

Blind spots in abortion attitudes: Investigating the nuance of UK women's pro-choice perspectives

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Abstract

Abortion attitudes are typically contextualized as pro-life or pro-choice; yet these characterizations ignore the complex ideas that individuals hold about abortion. To address this gap, we conducted a thematic analysis of 28 semi-structured interviews, with women in the UK, both with (12) and without (16) personal abortion experience. The theme “blind spots” captures patterns in our participants’ accounts, wherein complexity and even conflict would emerge within expressed abortion judgements. Our subthemes highlight those conflicts between more and less restrictive abortion attitudes either occurred when considering the same (self or other) or different (self vs other) attitudinal objects. Many participants were unaware of the conflicting and nuanced attitudes they held about abortion, evidenced by an inability to integrate these positions into a clear and consistent judgement, indicating that a dichotomy of abortion attitudes may be too simplistic.

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Biographies:

Dr. Nicole Lozano (@drnicoleintexas) is an assistant professor at Angelo State University in the Counseling Psychology masters and doctoral program. Nicole leads the Cultivating Advocacy, Relationships, and Equity (CARE) Lab at Angelo State using feminist and intersectional qualitative methods to explore people's relationships with gender, parenting, trauma, and teaching. Her research is community based, and she works closely with agencies to understand their research needs. She and Adair have developed the CREATE research lab to conduct interdisciplinary research in the US and the UK exploring reproductive decision making and supporting healthcare agencies.

Dr. Lora Adair (@LoraAdair) is a Senior Lecturer in Psychology at Brunel University London and leads the Gender, Sexuality, and Relationships theme in the Centre for Culture & Evolution (CCE). Adair uses feminist evolutionary approaches to explore how romantic, sexual, and reproductive experiences are shaped by social forces. Investigated topics within her research include attraction, intrasexual and intersexual conflict, reactions to relationship threats, sexism and sex/gender-based discrimination, sexual exploitation and intimate partner violence, reproductive decision-making, and abortion. Her research is highly engaged with the West London and broader UK community, through advisory work with NHS Clinical Commissioning Groups and research collaborations with local reproductive health clinics.

Julieta Baker is a graduate of Brunel University London Baker's passion for women's reproductive health stems from her experience of motherhood and working history in various healthcare facilities. She plans to continue contributing to this field as a research assistant and thereafter a Doctoral student.

Ssanyu Kayser is currently doing her masters degree in psychology at the Culture, and Evolution at Brunel University London. During her studies she works as a research assistant involved in research projects concerning astrology and love beliefs, same-sex female friendships, as well as work on women's reproductive health and decision making. Kayser hopes to ultimately get her PhD doing cross-cultural research on women of color.

Aneeka Shrestha is an undergraduate in Psychology at Brunel University London. She is currently working on her dissertation investigating the effect of chronotype on mood and creativity. Prior to this she worked as a research assistant in her placement year for three researchers involving work on witchcraft and supernatural beliefs as well as women's reproductive health and decision making, where she will continue involvement in as a research assistant.

Blind spots in abortion attitudes: Investigating the nuance of UK women's pro-choice perspectives

Abortion is a safe, practical reality with over 209,000 terminations in England and Wales in 2020 (Department of Health and Social Care, 2021). It is safer than childbirth (Raymond & Grimes, 2012), and is a common medical procedure worldwide with 6 out of 10 unplanned pregnancies ending in elective termination (World Health Organization, 2021). Regardless of the commonality of this healthcare procedure, anti-abortion sentiment persists even in places where abortion is legal. Research suggests opposition to abortion is present in many studied contexts (Kumar, Hessini, & Mitchell, 2009; Orihuela-Cortes et al., 2022), and is often linked to broader cultural and social structures regulating which behaviors are perceived as acceptable (Bird et. al., 2018; Hanschmidt et al., 2016; Hess & Rueb, 2005). This study was designed to explore the nuance of people's attitudes towards abortion in the UK, with emphasis on the views and judgments of people for whom abortion is a personally relevant reproductive choice (i.e., people who have or might experience pregnancy). Participants shared complex, and even contradictory, views towards abortion (e.g., regarding when abortion is acceptable and for whom), illustrated by a primary theme that arose from an inductive thematic analysis.

What do people think and feel about abortion?

Typically, abortion attitudes are presented as dichotomous categories such as “pro-choice” or “pro-life” (Gleeson et al., 2008). “Pro-choice” represents individuals that support or endorse the right to terminate a pregnancy for any reason (Huang, et al., 2016; Wiebe et al., 2013) and/or have positive views towards the medical procedure of abortion (Rye & Underhill, 2020). “Pro-life” or “anti-choice” most stereotypically represents individuals that do not endorse the right to terminate a pregnancy for any reason (Smith & Son, 2013). However, pro-life may

also include people who support the right to abortion in some limited circumstances such as health of the mother or cases of rape or incest (Huang et al., 2016; Reid, 2018), the right to abortion in many circumstances (e.g., “personal reasons”; Jozkowski, Crawford & Hunt, 2018; Wiebe et al., 2015) and/or have negative views towards the medical procedure of abortion, including viewing it as “murder” (Rye & Underhill, 2020). This variability in representations of “pro-life”/“anti-choice” attitudes renders this category virtually meaningless. Similarly, most individuals’ support for abortion varies by gestation/length of pregnancy (Crawford, LaRoche, & Jozkowski, 2022; Wilcox & Norrander, 2002). Consequently, failing to account for nuanced ideas on abortion can lead to inaccurate estimations of endorsement of pro-choice attitudes.

The classic framing of abortion attitudes as “pro-choice” and “pro-life” not only fails to capture the complexity within each of these perspectives, but also creates an artificial juxtaposition. As Sheldon and Wellings (2020) argue, “they suggest to the respondent that to select the opposite response option in either case would indicate that they were “anti-choice” or “anti-life” (p. 19). Put simply, valuing “choice” and valuing “life” (Jelen & Wilcox, 2003) do not represent attitudes at opposite ends of a single spectrum, as the dichotomy implies. Research has demonstrated individuals’ endorsement of values on both ends of this spectrum, including the idea that life begins at conception and supporting abortion access in many circumstances (Wilcox & Riches, 2002), believing that abortion is “morally repugnant,” and that people should have the freedom to choose abortion (Rye & Underhill, 2020), and valuing both freedom of choice and the potential/future life of a fetus (Wilcox & Norrander, 2002). Further, when Crawford, LaRoche, and Jozkowski (2022) gave the chance for participants to identify as both “pro-choice” *and* “pro-life,” 16% selected this option. Therefore, describing abortion attitudes as falling somewhere on a continuum between “pro-choice” and “pro-life” likely fails to capture

important complexities - perhaps even contradictions - in the ways that people think and feel about abortion.

While laypersons and researchers continue to position UK abortion discourse as “pro-choice” and “pro-life” (Eades, 2019; Unnithan & Dubuc, 2018), this dichotomy fails to capture meaningful variation in abortion attitudes. As an example, areas of complexity and nuance may be revealed by investigating views towards different attitudinal objects – or areas in which a person associates an opinion or judgments, in the case abortion (Moltman, 2013). Indeed, research suggests that the attitudes and judgements that we hold for ourselves can shift when considering other people (Foschi, 2000). Research has shown that people perceive others as much easier to read than themselves while also weighing introspective thoughts and intentions more heavily when judging themselves versus others (Pronin, Kruger, Savtisky & Ross, 2000; Pronin, 2009; Williams & Steffel, 2014). We view ourselves as more complex and mysterious; having this self vs other “double standard” may influence the way our abortion attitudes change when considering it for ourselves and for others. Studies examining abortion attitudes discuss the effect of various predictors and outcomes of abortion attitudes however, understanding how these attitudes shift when considering self vs other is yet to be discussed (Adameczyk, Kim & Dillon 2020). As illustrated by Kerns et al. (2012) understanding abortion attitudes are important as they are related to care delivery, care access and procedure choices (Balcha, 2022; Kerns et al. 2012). Given this, there is a clear need to examine and describe the content of individual’s attitudes towards abortion, beyond their reporting of shallow and uninformative talking points like “pro-life,” “right to life,” “pro-choice” and “right to choose.”

Purpose of the Study

This research was designed to explore attitudes towards abortion, a psychosocial process

which, while a safe and common medical procedure, is laden with stigma (Hanschmidt et al., 2016; Rocca et al., 2020) and moral judgments (Berne, 1998; Rye & Underhill, 2020). Utilizing a constructivist, feminist approach, the study was designed to explore the nuance of people's attitudes about abortion in the UK, focusing on decision-making approaches, stigma and stereotyping, as well as social supports. Abortion attitudes represent part of a larger constellation of related social, political, moral, and religious judgments. For this study, we rely on Ajzen and Fishbein's (2000) conceptualization of attitudes, viewing them as evaluations (e.g., "favor or disfavor, good or bad, like or dislike... approval or disapproval"; p. 3) of abortions and the people who access abortions. Through inductive coding described in our methods section, we identified the critical importance of attitudinal nuance to discussions regarding termination experiences.

Methods

Thematic Analysis (TA), following Braun and Clarke's (2012) recommendations, was used to code data. TA was selected as it permits researchers flexibility in analyzing data, allowing for the ability to code data in ways that fit the research goals. Further, an inductive approach was used to link themes to the data itself (Braun & Clarke, 2012). Themes were identified at the latent level, meaning that we examined what the underlying ideas were to what participants shared. In addition, we applied a feminist constructivist lens to the work (Allen, 2011). The constructivist perspective focuses on the socio-cultural contexts that create the stories being told by participants. Using these two methods aligns with constructivist approaches to qualitative research, wherein we co-create meaning with participants (Charmaz, 2014). Given that people approach abortion from varying political, cultural, religious, and moral directions, it was important to include the lived contexts of participants as this was deemed crucial to understanding the studied phenomenon.

Reflexivity

This project was supported by an internal faculty award at (abbr) institution and had five researchers actively involved. One of the researchers (abbr.) is a counseling psychologist who has worked in the field of trauma and gender for over ten years and has specialized in qualitative analysis. The second researcher (abbr.) is an evolutionary psychologist who has specialized in reproductive research from evolutionary and feminist perspectives. The other three researchers (abbr., abbr., abbr.) were psychology students during data collection and analysis. At the start of data collection, the researchers discussed their views on abortion, identifying cultural backgrounds, experiences with and ideals about abortion. Each of the researchers identified as pro-abortion, viewed as the belief that people can decide what is best for them and their pregnancies, including ending a pregnancy if they choose, and should have easy and affordable access to abortion services. The team held weekly meetings to discuss the interviews, coding, and reactions to both. Memos and meetings were used to promote awareness of our own reactions to the topics and explore our perceptions.

Participants

A total of 29 interviews were held via Zoom or telephone, based on the preference of the participants. Inclusion criteria comprised of: participants could speak English, were over the age of 18, and had the ability to get pregnant or had been able to get pregnant previously. The study did not exclude trans or gender non-confirming people, those outside of child-bearing age, nor those who could no longer get pregnant (e.g., had a hysterectomy). Our intention was to sample adults for whom abortions were or had been relevant to their sexual and reproductive lives. Ultimately, all participants identified as cis-gender women.

One interview was removed from the sample due to recording issues, leaving a total of 28

interviews. Participants ranged in age from 18 to 73, with about half of the sample identifying as White/British ($n=15$). Three participants identified as bisexual, and the rest of the sample identified as heterosexual. Twenty-one participants were in committed relationships, with the remaining either dating but not committed or single. Thirteen participants had children, with an average of two children. Twelve participants had an abortion previously (see Table 1). As part of rapport building with participants, we allowed them to choose their own pseudonyms during the interview (Allen & Wiles, 2016). We opted to use pseudonyms, as opposed to participant numbers or other options, as they allow for some personalization of the data.

Data Collection

Interviews were conducted between September 2021 and May 2022 following a variety of recruitment strategies. First, flyers were dispersed to reproductive health clinics in the UK. A recruitment script was shared via email and newsletters through several professional networks (e.g., networks of nurses and midwives in the greater London area, social media accounts for XX University) and personal networks (e.g., sharing via personal social media accounts). The research team did not track how participants found the study; however, two participants were known to one member of the team. That researcher did not participate in the interviews and does not know which of the anonymized participants were connected to her (McConnell-Henry et. al., 2010). No other participants were known to the researchers. Flyers and email scripts highlighted inclusion criteria, information about ethics approval, participant reimbursement, interview modality (i.e., Zoom or by phone to increase recruitment reach), as well as text to introduce the topic: “What are your beliefs and attitudes about abortion?” Participants were also asked to share the study within their social networks if they felt comfortable to do so (see Lune & Berg, 2017). Additionally, participants were given a £10 Amazon gift card as gratitude for participating.

Participants were informed of the right to stop or skip items either on the demographic survey or within the interviews. Three participants did not respond to demographic questions; no participants asked to stop the interview or asked to not answer interview questions.

Two semi-structured interview protocols were used to collect data that focused on abortion attitudes, through the lens of personal experiences (e.g., your own abortion, abortions within your social network) and beliefs or expectations (e.g., your own hypothetical abortion). The protocols (Appendix A) were developed based on the research goal of developing an in-depth understanding of abortion attitude, utilizing extant literature and our own experiences and research questions (Creswell, & Poth, 2017). For example, questions relevant to abortion attitudes reflected literature on the factors that shape judgments about abortion (Wiebe et al., 2015) and abortion stigma, including the age (Cockrill, et. al., 2013) and relationship status of the person seeking abortion care (Biggs, et. al., 2020). Similarly, literature was consulted on questions relevant to abortion decision-making processes such as the role of a romantic partner (Chibber et al., 2014) as well as other sources of social support or social stigma (Hoggart, 2017; Holmberg & Wahlberg, 2000). Interviews ranged in length with the shortest being 35 minutes and the longest being 70 minutes. Interviews were recorded and then were AI-transcribed, followed by cleaning the transcripts to make sure no data was lost. Once a transcript had been cleaned, it was assigned to two researchers to code.

Data Analytic Strategies

The team met to discuss the coding process, memos, and discuss the codes that had been created. Following Braun and Clarke's (2012) six phases of thematic analysis, each coder developed initial codes for their transcripts. This resulted in over 3,500 unique individual codes that were data-driven, meaning that the codes developed organically from the interviews (see

Table 2 for a sample of codes and quotes from across the study). We focused on naming the participants' perspectives, actions, and meaning (Charmaz, 2014). We then began to search for themes from the codes and data. The team met over multiple sessions to discuss what major themes had emerged.

Methodological Integrity

We followed Guba and Lincoln's (1994) hallmarks of establishing trustworthiness for the study. First, we established credibility through researcher reflexivity and the structure of our interviews, wherein we spent time connecting with and establishing a rapport to help aid the conversation. Saturation was reached for this sampling. We defined reaching saturation when codes (we had heard it all) and meaning (we understood participants) was reached (Charmaz, 2014). Code saturation occurred before we had completed the interviews, but consistent with our belief that participants were partners in the research process, we continued the interviews of all who had shown interest. Finally, dependability relies on the audit trail we have created which includes our appendices that address our participants, our interview protocols, and transparency in coding.

Findings

Given that the study focused on developing an understanding of abortion attitudes broadly, several themes emerged. Importantly, our other findings such as the abortion decision-making processes, and experiences with medical staff are part of a separate study (XX et al., in prep). As such, the findings presented here focus on the nuances that are present in the way this sample of UK women think about abortion.

At the beginning of each interview, participants were asked "What are your views on abortion?" Without fail, participants would provide some version of pro-choice, feminist

messaging. For example, Nima stated, “whatever a woman wants to do, [it] is their body, they can do.” Others like Diamond, Hayley, Yvonne, June Bug and Rachel all voiced a version of “I am completely pro-choice.” Critically, our participants originally positioned their attitude towards abortion as positive and supportive “whatever the reasons are” (Freya).

However, as the interviews progressed, participants would identify restrictive views about abortion, seemingly without recognizing these contradictions, such as describing certain **circumstances** as being better suited for having an abortion compared to others (e.g., fetal or maternal health, relationship status). We identified this as a primary theme labeled as *blind spots* and its two subthemes, which highlight where we find areas of nuance or complexity in our participants’ abortion attitudes – either while referencing the same attitudinal object (self or other) or between different attitudinal objects (self versus other). The code “*blind spots*” was independently coded by each of the researchers before discussion of codes or themes occurred, emerging from the data organically, providing evidence of a primary theme. Cambridge University Press (n.d.) defines blind spots as areas of weak or limited understanding; in this way, the theme refers to areas where participants appear to have weak or limited understanding of their own complex and nuanced attitudes about abortion. Specifically, pro-choice and pro-abortion attitudes were shared early in the interview protocol, yet when questions about abortion attitudes were discussed further, participants introduced restrictions in two main areas: one, called “*it’s okay, but not really*” that explores restrictions and judgements of when abortion would not be acceptable for either themselves or others, while the other, “*it’s okay for you, but not for me*” examines when abortion would be permissible for others but not for themselves.

“It’s okay, but not really”

For this subtheme, we highlight areas of nuance, complexity, and contradiction when

participants were considering the same attitudinal object – either themselves or others. While all participants shared some version of pro-choice attitudes at the start of their interview, many went on to add complexity and even contradictions within this stance. Specifically, within this subtheme we find that most initial pro-choice or pro-abortion attitudes included references to the feminist ideals that women should have the right to choose an abortion with no restrictions. For some of our participants (Lynn, Lucy, Kate, and Beyoncé), positioning their views on abortion as feminist meant that they often emphasized the importance of freedom of choice and autonomy; yet, this endorsement of ultimate decisional autonomy for a pregnant person was often qualified by additional restrictions or considerations, as interviews progressed. For example, as Lucy passionately described “...it's your right to do what you want with [your body]” emphasizing how she feels about decisional autonomy for pregnant people. She went on to say, “I would... defend a woman’s right to have an abortion, to the bitter end... the fact that somebody... thinks they can waltz in and say ‘well actually no, that’s not right’... enrages me so much.” However, she undercut this ultimate autonomy when she considered the role of a romantic partner “... should the dad have some say... I mean, is it right?” In this way, Lucy struggles to share a consistent judgement about this issue, that being who decides.

For others, feminist approaches to understanding abortion meant that you could not support women if you did not endorse abortion, practically and ethically, as Hayley describes, “if you don’t agree with abortion then you’re against women.” Haley’s first judgement about abortion is that it is acceptable no matter the reason or context: “I see myself as pro-choice, so much so that... [it’s not] my place to ever say this reasoning is more okay than this reasoning” and as she expounds on this attitudinal position, she admits “if someone was being careless with their birth control and in a pretty stable relationship and a decent place... there would be more

judgement there.” As we see with other extracts within this subtheme, Hayley struggles to share a consistent attitudinal position about abortion for other people: “if I’m being fully honest [about] my judgement of other people, yes it would be more judgment... but I still think it’s perfectly acceptable and reasonable to [have an abortion] for any reason.” For these participants, qualifying their original attitudes as pro-choice and feminist meant that they were keen to emphasize the acceptability of abortion no matter the reason, as well as the importance of ultimate decisional autonomy for the pregnant person.

Further, when expounding on these judgements, participants would use tentative and uncertain language to add restrictions and qualifiers to their original position. Christa, for example, first endorsed:

I think that anyone can have an abortion any time, whether you're young or old, whether you're financially stable or not whether you're working or not if at all it's necessary at any time, at any age no matter your situation.

Over the course of the interview, she went on to say:

I think the mother should just think of abortion as the only option, if at all, her life is at risk... I believe that children are a blessing, and the fact that you found yourself pregnant whether you had planned it or not, as long as you are healthy, and all your health is not at risk... [I] just don't think if it's not necessary.

To summarize, Christa elucidates to the idea that for both herself and others, abortion should only be considered as a last resort if the pregnancy poses a risk to one’s own life. In her opinion if you are in good health, physically and mentally, it is not necessary to have an abortion as children are blessings – if this child was unplanned there are also other options like adoption that should be considered. Another example comes from Kosh who originally described her views as

“pro-abortion, open to abortions, I am never going to say to go against it...” but went on to create a restriction, “I don’t think that I am happy with carrying out an abortion at full term...yes, I guess the idea of pro-choice without any limit doesn’t sit right with me.” Her internal conflict seemed to hinge on the idea of a connection to the fetus, explaining “...I don’t know if it has something to do with maternal instinct and feeling a bit more attached or ...the idea of carrying a baby.” Yet, later in the interview Kosh returned to her original, pro-choice positioning: “I don’t attach any judgment to [abortion].” These positions appear to be antithetical; it cannot simultaneously be true that abortion is acceptable regardless of reasoning or context and abortion is appropriate only to save the life of the pregnant person (Christa), only if someone is single and/or not “careless” with their birth control (Hayley), or only during certain gestational stages (Kosh).

Each of these areas may be maintained by a “blind spot,” or varying levels of awareness about one’s abortion judgments. For example, Nima said that she felt she could not judge people on their choices of abortion, using the phrase “you are not in their shoes.” Yet, she stated, “...maybe when somebody comes and says, oh, ‘I’m busy with my career, I don’t want the child at the minute.’ Maybe that I may question.” She used tentative language, almost as if she had perceived the contradiction, but was unsure how to proceed. A second way to develop this blind spot was for participants to describe certain reasons as being better or “easier” reasons to terminate a pregnancy than others. For example, Daisy originally described her abortion attitudes as pro-choice, emphasizing autonomous decision-making; “... it’s just a complete personal choice, and I don’t think anybody else has the right to make a decision for somebody else.” Yet, later disclosed: “And if [a] child has been made in a loving relationship then, no, you should have the child.... Being in a loving, caring relationship together then what excuse have you got?”

Though Daisy ideologically supported a pregnant person's right to choose abortion, when imagining her own future reproductive health and family planning, she began to introduce restrictions of when it is morally and practically acceptable to justify having an abortion for herself, and other couples like her own. She argued there may not be a socially acceptable reason to seek an abortion whilst she is in a loving, capable relationship, regardless of whether she wanted the child or not.

“It's okay for you, but not for me”

For this subtheme, we highlight areas of nuance, complexity, and contradiction when participants were considering different attitudinal objects – themselves versus others. We find that this is another way that our participants created a blind spot, through noting restrictions for having a termination by sharing restrictive attitudes about their own or future/hypothetical abortions. Specifically, within this subtheme we find that most pro-choice attitudes include an emphasis on the acceptability of abortion no matter the reason or context, yet participants fail to apply these same judgements and standards to their own abortion experiences (whether lived or future/hypothetical). Rachel is one example of this. She shared a pro-choice attitude early in her interview - “I'm 100% pro-choice; I think everyone should have the choice to have an abortion if they want one” but went on to share strict attitudes about her own right to access abortion if she were to want it: “... nothing about my circumstances, my lifestyle choices, my financial situation would support having a baby but I think I would keep it anyway.”

Through the interview, she disclosed a strict religious upbringing (“I grew up in... a Catholic household, quite strict... my mother [is] very against abortion”) and not being in a relationship which may account for this opinion. However, later in the interview, when reflecting on what an abortion decision would be like in the future, and specifically if that decision would

be shaped by others' preferences and opinions, she said that "I think my mind automatically goes to my body. I don't care what you say, like, I will make this decision and it's like my decision." It is difficult to square how Rachel can maintain these attitudinal positions, if not through low levels of awareness of these contradictions – that is, that she prioritizes her decisional autonomy but would not permit herself a termination when she would struggle to parent. Although she emphasizes her ability to choose abortion for herself, her inability to permit herself a future abortion might reflect her mother's attitudes towards abortion as "okay for other people."

Similarly, Cath originally described her attitudes towards abortion as "... up to the woman to make that decision based on how you know, how she feels about the pregnancy." Cath went on to qualify this pro-choice position by clearly stating (even emphasizing) that she did not want any more children: "A friend of mine who's had a baby a year ago, I was pleased for her but quite glad it wasn't me" – yet was noticeably conflicted about whether or not her desires were a "good enough" reason to terminate:

I think it would be quite difficult because to me ... it would seem like quite a selfish thing to do. I mean for example, if I just fell pregnant now with my husband, we would be able to bring the child up and stuff, but for what seems like very selfish reasons, I don't want to. I think that's not very nice to think that, to feel that's ... a good enough reason to [have an abortion].

Another example comes from Angela, whose initial abortion attitude was pro-choice even emphasizing non-health related abortions saying, "I am pro-abortion, not health related... I support the right to women to choose whether she would like to give birth or not." Despite this initial pro-choice attitude, she adds limitations on her own self when imagining being in the position of an unplanned pregnancy: "I would also be doubting whether it's the right thing to do

or not, if I put myself in this situation, if I had like sex without protection, am I doing the right thing to just now like say okay, just ‘rewrite it’.” Here, Angela is hinting that having an unplanned pregnancy after careless sex is not a good enough excuse for herself. Notably, when she referred to not being able to “rewrite it” (a presumed avoidable pregnancy) by getting an abortion, she emphasizes this restriction she puts on herself.

Lastly, Beyonce also had a stereotypical pro-choice stance in saying “I think women should have the right to it [abortion]. I think they should be free to make their own choices with regards to their own womb” and that “women are entitled to make their own decisions about their own bodies” Like many of our other participants, she emphasizes how her pro-choice attitudinal position, for others, includes complete decisional autonomy for pregnant people and support without qualification, no matter the reason: “I think it’s very, very important that she not be criticized for [her abortion]... just respect the choice she’s made.” Then, when thinking about making the choice for herself she questions the morality of abortions by saying, “I’d have to consider am I doing the right thing, is it morally acceptable?” Indeed, her questioning the morality of herself getting an abortion would seemingly reflect in her attitudes towards abortion being something morally bad.

By-and-large, our participants were comfortable sharing stereotypical, pro-abortion or pro-choice talking points early in their interview, but this position - endorsing abortion for any reason, at any time - would weaken upon reflection about real abortion experiences, for themselves or for others. After reflecting, participants would qualify their abortion attitudes and values by stating the conditions (e.g., length of pregnancy, ability to care and provide for more children) under which abortion was acceptable or unacceptable or by the restrictions they put on themselves (e.g., they would feel selfish getting an abortion). In many cases, these restrictions

directly conflicted with their original attitudinal position (e.g., abortion “for any reason” or “in any circumstance”), yet participants seemed unaware, unsure, or even confused about these antithetical judgments. This pattern - sharing a stereotypical pro-choice set of attitudes and values about abortion and going on to share more restrictive abortion attitudes - was repeated with most participants ($n = 25$) in the study.

Discussion

These findings highlight the nuance and complexity of abortion attitudes for people in the UK, with a particular emphasis on people for whom abortion is or had been a personally relevant healthcare procedure. Extant research on the topic of abortion attitudes finds that “pro-choice” and “pro-life” categories have limited explanatory power, given the diversity of values and ideas that are typically associated with these stances. All our participants initially described themselves as pro-choice, with some clarifying this as a “feminist” value. Descriptions of pro-choice attitudes in our dataset often endorsed a person’s ability to make their own choices about their reproductive futures, including access to abortion, and emphasized that other people’s lives and circumstances are unique, individualized, and unknowable, so passing judgment on another person’s abortion decision would be inappropriate. Although all participants described initial pro-choice attitudes, many either placed personal restrictions on their own decision-making process or on others. Participants showed a pattern of circular thinking – espouse pro-choice values, apply restrictions, return to pro-choice values. We observed this pattern across both sub-themes; restrictions were applied to others (“It’s okay, but not really”) or the self (“it’s okay for you, but not for me”).

Participants were confident and clear in describing their initial pro-choice views but after interviewers probed further on these attitudes, we found that participants would use tentative

language (“maybe” or “I guess”) or more explicit indicators of confusion (“I don’t know” or “I’m not sure”) when describing attitudes towards their own and other’s terminations.

Additionally, many participants who shared dissonant attitudes about abortion would return to their original, pro-choice positionality later in the interview, without updating this attitude. We attribute this to a large body of literature (e.g., balance theory, cognitive dissonance theory; Heider, 1946; Festinger, 1964) which suggests that possessing attitudinal or evaluative inconsistencies is an uncomfortable state that individuals are motivated to avoid or resolve. The socio-political context of our participants, in the UK where abortion has been legalized since 1967, adds an external pressure for our participants to display pro-choice attitudes. As supported by literature on conformity (Deutsch & Gerrard, 1956), motivations to display pro-choice attitudes include a need for social approval, to maintain a positive self-concept and desire to affiliate with others (James & Olson, 2000, Brewer & Roccas 2001, Heine, Proulx & Vohs, 2006).

One way to resolve this conflict is to suppress certain thoughts and evaluations (Zanna & Aziza, 1976). Indeed, research supports our analysis, specifically our position that conflicting abortion attitudes are supported by low levels of awareness of this conflict. Research has identified individuals’ endorsement of conflicting and ambivalent attitudes towards other politicized and stigmatized issues, including immigrants and immigration (Reyna, Dobria, & Wetherell, 2013), mental illness (Kopera et al., 2015), and gender equality (Glick & Fiske, 2001). This research suggests that conflicting attitudes towards a particular issue or experience are typically maintained by varying levels of awareness, even in the face of disconfirming evidence (Lord, Ross & Lepper, 1979). For example, positive, explicit attitudes are not challenged by negative, implicit attitudes about which the holder may have limited knowledge

and awareness. Research on the topic of conflicting abortion attitudes finds that the discomfort produced by cognitive dissonance can be avoided if both judgments are not simultaneously accessible and salient (Newby-Clark et al., 2002).

Chaiken and Tordesillas (1995) discuss our inclination to believe what we wish to and not that which is true. Our participants may wish to consider themselves strongly pro-choice in their desire for a shared reality (Jost, Linden, Panagopoulos & Hardin, 2018) but further probing of their attitudes frequently revealed that this was not the case. Indeed, we are inclined to unknowingly view ourselves more favorably than may be the case (Donaghue & Smith, 2008; Farah & Atoum, 2002). Participants' confusion and lack of clarity about their abortion attitudes follows this pattern, through the tentative language used and the return to the more comfortable (pro-choice) attitude in interviews.

Importantly, many of our participants transition from abortion attitudes that endorse abortion for any reason or in any circumstance and go on to directly conflict this position by highlighting the conditions or reasons that are "good enough" for themselves or others to abort. In our first theme "It's okay, but not really" many participants disclosed that if the "good enough reason" was practical, (e.g., health concerns for the pregnant person and/or the fetus, concerns about financial stability) it was a better justification for abortion as compared to personal or social reasons (e.g., not wanting children; not wanting additional children; wanting to be established in a career). Put simply, participants felt that abortion was more acceptable when individuals "could not" care for a(nother) child as opposed to being able to, yet still terminating the pregnancy. This pattern of results is consistent with attribution theory (Weiner, Perry, & Magnusson, 1988), which posits that negative attitudinal, such as stigma and negative attributions, as well as behavioral responses, such as a willingness to punish, are particularly

likely to occur when an individuals' characteristics (e.g., mental illness; Ruybal & Siegel, 2019; Zwickert & Rieger, 2013) or experience (e.g., experiences of sexual violence and rape; Gray, Palileo, & Johnson, 2010) is perceived to be under their control.

Furthermore, many of our participants' pro-choice attitudinal positions ("all for abortion"; "no matter your situation," "whatever the reasons are") were, eventually, through further discussion with the interviewers, followed by language emblematic of pro-life attitudes. Specifically, this language was found to either highlight the inherent value and need to protect/preserve life ("crime against life") or attribute personhood to a fetus ("killing a person"). Indeed, both beliefs about the sanctity of life and the attribution of personhood and "human nature" to a fetus are found to predict restrictive, anti-abortion attitudes (Lockhart et al., 2022; Mikolajczak & Bilewicz, 2014).

In our second sub-theme "It's okay for you, but not for me" participants only placed these restrictions on their own decision-making process for abortion. Research suggests that this still may be indicative of restrictions and judgements placed upon others, "if it's not okay for me, is it really okay for you"? Our frame of reference for placing judgements on other people are our own self-judgements and perception (Markus & Zajonc. 1985; Turner, 1992). We utilize knowledge of how we may be judged by others more heavily when considering judgements and decisions for ourselves than for others (Epley & Dunning, 2000; Kruger & Gilovich, 2004). With tendencies to perceive ourselves as better than the average, are "double standards" for the self-versus other a way of ego-boosting our morality over that of others? Research on social projection describes how our standards and perception of others is based upon our self-identity and self-judgements (Haslam & Turner, 1992). More compassion and acceptance for the self predicts more compassion and acceptance for others (Durkin et al., 2016; Omwake, 1954), we

argue that despite describing their pro-choice views for others our participants still held judgements and restrictive abortion attitudes.

Rye and Underhill (2020) found an anticipated pattern of results when examining the attitudes and beliefs of individuals defined as pro-choice and pro-life – yet, interestingly, found that two other groups which represent a mix of stereotypical pro-choice and pro-life values, fell somewhere between pro-choice and pro-life individuals on these attitudinal variables. This is consistent with other research that documents individuals endorsing values and beliefs at both ends of the pro-choice/pro-life spectrum (Crawford, LaRoche, & Jozkowski, 2022; Wilcox & Norrander, 2002; Wilcox & Riches, 2002). Our participants’ thoughts and feelings about abortion often mirror this same attitudinal complexity. Interestingly, existing assessments of abortion attitudes do not include items or response options that permit participants to abstain from passing judgment (Berne, 1998; Hans & Kimberly, 2014; Stets & Leik, 1993; Wiebe et al., 2015). This suggests that existing assessments of abortion attitudes may be exaggerating participants’ support and disapproval for abortion in a variety of circumstances, by forcing them to make judgments they might otherwise be hesitant or unwilling to make.

Limitations & Future Research Directions

There are, of course, limitations. First, this sample was collected in the UK, where abortion is readily accessible and easy to obtain compared to other Western, educated, industrialized, rich, democratic countries (WEIRD; Henrich, Heine, & Norenzayan, 2010). In fact, this was a point that came up for several participants who mentioned that obtaining an abortion was “very easy” and did not require much work on their part. Obtaining an abortion in other countries, such as the US is not as simple (Cohen & Joffe, 2020) and may change the way people respond to the interview protocol. Regarding transferability, we make no claims that these

findings can be generalized to others. Rather, this is from a segment of the UK population who have vastly different experiences, access to, and beliefs about abortion than individuals in other WEIRD and non-WEIRD countries.

Furthermore, our solicitation techniques involved reliance on professional networks, and consequently, participants were either engaged with reproductive healthcare (e.g., working in a clinic), outreach (e.g., volunteering or working with women's health charities), or scholarship (e.g., colleagues and acquaintances of the research team). As such, our sample may be somewhat homogeneous regarding the way participants thought about, judged, and evaluated abortions and people who get abortions. This may be seen as a limitation, but it also provides us with the opportunity to provide detailed descriptions of the complexity within women's pro-choice abortion attitudes. We are confident that the homogeneity of our sample promoted our ability to understand and describe our participants' lived experiences, find areas of convergence and divergence (Smith & Flowers, 2009) in our participants' attitudes, to rely on shared meaning within our participants' narratives, and to generate richer and deeper descriptions of the nuance and complexity in their abortion attitudes. Finally, qualitative data may be subject to biases based on the way that the researchers are trained and how they interpret the data (Anderson, 2010). We utilized Braun and Clarke's (2012) model, to help eliminate biases through team agreement on themes, and to produce rich and informative themes (Anderson, 2010).

Notably, this is a qualitative study, meaning it is not inherently generalizable. It does, however, provide fodder for future research activity. In addition, because of our own biases and opinions, we acknowledge that while we propose a specific mechanism is working to maintain and preserve participants self-contradictory and dissonant abortion attitudes (i.e., low levels of awareness), it is possible that our participants' dissonant abortion attitudes are maintained by

alternate mechanisms. For example, an application of Elaboration-Likelihood Model (Petty & Cacioppo, 1986) to our data might suggest that participants' original, pro-choice attitudes represent shallow, "lazy" or peripheral attitudes. As interviews progress and participants are motivated – by our probing questions – to engage in more effortful cognitive processing, their attitudes shift to reflect this. It is also possible that participant's initial attitudes were influenced by social desirability and demand characteristics, compared to the attitudes shared later in the interview. Indeed, if participants suspected that the researchers endorsed pro-choice or pro-abortion attitudes, they may have been motivated to echo these sentiments until encouraged to engage in more effortful cognitive processing. Our interview protocol did not account for either of these explanations. We believe this would be an important future research direction – asking participants more specifically about the change in attitude or asking participants to specifically identify as pro-choice or pro-life at the beginning of an interview.

Implications and conclusion

Using qualitative methods, this study explored women's pro-choice abortion attitudes in the UK. Our findings suggest that women's attitudes are often more complex than a pro-choice/pro-life dichotomy, and beyond that, these attitudes are often self-contradictory in ways that the holders may not fully understand. This should caution researchers from relying on simple surveys to measure abortion attitudes. We hope that this work will lead to more nuanced discussions, representations, and assessments of abortion attitudes; one that recognizes that people who identify as pro-choice and/or pro-abortion may also think and behave in ways that stigmatizes and moralizes abortion decisions and experiences.

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