

Fighting for abortion rights: Strategies aimed at managing stigma in a group of Italian pro-choice activists

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Abstract

Despite societal changes in Western countries, abortion continues to be morally stigmatized. While research on abortion stigma targeted both at people who seek or voluntarily terminate their pregnancy and abortion providers has been conducted, stigma directed at those who advocate abortion rights has remained under-researched. The purpose of this study was to deepen understandings of abortion stigma in relation to Italian cisgender female pro-choice activists. Accordingly, a qualitative study was conducted to examine how participants experienced, perceived, and internalized stigma, as well as the strategies they employed to manage it. The sample included 34 Italian cisgender female pro-choice activists who were actively engaged in movements at the time of the study, including organizations or unions that publicly defend the right to abort. The findings revealed that participants perceive they are targets of negative stereotyping

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and behaviors. Nevertheless, they do not internalize the stigma and use different strategies to manage it, such as speaking openly about their activism.

Keywords

elective abortion, Italian cisgender female pro-choice activists, abortion rights, abortion stigma, abortion stigma management strategies

Despite the significant worldwide changes in normative acceptance of abortion, abortion laws continue to be frequently under attack, and people who decide to interrupt their pregnancy are stigmatized at different levels of intensity and in different ways in both liberal and restrictive legal contexts (Hoggart, 2017; LeTourneau, 2016). In Italy, for example, abortion was legalized over 40 years ago (Law n.194/1978) and women may terminate their pregnancy under certain conditions. However, several political parties and no-choice organizations still regard abortion as a morally unacceptable practice and question the law that protects it (Caruso, 2020). Comparably, abortion is a contentious and divided issue in other nations, such as the United States, where the largest number of abortion restrictions were adopted in a single year in 2021 (Nash & Naide, 2021).

Several studies have demonstrated that people with an abortion history are the target of stigmatization that leads them to be negatively stereotyped, discriminated against, and dehumanized (e.g., in the US, Major & Gramzow, 1999; in Zambia and Ghana, Shellenberg et al., 2014; in Italy, Pacilli et al., 2018). Abortion stigma involves a multifaceted social process defined as a “negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally and externally, as inferior to the ideals of womanhood” (Kumar et al., 2009, p. 628). According to the ecological model of stigma toward abortion (Kumar et al., 2009; LeTourneau, 2016), stigmatization can occur at multiple levels: individual level (including unpleasant experiences affecting people involved in the interruption of pregnancy), community level (socio-cultural norms and negative attitudes), institutional and legislative level (such as restrictive/discriminatory laws and policies that marginalize services and/or individuals who use them), and mass media and cultural level (such devaluing representations disseminated by the mass media).

Research on stigmatization in the field of abortion has been primarily focused on cisgender women who seek or voluntarily terminate their pregnancy and what they experience at the individual level (Hanschmidt et al., 2016). Nevertheless, research has shown that stigmatization also affects abortion providers since their work is often considered morally and socially degrading (e.g., Harris et al., 2011; Martin et al., 2014a, 2014b).

Although some authors have argued that abortion advocates may also be targets of stigmatization (Norris et al., 2011), to the best of our knowledge, abortion stigma against pro-choice activists—who defend reproductive freedom and, therefore, the right to abort—has remained understudied. Accordingly, we conducted a qualitative

research study to analyze Italian cisgender female pro-choice activists' experiences of stigmatization and their management strategies thereof.

Abortion stigma toward people who decide to abort and toward abortion providers

Stigma is a powerful social phenomenon that has been conceptualized, in Goffman's seminal work (1963), as an attribute that discredits people and taints their identity. In social psychology research, stigmatization refers to a social process by which some—visible or invisible—characteristics mark individuals, resulting in a devaluation of their social identity in specific socio-cultural contexts (Major & O'Brien, 2005). As several authors have pointed out, stigmatization is the result of a variety of interconnected mechanisms, including the identification and labeling of specific characteristics, the association of these characteristics with negative stereotypes that are widely shared and accepted among community members, and, once again, exclusion, discrimination, and status loss (e.g., Crocker et al., 1998; Link & Phelan, 2006).

The literature has identified several manifestations of stigma, including *experienced* or *enacted* (i.e., experiences of blatant or subtle mistreatments), *perceived* or *felt* (i.e., the perception of being socially devalued), and *internalized* or *self-stigma* (i.e., the acceptance of negative cultural views, as well as the unpleasant feelings that come with having a stigmatized identity) (Goffman, 1963; Major et al., 2018; Scambler, 1989, 2009). Even though these expressions of stigma are distinct, they are inextricably linked, and they may cause people to engage in behavioral adjustments or attempts to cope with stigmatization (Major et al., 2018; Scambler, 2009). People who are stigmatized, for example, become conscious of their society's devaluation of them, become more sensitive to others' belittling glance, internalize this gaze, and experience unpleasant emotions as a result of it (Goffman, 1963; Major et al., 2018). Furthermore, stigmatized individuals may be more prone to monitor their actions in order to regulate and/or avoid unjust punishment (Scambler, 2009).

In the abortion literature, *experienced stigma* involves the mistreatment of people who are directly or indirectly involved in abortion. *Perceived stigma* encompasses both the target's perception of people's attitudes toward abortion and their expectations of subsequent devaluation or discriminatory behaviors. Finally, *internalized stigma* refers to the target's acceptance and internalization of negative attitudes and beliefs related to abortion and the consequent experience of unpleasant feelings (Cockrill & Nack, 2013).

Research has revealed that women who have interrupted a pregnancy report being victims of implicit and explicit hostile attitudes and behaviors (e.g., Astbury-Ward et al., 2012; Baum et al., 2020; Sorhaindo et al., 2014), express concern about others' opinions, and expect to be perceived negatively by significant others, members of their community or healthcare providers. Furthermore, they may internalize the resulting stigmatization, experiencing negative feelings (e.g., guilt, remorse) and judge themselves harshly (e.g., as selfish, irresponsible; Astbury-Ward et al., 2012; Biggs et al., 2020; Hoggart, 2017; Major & Gramzow, 1999; Shellenberg & Tsui, 2012).

To manage abortion stigma, women are socially led to explain the reasons behind their abortion, hide the real motivations for terminating their pregnancy, and silence their experience. In contrast, they may condemn people who judge individuals who choose to abort and, furthermore, attempt to legitimize abortion as a viable option for themselves and other people (Beynon-Jones, 2017; Cockrill & Nack, 2013; Shellenberg & Tsui, 2012).

Abortion stigma also emerged from studies that explored people's reactions to the individuals involved in the interruption of pregnancy. Research has shown that individuals tend to socially distance themselves from someone with a history of abortion (Weidner & Griffith, 1984), and to dehumanize them (Pacilli et al., 2018). Two studies, based on Haslam's (2006) theoretical framework of dehumanization, found that terminating a pregnancy lowers the perceived humanness of a woman and a man through the mediation of moral outrage. Thus, participants perceived a woman (Study 1 and Study 2) and a man (Study 2) who decide on abortion as either heartless and/or closed-minded (i.e., are dehumanized mechanistically), or as immoral, promiscuous, and/or selfish (i.e., are dehumanized animalistically) (Pacilli et al., 2018).

It is worth noting that stigmatization is not limited to persons who have had abortions. For instance, individuals who perform interruptions of pregnancy or work in abortion services (e.g., nurses and counselors) are vulnerable to abortion stigma as well because their work is frequently considered as dirty, degrading, and disgusting from a moral and a social point of view (Harris et al., 2011; O'Donnell et al., 2011). Research on abortion providers has shown that they are unappreciated by society, marginalized in the health field, and judged as less competent than their colleagues in other medicine sectors (Harris et al., 2012; Martin et al., 2014b; O'Donnell et al., 2011). Nevertheless, many studies have shown that abortion providers tend to resist the internalization of stigma, feel proud of their work, and emphasize their positive contribution to people and society (Martin et al., 2014b, 2018; O'Donnell et al., 2011). These findings indicate that although stigmatization may result in self-oriented negative feelings, the belief that they are engaging in meaningful work may assist abortion providers to cope with internalized stigma (Martin et al., 2014b).

Stigma toward abortion providers often leads to discrimination, verbal and/or physical harassment. Therefore, they may encounter difficulties in disclosing their work, especially when they want to avoid anti-abortion attacks, and the possible impact of their abortion work on other facets of their personal and professional identity (Harris et al., 2011; Martin et al., 2014b; O'Donnell et al., 2011).

In essence, the above-mentioned literature indicates that stigmatization can extend to and even harm those who are indirectly involved in the interruption of pregnancy (e.g., Harris et al., 2011; Martin et al., 2014b). Thus, it is plausible that abortion stigma may also be directed at pro-choice activists for their role of advocacy and their abortion stances.

Elective abortion in Italy and the shadow of abortion stigma towards pro-choice activists

As mentioned above, in Italy, abortion was legalized in 1978 after a period of protests organized especially by feminist movements and some left-wing political parties

(Caruso, 2020). But even if the law regulating abortion (n. 194/1978) was a turning point in the Italian legislative scenario, it is not without flaws: it refers to “women” as the only abortion seekers, it leaves abortion in the penal code, and it never defines it as a right to self-determination. Indeed, while the law underlines the social value of maternity and the importance of protecting human life from the beginning, women’s freedom of choice is never mentioned (Pioggia, 2016). Despite the approval of n. 194/1978, a negative gaze on abortion has persisted in Italy. In 1981, the no-choice movements called a referendum to abrogate the law—obtaining the support of the Roman Catholic Church—and, even today, together with some conservative political parties, they periodically propose restrictions of women’s freedom of choice with regard to their reproduction (Caruso, 2020).

Stigmatization arises also at an institutional level. In Italy, for example, despite the law, abortion services are often hindered by doctors’ recourse to conscientious objection. According to the latest inquiry conducted by the Italian Ministry of Health (2020), 67% of gynecologists and 43.5% of anesthesiologists objected to abortion, raising the concern of various national and international institutions (Caruso, 2020). Conscientious objection and abortion stigma are strictly related to each other (Lalli, 2011), given that gynecologists and other professionals who object sometimes contribute to reproducing and reinforcing, even at a discursive level, the stigmatization of abortion and of some women who decide to terminate their pregnancy (Pioggia, 2016).

All the above-mentioned peculiarities of the Italian context are constantly monitored by pro-choice activists (Mattalucci, 2018). Today, as in the past, anecdotal evidence indicates that pro-choice activists are targets of attacks, especially in public contexts (Macor, 2021; Percovich, 2005). Recently, an Italian pro-choice activist involved in a pro-medical abortion campaign was the target of violent reprisals, receiving insults and death threats (Macor, 2021). Despite this scenario, there is a general paucity of research on pro-choice activists’ experiences of stigmatization.

The present study

This study aimed to deepen knowledge of the experienced, perceived, and internalized stigma lived by pro-choice activists and the management strategies they use to fight against stigmatization. We used an open-ended, semi-structured interview to elicit pro-choice activists’ narratives and to encourage them to verbalize their subjective experiences, opinions, and feelings. Interviewees were prompted to reflect on four main topics for discussion: (a) what kind of contemptuous actions pro-choice activists experience because of their activism (*experienced stigma*); (b) how pro-choice activists perceive the ways in which other individuals view them and, in particular, the stereotypes and prejudices they could face (*perceived stigma*); (c) if pro-choice activists internalize these negative perceptions and what stereotypes and prejudices they internalize (*internalized stigma*); (d) what strategies they consciously employ to address their own stigmatization and abortion stigma in general (*strategies to manage stigma*).

Method

Participants and procedure

In the study, we involved 34 cisgender female pro-choice activists ($M_{\text{age}} = 44.41$, $SD_{\text{age}} = 17.01$) who are engaged in movements, organizations, or unions that defend people's reproductive freedom and support the right to abort, in order to investigate abortion stigma from the perspective of activists who have assumed a well-defined political identity publicly. In addition to identifying themselves as cisgender females, the majority of the participants came from the center of Italy (58.8%), had acquired higher education (73.5%), were atheists (70.6%), and had a left-wing political orientation (94.1%).

The participants were recruited, first, through snowball sampling ($n = 27$; Noy, 2008) and, second, on social network platforms such as Facebook ($n = 7$). Subsequently, we sent an email with a link so that the participants could complete an informed consent form and provide the demographic information mentioned above (i.e., sex, age, area of residence, education, religious affiliation, and political orientation). Following that, each participant took part in an Italian-language semi-structured interview. Depending on each participant's preference, the interviews, which lasted between 20 and 90 minutes, were conducted via telephone ($n = 30$), via Skype ($n = 3$), or in person ($n = 1$). When the research team judged that saturation on critical issues had been reached, they stopped recruiting participants.

Approval for the study was obtained from the Committee of Bioethics of the University of Perugia. Participants were informed prior to the start of the interviews that the interviews would be completely anonymous, and that the data collected would be processed and disseminated in an aggregated form, making individual narratives difficult to identify. Pro-choice activists were reminded that no one else would know about their involvement in the interview, and that they were free to refuse to answer questions if they did not feel comfortable doing so.

The four main research questions were explored by a flexible interview protocol used by two interviewers: one of the authors and an undergraduate student. Before contacting participants, the interviewers—together with the other research group members—reflected on their background, personal values, and attitudes toward elective abortion and all actors involved in it. As underlined by Hesse-Biber (2007), reflexivity is a key process in qualitative study because it supports researchers to understand and become aware of how their positionalities and opinions could intervene in the studies and, therefore, it offers to researchers the opportunity to minimize potential sources of bias.

The audio recordings of the interviews were transcribed and uploaded into ATLAS Version 7.0 software for data coding. Data analysis was accomplished through a qualitative directed content analysis method, based on the key concepts of experienced, perceived, and internalized stigma; thus, the textual data were coded and the recurring categories were successively organized and grouped in broader categories, i.e., themes and sub-themes (Hsieh & Shannon, 2005). Specifically, in the first phase of data coding, the two interviewers read the first five interviews collected, developed a temporary codebook, and discussed the codes used. Discussion was useful to refine

the temporary codebook and develop a final codebook that was then used by each of the interviewers individually to code all interviews. In the second phase—once the interviewers had completed coding each transcript—they discussed again their coding outputs together and resolved the few discrepancies that occurred. All of the extracts in the findings were translated into English by a native speaker and are accessible in supplementary materials. Pseudonyms were used to hide the identities of all participants.

Findings

The main findings of the qualitative direct content analysis are subsequently described in relation to the four research questions mentioned above. First, we present the themes and sub-themes that emerged in terms of experienced stigma, then we move on to perceived and internalized stigma, and finally, the strategies participants said they used to cope with stigmatization.

Experienced stigma

Participants' narratives revealed that the cisgender female pro-choice activists we involved in the study were targets of verbal and physical mistreatments as a result of their pro-choice beliefs and roles in pro-choice movements and organizations. Several participants said that they had experienced (or witnessed) *verbal attacks in person* or *online*, including being called *murderers*, *sluts*, *stupid*, and *witches*, with the intent of devaluing and denigrating them, especially by no-choice people or right-wing people. While many of the reported episodes occurred during public demonstrations in support of abortion, others happened during informal debates between acquaintances and within the family, as well as after posting pro-choice comments or news on social networks.

[People] called us “killer of innocent victims”, a word that people used in the past and now [...]. According to people, we kill children [...]. (Maria)

It happened [verbal aggression] to me in several demonstrations. I remember an episode ... I remember they shouted at me insults such as “whore” and so on. [...] Another time, I was with other activists and we had banners in our hands. I remember that the people who manage the security service hurled at us grave offenses. [...] It happened that they shouted to us, “go home, go home, your place is at home”. These insults were very common: one of us came out of a bar and people shouted at her. (Lucia)

Alongside these kinds of insults based on notions of fetal personhood and gendered roles, some participants stated that employing images as a tool of aggression against pro-choice activists was common, especially in the online context. Several participants had received (or read) insults with *offensive images* that depicted a hyper-humanized embryo/fetus to warn them that the embryo/fetus is a human being from conception.

We were constantly insulted on Facebook. On our Facebook page, there are people who called us bullies because we denounced a pharmacy. This pharmacy was defined by the owner as a “conscientious objector pharmacy”. In Italy, pharmacies cannot object; he [the pharmacist] gave the wrong information. After we published this denouncement, we received the worst insults. We were called “murderers”; people wrote to us: “we want to see if your mother had an abortion” [...]. Some people published dubious scientific evidence about abortion on our Facebook posts and they sent us pictures of fetuses [...]. (Elisabetta)

Other than the usual insults (e.g., “murderer”), Elisabetta refers here to personalized attacks—being called a bully and calling her family into question.

A few participants said they had been targets or witnesses of *physical aggression*, such as being pushed and shoved during demonstrations and anti-abortion pickets.

Once, in front of an Italian hospital, there was a prayer group against abortion. These people pushed us. It was a bit unexpected; a minute before they were praying and immediately after they started shoving us. (Simona)

In addition to the explicit aggressive behaviors noted, some participants declared they had experienced *social disapproval*. They had been targets of subtle and hidden negative actions, including *disappointment*, *teasing*, and *temporary* and/or *permanent social distancing*.

I worked as a teacher at a high school for a year and shared my ideas (on abortion and my activism) with a co-worker. It became evident to me that my positionalities did not stimulate her interest in learning more about me, and she became increasingly distant. Furthermore, I have been the target of taunting in the past [for my opinion and positionalities]. (Gaia)

Perceived stigma

Experienced stigma provides stigmatized people with concrete representations of how they are seen by others. Although being rooted in experienced stigma, perceived stigma can arise even in the absence of mistreatments and devaluation actions directed to the single person (e.g., Major et al., 2018). This discrepancy is also known in literature as *personal/group discrimination discrepancy* and refers to disadvantaged group members’ tendency to report higher levels of discrimination against their group as a whole than against themselves as individual members (Quinn et al., 1999). Accordingly, our findings showed that individuals who had not personally experienced abortion-stigma also presented a clear perception of what others thought about them. Even if some cisgender female pro-choice activists have never encountered unpleasant consequences of their advocacy or been faced with stigmatizers, they are aware of the general population’s cultural perspective.

In relation to this aspect, participants revealed that most people had a negative view of cisgender female pro-choice activists and perceived them as *counter-stereotypical women*

with *socially undesirable traits*. In particular, participants asserted that most women who publicly defend the right to abort are often negatively considered as *unemotional, unable to be a mother, misandric, lesbian, unnatural* or *crazy* as well as *career-oriented*. Some also declared they were perceived as *selfish* and so oriented toward satisfying their own needs that they supported people who chose to give up their reproductive capacity.

[...] There is a strange gaze against us ... there is a judgment even on our couple's relationships [...] as women who affirm the right to choose and to have "the final say" [on reproductive choice]; we are considered women who neglect the other component of the couple [...]. The other stereotype is about the quality of our maternal competence [...]. Therefore, we don't correspond to that stereotype of woman that society proposes to us. (Susanna)

[People think] we are women focused on our career or other forms of personal fulfillment. We are women who have lost the sense of family. (Raffaella)

Furthermore, pro-choice activists reported being associated with *negative moral connotations*. On the one hand, they indicated that they are perceived as *immoral* and, in particular, *accomplices in a murder* and/or *murderers*, especially by those people with a right-wing political orientation, who are religious, or shared anti-abortion ideologies.

[...] Those who have a right-wing political orientation or a religious vision do not support the voluntary interruption of pregnancy and think abortion is the murder of a child. I think that they can see us as monsters who want to kill children [...]. (Barbara)

On the other hand, they are often perceived as *disreputable* or *promiscuous women* who have had uncontrolled sexual relations and do not care about the consequences.

We were all whores in the past, too [...] Those who were against [abortion] obviously called us whores because we clearly encouraged women to be free to interrupt their pregnancy [...]. With this common thinking of the time, having the right to abortion meant being free to be whores. There was this mentality and there still is. (Mariangela)

The label "whores" is frequently associated with sex workers in order to disparage and stigmatize them as fallen women who have strayed from the ideals of "good womanhood", transgressing the rules and norms that control women morally and socially.

Furthermore, participants felt that activists are perceived to be *politically constructed in a negative way*. The participants thought that they were identified as *radical, close-minded, or petulant* when they addressed issues related to elective abortion. According to one participant, pro-choicers are viewed as exaggerated by both no-choicers and people who consider that abortion rights and services in Italy no longer need to be protected and improved. In her opinion, this optimistic perspective about abortion rights is based also on misleading information provided by institutional sources, who frequently

omit to mention law enforcement problems and the difficulties that people face while accessing abortion services.

There are many people who look at us badly [...]. They tell us “you are exaggerating [...] The Italian law is the best in the world”. They also add, “take it easy, laugh”. There is also counter-information from the Ministry of Health. Considering the last year, it seems that everything is going very well in abortion [...]. From the institutional data it appears that there are no problems. People tell us “we are in 2018, we are not in the Middle Ages ... Don't worry.” (Francesca)

Here Francesca indicates that she is viewed as uptight and old-fashioned, both of which are unnecessary given the “good status” regarding abortion services.

The participants also believed they were associated with *non-human traits* and compared to *witches, priestesses of evil, and Satan*.

[The pro-choice activists] are seen as Satan. [...] There is just the feeling that people perceive them as a bugbear, a devil. Women who choose to have an abortion are seen as sinners and activists as witches, the antichrist. There is this medieval perception of women. (Donatella)

To be a pro-choice activist does not necessarily mean that one has had a direct experience with elective abortion. Nevertheless, some participants believed they were perceived as *women who have had or could choose to have their pregnancy terminated*.

Although many participants felt devalued, some believed they were perceived as a *positive model* for other people. In particular, they thought some people could appreciate them for their *perseverance* in their struggle. They were regarded as a *point of reference* on abortion and *able to encourage* other individuals to take a stance on the termination of pregnancy.

You become the person to ask for help when you need it [...] you become a reference point for reproductive health. (Natalia)

Internalized stigma

Internalized stigma is the result of an interaction between repeated exposure to experienced stigma, felt stigma experiences, and cultural beliefs that legitimize stigmatized people's lower status (Major et al., 2018). Although the majority of the participants said they had been stigmatized and felt a negative gaze on themselves as a result of their activism, they were opposed to this depreciating view of themselves as a result of their abortion positionalities and their role in pro-choice movements, affirming their *political and social value*. Indeed, the activists described themselves as *tenacious and proudly combative women who are determined, courageous, and enthusiastic* in fighting for abortion rights with *engagement*. They stated that, despite their discomfort at times as a result of various obstacles, such as the actions of no-choice movements and the presence of abortion stigma, they do not give up on their goals, do not get discouraged or afraid.

I think that activists are women who are not afraid to be stigmatized by the society [...]. They are so convinced they are doing something important for all women that ... I don't know how to say ... they don't feel scared. I feel they are sometimes worried about how things are going about abortion, but they are ... we are not afraid, we are worried. (Raffaella)

Furthermore, although the participants felt themselves to be perceived as self-centered people, some of them believed they were *other-oriented people*. They reported that this quality refers to being *helpful, empathetic, altruistic, and generous* toward women who need support in reproductive rights and the creation of solid and stable sisterhood relationships among them.

When you share such important things (i.e., activism), strong relationships are created, and you are never alone. [...] You always have a “companion” (i.e., an activist) who feels what you feel and does the same “battle” as you. (Gilda)

The participants described themselves as *consciously self-determined* and *nonconformist*. In particular, they defined themselves as women who were aware of their competencies and needs and chose and oriented their destiny independently from others and from socio-cultural conditioning and stereotypes.

Some of the participants defined themselves as *competent*. They stressed that being activists implied that they had to be up-to-date at both a scientific and judicial level in order to inform people who want to abort and to fight against misinformation spread by no-choice movements.

Some participants also acknowledge that they can be a *nuisance, angry, and over-ambitious*. Although these adjectives may appear to indicate internalization of stigma at first glance, participants consider them as positive attributes. According to them, nuisance, anger, and ambition are qualities needed to fight back and not give up in the face of daily challenges. One participant in particular linked being a nuisance to a strong sense of justice, which drives her to persevere even in the face of the most difficult challenges, such as combating abortion stigma.

We are occasionally a nuisance [...]. I believe I am [we are] a person with a sense of justice, in need of a little justice, and because of that I'm [we're] a nuisance. (Agata)

Strategies to manage abortion stigma

After examining the three types of stigma, we looked at which strategies the cisgender female pro-choice activists use to deal with their own stigmatization, as well as with the elective abortion stigma in general. Most of the participants declared that, regardless of the opinions of the people with whom they interacted, they usually disclosed their activism and their positionality toward elective abortion. They explained that, for them, *speaking openly* is a mandatory strategy for at least two reasons: personal and political. From a personal point of view, speaking openly allowed participants to proudly

own a part of their identity and retain an internal sense of coherence, which helped them fight stigma internalization.

I speak openly about it [activism] even if I know there is a prejudice. My ideas have always been quite clear [...]. [...] I have never been repressed. I have never done any kind of censorship and I prefer to talk because I think it [activism] is a part of me, an added value of my person. (Mariangela)

Instead, from a political point of view, the chance of freely speaking enabled them to deconstruct hostile speeches and attitudes toward abortion and people who are directly or indirectly involved in it.

[...] I never hide. Speaking openly, the person in front of me can “turn his nose up” but can also benefit from my opinion. (Susanna)

Regarding this last point, to challenge stigmatizing views of elective abortion, participants consciously employed various *argumentative strategies* to re-evaluate unfavorable attitudes in a positive fashion. In most cases, cisgender female pro-choice activists declared that abortion was the *symbol of people’s self-determination* and *freedom*, thus highlighting that making decisions for themselves was a way to claim their own needs and an opportunity to protect their psychological health and avoid unsustainable choices.

I speak above all of the right to choose whether or not to be mothers, of the fact that motherhood is not destiny. Who is not ready, who does not have this in their life plan, who does not feel to be a mother, why should it be at any cost? Because society expects it from you? Because your parents want to be grandparents or because your partner insists? If you do it because it is a duty, because you are persuaded, because your parents force you to do so, because you feel a sense of guilt or shame [...] you will never be able to build a healthy educational relationship with your kids. (Giulia)

However, other activists stated that they preferred speaking openly about abortion by referring to biological arguments, such as *the notion of conception* and/or *the fetus’s humanness*, or recalling the importance of a *law that defends women’s rights to terminate a pregnancy*. In regard to this last point, the participants emphasized that the legislation preserves women’s right to health and does not require them to continue with their pregnancy if they choose not to, while also preventing the clandestine use of elective abortion to avert the risk of death.

Additionally, again as an argumentative strategy to reduce stigma towards abortion, participants stated that they used the *concept of trauma*. Two of the participants believed that it might be beneficial to highlight abortion as a painful choice. In their opinion, this could counteract the negative vision that portrays women who decide to abort as women who choose without thinking about it.

I always say that a woman does not abort because she wants to profess a right or because she is happy, it is always the last resort! Because [...] in my opinion a woman arrives [at the decision] with great pain and as a last resort. I always try to highlight this because it is a great pain. (Laura)

On the contrary, another participant held the view that reframing abortion stigma was necessary to oppose the view that an elective abortion was always and inherently traumatic. Specifically, she declared that it was imperative to convey positive abortion experiences and raise awareness that abortion pain and distress are often merely the outcome of internalizing moral mistreatment.

Abortion is frequently seen and described as one of the most traumatic experiences a woman can have ... I don't think so. There are women for whom it is so; [...] then there are testimonies that tell of their own experience of abortion not as a negative experience that has marked them for life or traumatic. So also, showing different narratives on these issues is crucial. (Barbara)

In addition to the argumentative strategies mentioned above, the participants adopted other approaches to cope with abortion stigma such as *sharing real narratives* and *subjective experiences of people who choose (or not) to abort*. Some of the cisgender female pro-choice activists related stories of people who had decided to abort and considered it the right decision for themselves, and of those who did not abort because of societal and family pressures. In the latter, they highlighted the negative psychological consequences of making a decision that was for others rather than themselves. They also referred to specific cases such as the termination of pregnancy following a rape.

Returning to the strategies used by activists to combat their own stigmatization, some of the participants admitted to adopting *selective self-censorship* on occasion in addition to speaking openly. In many situations, such as informal conversations with acquaintances and/or family members, at work and/or university, and on social media platforms, they opt to remain silent or not flaunt their thoughts. According to them, selective self-censorship was useful to avoid contemptuous and judgmental glances and social conflicts, especially with people with firm negative attitudes about abortion.

[I silenced my activism] especially at university. When I wrote my thesis in pharmacy, I attended a lab for a year. I hid it from my professor and tutor ... they didn't know that I was committed as an activist in different issues such as elective abortion, violence against women, and so on. ... I still have a bit of fear in ... I do not know how my activism can be considered. I felt that my activism would be seen as a negative thing ... I'm not sure, but this was my gut feeling and, therefore, for this reason, I did not speak about it. (Gilda)

It is noteworthy that although one participant disclosed her opinions and activist experiences, she admitted remaining silent in the past. This form of concealment could be called "altruistic". Before the legalization of abortion, when it was strictly forbidden, she kept silent about some of her political and social actions to protect women who had aborted clandestinely.

Discussion

Despite the denigration to which pro-choice activists are exposed all over the world (e.g., Król & Pustulka, 2018; Macor, 2021), their experiences of stigma have received little attention, leaving understudied how stigma presents itself at the experienced, perceived, and internalized level. Our qualitative study allowed us to enrich the literature on abortion stigma by gathering new insights.

Findings revealed that Italian cisgender female pro-choice activists have been victims or witnesses of offline and online verbal aggressions, not infrequently combined with images of embryos/fetuses. During the 1970's, anecdotal and historical evidence underlined that second-wave feminists, especially those who fought for abortion rights, were continually denigrated and labeled with derogatory terms such as “Erynes” (i.e., snake-haired goddesses of vengeance) or murderers, and threatened with the objective of hindering their actions (e.g., Percovich, 2005). The similarities between what happened 40 years ago and today suggest that abortion stigma is currently present in Italy and, although with some specificity with respect to the content of mistreatment, it is in line with what the literature has shown happens to people who choose to have abortions and to abortion providers (e.g., Astbury-Ward et al., 2012). Furthermore, while the majority of the participants' experiences of stigmatization were related to overt actions, many of them mentioned subtle devaluing treatment, such as social disapproval, indicating that stigmatization—as already shown (e.g., Cockrill & Nack, 2013)—can manifest itself in a variety of ways that are less evident than we expected.

Also based on their personal experiences, cisgender female pro-choice activists are aware of stigmatization directed at them and perceive themselves as potential victims of negative attitudes and behaviors, such as condemnation, name-calling, and non-appreciation by a large portion of society, as well as by no-choicers. Some of the participants' answers, in particular, relate to the idea they could be dehumanized (i.e., identified as Evil or Satan, and/or perceived as unaffectionate or as closed-minded as automata and as immoral, promiscuous or selfish as animals (see Giner-Sorolla et al., 2012, and Haslam, 2006, for a more in-depth analysis of many forms of dehumanization). This is not surprising given the fact that many academics have noted that stigmatized persons or groups frequently suffer a denial of their humanity (e.g., Boysen et al., 2020), and as Goffman (1963) put it, “by definition, of course, we believe the person with a stigma is not quite human” (p. 15). The perception of pro-choice activists as less than human must be taken seriously because, as other studies have shown, dehumanization can lead to discriminatory or unfair conduct towards stigmatized persons, including those involved in abortion (e.g., Pacilli et al., 2018).

As mentioned above, the manifestations of stigma are interrelated; experienced stigma can be connected to perceived but also to internalized stigma, yet the latter form was not reported by participants. Indeed, cisgender female pro-choice advocates do not appear to apply disparaging narratives to themselves, interrupting the vicious circle that typically leads to self-stigma among persons who have had abortions (Cockrill & Nack, 2013). From the Italian cisgender female pro-choice activists' narratives, the non-internalization of stigma appears to be the consequence of a deep reflection on their positionalities about

abortion and of the personal and shared (with other activists) conviction of doing something useful for society. In this regard, our findings show that people can feel stigmatized and, simultaneously, proud and convinced of their positionalities to the point that they continue to act for reproductive freedom and reject the negative cultural visions related to those who defend the right to abort. Studies on abortion providers have shown that they believe they are doing the right thing, confirming the coexistence of seemingly conflicting mechanisms (Harris et al., 2011; Martin et al., 2014b). In agreement with Harris et al. (2011), this process may be the result of activists and abortion providers drawing strength from their political and professional identities as well as their sense of belonging to their reference group (i.e., movements or work team). Group membership may act as a pivotal resource that can protect individuals when they face stigmatization and can modify how stigma is appraised and experienced, as well as overcome (Jetten et al., 2018).

Furthermore, the non-internalization of stigma appears to be related to abortion stigma management strategies that pro-choice activists declared using to fight their own stigmatization. Specifically, although some activists use self-censorship or silence, the majority of activists freely discuss their activism and positionalities towards elective abortion, according to our research. They do not see expressing their thoughts as a threat to their reputations or social connections, but rather as an effective tool that can help them to build a sense of internal consistency that is necessary to fight the negative views about themselves spreading in society. After all, speaking openly about themselves allows people to better assert their identity, organize and understand their own life experiences, and encourage agency (Kissling, 2017).

Beyond adopting stigma management strategies to combat their devaluation, participants also referred to using them in deconstructing stereotypes and prejudices about elective abortion. Indeed, stigmatized views of abortion may be questioned by referring to people's self-determination or freedom, as well as by critically addressing some key concepts used in no-choice rhetoric, such as the fetus's humanness. Even if the moral status of the embryo/fetus is sometimes dismissed, pro-choice advocates should consider this topic in order to emphasize that a presumption in favor of human life is not incompatible with accepting that a woman should decide the future of her pregnancy (Furedi, 2016).

Furthermore, it is important to highlight some activists' position about the concept of trauma while discussing the argumentative strategies used to oppose stigma. For two participants, portraying abortion as a painful choice could help people empathize more with the people who choose it and prevents it from being perceived as an irrational choice. Another activist explained that the link between the voluntary interruption of pregnancy and inherent traumatic should be dismantled because it could perpetuate the abortion stigma. In this regard, as underlined by some authors, the idea of abortion as a choice that inevitably leads to long-term suffering is extremely misleading (i.e., Lalli, 2016; Mattalucci, 2018). In fact, this narrative indirectly supports the symbolic worth of generativity, from which women are destined to suffer if they choose to refuse it (Mattalucci, 2018). The idea of necessary pain is a winning paternalistic strategy: not only is the embryo a victim, but especially the woman who aborts; in doing so, she denies her true nature, and denying one's own nature means humiliating oneself and forcing

oneself into eternal regret (Lalli, 2016). Thus, while the concept of trauma may describe the suffering experienced by some women following an abortion, it may also perpetuate stigmatization by fostering the idea that abortion is a bad decision that should be avoided since it inevitably has negative repercussions (Mattalucci, 2018).

Again, in relation to the argumentative strategies that cisgender female pro-choice activists use to combat the stigma against abortion, participants stated that they combat stereotypes and prejudices about pregnancy termination by sharing real abortion stories. According to them, using concrete examples, the activists emphasize that abortion is a real and common experience – not unusual and chosen only by deviant people (Harris et al., 2012).

Strengths, limitations, and future directions

Our study enriches past evidence with new information on how stigmatization may affect pro-choice activists and how they fight against it. Despite the small number of pro-choice activists involved, the study allowed us to collect helpful evidence from cisgender women from different parts of Italy and with different socio-political and cultural backgrounds, showing that stigmatization appears to take on similar forms across the country.

Furthermore, even if the findings showed many negative effects of stigmatization, they also provided examples of strategies that could be helpful for all actors involved in elective abortion. Participants' narratives could be useful for other people to become aware that, even if stigmatization occurs, it is possible to cope with it and continue to struggle for one's rights, ideals and convictions above and beyond it.

Nevertheless, in the face of strengths, the study has limitations. First, we only included Italian cisgender female pro-choice activists, excluding activists who are transgender, intersex, or gender non-conforming, as well as activists not linked with any movements, organizations, or unions, and who come from other countries. In this vein, future studies should deepen the understanding of abortion stigma and management strategies in various samples to understand the similarities and the differences with the participants in our study. In addition, it could be useful to realize other qualitative studies involving more people in in-person interviews to detect non-verbal communication that, in our study, could not be deepened due to the instrument used to collect data (i.e., primarily telephone).

Practical implications

Our findings can be useful to outline some *practical implications*. First and foremost, as is the case at the international level (e.g., the International Network for the Reduction of Abortion Discrimination and Stigma, the International Campaign for Safe Abortion), it may be beneficial to strengthen activist networks with a dual goal in mind: personal and collective. On a personal level, activists may be able to jointly reflect on and reinterpret ideas and feelings linked to stigmatizing situations they have experienced. For example, as many participants we interviewed noted in the margins of the interviews, they are very absorbed in their campaigning and care less than they should about the

impact that perceived or acted-out stigma can have on themselves. On a collective level, a shared collective reflection might aid them in analyzing management strategies in order to identify strengths and flaws and make these strategies more successful. Furthermore, as previously mentioned, the activists' narratives show that stigma can be countered. This possibility might be beneficial to persons involved in abortion who, in the face of stigma, feel no other alternative but to surrender and/or remain silent. As a result, the activists' stories may be available to help other actors in identifying the strategies that they feel are most effective in combating stigma. Finally, our findings suggest that interventions directed at mitigating negative perceptions, attitudes, and behaviors toward pro-choice activists should be developed both offline and online, since stigma works in both these domains.

Conclusions

Our study provides evidence of the existence of both an abortion stigma against abortion supporters and a set of strategies that pro-choice activists may take to break the downward spiral that can lead from perceived and experienced stigma to internalized stigma. Further research should be undertaken based on our findings to examine the same aspects across cultures and to dive into additional dimensions, such as risk and protective factors that may promote or prevent stigma at the individual and societal levels. In addition, it would be essential to analyze the perspective of the people not directly involved in abortion at the personal, professional or political level, not only to understand their point of view on activists but also to examine any psychological mechanisms (e.g., dehumanization, moral outrage, discrimination) they put in place towards them. Future research could take advantage of a mixed methods design.

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Supplemental material

Supplemental material for this article is available online.

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