (Balmer 2006) and imbuing abortion opposition with a sacrosanct quality to an unprecedented degree (Du Mez 2022). Evangelical influencers were likely able to integrate abortion opposition into the existing conservative evangelical worldview precisely because it already included support for women's subordination and beliefs in ethno-religious superiority (Gorski and Perry 2022). Fetocentric abortion opposition quickly gained a reciprocally legitimating relationship with broader evangelical

ideology. Evangelicals were able to come to understand it to be wrong for [presumed-]women to abort their pregnancy because pregnant people were already understood to be meant to defer to their deity, their marital (or, if having "fallen into sin," their aspirationally-marital) partner, and their children. Through deployment of what Foucault (1997) called biopolitical techniques, abortion stigmatization processes initiated by both leaders and grassroots activists on the Religious Right produced the abortion stigmas associated with fetocentric abortion opposition that have become such a familiar component of the abortion debate raging in the contemporary U.S. (Balmer 2006; Flowers 2020; Holland 2020).

The Secular Left[9], despite its association with abortion rights advocacy, also has a sordid history of enacting stigmatization processes that become the cultural ecology in which abortion is intelligible. One of the most prominent ideas in Millar's (2017) monograph is that the "pro-choice" and "anti-abortion" stances, while seemingly antithetical, are not mutually exclusive. In fact, the neoliberal rhetoric of "choice," by shrouding intersectional social inequities in access to reproductive control technologies, healthcare, and infertility treatment, and by enabling abortion exceptionalism (the topic of Chapter Three in this dissertation), represents another umbrella form of abortion stigmas. In this way, abortion stigmatization processes occurring to both the right and the left of the U.S. religio-political divide constitute two sides of the same coin of what Michel Foucault (1997:241) called biopower/biopolitics: the power "to 'make' live and to 'let' die."

The American Right demonstrates biopower's edict "to 'make' live" while the U.S. Left demonstrates its edict "to 'let' die" (Foucault 1997:241). Foucault (1997:240-241) traced a shift in 17th- and 18th-century Western technologies of power enabling states to transition from primarily exercising *sovereign power* to enacting control via techniques of *disciplinary power*.

[9] I use terms such as this in line with Gorski (2019).

Sovereign power is "essentially the right of the sword," a power "to take life or let live" operationalized by threatening and enacting violence on the body[10]. Disciplinary power includes control over training regimens and obedience programming, operationalized by threatening and enacting surveillance, regulation, and imprisonment (Foucault 1977). The next development, Foucault said, was this:

> …a new technology of power, but this time it is not disciplinary. This technology of power does not exclude the former…but it does dovetail into it…use it by sort of infiltrating it, embedding itself in existing disciplinary techniques…after a first seizure of power over the body in an individualizing mode, we have a second seizure of power that is not individualizing but, if you like, massifying, that is directed not at man-as-body but at man-as-species.
> Foucault 1997:242-243

Fetocentric abortion frames and neoliberal abortion exceptionalism are both products of abortion stigmatization processes, fueled by and in service of biopolitical endeavors to "massify" human concerns such that the State attains power over women and pregnant people to "'make' [them] live" in a constrained manner or inserts itself into reproductive decision making in such a way as to "'let' [certain fetuses[11]] die" under the exceptional circumstance of, most frequently, some rather arbitrarily-defined-inadequate length of gestation.

Consider the natural state of pregnancy. A person's uterus cannot come to host a human zygote without the involvement of another person's body (or at least the sperm produced by another person's body), but knowledge of the onset or lack of onset of menstruation and/or the experience of corresponding physiological pregnancy symptoms—i.e., nausea, breast tenderness,

[10] Foucault (1997:242) did not assert that dominant "technology of power" changes preclude continued use of older mechanisms. While democratized countries have largely rejected sovereign power displays, the U.S. continues deploying them through capital punishment, prolonged solitary confinement (especially for minors) (ACLU of Louisiana 2023; Stevenson 2014), and shackling during childbirth (Clarke and Simon 2013; Ocen 2012; cf. United Nations General Assembly 2015, Rule 48).

[11] This assumes the logic of fetal personhood, at least in so far as, for example, a gestational limit around abortion imposes fetal rights associated with personhood after a given day's gestation is reached. This line of reasoning is intended to trouble gestational limits around abortion rights, not encourage expansion of fetal personhood towards embryos and zygotes.

frequent urination, and/or fatigue, to name a few—belongs solely to the pregnant person. The body of the pregnant person privately alerts that person to the fact that their uterus now hosts a nascent, developing human body. The nature of devising schemes or constructing norms of state surveillance that would permit governments (or neighbors, family members, or other private citizens, as in the case of Texas HB7 [see Leach et al. 2025]) to "discover" the pregnancy status of citizens' bodies or regulate/police the circumstances under which a pregnant person can freely exercise control over their own bodily resources and contents[12], is essentially socialist—a socialism of the reproductive capacity and activity of the [gender-minoritized] body.

Erica Millar (2020:1) stated that "abortion stigma should be reframed as a classificatory form of power that works through designating relations of difference." Such "relations of difference" are fundamentally recursive. In order for a liberal democratic society such as the U.S. to support the reproductive socialism of women's and other uterine-bearing people's bodies, the historical relations of difference designating women as "naturally" incapable of bodily sovereignty and unfit for property rights, up to and including rights over their own bodies, had to have existed. Under the historical "coverture regime" (Graham 2022), women's purportedly natural state of subordination required racially dominant, hetero-cis-normative men to manage and "protect" women's affairs, ensuring men were cast as capable owners and executors of their own bodies as well as those of their daughters, wives, etc. (Downey et al. 2023). Recursively, the stigmatization of pregnant people's resistance (e.g., by violating formal or informal norms

[12] Contemporary examples of systematizing pregnancy knowledge and policing outcomes include Poland's pregnancy registry (Holt 2022) and U.S. pregnancy criminalization. Bach and Wasilczuk (2024) track fetal protection/personhood law proliferation: as of September 2024, eleven states embedded fetal personhood in civil and criminal law (Montana, Utah, Arizona, Kansas, Missouri, Arkansas, Louisiana, Tennessee, Alabama, Georgia, and Pennsylvania), five states applied it only to criminal codes (South Dakota, Texas, Ohio, and Kentucky), and judicial decisions introduced it in Oklahoma and South Carolina. Additionally, 44 states had wrongful death laws applying to fetal demise.

proscribing abortion) to the socialism of their bodily resources functions to *re*designate relations of difference between the hetero-cis-normative men who are permitted to democratically own their bodies and the women and other uterine-bearing people for whom bodily sovereignty is conditional.

What sorts of relations of difference do the specific, dominant forms of abortion stigmas produced by both the Religious Right and Secular Left in the U.S. designate? Abortion stigmas taking the form of fetocentric framing and the sacralizing of abortion proscriptions enact classificatory biopower by designating relations of difference between the visibility of the subject position and valuation of the fetus versus that of the person who is pregnant. By comparison, abortion stigmas that take the form of exceptionalism and exclusionary "choices" enact classificatory biopower by designating relations of difference between acceptable versus unacceptable circumstances for abortion; between the type of people whose narratives of their own circumstances are trustworthy and afforded dignity versus the type whose narratives are deemed untrustworthy and met with hostility.

More broadly, the very contentiousness of the public "abortion debate" is itself evidence of societal abortion stigmatization designating "relations of difference" between the people for whom it is socially palatable to deliberate over whether their will over their bodies should be respected versus those whose right to bodily sovereignty remains so deeply inviolable as to be taboo to open for discussion. Take for example the 2025 Ohio "Conception Begins at Erection" act, a satirical bill drafted by state representatives Somani and Rader (Seidel 2025). The Democratic representatives intended to highlight how "ridiculous" (the word One Ohio Republican legislator used to describe the bill) it is for states to regulate the bodies of uterine-bearing people, suggesting equivalent regulations for the bodies of sperm-producing people—

regulations that could be construed as means of state regulation of abortion (Seidel 2025). Without powerful cultural foundations of male supremacy operating, the suggestion of regulating ejaculation—when a sperm-bearing person could reasonably expect their sperm to come into contact with fertile ova but when fertility is not an express and consensual goal of those people engaging in the sex act—cannot be "ridiculous." The same powerful cultural foundations of male supremacy make it sensible and reasonable to suggest the State regulate the act of ingesting certain medications prescribed by one's physician—if those medications are Mifepristone and Misoprostal (medications used in combination for medical abortion/miscarriage management). State governments, under *Dobbs* precedent, are criminalizing uterine-bearing people's self-regulation of bodily resources used for reproduction while the suggestion of regulating sperm-bearing people's self-regulation of bodily resources used for reproduction is regarded as absurd: relations of difference at work in abortion stigmatization processes.

At this point, then, a theory of abortion destigmatization must consider delegitimation of state authority to regulate pregnancy, abortion, and an individual's sovereignty over our own bodily resources—not within an exceptionalist framework revolving around "freedom of choice" available under certain circumstances—within an absolutist framework of reproductive justice. An illustration from the MGM Television adaptation of Margaret Atwood's (1985) *The Handmaid's Tale* may be useful here. Timothy Snyder (2017) argued for the utility of such consideration of fictionalized dystopias in revealing the fragility of democratic processes keeping tyrannical exercises of State power at bay. Sociologically, we might conceptualize such an endeavor at this phase of theory-building as a sort of bracketing, a "thinking activity of reflexivity," the type that Chan, Fung, and Chien (2015:1) characterized as "mentality assessment and preparation [for research]…" *The Handmaid's Tale* provides a dystopian

counterfactual world to the absolutist abortion destigmatization framework I call for, one where, rather than absolute liberalization of people's control over their own bodily resources, there is absolutist *state control* over the bodily resources of women and other minoritized groups, maintained via tyrannical deployment of mechanisms of sovereign power, disciplinary power, and biopower.

In season 5, episode 6 of *The Handmaid's Tale*, written by Katherine Collins and directed by Eva Vives, actress Mckenna Grace starred in a scene portraying a teenage girl enslaved in Gilead, chained to a hospital bed. Having just been informed she is pregnant after surviving rape (even by the standards of that brutal theocratic state, the pregnancy was conceived via rape), the camera pans above the girl's bed as she thrashes against her bonds. Her history of violent resistance means she will likely remain in chains until the fetus develops to a point where her bodily resources are no longer the only available source of sustenance for the fetus. At that point an infant "harvesting" can occur, and authorities will subsequently designate some dominantly positioned Gilead family to raise the child as their "own," likely without that child ever knowing of the young woman who had been forced to incubate their nascent body. This example, though fictional, paints a powerful picture of what forcing someone to carry a pregnancy could entail.

The classic second wave feminist novel *Woman on the Edge of Time* (Piercy 1976) also depicted a dystopia where absolutist state control over bodily resources had been achieved. In Piercy's (1976) dystopia, a racialized class of people existed as "walking organ banks," permitted to live merely to sustain organs and tissues harvestable at any time a member of the ruling class may have need (contributing to, on average, a 150-year disparity in lifespan between the ruling class and the "organ bank" class). Such dystopian scenarios take the legitimation of the socialism of individual bodily resources to their logical extremes. If we are to use these fictional

counterfactuals as a means of engaging in the first step of the phenomenological research method of bracketing, we might ask ourselves, in line with Chan et al. (2015): "Are we humble enough to learn…" or "Can we equip ourselves to adopt an attitude of conscious ignorance…" about what sort of social organization is made possible by abortion stigmas framed as either fetocentrism *or* abortion exceptionalism? Although the act of abortion is heavily moralized, the counterfactual to abortion, where state power is exercised by forcing people who do not wish to carry a pregnancy to term to nonetheless do so, is rarely considered. However, as Millar (2017:97) pointed out, "[t]he view that pregnant women should not be forced to continue pregnancies to term is a moral precept."

Why has *absolute* separation of state control from women and other birthing people's autonomy over our own bodily resources not been more seriously and widely considered in the U.S.? Why do we not see more sustained, organized resistance to the socialism of our bodily resources, framed as such? Perhaps the fact of the sexual contract, which Pateman (1988) argued secured bodily autonomy for men prior to the establishment of any social contract, figures prominently, but Foucault's (1997) theory of biopower also characterizes biopolitical techniques of control as being *productive of compliance and conformity* (Brown 2006; Millar 2020). Compliance and conformity functionally suppress the sort of resistance that would make it necessary for states to violently enforce anti-abortion laws. Hegemonic norms providing meticulous, constraining instructions for doing gender, family and fertility are capable of so deeply burying the human consciousness in legitimations and placations (Berger 1967; Foucault 1977; Gramsci 1971) for state socialism of minoritized people's bodily resources, that organized, effective means of resistance or even violent responses to forced pregnancy remain unpursued or unthinkable (Butler 1990; Roberts 1997).

In point of fact, the legitimation of state regulations over minoritized people's bodily resources runs throughout U.S. history. Historical mechanisms of the U.S. government's exercise of power over bodies are visible in antebellum-era legal protections for slaveholders' practice of "breeding" women who they enslaved (Collins 2004), systematic refusal to prosecute European (and, eventually, white American) colonizers for raping indigenous peoples during colonization while concurrently degrading the governmental sovereignty necessary for tribes to effectively pursue justice for survivors of rape (Deer 2015), as well as practices that persist in the 21st century. During the era of mass incarceration, the shackling of pregnant, incarcerated people during active labor and childbirth "with handcuffs, leg irons and/or waist chains" (Clarke and Simon 2013) became "endemic" in the United States (Ocen 2012).

Further, the 2022 *Dobbs v. Jackson* decision enabled the circumstances to transpire that constrained Adriana Smith's brain-dead and initially 8-weeks-pregnant body from natural death in Atlanta, Georgia in 2025; a *Roe*-era anti-abortion statute enabled similar control over the brain-dead and initially 14-weeks-pregnant body of Marlise Munoz in Fort Worth, Texas in 2014 for a time (Goodwyn 2014). Biopower is an electrifying throughline running from the legalized controls over the bodies of people who were enslaved and colonized, all the way to the contemporary controls enacted on the bodies of people who are pregnant and either incarcerated or brain-dead today. The consummate biopower drawn from Georgia and Texas state laws is particularly staggering considering that in both the case of Ms. Smith and Ms. Munoz, it was healthcare executives preemptively/presumptively obeying the strictest possible rendering of state anti-abortion laws that resulted in the refusal to "'let' [them] die"—even as individual state legislators and prosecutors publicly attested that such extreme actions were not required by law (Luse, Williams, and Pathak 2025). In *Discipline and Punish*, Foucault (1977) theorized that the

techniques of biopower have just the sort of capacity needed to spur enough internalized surveillance and preemptive compliance to recruit authority figures like Georgian and Texan hospital administrators to essentially contribute to law enforcement efforts.

Furthermore, it is not only hospital administrators and abortion healthcare providers who internalize surveillance, but also pregnant people. Many people with unwanted pregnancies seek legal abortions only to be "turned away" by abortion care providers following exceptional laws that only allow for constrained reproductive choices, which must occur within arbitrarily defined gestational limits (Greene Foster 2020). Yet we are not inundated with news stories of pregnant people denied legal abortions who subsequently either violently resist or organize means of collective resistance against what is essentially State socialism of their bodies. The hegemony of gendered reproductive norms and norms of legal deference play prominent roles in explaining the lack of this sort of resistance as well as in the production of abortion stigmas, and hegemonic norms therefore deserve thorough consideration in the development of a theory of abortion destigmatization. In tenet four, I argue the merits of a symbolic-interactionist approach for achieving such a thorough consideration, using motherhood norms to illustrate the fundamental reciprocity between norms, stigmas, and "destigmas."

Tenet four: On reconciling Goffman and Foucault in a theory of abortion destigmatization

Presently, I argue that certain aspects of Goffman's (1963) approach to stigma are compatible with a structural, social process-based conceptualization. Link and Phelan (2001:366) accounted for some of the shortcomings of the Goffman school of stigma theories by pointing out that "…even though Goffman (1963, p. 3) initially advised that we really needed 'a language of relationships, not attributes,' subsequent practice has often transformed stigmas or marks into attributes of persons…" While strictly avoiding framing stigmas as personal attributes, I assert

that Goffman's call for a "language of relationships" between routinized, mundane and hegemonic norms on one hand and lived experiences of stigmas on the other hand is indispensable for a theory of abortion destigmatization. Without such a language of relationships and full consideration of hegemonic norms, it would be exceedingly difficult to understand the interactional significance and internalized experiences of abortion stigmas and destigmas, especially in a way that adequately incorporates intersectionality.

Integrating a consideration of symbolic interactionist norm-stigma relationality appropriately complexifies abortion [de]stigmas in a way that only the messiness and imperfection of everyday, humanized accounts can. I take the position that structural views of stigmatization processes do not necessarily preclude and should not require an abandonment of symbolic interactionist perspectives, which enliven the "culturally dependent and reciprocal relationship between norms and stigma" (Worthen 2023:26). Worthen's (2022; 2023) Norm-Centered Stigma Theory (which I return to in Chapter Two), situated firmly in the intellectual heritage of Goffman, positions "norm centrality" as foundational to understanding stigmas generally. In order to theorize abortion destigmatization and illustrate the relevance of "norm centrality" and norm-stigma reciprocity, I develop a discussion of one particular vector of norms[13] and corresponding stigmas—those surrounding motherhood.

Motherhood norms. The universe of norms constructed around parenting, particularly those norms applied to people-coded-as-women—motherhood norms—are a critical component of the cultural content that enables the production of abortion stigmas. Sociologists began taking stock of motherhood stigmatization in the 1990s. In 1996, Sharon Hays coined the term

[13] I could deal with norms by strictly relying on Foucault's (1997:253) treatment of the norm as "something that can be applied to both a body one wishes to discipline and a population one wishes to regularize." However, the tradition of symbolic-interactionism and the Goffman-aligned approach carries a familiarity and utility I argue is worth salvaging in the current project.

"intensive mothering," naming the often outlandishly high social standards that govern how women "should" parent and the guilt, shame and stigmas that are part and parcel of mothers all-but-inevitably failing to meet said standards. Brené Brown (2012) expounded on examples of intensive mothering when she wrote of avenues to "mother shame" being so myriad as to be contradictory and seemingly never-ending: having children when too young or too old, when unmarried or when fathered by someone other than one's hetero-cis-normative husband, when time gaps between children are too close or too far apart, when unhoused or impoverished, under- or over-employed, when less than optimally healthy or even when "*too* healthy[14]," etc.

In 1994, in a foundationally intersectional piece, Patricia Hill Collins wrote of "motherwork," critiquing existing feminist theories of the family for their exclusion of the experiences of racially minoritized mothers. Collins (1994) outlined that while racially dominant and/or economically privileged women could afford the luxury to concern themselves with their children's thriving, racially minoritized women had to attend to their children's *surviving* within a racist society. She emphasized the dominance of power deficits over racially minoritized women's family construction processes—deficits created by a long and enduring history of racist policies and practices that withhold reproductive control from Black (and other racially minoritized) mothers. Further, racially minoritized mothers experience pressures to emphasize and perform legitimation work for the ethno-cultural identities of their children, which white mothers have the privilege of taking for granted for our children (Collins 1994).

Jennifer Randles (2021) expanded on Collins' (1994) insights and corrected Hays' (1996)

[14] Consider Serena Williams, or Tia-Clair Toomey-Orr, who after six consecutive CrossFit Games championships (2017-2022), had ESPN announcers declare her "retired" in 2023 when she announced her pregnancy. Toomey-Orr clarified she was announcing pregnancy, not retirement. In 2024, despite criticism about inadequate mothering for returning to sport and inadequate athleticism due to postpartum recency, she won a seventh championship. She was often seen between events with her 15-month-old daughter Willow on her shoulders, waving to crowds.

oversight of racial and class biases in intensive mothering. Randles (2021) highlighted how for many intersectionally marginalized mothers, notions of intensive attention to things such as children's gluten-free, whole foods diets or designed-to-maximize-later-admissions-to-ivy-league-universities *preschool* tracks must be superseded by attention to basic necessities of survival and avoidance of familial disruption by state Family Regulation Systems (Fong 2023). The women in Randles' (2021) study obtained items like baby formula and diapers through herculean efforts she dubbed *inventive mothering*—which likely require more motherwork than intensive mothering and typically have much higher stakes (see Fong 2023).

Writing on the cultural "abortion imaginary," Bruce, Hutchens, and Cowan (2024) identified "maternal inevitability" as one of four central ideas/norms used to make abortion intelligible. Theoretically, what this means for the topic at hand is that whenever social interactions and communications surrounding abortion occur, considerations of the subject position of pregnant people are routinely couched in an equation of [presumed] womanhood with motherhood. In other words, the indistinguishability of *woman* from *mother* in our "abortion imaginary" serves to essentialize motherhood in a way that subsumes the subject position of the pregnant person and their individual autonomy within the subject position of a *mother* (Bruce et al. 2024), which carries a much more precise cultural loading than that of *woman*[15]. The culture-laden assumptions informing the subject position of "mother," including norms of intensive and inventive mothering and of mother shaming and motherwork, are particularly well suited for

[15] Granted, "woman" as a cultural category has a history of stigmatization (Schur 1984). The woman-mother inevitability component of our "abortion imaginary" also essentializes womanhood, excluding transmasculine and gender-expansive people needing abortion care. Increased LGBTQ+ parent visibility may aid destigmatization by disrupting hetero-cis-normative assumptions. Terms like "chestfeeding"—lactation by trans, nonbinary, or gender-expansive individuals assigned female at birth—challenge gender and parenting norms (MacDonald et al. 2016) and may disrupt the abortion imaginary (Bruce et al. 2024).

justifying state sanctions of the pregnant person's exercise of sovereignty over their bodily resources through abortion.

Anti-abortion activists therefore have cultural intelligibility for a picket sign that reads, "The body inside your body is not your body." The online store of one anti-abortion organization called Abolitionists Rising displays just such sign for sale for $27 (Abolitionists Rising n.d.). The phrase on the sign rhetorically prioritizes the subject position of the developing fetus as unquestionably superseding that of the pregnant person: the fact that a fetal body exists is implicitly argued to negate the pregnant person's right to direct or take charge of their own bodily resources. For pregnant people who do not consent to carry a pregnancy to term, this logic ushers in either a passive, coercive or active, forceful response (depending on the form of resistance taken by the pregnant person), requiring that the pregnant person submits a non-trivial portion of their bodily resources to the fetus for a time out of a state interest in "protecting [fetal] life." This logic is acceptable and sensical within a cultural framework where being diagnosed female at birth places one on a track to womanhood, where womanhood is equated with motherhood, and where mothers are understood to be "naturally" and rightly driven to sacrifice their very selves—preferences, finances, aspirations, and even their bodies and lives—for the sake of their [future, potential as well as actual, current] children.

In these ways and others, motherhood norms are part and parcel of the production and maintenance of abortion stigmas, revealing the "norm centrality" and norm-stigma relationality that Worthen (2022; 2024) theorized to be foundational for the production of stigmas. The decoupling of womanhood from motherhood and the deligitimation of state policing of motherhood is the stuff of abortion destigmatization. Without considering the rich, complex, and varied nature of individuals' lived experiences and social interactions informing understandings

of the symbolic meanings attached to womanhood, motherhood, the diagnosed-female body, and abortion, I argue that a theory of abortion [de]stigmas is incomplete. While Foucauldian conceptualizations of power and the view of stigmatization as a social process (Millar 2020) are in and of themselves substantial developments in the subfield of abortion stigmas, I assert that inclusion of symbolic interactionist and relational components from the Goffman school of stigma theory are foundational as well.

Summary of Theoretical Tenets

Tenet one argued that treating "abortion stigma" as singular contributes to misconceptions about variable attitudes and experiences as static, reinforcing abortion as "always bad." In line with Millar (2020) and Foucauldian power analysis, I sought in tenet one to clarify stigmatization as the social process producing variable abortion negativities, and destigmatization as the interruption of processes "irrigating" an inequitable social order (Brown 2006). Tenet two grounded destigmatization theory in intersectionality through a reproductive justice framework (Ross 2017; Luna and Luker 2013; Sister Song n.d.) and abortion decision making politics (McKinney 2019) that recognize differential constraints structuring reproductive "choices."

Tenet three examined how biopower techniques "to 'make' live and to 'let' die" (Foucault 1997:241) fuel stigmatization across the political spectrum, producing different stigma forms: fetocentrism and abortion sacralization (right-wing) versus neoliberal choice rhetoric and abortion exceptionalism (left-wing). Centering women and differently gendered pregnant people enables engagement with Millar's (2017:97) precept that forced pregnancy continuation is immoral and laws enabling forced incubation are essentially socialism of gender minoritized people's bodily resources. Finally, I integrated compatible symbolic-interactionist elements from

the Goffman school, particularly "norm centrality" and norm-stigma relationality (Worthen 2020; 2023), showing how motherhood norms—intensive mothering, inventive mothering, mother shame, motherwork, and motherhood inevitability—serve as foundational cultural materials enabling abortion stigmatization processes.

CHAPTER ONE DISCUSSION

In the U.S., abortion is roughly as common a pregnancy outcome as miscarriage (American College of Obstetricians and Gynecologists Committee on Practice Bulletins—Gynecology 2018; cf. Ramer et al. 2024), and yet both pregnancy outcomes are often, although by no means always or monolithically, stigmatized in comparison to live birth (Browne 2025). In point of fact, the normative interest in and discussion of rates of birth, pregnancy, miscarriage, and abortion are evidence of the mechanisms of biopower successfully being "adjusted to phenomena of population, to the…biosociological processes characteristic of human masses." (Foucualt 1997:250). The biopower that fuels abortion stigmatization processes functions in service of "the regularization of life" (Foucault 1997:249), its primary focus being population control, to "establish a sort of homeostasis" (p.246) for the existing social order.

The medical establishment, as the purported source of safe and legal abortions, could be cast as aligning with abortion rights and liberalization, but as discussed above, the relationship is fraught. The medico-legal paradigm has been fixed with an abortion exceptionalist filter (Millar 2022; 2023; 2024), a concept I detail further in Chapter Three. Abortion destigmatization requires the assertion of an absolutist right for each individual person to own their own body and retain sole rights over the control of their body's resources, yet, in the U.S., even the majority *Roe* opinion situated (predominantly men) physicians as decision makers for abortion nearly as often as women (49 times versus 55 times) (Oyez n.d.). Foucault (1997:252) recognized that

medicine "becomes a political intervention-technique with specific power-effects," and Baird (2018) discussed the ability of medicalized authority structures to subsume individual reproductive rights. Calls for reproductive rights and justice are therefore tasked with freeing the individual from the biopolitical power apparatus intent on population regularization, and in this light, it may be tempting to view securing absolutist personal bodily sovereignty as a radically individualist, libertarian endeavor.

It would be a mistake, however, to abandon intersectionality, group mobilization, and governmental reform efforts. Foucault (1997:254) posited that the inherent contradictions in State biopolitical mandates to optimize life and to functionalize death *need racism* to "intervene" as justification for techniques of biopower that "let" some die (think racialized inequities in maternal mortality rates, childhood asthma, a living wage, adequate housing, etc.). Approaching abortion destigmatization in a libertarian sense would essentially fulfill "the first function of racism: to fragment, to create caesuras within the biological continuum addressed by biopower." (Foucault 1997:255). Racism transforms the massified targets of biopolitical control into more manageable subgroups. Where do diversely racialized women and other uterine-bearing people figure here? Surely the abortion stigmas produced on biopower fuel are facets of hetero-patriarchy that also assist transformation of massified targets of biopolitical control (e.g., population pregnancy rates and pregnancy outcomes) into manageable person groupings on the basis of sexed bodily feature. Achieving optimal pregnancy "regularization" through surveillance and regulation *of uterine contents* rather than *sperm production* narrows the target group by roughly half; racism in the more traditional sense narrows it further still.

Foucault (1997:263) ultimately concluded that biopower cannot enact the latter half of its idiom and engage the function of death, "without becoming racist." Here, it is useful to

conceptualize racism loosely enough that it can include any arbitrary biological basis—skin color or sex characteristics—for fundamental categorization of persons and subsequent "racial" hierarchy formation. Since the State consummation of its biopower grab is enabled by its racist division of populations to manage into more easily controlled subgroups (what we conventionally think of as gender and race), the fact that uterine-bearing people are targeted for control, surveillance, and curtailing of rights to bodily sovereignty might be considered ironic.

After all, surveillance and regulation are means to an end—that end being the wielding of a biopower that fundamentally mimics what only the human uterus can do biologically. Anuradha Kumar (2013:e329) stated in regard to abortion, "It is not only life that women can give, but also death and that is deeply disturbing to the moral order." Those of us born with a uterus naturally have the power "to 'make' live and to 'let' die," and uterine regulation is as if the State is reaching within us to take our natural power, massify it, and mold it into it its unnatural own. So, perhaps it is not ironic so much as it is a predictable tale of jealousy as old as Cain and Able, Baldr and Loki, Eteocles and Polynices, Sugriva and Vali, or Osiris and Set—the abortion regulations that began to emerge in the U.S. in the mid-19th century were the "massified" equivalent of a jealous [Big] brother lashing out at their sibling.

Through the lens of Foucauldian power, women's ability to "give death" deeply disturbs not only the moral but also the *social* order. The State wishes to seize the power with which roughly half its citizens are born and in fact must do so in order to maintain existing social hierarchies. The anti-abortion stance essentially seeks to collectivize the power of the uterus, to assert that the State alone can determine what circumstances (if any) permit a person embodied with a uterus to freely exercise control over not only our uterine contents, but our bodily resources, which may or may not at any given time be being partially diverted to support a

developing body's placenta. The task for social scientists moving forward is to navigate the thoroughly normalized—across the political spectrum—biopolitical concerns with population regularization, to study person-as-species without losing sight of the service we may give to biopower maintenance by producing knowledge the State can use to reproduce itself.

In line with Romero (2020), sociologists need not avoid explicit engagement with social justice efforts, and an absolutist destigmatization of abortion—while a theoretical endeavor useful for research conceptualizations related to the sociology of the body, gender, sexuality, race, reproduction, family, and more—is also a matter of reproductive, racial, and social justice. An absolutist destigmatization of abortion is of fundamental necessity for achieving gender equity and securing universal human rights consistent with the United Nations' Universal Declaration of Human Rights. Given the slow pace at which sociology and social scientists more broadly have recognized abortion exceptionalism as a stigma form and the embedding of abortion negativity as "common sense" within some recent academic literature, theorizing absolutist abortion destigmatization is also about disciplinary reflexivity, and likely reflects other disciplinary-internalized biases related at least to gender in particular, but perhaps to other categories of human marginalization as well.

Future Research

To address the infiltration of abortion-as-bad "common sense" (Millar 2017) into scholarly literature, future research needs to include empirical studies and expanded theoretical inquiry into abortion [de][re]stigmatization processes, including measurement scales capturing individuals' range and frequency of experiences with [de]stigmas across social settings. Testing specific components of this theoretical framework will be crucial. For example, assessing the linguistic components could verify whether pluralizing "stigma" expands cognitive frameworks

for abortion negativities. Tests of Norm-Centered Stigma Theory (Worthen 2020; 2024) on reproductive justice matters could explore norm-stigma relationality between norms for doing gender, marriage, and family and abortion stigmas. Accurate empirical understanding of abortion stigmatization processes can guide policy makers, activists, and community members in securing reproductive justice.

Future empirical studies should avoid continuing disproportionately micro-level inquiries. Research findings across levels of analysis (per Bellagio abortion stigma working group suggestions in Hessini [2014]) can enable engagement with multiple potentialities for future abortion policy, frames, norms, and stigmas. Presently, I briefly suggest fruitful intersectional inquiry lines across analytical levels, building from micro- to macro-level analyses: researchers might investigate intersectional stigmas facing gender expansive people diagnosed female at birth and seeking abortion healthcare (see Moseson et al. 2021) versus similarly positioned cisgender women. Researchers could consider multiplicative effects of migration, citizenship, and detention status on reproductive stigmas (Boehm 2020; Gomez 2025; Kohlmeyer 2022; Rahman 2022). Aggregated individual-level data may aid intersectional analyses in meso- and macro-level quantitative studies using variables like race, age, marital status, or parity status. Researchers could also compare experience with abortion [de]stigmas among nulliparous, primiparous, and multiparous women and birthing people by race. Finally, in future studies, researchers could engage in transnational comparisons of abortion policy landscapes by colonial legacy or racialization of fertility campaigns serving nationalist rhetorics (see Millar 2015; Perry and Schmidgall 2025).

Across studies, esearchers should analyze abortion rates across time and space while validating reproductive autonomy and contributing to destigmatization by avoiding condoning

rates as optimal or condemning them as "too high" (Millar 2015). As Baumer et al. (2018) proposed incorporating crime trends would do for criminological theories, abortion [de][re]stigmatization theories can best provide relevant frameworks for changing socio-legal contexts by considering abortion trends. Such analyses should carefully consider how to subvert mechanisms of biopower by informing public policy efforts aimed at absolutist destigmatization of abortion.

Policy Considerations

Dobbs catalyzed a shift in the "Overton Window" of U.S. abortion policy. Tactics including government pregnancy surveillance and punitive abortion responses once considered unthinkable are increasingly framed as acceptable—19 states have enacted abortion bans unconstitutional under *Roe* (Curhan 2025). Criminalization of miscarriage and abortion is increasingly common (Bach and Wasilczuk 2024), and a non-trivial percentage of Americans voice support for such punitive approaches (Crawford et al. 2023; Schmidgall et al. 2025).

The far-right trend towards abortion criminalization is especially disconcerting for its willingness to engage sovereign and disciplinary power techniques over citizens' bodies, although its biopower deployment is not without rivals on the left (Foucault 1977; 1997). The post-*Dobbs* growth of extremist anti-abortion "abolitionist" movements (Schmidgall et al. 2025)—rivaling mainstream pro-life movements for resources (Crawford and Weible 2024) and endorsing death penalties for abortion ("No Exceptions – Abolitionists Rising" 2025)—is particularly concerning. The Southern Poverty Law Center (2024) recently named four anti-abortion abolitionist organizations "male supremacist hate groups." Beyond right-wing punitive clamor, subtler left-wing-produced abortion stigmas, also biopower-fueled, have broader

acceptance: according to Curhan (2025), 41 states have exceptionalist abortion bans *conditionally* granting women and birthing people sovereign rights over bodily resources.

Conclusion

In the 1986 introduction to *Of Woman Born*, Adrienne Rich wrote: "I would not end this book today, as I did in 1976, with the statement 'The repossession by women of our bodies will bring far more essential change to human society than the seizing of the means of production by workers.'" In ten years, Rich had evolved her intersectional gaze, explaining that while she still believed women's ownership of their bodies would "catalyze enormous social transformations," the change must co-occur with the securing of other claims for all minoritized people:

> the claim to personhood; the claim to share justly in the products of our labor, not to be used merely as an instrument, a role, a womb, a pair of hands or a back or a set of fingers; to participate fully in the decisions of our workplace, our community; to speak for ourselves, in our own right.
> (Rich 1986:xviii)

Following Rich, sociologists must evolve our intersectional gaze. The conceptualization of abortion stigmas as though they could be neatly parsed into singularly identifiable attributes is inaccurate and inadequate. We must engage with intersectionality, reproductive justice, and a symbolic-interactionist understanding of the inextricable link between daily, mundane norms and stigmas in order to effectively disrupt the biopower sustaining social hierarchies and constraining the day-to-day existence of so many variously minoritized peoples' lives. Building coalitions of resistance against biopolitical oppression is not limited to but certainly includes an absolutist destigmatization of abortion. Sociology must make it a habit to recognize biopolitical "massification" of human concerns in all domains of study in order to avoid reifying the status quo.

Chapter Two: Do State-Funded "Alternatives to Abortion" Programs Reduce Abortion Rates? A Longitudinal Analysis

CHAPTER TWO INTRODUCTION

With the 1973 *Roe v. Wade* Supreme Court decision, the U.S. federal government asserted its authority to establish and protect legal abortion access for pregnant people. In the majority opinion for the Court's 2022 *Dobbs v. Jackson* decision overturning *Roe*, Justice Samuel Alito wrote that the ruling returned the authority to regulate abortion to state governments. However, state legislatures had successfully developed a considerable number of abortion-regulating mechanisms—over 1,300—while *Roe* held precedent (Doan and Schwartz 2020; An Overview of Abortion Laws 2023), a nearly half-century timespan across which national abortion rates initially climbed but soon began to steadily decline.

The precedent set by *Roe v. Wade* granted states legitimate biopolitical authority to regulate abortions under specific circumstances: during the second trimester to address maternal health concerns and during the third trimester to protect "the potentiality of human life" (*Roe v. Wade* n.d.). Researchers have identified the emergence of political strategies on both sides of the aisle in the 1980s and 90s aimed at moralizing abortion in specific ways as a means of rallying motivated and loyal voter blocs (Adams 1997; Carmines et al. 2010; Carmines and Woods 2002). Mississippi's 2018 "Gestational Age Act," which banned abortion in the second trimester and ultimately led to the overturning of *Roe* (*Dobbs v. Jackson Women's Health Organization* n.d.), can be seen as part of a culmination of these efforts on the political right.

Another facet of conservative political action pertaining to abortion during the 1990s and moving into the 21st century was the development of state "Alternatives to Abortion" (A2A) programs (Maxon 2022; Wormer 2021). The manifest function of A2As is to provide vulnerable

pregnant people with needed resources to support (or coerce) a decision to progress in pregnancy until childbirth. Lawmakers advocating for the programs tend to frame A2As as providing a social safety net for women and children (Despart and Barragán 2022), although program infrastructure is typically limited in its ability to address structural barriers faced by people who are pregnant and considering abortions. Most programs offer free resources such as pregnancy tests, parenting classes, diapers, and baby formula to qualified state residents during pregnancy, and in some instances for a short time after childbirth (Maxon 2022).

Currently, state funding is allocated to A2A programs without robust evaluations testing program effectiveness. I address this gap by investigating the impact of state implementation of A2A programs on *Roe*-era abortion rates in states with A2A programs compared to states without A2A programs (between-state comparison), as well as on abortion rates over time in states that implement A2A programs (within-state comparison). In the months and years following *Dobbs*, A2As have been the subject of increased attention, with some conservative activists and politicians calling for increased funding to A2A programs and related service centers as a means of addressing the needs of pregnant people who can no longer legally access abortions (González 2022; Grabenstein 2023; Willingham 2023). The empirical study detailed in this chapter offers an analysis of A2A effectiveness, aimed at informing both public officials and engaged citizens considering the role of such programs in the post-*Dobbs* era. I limit analysis to the era of A2A programs operating under *Roe* precedent as the theoretical implications of *Dobbs*—an exogenous shock to state abortion rates—are beyond the explanatory scope of currently available data. I interpret individual abortion decision-making, measured here via aggregated annual state abortion rates, through the lens of Norm-Centered Stigma Theory

(Worthen 2023), a sociological theory of stigma rooted in the Goffman school.[16]

Before turning to the theoretical development—where I outline the central components of Norm-Centered Stigma Theory and my operationalization of it for the geographically- and temporally-specific analysis of fertility norms and reproductive stigmas as reciprocal social realities—I first briefly outline the bodies of literature that I will engage after developing the project's theoretical framework. Because A2A programs have received little direct scholarly attention prior to the present study, I review adjacent research on other abortion opposition strategies promoted by conservative state governments with the potential to affect state abortion rates[17]. I begin with studies examining the effect of regulations targeting abortion providers ("supply-side" policies), followed by literature on efforts to influence the decisions of abortion patients ("demand-side" policies). Finally, I consider scholarship on state partnerships with Crisis Pregnancy Centers (CPCs), which often serve as the contracted service providers responsible for implementing A2A program mandates.

CHAPTER TWO LITERATURE REVIEW

Norm-Centered Stigma Theory (NCST)

Meredith Worthen's (2023) Norm-Centered Stigma Theory (NCST) provides a theoretical framework for analyzing the effectiveness of Alternatives to Abortion (A2A) programs, measured by comparing trends in annual state abortion rates between states that implement A2As and states that do not, as well as within states over time, following A2A

[16] In relation to chapter one of this dissertation, A2A programs and other state mechanisms of abortion opposition can be conceptualized as biopower. In line with tenet three of Abortion Destigmatization Theory, biopolitical implementation of such programs and policies likely contribute to abortion stigmatization; my reliance on Norm-Centered Stigma Theory as a framework for interpretation of abortion decision-making aligns with tenet.

[17] Balmer (2006) provides an in-depth history of the top-down development of abortion as a central issue on the right wing of the Republican party. Holland (2020) and Kobes Du Mez (2020), while acknowledging the evolution of elite stances on abortion over time, document the crucial role of socially conservative grassroots movements in shaping not only public opinion but also 20th-century GOP priorities. Further, Herbolscheimer and Burge (2022) found Republican control of state legislatures to be a significant predictor of outcomes related to abortion policy.

implementation. Worthen's development of NCST includes three central tenets. I will discuss each in turn, developing an application of the NCST framework for the topic at hand of sociopolitical abortion opposition and abortion incidence.

NCST stipulates that "[t]here is a culturally dependent and reciprocal relationship between norms and stigma" (Worthen 2023:26). Worthen dubbed this interdependence and reciprocity "norm centrality," and the norm-stigma interplay proves foundational to understanding the relationship between state A2A programs, the sociopolitical environments that produce them, and the potential for both to have an association with state abortion rates. Individuals who are pregnant but do not wish to be pregnant are influenced by culturally specific state norms constructed around reproductive rights as well as pronatalist responsibilities[18]. Norms of reproduction and family construction "feed off of" (Worthen 2023:26) the specific milieu of abortion stigmatization arising from a given sociocultural context, and that milieu of abortion stigmatization in turn "feeds off of" reproductive norms and expectations.

In short, the norm centrality component of NCST means that within a given sociopolitical context, prescriptions and proscriptions for reproduction exist symbiotically. Conservative sociopolitical norms governing sex and pregnancy are therefore reciprocally related not only to abortion stigmatization but also to the stigmatization of abortion alternatives. "Norm centrality" means that if cooperative procreation and childrearing within hetero-patriarchal marriage are prescribed, then birth control and abortion are proscribed, but so are pregnancies resulting from premarital sex or an extramarital affair, which, from the perspective of a person facing or contemplating the possibility of such a pregnancy, creates a sort of competitive environment for

[18] State policies seeking to coercively impact group birth rates, in an effort to either increase or decrease group "stock," is a phenomenon with a long history in the U.S. of being deeply embedded in racial politics (Roberts 1997), immigration (Reich 2005), and gender and sexuality (Worthen and Dirks 2015).

the various avenues of symbiotic stigmata attached to the "proper" sex prescription.

NCST also postulates that "[t]he relationship between norms and stigma is organized by social power dynamics between the stigmatized and the stigmatizers" (Worthen 2023:27), which in the case at hand refers to people seeking, obtaining, or providing abortion care within a given state climate (those stigmatized by their connection to abortion) versus anti-abortion advocates and policy makers in that state climate ("the stigmatizers" of abortion). One way to take account of the power differential between people stigmatized by abortion and people doing the stigmatizing of it, then, per the stigma-relationality component of NCST, is to compare the quantity and quality of organizations dedicated to the respective causes of abortion rights advocacy versus anti-abortion advocacy. In recent decades, U.S. groups like Shout Your Abortion, We Testify, and Exhale Pro-Voice have been developed by people who have had abortions for people who are considering, seeking, or have also obtained abortion care (Shout Your Abortion n.d.; We Testify n.d.; Exhale Pro-Voice n.d.), but such groups are rare, appear to operate primarily online rather than in a local context, and expend frontline resources on combatting abortion stigmas[19]. Even long-established pro-choice organizations—which are broader in mission and membership than groups specifically formed by and for people who have had abortions—have only a fraction of the national presence of counterpart anti-abortion groups. According to Cause IQ (n.d.), a platform that aggregates IRS Form 999 filing data to analyze and track U.S. nonprofits, "pro-choice" organizations numbered just 235 compared to 834 "pro-life" organizations in 2025. Pro-choice groups employed 1,300 people and earned $327 million in revenue as opposed to the aggregate 3,843 people employed and the $456 million brought in by

[19] The homepage for Exhale Provoice, for instance, includes a banner stating, "We're dreaming about a world *free from* abortion stigma." Smaller text beneath the banner reads, "(And we're making that dream a reality.)" (Exhale Pro-Voice n.d.)

pro-life groups.

These figures, while indicating a clear imbalance of power available to the relatively "stigmatized" versus the "stigmatizers," do not yet include related service providers. In 2024, abortion-providing clinics nationwide numbered 765, a 5% decrease in the two years since *Dobbs v. Jackson* (Jones et al. 2024). On the other hand, the nonprofit organizations—Crisis Pregnancy Centers (CPCs)—that, according to Swartzendruber and Lambert (2020), "aim to dissuade people considering abortion," were numbered at 2,633 as of March 2024 (Schwartzendruber and Lambert n.d.)[20]. By these measures, the power differential between the stigmatized group of people who have abortions and the stigmatizers who advocate against abortion access is stark. According to NCST, it is precisely this stark power differential that orders the relationship between the norms and stigmas at play in and around state A2A programs and abortion rates, tipping the scale of structural influence for norm construction to actors and organizations more often positioned as stigmatizers and leaving vulnerable people who are pregnant to negotiate their individual circumstances within a minefield of stigmas.

Next, NCST outlines how "[s]tigma is inclusive of negativity and social sanctions directed toward norm violations and norm violators justified through social power dynamics and situated on a spectrum" (Worthen 2023:28). In a review of abortion stigma literature, Hanschmidt et al. (2016) identified that, in addition to the people who obtain abortions, abortion providers are also often cast as norm violators, experiencing stigmas because of their professional engagement with abortion care. The experiences of abortion providers in states that

[20] Importantly, CPCs are faith-based organizations, sometimes funded exclusively through private donations and support from religious entities. However, there are also a variety of mechanisms by which CPCs receive state funding. In some cases, this occurs directly through a state's implementation of an A2A program, where CPCs are contracted as service providers to help achieve program goals. In other instances, state funding comes through channels unrelated to A2As—for example, by a state's allocation of revenue generated from the sale of "Choose Life" license plates to CPCs (Choose Life 2022).

passed conservative legislation known as Targeted Regulations of Abortion Providers (TRAP) were particularly emblematic of this aspect of NCST during the *Roe* era. TRAP laws often introduced a considerable amount of bureaucratic procedure for clinic staff to navigate, typically without any medical or evidence-based justification for doing so (Austin and Harper 2018; Medoff and Dennis 2011, 2014).

The relevant norms regulating the behavior of individuals considering abortion, however, are much more pervasive and personal than merely professional, as are what are often the corresponding negativities and social sanctions experienced by those who have violated such norms. During the *Roe* era, powerful conservative religious and political forces—the Religious Right—invested extensive energy in the politics of "family values" (Dowland 2015), constructing norms of fertility (Kaufmann 2010; Perry et al. 2022; Perry and Grubbs 2025), motherhood (Cooper 2017; Hensman 2020; Kobes Du Mez 2020; Luker 1984; Peach 1993), and [fetal] personhood (Goodwin 2020; Herbolscheimer and Burge 2022; Holland 2020) that are key to understanding the stigmatizing effects of state A2A programs on abortion rates. The considerable investment in norms regulating sexual behavior, procreation, and family construction potentiates negativities and social sanctions for not only abortion, *but also for childbirth and childrearing* that occur outside the normative confines of the narrow model of family venerated by the Religious Right and characterized by economic self-sufficiency and procreative hetero-patriarchal marriage (Cooper 2017).

As discussed in Chapter One, feminist scholars have long illuminated the many avenues to social stigmas and unique burdens of childbearing, childrearing, and motherhood[21], along with the role each plays in perpetuating structural gender inequities. Feminist theories of the family

[21] In using the term "motherhood" here, I mean to denote both a contestable status and a dominant model for gendered parenting imposed on people who become pregnant.

emphasize the reality of "negativity and social sanctions" (Worthen 2023:28) imposed on those who fail to meet impossible ideals of "intensive mothering" (Hays 1996), who must resort to "inventive mothering" to meet needs as basic as diapers for their babies (Randles 2021), and/or whose intersectional social positionalities sometimes require types of "motherwork," of which more privileged mothers neither have a concept nor any need to engage in (Collins et al. 1994). For the present analysis, it is critical to recognize that a disproportionate amount of abortion decisions comprising the annual state abortion rates being analyzed are made by people for whom the standards of intensive mothering are often, by design, elusive—people who must incorporate inventive mothering and exhausting motherwork techniques in order to, at base, ensure their child[ren]'s physical survival; keep their families intact (Fong 2023).

In short, it so happens that people socially defined as the "least appropriate" to be mothers under what DiLapi (1989) termed the "motherhood hierarchy" tend to be the people who have the most abortions. The temporal order is critical here. Components of identity and status expose people to social messages about, for example, conservative "family values" or chastity or virtuous womanhood, that, implicitly or explicitly, socialize them to an understanding of their placement in the motherhood hierarchy (DiLapi 1989), sometimes as a result of their choices and sometimes due to circumstances beyond their control, but which then in turn may become a component part of their abortion calculus if facing stigmatized pregnancy circumstances. So, in addition to the structural inequities and physical resource deficiencies faced by individuals cast as the "least appropriate" to be mothers, the NCST framework also asserts that the fact of social stigmatization should itself figure prominently in our understanding of why the most

marginalized people—disproportionately, the poor, the racially minoritized[22]—tend to have the most abortions (Abortion in the United States 2025).

Choosing to terminate a pregnancy violates dominant social pregnancy norms, but in most cases, abortion is an act one can hope to keep private, and one that Howard Becker (1963) called primary deviance. For a person having a child as an unmarried woman, or as a teenager, or after surviving rape, or when addicted to drugs, incarcerated or queer or poor, or when the person who is pregnant has a disability or under any other of the myriad life circumstances outside the narrow confines of conservative norms at the intersection of reproduction, gender, and family, giving birth could result in chronic stigma—the unveiling of secondary deviance (Becker 1963). In such cases, it is not abortion but rather *giving birth* that could be the gateway to becoming an "outsider." In short, it is possible that A2A programs and related sociopolitical means of abortion opposition broadcast the construction of normative "family values" in such a way that may lead individuals facing a stigmatized pregnancy to perceive abortion to be a path to lesser stigmas. The findings of the present study indicating a positive association between state governmental abortion opposition mechanisms and corresponding annual state abortion rates lend support to NCST and, more broadly, a Goffmanian symbolic-interactionist interpretation of how stigmas are made relevant to individuals via norms.

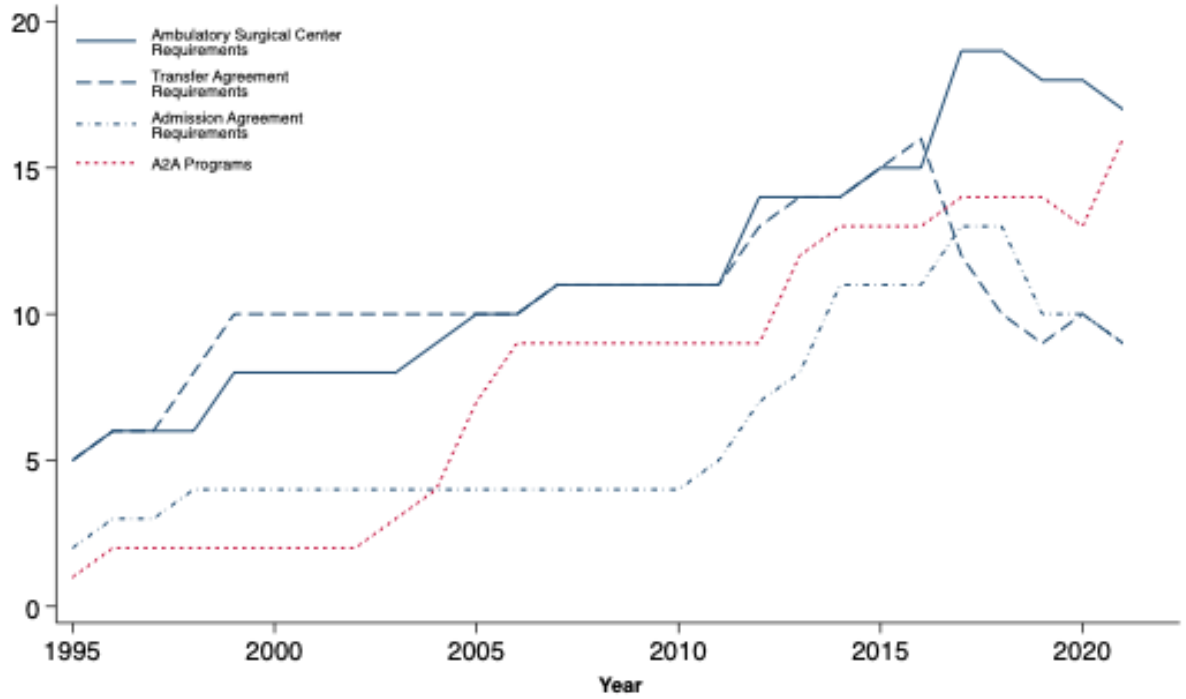
"Supply-side" Abortion Opposition

Roe v. Wade precedent permitted states to regulate the healthcare facilities and providers engaged in abortion services out of deference to the legitimated state governmental interest in protecting women's health during the second trimester of pregnancy. Laws that emerged to

[22] As mentioned in Chapter One and in line with Black et al. (2023), I use this language in place of "racial minorities," in order to emphasize the active, ongoing process of racial marginalization within white supremacist social structures, and to avoid linguistically insinuating that the construction of minority status is natural or inevitable.

address such concerns—a clear enactment of biopower—became widely known as Targeted Regulations of Abortion Providers (TRAP). TRAP laws created high standards for abortion providers and clinics. Some of the most common TRAP laws included requiring abortion clinics to meet the same standards as Ambulatory Surgical Centers, compelling abortion providers to obtain local hospital admitting privileges, and/or to establish transfer agreements with local hospitals (Austin and Harper 2019). Below, figure 2.1 provides a visual, adapted from Austin and Harper (2019), of the expanding number of states implementing each of these three types of TRAP laws, alongside the number of states implementing A2As, beginning in 1995, when Pennsylvania implemented the first A2A program.

Figure 2.1: Counts of states with Targeted Regulations of Abortion Providers (by regulation type) and states with Alternatives to Abortion (A2A) programs, A2A era (1995-2021)



Sources: An Overview of Abortion Laws (2023); Austin and Harper (2019) Maxon (2022); Wormer (2021); N=1,350 state-years

Research into maternal health outcomes associated with TRAP laws indicates that this

mechanism did not in practice serve the state interest to protect women's health (Foster 2021). The American Public Health Association did not support the stringency of TRAP standards as medically necessary for the health and safety of abortion patients (Austin and Harper 2018). On the contrary, studies indicated a positive association between TRAP laws and adverse health outcomes for pregnant people[23]. Vilda et al. (2021), for instance, found state TRAP laws requiring abortion providers to be licensed physicians were associated with a 51% increase in a state's total maternal mortality rate. Additionally, the regulation of abortion provision to protect women obtaining the procedure occurred within the context of medical professionals' consensus that abortion is safer than pregnancy and childbirth in the U.S. (Samandari et al. 2021; Wilkinson et al. 2022) and, under the right circumstances, has been for some time (Dean 2022).

In the context of the present study, whether TRAP laws were effective at protecting the health and safety of people who were pregnant is of less relevance than whether TRAP laws were effective at reducing state abortion rates (the intended biopolitical function), as the latter is consistent with the anti-abortion platform of the right-wing politicians who implemented TRAP laws and of theoretical interest. Researchers identified a variety of structural factors as likely contributors to the *national* downward trend in abortion rates that began in the 1980s, including increased accessibility and acceptability of contraceptive use (Access to Contraception 2015) and expanded access to health insurance under the Affordable Care Act (An Overview of Abortion Laws 2023). According to the theoretical framework of Norm-Centered Stigma Theory (NCST) as discussed above, it is also possible that the federal protection of privacy and autonomy of people who were pregnant under *Roe*, along with national trends toward gender equity, could

[23] It is beyond the scope of this chapter to discuss negative outcomes associated with TRAP laws beyond those adjacent to the health and safety of pregnant people, but researchers identify children as another group negatively impacted, through increased adverse birth outcomes (Redd et al. 2021, 2022) and child abuse, neglect, and fatality rates (Bitler and Zavodny 2004; Sen 2007; Sen et al. 2012).

have helped relax some of the stigmas around various non-normative childbearing and childrearing circumstances, making the decision to parent more tenable for some at the national level.

Austin and Harper (2018) performed a comprehensive review of the literature addressing the relationship between state-level TRAP laws and abortion rates. They concluded that some regulations were associated with decreased within-state abortion rates while others were associated with increased rates. Such discordance warrants further research[24]. The present study addresses both within-state and between-state variation in abortion rates and incorporates TRAP data[25] as a predictor of state abortion rates.

"Demand-side" Abortion Opposition

State laws regulating the behavior of people seeking abortion were allowable under the same biopolitics-legitimating *Roe* permissions as those that enabled states to regulate abortion providers. Over the duration of *Roe v. Wade* precedent, examples of demand-side regulations of abortion-seeking behavior included lengthy informed consent requirements (sometimes with mandatory waiting periods exceeding several days' time), ultrasound viewing requirements, husband notification, and parental consent for minors undergoing the procedure. The 1992 Supreme Court decision in *Planned Parenthood of Southeastern Pennsylvania v. Casey* addressed these sorts of regulations, establishing that state imposition of any "undue burden" on a person seeking abortion violates constitutional protections to abortion access, which the Court determined was the case with the husband notification requirement of the Pennsylvania law in question (Planned Parenthood of Southeastern Pennsylvania n.d.).

[24] Jones et al. (2018) provided insight to the relationship between state abortion policy climate more broadly and state abortion rates.
[25] Austin and Harper (2019) published these data as a means of encouraging increased research into the relationship between TRAP laws and abortion rates.

As with supply-side regulations, research on the effect of state regulations of abortion seekers' behaviors has identified an association between demand-side laws and negative outcomes for abortion patients. In the case of demand-side regulations, negative outcomes have included increased monetary costs associated with obtaining the abortion procedure, increased travel distances required in order to obtain the procedure, and physical risks associated with delayed access to an abortion procedure (de Londras et al. 2022; Perreira et al. 2020). Researchers have also outlined ways that the social status of women as a group was negatively affected by demand-side abortion regulations (Swank 2020). Doan and Schwarz (2020) posited this was due in large part to women's increased exposure to government surveillance and its byproducts, which are associated with policing the compliance of such laws, and which may be part of the "motherhood hierarchy" (DiLapi 1989) socialization discussed within the framework of Norm-Centered Stigma Theory (NCST).

Research findings regarding the relationship between demand-side regulations of abortion seekers and state abortion rates during the *Roe* era were clearer than findings from studies of supply-side regulations. Joyce et al. (2020), for example, found that demand-side abortion regulations lowered abortion rates somewhat in the late 20th century but had no association with abortion rates in the new millennium. Other studies indicated no effect of demand side abortion regulations on abortion rates (Gius 2019; Jovel et al. 2021; Medoff and Dennis 2014; Vilda et al. 2021). The present study adds to this literature by addressing a previously unresearched demand-side abortion opposition mechanism: A2A programs.

State Collaborations with Crisis Pregnancy Centers (CPCs)

The role of nonprofit Crisis Pregnancy Centers (CPCs) in the *Roe*-era abortion policy landscape is an important component part of the relationship between state Alternatives to

Abortion (A2A) programs and state abortion rates to be considered here. I conceptualize CPCs as an indirect conduit of biopower. Research investigating the impact of CPCs has revealed that their effects are multi-faceted and often complicated by the fact that CPCs can easily be mistaken for abortion clinics, although they are not healthcare facilities (Bryant and Levi 2012; Kimport 2019; Tsevat et al. 2016). For example, Swartz et al. (2021) found that fewer than 15% of women tasked with differentiating between screenshots for CPC websites and those for abortion clinics were consistently successful, with most women confusing at least one CPC for an abortion provider. Computer algorithms can also contribute to confusion, with search engines routing internet traffic for abortion services to CPC webpages, and Google Maps routing physical road traffic to CPC locations (Wilson 2022).

From *Roe* to *Dobbs*, state governments collaborated with CPCs in a number of ways in conjunction with abortion opposition efforts, including but not limited to contracting CPCs as service providers to achieve state Alternatives to Abortion (A2A) program goals. In the introduction to their systematic literature review on CPCs, Montoya et al. (2022) stated that these centers "present themselves as healthcare clinics while providing counseling explicitly intended to discourage and limit access to abortion…often through manipulative and misleading tactics…not supported by medical evidence" (Montoya et al. 2022:757). Indeed, there is broad scientific consensus that CPC operators use a variety of coercive tactics to dissuade abortion seekers (Bryant-Comstock et al. 2016; Campell 2017; Cartwright et al. 2021; DiPietro 2022; Hill 2015; Hussey 2013; Jones 2013; Kimport 2019; aaKissling et al. 2023; Montoya et al. 2022; Rosen 2012; Swartz et al. 2021; Swartzendruber et al. 2019).

The collaboration between CPCs and state governments takes various forms. During the *Roe* era, A2A programs created the most substantial partnerships between states and CPCs, with

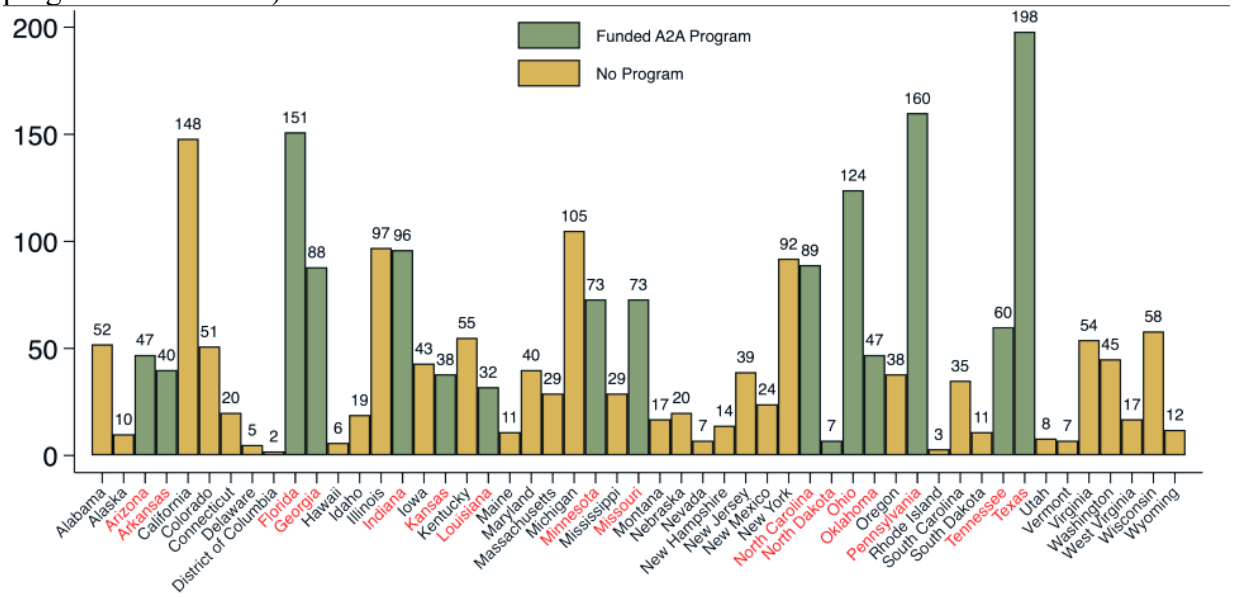
states like Texas channeling hundreds of millions of dollars through its A2A program to CPCs as contracted service providers (Astudillo and Najmabadi 2021). States funded A2As through the allocation of federal monies (Temporary Assistance for Needy Families [TANF], Medicaid allotments, Title X, and/or block grants) or state tax revenue to CPC service providers (Maxon 2022; McElroy 2015)[26]. See Figure 2.2 for a visual of the distribution of CPCs nationwide in 2021, the last full year of *Roe* precedent. Note that among the 15 states with the most CPCs, only California, Illinois, and New York have no affiliation with an A2A program (Michigan ended its program after 2019 and the status of a program in Wisconsin is contested, as discussed below in the Methods section of this paper), demonstrating the strong relationship between state A2A programs and CPCs.

Hypotheses

To address the novel question of the impact of A2A programs on between-state abortion rates (A2A versus non-A2A states) and within-state abortion rates (A2A states over time), I consider the potential for A2As during the *Roe* era to have been either positively or negatively associated with state abortion rates. Although the stated goals of A2A programs would seemingly portend a negative relationship with state abortion rates, Norm-Centered Stigma Theory (NCST), as outlined above, draws attention to the programs' latent functions as having the potential to amplify constrained norms around gender and family that may figure into individuals' abortion calculus. Specifically, NCST underscores how the moralization of abortion

[26] It is relevant to note that the provision of material support for pregnant people and their families through contracted service providers may be only a small fraction of A2A spending. For example, direct client support accounted for less than 3% of the A2A budget in Texas in fiscal year 2023, according to public records obtained by Equity Forward (Wormer 2021). Executive staff salaries and program marketing accounted for the majority of spending.

Figure 2.2: 2021 count of Crisis Pregnancy Centers by state (with state Alternatives to Abortion program status noted)



Source: Swartzendruber and Lambert (2020); N=50 states plus Washington, D.C.

often goes hand in hand with the stigmatization of abortion alternatives, potentially limiting the practical effectiveness of conservative abortion opposition efforts or causing such attempts to backfire. However, given that the present study provides the first empirical test of A2A program effectiveness and that the manifest function of the programs is to lower abortion rates, I formulate the following multi-directional research hypotheses:

1. **Between-effects:**
    a. **H_{B0}**: State implementation of A2A programs has no statistical association with abortion rates in A2A states compared to non-A2A states.
    b. **H_{B1}:** State implementation of A2A programs is **negatively associated** with abortion rates in A2A states compared to non-A2A states.
    c. **H_{B2}**: State implementation of A2A programs is **positively associated** with abortion rates in A2A states compared to non-A2A states.
2. **Within-effects:**
    a. **H_{W0}:** State implementation of A2A programs has no statistical association with abortion rates within A2A states over time.
    b. **H_{W1}**: State implementation of A2A programs is **negatively associated** with abortion rates within A2A states over time.
    c. **H_{W2}**: State implementation of A2A programs is **positively associated** with abortion rates within A2A states over time.

CHAPTER TWO METHODS

Data

I constructed a state-year panel dataset by combining state-level information from a variety of sources. I explain these sources as part of variable descriptions below. My primary sources of information are the state-level abortion counts and rates collected by the Centers for Disease Control (CDC). For all my variables of interest, I include information from all 50 states for years 1973-2022 in order to obtain a descriptive picture of the abortion landscape from *Roe* to *Dobbs*. I temporally limit these data for analytical models to the context of the "Alternatives to Abortion (A2A) era" beginning in 1990[27] and ending in 2021, the last full year of *Roe* precedent. The full dataset is comprised of 2,450 state-year observations, and the final analytical dataset is comprised of 1,550 state-year observations. I refer to this combined dataset as the Roe-Dobbs Landscape (hereafter RtDL), in reference to the landmark Supreme Court cases on abortion rights that bookend this panel of various sociopolitical measures. I provide descriptive statistics for several key variables as well as demographic state population controls in Table 2.1.

Outcome

I obtained data on state and national abortion rates from the Centers for Disease Control (CDC). In accordance with Smith et al. (2022), I collected data on state abortion rates by both state of occurrence and state of residence. The CDC compiles annual summary state and national statistics on abortions by both state of residence and state of occurrence in the Abortion Surveillance report (see Kortsmit et al. [2023] for the most recent report). I chose the measure of state abortion rates by state of occurrence provided by the CDC as the outcome variable for analytical models in the current study because this measure is likely to be the most readily

[27] The first A2A program was established in Pennsylvania in 1995. I included the five preceding years in order to capture temporal trends preceding program implementation.

Table 2.1: Descriptive statistics, state-years with and without Alternatives to Abortion programs

	Alternatives to Abortion		
	No Program	Funded Program	Total
	$\bar{x}$ *(s.d.)* n (%)	$\bar{x}$ *(s.d.)* n (%)	$\bar{x}$ *(s.d.)* n (%)
Abortion rates*			
Roe to *Dobbs* era (1973-2022)	14.8 (7.9)	11.9 (5.1)	14.6 (7.7)
A2A era (1990-2021)	13.0 (7.0)	11.9 (5.1)	12.9 (6.7)
State governmental control (1973-2022)			
Democratic or bipartisan	1,745 (76.9%)	56 (24.2%)	1,801 (72.0%)
Republican	524 (23.1%)	175 (75.8%)	699 (28.0%)
Targeted Regulations of Abortion Providers (TRAP) (1990-2021)			
Ambulatory Surgical Center requirement			
No requirement	1,134 (81.8%)	133 (62.2%)	1,267 (79.2%)
TRAP law in place	252 (18.2%)	81 (37.9%)	333 (20.8%)
Hospital admissions requirement			
No requirement	1,270 (91.6%)	154 (72.0%)	1,424 (89.0%)
TRAP law in place	116 (8.4%)	60 (28.0%)	176 (11.0%)
Hospital transfer agreement requirement			
No requirement	1,147 (82.8%)	165 (77.1%)	1,312 (82.0%)
TRAP law in place	239 (17.2%)	49 (22.9%)	288 (18.0%)
State population controls (1990-2021)			
Percent women legislators	23.2 (8.2)	22.4 (6.5)	23.1 (8.0)
Percent evangelical	24.1 (12.5)	27.3 (8.9)	24.5 (12.1)
Percent racially minoritized	24.8 (15.5)	27.5 (13.1)	25.1 (15.2)
Percent people with uterus, aged 15-44	18.9 (3.1)	19.5 (1.4)	18.9 (2.9)
Percent at/below poverty	12.6 (3.5)	13.3 (2.8)	12.7 (3.4)
N A2A era (1990-2021)	1,386 (86.6%)	214 (13.4%)	1,600 (100%)
N Roe to *Dobbs* era (1973-2022)	2,269 (90.8%)	231 (9.2%)	2,500 (100%)

Sources: Austin and Harper (2019); Center for American Women and Politics (2024); Klarner (2013); Kortsmit et al. (2023); Maxon (2022); University of Kentucky Center for Poverty Research (2025); Wiertz and Lim (2021); Wormer (2021)

*Abortion rates are measured as the number of abortions per 1,000 people with a uterus aged 15-44, by state of occurrence, raw (un-logged) form

accessible to state governments who may make policy decisions based on abortion trends in their state. Most states voluntarily report these data to the CDC[28]. One of the strengths of the CDC abortion rate by state of occurrence measure is that states are able to rely on reporting from intrastate clinics and healthcare facilities to build this measure rather than relying on voluntary data sharing from other state governments in order to compile a measure by state of residence.

[28] The following states did not voluntarily report these data to the CDC for the parenthetically listed years: Alaska (1998-2002), California (1998-2020), Maryland (2007-2020), New Hampshire (1998-2020), New Jersey (2001-2010), Oklahoma (1998-1999), West Virginia (1975; 2003-2004), and Wyoming (2008-2018).

In line with the consensus abortion rate measure, I constructed the outcome variable as the number of abortions per 1,000 uterine-bearing people[29]. The full Roe to Dobbs landscape (RtDL) includes data for years 1973-2022, but I restrict models to the temporal A2A era, ranging from 1990-2021. The state-years with missing data for the outcome variable are not missing at random (Allison 2009a) as state governments certainly have varying motivations to voluntarily report or not report abortion rate data to the CDC each year. As a result, the conclusions I draw from these models are only representative of the states that choose to share abortion rate data with the CDC in the years they choose to share data. The analysis in the present study is therefore limited to explanation of approximately 88% of the state-years comprising the A2A era.

The outcome abortion rate by state of occurrence measure ranges from 0.04 in Wyoming in 2001 to 50 in California in 1990. In order to visualize the distribution of these panel data in the full RtDL, Figure 2.3 presents the heterogeneity of raw (i.e. unlogged) abortion rates across years, plotting state rates in each year as well as the overall annual national means. Figure 2.2 also presents a second visual, providing an overview of the heterogeneity of raw abortion rates between states, plotting annual rates in each state as well as the overall 1973-2021 mean for abortion rates in each state across the RtDL. I treat this variable as a continuous measure. For the regression models, I applied a natural logarithm transformation due to the variable's strong positive skew, characterized by a concentration of observations at lower values and a long right tail of outliers.

Key Predictors

Alternatives to Abortion (A2A) programs. My first key predictor is whether and when

[29] I use language inclusive of transgender men and nonbinary people, in line with Rioux et al. (2022), in order to most accurately capture the population of people who are directly impacted by abortion policy.

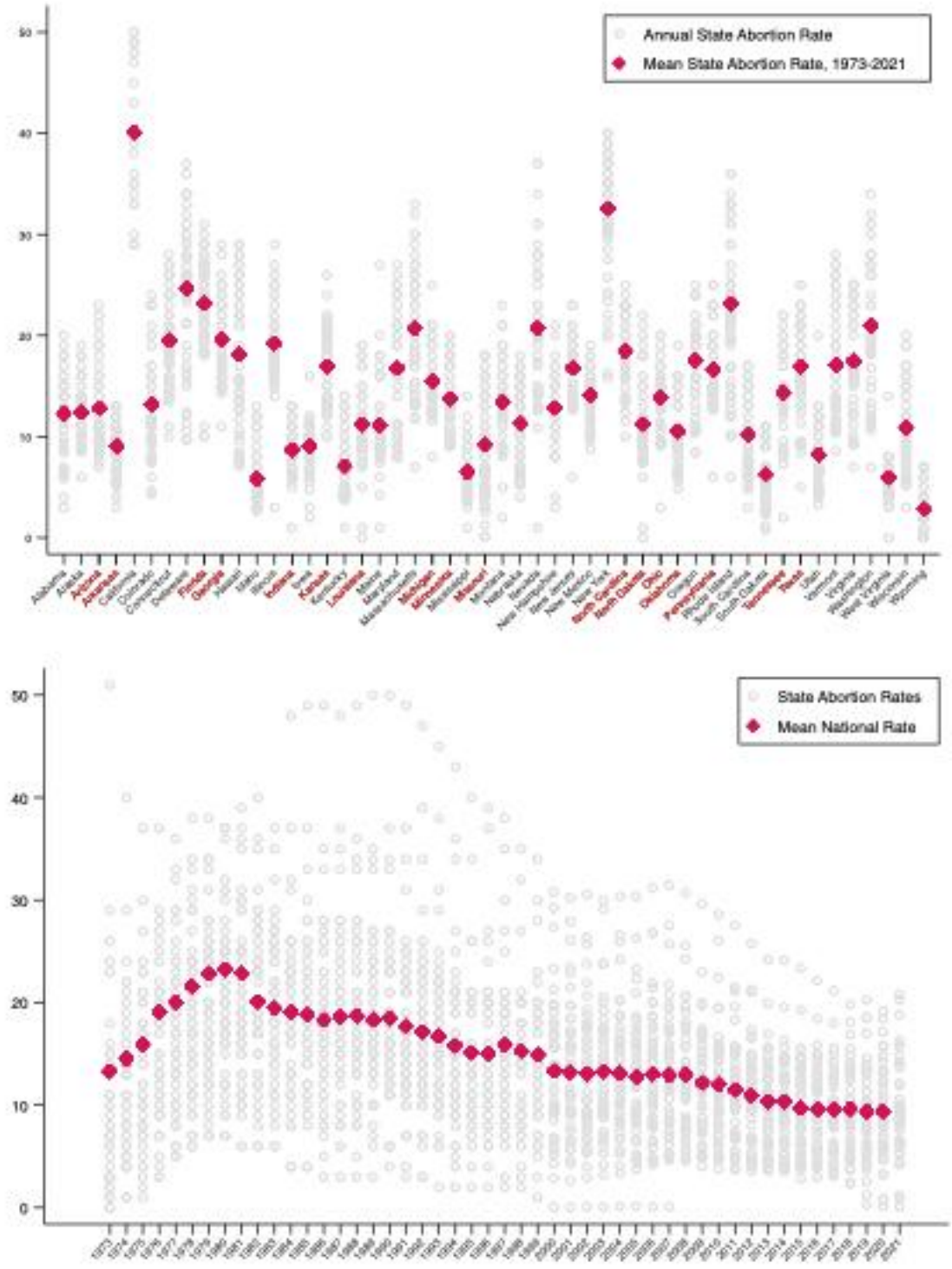
states implemented the "demand side" anti-abortion strategy known as A2A programs, defined as initiatives contrived by state legislatures and signed into state law that allocate state monies to the provision of resources in some form to "unborn children" and pregnant people, typically with the express intent that the funds be used to create alternatives to abortion. I cross-referenced fact sheets publicized by two polarized activist organizations in order to balance any bias in program identification: the anti-abortion group Charlotte Lozier Institute (Maxon 2022) and the pro-choice organization Equity Forward (Wormer 2021). The two sources identified the same states as having A2A programs, with the exception of Arizona and Wisconsin[30]. I coded Arizona as a state with an A2A program as SB1823 appropriated $1.2 million to "implement a statewide system to provide direct services…[to] support childbirth as an alternative to abortion…" (Fann et al. 2021). I did not code Wisconsin as a state with an active program because I could not find evidence of A2A implementation there after an extensive search of the Wisconsin government website and state-based media outlets.

The Charlotte Lozier Institute fact sheet did not specify year of program implementation, so I relied on Equity Forward for this information. I verified the reported year by consulting sources listed by Equity Forward. Both sources agreed that A2A programs existed in the following states during the *Roe* era, with Equity Forward-provided year of implementation[31] (and

[30] Writing for the anti-abortion group Charlotte Lozier Institute, Jeanine Maxon (2022) identified a program in Wisconsin, citing a personal letter from the Wisconsin Division of Public Health in 2020, which apparently indicated the existence of a small, non-traditional program. Maxon did not publish the cited letter.

[31] I coded A2A programs as beginning in the year funding measures were passed since the current study's theoretical framework points to the effects on abortion decisions of the broader sociopolitical environment producing A2As along with related norms and stigma. Theoretically, experiences with service delivery are not necessary for A2A programs to induce an effect, but merely the knowledge of one's state being the sort to implement an A2A or exposure to rhetoric surrounding A2As may influence an abortion decision.

Figure 2.3: *Roe* to *Dobbs* panel data visualization

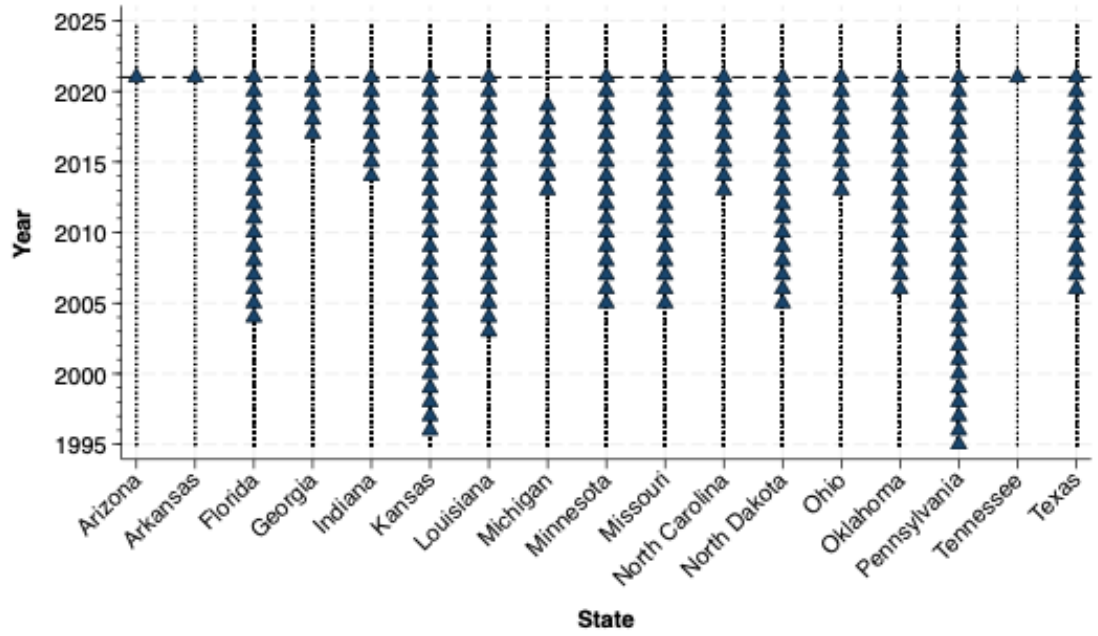


Note: Y-axes are unlogged abortion rates (number of abortions per 1,000 uterine-bearing people aged 15-44) by state of occurrence; X-axes are states (with states ever having implemented an A2A program during the *Roe* era are labeled in red), years
Source: Author's calculations from Kortsmit et al. (2023); N=2,295 state-years

where applicable, termination) listed parenthetically: Arizona (2021), Arkansas (2021), Florida (2004), Georgia (2017), Indiana (2014), Kansas (1999), Louisiana (2003), Michigan(2013-2019), Minnesota (2005), Missouri (2005), North Carolina (2013), North Dakota (2009), Ohio (2013), Oklahoma (2016), Pennsylvania (1995[32]), Tennessee (2021), and Texas (2006). Figure 4 provides a visual of the years of state funding of A2A programs. There are no missing data to address for this variable. Figure 2.4 provides a visual of funded A2A program state-years.

Republican control of state governments. In order to capture the effect of partisan control of state legislatures and governorships on state abortion policy, a key measure of the components of Norm-Centered Stigma Theory (NCST) related to social power dynamics, I created a binary measure indicating whether or not Republicans held a majority in state government in each year.

Figure 2.4: Funded Alternatives to Abortion program state-years during *Roe* era



Sources: Maxon (2022); Wormer (2021); N=214 state-years

[32] Pennsylvania Gov. Josh Shapiro announced a plan to terminate the then-longest running A2A program in 2024 (Miller 2023). Also falling outside the *Roe* era and therefore not included in the present study's analyses are the implementation of A2A programs in Iowa (2022), South Carolina (2024), Utah (2024), and West Virginia (2023), and the 2024 termination of Minnesota's program.

I accessed information on annual partisan control of state governments from the National Conference of State Legislatures (2025) and from Klarner (2013) via the Correlates of State Policy Project. In order to code Republican control in a state-year, I required there to be both a Republican majority in the state legislature and a Republican governor. Republicans had majorities in state governments in 27% of the state-years across the RtDL and in 40.9% of the state-years in the A2A era. This variable has no missing data.

Targeted Regulations of Abortion Providers (TRAP). I created three binary indicators measuring whether states had any of the three most common forms of "supply side" anti-abortion TRAP law strategies in each year. These common TRAP laws included requirements for abortion-providing facilities to have either (1) transfer agreements with a local hospital, (2) hospital admitting privileges, or (3) to meet ambulatory surgical center standards. I accessed data on the prevalence of TRAP laws from Austin and Harper (2019) for years 1973-2016 and from Guttmacher's annual reports of State Laws and Policies for TRAP laws in years 2017-2022. There were one or more TRAP laws in place in 19.7% of the state-years across the RtDL and in 27.9% of the state-years in the A2A era. No state-years are missing data for these variables.

Controls

Percent women state legislators. To assess the influence of the number of women in state legislatures on the creation of state anti-abortion programs, another measure of the components of NCST related to social power dynamics, I created a continuous measure of the proportion of state legislators who are women. I accessed data from the Center for American Women and Politics on women's representation in states' House and Senate chambers for years 1975-2022 (Center for American Women and Politics 2024). Data for 1973-74 were not available, but this did not pose an analytical problem since I restricted models to the A2A era. Women's level of

representation in state legislatures across the RtDL ranged from 0.71% in Alabama in 1975 to 58.7% in Nevada in 2022[33].

Percent of state populations, evangelical Christian. Given the intersecting influence of conservative Christian religion with conservative U.S. policy (Cooper 2017; Kobes Du Mez 2020), I constructed a variable measuring the annual percentage of state populations who self-identified as people who are evangelical Christians in years 1973-2018, with gaps. I obtained these data from a public dataset constructed by Wiertz and Lim (2021)[34], who collected information from the General Social Survey and employed dynamic multilevel regression and poststratification to construct estimates of state-level trends in religious identification. I merged their "Evangelical" variable into my RtDL dataset and addressed the interspersed missing years using the nearest-neighbor deterministic linear interpolation method[35] (Lepot et al. 2017; Shin 2017).

The mean population density of evangelicals across the full RtDL was 24.0%. The percentage of evangelicals among state residents during the years modeled ranged from 4.7% in Utah in 1990 (members of The Church of Jesus Christ of Latter-Day Saints are not considered evangelical [Marks 2004]; Massachusetts had the next lowest rate of 7.1% in 1990) to 61.2% in Tennessee in 1991. I include this control variable in recognition of the role of evangelical Christians in particular on the abortion policy landscape during the A2A era as well as in the construction of heavily moralized norms around sexual behavior (Begum and Seto 2025), fertility and family construction (Perry et al. 2022), and in order to avoid contributing to the

[33]In 2019, Nevada became the first state legislature where women held a majority. As of 2025, Nevada remains a national leader in gender representation, with women comprising 62% of its legislature. Colorado and New Mexico have also achieved legislatures with women representatives comprising a majority for the first time (Volmert 2022).
[34]Wiertz and Lim (2021) publish these data via github (Dingemanwiertz 2023).
[35]Shin (2017) outlines the usefulness of linear interpolation when model residuals are normally distributed, which I found to be the case in the present study using post-estimate testing.

trend in sociological research of overlooking the influence of religion (Perry 2022).

State population sociodemographics. I use several sociodemographic state population control measures in order to ensure that associations between A2A programs and state abortion rates are non-spurious. These include (1) annual estimates of the percentage of state populations comprised of people who were racially minoritized, (2) percentage of residents who were people with a uterus aged 15-44, and (3) annual estimates of the percentage among state residents of people with incomes at or below the federal poverty line. I treat all three of these variables as continuous measures. I accessed annual estimates of the state populations of racially minoritized groups as well as total state population estimates from the U.S. Census Bureau. I accessed data on the percentage of state populations who were people with a uterus aged 15-44 from the Guttmacher Institute and the U.S. Census Bureau. I obtained data on the percentage of state populations at or below the federal poverty line from The University of Kentucky Center for Poverty Research (University of Kentucky Center for Poverty Research 2025) and the U.S. Census Bureau. No state-years in the A2A era are missing these data.

Analysis

In order to capture within-state variation over time as well as between-state variation, I estimated a hybrid linear regression model, which uses both within- and between-effects to capture the potentially interesting differences in abortion rates before/after and with/without A2A implementation (Allison 2009b; Mundlak 1978). I include year fixed effects to control for temporal trends that may affect all states simultaneously. The base equation for the hybrid model is as follows:

$$\log(y_{it}) = \alpha_i + (\mathrm{x}_{it} - \bar{\mathrm{x}}_i)\beta_1 + \bar{\mathrm{x}}_i\beta_2 + \Sigma\delta_t\beta_t + \upsilon_i + \bar{\epsilon}_i$$

Let i=state and t=year. Here, y is equal to annual abortion rate by state of occurrence, x represents time-varying model predictors, α is equal to the abortion rate for state i when model predictors are zero, υ is equal to the error term for the within-effects estimation, and $\bar{\epsilon}$ is equal to the mean error term for the between-effects estimation. The hybrid regression estimates β_1 as the coefficient for within-effects associated with the mean deviation of predictor x_{it} from its mean for state i, and β_2 as the coefficient for between-effects associated with the mean of predictor x_{it} for state i in year t. Here δ_t is a vector of T-1 dummy variables for each year and β_t a vector of coefficients that captures the unique effects for each year analyzed. By including these year fixed effects, I control for time varying conditions that affect all states equally in each given year, such as national economic conditions or federal policy changes.

Procedurally, I began estimating a hybrid model by generating mean scores for all model variables (including the outcome) and running a regression using the variables representing mean values with observations clustered by state, which is a similar calculation as the one used for a panel regression of between-unit effects. Next, I generated variables indicating the value of each observation's deviation from the mean (again, including the outcome), running a second regression with mean deviations and again clustering by state, which is similar to a panel regression with fixed effects.

I then incorporated both the mean scores and mean deviations for the full hybrid model and estimated a hybrid regression using xtreg in Stata, which utilized the strengths of both between- and within-unit regressions and accounted for both time-invariant and time-varying effects. Importantly, in specifying a fixed effects model (or a between-within hybrid model), each unit (in this case, states) and measure of time (years) must be distinguished from every other unit and measure of time in order to account for state and year fixed effects. One method of

achieving this distinction between units and times would be to construct n-1 binary variables for all states and years and incorporate those binary variables into the regressions as predictors. Allison (2009b:17) detailed how the mean deviation method is preferable to this "dummy variable" method as the mean deviation method avoids the computational burden of estimating coefficients for (n-1) unit- and time-specific binary ("dummy") variables. Importantly, the mean deviation and "dummy variable" methods "[produce] exactly the same results." (Allison 2009b: 17). The more parsimonious OLS regression using the mean deviation method, however, produces incorrect standard errors and *p* values since degrees of freedom are calculated on the basis of the number of model predictors and using means and deviations excludes the need for dummies. Therefore, when using the mean deviation method, it is critical to either use available formulas to hand-calculate standard errors and *p* values or rely on one of the various software packages with commands that automatically account for the adjusted formulas needed, as does Stata's xtreg, which I used.

I next conducted Wald tests comparing between- and within-effects predictor coefficients, which indicated that 6/10 coefficient pairs captured significant differences, justifying the use of a partially constrained hybrid model's complexity (Schleifer and Chaves 2017). These tests assess whether the between- and within-unit effects differ significantly, helping determine whether each predictor should be modeled as having distinct within- and between-state effects. When no significant difference is found, the between-state component is sufficient to capture the relationship. Accordingly, I estimated a partially constrained hybrid model, using only the mean (between-state) values for the four coefficient pairs where Wald tests indicated no significant difference between the mean and mean deviation coefficients (Allison 2009b; Schunck 2013; Schunck and Perales 2017). This approach isolates the within-state net

effects by excluding mean deviation terms (i.e., the within-state variation) for variables that did not meet the Wald test threshold. Those four between-state coefficients were for two key predictors and two controls, respectively, as follows: (1) hospital transfer privileges TRAP requirements, (2) hospital admitting privileges TRAP requirements, (3) gender parity in state legislatures, and (4) the percent of state populations living at or below the federal poverty line.

I also performed supplemental *Difference-in-Difference* analyses to further examine the within-state effects of A2A program implementation. Since Pennsylvania was the first state to implement an A2A program (in 1995), I selected it as the "treatment" case and compared the abortion rates during its "treated" years (those with an A2A program in place) to all rates from states that never implemented a program. I appended these supplemental analyses to follow the conclusion of Chapter Two where readers can review a detailed explanation of the methodological analysis used along with a reporting and discussion of results for the Pennsylvania *Difference-in-Difference* model.

CHAPTER TWO FINDINGS

In Table 2.2, I present the results of both the full hybrid and the partially constrained hybrid regression models. The coefficients are presented in their exponentiated form to facilitate a more intuitive analysis and interpretation, with negative raw coefficient values noted in brackets (exponentiated coefficient values <1.0 represent decreases relative to the reference category or per-unit increase for continuous controls). This presentation departs from maintaining the logarithmic scale of the dependent variable, allowing for a clearer understanding of the results.

The full hybrid model estimates that, when holding other measures constant, states with Alternatives to Abortion (A2A) programs were associated with abortion rates that were 2.41

times as high as states without A2A programs—a 141% increase. The within-effects for A2A programs' association with a state's abortion rates over time were not significant, which may be a statistical artifact of A2A programs growing increasingly popular only late in the *Roe* era (i.e., 2013 was the first year where more than ten states had implemented programs). Regarding TRAP laws, the model estimates that, over time, state passage of a requirement for abortion-providing facilities to meet ambulatory surgical center (ASC) standards had a weak negative association with abortion rates, with years where an ASC requirement was in place having rates about 88% as high as years without the ASC requirement.

Conversely, the full model estimates that a TRAP requirement for abortion providers to have hospital admission privileges has a weak positive association with abortion rates, with years where a state had a hospital admission requirement in place having rates about 13% higher than years without. Between-effects coefficient estimates for TRAP variables were all non-significant, while only the between-effects estimate was significant for Republican state governmental control. The full model estimates that Republican-controlled states have abortion rates 56% lower than states with bipartisan or Democratic control (between-effects coefficient = 0.44), the implications of which I develop in the Discussion section.

Moving to the partially constrained hybrid model, the between-state coefficients tell the same substantive story as in the full hybrid model. After excluding mean deviations on the basis of the results of Wald tests—which indicated that including them didn't capture significantly different phenomena—there is a slight freeing of some within-state coefficient variation. For example, the partially constrained model estimates that ambulatory surgical center standards are associated with abortion rates that are 0.90 times those of states without such standards (a 10% decrease), compared to 0.88 times (a 12% decrease) in the full hybrid model. Similarly, the

Table 2.2: Results from Full Hybrid, Partially Constrained Hybrid Regression Models

	Between		Within	
	β	*(SE)*	*β*	*(SE)*
Full Hybrid				
Funded A2A	2.41***	(0.61)	1.06	(0.04)
GOP control	[-]0.44**	(0.09)	[-]0.98	(0.02)
TRAP Laws				
Ambulatory surgical center	1.05	(0.27)	[-]0.88***	(0.03)
Admission agreement	[-]0.88	(0.26)	1.13**	(0.04)
Transfer agreement	1.18	(0.30)	1.08	(0.04)
Controls				
Percent women legislators	1.02	(0.01)	1.01***	(0.00)
Percent evangelicals	[-]1.00	(0.01)	1.01*	(0.00)
Percent racially minoritized	1.02*	(0.01)	1.00	(0.00)
Percent with uterus, age 15-44	1.12	(0.12)	[-]1.00	(0.00)
Percent in poverty	1.00	(0.03)	[-]1.00	(0.00)
Year fixed effects		✓		
R-squared	0.450		0.421	
Overall Model				
R-squared		0.421		
N		1,506		

	Between		Within	
	β	*(SE)*	*β*	*(SE)*
Partially Constrained Hybrid				
Funded A2A	2.41***	(0.61)	1.06	(0.04)
GOP control	[-]0.43***	(0.09)	[-]0.98	(0.02)
TRAP Laws				
Ambulatory surgical center	1.05	(0.27)	[-]0.90**	(0.03)
Admission agreement	[-]0.88	(0.26)	1.15***	(0.04)
Transfer agreement	1.18	(0.30)		
Controls				
Percent women legislators	1.02	(0.01)	1.01***	(0.00)
Percent evangelicals	[-]1.00	(0.01)	1.01*	(0.00)
Percent racially minoritized	1.02**	(0.01)	1.00	(0.00)
Percent with uterus, age 15-44	1.12	(0.12)	1.01*	(0.00)
Percent in poverty	1.00	(0.03)		
Year fixed effects		✓		
R-squared	0.460		0.320	
Overall Model				
R-squared		0.403		
N		1,506		

Sources: Austin and Harper (2019); Center for American Women and Politics (2024); Klarner (2013); Kortsmit et al. (2023); Maxon (2022); University of Kentucky Center for Poverty Research (2025); Wiertz and Lim (2021); Wormer (2021)

Notes: Exponentiated coefficients shown; [-] indicates negative raw coefficient. See Chapter 2 Appendix Table A for all binarized year fixed effects coefficients

partially constrained model estimates that hospital admission requirements are associated with abortion rates that are 15% higher than states without this TRAP law, as compared to 13% higher in the full hybrid model. These results continue the trend of discordance in studies of the association between TRAP laws and abortion rates identified by Austin and Harper (2018).

Holistically, these models capture measures of both supply- and demand-side abortion opposition mechanisms, as well as an indicator of Republican state government control, the political party associated since the late 1970s with a variety of policies designed to oppose abortion. Hybrid model results indicate that among model predictors, the strongest association with abortion rates is for A2A programs versus no A2A programs. Specifically, the models estimate a strong positive association with abortion rates in the between-effects of demand-side abortion opposition (as captured by A2A programs), mixed results for within-effects of supply-side abortion opposition measures (as captured by ASC and hospital admission requirements for abortion providers), and a moderately negative association with Republican state government control. Coefficients for year fixed effects are displayed in Appendix Table A, and they demonstrate the strong downward trend in national abortion rates from 1990-2021.

Considering the full hybrid versus the partially constrained model, the exclusion of three mean deviation (within-state variation) measures made the partially constrained model slightly more efficient and therefore technically preferable (Schleifer and Chaves 2017). Both of the models estimate several R-squared values. According to Allison (2009b), the within R-squared value (.421 in the full hybrid model and .419 in the partially-constrained hybrid model) reflects the usual fit statistic for the fixed effects regression model comprised of mean deviation variables. The between R-squared (.449 and .450, respectively) and overall R-squared values (rounded to .421 in both models) reflect the squared correlations between the state-specific

observed mean and annual abortion rates with the predicted mean and annual abortion rates, respectively (Allison 2009b). Importantly, the mean deviation regression method, while more parsimonious than the "dummy" variable method, deflates R-squared values, meaning that these measures of how well the models fit the data are conservative (Allison 2009b:19).

CHAPTER TWO DISCUSSION

The present study considers how moralized state governmental efforts to control human reproduction may have unintended consequences. Using the framework provided by Meredith Worthen's (2023) Norm-Centered Stigma Theory (NCST), I consider the association between state abortion rates and the rise of certain conservative state governmental abortion opposition mechanisms during the *Roe* era—particularly a demand-side mechanism aimed at influencing abortion seekers, captured in models with a binary indicator for the existence of an Alternatives to Abortion (A2A) program. To this author's knowledge, the present study provides the first analysis of state A2A programs in the academic literature. Models also include supply-side mechanisms aimed at controlling abortion providers, captured in models with indicators for the existence of several common "TRAP" laws. These abortion opposition mechanisms were developed in conjunction with efforts by the Religious Right to construct "family values" defined by economic self-sufficiency and hetero-patriarchal marital procreation (Cooper 2017). The lens of NCST brings into view not only abortion opposition mechanisms but the sort of sociopolitical and cultural environment that produces particular types of policies designed to oppose abortion and the corresponding norms and stigmas such policies broadcast.

Hybrid models from the current study estimate that annual state abortion rates have a strong, statistically significant and positive association with A2A programs when comparing states with A2A programs to states without programs (between-effects), lending support to H_{B2}.

In conjunction with the fact that I found no evidence of a negative between-effects association (H_{B1}), my decision regarding the between-effects hypotheses is to reject H_{B0} that there is no statistical between-effects association between state A2A programs and abortion rates. Hybrid models also estimated a weak positive association with abortion rates for the within-effects of A2A programs, but neither the coefficient in the full model nor the partially constrained hybrid model was statistically significant. Therefore, since I found no evidence of a negative association between A2A programs and annual state abortion rates over time, my decision regarding within-effects hypotheses is that the data provide insufficient evidence to reject the null.

Considering the non-significant association between A2A programs and annual state abortion rates further and applying the lens of NCST to this finding, it is important to consider that the relatively recent implementation of many states' programs may mean that these models simply do not have enough data to yet detect a within-state effect. Refer to the Online Appendix for the specification and results of a *Difference-in-Difference* model estimating the within-state effects on abortion rates of the longest running A2A (Pennsylvania), which offers empirical support for the assertion that within-state effects may have appeared if states continued to invest in A2As under *Roe*. However, future research will need to account for the exogenous shock to abortion rates created by the *Dobbs* decision, the fact that national abortion rates began to rise in 2019 (Maddow-Zimet and Gibson 2024) and continued to rise in 2023 and 2024 despite *Dobbs* permitting more than a dozen states to ban abortion entirely (Baden 2025), and the trend towards punitive approaches to abortion policy in the wake of *Dobbs* (Schmidgall, Perry, and Grubbs 2025).

Theoretically, it is also possible that A2As essentially acted as a proxy variable for the type of sociopolitical state climate most stigmatizing of non-normative pregnancy and childbirth

circumstances. This interpretation would be consistent with both the positive and significant between-effects A2A coefficient *and* the non-significant within-effects A2A coefficient. State governments that implement A2A programs likely do so within a sociocultural and political climate already prone to amplifying the moralized norms espoused by the Religious Right for doing gender and family, which are reciprocally related to the stigmatization of some of the pregnancy circumstances leading people to consider abortion. This would theoretically explain the clear and positive association between A2A program existence and annual state abortion rates in A2A states compared to non-A2A states (a certain sort of state implements A2As and fosters particularly constraining, moralized sociocultural norms and stigmas), but the implementation of an A2A program is not significantly associated with changes in abortion rates within a state over time (time trends capturing when states begin to fit this sort of profile are beyond the scope of these data).

The fact that models estimated Republican control of state government to be associated with lower abortion rates may lend credibility to this interpretation. It is not Republican governmental control per se that is associated with higher abortion rates; instead, it is a *certain type* of conservative sociopolitical environment that these data suggest is associated with increased abortion rates—the type that supports using tax dollars to fund what in some cases ends up being mostly advertisement [9] for Crisis Pregnancy Center (CPC) service providers known to normatively use manipulative and coercive tactics in order to exert reproductive control (Bryant-Comstock et al. 2016; Campell 2017; Cartwright et al. 2021; DiPietro 2022; Hill 2015; Hussey 2013; Jones 2013; Kimport 2019; Kissling et al. 2023; Montoya et al. 2022; Rosen 2012; Swartz et al. 2021; Swartzendruber et al. 2019). NCST would render sociopolitical environments producing this sort of investment in constrained, moralized norms as being the

same environments stigmatizing deviance from said norms. While that may mean that abortion is stigmatized in such environments, so is giving birth while unmarried, unemployed, undocumented, unchristian, etc. In such a light, abortion could be viewed as a path to lesser stigma: it is a singular act one can hope, if they wish, to conceal, whereas family formation under stigmatized conditions could appear more daunting for an individual, considering the enduring, public-facing nature of the stigmas associated with raising a child born under stigmatized circumstances.

If indeed stigmas surrounding certain pregnancy and family formation circumstances are part of what is driving the association between increased abortion rates and state A2A programs, then the effectiveness of any policy investment in demand-side abortion opposition would become questionable. However, it is important to note that all state policies aimed at affecting abortion *rates* are what Michel Foucault called a technique of biopower (Millar 2020): government assertions of control "to 'make' live and to 'let' die," by optimizing population-level fertility, morbidity, and mortality (Foucault 1997:241). Prior research has shown that overt efforts to *lower* abortion rates are sometimes driven by politics of race and nationalism (Millar 2015), just as race and nationalism have been shown to sometimes drive corresponding biopolitical efforts to increase certain groups' birth rates (Perry et al. 2022). This may suggest the interpretation of State efforts to provide abortion "alternatives" by funding A2As and CPCs is complicated in a way that requires data that tap into racial attitudes and Christian nationalism (Perry and Schmidgall 2025; Schmidgall et al. 2025; Seto et al. 2024).

The immediate policy implications of the current study include that A2A programs, a demand-side abortion opposition mechanism, appear to be associated with higher rather than lower abortion rates, with statistical models estimating that states with funded A2A programs

were associated with abortion rates that were 141% higher than states without such programs. This suggests these programs may be ineffective at their stated goal of providing alternatives to abortion, though the observational nature of this study cannot establish whether these findings reflect program ineffectiveness or states with higher abortion demand being more likely to implement A2A programs. What is clear is that biopolitical State endeavors to affect abortion rates controvert the tenets of reproductive justice (Luna and Luker 2013; Sister Song n.d.). The current study's findings suggest that state policy makers interested in creating a more birth- and family-friendly environment should avoid A2As and corresponding lines of investment that broadcast moralized norms and amplify stigmas. Instead, policies should align with reproductive justice by securing for citizens basic human rights as outlined by the United Nations' internationally accepted Universal Declaration of Human Rights and focus on structural provision of equitable resources that support all people's ability to create and raise families in safe environments free from deprivation of human needs and precarity (Sister Song n.d.).

Limitations and Directions for Further Research

At present, the small percentage of state-years with funded Alternatives to Abortion (A2A) programs limits statistical modeling power somewhat. The current study was unable to address whether the association between A2A implementation and state abortion rates is linear or nonlinear over time given the relative recency of many A2A programs (nearly half of the 214 state-years modeled where A2A programs existed were from years 2013-2021). Future research should address this limitation with tests for linearity as more data become available, if programs continue to persist post-*Roe*.

Additionally, the state-years with missing CDC abortion rate data are not missing at random, which limits the universe these models explain to slightly less than 90% of the state-

years comprising the A2A era. Following *Dobbs*, states like Illinois revised abortion data reporting procedures in order to protect the privacy of abortion patients, which could foretell a future with even more abortion rate data limitations if other progressive states follow suit. Missing data also precluded the inclusion in the present study of a measure capturing state-year rates of immigrant populations as a predictor of abortion rates. Given the increased xenophobia, anti-immigrant sentiment, and both threatened and realized risk of deportation under the 47th U.S. presidential administration, exploring the effects of the stigmatization of immigrant family construction is a particularly timely and compelling concern that future studies should address.

Future research should continue to use a variety of analytical techniques to investigate the relationship between A2As and abortion rates, especially if more states develop programs, and the number of state-years increases. Gius (2019), for example, used the synthetic control method to investigate another demand-side abortion opposition mechanism (ultrasound viewing requirements), finding no effect on abortion rates. Future research investigating abortion trend predictions facilitated by a machine learning approach such as eXtreme Gradient Boosting (XGBoost), available in statistical software packages like R, Python, and Stata versions 18 and 19, would be an additional method for comparing the abortion rates in A2A states to states without A2A programs. Qualitative studies investigating the nuanced politics of reproductive decision making and individual experiences navigating the many stigmas surrounding not only abortion but also abortion alternatives when pregnancy circumstances are stigmatized will also be crucial.

The binary conceptualization of A2A programs utilized in the present study was theoretically driven and made an empirical evaluation of a relatively recent state program phenomenon possible. However, a valuable line of future inquiry would be to incorporate

information capturing the budget amount for each A2A program, which would provide nuance and permit estimation of A2A influence on abortion rates as a continuous rather than categorical measure. Future studies could also incorporate measures of state spending on family planning services or other alternate (to A2A budgeting) Temporary Assistance for Needy Families spending, exploring whether such measures mediate or moderate the relationship between A2As and abortion rates.

With expanded data infrastructures, future studies could explore the relationship between state abortion rates and additional measures of demand-side abortion opposition mechanisms, such as laws requiring mandatory waiting periods or ultrasound viewing (although both could be construed as simultaneously supply- and demand-side opposition strategies) prior to obtaining an abortion. Similarly, it is crucial to continue investing in data that would permit analysis of the effects of state government backing of Crisis Pregnancy Centers (CPCs), whether through A2A programs or other means. Continuing the important work being done by Swartzendruber and Lambert at CPC Map (Swartzendruber and Lambert n.d.) would enable the inclusion of the number of Crisis Pregnancy Centers in each state-year as a predictor of annual state abortion rates in future longitudinal analyses.

Conclusion

This study provides the first empirical analysis of the demand-side abortion opposition mechanism referred to as Alternatives to Abortion (A2A) programs, which are ostensibly intended to provide resources to aid vulnerable pregnant people and dissuade them from seeking abortion. Findings suggest that current state policy conceptualizations of alternatives to abortion miss the mark, if the goal is to physically reduce instances of abortion rather than establish moral control. Comparably, investments in expanded access to abortion-protective resources such as

contraception, sex education, and quality, affordable healthcare are likely to be more effective mechanisms of abortion opposition, as those resources appear to have provided alternatives to abortion for many Americans across the *Roe* to *Dobbs* landscape while national abortion rates dropped. Since establishing the Monthly Abortion Provision Study in January 2023, Guttmacher researchers have identified recent upticks in rates, despite harsh supply-side crackdowns and even total state abortion bans post-*Dobbs* (Baden 2025; Maddow-Zimet and Gibson 2024). The tenets of NCST explored in the current study cast a sociopolitical climate of feminist backlash and anti-"woke" sentiment like the one that culminated in the conservative victories of the 2024 U.S. elections as having the potential to amplify stigmatizing circumstances surrounding some pregnancies in such a way that abortion rates could continue to trend upward.

At face value, findings from the present study showing positive associations between annual state abortion rates and some demand- and supply-side state government abortion opposition mechanisms may appear counter-intuitive. Along with structural factors of resource accessibility, these findings support the rendering of NCST that social norms regulating sexual conduct and fertility, intersectional expectations for parenthood situated within the U.S. "motherhood hierarchy" (DiLapi 1989), and the actual or anticipated reciprocal sanctions and stigmatization for norm violations in these arenas form the context Dorothy Roberts (1997) spoke of as comprising the reproductive liberty available to women and other people with a uterus (i.e., transgender men and some nonbinary and genderqueer individuals [Moseson et al. 2021]). Theoretical and empirical explorations of the practical ramifications of policies that could be perceived to be more about constructing constraining, moralized norms and corresponding stigmas than about human rights and the just provision of equitable resources spanning complex, intersecting positionalities within hierarchies of race, immigration status,

religion, ability, socioeconomics, gender, and sexuality provide a path forward in the pursuit of reproductive liberty and justice for all.

CHAPTER TWO APPENDIX

Supplemental Analysis: Alternative Specification using Difference-in-Difference, Investigating Pennsylvania Within-Effects

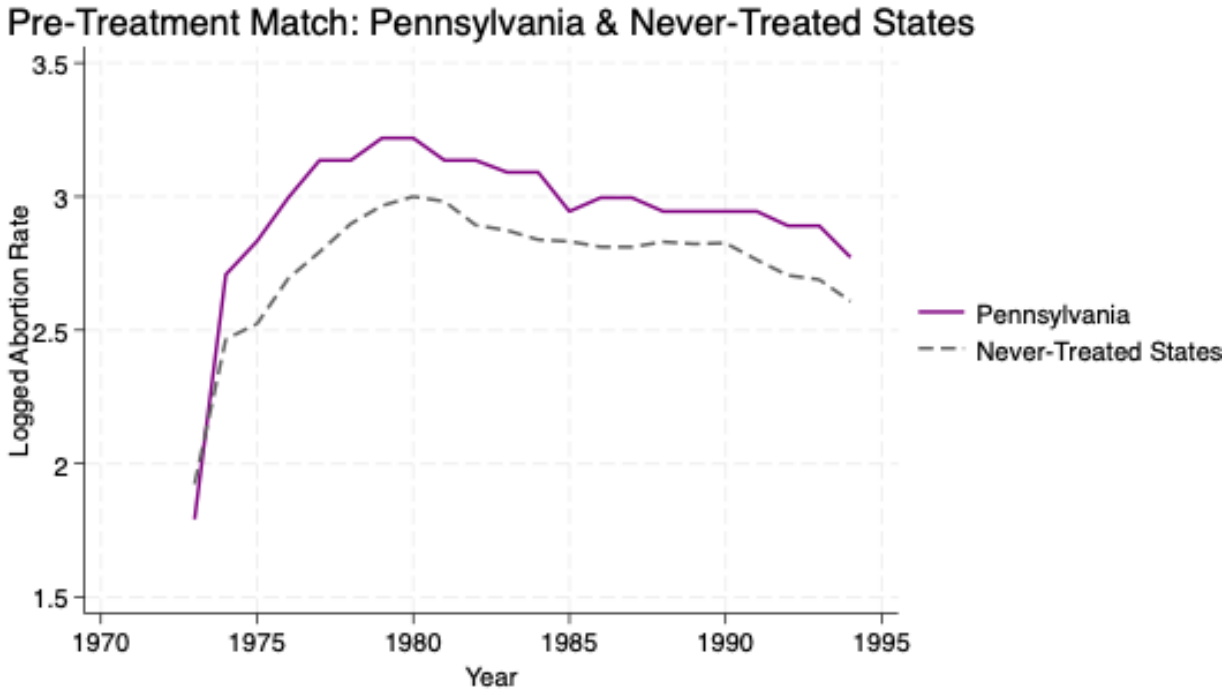
To assess the robustness of the hybrid linear between-within findings, I estimated an alternative *Difference-in-Differences* (DiD) model using Stata's xtdidregress command. First, to test the validity of the parallel trends assumption, I conducted a pre-treatment trends test using estat ptrends. Analysis of the test results leads me to fail to reject the null hypothesis of parallel pre-treatment trends ($F(1, 32) = 0.12$, $p = 0.734$), finding support for the identifying assumption of the DiD design. The first figure below provides a visual of the parallel abortion rate trends between Pennsylvania and all non-A2A states in the years prior to Pennsylvania's implementation of an A2A program.

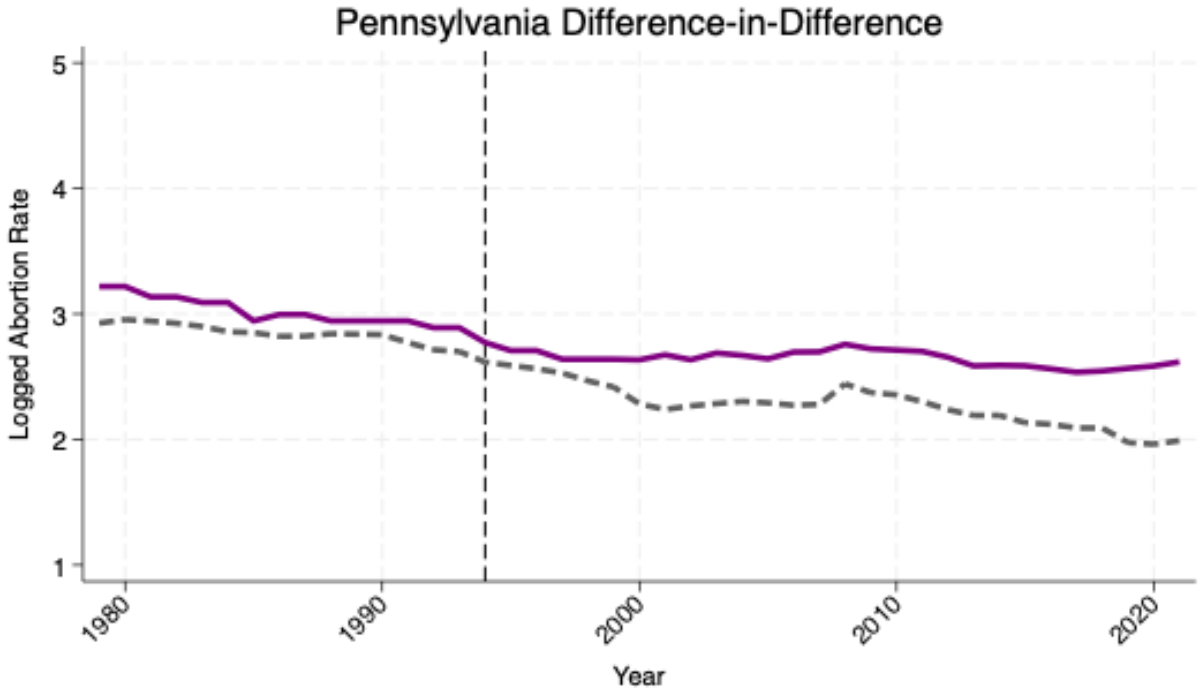
For the full DiD Pennsylvania model, I used the same outcome variable and predictors as specified in the Methods section of the main paper. I selected Pennsylvania as a case study state since it was the first to implement an Alternatives to Abortion (A2A) program in 1995. The DiD model compares the "treated" years in Pennsylvania to aggregate control states (only those states that have never implemented an A2A program) before and after implementation of Pennsylvania's A2A program, controlling for relevant covariates (the same covariates as in the hybrid models) and fixed effects. Standard errors were clustered at the state level.

The estimated average treatment effect on the treated (ATET) indicates that Pennsylvania's implementation of its A2A program was associated with a statistically significant increase in the logged abortion rate, with a coefficient of 0.227 (SE = 0.055, $p < 0.001$). The second figure below plots a visual of the logged abortion rate trend with a y-line denoting the year Pennsylvania implemented its A2A program. These findings suggest that, net of controls,

after Pennsylvania implemented its A2A program, the state experienced a 22.7% higher abortion rate, relative to control states and pre-treatment trends. Although the final partially constrained hybrid model did not estimate the within-effects coefficient for A2A programs to be statistically significant, it is possible that this is due to the fact that many states only implemented A2A programs in the last decade of the *Roe* era. The DiD findings for Pennsylvania, the state with the longest-running A2A program during the *Roe* era, indeed show a statistically significant positive within-effects association between A2A implementation and abortion rates. The results from this supplementary analysis extend the main hybrid model results and provide additional evidence that A2A program implementation is associated with increased abortion rates, contrary to the policy's stated intent.

Figure 2A Sample State Difference-in-Difference Analytical Figures





Appendix Table 2A Results: Full Hybrid, Partially Constrained Models (with Year Fixed Effects Listed)				
	Between		**Within**	
	β	*(SE)*	*β*	*(SE)*
Full Hybrid				
Funded A2A	2.41***	(0.61)	1.06	(0.04)
GOP control	0.44**	(0.09)	0.98	(0.02)
TRAP Laws				
Ambulatory surgical center	1.05	(0.27)	0.88***	(0.03)
Admission agreement	0.88	(0.26)	1.13**	(0.04)
Transfer agreement	1.18	(0.30)	1.08	(0.04)
Controls				
Percent women legislators	1.02	(0.01)	1.01***	(0.00)
Percent evangelicals	1.00	(0.01)	1.01*	(0.00)
Percent racially minoritized	1.02*	(0.01)	1.00	(0.00)
Percent with uterus, age 15-44	1.12	(0.12)	1.00	(0.00)
Percent in poverty	1.00	(0.03)	1.00	(0.00)
1990		1 (.)		
1991		[-].92 (.05)		
1992		[-].88* (.06)		
1993		[-].84** (.05)		
1994		[-].80*** (.05)		
1995		[-].77*** (.04)		
1996		[-].78*** (.05)		
1997		[-].74*** (.04)		
1998		[-].71*** (.04)		
1999		[-].68*** (.04)		
2000		[-].63*** (.04)		
2001		[-].61*** (.04)		
2002		[-].62*** (.04)		
2003		[-].63*** (.04)		
2004		[-].61*** (.04)		
2005		[-].61*** (.04)		
2006		[-].62*** (.04)		
2007		[-].61*** (.04)		
2008		[-].63*** (.04)		
2009		[-].60*** (.04)		
2010		[-].58*** (.04)		
2011		[-].54*** (.04)		
2012		[-].50*** (.04)		
2013		[-].48*** (.03)		
2014		[-].48*** (.03)		
2015		[-].45*** (.03)		
2016		[-].44*** (.03)		
2017		[-].43*** (.03)		
2018		[-].43*** (.03)		
2019		[-].41*** (.03)		
2020		[-].39*** (.03)		
2021		[-].39*** (.03)		

	Between		Within	
	β	*(SE)*	*β*	*(SE)*
Partially Constrained Hybrid				
Funded A2A	2.41***	(0.61)	1.06	(0.04)
GOP control	0.43***	(0.09)	0.98	(0.02)
TRAP Laws				
Ambulatory surgical center	1.05	(0.27)	0.90**	(0.03)
Admission agreement	0.88	(0.26)	1.15***	(0.04)
Transfer agreement	1.18	(0.30)		
Controls				
Percent women legislators	1.02	(0.01)	1.01***	(0.00)
Percent evangelicals	1.00	(0.01)	1.01*	(0.00)
Percent racially minoritized	1.02**	(0.01)	1.00	(0.00)
Percent with uterus, age 15-44	1.12	(0.12)	1.01*	(0.00)
Percent in poverty	1.00	(0.03)		
1990		1 (.)		
1991		[-].92 (.05)		
1992		[-].87* (.05)		
1993		[-].84** (.05)		
1994		[-].80*** (.05)		
1995		[-].77*** (.04)		
1996		[-].77*** (.04)		
1997		[-].75*** (.04)		
1998		[-].72*** (.04)		
1999		[-].69*** (.04)		
2000		[-].63*** (.04)		
2001		[-].62*** (.04)		
2002		[-].63*** (.04)		
2003		[-].64*** (.04)		
2004		[-].62*** (.04)		
2005		[-].61*** (.04)		
2006		[-].62*** (.04)		
2007		[-].62*** (.04)		
2008		[-].63*** (.04)		
2009		[-].60*** (.04)		
2010		[-].58*** (.04)		
2011		[-].55*** (.04)		
2012		[-].51*** (.04)		
2013		[-].48*** (.03)		
2014		[-].48*** (.03)		
2015		[-].46*** (.03)		
2016		[-].44*** (.03)		
2017		[-].43*** (.03)		
2018		[-].43*** (.03)		
2019		[-].41*** (.03)		
2020		[-].39*** (.03)		
2021		[-].40*** (.03)		

Sources: Austin and Harper (2019); Center for American Women and Politics (2024); Klarner (2013); Kortsmit et al. (2023); Maxon (2022); University of Kentucky Center for Poverty Research (2025); Wiertz and Lim (2021); Wormer (2021); Notes: Exponentiated coefficients shown; [-] indicates negative raw coefficient

Chapter Three: Investigating the Stigmatizing Role of Abortion Exceptionalism: Religion, Politics, and Public Opposition to Legal Abortion under *Roe*

CHAPTER THREE INTRODUCTION

From the Supreme Court's *Roe v. Wade* ruling in 1973 to its reversal in *Dobbs v. Jackson* in 2022, Americans negotiated a cultural reckoning with legal abortion, in many ways reimagining gendered roles in public and private spheres of social life (Ziegler 2023). What started as a debate about constitutional rights soon shifted to arguments over state policy, with politicians, religious leaders, and social movement organizers increasingly connecting abortion policy with other polarizing issues in ways meant to mobilize and cohere voters and activists (Ziegler 2020). In this way, reckoning with *Roe* entangled Americans' political and religious beliefs with abortion policy views. Underlying this cultural and policy reckoning was a tacit, bipartisan approach to abortion policymaking: "abortion exceptionalism" (Millar 2017; Nandagiri and Pizzarossa 2023; Smyth 2024), that is, the tendency to treat abortion as an issue to be "regulated both differently and more stringently than other medical procedures that are comparable…in complexity and safety" (Joffe and Schroeder 2021:5).

On one hand, abortion exceptionalism was both produced by and has served to perpetuate socio-cultural and political orientations towards abortion as a "moral rather than medical issue" (Millar 2023:263), allowing policy debates about abortion access to focus on the circumstances leading someone to seek abortion, which would be considered inappropriate for most comparable medical procedures. On the other hand, abortion exceptionalism and the heightened moral scrutiny around abortion circumstances may lead to more nuanced positions among some who might otherwise have broadbrush rejected abortion legalization. For example, as the "Moral Majority" on the Religious Right emerged in the United States (US) in the 1980s and 90s,

researchers identified a growing tendency for political conservatism (Adams 1997; Carmines and Woods 2002) and religious Christian conservatism and religiosity (Harris and Mills 1985; Hoffman and Johnson 2005) to be associated with total opposition to legal abortion. However, analyses of General Social Survey (GSS) data collected during that era showed a non-trivial contingent of religio-political conservatives withheld total opposition to legal abortion access, supporting abortion rights under certain physical-sphere circumstances, for instance: if a pregnancy resulted from rape, threatened the life or health of the pregnant person, or if a fetal defect was discovered (Benin 1985; Harris and Mills 1985; Hoffman and Johnson 2005).[36] Decades later, researchers have continued to find similar patterns in contemporary GSS data. Religio-political conservatism predicts the most opposition to legal abortion, but even among the most conservative, opposition to legal abortion under physical-sphere circumstances remains rare relative to opposition under social-sphere circumstances, including for financial reasons, desired family size, or marital status (Jozkowski, Crawford, and Hunt 2018; Osborne et al. 2022).[37]

Building on this important prior research, we seek to contribute conceptual and empirical nuance to the literature on the religio-political correlates of abortion attitudes in the US. Specifically, we draw on 2021 GSS data—the last wave collected while *Roe* held precedent—to investigate how Christian nationalism, an ideology that privileges an imagined, homogeneous version of evangelical Christianity within American cultural and civic life (Lindgren 2019; Perry et al. 2022; Seto, Schmidgall and Perry 2024; Springs 2023; Whitehead and Perry 2020), shapes opposition to legal abortion access across various physical- and social-sphere circumstances. In

[36] Such circumstances are referred in the literature as "hard" (Benin 1985; Harris and Mills 1985), "traumatic" (Hoffman and Johnson 2005; Osborne et al. 2022), or "more endorsed" (Bueno et al. 2024). Throughout this paper, we refer to these circumstances as "physical-sphere," as opposed to "social-sphere" circumstances.
[37] Notably, Jozkowski, Crawford, and Willis (2021:24) found that both unqualified support for and total opposition to legal abortion were growing "slightly and slowly" more common over time.

the following section, we first outline key developments regarding the relationship between traditional political and religious characteristics and abortion attitudes in the US generally. Next, we turn to literature elucidating the topic of abortion exceptionalism and theorize whether the cultural framework of Christian nationalism may produce a willingness to totally oppose legal abortion, rejecting the *Roe*-induced norm of an exceptionalist orientation towards abortion policy altogether.

CHAPTER THREE LITERATURE REVIEW

Political and Religious Conservatism and Abortion Attitudes in the US

In the years and decades following *Roe*, public opinion on legal abortion access became highly polarized, with Democrat partisans and political progressives[38] gradually promoting greater access and Republicans and conservatives gravitating towards restriction or criminalization (Braunstein, Whitehead and Burge 2022; Jelen 2014). Following an "issue evolution model" (Carmines and Stimson 1989), by which partisan loyalties are formed around topics selected by political elites, studies have used abortion to demonstrate elite-driven issue evolution of US partisan politics (Adams 1997; Carmines, Gerrity and Wagner 2010). Researchers have documented substantial, top-down political shifts around abortion that occurred in both the Democratic and Republican parties in the late 20th and early 21st centuries (Adams 1997; Carmines et al. 2010; Carmines and Woods 2002; Kreitzer 2015; Medoff and Dennis 2011). For our purposes, the transformation on the political right in the 1980s and 90s, when GOP leaders invested heavily in the anti-abortion movement, is of particular interest. Indeed, scholars have provided in-depth histories of the development of abortion as a central issue on the right wing of the Republican party during this time (Balmer 2007; Holland 2020;

[38] Groups based on political partisanship and political ideology are distinct, albeit overlapping (Krishna and Sokolova 2017).

Kobes Du Mez 2020). In short, Republican officials, strategists, and conservative activists successfully coalesced a motivated and loyal anti-abortion voting bloc by situating abortion opposition in staunch moral terms and tying it to the party platform (Schmidgall 2025).[39]

The moralization of abortion dovetails with its sacralization and entanglement with religion. Concerning religion and abortion attitudes, scholars have consistently demonstrated that conservative religious affiliation and practice are among the most robust predictors of abortion opposition, as many major religions (e.g., Buddhism, Christianity, Hinduism, Islam, and Judaism), contain scriptural passages that have been interpreted as proscribing abortion (Adamczyk 2022; Alvargonzález 2017; Bruce 2020; Jelen 2014). In the US, Christian affiliation tends to be associated with lower overall support for abortion (Adamczyk and Valdimarsdóttir 2018; Bruce 2020; Hoffman and Johnson 2005; Ogland and Verona 2011), although there are appreciable differences across Christian religious groups and in interaction with other demographic factors, such as race and gender. For instance, Catholics remain fairly divided on the issue, while nonevangelical Protestants report greater support than evangelical Protestants (Pew Research Center 2024). Bartkowski and colleagues (2012) found that conservative Protestant Latinos who regularly attend religious services expressed significantly stronger opposition to abortion and related policies than Catholic Latinos with comparable levels of attendance, whereas Dozier et al. (2020) documented variation across mainline and Black Protestant clergy's views on the moral acceptability of abortion. Although research has shown that women's religiosity and adherence to Biblical views on sexuality are strongly associated with lower likelihood of seeking an abortion or using emergency contraception (Jones and

[39] Notably, the Republican National Committee "softened" its official anti-abortion stance in 2024 by removing emphases on federal powers to ban abortion and instead deferring to individual states—at Trump's behest (Beaumont and Fernando 2024).

Molinari 2018), personal decisions about abortion are shaped by a range of physical-sphere and social-sphere contextual factors, such as an unplanned pregnancy, potential health complications, and inability to afford childcare (Hans and Kimberly 2014). Public opinion on abortion is likely similarly influenced by context (see Stewart, Edgell, and Delehanty 2025).

It is apparent from the literature reviewed above that conservative politics and religion are strongly associated with opposition to abortion. More recent research, however, has investigated how the *confluence* of these cultural forces, such as idealization of conservative Christianity in US politics and policy, shapes public opinion in the US. For example, Stewart et al. (2025) found that public religious commitments, including belief that religion should guide public life and social order, are more strongly associated with traditional social attitudes about gender than personal religiosity (e.g., individual piety or religious practice). In other words, people who support religious authority in public life are more likely to endorse traditional social hierarchies and conventional gender norms, while personal religious devotion alone does not predict these views. Relatedly, recent scholarship has linked US Christian nationalism to conservative stances on a range of social issues and policies, including abortion (e.g., Begum and Seto 2025; Schmidgall, Perry and Grubbs 2025; Whitehead and Perry 2020). Perry and Whitehead (2022) found an association between Christian nationalism and desire for social control of a sexual order; whereas they found personal piety to be associated with individual-level behavioral concerns. These findings suggest that advancing scholarship of how American abortion attitudes are shaped by politics and religion requires both an understanding of how abortion is framed in the US (i.e., abortion exceptionalism) and how American politics and religion converge into culturally powerful ideologies (i.e., Christian nationalism). We discuss both in the following section.

Abortion Exceptionalism and Christian Nationalism

The moral situating of abortion, a common and safe medical procedure (Axelson 2025), has made it possible to justify exceptional state regulation and control of the procedure (Joffe and Schroeder 2021). According to Baird and Millar (2024: 417), "[e]xceptionalism is the hallmark of abortion jurisprudence." During the *Roe* era, abortion exceptionalism was often normalized to the extent that when social scientists analyzed GSS, Pew Research, or Gallup Poll data, probing respondents' attitudes toward an array of exceptional circumstances surrounding abortion, researchers often neglected to recognize the constrained legality framework of abortion attitudinal research (Crawford et al. 2023; Schmidgall et al. 2025), which we argue includes oversight of abortion exceptionalism itself. Millar (2017) contended that such oversights were possible because of "abortion common sense," a bias towards abortion negativity pervading social institutions, including academia and healthcare. Scientific and medicalized authority structures operating under the "common sense" that abortion is "bad" delegitimate or subsume individual reproductive autonomy by capitalizing (even if inadvertently) on exceptionalist regulatory regimes for abortion (Baird 2018, Millar 2024).

The manufacture of state power to restrict, ban, or criminalize people's control over their own bodily resources under the "exceptional" circumstance of pregnancy and/or abortion is centrally related to power maintenance and the perpetuation of systems of social stratification. Scholars such as Clair McKinney (2019: 282) have pointed out that abortion exceptionalism perpetuates abortion stigmas and institutional inequities surrounding reproduction. Likewise, Penelope Deutscher (2008:65) argued that abortion exceptionalism "…constitute[s] a means of reconfirming, in an intensified version, the regime of regulation" normatively governing women and other uterine-bearing people's lives. In short, the normalization of abortion exceptionalism in

state law effectively contributes to the maintenance of traditional, intersectional social hierarchies.

Researchers have demonstrated that ideological adherence to Christian nationalism tends to dispose people towards endorsing authoritarian movements and punitive state control in service of protecting preferred social hierarchies, values, and identities (Davis 2018; Djupe, Lewis and Sokhey 2023; Gorski and Perry 2022; Perry 2025a; Perry, Whitehead and Grubbs 2022). Specifically, studies have shown that Christian nationalism goes beyond religious praxis and political conservatism with regard to its conception of Christian ideals and legal controls by advocating for a version of American society that is legally structured around white supremacist, nativist, and hetero-patriarchal hierarchies (Gorski and Perry 2022; Li and Froese 2023). Legal abortion rights tend to threaten such hierarchies (Luker 1984; Roberts 1997; Ross and Solinger 2017), which, in conjunction with previous literature, leads us to expect that Christian nationalism will be associated with abortion opposition.

This raises an important empirical question about the boundaries of Christian nationalist opposition to legal abortion. In the current study, we develop the concept of abortion exceptionalism by exploring whether the factors most commonly associated with high levels of abortion opposition (religio-political conservatism and Christian nationalism) lead to consistent abortion opposition across physical- and social-sphere exceptionalist circumstances. While ideological adherence to Christian nationalism has been shown to predict highly punitive abortion attitudes (Schmidgall et al. 2025), the norm of abortion exceptionalism and its effective maintenance of systems of hetero-patriarchal social stratification could mean adherents to Christian nationalism would not view supporting legal abortion under limited, physical-sphere circumstances as a threat to their desired social order.

In keeping with a number of recent studies that have found Christian nationalism mediates the effects of traditional measures of religio-political conservatism on a variety of socio-political attitudinal and behavioral outcomes (Davis 2018; Seto and Upenieks 2024; Whitehead, Perry, and Baker 2018; Baker, Perry, and Whitehead 2020), we theorize that adherence to Christian nationalism will mediate the effects of traditional measures of religion and politics on opposition to legal abortion. We consider the strong association between adherence to Christian nationalism and support for hardline mechanisms of social control (Davis 2018; Schmidgall et al. 2025) as well as Christian nationalist opposition to perceived challenges to hetero-patriarchal power structures (Begum and Seto 2025; Bjork-James 2020; Cravens 2023; Mikkelsen and Kornfield, 2021; Whitehead and Perry 2015) to be particularly relevant. Thus, it is possible that the longstanding trends toward abortion opposition among religio-political conservatives may be consolidated and arbitrated by adherence to Christian nationalism such that abortion opposition takes on a particularly inflexible (non-exceptionalist) form among those who endorse it. On the other hand, numerous scholars' documentation of the pervasiveness of the norm of abortion exceptionalism and its ability to reify intersectional social hierarchies (Baird 2018; Deutscher 2008; McKinney 2019; Millar 2017) lead us to remain open to the possibility that even when religious and political conservatism converge in the form of Christian nationalism, total opposition to legal abortion may not be deemed "necessary."

In the current study, we provide a test of the mediating role of Christian nationalism on the relationship between religio-political conservatism and abortion opposition across circumstances, enabling examination of whether the ideology synthesizes traditional correlates of religio-political conservatism such that abortion exceptionalism is rejected in favor of total opposition to legal abortion. We employ structural equation modeling (SEM) to test these

mediation relationships, as SEM allows us to simultaneously estimate the direct and indirect effects of religio-political conservatism on abortion attitudes while accounting for measurement error in our Christian nationalism construct. Using 2014 GSS data, Whitehead and Perry (2020) found that believing Christian identity is important to being "truly American" was strongly correlated with opposition to abortion in nearly every situation. We build on these results by (1) updating the analyses with regard to data and measurement and (2) examining the extent to which Christian nationalism mediates the effects of other theoretically salient covariates (religious affiliation and religiosity; partisan identity and political identity) on abortion attitudes. These contributions, along with the related hypotheses, are discussed below.

METHODS

Data

We utilize data for this study from the 2021 wave of the GSS. Beginning in 1972, researchers with the National Opinion Research Center (NORC) have collected data for the GSS face-to-face, including a nationally representative sample of non-institutionalized adults. Due to health and safety concerns during the COVID-19 pandemic, NORC researchers administered the 2021 GSS as an address-based mail-to-web design and data were collected between December 1, 2020, and May 3, 2021. The response rate was 17.4%, well below the typical lower limit range, which we discuss further in the final section of this paper. Table 3.1 displays a comparison of key demographics between the 2018 and 2021 GSS, showing consistency in most areas, although there are noteworthy differences in the demographics of participants regarding educational attainment, income, and religion measures (see Schnabel, Bock and Hout 2024 for a discussion of some demonstrable implications of these differences in religious measurements).

Table 3.1: Descriptive Statistics

		2021 GSS		2018 GSS	
Variables	Range	Mean or %	SD	Mean or %	SD
Social-sphere abortion scale (poor/single/enough kids)	0-3	1.2	1.4	1.5	1.4
Physical-sphere abortion scale	0-3	.4	.9	.5	.9
Federal gov't should advocate Christian values	1-5	2.6	1.3		
God has special plan for USA	1-5	2.7	1.3		
More religion in gov't	1-5	3.1	1.3		
Conservative Protestant	0-1	21.2		31.0	
Mainline Protestant	0-1	13.4		11.4	
Catholic	0-1	19.9		20.0	
Other Religion	0-1	9.0		7.6	
Unaffiliated	0-1	28.4		24.1	
Religious Service Attendance	1-8	3.2	2.3	3.5	2.4
Republican	0-1	23.0		22.9	
Democrat	0-1	37.7		33.6	
Independent/Other	0-1	39.4		43.5	
Ideological Identity	1-7	3.9	1.6	4.0	1.5
Male	0-1	46.0		45.2	
Age	18-89	52.2	16.8	47.9	17.8
White	0-1	73.6		66.3	
Black	0-1	10.4		15.2	
Hispanic	0-1	9.2		14.3	
Other Race	0-1	5.6		4.3	
South	0-1	36.4		41.3	
Midwest	0-1	25.8		22.4	
Northeast	0-1	15.3		13.8	
West	0-1	22.4		22.6	
Logged income	5.4-11.7	10.2	1.1	10.0	1.1
High school educ. or less	0-1	22.7		37.2	
Some college	0-1	18.5		18.4	
Bachelor's	0-1	33.6		24.6	
Graduate	0-1	18.8		11.0	

Sources: 2021; 2018 General Social Survey
n (after listwise deletion) = 1,959 (2021); 1,258 (2018)

The 2021 GSS presented some questions, including items measuring support for legal abortion access, in an experimental grid design to approximately half of the survey participants. We include both the responses from the traditional survey design and the experimental grid design. We discuss this decision further below. NORC provided post-stratification survey weights, but since Stata 19 only accommodates the svy command for survey weighting with SEM estimation without supporting the obtaining of post-estimation goodness of fit statistics, we

estimate models with and without the wtssps weight, reporting the coefficients from the weighted models and the fit statistics from the unweighted models. Since coefficients from unweighted models typically varied from weighted models by only several hundredths to one tenth of a unit, we find this approach to be sound.

Outcomes: Support for Legal Abortion Access

We use data from six questions included in the 2021 GSS as the dependent variables for our study, all of which ask Americans whether they support abortion under specific circumstances. For all six questions, respondents were asked "Please tell me whether or not you think it should be possible for a pregnant woman to obtain a legal abortion if…," followed by six different conditions: "there is a strong chance of a serious defect", "the woman's own health is seriously endangered by the pregnancy", "she becomes pregnant as a result of rape", "she is not married and does not want to marry the man", "the family has a very low income and cannot afford any more children", and "she is married and does not want any more children". We recoded these items into binary indicators where 0 = yes and 1 = no, since the response category we are interested in is *opposition* to legal abortion access.

These six items were authored by Alice S. Rossi and used in the first GSS in 1972. Some researchers have used all six items to form a summative "Rossi scale", which Cowan, Hout, and Perrett (2024) note performs better than a seven-item scale including the later NORC-added item querying abortion support if "the woman wants it for any reason." We exclude this seventh measure due to concerns with its internal validity, since some of the respondents who selected "yes," indicating they supported legal abortion access for women who want an abortion "for any reason" selected "no" when subsequently queried about support for legal abortion access in specific circumstances. In Table 3.2, we display the frequency with which participants responded

in this unreliable manner across the different types of survey instruments used: the experimental grid design, the standard survey design, and both groups of responses aggregated together.

Table 3.2: Lack of internal validity of survey item capturing attitudes toward legal abortion if woman wants one "for any reason," by nonnmissing grid, standard, and aggregated survey design Rossi scale items, among those who affirmed support "for any reason"

	Grid	Standard	Aggregated
Percent who affirmed support "for any reason," but opposed access in case of **rape**	1.99 (14/702)	0.01 (8/795)	1.47 (22/1,497)
Percent who affirmed support "for any reason," but opposed access in case of **defect**	2.90 (23/792)	3.70 (26/702)	1.91 (49/1,494)
Percent who affirmed support "for any reason," but opposed access in case of **woman's health**	1.00 (7/702)	0.63 (5/797)	0.80 (12/1,499)
Percent who affirmed support "for any reason," but opposed access in case of **poverty**	12.75 (89/698)	6.94 (55/792)	9.66 (144/1,490)
Percent who affirmed support "for any reason," but opposed access in case of **family size**	16.14 (113/700)	4.79 (38/794)	10.11 (151/1,494)
Percent who affirmed support "for any reason," but opposed access in case of **unmarried woman**	14.51 (101/696)	6.06 (48/792)	10.01 (149/1,488)
Total percent who affirmed support "for any reason," but opposed access in one or more specific cases	14.60 (100/685) (240/1,267)	24.05 (140/582)	18.94

Source: 2021 General Social Survey (n listed in cells)

We divide the six Rossi variables into two summative scales for both theoretical and measurement purposes. Theoretically, Harris and Mills' (1985:137) findings on the "elective affinities" associated with religious reservations about abortion support suggest that we should expect two distinct patterns of support for legal abortion: one for social-sphere circumstances and another for physical-sphere circumstances. In terms of measurement, researchers using principal components analysis (Arney and Trescher 1976), factor analysis (Muthén 1981), multiple regression with soft, hard, and difference scales (Benin 1985), and both confirmatory

factor analysis and multiple-indicators multiple-causes modeling[40] (Bueno et al. 2024) have consistently identified that the Rossi items capture two separate factors.

The social-sphere scale captures the number of social-sphere circumstances where a respondent indicates they *do not* support legal abortion access (in other words, they *oppose* legal abortion rights under the enumerated circumstance, which is our category of interest). The physical-sphere scale captures the number of physical-sphere circumstances where a respondent indicates they *oppose* legal abortion access. Both scales range from 0 to 3. The social-sphere scale has a Chronbach's alpha of 0.948 and a mean score of 1.305, with a standard deviation of 1.415. The physical-sphere scale has a Chronbach's alpha of 0.820 and a mean score of 0.469, with a standard deviation of 0.930. We treat both scales as continuous for the main mediation model.

Less than 1% of cases have missing data resulting from a participant responding "Don't Know" or being coded as either "Skipped on Web" or "No Answer" on one of the six observed variables that comprise both scales. In the full 2021 GSS dataset, missing data coded as "Not Applicable" are prevalent due in part to the fact that the abortion variables are part of the Replicating Core module of the GSS, and also to the traditional survey versus experimental grid designs used for data collection. Therefore, for all models, we included only those cases with either non-missing data on the outcome variables or missing data on either the traditional survey or experimental grid form that were coded as "Don't Know", "Skipped on Web", or "No Answer" rather than "Not Applicable". We used the maximum likelihood missing values (mlmv) option in Stata 19 to impute those minimal number of cases with missing values.

[40] Bueno et al. (2024) performed these analyses on modified items patterned after the Rossi scale in order to address conceptual problems with the early Roe-era items identified by Cowan et al. (2024). The modified scale captured two factors, which Bueno et al. (2024) termed "more endorsed circumstances" and "less endorsed circumstances" for abortion support.

Key Independent Variables

Christian nationalism and the four additional total measures (two each) of participants' religion and politics, which we hypothesize are mediated by Christian nationalism, are the key independent variables for this study. Researchers have measured Christian nationalism in a variety of ways (Schmidgall et al. 2025; Braunstein and Taylor 2017; Davis and Perry 2021; McDaniel et al. 2011; Sherkat, Lehman, and Julkif 2023). The 2021 GSS included three questions that have recently been used to measure the construct (Seto et al. 2024; Liberman, Lehman and Kawakami 2023). Respondents indicated their agreement with the following statements: "The federal government should advocate Christian values," "The success of the United States is part of God's plan" and "The US would be a better country if religion had less influence." Responses were on a Likert scale and ranged from 1 = strongly agree to 5 = strongly disagree. We recoded items so that higher values indicated greater support for Christian nationalist views. In a three-indicator, single-factor CFA model, leaving all parameters free results in a just-identified/saturated model with zero degrees of freedom (Kline 2016), thus we fixed one parameter in order to gain one degree of freedom and be able to obtain statistics for goodness of model fit. In analyses not shown here, we determined 0.45 to be an appropriate estimate of the error variance for the indicator capturing participants' agreement that the government should advocate Christian values and fixed that parameter accordingly.

In line with Liberman et al. (2023) and Seto et al. (2024), we treat these variables as continuous, given that they are approximately normally distributed and the GSS sample size is large enough to invoke the Central Limit Theorem. In response to calls for analyses of Christian nationalism scale validity (e.g., Davis 2023), we conducted a confirmatory factor analysis

(CFA)[41] of this scale where the three aforementioned items load on the latent factor of Christian nationalism. Approximately 11% of cases comprising the subset of the 2021 GSS with respondents answering the Replicating Core module including our abortion outcomes had missing data on one of the three observed variables that loaded onto the Christian nationalism factor, which we handled using maximum likelihood missing values.

Our two measures of religious characteristics include religious tradition and religious service attendance, and our two measures of political characteristics include partisan identity and ideological identity. According to Graham (2009, as cited by Acock 2013:203), estimating the model using the maximum likelihood missing values method is "robust against violations of normality" and "the normal model applies to categorical variables measured on two levels." Since we are primarily interested in estimating whether Christian nationalism mediates familiar relationships between conservative religio-political characteristics and opposition to legal abortion access, our mediation model includes one binary variable capturing respondents' religious tradition (conservative Protestant), and one binary variable capturing respondents' party identity (Republican). We include religious service attendance as a continuous measure with 8 values ranging from 1 = never attend to 8 = attend several times a week. Ideological identity is measured with seven values ranging from 1 = extremely liberal to 7 = extremely conservative, which we treat as a continuous variable given that its values represent a spectrum.

Control Variables

We include a variety of control variables in our structural equation model in order to better isolate any potential association between our key independent variables and Americans'

[41] For the sake of comparison with the majority of previous studies using a multi-item Christian nationalism index, we provide the following information: as a summative scale ranging from 0 to 12, the items have a Cronbach's alpha of 0.820 (mean = 5.429; standard deviation = 3.225).

opposition to legal abortion access. In our model, gender is a dichotomous variable, which we recoded so that 0 = female and 1 = male. Age is measured in years from 18 to 89 and above. We capture the most commonly noted racial/ethnic identity relating to religio-political affiliation and abortion opposition with a binary indicator of White (Non-Hispanic). We capture respondents' region of the country with a binary variable indicating whether a respondent is from the South.[42] We performed a natural logarithmic transformation for the variable capturing family income to address skewed distribution and included the logged variable. Lastly, we capture educational attainment with a binary variable indicating whether respondents have no college education (those with education up to and including a high school diploma).

Hypotheses

In Figure 3.1, we provide a visual overview of our research framework, including our hypotheses regarding the mediating role of Christian nationalism on the effects that traditional religious and conservative political characteristics have on opposition to abortion in social-sphere and physical-sphere circumstances. Our hypotheses are as follows.

1. Direct effects of religious and political characteristics on abortion support:

Hypothesis 1_a: Identifying as **conservative Protestant** has a direct, positive effect on a respondent's opposition to legal abortion under both **social-sphere** and **physical-sphere** circumstances.

Hypothesis 1_b: **Corporate worship attendance** frequency has a direct, positive effect on a respondent's opposition to legal abortion under both **social-sphere** and **physical-sphere** circumstances.

Hypothesis 1_c: Identifying as **Republican** has a direct, positive effect on a respondent's opposition to legal abortion under both **social-sphere** and **physical-sphere** circumstances.

Hypothesis 1_d: **Conservative political ideological identification** has a direct, positive effect on a respondent's opposition to legal abortion under both **social-sphere** and **physical-sphere** circumstances.

[42] In analyses not shown, we estimated models using other dichotomous variables that are categories of broader measures typically used as controls. We also estimated a generalized SEM using the multinomial logit family function for categorical predictors and outcomes. In both cases, the key findings remained the same. Therefore, we report the mediation results with the dichotomized categories of interest for the sake of parsimony.

2. Direct effects of religious and political characteristics on Christian nationalism:

Hypothesis 2_a: identifying as **conservative Protestant** has a direct, positive effect on a respondent's level of adherence to **Christian nationalism**.

Hypothesis 2_b: **corporate worship attendance** frequency has a direct, positive effect on a respondent's level of adherence to **Christian nationalism**.

Hypothesis 2_c: identifying as **Republican** has a direct, positive effect on a respondent's level of adherence to **Christian nationalism**.

Hypothesis 2_d: **conservative political ideological identification** has a direct, positive effect on a respondent's **Christian nationalism**.

3. Direct effects of Christian nationalism on abortion support:

Hypothesis 3_a: **Christian nationalism** has a direct, positive effect on a respondent's opposition to legal abortion under **social-sphere** circumstances.

Hypothesis 3_b: **Christian nationalism** has a direct, positive effect on a respondent's opposition to legal abortion under **physical-sphere** circumstances.

4. Mediation of Christian nationalism on the effects of religious and political characteristics on abortion support.

Hypothesis 4_a: **Christian nationalism** partially mediates the effect of being a **conservative Protestant** on a respondent's opposition to legal abortion under both **social-sphere** and **physical-sphere** circumstances.

Hypothesis 4_b: **Christian nationalism** partially mediates the effect of **corporate worship attendance** on a respondent's opposition to legal abortion under both **social-sphere** and **physical-sphere** circumstances.

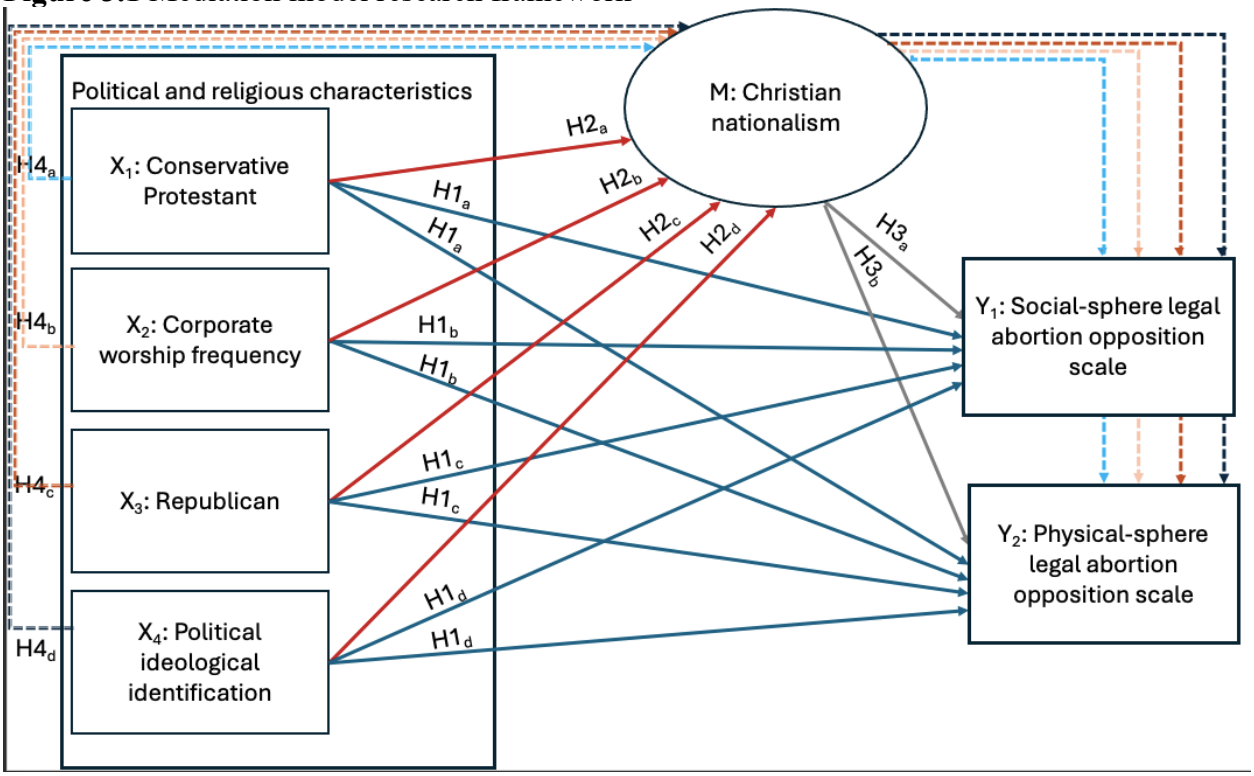
Hypothesis 4_c: **Christian nationalism** partially mediates the effect of being a **Republican** on a respondent's opposition to legal abortion under both **social-sphere** and **physical-sphere** circumstances.

Hypothesis 4_d: **Christian nationalism** partially mediates the effect of **corporate worship attendance** frequency on a respondent's opposition to legal abortion under both **social-sphere** and **physical-sphere** circumstances.

Plan of Analysis

The analysis proceeds as follows. We begin with a CFA of the Christian nationalism construct, estimated using SEM. We then utilize SEM to estimate the mediation of Christian nationalism on the effects of conservative Protestant and Republican identities, as well as corporate worship attendance and conservative political ideological identification on abortion opposition in social-sphere and physical-sphere circumstances, net of controls. Table 3.3 presents the variance-covariance matrix for all variables included in the full mediation model. The estimated mediation

Figure 3.1 Mediation model research framework



model includes standardized measurement coefficients for the Christian nationalism factor as well as the standardized structural path coefficients for the mediation.

In supplemental analyses presented in Online Appendix Tables A and B, we estimated models that included, respectively, a sexism proxy (respondents indicated their [dis]agreement with the statement, "It is much better for everyone involved if the man is the achiever outside the home and the woman takes care of the home and family") and a social control proxy (respondents selected whether they favor "Strengthening law and order through more police and greater enforcement of the laws" or "Reducing bias against minorities in the criminal justice system by reforming court and police practices") as predictors. Although these are important relationships to explore, some important theoretical considerations and data limitations led us to

present these results as supplemental analyses rather than include these variables in our main models. We return to this topic in the Discussion Section.

CHAPTER THREE FINDINGS

Confirmatory Factor Analysis (CFA)

We present the standardized factor loadings and fit statistics for the Christian nationalism CFA model in Table 3.4. All three of the indicators load strongly on the Christian nationalism factor. The model estimates the standardized loading for the indicator capturing participants' agreement that "the success of the US is part of God's plan" to be 0.787, meaning that for each unit increase in Christian nationalism, the model estimates an approximately 0.8-unit corresponding increase in participants' agreement that God plans for US success. Since our indicators depend on only one factor, the standardized pattern coefficients are estimates of Pearson correlations between Christian nationalism and each simple indicator and the squared pattern coefficients are estimates of the proportions of variance explained by the factor (Kline 2016). Therefore, the model estimates that the Christian nationalism factor explains approximately 61.9% of the variance in our reverse-coded "godusa" variable. The pattern and magnitude of all of the standardized loadings indicate the model explains the majority of variance in each observed variable. Furthermore, the p-values are all below the alpha level of 0.001, suggesting that the probability of observing results as extreme or more extreme than those in our sample would be less than 0.001, if the null hypothesis were true in the population. In order to further investigate the behavior of the latent factor, we performed a variety of invariance tests around gender, and the methods and results of invariance tests can be accessed via the Chapter 3 Appendix.

Table 3.3: Variance-covariance matrix, mediation model observed variables

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(1)	1																		
(2)	.84***	1																	
(3)	.87***	.86***	1																
(4)	.51***	.48***	.48***	1															
(5)	.37***	.36***	.36***	.62***	1														
(6)	.55***	.54***	.52***	.66***	.58***	1													
(7)	.46***	.45***	.47***	.35***	.29***	.38***	1												
(8)	.44***	.43***	.46***	.27***	.22***	.32***	.66***	1											
(9)	.47***	.46***	.48***	.34***	.26***	.36***	.61***	.58***	1										
(10)	.26***	.25***	.27***	.25***	.18***	.25***	.31***	.34***	.32***	1									
(11)	.38***	.35***	.37***	.36***	.29***	.38***	.39***	.40***	.45***	.45***	1								
(12)	.26***	.29***	.26***	.19***	.18***	.19***	.32***	.29***	.34***	.15***	.17***	1							
(13)	.47***	.46***	.46***	.33***	.26***	.36***	.51***	.47***	.52***	.22***	.29***	.49***	1						
(14)	.01	-.01	-.02	-.03	-.02	-.02	-.09***	-.10***	-.09***	-.06**	-.09***	.05*	.05**	1					
(15)	.11***	.08***	.09***	.04*	.01	.04*	.14***	.13***	.23***	.06**	.16***	.11***	.14***	.04*	1				
(16)	-.02	.08	-.03	.01	-.01	-.01	-.08***	-.13***	-.03***	-.13***	-.12***	.19***	.03	.04*	.22***	1			
(17)	.09***	.01***	.12***	.06**	.04	.05*	.15***	.18***	.13***	.17***	.12***	.09***	.13***	-.06**	-.00	-.10***	1		
(18)	-.12***	-.10***	-.12***	-.10***	-.09***	-.07***	-.15***	-.15***	-.09***	-.06**	-.04*	.08***	-.03***	.14***	.06**	.14***	-.05*	1	
(19)	.15***	.15***	.16***	.10***	.09***	.08***	.17***	.16***	.11***	.07***	.01	.04*	.10***	-.04*	.05*	-.05	.03	-.28***	1

Source: 2021 General Social Survey; n=2,605 respondents; Note: ***p < 0.001 **p < 0.01 *p < 0.05

Variable key:

Outcomes – (1-3) denial of abortion support under social-sphere; (4-6) physical-sphere circumstances:

(1) Poverty **(2)** Married, wants no more children **(3)** Unmarried **(4)** Rape **(5)** Woman's health **(6)** Fetal defect

Predictors – Christian nationalism (CN) scale:

(7) Federal gov't should advocate Christian values **(8)** God has special plan for USA **(9)** More religion in gov't

Predictors – other religious and political measures hypothesized to be mediated by CN:

(10) Conservative Protestant **(11)** Religious service attendance **(12)** Republican **(13)** Political ideological identity

Controls:

(14) Male **(15)** Age **(16)** White, non-Hispanic **(17)** Southern residence **(18)** Logged income **(19)** High school or less

Table 3.4: Confirmatory Factor Analysis standardized results

Observed Variables	Factor Loadings	OIM std. err.	Fit Statistics
Feds should advocate Xian values	0.838***	(0.005)	
God has special plan for USA	0.776***	(0.017)	
More religion in gov't	0.719***	(0.021)	
Error variance-Fed Xian	0.297	(0.008)	
Error variance-God's plan	0.398	(0.026)	
Error variance-More religion	*(constrained)*		
RMSEA			0.000
CFI			1.000
TLI			1.001
Chi-square model vs. saturated			0.244

Source: 2021 General Social Survey; n=2,350
* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Mediation Analysis Results

In Figure 3.2, we provide the path diagram and standardized coefficients for the full hybrid (structural and measurement) model coefficients in the top panel and a path diagram showing the total mediation effects calculations, which demonstrate the mediation by Christian nationalism of the effects of the four religio-political characteristics on opposition to legal abortion access, though the patterns differ in social- versus physical-sphere circumstances. In Table 3.5, we present the standardized results and fit statistics for the baseline and full mediation models.

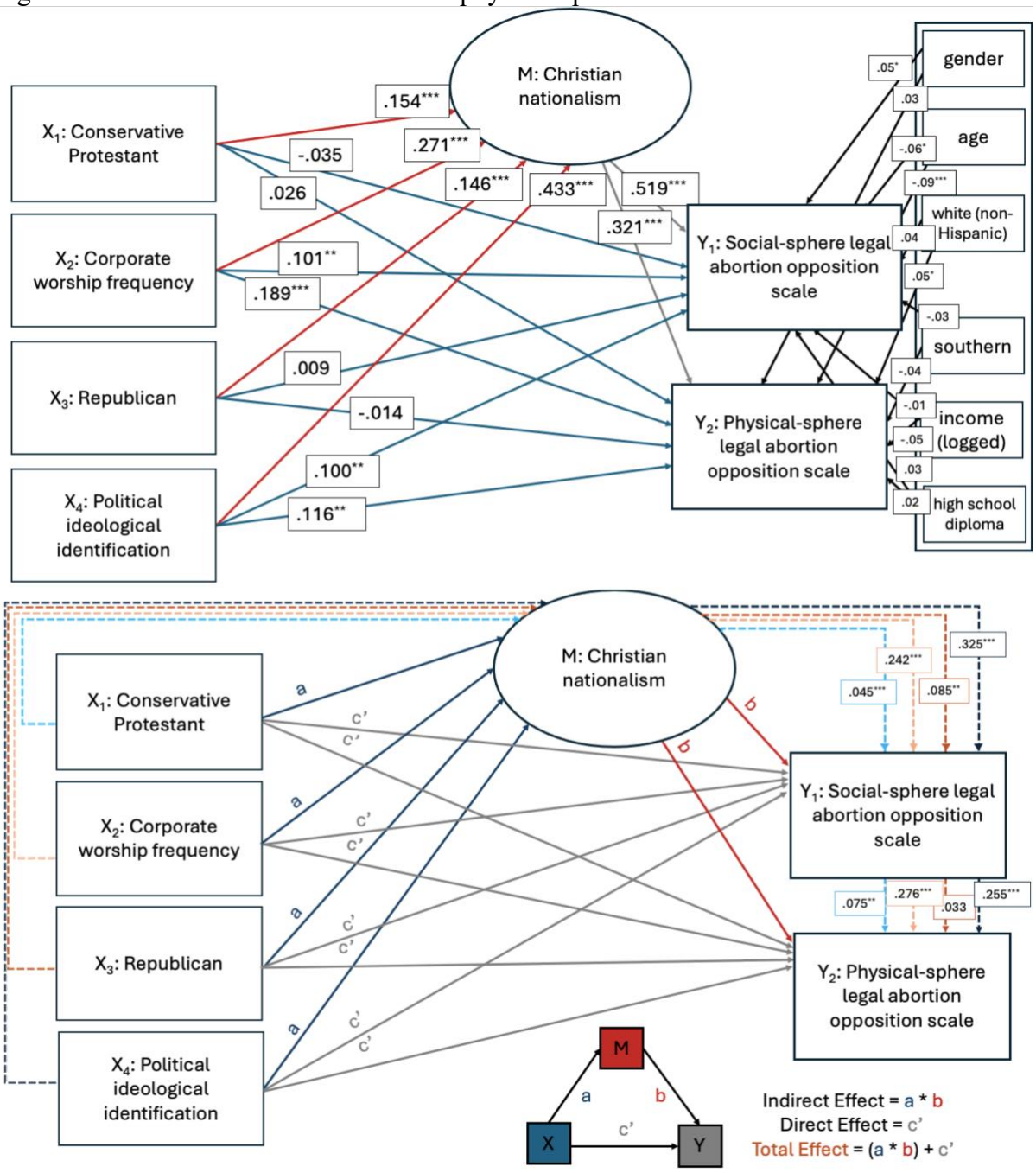
Scores on the Christian nationalism latent factor had a strong direct effect on opposition to abortion access in social-sphere circumstances with the model estimating that a one standard deviation increase in Christian nationalism is associated with a 0.519 standard deviation increase in opposition to legal abortion access under social circumstances. The direct effect of conservative protestant identity became non-significant ($\beta = -0.035$, $p > 0.05$) when we included Christian nationalism in the model, with a significant total mediation effect ($\beta = 0.045$, $p < 0.001$). Religious service attendance maintained a reduced but significant direct effect ($\beta =$

0.101, $p < 0.01$), with Christian nationalism mediating a substantial portion of its total effect (mediation effect $\beta = 0.242$, $p < 0.001$). The direct effect of Republican party identification became non-significant ($\beta = 0.009$, $p > 0.05$), with Christian nationalism fully mediating its influence (mediation effect $\beta = 0.085$, $p < 0.01$). Conservative political ideology retained a reduced direct effect ($\beta = 0.100$, $p < 0.01$), while showing strong mediation through Christian nationalism (mediation effect $\beta = 0.325$, $p < 0.001$).

The mediation patterns for opposition to abortion in physical-sphere circumstances (fetal defect, health, rape) showed some notable differences from opposition in social-sphere circumstances (wants no more children, poverty, unmarried), demonstrating some level of adherence to the norm of abortion exceptionalism among those who endorse Christian nationalism. The direct effect of Christian nationalism, while still significant, was notably weaker ($\beta = 0.321$, $p < 0.001$). Religious service attendance maintained a stronger direct effect ($\beta = 0.189$, $p < 0.001$). Conservative political ideology showed a similar pattern of partial mediation but with a smaller total effect, and Republican party identification showed no significant direct or mediated effects on opposition to abortion in physical-sphere circumstances.

Several demographic controls showed significant associations with abortion opposition after accounting for Christian nationalism; education and income associations were largely attenuated. Being a man became positively associated with opposition to abortion in social circumstances ($\beta = 0.045$, $p < 0.05$). Age showed negative associations with both social-sphere ($\beta = -0.062$, $p < 0.05$) and physical-sphere ($\beta = -0.092$, $p < 0.001$) opposition, meaning younger people tend to be more supportive of legal abortion access across circumstances, even after accounting for Christian nationalism. White racial identity was positively associated with physical-sphere opposition ($\beta = 0.050$, $p < 0.05$).

Figure 3.2: Full model results (top panel) and total mediation effects calculations (bottom panel) of Christian nationalism on the effects of religious and political characteristics on opposition to legal access to abortion under social- and physical-sphere circumstances.



Source: 2021 General Social Survey; n=2,411

Table 3.5: SEM standardized results, effects of religious and political characteristics on opposition to legal access to abortion under social- and physical-sphere circumstances, with and without mediation by Christian nationalism

Path	Baseline Model β	Baseline OIM s.e.	Full Model β	Full OIM s.e.	Total Mediation Effect
Structural: → social-sphere scale					
Christian nationalism factor			0.519***	0.052	
Conservative protestant	0.070***	0.019	-0.035	0.025	0.045***
Worship attendance	0.232***	0.020	0.101**	0.032	0.242***
Republican	0.057**	0.020	0.009	0.027	0.085**
Political ideology	0.362***	0.020	0.100**	0.035	0.325***
Gender	0.013	0.017	0.045*	0.023	
Age	-0.009	0.018	-0.062*	0.025	
White	0.018	0.019	0.042	0.024	
Southern residence	0.007	0.017	-0.025	0.023	
Logged income	-0.074***	0.019	-0.012	0.027	
HS diploma or less	0.086***	0.018	0.030	0.025	
Structural: → physical-sphere scale					
Christian nationalism factor			0.321***	0.050	
Conservative protestant	0.070**	0.020	0.026	0.031	0.075**
Worship attendance	0.296***	0.020	0.189***	0.035	0.276***
Republican	0.023	0.021	-0.014	0.029	0.033
Political ideology	0.266***	0.021	0.116**	0.034	0.255***
Gender	-0.003	0.018	0.031	0.024	
Age	-0.060**	0.019	-0.092***	0.026	
White	0.060**	0.019	0.050*	0.025	
Southern residence	-0.018	0.018	-0.040	0.024	
Logged income	-0.068**	0.021	-0.053	0.031	
HS diploma or less	0.052**	0.019	0.022	0.026	
Structural: → Christian nationalism					
Conservative protestant			0.154***	0.023	
Worship attendance			0.271***	0.024	
Republican			0.146***	0.024	
Political ideology			0.433***	0.024	
Measurement: Christian nationalism →					
God has special plan for USA			0.716***	0.019	
Feds should advocate Xian values			0.759***	0.018	
More religion in gov't			0.780***	0.016	
Error Variances:					
Social-sphere scale	0.682	0.016	0.617	0.018	
Physical-sphere scale	0.753	0.014	0.733	0.017	
Christian nationalism factor			0.364	0.022	
God has special plan for USA			0.488	0.028	
Feds should advocate Xian values			0.423	0.028	
More religion in gov't			0.392	0.025	
Fit statistics:					
RMSEA	0.053		0.040		
CFI	0.997		0.986		
TLI	0.929		0.963		

Source: 2021 General Social Survey; n=2,411; * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Our findings provide mixed support for the hypothesized relationships. For direct effects of religious and political characteristics on abortion opposition (Hypotheses 1a-1d), almost all were supported in the baseline model, with conservative Protestant identity, worship attendance, Republican identification, and conservative political ideology each showing significant positive association with opposition to abortions under social-sphere circumstances. We fail to reject the null for only hypothesis 1c, since the base model did not estimate the coefficient for the effects of Republican identification on physical-sphere circumstances to be significant.

Hypotheses 2a-2d, predicting direct effects of these characteristics on Christian nationalism, were fully supported, with all four predictors showing significant positive associations with the Christian nationalism factor ($\beta = 0.154$, $p < 0.001$ for conservative Protestant; $\beta = 0.271$, $p < 0.001$ for worship attendance; $\beta = 0.146$, $p < 0.001$ for Republican; $\beta = 0.433$, $p < 0.001$ for political ideology). Hypotheses 3a and 3b, predicting direct effects of Christian nationalism on abortion opposition, were also supported for both social-sphere ($\beta = 0.519$, $p < 0.001$) and physical-sphere ($\beta = 0.321$, $p < 0.001$) circumstances. The mediation hypotheses (4a-4d) received partial support. Christian nationalism fully mediated the effects of conservative Protestant identity (mediation effect $\beta = 0.045$, $p < 0.001$) and Republican identification (mediation effect $\beta = 0.085$, $p < 0.01$) on social-sphere opposition, but only partially mediated worship attendance and political ideology effects. For physical-sphere circumstances, mediation was observed for conservative Protestant identity ($\beta = 0.075$, $p < 0.01$), worship attendance ($\beta = 0.276$, $p < 0.001$), and political ideology ($\beta = 0.255$, $p < 0.001$), but not for Republican identification.

The full model demonstrated good fit (RMSEA = 0.040, CFI = 0.986, TLI = 0.963), explaining approximately 38.3% of the variance (1 – 0.617) in social-sphere opposition and 26.7% (1 – 0.733) of the variance in physical-sphere opposition to legal abortion access. These findings suggest that Christian nationalism plays a crucial mediating role in shaping abortion attitudes, particularly for social-sphere circumstances, while religious service attendance maintains more independent effects on opposition to abortion in physical-sphere circumstances. The results indicate that Christian nationalism helps explain how traditional measures of religious and political conservatism translate into opposition to legal abortion access, though mediation varies by abortion circumstance.

CHAPTER THREE DISCUSSION

This study provides key methodological, substantive and theoretical insights into how religious and political affiliations relate to opposition to legal abortion access under social- and physical-sphere circumstances. Our confirmatory factor analysis validates the Christian nationalism scale used here and in prior research (Liberman et al. 2023; Perry 2025a, 2025b; Perry and Braunstein 2025; Seto and Perry 2024; Seto et al. 2024), reinforcing its measurement utility and answering important calls in the literature to test scale validity (Davis 2023; Smith and Adler 2022). Our findings indicate that measures capturing support for infusing "Christian values" and "religious influence" into federal governance and belief in "God's plan" for US success load onto a single latent factor (Christian nationalism), which mediates the effects of traditional religio-political indicators on abortion opposition.

We employed SEM techniques in order to simultaneously estimate the direct and indirect effects of religio-political conservatism on abortion attitudes while accounting for measurement error in our Christian nationalism construct, strengthening our confidence in the findings that

Christian nationalism fully mediates the effects of evangelical identity and Republican partisanship on opposition to abortion under social-sphere circumstances and partially mediates the effects of religious attendance and political ideology. It is a stronger mediator for opposition in social-sphere ($\beta = 0.519$) circumstances than physical-sphere ($\beta = 0.321$) circumstances. These results extend earlier findings indicating adherence to Christian nationalism predicted abortion opposition (see Begum and Seto 2025; Perry and Schmidgall 2025; Schmidgall et al. 2025), except in cases involving maternal health (Whitehead and Perry 2020). This may suggest total opposition to legal abortion under physical-sphere circumstances is too extreme even for Christian nationalists, and the *Roe*-era norm of "abortion exceptionalism," an approach to constructing state regulations of abortion based on negotiations about the moral permissibility rather than the physical safety of the procedure (Axelson 2025; Baird and Millar 2024; Joffe and Schroeder 2021; Smyth 2024), is not entirely at odds with the cultural framework of Christian nationalism.

Indeed, our findings regarding disparities between social-sphere opposition versus physical-sphere opposition to legal abortion among adherents to Christian nationalism suggest that even among those most ideologically disposed to opposing abortion, there is a level of hesitation to deviate from the norm of abortion exceptionalism. Such hesitation does not necessarily contradict prior research that has established an association between Christian nationalism and extreme abortion views (Perry and Schmidgall 2025; Schmidgall et al. 2025; Whitehead and Perry 2020). After all, although the coefficient for the direct effect of Christian nationalism on physical-sphere abortion opposition has lesser magnitude than that of social-sphere opposition, our model did estimate that adherence to the ideology has a strong, positive and significant association with opposing legal abortion in physical-sphere circumstances. These

results may be a feature of survey respondents being presented with an array of exceptional circumstances, as is suggested by the unreliability between responses to the question of abortion support "if the woman wants it for any reason" versus grid-based experimental design items probing specific exceptional circumstances (refer to Table 3.2 above). In other words, the survey design may have signaled to the respondents the social desirability of conforming to the norm of abortion exceptionalism, positioning *total* opposition to abortion as unreasonable. During *Roe*, some religio-political conservatives and Christian nationalists may also have simply considered abortion exceptionalist policymaking sufficiently restrictive of abortion access and institutive of controls over women and other gender minoritized people's bodily autonomy. After all, states passed over 1,300 abortion-restricting laws under *Roe* precedent (Doan and Schwartz 2020). In other words, it is possible that Christian nationalists are more interested in maintaining moral control and existing hetero-patriarchal systems of social stratification (Davis 2018; Gorski and Perry 2022; Li and Froese 2023) than in total "abolition" of abortion (Schmidgall et al. 2025). These findings have important policy implications. Our results indicate that attitudes toward legal abortion across the religio-political spectrum, including those mediated by Christian nationalism, are (to varying degrees) in alignment with the norm of abortion exceptionalism.

This could suggest that *Dobbs*-enabled "anti-abortion abolitionist" efforts on the far right to criminalize women and other uterine-bearing people's abortion-seeking behavior (Crawford and Weible 2024; Schmidgall et al. 2025) may face particularly staunch public resistance if criminalization is sought without regard to pregnancy circumstances. Our findings support the approach to understanding public opinion about abortion and abortion policies taken by scholars who have recognized the centrality of abortion exceptionalism (e.g., Baird and Millar 2024; Joffe and Schroeder 2021; Nandagiri and Pizzarossa 2023; Smyth 2024). These data suggest that as

attitudes toward gendered roles in the public and private spheres of social life responded to *Roe v. Wade* (Ziegler 2020; 2023), abortion exceptionalism, by lending legal abortion opposition the appearance of reasonableness, may have effectively contributed to the "stalling" of the gender revolution (England, Levine, and Mishel 2020).

Limitations and Future Research

We rely on an assumption of causal directionality (where Christian nationalism and traditional measures of religion and politics effect attitudes toward legal abortion), an implicit necessity in cross-sectional mediation. Opportunities to extend this research could include experimental designs, assigning respondents to read neutral, control passages or Christian nationalist passages priming Christian nationalism and perceptions of threats to traditionalist social hierarchies (e.g., messages about the tragic loss of America's Christian heritage and identity; growing persecution of Christians in America) before gauging abortion views. Additionally, given Christian nationalism's demonstrated reach, funding institutions should invest in longitudinal data collection tracing Christian nationalism and abortion attitudes over time.

Methodological constraints tied to the COVID-19 pandemic shaped the 2021 GSS sample's religious characteristics (Schnabel et al. 2024). Replicating our analyses with subsequent GSS waves will be critical for future scholars. While we anticipate consistent results, replication will confirm robustness. Also, the experimental grid format used in 2021 introduced inconsistencies: as shown in Table 2 above, roughly one in five respondents supported abortion "for any reason" but opposed it under specific circumstances. This pattern, especially pronounced for social-sphere cases, underscores the importance of precise measurement in post-*Dobbs* abortion research.

Additionally, Begum and Seto (2025) have called for the incorporation of qualitative data to better understand the influence of Christian nationalism on politicized behaviors, including abortion views. Interviews and observations can elucidate how individuals interpret and rationalize their abortion views across diverse circumstances, revealing the moral frameworks and lived experiences that shape their positions. Unlike surveys, which constrain responses to predefined categories, qualitative data allow participants to articulate conditional reasoning, for example, how empathy, responsibility, or faith influence their views in specific contexts. Such insights can uncover internal tensions, contextual contingencies, and cultural meanings that survey measures often obscure, providing a richer understanding of abortion attitudes.

Previous literature on Christian nationalism leads us to expect that measures capturing individuals' favorability towards social control mechanisms would be closely related to Christian nationalist sentiment (Djupe et al. 2023; Gorski and Perry 2022; Perry 2025a; 2025b). However, drawing from Pierre Bourdieu's (1989) concept of dialectical relationships, we determined that including a social control proxy as a predictor in our main model may be problematic due to the recursive relationship between abortion attitudes and punitive endorsement of social control mechanisms identified by Mena-Meléndez et al. (2025). Given the primacy of theoretical justification required for SEM model specification (Kline 2016; MacCallum and Austin 2000), we opted to exclude this variable from our primary analysis. Nevertheless, we provide supplemental analyses in the Online Appendix that include the social control proxy as a point of reference. Additional analyses include a sexism proxy among model predictors, though we interpret results with caution due to decreased sample size and statistical power resulting from missing data. Future researchers should more thoroughly explore both the mediating role of

Christian nationalism on associations between sexist attitudes and abortion attitudes, as well as the complex interplay between punitive social control attitudes and abortion opposition.

Another important avenue for future research is further theorization and validation of the complex and nuanced relationships among (a) Christian nationalism, (b) more traditional religio-political measures, and (c) social opinions including—but not limited to—beliefs about abortion access. For example, our SEM analysis supported a mediation model, wherein the effects of several religious and political measures on abortion attitudes acted through Christian nationalism, a finding consistent with some prior research that has focused on other attitudinal and behavioral outcomes (Davis 2018; Seto and Upenieks 2024; Whitehead et al. 2018; Baker et al. 2020). However, future research is necessary to understand the precise social and psychological mechanisms through which this mediation occurs. Based on prior theorizing in this area, a mechanism we find to be especially plausible is that Christian nationalism acts as a "deep story" (Gorski and Perry 2022; Whitehead 2023) for many politically and religiously conservative Americans, organizing various social issues into a cohesive narrative centered on the threat of "cultural degradation from 'un-American' influences both inside and outside our borders" (Gorski and Perry 2022:4). In this sense, the cultural framework of Christian nationalism may serve to meet the *epistemic*, *existential*, and *relational* needs of these Americans—key psychological functions of political ideology identified by Jost, Fredrico and Napier (2009). With regard to Christian nationalism, examples of these psychological benefits might include, respectively, lowering uncertainty around complex, moral and social issues (such as abortion access) and providing a sense of security and meaning in the face of perceived physical and cultural threats. We encourage future researchers to further investigate these

nuances; indeed, the qualitative methodologies described above may be particularly well-suited to understanding the psychological processes underpinning our finding of statistical mediation.

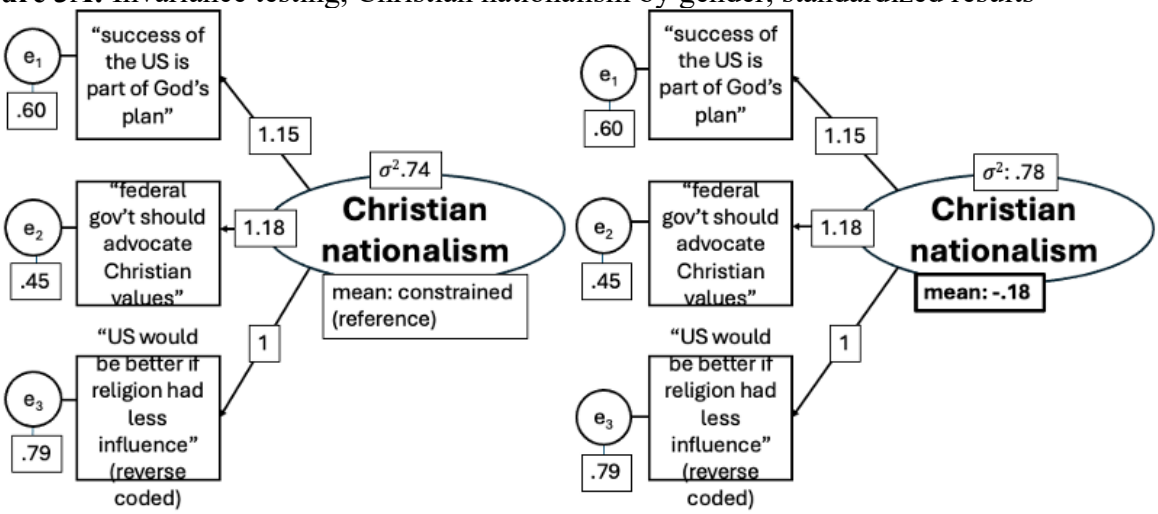
Conclusion

Religious and political identities and engagement shape abortion attitudes (Braunstein et al. 2022; Bruce 2020; Hoffman and Johnson 2005; Jelen 2014), but our results confirm previous research indicating Christian nationalism fuses the two into a potent ideology promoting traditional social hierarchies, including those stratifying reproductive liberty and justice. In the present study, results indicate Christian nationalism mediates most religio-political predictors of abortion opposition, especially in social-sphere contexts. Its weaker mediation of physical-sphere opposition and the absence of a direct GOP partisan effect suggest a measure of support for abortion exceptionalism among Republicans and, albeit to a lesser degree, Christian nationalists. The reluctance across most of the US religio-political spectrum to totally oppose legal abortion may signal a certain base level of liberalized support for women and other gender-minoritized people's bodily autonomy. Alternatively, abortion exceptionalism may simply be understood among the most religio-politically conservative to pose no threat to existing gendered hierarchies. As the notion of abortion criminalization becomes increasingly palatable among religio-political conservatives in the post-*Dobbs* US (Crawford et al. 2023; Jozkowski et al. 2023; Mena-Meléndez et al. 2025; Schmidgall et al. 2025), it is critical to examine what is driving adherence to abortion exceptionalism among those most closely associated with religio-political conservatism and Christian nationalism.

CHAPTER THREE APPENDIX

For the purposes of the current study, we were particularly interested in whether there might be gender differences in the indicator loadings, error variances, or intercepts for the Christian nationalism scale. We provide the results of gender invariance tests in order to probe construct validity, parsing out whether the factor operates differently among women as compared to men—whether gender effects respondents' reading of and ratings for the indicators of the Christian nationalism factor. We display results of this testing in Figure A. Following Acock (2013), we applied progressively stricter constraints to gender-grouped CFA models in order to move from a model estimated with configural invariance to metric invariance and then scalar invariance to residual invariance.

Figure 3A: Invariance testing, Christian nationalism by gender, standardized results



Unstandardized loadings for **women** (all are significant at p < 0.001)

Unstandardized loadings for **men** (all are significant at p < 0.001)

Model	*Versus saturated*	*Versus previous*	RMSEA	CFI	SRMR
1. Configural invariance	1.94(2), p=0.38	n/a	0.000	1.000	0.007
2. Metric invariance	2.25(4), p=0.69	0.31(2), p<0.01	0.000	1.000	0.009
3. Scalar invariance	2.49(6), p=0.87	0.24(2), p<0.05	0.000	1.000	0.009
4. Residual invariance	19.36(8), p=0.01	16.87(2), p<0.001	0.048	0.991	0.024

Source: 2021 General Social Survey; n=2,350

To accomplish invariance testing, we used variations of the ginvariant(all) option in the sem command in Stata 19. Since unconstrained models have a much easier time fitting data than constrained models, we expect tests of model fit, correspondingly, to be more favorable when models have fewer constraints (Acock 2013). Beginning with the least constrained model where we tested for configural invariance by imposing structural constraints, the obtained chi-square value of 1.94 with two degrees of freedom and a p-value of 0.38 indicates no significant difference between our model and a saturated or perfectly fit model. Models with large sample sizes tend to have significant chi-square results, but other obtained fit statistics such as RMSEA, CFI, and SRMR, as presented in Figure 3A, also indicate excellent fit.

Next, we imposed factorial constraints to test metric (sometimes referred to as "weak") invariance, and the obtained chi-square values comparing the factorially constrained model to a saturated model as well as to the previous, less constrained configural invariance model both indicate that imposing metric invariance did not harm model fit. In the same way, we found that imposing scalar invariance (intercept equivalence) and residual or "strict" invariance (error equivalence) did not cause model fit to suffer. Although other measures of fit such as RMSEA and SRMR did increase somewhat once the gender-grouped models were constrained to have equivalent error variances, the obtained values still indicated excellent fit.

These invariance test results suggest that our three indicators load on the Christian nationalism factor in virtually equivalent ways for the men in our sample as for the women. This finding enables us to compare the group mean Christian nationalism score for men versus women with increased confidence that the comparison is capturing a difference in the two group's propensity to endorse Christian nationalist tenets. As shown in Figure 3A, men in our sample have an average Christian nationalism score that is 0.18 units *lower* than the average

score among women. While ancillary analyses did not indicate that the effect of gender interacts with Christian nationalism to intensify its influence on abortion attitudes in our sample, future research should investigate whether women's warmer relationship to Christian nationalism has a suppressant effect on women's support of legal abortion.

Appendix Table 3A. Results from main models with sexism proxy added as predictor

Path	Baseline Model β	Baseline OIM s.e.	Full Model β	Full OIM s.e.	Total Mediation Effect
Structural: → social-sphere scale					
Christian nationalism factor			0.597***	0.087	
Conservative protestant	0.053+	0.027	-0.042	0.033	0.081+
Worship attendance	0.219***	0.027	0.049	0.045	0.177***
Republican	0.029	0.028	-0.035	0.038	0.100
Political ideology	0.369***	0.028	0.096+	0.054	0.230***
Sexism proxy	0.126***	0.026	0.020	0.035	0.083***
Gender	-0.013	0.024	0.057+	0.032	
Age	-0.014	0.025	-0.063+	0.034	
White	0.011	0.026	0.051	0.035	
Southern residence	0.030	0.024	-0.012	0.030	
Logged income	-0.053+	0.027	-0.036	0.037	
HS diploma or less	0.073**	0.025	0.006	0.034	
Structural: → physical-sphere scale					
Christian nationalism factor			0.312***	0.050	
Conservative protestant	0.027	0.029	0.009	0.031	0.042
Worship attendance	0.294***	0.028	0.206***	0.035	0.093***
Republican	0.004	0.030	-0.035	0.029	0.052
Political ideology	0.224***	0.030	0.086+	0.034	0.121***
Sexism proxy	0.178***	0.027	0.127**	0.041	0.044***
Gender	-0.032	0.026	-0.005	0.033	
Age	-0.070**	0.026	-0.087*	0.037	
White	0.049+	0.027	0.065+	0.035	
Southern residence	0.003	0.025	-0.031	0.033	
Logged income	-0.008	0.028	-0.003	0.037	
HS diploma or less	0.057*	0.026	0.025	0.037	
Structural: → Christian nationalism					
Conservative protestant			0.135***	0.034	
Worship attendance			0.296***	0.034	
Republican			0.167***	0.036	
Political ideology			0.386***	0.036	
Sexism proxy			0.140***	0.035	
Measurement: Christian nationalism →					
God has special plan for USA			0.730***	0.026	
Feds should advocate Xian values			0.746***	0.018	
More religion in gov't			0.742***	0.026	
Error variances:					
Social-sphere scale	0.659	0.022	0.584	0.033	
Physical-sphere scale	0.744	0.020	0.714	0.028	
Christian nationalism factor			0.324	0.033	
God has special plan for USA			0.444	0.041	
Feds should advocate Xian values			0.468	0.038	
More religion in gov't			0.449	0.039	
Fit statistics:					
RMSEA	0.000		0.039		
CFI	1.000		0.985		
TLI	1.000		0.962		

Source: 2021 General Social Survey; n=1,227; + $p < 0.10$, * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Appendix Table 3B. Results from main models with sexism proxy, institutionalized social control proxy added as predictors

Path	Baseline Model β	Baseline Lin. s.e.	Full Model β	Full Lin. s.e.	Mediation Effect
Structural: → social-sphere scale					
Christian nationalism factor			0.633***	0.106	
Conservative protestant	0.049	0.033	-0.045	0.035	0.093***
Worship attendance	0.219***	0.034	0.040	0.048	0.179***
Republican	0.048	0.036	-0.016	0.038	0.063**
Political ideology	0.309***	0.038	0.107+	0.055	0.202***
Sexism proxy	0.090**	0.034	0.028	0.035	0.061**
Social control proxy	0.096**	0.036	-0.104+	0.055	0.200***
Gender	-0.020	0.031	0.059+	0.034	
Age	0.015	0.032	-0.053	0.034	
White	-0.005	0.032	0.060+	0.036	
Southern residence	0.027	0.031	-0.016	0.031	
Logged income	-0.058	0.037	-0.034	0.037	
HS diploma or less	0.044	0.034	0.004	0.034	
Structural: → physical-sphere scale					
Christian nationalism factor			0.303**	0.100	
Conservative protestant	0.059	0.044	0.013	0.045	0.045*
Worship attendance	0.298***	0.042	0.208***	0.055	0.086**
Republican	0.003	0.039	-0.029	0.040	0.030*
Political ideology	0.197***	0.030	0.096+	0.050	0.097**
Sexism proxy	0.162***	0.027	0.130**	0.041	0.029*
Social control proxy	0.078*	0.039	-0.018	0.056	
					0.096**
Gender	-0.049	0.032	-0.009	0.034	
Age	-0.047	0.036	-0.079*	0.037	
White	0.034	0.035	0.065+	0.036	
Southern residence	-0.012	0.033	-0.032	0.033	
Logged income	-0.011	0.038	0.000	0.037	
HS diploma or less	0.044*	0.037	0.024	0.037	
Structural: → Christian nationalism					
Conservative protestant			0.148***	0.033	
Worship attendance			0.283***	0.032	
Republican			0.100**	0.033	
Political ideology			0.319***	0.036	
Sexism proxy			0.097**	0.034	
Social control proxy			0.315***	0.041	
Measurement: Christian nationalism →					
God has special plan for USA			0.741***	0.025	
Feds should advocate Xian values			0.758***	0.026	
More religion in gov't			0.747***	0.027	
Error Variances:					
Social-sphere scale	0.690	0.026	0.585	0.034	
Physical-sphere scale	0.732	0.030	0.716	0.028	
Christian nationalism factor			0.425	0.039	
God has special plan for USA			0.451	0.037	
Feds should advocate Xian values			0.442	0.040	
More religion in gov't			0.264	0.031	
Fit statistics: RMSEA	0.000		0.038		
CFI	1.000		0.986		
TLI	1.000		0.963		

Source: 2021 General Social Survey; n=1,227; $^{+}p < 0.10$, $^{*}p < 0.05$, $^{**}p < 0.01$, $^{***}p < 0.001$

CONCLUSION

In the United States, religion—Christianity in particular—has a sordid history of undue influence on civic life and public perceptions of morality for the religious and irreligious alike, and that sway continues to be visible in the contemporary American socio-cultural and political landscape despite clear trends toward secularization (Adamczyk and Voladamsdottir 2018; Gorski and Perry 2022; Stewart, Edgell, and Delehanty 2025). In recent decades, the social construction of abortion has provided particularly fertile soil for Christian influence on public attitudes, policy making, and cultural intelligibility to take root and blossom in (Adamczyk, Kim, and Dillon 2020; Holland 2020; Kobes Du Mez 2024; Swank 2020). Since the 1973 *Roe v. Wade* decision, knowledge entrepreneurs, social movement activists, politicians, and religious leaders have attached abortion to other critical and contentious social issues such as gender equity, racial justice, sexual violence, judicial activism, the role of science in public policy, and religious liberty (Ziegler 2020), to name a few, effectively embroiling abortion in a public policy debate, the contentiousness of which is virtually without parallel (Kimport and Weitz 2024; Wu and Kimura Ida 2018). Combining those political charges with religious ones such as disputes over metaphysical claims as to the timing of ensoulment creates the explosive minefield that is the "abortion debate" in the U.S. today.

Throughout this dissertation, I have explored religious effects on the social construction of abortion in a variety of ways. In Chapter One, I developed a theory of abortion destigmatization that conceptualized the sacralization of abortion opposition as a product of conservative socio-political abortion stigmatization processes. In Chapter Two, I theorized that religio-political messaging around "family values," in combination with state abortion opposition mechanisms backed by the Religious Right, create particularly stigmatizing environments for

some people's pregnancies and family formation circumstances. Such a dynamic has the potential to influence reproductive decision-making towards abortion, which could be part of an explanation for why my longitudinal analysis found that, between states in years with "Alternatives to Abortion" (A2A) programs and states in years without programs, A2As were associated with *increased* state-year abortion rates. Finally, in Chapter Three, my co-authors and I identified the role of Christian nationalism as a mediator between traditional religio-political influences and abortion exceptionalist attitudes.

Perhaps the U.S. public has been so susceptible to the divisiveness of the "abortion debate" in part *because* of the religification of its terms, especially considering that the progressive side of the "clash of absolutes" (Tribe 1990) has ceded significant "discursive terrain" to conservative abortion opponents who sacralize abortion opposition by venerating fetal personhood (Millar 2017). When the absolutist assertion that intentionally causing fetal demise is immoral clashes with the absolutist assertion that infringing upon reproductive/bodily autonomy is immoral, the constructed positionality and personhood of a fetus is often able to subsume that of a pregnant person's. Carol Pateman (1988) offers a relatively simple explanation for this: the fundamental social positionality of women and other uterine-bearing people as subservient to men was instantiated through a *sexual* contract before any negotiations for a *social* contract began. The hetero-patriarchal foundations of our social contract, in other words, make it relatively easy for the interests of a newly constructed group (fetuses/unborn/preborn persons) to take precedence over those of cisgender women and other groups minoritized by hetero-cis-sexism. In particular, it may be easier to elicit public empathy with the positionality of a fetus because the social location of a "preborn person" is entirely uncomplicated by blame—whereas the positionality of a pregnant person exercising bodily autonomy is highly vulnerable to

judgement, condemnation, and the weight of historical (as well as ongoing aspects of) social marginalization.

In asserting that gender oppression provides foundational grounds for abortion opposition, I do not mean to sidestep the question of fetal personhood. In fact, I find it beneficial at this juncture to intentionally traverse that very "discursive terrain." The concession of equal rights of personhood to fetuses does not necessarily require women and other uterine-bearing people to surrender bodily autonomy to the state. Put another way, it would be entirely possible to rationalize a social contract where members retain control over the biological contents, mechanisms, and (re)productive capacities of their individual bodies while extending civil liberties at conception. After all, in our current system no "born" person has a constitutional right to access life-sustaining resources from another person's body without that person's consent. Weaponizing the state to force unwilling people to surrender bodily resources in order to save the lives of others therefore requires either structural discrimination—possibly through the construction of some exceptional clause around pregnancy—or the negotiation of a social contract where all members' surplus bodily resources are equitably communalized.

In the latter scenario, negotiating an equitable communalization of bodily resources could enable the state to intervene on behalf of preborn persons needing access to the reproductive bodily resources of a gestating person for the duration of a pregnancy. Such a mobilization of state power to secure life-sustaining resources for preborn persons would logically compel the state to secure life-sustaining bodily resources for born persons in need—e.g., people awaiting certain organ transplants, requiring blood transfusions, or hoping for cancer-treating tissue donation. Should the state summon citizens for blood donation the way it summons them for jury duty? Should state power be deployed to mandate kidney donation from matched living donors?

Should the state use force to stop abortions—or to prevent unwanted pregnancies through, e.g., mandatory vasectomies for adolescents whose bodies produce sperm (which could later be reversed following a successful application process)? These questions are not identical but are logically related; each scenario requires government intrusion into individual bodily autonomy in order to maximize the harmonious provision of life-sustaining resources for all its members without discrimination against any particular class of people from whom surplus bodily resources are drawn.

Even if pregnancy is conceptualized as a special circumstance where a pregnant person's role in the creation of a preborn person's dependence on their bodily resources is invoked to justify state enforcement of some sort of "parental duty" clause, such enforcement would require the state to first know about a pregnancy. Monitoring pregnancy demands a surveillance infrastructure targeted specifically at people embodied with a uterus. The discriminatory burdens placed on the class of people with the potential to become pregnant would not be incidental to enforcement of such a clause—sex-based discrimination would be a necessary precondition of it. Without justification for what would essentially amount to a *maternal* duty clause, any deployment of state power that compels pregnant people to surrender reproductive bodily resources for the survival of "preborn persons" while leaving intact the rights of other citizens to withhold viscera viable for donation is not principled—it is discriminatory. To criminalize pregnancy termination while declining to criminalize the withholding of surplus blood, organs, or tissue is to subject pregnant and potentially pregnant people to a form of state surveillance, coercion, and/or bodily intrusion from which people perceived to be without the potential to become pregnant are categorically exempted. That is not equal protection. It is sex- and gender-based discrimination encoded into law.

Importantly, this discussion does not settle whether it is moral for an individual to willfully terminate their own pregnancy—that question belongs to moral philosophy, religious conviction, and personal conscience, not to the sociology of law. What this consideration does is disentangle hetero-cis-sexist logics from the question of bodily autonomy and expose the selective application of state power for what it is. It also leaves open what fetal personhood would mean in a world where technologies enabling extra-uterine development or fetal transplantation exist—at that juncture, the community, not solely the pregnant person, could shoulder gestational responsibility, requiring a host of new moral questions and organizational dilemmas to be addressed.

Bryan Stevenson's (2014) exhortation regarding capital punishment is instructive here. Stevenson asks not whether someone deserves to die, but *whether the state deserves to kill*. Applied to abortion, the question of whether a zygote, embryo, fetus, or preborn person—bearing in mind all as contested categories constructed via classificatory power—deserves to live is less pertinent to the sustainability of liberal democracy than whether the state deserves to surveil the bodies of people with the potential to become pregnant in order to conscript any *unwillingly* pregnant person's body into its service through force. Indeed, until technologies enabling extra-uterine gestation or fetal transplantation exist, enforcing state prohibition of abortion inevitably requires use of force against people who are pregnant. It means legitimating the sort of state powers necessary to enslave pregnant people as incubators. If abortion rights opponents are comfortable with that—with the state deploying force through an offensive barrage of hetero-patriarchal coercive propaganda, education, and institutional structuration or, as a last line of defense against abortion, shackles, feeding tubes, and armed guards to enforce compulsory pregnancy and childbirth—then the public deserves to know it in precisely those terms.

In conclusion, reproductive rights frames and corresponding failures to engage fetal personhood claims on liberal democratic grounds, as opposed to the intersectional framework of reproductive justice, can serve to obscure the authoritarian core of abortion criminalization behind the powerful symbolic imagery of a developing fetus (Kimport 2022; Kimport et al. 2012; Petchesky 1987). In the U.S. abortion debate, the end goal on the conservative side has long been framed around "saving babies," a goal often transparently rooted in a hegemonically religious metaphysical claim about the timing of ensoulment and the construction of a unique set of human D.N.A. as a "person." If we want a social contract that provides equal protection under the law and freedom from undue and/or discriminatory government intrusion, what we must grapple with is whether it is justifiable to enact the necessary social structural means—ranging from discriminatory surveillance to coercive or violent enforcement—to achieve the end goal of abolishing abortion (or limiting it to exceptional circumstances) through, when necessary, compulsory gestation. In essence, we must decide whether the society that creates a law requiring children to be born leaves room in its legacy for them to inherit liberty rather than tyranny.

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