When Benevolence Backfires: Benevolent Sexists’ Opposition to Elective and Traumatic Abortion

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Though gender-role attitudes correlate with attitudes toward abortion (Wang, 2004), past research has treated gender-role attitudes as a unidimensional construct. The theory of ambivalent sexism (Glick & Fiske, 1996) holds that attitudes toward women form 2 distinct ideologies; namely, benevolent and hostile sexism. The current study examined the relationship between these ideologies and attitudes toward elective and traumatic abortion in a sample of Internet users (N = 529). As expected, both benevolent and hostile sexism predicted attitudes toward elective abortion, but only benevolent sexism predicted attitudes toward traumatic abortion. These results remained robust after controlling for important demographic factors. Such findings highlight the importance of differentiating between hostile and benevolent sexism when predicting attitudes toward complex issues.

Abortion is an issue with the ability to ignite debate and capture international attention. In one noteworthy example, a regional archbishop in Brazil excommunicated the mother and doctors of a 9-year-old rape victim for allowing her to have a lifesaving abortion. The story soon received international media coverage, as the Vatican came to the defense of the archbishop (“Vatican Backs Excommunications,” 2009). This case’s ability to capture the attention of the international community illustrates the furor surrounding the abortion debate.

Though abortion is a topic that inspires intense debate, research suggests that not all abortions are viewed equally. Cook, Jelen, and Wilcox (1992) suggested that a distinction should be made between elective abortion and traumatic abortion. Elective abortion is motivated by nonmedical/optional concerns (e.g., the mother does not want the child), while traumatic abortion is motivated by medical concerns (e.g., birth defects, concern for the mother’s health). Such a distinction has merit: Pro-choice supporters often express ambivalence over elective abortion, while pro-life supporters often express...
ambivalence over traumatic abortion (Craig, Kane, & Martinez, 2002). Unfortunately, most research on abortion attitudes has overlooked this distinction.

**Demographic Cleavages**

Looking at support for abortion more generally, efforts to better understand the abortion debate often focus on religion. Research has demonstrated that frequency of attendance at religious services is negatively correlated with support for abortion (Jelen, Damore, & Lamatsch, 2002; Misra & Hohman, 2000). Adherence to fundamentalist religious beliefs (Wang, 2004) and affiliation with the Catholic Church (Strickler & Danigelis, 2002; Wall et al., 1999) are also negatively correlated with support for abortion. Clearly, religion plays a role in the abortion debate.

Other important cleavages over abortion exist. Though men and women have similar attitudes toward abortion (Carlton, Nelson, & Coleman, 2000; Cook et al., 1992; Jelen et al., 2002; Sears & Huddy, 1990; Strickler & Danigelis, 2002), individuals who have had experience with abortion are more supportive of abortion than are those who have not had experience with abortion (Carlton et al., 2000; Hollis & Morris, 1992). Liberals are also more supportive of abortion than are conservatives (Adams, 1997; Oldmixon, 2002). Additionally, education is positively correlated with support for abortion (Bahr & Marcos, 2003; Wang, 2004). Together, these findings demonstrate that abortion is a divisive issue.

**Gender-Role Attitudes**

Research has focused on the attitudinal correlates of abortion attitudes. Studies have demonstrated that the more traditional one's gender-role attitudes, the less supportive one is of abortion (Strickler & Danigelis, 2002; Wall et al., 1999; Wang, 2004). Likewise, a permissive view toward sex—a concept related to gender-role attitudes—is positively correlated with support for abortion (Bahr & Marcos, 2003). In fact, Hout (1999) found that controlling for gender-role attitudes and attitudes toward sexual morality nearly eliminates demographic differences in attitudes toward abortion. This relationship, however, may be more complicated than it appears at first blush.

Glick and Fiske's (1996, 2001) theory of ambivalent sexism suggests that attitudes toward women are characterized by both hostile and benevolent feelings. The hostile component, referred to as hostile sexism (HS), views
gender-nonconforming women in negative terms. Because men depend on women for sexual reproduction, however, HS is balanced by positive views of women who conform to traditional gender roles. This latter component, referred to as benevolent sexism (BS), is used to reward women who maintain dependent relationships with men. Together, HS and BS legitimize traditional gender roles (also see Jost & Kay, 2005).

This distinction has received empirical support. Glick, Sakalli-Ugurlu, Ferreira, and de Souza (2002) found that HS, but not BS, was positively correlated with attitudes that legitimated spousal abuse. Likewise, the higher one’s HS, the more tolerant one is of sexual harassment in the workplace (Russell & Trigg, 2004). Finally, individuals who score high on HS are more likely than individuals who score low on HS to express a propensity to rape an acquaintance (Abrams, Viki, Masser, & Bohner, 2003). Viki, Chiroro, and Abrams (2006) noted, however, that HS is only expressed when it is deemed to be socially acceptable. That is, individuals who score high on HS “bite their tongue” when expressing HS would be seen as inappropriate. Taken together, this demonstrates that HS is a distinct ideology reserved for women who resist traditional gender roles.

Scholars have also established the distinctiveness of BS. Consistent with the conceptualization of BS as a subjectively positive attitude toward women who conform to traditional gender roles, BS is correlated with negative attitudes toward women who have premarital sex (Sakalli-Ugurlu & Glick, 2003). Likewise, men express more positive attitudes toward sexually inexperienced women than they do toward promiscuous women (Sibley & Wilson, 2004). Perhaps most troubling, BS is positively correlated with victim blaming in cases of acquaintance rape (Abrams et al., 2003; Viki & Abrams, 2002; Viki, Abrams, & Masser, 2004). Thus, BS is a distinct ideology tied to women’s sexuality and, more specifically, their chastity.

The Current Study

Though past research on the theory of ambivalent sexism has done an excellent job of differentiating between BS and HS, no study to date has looked at the possible relationships these ideologies have with attitudes toward abortion. The current study addresses this oversight by testing the possibility that BS and HS are differentially related to attitudes toward elective and traumatic abortion. Documenting the potentially distinct relationships BS and HS have with elective and traumatic abortion is not a trivial matter. Indeed, differentiating between elective and traumatic abortion provides us with a compelling test of the theory of ambivalent sexism. Specifically, given the thematic differences in elective and traumatic
abortion, BS and HS should have distinct relationships with one or both types of abortion.

There are numerous reasons to believe that BS and HS will have distinct relationships with attitudes toward abortion. Because endorsement of traditional gender roles is correlated with opposition to abortion (Hout, 1999; Sahar & Karasawa, 2005; Strickler & Danigelis, 2002; Wall et al., 1999; Wang, 2004), we predict that BS and HS will be negatively associated with attitudes toward elective abortion. This should occur for distinct reasons. For the benevolent sexist, motherhood is an idealized gender role (Glick & Fiske, 1996, 2001). As such, women who resist this role should be met with opposition from the benevolent sexist. For the hostile sexist, however, elective abortions are situations in which a woman has exercised her sexuality and must accept the consequences of her behavior (i.e., carry the pregnancy to term). Moreover, given the historical association between elective abortion and the feminist movement, HS should be correlated with opposition to elective abortion. Thus, BS and HS should be related to attitudes toward elective abortion, but for different reasons.

The relationship between both forms of sexism (i.e., BS and HS) and attitudes toward traumatic abortion is more complex. Specifically, traumatic abortion occurs under extraordinary circumstances in which blame should be difficult to assign. As such, the behaviors that HS typically punishes (e.g., promiscuity; Glick & Fiske, 1996) do not apply to traumatic abortion. On the other hand, traumatic abortion could be seen by some as a negation of motherhood. Thus, some components of a sexist ideology may be related to attitudes toward traumatic abortion. Given this complexity, we expect that only BS will be associated with attitudes toward traumatic abortion.

As noted previously, BS demands that women be chaste, regardless of the circumstances (Abrams et al., 2003; Bateman, 1991; Viki & Abrams, 2002). Moreover, the subjectively positive component of BS is reserved for women who adhere to traditional gender roles (e.g., the sacrificial/communal woman, the revered role of motherhood, etc.; Glick & Fiske, 1996; Viki, Abrams, & Hutchison, 2003). Since a benevolent sexist could see abortion, under any circumstance, as a negation of these gender roles, BS should be negatively associated with support for traumatic abortion.

The question of traumatic abortion is more difficult for the hostile sexist. Women seeking a traumatic abortion are often victims. This should make it difficult for the hostile sexist to express punitive views toward these women (see Viki et al., 2006). That is, given the absence of agency/personal responsibility, it would be difficult for the hostile sexist to justify his or her negative feelings toward women seeking a traumatic abortion. As such, HS should be unrelated to attitudes toward traumatic abortion.
Method

Participants

Study participants were 529 Internet users (355 women, 100 men, 74 did not indicate their sex)\(^3\) whose ages ranged from 18 to 78 years \((M = 34.3\) years, \(SD = 12.9\))\). They were recruited through online discussion boards to participate in the study. Of the participants, 356 were White, 25 were Asian American, 19 were Latino/a, 14 were African American, and 40 were classified as “Other” (75 participants did not indicate their ethnicity). Analyses not shown here indicate that participants’ race/ethnicity were unrelated to their attitudes toward elective or traumatic abortion (both \(F_s < 1\)). As such, the race/ethnicity of the participant will not be discussed further. Approximately one quarter of our participants \((n = 122\) had experience with abortion. All participants were recruited from websites in the United States.

Materials

\textit{Ambivalent Sexism Inventory} (ASI; Glick & Fiske, 1996). We randomly selected 8 items from the 22-item ASI for use in the current study.\(^4\) These items were chosen so that an equal number of BS and HS items would be included in our measures. A sample BS item is “Women should be cherished and protected by men.” A sample HS item is “Most women interpret innocent remarks or acts as being sexist.” The items were rated on a 6-point Likert-type scale ranging from 0 (disagree strongly) to 5 (agree strongly). Higher scores indicate higher levels of agreement with the given subscale. Reliabilities of the BS and HS subscales were acceptable in our sample \((\alpha_s = .72\) and .78, respectively).

\textit{Attitudes toward abortion}. To measure attitudes toward abortion, we used the standard seven items in the General Social Survey (Davis, Smith, & Marsden, 2003) that assess attitudes toward elective and traumatic abortion. These items consist of four elective-abortion scenarios and three traumatic-abortion scenarios. A sample elective-abortion scenario is “The family has a very low income and cannot afford any more children.” A sample traumatic abortion scenario is “The woman became pregnant as a result of rape.” The items were rated on a 7-point scale ranging from 1 (strongly oppose) to 7 (strongly support). Higher scores indicate more support for the given type of

\(^3\)The original sample consisted of 533 participants. However, 4 of these participants were under the age of 18 years and were removed from the dataset.

\(^4\)Regression analyses with the entire ASI produced identical results.
abortion. Reliabilities of the elective- and traumatic-abortion subscales were high in our sample ($\alpha$s = .96 and .83, respectively).

**Demographic questionnaire.** Participants completed a 10-item demographic questionnaire that was developed for the current study. Of these items, 6 assessed participants’ age, sex, educational attainment, race/ethnicity, sexual orientation, and whether or not the participants had experience with abortion.

In addition, two items were developed to assess the participants’ religiosity. The first of these items asked participants to indicate their religious affiliation (Buddhist, Catholic, Jewish, Muslim, Protestant, Other, or None) and, if applicable, the type of Protestant group with which they identified (Born-Again, Fundamentalist, Evangelical, or Other). The remaining item asked participants to indicate how frequently they attended religious services on a 7-point scale ranging from 1 (never) to 7 (more than twice a week). Higher scores on this item indicate higher levels of religiosity.

The final two items assessed participants’ political attitudes. The first of these items asked participants to indicate their political affiliation (Republican, Democrat, Green Party, generally liberal, or generally conservative). The remaining item asked participants to indicate their political orientation on a 7-point scale ranging from 1 (very liberal) to 7 (very conservative). Higher scores on this item indicate higher levels of political conservatism.

**Procedure**

The participants were recruited through popular online discussion boards (Craigslist.com, MySpace.com, Facebook.com, and online political discussion boards). Specifically, an advertisement containing a link to our survey was placed on the volunteer sections of a given website. Participants who clicked the link were directed to our survey and presented with an informed consent form. Participants were then given our survey and allowed unlimited time to complete it. At the conclusion of the survey, participants were thanked for their participation and given our contact information. No one expressed discomfort from participating in the study.

**Results**

Missing data were replaced with values obtained using an expectation–maximization (EM) algorithm (Dempster, Laird, & Rubin, 1977). Specifically, separate EM algorithm imputations were computed for each of the respective scales used in the current study. The remaining cases that still obtained missing data were eliminated via listwise deletion ($n = 87$, or 17% of
the total sample). Table 1 displays the resultant descriptive statistics and correlations between our variables of interest.

**Preliminary Data Analyses**

Before testing our hypotheses, we investigated the relationships between our predictor variables. Specifically, the theory of ambivalent sexism holds that BS and HS form two distinct, yet related components of a sexist ideology (Glick & Fiske, 1996, 2001). Consistent with this, our data indicate that BS and HS were highly correlated \( r = .49, p \leq .01 \); see Table 1. The strength of this relationship is consistent with past research (e.g., Abrams et al., 2003; Franzoi, 2001; Glick & Fiske, 1996; Viki et al., 2004).

Research has also found sex differences in the endorsement of BS and HS (Glick & Fiske, 1996; Glick et al., 2002). Indeed, an independent-samples \( t \) test confirmed that men were more likely than women to endorse both BS (men, \( M = 2.03, SD = 1.21 \); women, \( M = 1.50, SD = 1.09 \)), \( t(453) = 4.16, p \leq .01 \); and HS (men, \( M = 2.06, SD = 1.21 \); women, \( M = 1.42, SD = 1.08 \)), \( t(453) = 5.08, p \leq .01 \). Despite these differences, there were no sex differences in support for either elective abortion (men, \( M = 4.75, SD = 2.10 \); women, \( M = 5.08, SD = 1.97 \)), \( t(452) = -1.48, p = .14 \); or traumatic abortion (men, \( M = 6.08, SD = 1.19 \); women, \( M = 6.12, SD = 1.35 \)), \( t(452) = -0.27, p = .79 \). Likewise, a 2 (Sex) \( \times \) 2 (BS: high vs. low) \( \times \) 2 (HS: high vs. low) MANOVA on participants’ support for elective and traumatic abortion indicates that sex did not interact with BS or HS on either type of abortion (Fs \leq 1.14, ps > .25). As such, the sex of the participant is not considered in the remainder of the analyses.

Other studies have shown that experience with abortion is associated with abortion attitudes (Carlton et al., 2000; Hollis & Morris, 1992; Wright & Rogers, 1987). Consistent with this, an independent-sample \( t \) test confirms that participants who had experience with abortion were more likely than participants who did not have experience with abortion to approve of both elective abortion (experience with abortion, \( M = 5.63, SD = 1.72 \); no experience with abortion, \( M = 4.68, SD = 2.09 \)), \( t(491) = 4.56, p \leq .01 \); and traumatic abortion (experience with abortion, \( M = 6.52, SD = 0.94 \); no experience with abortion, \( M = 5.90, SD = 1.44 \)), \( t(491) = 4.41, p \leq .01 \). As such, we controlled for participants’ experience with abortion in the remainder of the analyses.

**Structural Regression Modeling**

We performed structural regression modeling with maximum likelihood estimates using EQS 6.1 (Bentler, 2005). Before evaluating our model,
Table 1

Descriptive Statistics and Correlations Between Study Variables Included in the Structural Regression Model

<table>
<thead>
<tr>
<th>Variable</th>
<th>M</th>
<th>SD</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>α</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Education</td>
<td>3.98</td>
<td>0.86</td>
<td>-0.50</td>
<td>-0.04</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>2. Religiosity</td>
<td>2.10</td>
<td>1.43</td>
<td>1.55</td>
<td>1.67</td>
<td>—</td>
<td>.01</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>3. Political ideology</td>
<td>2.62</td>
<td>1.56</td>
<td>1.03</td>
<td>0.32</td>
<td>—</td>
<td>—</td>
<td>-.10*</td>
<td>.25*</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>4. Abortion experience</td>
<td>0.25</td>
<td>0.43</td>
<td>1.17</td>
<td>-0.62</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>.02</td>
<td>-.11*</td>
<td>.08</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>5. Elective abortion</td>
<td>4.92</td>
<td>2.05</td>
<td>-0.71</td>
<td>-0.92</td>
<td>.96</td>
<td>—</td>
<td>.19*</td>
<td>-.35*</td>
<td>-.55*</td>
<td>.20*</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>6. Traumatic abortion</td>
<td>6.06</td>
<td>1.36</td>
<td>-1.91</td>
<td>3.44</td>
<td>.83</td>
<td>.08</td>
<td>-.39*</td>
<td>-.48*</td>
<td>.19*</td>
<td>.75*</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>7. Benevolent sexism</td>
<td>1.65</td>
<td>1.14</td>
<td>0.45</td>
<td>-0.39</td>
<td>.72</td>
<td>-.19*</td>
<td>-.17*</td>
<td>.42*</td>
<td>-.02</td>
<td>-.44*</td>
<td>-.36*</td>
<td>—</td>
</tr>
<tr>
<td>8. Hostile sexism</td>
<td>1.62</td>
<td>1.16</td>
<td>0.51</td>
<td>-0.41</td>
<td>.78</td>
<td>-.20*</td>
<td>.09</td>
<td>.51*</td>
<td>-.04</td>
<td>-.42*</td>
<td>-.31*</td>
<td>.49*</td>
</tr>
</tbody>
</table>

Note. Abortion experience was dummy-coded as follows: 1 = individuals who had experience with abortion, 0 = individuals who did not have experience with abortion. Scores on the elective and traumatic abortion scales ranged from 1 to 7. Higher scores on these two scales indicate greater absolute levels of support for the given abortion scenario. Scores on the benevolent sexism and hostile sexism scales ranged from 0 to 5. Higher scores on these two scales indicate greater absolute levels of endorsement for the given sexism subcomponent.

*p < .05.
however, the data were inspected for violations of normality. These tests indicate that the data were not normally distributed. Specifically, Mardia’s normalized coefficient estimate (41.83) indicates that the data were kurtotic. As such, robust corrections were applied to the maximum likelihood estimates of the standard errors and Satorra–Bentler (S-B) scaled chi-square test statistics (Satorra & Bentler, 1994) are reported. These changes correct for the departure from normality that was observed in our data.

**Hypothesized model.** We created a structural regression model in order to test the hypothesis that both BS and HS would predict participants’ attitudes toward elective abortion, but that only BS predicted attitudes toward traumatic abortion. Specifically, indicators for each of the latent variables of interest were specified to load onto each of the respective latent variables. Paths from each of these latent variables to the first indicator of the respective latent variable were then fixed to avoid pivoting problems (Bentler, 2005). Given the relationship between BS and HS, the latent variables for BS and HS were allowed to correlate. Likewise, because attitudes toward elective and traumatic abortion are likely to be related, the residuals from the latent variables for attitudes toward elective abortion and traumatic abortion were allowed to correlate. Finally, each of our control variables (i.e., educational background, religiosity, political ideology, experience with abortion) was allowed to directly predict attitudes toward both elective and traumatic abortion.

Prior to examining our model, it is important to discuss the criteria used to evaluate model fit. Hu and Bentler (1999) provided guidelines for evaluating model fit that are designed to minimize the likelihood of jointly committing a Type I error and a Type II error. Specifically, the authors suggested using a two-index presentation strategy in which the standardized root mean square residual (SRMR) is reported along with either the comparative fit index (CFI), or the root mean square error of approximation (RMSEA). Good fit is indicated when the SRMR is less than or equal to .09, in combination with a CFI greater than or equal to .96, or a RMSEA less than or equal to .06. Using these criteria, the results from our initial structural regression model indicate that the fit of our hypothesized model was unacceptable: S-B scaled $\chi^2(143) = 513.32$, $p < .001$ (SRMR = .14, CFI = .89, RMSEA = .07; 90% confidence interval [CI] for RMSEA = .07 < RMSEA < .08). As such, we relied on empirical methods to improve the fit of our model.

Inspection of the Lagrange multiplier (LM) test indicates that the fit of our model could be improved by making a few additional model specifications. Specifically, the LM test indicates that the fit of our model could be improved by allowing our political ideology variable to correlate with the latent variables for BS and HS, as well as the residual for the fourth indicator of HS. The LM test also suggests that the third indicator of the latent variable
for traumatic abortion should load onto the latent variable for elective abortion. Finally, inspection of the Wald test indicates that the path connecting our educational variable to attitudes toward elective abortion could be eliminated with little detriment to the overall fit of our model ($D_{c}^2 = .02, p = .89$).

These modifications were made to our model, which is depicted in Figure 1. Though the Satorra–Bentler test remained significant in our modified model, S-B scaled $\chi^2(139) = 260.16, p \leq .001$, the remaining fit indices indicate that the data fit our modified model very well (SRMR = .07, CFI = .96, RMSEA = .04; 90% CI for RMSEA = .03 < RMSEA < .05). Residuals from the factor loadings, as well as the control variables, are omitted from Figure 1 for ease of presentation. $D_{1}$ and $D_{2}$ represent the residual errors for the latent factors of attitudes toward elective and traumatic abortion, respectively. †$p \leq .10$. *$p \leq .05$.

Figure 1. Structural equation model predicting participants’ attitudes toward elective and traumatic abortion from their scores on the benevolent sexism (BS) and hostile sexism (HS) subscales. Values represent unstandardized path coefficients. Note. Fit indices for the model presented are as follows: S-B scaled $\chi^2(139) = 260.16, p \leq .001$, SRMR = .07, CFI = .96, RMSEA = .04; 90% CI for RMSEA = .03 < RMSEA < .05. Residuals from the factor loadings, as well as the control variables, are omitted from Figure 1 for ease of presentation. $D_{1}$ and $D_{2}$ represent the residual errors for the latent factors of attitudes toward elective and traumatic abortion, respectively. †$p \leq .10$. *$p \leq .05$.
BS, the less supportive they were of elective abortion ($B = -.67$, robust $SE = .16$, $p < .05$). Likewise, there was a trend in the expected direction indicating that the higher participants scored on HS, the less supportive they were of elective abortion ($B = -.16$, robust $SE = .13$, $p \leq .10$). Notably, these results emerged after taking into account our control variables. Indeed, our results demonstrate that the higher participants’ frequency of attendance to religious services and political conservatism, the less supportive they were of elective abortion ($B = -.30$, robust $SE = .06$, $p < .05$; $B = -.41$, robust $SE = .07$, $p < .05$, respectively). Additionally, participants who had experience with abortion were more supportive of elective abortion than were participants who did not have experience with abortion ($B = .64$, robust $SE = .15$, $p < .05$). It is noteworthy that BS and HS were still related to attitudes toward elective abortion after controlling for these effects.

Figure 1 also displays the relationship between our predictor variables and attitudes toward traumatic abortion. Consistent with our hypotheses, the higher participants scored on BS, the less supportive they were of traumatic abortion ($B = -.29$, robust $SE = .08$, $p < .05$). Notably, these results emerged after taking into account our control variables. Specifically, our results demonstrate that the higher participants’ educational attainment, frequency of attendance to religious services, and political conservatism, the less supportive they were of traumatic abortion ($B = -.08$, robust $SE = .04$, $p < .05$; $B = -.18$, robust $SE = .05$, $p < .05$; $B = -.19$, robust $SE = .04$, $p < .05$, respectively). Additionally, participants who had experience with abortion were more supportive of traumatic abortion than were participants who did not have experience with abortion ($B = .20$, robust $SE = .09$, $p < .05$). It is noteworthy that BS was still related to attitudes toward traumatic abortion after controlling for these effects.

*Alternative model.* In order to test the possibility that BS was not the only predictor of attitudes toward traumatic abortion, we ran an alternative model in which traumatic abortion was predicted by both BS and HS. Inspection of the fit indices shows that this data also fit this model well. Specifically, while the Satorra–Bentler scaled chi-square test remained significant in our alternative model, S-B scaled $\chi^2(138) = 259.90$, $p \leq .001$, the remaining fit indices indicate a good fit (SRMR = .07, CFI = .96, RMSEA = .04; 90% CI for RMSEA = .04 < RMSEA < .05). Inspection of the Wald test statistic for eliminating parameters, however, indicates that the path predicting the latent variable of attitudes toward traumatic abortion from the latent variable of HS could be eliminated with little detriment to the overall fit of our model ($\Delta\chi^2 = .19$, $p = .66$). This suggests that our modified model provided a better fit to the data than did this alternative model and that HS was unrelated to attitudes toward traumatic abortion.
Discussion

The current study looked at the relationship between gender-role attitudes and attitudes toward abortion. Specifically, we investigated the unique relationships BS and HS have with attitudes toward elective and traumatic abortion. Consistent with our hypotheses, we found that both BS and HS predicted attitudes toward elective abortion, while only BS predicted attitudes toward traumatic abortion. Notably, these findings emerged after controlling for important demographic variables. This suggests that our results are particularly robust.

The correlations BS and HS had with attitudes toward elective abortion are consistent with the literature on gender-role attitudes and abortion. Research has demonstrated that individuals who endorse traditional gender roles are more likely to oppose abortion than are individuals who do not endorse traditional gender roles (Hout, 1999; Sahar & Karasawa, 2005; Strickler & Danigelis, 2002; Wall et al., 1999; Wang, 2004). Our explanation for this association, however, does not rest on a unidimensional understanding of gender-role attitudes. That is, we believe that BS and HS are related to attitudes toward elective abortion, but for different reasons.

For benevolent sexists, opposition to elective abortion likely originates from their idealization of motherhood (Glick & Fiske, 1996, 2001). For hostile sexists, however, opposition to elective abortion likely originates from the association between the abortion issue and the feminist movement. That is, hostile sexists’ opposition to elective abortion is a reflection of their general hostility toward women who challenge male patriarchy. Thus, while our findings replicate past research, our explanation for this association is new.

The fact that only BS was related to attitudes toward traumatic abortion may come as a surprise to some. We believe, however, that this finding is consistent with the theory of ambivalent sexism. According to Glick and Fiske (1996), the positive feelings individuals who are high in BS have toward women are reserved for women who conform to traditional gender roles. This makes the role of motherhood particularly relevant for the case of both elective and traumatic abortion. Moreover, research has demonstrated that benevolent sexists prize sexual purity and expect women to remain chaste, regardless of the circumstances (Abrams et al., 2003; Viki & Abrams, 2002). As such, women who seek a traumatic abortion may be seen as violating two components of BS. Specifically, a benevolent sexist may see these women as (a) negating their role as a mother and (b) failing to protect their chastity. It follows that BS would be negatively correlated with support for traumatic abortion.

Our data add to the literature on the theory of ambivalent sexism. Specifically, our data support the contention that BS and HS constitute
two separate, yet interrelated, ideologies (Glick & Fiske, 1996, 2001). Indeed, research has shown the unique effects of either BS or HS on victim blaming in the case of acquaintance rape (Abrams et al., 2003; Viki & Abrams, 2002), leniency toward rapists (Viki et al., 2004), the propensity to rape women (Viki et al., 2006), and acceptance of wife abuse (Glick et al., 2002). These findings, coupled with our results, support the distinction between BS and HS.

Our results also suggest that BS is a pernicious form of sexism. This is consistent with research showing that paternalism/benevolence is the chosen method of behavioral control among members of the dominant group (Jackman, 1994). Indeed, in the current study, only BS was negatively associated with support for both forms of abortion. This suggests that BS plays a powerful role in gender relations (also see Viki et al., 2003).

In addition to the theoretical implications our findings have for the theory of ambivalent sexism, we believe that our data have important practical consequences for the abortion debate. Specifically, given the importance of message frames in shaping public opinion (Bartels, 2003; Kinder, 2006; Strickler & Danigelis, 2002), the manner in which politicians, the media, and activists alike discuss abortion could affect public support for elective and traumatic abortion. Pro-life activists seeking to gain support for their position would be well advised to frame the abortion debate in terms of the rights of the unborn, thus avoiding messages about women that could be perceived as sexist. On the other hand, pro-choice activists seeking to gain support for their position would be well advised to frame the abortion debate in terms of women’s rights, further focusing on the harms associated with both hostile and benevolent sexism. A quick glance at the arguments advanced by both sides of the abortion debate suggests that these frames are, in fact, used, although it appears that the pro-choice activists have yet to effectively focus public attention on the benevolently sexist correlates of the pro-life movement. Our data have important practical implications for the framing of the abortion debate.

We would like to note a caveat of the current study. Because our data are correlational, it is possible that attitudes toward abortion determine participants’ gender-role attitudes. Though we recognize this possibility, there are reasons to doubt this claim. Children are exposed to gender-stereotyped behavior at an early age (Pomerleau, Bolduc, Malcuit, & Cossette, 1990; Seavey, Katz, & Zalk, 1975). Such exposure can greatly impact children’s socialization. Children as young as 18 months demonstrate a preference for gender-stereotyped toys (O’Brien & Huston, 1985; Serbin, Poulin-Dubois, Colburne, Sen, & Eichstedt, 2001). Given that these gender-stereotyped preferences (and, presumably, the gender-role attitudes that follow) develop at such an early age, it would be difficult to argue that gender-role attitudes develop after children develop their attitudes toward abortion. Nevertheless, the direction of causality must be kept in mind when interpreting our data.
On a final note, we would like to draw attention to a strength of the current study; namely, our use of a large, nonstudent sample. Scholars have long cautioned the scientific community about limiting research to student samples, particularly on issues where students have ill-defined positions (e.g., politics; Henry, 2008; Sears, 1986). This has led researchers to turn to the Internet. Such a move has been made for both practical (e.g., increases in efficiency) and theoretical (e.g., representative samples) reasons. In fact, participants recruited via the Internet are more similar to the general population than are participants recruited via participant pools on college campuses (Gosling, Vazire, Srivastava, & John, 2004). Our use of an Internet sample is a strength that increases the generalizability of our findings.

In the current paper, we argued that BS and HS would be related to attitudes toward abortion, but for different reasons. Specifically, we argued that HS would be associated with opposition to elective abortion for punitive reasons (i.e., to punish a “sexually promiscuous” woman), while BS would be associated with opposition to both elective and traumatic abortion as a result of perceived gender-role violations (namely, a negation of the motherhood role). In other words, the highly idealized role of motherhood characteristic of BS was reasoned to be the driving force behind benevolent sexists’ opposition to both forms of abortion. Though we found results consistent with our hypotheses, fully unpacking this argument is beyond the scope of the current paper. Future research must address these hypothesized mediators. Nevertheless, we have produced the beginnings of an interesting program of research that further highlights the pernicious role of BS in gender relations.

References


