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When is it Okay? The Role of State and Trait Disgust in Attitudes Towards Abortion Patients Under Different Circumstances

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Research Article

Keywords: abortion attitudes, disgust sensitivity, abortion stigma, sexual disgust, moral judgment, abortion context

Posted Date: October 10th, 2025

DOI: https://doi.org/10.21203/rs.3.rs-6637729/v1

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Additional Declarations: No competing interests reported.

Abstract

Introduction.

A multitude of personal and contextual factors influence people's attitudes towards abortion access and abortion patients. This study examines the role of state and trait disgust and abortion context as key factors impacting people's evaluations of abortion patients.

Methods.

Across two experimental studies (total *N* = 415), participants were primed to experience no (Study 1 only), low, or high disgust, followed by one of three abortion stories with differing rationales (medical emergency, socio-economic, family planning). Moderated regressions with covariates examined the predictive effects of abortion context with either state or trait sexual disgust on target judgments. Mediation analyses further probed the effect of trait sexual disgust on abortion attitudes.

Results.

Although state sexual disgust did not influence attitudes towards the abortion patients, mediation analyses demonstrated that political orientation mediated the link between trait sexual disgust and judgments of target abortion patients and partially mediated the link between trait sexual disgust and general abortion attitudes. Target abortion patients in the medical condition received significantly less blame, more sympathy and warmth, and a higher perceived moral character compared to patients in the socio-economic or family planning conditions, illustrating the interpersonal stigma that certain abortions continue to yield.

Conclusion.

These studies show the limited effect of disgust beyond that of political orientation on evaluations of abortion patients. Research implications center around the heightened stigmatization of certain abortion contexts and the role of amplifying factors, including political orientation and disgust.

Policy Implications.

Findings have practical implications for sex educators, counselors, and political organizers.

Introduction

In 2024, an estimated 1,031,090 clinician-provided abortions occurred in U.S. states where abortion remains legal (Guttmacher, 2025). Worldwide, it is estimated that 73 million abortions occur every year (World Health Organization, 2024). Although abortion care is increasingly being recognized as a reproductive and human right (Fine et al., 2017) and a common health intervention (World Health Organization, 2024), it has been subjected to significant politicization in the form of bans, restrictions, and stigma (Jozkowski et al., 2023b; Monchalin et al., 2023; Pacilli et al., 2024). Since January 2024, an estimated 5,519 abortion-related legislative actions aimed at restricting or banning abortion have been introduced in the United States (Guttmacher, 2025). Given the prevalence of abortion and the increasingly precarious legal and social climate surrounding it, research is needed to better understand the interpersonal and contextual factors that contribute to the stigmatization of abortion patients. Indeed, emotional factors are implicated in many judgements around abortion and have the potential to unlock new insights with regard to attitudes towards abortion. We are especially interested in the relationship between disgust sensitivity and perceptions of abortion patients, an area of work that has received little attention to date. This study investigated the influence of state and trait disgust on attitudes toward abortion legality and abortion patients, as well as the role of contextual factors in shaping these perceptions.

Contextual Factors and Abortion Attitudes

Public opinion surveys consistently report marked variability in support for abortion, largely depending on the circumstances in which an abortion is sought. Polls conducted by the National Opinion Research Center (NORC) reveal that approximately 60% of people support legal abortion without exception, with this figure increasing following the overturn of *Roe v. Wade* (NORC, 2024). However, support for abortion tends to decline as gestational age advances and becomes increasingly contingent on information about the specific reasons for seeking an abortion (Bueno et al., 2023; Crawford et al., 2022; Doherty, 2022; Saad, 2023).

Much of the research on abortion attitudes adopts a legal framework to explore how different circumstances influence public opinions on the legality and accessibility of abortion. When asked about support for abortion legality across six specific scenarios (e.g., health risks, birth defects) in the General Social Survey, respondents demonstrated considerable nuance in their attitudes. Whereas 40% consistently endorsed legality and 10% opposed legality across all scenarios, 50% expressed conditional support, believing abortion should be legal in some situations but not others (Jozkowski et al., 2018). This pattern indicates that abortion attitudes often transcend the traditional "pro-choice" versus "pro-life" dichotomy. A substantial proportion of people would be better classified as situationists, meaning that their support for abortion varies depending on the circumstances (Norrander & Wilcox, 2023; Rye & Underhill, 2020). Furthermore, Jozkowski and colleagues (2018) found that affording respondents with the opportunity to provide open-ended justifications for their views led to articulations of acceptable or unacceptable abortion circumstances that often differed from their self-identified abortion stance. For example, some individuals who identified as pro-choice endorsed limitations to legality under certain circumstances, while others who identified as pro-life acknowledged circumstances under which abortion should be available (Jozkowski et al., 2018).

Decades of research demonstrate that public perceptions of abortion are deeply influenced by the perceived cause of pregnancy and the autonomy involved in the abortion decision. Situations perceived as involving external causes, such as sexual assault or medical complications, elicit greater public sympathy, higher support for abortion, and stronger beliefs that the government should assist the pregnant person. In contrast, person-centered reasons (e.g., financial instability, not wanting more children) evoke higher levels of blame, anger, and moral outrage, while reducing support for abortion, willingness to personally help the pregnant person, and belief in government assistance (Zucker, 1999; Pacilli et al., 2024; Peng & Huang, 2022; Pérez et al., 2025; Rye & Underhill, 2019; Young et al., 2020).

Polling data corroborate this pattern: abortion circumstances perceived as uncontrollable receive substantially more public support than those perceived as stemming from personal choice. For instance, 87% of respondents supported abortion when the health of the pregnant person was endangered, whereas support was lower when the family had very low income and could not support more children (47%) or when a married woman did not want any more children (49%; Bowman & Goldstein, 2021). These findings have been replicated in research conducted by Jozkowski and colleagues (2018; 2023a). Taken together, these findings demonstrate the significant role of circumstance in shaping attitudes about abortion.

Disgust and Abortion Attitudes

Although context is a powerful determinant of abortion attitudes, individual factors such as emotional experiences play a key role in support or opposition to abortion. Disgust is one such factor that warrants further investigation as state and trait disgust play critical roles in the formation and maintenance of political and social attitudes (Adams et al., 2014; Inbar & Pizarro, 2022). Disgust is an emotion that is characterized by feelings of aversion to stimuli that are perceived as offensive or contaminating (Rozin et al., 2008). While disgust can be experienced as a transient feeling, *disgust sensitivity* is a personality trait that describes the level and frequency of aversive reactions to sexual, pathogen, and moral violations (Tybur et al., 2009), making it especially pertinent to the study of attitudes toward abortion.

A clear gap in the literature exists regarding the link between state and trait disgust and attitudes towards specific abortion patients and circumstances. Research has only recently begun to investigate the nuanced role of state and trait disgust in contributing to abortion attitudes (e.g., Merlici et al., 2024; Patev et al., 2019). Disgust tends to amplify the need to protect the physical and spiritual self from tainting influences and predicts condemnation of "impure" behaviors (Donner et al., 2023; Horberg et al., 2009; Wagemans et al., 2017) and is implicated in a number of stigmas around sexuality, including same-sex marriage, casual sex, and pornography (Koleva et al., 2012). For instance, people who are perceived as threats to sexual morality (e.g., sexually active individuals, pro-choice activists) are viewed more negatively by individuals high in disgust sensitivity (Crawford et al., 2014).

The respective role of state disgust in shaping abortion attitudes is less well understood, but it tends to show a limited effect. Although abortion was not included in the study (Horberg et al., 2009), experimentally inducing disgust increased condemnation of behaviors with purity violations and increased approval for behaviors upholding standards of purity. In contrast, exposure to a disgusting odorant was not related to decreased support for abortion (Adams et al., 2014), and individuals who have a strong disgust response are not more likely to oppose abortion than individuals with a weaker response (Smith et al., 2011). In another study, participant exposure to attitudinally relevant disgust images or incidental disgust images was not related to changes in abortion attitudes (Wisneski & Skitka, 2017).

A theoretical review of the disgust literature shows that dispositional or trait disgust was consistently more predictive of social judgments compared to induced disgust (Inbar & Pizarro, 2022). One study found that pathogen, sexual, and moral disgust sensitivity were predictive of abortion attitudes and self-stigmatizing beliefs toward abortion, as mediated by right-wing authoritarianism (Merlici et al., 2024). Likewise, a mediational relationship of benevolent sexism and right-wing authoritarianism was found between sexual disgust and abortion stigmatizing beliefs (Patev et al., 2019). Other researchers have shown relationships between trait disgust sensitivity and general abortion attitudes (Inbar et al., 2009; Kam & Estes, 2016; Smith et al., 2011; Terrizzi Jr. et al., 2010), socio-sexuality (Hlay et al., 2022), and physical and sexual

purity (Brenner & Inbar, 2015). Although disgust sensitivity broadly is related to abortion attitudes, larger correlations are found between sexual disgust, or the aversion to certain sex-related stimuli, and abortion attitudes, compared to moral or pathogen disgust (Merlici et al., 2024). All things considered, disgust offers a novel avenue for understanding the stigmatization of abortion patients and the polarization of abortion attitudes. Whereas past research has demonstrated a general link between disgust sensitivity and abortion attitudes, this study seeks to extend these findings by understanding how sexual disgust has the potential to contribute to negative attitudes towards individual abortion patients. Rather than focusing solely on attitudes towards abortion access and legalization, this study will investigate the potential of sexual disgust to contribute to negative perceptions of abortion patients as a function of the situational context surrounding the abortion.

Individual Predictors of Abortion Attitudes

As with the influence of contextual or emotional factors, other individual factors, particularly religiosity and political orientation, also emerge as predictors of support for or opposition to abortion and subsequent stigma of abortion patients. Religiosity appears frequently in the literature (e.g., Adamczyk & Valdimarsdóttir, 2018; Barringer et al., 2020; Dozier et al., 2020; Dutta et al., 2024; Hout et al., 2022; Jozkowski et al., 2018; Milmine & Fetner, 2024; Osborne et al., 2022; PRRI, 2022; Rye & Underhill, 2019) and tends to be most predictive of stringent abortion attitudes among White evangelical Protestants compared to other major religions in the United States (Hout et al., 2022; Pew Research Center, 2024). This trend merits further investigation, however, to understand how religiosity relates to both broad and specific dimensions of abortion attitudes. Religiosity is a complex phenomenon with wide variability in beliefs, values, and approaches to social issues.

Additionally, political orientation serves as a powerful determinant of abortion attitudes and has grown increasingly influential since the 1990s (Deckman et al., 2023; Hout et al., 2022; Osborne et al., 2022; Pérez et al., 2025; Poteat & Mereish, 2012). Although abortion attitudes may appear relatively stable overall, this stability conceals divergent partisan trends: support has decreased over time among Republicans, while increasing over time among Democrats (Deckman et al., 2023; Jozkowski et al., 2021; Saad, 2023). Currently, an overwhelming majority of conservative Republicans (73%) say that abortion should be illegal in all or most cases, compared to just 4% of liberal Democrats (Pew Research Center, 2024). Furthermore, Democrats' abortion attitudes are becoming more absolute, with growing support for abortion regardless of circumstances. In contrast, Republicans tend to adopt a more situationally contingent approach to abortion support (Jozkowski et al., 2021). Given the importance of religiosity and political polarization in shaping abortion attitudes, this study will seek to control these factors and their accompanying attitudinal polarization to better understand the novel potential of disgust sensitivity.

The Current Research

Across two studies, this research investigated the influence of state and trait sexual disgust on perceptions of warmth, sympathy, and moral character of a hypothetical abortion patient in medical emergency, socio-economic, and family planning contexts. The second study also examined attributions of responsibility. Religiosity, political orientation, and abortion attitude strength were included as covariates based on their consistent implications in the literature. Abortion attitude strength was included to account for the heightened strength of abortion attitudes that frequently accompany partisan polarization. The experimental manipulations of state disgust and abortion context allow for causal conclusions into contextual and state-level factors that shift judgments about abortion patients. Furthermore, the link between trait sexual disgust sensitivity and abortion attitudes was investigated to better understand how an individual's aversion to certain sexual behaviors related to their attitudes about abortion. To replicate past research, this study assessed direction and strength of the link between sexual disgust and general abortion attitudes, including general warmth towards abortion patients and general support for abortion restrictions. Additionally, this study constitutes the first investigation of how trait sexual disgust relates to attitudes towards specific abortion patients as a function of the contexts surrounding the abortion. The findings from this study will inform what is known about the role of state and trait disgust on context-specific abortion attitudes and provide necessary nuance to the interpersonal judgements of abortion patients beyond just support for the legality of abortion. Based on previous research, the following hypotheses were formulated regarding the associations between abortion context and state and trait disgust.

H_1: An abortion patient depicted in the medical emergency condition will be rated more warmly, elicit more sympathy, and have a higher perceived moral character compared to the patients depicted in the socio-economic or family planning conditions.

H_2: Both state (no, low, and high) and trait disgust will be related to target judgements, such that higher state or trait sexual disgust will be related to more negative perceptions of abortion patients (i.e., lower warmth, sympathy, and perceived moral character) compared to participants with lower state or trait sexual disgust.

Study 1 Method

Participants

A sample of 165 participants aged 18 to 54 (*M* = 32.79, *SD* = 9.13) who resided in the United States were recruited through the online crowdsourcing platform Prolific®. Participants were mostly White (68.5%, *n* = 113), identified as female (59.4%, *n* = 98), and politically liberal (69.1%, *n* = 114). Just over half of participants held a bachelor's degree (43%, *n* = 71) or higher (12.7%, *n* = 21). Participants held mixed religious affiliations, with the most prevalent being Christian (29.7%, *n* = 49), agnostic (23.6%, *n* = 39), and atheist (15.8%, *n* = 26). See Table 1 for participant characteristics.

Procedure

Participants were informed that they would complete a study on the role of emotions in social attitudes that would require them to read a paragraph about an intimate relationship and answer questions about a social issue. Participants were randomly assigned to one of three state sexual disgust conditions (no disgust, low disgust, high disgust) and one of three abortion contexts (medical emergency, socio-economic, and family planning). Participants reported their judgements of a vignette target seeking an abortion and indicated their general support and attitudes about abortion. Participants then completed a brief cognitive resetting task to minimize the influence of the experimental conditions on their responses to measures of trait sexual disgust and religiosity. Finally, participants completed demographic information indicating their political orientation, abortion attitude strength and identity, age, education level, racial identity, religious affiliation, and gender identity. Following responses, participants received an informational debriefing form on the purpose and goals of the study and were compensated for their time in line with Prolific's standards. This study was approved in full by the authors' Institutional Review Board.

Materials

State Sexual Disgust Primes

All participants read one of three vignettes designed to induce low, high, or no state disgust. The vignettes described either a woman who is reflecting on how happy she is with her husband and looks forward to spending time with him (control), a woman feeling sexually attracted to her husband and looking forward to having sex with him (low disgust), or a woman at her husband's funeral feeling sexually aroused by his corpse and wishing to have sex with it (high disgust). Participants then described how disgusting they perceived the situation they had just read using a seven-point scale from 1 (*Not at all Disgusting*) to 7 (*Extremely Disgusting*) as a manipulation check. Complete materials can be found at (OSF link not included for review).

Abortion Scenario

Participants read one of three abortion scenarios modified from Watts (2020). These vignettes described a woman who had two children and found out she was pregnant and subsequently decided to have an abortion either because (1) her chemotherapy treatment and health would be harmed by the unplanned pregnancy (medical emergency condition), (2) her financial future would be jeopardized by the unplanned pregnancy (socio-economic condition), or (3) because she did not want any more children (family planning condition). These vignettes provide greater accuracy of the circumstances surrounding abortion decision making, with a large portion of abortion patients already having children and choosing an abortion to maintain economic or future stability for their existing children (Beumer et al., 2025; Biggs et al., 2013).

Person Perceptions

Participants rated their perceptions of the vignette target across three dimensions: warmth, sympathy, and moral character. Specifically, they rated how warmly they felt towards the target on a seven-point scale from 1 (*Extremely Cold*) to 7 (*Extremely Warm*). They rated their level of sympathy towards the target on a seven-point scale ranging from 1 (*No Sympathy*) to 7 (*Maximum Sympathy*), and evaluated the target's moral character, on a scale from 1 (*Extremely Bad Moral Character*) to 7 (*Extremely Good Moral Character*).

General Support for Abortion Access

Participants reported their overall warmth towards people who receive an abortion on a seven-point scale from 1 (*Extremely Cold*) to 7 (*Extremely Warm*), and their general support for abortion restrictions, with six response options corresponding to those used by the Pew Research Center: 1 (*Legal in all cases with no exceptions*), 2 (*Legal in all cases with exceptions*), 3 (*Legal in most cases*), 4 (*Illegal in most cases*), 5 (*Illegal in all cases with exceptions*), 6 (*Illegal in all cases with no exceptions*; Pew Research Center, 2022).

Cognitive Resetting Task

Participants completed a cognitive resetting task before completing the dispositional measures to reduce any residual effects of the disgust primes. For this task, participants engaged with ten landscape photos with instructions to count the number of photos depicting mountains and the number of photos depicting water. Some photos depicted both mountains and water.

Trait Sexual Disgust

Participants completed the seven-item Sexual Disgust subscale of the twenty-one-item Three Domains of Disgust Scale (TDDS; Tybur et al., 2009), which is a scale intended to measure disgust sensitivity in the sexual, pathogen, and moral domains using a seven-point scale from 1 (*Not at All Disgusting)* to 7 (*Extremely Disgusting).* Example items from this subscale include "hearing two strangers have sex" and "watching a pornographic video." Research generally finds internal consistency above .80 for each factor, as well as strong reliability over time (Tybur et al., 2009; Olatunji et al., 2012). Only the sexual disgust subscale was used in this study and demonstrated an acceptable level of internal consistency (a = .75).

Religiosity

The Duke Religiosity Scale (DUREL; Koenig & Büssing, 2010) is a five-item measure assessing overall religiosity that captures organizational religious activity, non-organizational religious activity, and intrinsic religiosity. Items include "How often do you attend church or other religious meetings?" and "In my life, I experience the presence of the Divine (i.e., God)." Responses for the first two items were collected on a six-point scale ranging from 1 (*Never*) to 6 (*More Than Once a Week*) and on a five-point scale for the remaining items ranging from 1 (*Definitely Not True)* to 5 (*Definitely True of Me).* Internal consistency was excellent (α = .94).

Political Affiliation

Participants reported their political affiliation using two items measuring economic and social ideology. Participants were asked "How liberal or conservative do you tend to be when it comes to [social/economic] policy." Responses were collected on a six-point scale ranging from 1 (*Strongly Liberal*) to 6 (*Strongly Conservative*). The average of the two scores was used to assess political affiliation. Responses showed high internal consistency (a = .88).

Abortion Attitude Strength and Directionality

Abortion attitude strength was measured using a standard three-item measure of attitude strength, personal importance, and attitude certainty (adapted from Haddock et al., 1999). Participants rated how they felt about abortion access using a seven-point scale from 1 (*Not at All Strong/Important/Certain*) to 7 (*Extremely Strong/Important/Certain*). Internal consistency was acceptable (a = .78). Participants also reported the directionality of their support on a single item using a six-point scale ranging from 1 (*Strongly Pro-Choice*) to 6 (*Strongly Pro-Life*).

Design and Data Analysis

First, we conducted hierarchical regressions to investigate whether trait sexual disgust uniquely predicts support for the legality of abortion and judgments of abortion patients in general. Next, a series of moderated multiple regressions examined the effects of state disgust, abortion context, and their interaction on judgments of warmth, sympathy, and moral character for the target abortion patient. Abortion context was categorical with three levels (medical, socio-economic, and family planning) and dummy coded with the medical condition as the reference group. State disgust was also coded categorically with three levels (control, low disgust, high disgust) and dummy coded with the control condition as the reference group. Lastly, a series of moderated multiple regressions examined the effects of trait disgust, abortion context, and their interaction on judgments of warmth, sympathy, and moral character for the target abortion patient. Abortion context was coded in the same way as above. Each model included abortion attitude strength, political orientation, and religiosity as covariates. A priori power calculations for this model with a medium effect size at 80% power required a sample size of 158 for the main effects of disgust and context ($\alpha = .05$, $f^2 = .15$; Faul et al., 2007).

Study 1 Results

Abortion Descriptives

The majority of participants were strongly pro-choice (65.5%, $n = 108$), with an additional 15.2% ($n = 25$), identifying as either somewhat or moderately pro-choice, and 9.7% ($n = 16$) of participants identifying as either somewhat or moderately pro-life. Another 9.7% identified as strongly pro-life. A high percentage of individuals believed that abortion should be legal in all circumstances with no exceptions (47.9%, $n = 79$), or legal in all circumstances with some exceptions (24.8%, $n = 41$), with another 10.9% ($n = 18$) endorsing that abortion should be legal in most cases. Collectively, less than a quarter of participants believed that abortion should be illegal in most cases (4.8%, $n = 8$), illegal in all cases with exceptions (9.7%, $n = 16$), or illegal in all cases with no exceptions (1.8%, $n = 3$). Participants tended to feel warmly towards abortion patients, with 66.1% ($n = 109$) reporting some level of warmth. About a quarter (22.4%, $n = 37$) of participants fell in the scale

midline of feeling neither cold nor warm, and approximately another tenth (11.5%, $n = 19$) expressed feeling cold towards women who receive an abortion. Descriptive statistics and correlations for study variables are presented in Table 2.

State Disgust Validity Check

A manipulation check assessed the ability of the disgust primes to effectively induce state disgust. A univariate analysis of variance (ANOVA) revealed a significant effect of disgust primes on self-reported disgust, $F(2,164) = 501.5$, $p < .001$. Tukey HSD post-hoc comparisons test showed that average self-reported disgust was significantly higher in the high disgust prime ($M = 6.27$, $SD = 1.2$) compared to the low disgust ($M = 1.43$, $SD = 1.1$) and control ($M = 1.09$, $SD = .35$) primes with no significant differences between the low and control conditions.

Cognitive Resetting Task Validity Check

A validity check assessed the effectiveness of the brief cognitive resetting task in eliminating residual effects of state disgust on subsequent measures. A multivariate analysis of variance (MANOVA) with sexual disgust sensitivity, abortion attitude strength, political orientation, and religiosity as dependent variables and the disgust group as the independent variable showed that no significant differences existed on any of the subsequent dependent variables as a function of the no, low, or high disgust manipulation, v = .04, $F(8, 316) = .78$, $p = .62$.

General Abortion Judgements

Hierarchical regressions investigated the effect of trait sexual disgust on general abortion attitudes while controlling for political orientation, strength of abortion attitudes, and religiosity.

General Warmth

The first step with the covariates was significant, $F(3, 159) = 30.11$, $p < .001$, $R^2 = .36$. Political orientation, $\beta = -.30$, $p < .001$, $sr^2 = .06$, strength of abortion attitudes, $\beta = .29$, $p < .001$, $sr^2 = .05$, and religiosity, $\beta = -.18$, $p = .01$, $sr^2 = .03$, were significant covariates. In the second step, trait sexual disgust was not a significant predictor of general warmth towards abortion patients, $\Delta F(1, 158) = 3.68$, $p = .06$, $R^2 = .38$.

Support for Abortion Restrictions

The first step with the covariates was significant, $F(3, 159) = 47.36$, $p < .001$, $R^2 = .46$. Political orientation, $\beta = .33$, $p < .001$, $sr^2 = .07$, strength of abortion attitudes, $\beta = -.23$, $p < .001$, $sr^2 = .04$, and religiosity, $\beta = .34$, $p < .001$, $sr^2 = .10$, were significant covariates. The second step was significant, $\Delta F(1, 158) = 11.86$, $p < .001$, $R^2 = .50$, with trait sexual disgust contributing s unique variance, $\beta = .20$, $p < .001$, $sr^2 = .04$, demonstrating that higher levels of trait disgust sensitivity were related to greater support for abortion restrictions.

Abortion Scenario Judgements

Sexual State Disgust

Moderated multiple regressions were conducted to examine the effects of state disgust, abortion context, and their interaction on judgments of warmth, sympathy, and moral character for the target. Abortion context was categorical with three levels (medical, socio-economic, and family planning), and dummy coded with the medical condition as the reference group. State disgust was also coded categorically with three levels (control, low disgust, high disgust), and dummy coded with the control condition as the reference group. See supplemental materials for Study 1 regression tables.

Warmth. The first step with the covariates was significant, $F(3, 159) = 15.48$, $p < .001$, $R^2 = .23$. Political orientation, $\beta = -.32$, $p < .001$, $sr^2 = .06$, and strength of abortion attitudes, $\beta = .17$, $p = .04$, $sr^2 = .02$, but not religiosity, were significant covariates. The second step was also significant, $\Delta F(4, 155) = 4.39$, $p = .002$, $R^2 = .31$. For abortion context, participants in the medical condition rated targets more warmly compared to those in the socio-economic, $\beta = -.23$, $p = .003$, $sr^2 = .03$ or the family planning conditions, $\beta = -.30$, $p < .001$, $sr^2 = .06$. Neither the high nor the low state disgust condition significantly affected warmth ratings relative to the control condition. The third step was not significant, indicating no interaction between abortion context and state disgust.

Sympathy. The first step was significant, $F(3, 159) = 16.39$, $p < .001$, $R^2 = .24$. Political orientation, $\beta = -.23$, $p = .01$, $sr^2 = .03$, strength of abortion attitudes, $\beta = .26$, $p = .001$, $sr^2 = .05$, and religiosity, $\beta = -.15$, $p = .050$, $sr^2 = .02$, were significant covariates. The second step was also significant, $\Delta F(4, 155) = 5.58$, $p < .001$, $R^2 = .33$. Target patients in the medical condition elicited greater sympathy compared to the

socio-economic, $\beta = -.32$, $p < .001$, $sr^2 = .07$, or the family planning conditions, $\beta = -.31$, $p < .001$, $sr^2 = .07$. State disgust conditions were not significant. The third step was not significant, indicating no interaction.

Moral character. The first step was significant, $F(3, 159) = 24.09$, $p < .001$, $R^2 = .31$. Political orientation, $\beta = -.31$, $p < .001$, $sr^2 = .06$, strength of abortion attitudes, $\beta = .17$, $p = .03$, $sr^2 = .02$, and religiosity, $\beta = -.25$, $p < .001$, $sr^2 = .05$, were significant covariates. The second step was also significant, $\Delta F(4, 155) = 2.75$, $p = .03$, $R^2 = .36$. Targets in the medical conditions were perceived to have a higher moral character than those in the socio-economic, $\beta = -.22$, $p = .005$, $sr^2 = .03$, and the family planning abortion conditions, $\beta = -.21$, $p = .006$, $sr^2 = .03$. Neither state disgust nor its interaction with abortion context were significant.

In short, these analyses clarified the relationship between state sexual disgust and judgements of target abortion patients above and beyond the effect of political orientation, strength of abortion attitudes, and religiosity.

Sexual Trait Disgust

Moderated multiple regressions examined the effects of trait disgust, abortion context, and their interaction on target judgements. Abortion context was dummy coded as above. For each of the dependent variables, the first step with the covariates and the second step with abortion context were significant, with identical values to the moderated regressions for sexual trait disgust.

Warmth. As shown in the state analyses, the first and second steps with the covariates and abortion context were significant. Trait sexual disgust was not significant, nor was its interaction with abortion context in the third step.

Sympathy. The first and second steps with the covariates and abortion context were significant. Trait sexual disgust was not significant. The third step was not significant, indicating no interaction.

Moral character. The first and second steps with the covariates and abortion context were significant. Neither trait sexual disgust nor its interaction significantly predicted judgements of the target abortion patient's moral character.

This set of analyses examined the relationship between sexual trait disgust sensitivity and judgments of target abortion patients above and beyond the effect of relevant covariates.

Study 1 Discussion

Overall, the results of Study 1 showed a consistent effect of political orientation, abortion attitude strength, and religiosity on ratings of general warmth towards abortion patients, support for abortion restrictions, and perceptions of a target abortion patient (warmth, sympathy, moral character). Furthermore, target patients who received an abortion in cases of medical emergency elicited greater warmth and sympathy and higher moral character ratings compared to those who received an abortion for socio-economic or family planning reasons. Neither induced disgust nor trait disgust predicted attitudes towards the target after accounting for the influence of the covariates. Trait disgust did significantly predict support for abortion restrictions.

Further research with greater power for a small effect size is needed to replicate these findings to strengthen scientific confidence in the lack of a relationship between induced disgust and attitudes towards specific abortion patients. Eliminating the control group, which was rated as equally disgusting to the low disgust group, would allow for greater power to accurately determine the presence or absence of the influence of state disgust on perceptions of a target abortion patient. Regarding trait disgust, research has linked this construct with general support for abortion and its legality but has not been used to predict attitudes towards specific abortion patients.

Partially supporting our hypotheses and existing research (Inbar et al., 2009; Kam & Estes, 2016; Smith et al., 2011; Terrizzi Jr. et al., 2010), increases in trait disgust were related to increases in support for abortion restrictions and marginally related to decreases in warmth towards abortion patients in general. Of note, our study specifically examined this relationship after controlling for the influence of relevant covariates. Given that research using mediational models of the relationship between trait disgust and abortion attitudes have been recently utilized in the literature (Merlici et al., 2024; Patev et al., 2019), it should be considered that one of the covariates explaining a significant portion of the variance (political orientation in the case of Study 1) could be diminishing the role of trait disgust on abortion attitudes. Future research should consider a mediational model of political orientation in the relationship between trait disgust sensitivity and abortion attitudes.

Study 2

We aimed to replicate the primary results of Study 1 using a new, more politically diverse sample, excluding the control disgust condition, and increasing the number of participants to enhance statistical power and improve the detection of small effect sizes. Additionally, we

incorporated a new measure assessing dispositional attributions to examine the level of personal responsibility and blame attributed to the abortion patient relative to situational factors influencing the decision to receive an abortion. The primary design and analyses were the same. Additional exploratory analyses were employed to test a mediational relationship of political orientation between trait sexual disgust and abortion attitudes.

Study 2 Methods

Participants

A sample of 250 participants aged 19 to 54 years old (M = 36.17, SD = 9.53) from the United States were recruited through the online crowdsourcing platform Prolific®. Participants were mostly White, (72.4%, n = 181), identified as male (49.2%, n = 123), and conservative (51.6%, n = 129). Most participants had begun (21.6%, n = 54) or completed a bachelor's degree (36.0%, n = 90). Participants held mixed religious affiliations, with the most prevalent being Christian (48.8%, n = 122), agnostic (15.6%, n = 39), and atheist (19.2%, n = 48). Compared to Study 1, this sample had greater male and conservative political orientation representation. A complete sample breakdown is included in Table 1.

Procedure and Materials

Participants completed the same measures and followed the same procedure as Study 1, except for a modification to the sexual disgust state primes and an additional dependent variable of attributions of responsibility. The sexual disgust state primes were modified to remove the no disgust prime/control condition, as the Study 1 manipulation check demonstrated no significant difference in reported disgust between the control and low disgust conditions. The three abortion conditions remained the same. Target judgments were measured in the same way as Study 1, with the addition of attributions of responsibility as a fourth dependent variable. Procedures were approved in full by the author's Institutional Review Board prior to the onset of the study.

Attributions of Responsibility

Participants also rated how much responsibility they attributed to the target abortion patient in the decision to terminate the pregnancy from 0 (*No Responsibility*) to 100 (*Complete Responsibility*).

Data Analysis

Primary analyses replicated Study 1, with additional exploratory analyses examining a mediational model of the relationship between trait disgust sensitivity and abortion attitudes via political orientation. A priori power calculations for this model required a sample size of 244 for small-medium main effects (f^2 = .20) and 196 for a medium interaction effect (f^2 = .25) between disgust and context (α = .05, 1-β = .80; Faul et al., 2007).

Study 2 Results

Descriptives

Similar trends in general abortion attitudes were shown as in Study 1, although support for abortion was generally lower given the increase in conservative representation. Slightly less than half of the participants were strongly pro-choice (46.6%, n = 116), with an additional 16% (n = 40) identifying as either somewhat or moderately pro-choice and 17.2% (n = 43) of participants identifying as either somewhat or moderately pro-life. Another 20.1% (n = 50) identified as strongly pro-life. Over a third of individuals believed that abortion should be legal in all circumstances with no exceptions (37.6%, n = 94), or legal in all circumstances with some exceptions (20.4%, n = 51), with another 10.4% (n = 26) endorsing that abortion should be legal in most cases. Collectively, slightly less than a third of participants believed that abortion should be illegal in most cases (8.0%, n = 20), illegal in all cases with exceptions (14.8%, n = 37), or illegal in all cases with no exceptions (8.8%, n = 22). Participants tended to feel warmly towards women who received an abortion, with 49.8% (n = 124) of participants reporting some level of warmth. About a quarter (21.7%, n = 54) of participants fell in the scale midline of feeling neither cold nor warm, and approximately another third (28.5%, n = 71) expressed feeling cold towards women who receive an abortion. Descriptive statistics and correlations for study variables are presented in Table 3.

General Abortion Judgments

As with Study 1, hierarchical regressions were conducted to investigate whether sexual disgust predicts general warmth towards abortion patients and support for abortion restrictions.

General Warmth

The first step with covariates was significant, $F(3, 239) = 84.23$, $p < .001$, $R^2 = .51$. Political orientation, $\beta = -.61$, $p < .001$, $sr^2 = .20$ and religiosity, $\beta = -.14$, $p = .02$, $sr^2 = .01$, but not strength of abortion attitudes, were significant covariates in this step. The second step was significant, $\Delta F(1, 238) = 4.87$, $p = .03$, $R^2 = .52$, suggesting that trait sexual disgust explained significant unique variance, $\beta = -.11$, $p = .03$, $sr^2 = .01$, and that individuals higher in trait sexual disgust expressed less warmth towards abortion patients.

Support for Abortion Restrictions

The first step was significant, $F(3, 240) = 95.22$, $p < .001$, $R^2 = .54$. Political orientation, $\beta = .52$, $p < .001$, $sr^2 = .14$, and religiosity, $\beta = .29$, $p < .001$, $sr^2 = .05$, but not strength of abortion attitudes, were significant. The second step was also significant, $\Delta F(1, 239) = 12.36$, $p < .001$, $R^2 = .50$, showing that trait sexual disgust contributes significant unique variance, $\beta = .17$, $p < .001$, $sr^2 = .02$, with individuals higher in trait sexual disgust expressing greater support for abortion restrictions.

Abortion Scenario Judgements

Sexual State Disgust

Mirroring Study 1, moderated multiple regressions examined the effects of state disgust, abortion context, and their interaction on judgments of warmth, sympathy, moral character, and internal attributions for the target. Abortion context was categorical with three levels (medical, socio-economic, and family planning) and dummy coded with the medical condition as the reference group. State disgust was also coded categorically with two levels (low and high disgust).

Warmth. The first step with the covariates was significant, $F(3, 240) = 42.63$, $p < .001$, $R^2 = .35$, but political orientation was the only significant predictor, $\beta = -.51$, $p < .001$, $sr^2 = .14$. The second step was also significant, $\Delta F(3, 237) = 16.79$, $p < .001$, $R^2 = .46$. Warmth ratings were significantly higher in the medical condition compared to the socio-economic, $\beta = -.24$, $p < .001$, $sr^2 = .04$, and the family planning condition, $\beta = -.38$, $p < .001$, $sr^2 = .11$. State disgust was not significant. The final step was not significant.

Sympathy. The first step was significant, $F(3, 240) = 30.68$, $p < .001$, $R^2 = .28$. Only political orientation was significant, $\beta = -.52$, $p < .001$, $sr^2 = .14$. The second step was also significant, $\Delta F(3, 237) = 15.99$, $p < .001$, $R^2 = .40$. The socio-economic, $\beta = -.28$, $p < .001$, $sr^2 = .07$, and the family planning condition, $\beta = -.38$, $p < .001$, $sr^2 = .11$, elicited significantly lower sympathy compared to the medical condition. Neither state disgust nor its interaction were significant.

Moral character. The first step with the covariates was significant, $F(3, 240) = 44.27$, $p < .001$, $R^2 = .36$, with political orientation as the only significant predictor, $\beta = -.52$, $p < .001$, $sr^2 = .14$. The second step was also significant, $\Delta F(3, 237) = 12.85$, $p < .001$, $R^2 = .45$. Participants in the socio-economic, $\beta = -.28$, $p < .001$, $sr^2 = .06$, and the family planning condition, $\beta = -.38$, $p < .001$, $sr^2 = .11$, condition judged the target as significantly less moral than those in the medical emergency condition. State disgust was not significant. The final step was not significant.

Attributions. The first step was significant, $F(3, 240) = 8.98$, $p < .001$, $R^2 = .10$, but political orientation was the only significant covariate, $\beta = .23$, $p = .006$, $sr^2 = .03$. The second step was also significant, $\Delta F(3, 237) = 20.35$, $p < .001$, $R^2 = .29$. The socio-economic, $\beta = .33$, $p < .001$, $sr^2 = .08$, and the family planning conditions, $\beta = .49$, $p < .001$, $sr^2 = .18$, elicited significantly higher internal attributions compared to the medical emergency condition. No other significant findings were found.

Sexual Trait Disgust

Moderated multiple regressions examined the effects of trait disgust, abortion context, and their interaction on judgments of warmth, sympathy, moral character, and attributions. Abortion context was dummy coded as above. For each of the dependent variables, the first step with the covariates and the second step with abortion context were significant, with identical values to the moderated regressions for sexual state disgust. Results with sexual trait disgust replicated Study 1. Trait sexual disgust was not related to ratings of warmth, sympathy, moral character, or dispositional attributions of the target abortion patient. There was no interaction between sexual trait disgust and abortion context. Results are shown in Table 4. A full write up can be found in the supplemental materials.

Mediational Analyses

Mediational analyses using Hayes' (2018) PROCESS macro (Model 4) were conducted for both the general abortion attitudes (general warmth, support for abortion restrictions) and vignette-specific variables (warmth, sympathy, moral character, attributions). The model specified sexual disgust sensitivity (X) as the independent variable and political orientation (M) as the mediator. A bootstrap method with 10000 resamples was used to calculate the 95% confidence intervals (CI) for the indirect effect. No covariates were placed in the model.

General Abortion Judgments

General Warmth. For general warmth towards abortion patients, the total effect of sexual disgust sensitivity was significant, $b = -.56$, $SE = .08$, $t(243) = -6.94$, $p < .001$, [-.72, − .40]. Sexual disgust sensitivity was associated with lower warmth ratings towards abortion patients. The direct effect of sexual disgust on general warmth remained significant after accounting for political orientation, $b = -.19$, $SE = .07$, $t(243) = -2.80$, $p = .006$, [-.33, − .06]. To examine the mediation, the indirect effect of sexual disgust was tested, for which the bootstrapped 95% CI for the indirect effect was [-.48, − .27], excluding zero, indicating that political orientation significantly mediated the relationship between sexual disgust and general warmth towards abortion patients. Overall, political orientation partially mediated the relationship between sexual disgust sensitivity and general warmth towards abortion patients.

Support for Abortion Restrictions. The total effect of sexual disgust sensitivity on support for abortion restrictions was significant, $b = .60$, $SE = .07$, $t(244) = 8.43$, $p < .001$, [.46, .73], showing that sexual disgust sensitivity was associated with greater support for abortion restrictions. The direct effect of sexual disgust on abortion restrictions remained significant after accounting for political orientation, $b = .28$, $SE = .06$, $t(244) = 4.65$, $p < .001$, [.16, .40]. The bootstrapped 95% CI for the indirect effect excluded zero ([.23, .41]), meaning that political orientation significantly mediated the relationship between sexual disgust and support for abortion restrictions. Political orientation partially mediated the relationship between sexual disgust sensitivity and support for abortion restrictions.

Vignette-Specific Judgements

Warmth. The total effect of sexual disgust sensitivity on warmth ratings was significant, $b = -.40$, $SE = .08$, $t(244) = -5.01$, $p < .001$, [-.55, − .24], demonstrating that sexual disgust sensitivity was associated with lower ratings of warmth for the target abortion patient. The direct effect of sexual disgust on warmth was not significant after accounting for political orientation, $b = -.11$, $SE = .08$, $t(244) = -1.45$, $p = .15$, [-.26, .04]. The bootstrapped 95% CI for the indirect effect of political orientation on warmth was [-.40, − .20], excluding zero, signifying that political orientation significantly mediated the relationship between sexual disgust and warmth towards the target abortion patient (see Fig. 1). Additionally, moderated mediation models confirmed the moderating effect of abortion context in these mediating relationships (see Supplemental materials for more information).

Sympathy. An identical mediational procedure to the warmth dependent variable was implemented. The total effect of sexual disgust sensitivity on sympathy ratings was significant, $b = -.41$, $SE = .08$, $t(243) = -4.91$, $p < .001$, [-.57, − .24], demonstrating that sexual disgust sensitivity was associated with lower sympathy for abortion patients. The direct effect of sexual disgust on sympathy was not significant after accounting for political orientation, $b = -.14$, $SE = .08$, $t(243) = -1.76$, $p = .08$, [-.30, .02]. To examine the mediation, the indirect effect of sexual disgust was tested, for which the bootstrapped 95% CI for the indirect effect was [-.38, − .17], excluding zero, signifying that political orientation significantly mediated the relationship between sexual disgust and sympathy towards an abortion patient.

Moral Character. As with the results on warmth and sympathy, the total effect of sexual disgust sensitivity on moral character ratings was significant, $b = -.44$, $SE = .08$, $t(244) = -5.36$, $p < .001$, [-.60, − .28], demonstrating that sexual disgust sensitivity was associated with lower sympathy for abortion patients. The direct effect of sexual disgust on sympathy was not significant after accounting for political orientation, $b = -.14$, $SE = .08$, $t(244) = -1.82$, $p = .07$, [-.29, .01]. The bootstrapped 95% CI for the indirect effect was [-.41, − .20], excluding zero, indicating that political orientation significantly mediated the relationship between sexual disgust and moral character ratings of an abortion patient.

Attributions. Mirroring previous results, the total effect of sexual disgust sensitivity on dispositional attributions was significant, $b = 3.71$, $SE = 1.53$, $t(244) = 2.43$, $p = .02$, [.70, 6.71], demonstrating that sexual disgust sensitivity was associated with higher individual blame for abortion patients. The direct effect of sexual disgust on attributions was not significant after accounting for political orientation, $b = .87$, $SE = 1.62$, $t(244) = .54$, $p = .59$, [-2.32, 4.06]. The bootstrapped 95% CI for the indirect effect ([1.40, 4.56]) excluded zero, demarcating that political orientation significantly mediated the relationship between increases in sexual disgust and heightened dispositional attributions of an abortion patient.

Study 2 Discussion

Overall, the results of Study 2 replicated and extended findings from Study 1, including the consistent effect of political orientation on broad and patient-specific abortion attitudes and the elevated judgments of targets receiving abortion for socio-economic or family planning

reasons as compared to targets receiving abortions for medical emergencies. Likewise, there was no effect of state or trait disgust on target-specific abortion attitudes above and beyond the effect of the covariates. Trait sexual disgust did significantly predict general warmth towards abortion patients and support for abortion restrictions. Study 2 showed that trait sexual disgust sensitivity (via its relationship to political orientation) relates to broad perceptions of abortion patients and support for abortion restrictions, and as a factor that is linked to judgments towards target abortion patients.

Supporting the mediational model of disgust and abortion attitudes proposed in past research (Merlici et al., 2024; Patev et al., 2019), individuals higher in sexual disgust sensitivity rated abortion patients more negatively and supported restrictions on abortion legality, an association that was partially explained by individuals higher in disgust sensitivity identifying as more politically conservative. These individuals felt less warmth and sympathy towards a target abortion patient, rated them as less moral, and held them personally accountable for their abortion circumstances to a greater extent than individuals lower in sexual disgust sensitivity. Furthermore, the link between trait disgust and target abortion judgments was mediated by increased conservatism of individuals high in disgust sensitivity. The results supported a mediational model of sexual disgust sensitivity operating on abortion attitudes through increased political conservatism.

On the other hand, Study 2 provided further support for the absence of a relationship between induced sexual disgust and elevated negative judgments of a target abortion patient in line with past research (Adams et al., 2014; Smith et al., 2011; Wisneski & Skitka, 2017). Participants who were primed to experience sexual disgust did not rate the target individual more negatively than individuals who were primed to experience a minimal level of disgust. Consistent with Study 1, the target who received an abortion due to a medical emergency was afforded more positive judgments in the form of more warmth and sympathy, higher moral character ratings, and less personal responsibility for the abortion compared to the targets who received an abortion for socio-economic or family planning reasons.

General Discussion

Abortion stigma remains pervasive despite abortion care being declared a commonplace medical procedure and a human right. These two studies provide continued empirical support that individuals who receive abortions for non-life-threatening reasons, such as to avoid economic peril or a simple desire not to have more children, are viewed more negatively than abortion patients who have minimal autonomy over their situations, as in the case of a medical emergency. This study further demonstrates that dispositional levels of sexual disgust operate to stigmatize abortion patients through its relationship to increased levels of conservatism. In the tenuous climate surrounding abortion legality and access, one's political orientation, and similar interpersonal traits such as sexual disgust, remain the strongest predictors of one's stance on abortion. This article replicates key research findings while advancing scientific understanding about the role of disgust in attitudes towards abortion patients in specific contexts.

First, the role of political alignment, strength of one's attitudes towards abortion and religiosity on general support for abortion restrictions, feelings about abortion patients, and feelings towards specific abortion circumstances is consistent with research showing the influence of these factors on perceptions of abortion access and abortion patients (Deckman et al., 2023; Jozkowski et al., 2021; Osborne et al., 2022; Pew Research Center, 2024; Rye & Underhill, 2019). As conservatism increased, participants demonstrated more positive attitudes towards abortion restrictions and more negative attitudes towards abortion patients. Across studies, political orientation held a large and consistent ability to explain a multitude of attitudes and judgments of abortion (e.g., general abortion attitudes, target-specific abortion attitudes) in alignment with past research (Deckman et al., 2023; Hout et al., 2022; Pérez et al., 2025; Osborne et al., 2022). Abortion attitude strength had a modest relationship to abortion attitudes in Study 1, showing that as abortion attitudes increased in strength, there was a corresponding decrease in support for abortion restrictions and more positive views of abortion patients. This relationship is likely explained by the fact that political liberals tended to have stronger abortion attitudes in Study 1. In the sample with greater political diversity (Study 2), the relationship between abortion attitude strength and abortion attitudes disappeared, which aligns with research showing that the stability of abortion attitudes is eclipsed by partisan polarization. As abortion attitudes increase in strength, both liberals and conservatives retreat further to their respective sides, with strong attitudes on both sides neutralizing the directional relationship between attitude strength and more liberal or conservative abortion attitudes (Deckman et al., 2023; Jozkowski et al., 2021).

The relationship between religiosity and general warmth towards abortion patients and support for restrictions was consistent, with more religious individuals expressing lower warmth for abortion patients and greater support for abortion restrictions. Religiosity was minimally and inconsistently related to attitudes towards the target abortion patient, yielding evidence that religion impacts abortion attitudes in theory more than attitudes towards specific individuals who have had an abortion. Research has supported the notion that religiosity influences abortion attitudes more than abortion behavior, and religious individuals are actually less likely to provide no support for abortion patients compared to non-religious individuals (Cary et al., 2025; Cowan et al., 2022; Milmine & Fetner, 2024).

Second, the results showing that certain abortion patients are viewed more favorably align with our hypotheses, as well as past academic research and public polling (Bowman & Goldstein, 2021; Jozkowski et al., 2018). These two studies demonstrated that participants felt more warmth and sympathy for a target individual who received an abortion to preserve their long-term health and viewed them as more moral and less blameworthy than target individuals who received an abortion to avoid going into economic decline and being unable to support their existing children or a mother who already had two children and did not want another. Supported by existing research, individuals who receive an abortion for an uncontrollable reason such as a medical emergency tend to be viewed more positively than individuals who receive abortions for reasons that are viewed as more controllable or demonstrate greater autonomy (e.g., social or economic insecurity, not wanting more children; Pacilli et al., 2024; Peng & Huang, 2022; Rye & Underhill, 2019; Young et al., 2020; Zucker, 1999).

Third, the findings surrounding state and trait disgust present a complex picture of the relationship between disgust and abortion attitudes. Although contrary to hypotheses, this study replicates findings showing no relationship between induced (state) sexual disgust and abortion attitudes (Adams et al., 2014; Smith et al., 2011; Wisneski & Skitka, 2017) and adds to a growing body of research demonstrating the limitations of state disgust (for a review, see Inbar & Pizarro, 2022). While participants did experience high levels of disgust in response to the experimental primes, this did not translate to more negative reactions to the target abortion patients. Though these two studies yielded null results pertaining to the role of state disgust, this study was able to demonstrate a similar trend of results with regard to *specific* abortion circumstances, whereas past research only included broader abortion attitudes, which are more resistant to attitude change.

Higher levels of trait sexual disgust sensitivity were related to greater support for restrictions on abortion as demonstrated in previous studies (Inbar et al., 2009; Merlici et al., 2024; Patev et al., 2019). Trait sexual disgust was related, although to a smaller degree, to general warmth towards individuals who receive an abortion, which adds an interpersonal dimension to how disgust relates to general abortion attitudes. These effects were present above and beyond the effect of political orientation on abortion attitudes. Indeed, mediational models revealed that political orientation only partially mediated the relationship between elevated sexual disgust sensitivity and more restrictive attitudes towards abortion. This research replicates and extends past results showing a link between disgust and general abortion attitudes by controlling for an important dimension that relates to both variables.

As a novel contribution to the literature, this study demonstrated that the effect of trait sexual disgust on sentiments towards specific abortion patients could be explained by its association with political orientation. After accounting for political orientation, dispositional levels of sexual disgust were not related to how much warmth or sympathy participants felt towards a target abortion patient or their ratings of the target's moral character and personal responsibility/blame for their situation. Mediational models showed that disgust is related to attitudes towards these target abortion patients, but only because individuals higher in disgust are more politically conservative (Inbar et al., 2009), and conservatism is strongly linked to more restrictive abortion attitudes (Pew Research Center, 2024). These results reflect the nuanced relationships between political orientation, sexual disgust, and abortion attitudes and offer avenues for stigma reduction by interrupting these pathways.

Policy and Practice Implications

The first primary implication is that abortion stigma remains pervasive, and individuals continue to be judged negatively for the decision to have an abortion unless their life is literally under threat. Decades of research have confirmed the harmfulness of abortion stigma on physical and psychological outcomes (Hanschmidt et al., 2016; O'Shea & Watson, 2025; Sorhaindo et al., 2022). The negative influence of such stigma requires proper education to reframe the existing narratives around abortion. Sex educators should seek to incorporate a wide scope of reproductive health care, including abortion care, into their curricula to increase knowledge and decrease stigma around abortion. Individuals who have greater knowledge about pregnancy tend to have more positive attitudes and less stigma surrounding abortion (Elder et al., 2024). Furthermore, educators and politicians should include a range of abortion narratives into public dialogue to avoid perpetuating the stigma that only certain individuals are deserving of abortion (Jozkowski et al., 2018; Pacilli et al., 2024).

Another key implication stems from the link between political orientation and attitudes and perceptions of abortion and the individuals who receive it. Politicians have utilized inflammatory and inaccurate language to amplify political polarization of abortion for decades, yet public opinion polls show that framing the debate in terms of government non-interference and healthcare yields greater support for access and patient care. Over two-thirds (67%) of Americans believe that abortion decisions should be made by a woman and her doctor, and over three-quarters (78%) believe that access to abortion is a somewhat or very important part of health care (Perry Undem, 2025). Continued efforts to separate partisanship from abortion attitudes offer promise in reducing stigma towards abortion patients.

By understanding the mechanisms through which disgust is related to abortion attitudes, educators and policymakers can seek to interrupt this process. Although disgust tends to be related to political orientation and subsequent attitudes and beliefs, one study found that reappraisal of disgust is linked to lower opposition to abortion and same sex marriage (Feinberg et al., 2013). Connecting this line of

research to concrete action, research by Kumar (2018) and Cahill (2013) has focused on the role of disgust in attitudes towards abortion, its surrounding legal culture, and pathways to interrupt these negative relationships. The findings from this study and those that precede it highlight the importance of continued education and stigma reduction to reduce the influence of emotional and political narratives on dialogues around abortion.

Limitations and Future Research

Although this study effectively demonstrated some of the contextual and individual factors that influence abortion attitudes, a few limitations should be acknowledged that would strengthen future research in this area. One limitation from the current study is that the findings were potentially limited by statistical concerns surrounding power. A larger sample could potentially identify interactions but would likely produce very small effects that would have minimal utility in the scientific understanding of abortion attitudes. While future researchers should recruit larger and more diverse samples, these two studies provide support for the role of abortion context and trait disgust that align with previous research on disgust and abortion (Merlici et al., 2024; Smith et al., 2011; Terrizzi Jr. et al., 2010).

Another limitation of this study is the simplicity of the mediation model. Though this model is parsimonious, models incorporating additional mediators such as social dominance orientation or sexism should be considered in future research. Utilizing structural equation modeling would allow researchers to better examine the relationships between the variables and parse out the relationships between broad and situation-specific abortion attitudes and the influence of individual differences in responses to abortion patients and public policy scenarios. Despite this model's simplicity, previous research has utilized similar models in explaining the relationship between disgust and abortion attitudes (Merlici et al., 2024; Patev et al., 2019).

Future research should continue to investigate the role of disgust in attitudes towards both reproductive rights policy and perceptions of individuals receiving certain types of reproductive rights care (e.g., miscarriage, IVF, sterilization) and seek to tease out the unique effects of disgust as compared with political orientation on these attitudes and perceptions. A robust body of research has shown a link between disgust and a range of attitudes towards sexual and gender minorities and links disgust with homophobia and transphobia (Miller et al., 2017; van Leeuwen et al., 2023). Future research could demonstrate how disgust operates in social interactions both as a result of political attitudes and as a distinct force for contempt of these individuals.

Conclusion

These studies illustrate the continued stigma around certain abortion contexts and the accompanying interpersonal backlash as manifested by the decreased emotional responsiveness (e.g., warmth, sympathy) and judgments of the abortion patient's character as less moral and more deserving of responsibility and blame. Being disgust sensitive (rather than momentarily disgusted) was more useful for understanding judgments of general warmth towards abortion patients and support for abortion restrictions. Additionally, being more disgust sensitive was related to more negative evaluations of abortion patients. Individuals who were disgust sensitive tended to be more politically conservative, which helped to explain how disgust was related to broad abortion attitudes and judgments of specific abortion patients. This study suggests that disrupting the links between abortion attitudes, political orientation, and disgust could serve to reduce abortion stigma. These findings have important implications for educators, policymakers, and counselors as they seek to detach political polarization from abortion care.

Declarations

Author Contribution

All authors contributed to study conception and design. G.P. wrote the main manuscript text. This research was supervised by K.J. All authors read and approved the final manuscript.

Acknowledgement

The authors would like to thank Kaitlyn M. Wilson and Dr. Lucia F. O'Sullivan for their help with aspects of data analysis and manuscript review.

Data Availability

The data that support the findings of this study are available from the corresponding author [GP] upon reasonable request.

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Tables

Table 1 *Study 1 and Study 2 Demographic Characteristics*

	Study 1 (*N* = 165)		Study 2 (*N* = 250)	
Political Orientation	*n*	%	*n*	%
Liberal	114	74.0	121	48.4
Conservative	40	26.0	129	51.6
Gender/Sex				
Female	99	60.0	123	49.2
Male	58	35.1	124	49.6
Non-Binary/Third Gender	3	1.8	2	0.8
Genderqueer	3	1.8	-	-
Agender	1	0.6	1	0.4
Prefer not to say	1	0.6	-	-
Race/Ethnicity				
Caucasian/White	113	68.5	165	66.3
Black or African American	10	6.0	27	10.8
Asian	12	7.3	24	9.6
Biracial	17	10.3	19	7.6
Hispanic or Latino	13	7.9	9	3.6
Some other race or ethnicity	-	-	3	1.2
Prefer not to say	-	-	2	0.8
Education				
Some high school or less	2	1.2	2	0.8
High school diploma or GED	24	14.5	28	11.2
Some college, but no degree	35	21.2	54	21.6
Associates or technical degree	12	7.3	36	14.4
Bachelor’s degree	71	43.0	90	36.0
Master’s degree	17	10.3	36	14.4
Terminal degree	4	2.4	3	1.2
Prefer not to say	-	-	1	0.4
Religious Affiliation				
Christian	49	29.7	122	49.2
Agnostic	39	23.6	39	15.7
Atheist	26	15.8	48	19.4
Spiritual, but not religious	18	10.9	14	5.6
Nothing in particular	13	7.9	13	5.2
Jewish	4	2.4	4	1.6
Other/Mixed	13	7.9	8	3.2
Prefer not to say	3	1.8	-	-

Table 2 *Descriptive Statistics and Correlations (Study 1)*

			Intercorrelations								
	M	*SD*	1	2	3	4	5	6	7	8	9
1. Political Orientation	2.60	1.35	-		.						
2. Abortion Attitude Strength	5.01	1.14	-.53**	-							
3. Religiosity	2.12	1.30	.37**	-.17*	-						
4. Trait Sexual Disgust	3.42	1.12	.09	-.02	.26**	-					
5. General Warmth	5.28	1.60	-.53**	.49**	-.34**	-.20**	-				.
6. Support for Restrictions	2.09	1.40	.58**	-.47**	.50**	.30**	-.66**	-			
7. Warmth	5.31	1.52	-.45**	.36**	-.23**	-.18*	.73**	-.55**	-		
8. Sympathy	5.92	1.64	-.42**	.40**	-.28**	-.13	.62**	-.52**	.77**	-	
9. Moral Character	5.48	1.57	-.50**	.38**	-.39**	-.17*	.68**	-.63**	.74**	.73**	-

Note. Items 1-4 & 6 were on a 6-point scale and Items 5 & 7-9 were on a 7-point scale. **$p < .01$, *$p < .05$

Table 3 *Descriptive Statistics and Correlations (Study 2)*

			Intercorrelations									
	M	*SD*	1	2	3	4	5	6	7	8	9	10
1. Political Orientation	3.29	1.76	-		.							
2. Abortion Attitude Strength	4.89	1.05	-.25**	-								
3. Religiosity	2.62	1.49	.63**	-.008	-							
4. Trait Sexual Disgust	3.70	1.40	.41**	.03	.45**	-						
5. General Warmth	4.47	1.93	-.70**	.19**	-.53**	-.41**	-				.	
6. Support for Restrictions	2.68	1.76	.70**	-.15*	.61**	.48**	-.71**	-				
7. Attributions	59.6	33.7	.30**	-.05	.27**	.15*	-.41**	.33**	-			
8. Warmth	4.55	1.82	-.57**	.19**	-.41**	-.31**	.81**	-.57**	-.52**	-		
9. Sympathy	5.08	1.90	-.51**	.11	-.35**	-.30**	.70**	-.48**	-.52**	.84**	-	
10. Moral Character	4.64	1.89	-.57**	.19**	-.44**	-.32*	.79**	-.61**	-.55**	.87**	.80**	-

Note. Items 1-4 & 6 were on a 6-point scale and Items 5 & 8-10 were on a 7-point scale. Attributions (item 7) was out of 100.

**$p < .01$, *$p < .05$

Table 4 *Effects of Abortion Context, Trait Disgust, and Their Interaction on Judgements of the Target (Study 2)*

	Warmth				Sympathy				Moral Character				Attributions			
Predictors	R^2	ΔF	β	p	R^2	ΔF	β	p	R^2	ΔF	β	p	R^2	ΔF	β	p
Step 1	.35	42.6		<.001	.28	30.7		<.001	.36	44.3		<.001	.10	8.98		<.001
Religiosity			-.09	.21			-.02	.81			-.11	.10			.11	.16
Political Orientation			-.51	<.001			-.52	<.001			-.50	<.001			.23	.006
Attitude Strength			.07	.19			-.01	.93			.07	.21			.01	.99
Step 2	.46	16.8		<.001	.40	16.0		<.001	.45	12.9		<.001	.29	20.4		<.001
Socio-Economic [a]			-.24	<.001			-.28	<.001			-.25	<.001			.33	<.001
Family Planning [a]			-.38	<.001			-.38	<.001			-.32	<.001			.49	<.001
Trait Disgust			-.06	.28			-.09	.13			-.08	.18			-.01	.82
Step 3	.47	1.42		.24	.41	2.01		.14	.46	1.85		.16	.29	.23		.80
Trait Disgust x SE [a]			-.10	.11			-.10	.11			-.11	.07			.01	.92
Trait Disgust x FP [a]			-.07	.24			-.10	.08			-.07	.19			-.04	.57

Note. a = Reference group: Medical Condition. SE = Socio-Economic, FP = Family Planning.

Figures

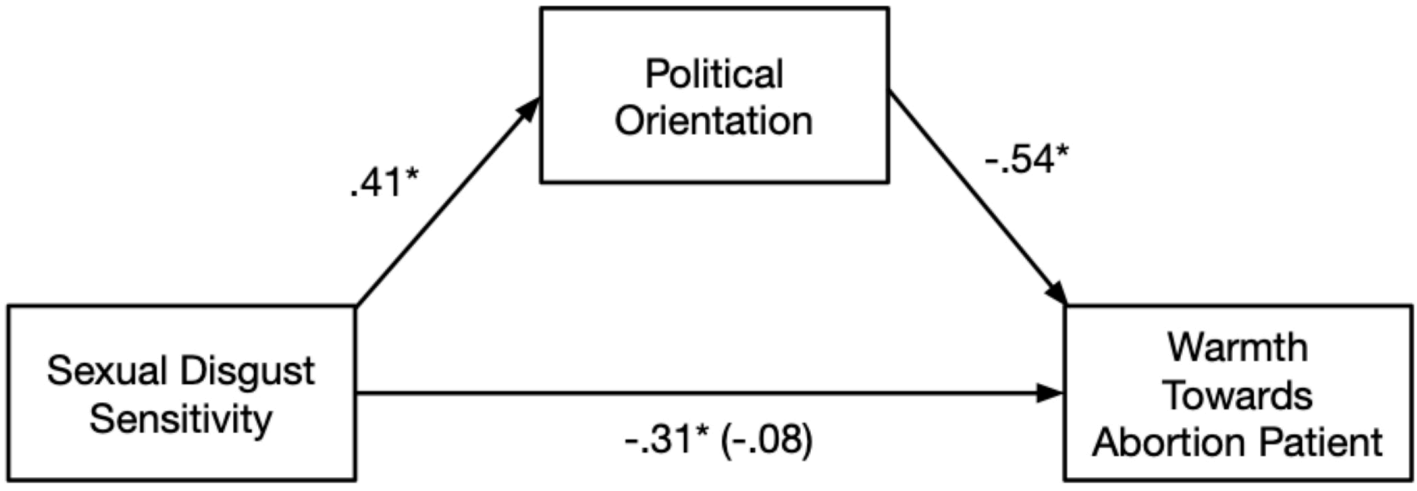


Figure 1

Standardized regression coefficients for the relationship between sexual disgust sensitivity and warmth towards a target abortion patient as mediated by political orientation. The standardized regression coefficient between sexual disgust and warmth, controlling for political orientation, is in parentheses.

*$p < .05$

Supplementary Files

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