

**The Impact of *Dobbs v. Jackson Women's Health Organization* on Young Women's
Experiences of Objectification and Sexual Well-being**

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Abstract

The *Dobbs v. Jackson Women's Health Organization* decision overturned two previous rulings that had affirmed the constitutional right to abortion prior to fetal viability. While important work has been published about the legal, moral, professional, and economic ramifications of the *Dobbs* decision, missing on this topic are the voices of those most affected by these policies. We conducted an online survey to understand how the *Dobbs* ruling impacted the way women experience their bodies and sexual well-being. Participants were 339 cisgender women residing in the United States aged 19-29 years ($M = 24.4$, $SD = 2.84$). Participants identified as Asian/Pacific Islander (23.0%), Black (22.4%), Latina (26.0%), Mixed (3.2%), and White (25.4%). We used codebook thematic analysis to analyze free-text survey responses. We constructed four themes and additional sub-themes related to embodiment in a post-Roe context, which consisted of *experiencing objectification* (denial of bodily autonomy, experiencing the body as a regulated/surveilled site, feeling dehumanized, and concern for future restrictions to abortion access and civil rights), *impact on mental and sexual well-being* (vigilance with sex, reduced sexual desire, sexual anxiety, personal safety anxiety), *minimized impact* (relationship or reproductive status, resource privilege, identifying as pro-life, concern for future), and *resistance*.

Keywords: objectification, reproductive objectification, embodiment, bodily autonomy

The Impact of *Dobbs v. Jackson Women's Health Organization* on Young Women's Experiences of Objectification and Sexual Well-being

In June 2022, the United States (U.S.) Supreme Court ruled in the *Dobbs v. Jackson Women's Health Organization*. This decision overturned two previous rulings, *Roe v. Wade* and *Planned Parenthood of Southeastern Pennsylvania v. Casey*, which had established and affirmed the constitutional right to abortion and established the concept of fetal viability. The *Dobbs* decision has already radically changed the abortion landscape in the U.S. (see Aiken et al., 2022; Rader et al., 2022). At the time of this writing (18 months after the ruling), 21 states have imposed bans or abortion restrictions that are stricter than they were pre-*Roe* (McCann et al., 2024). While important work has been published about the legal, moral, professional, and economic ramifications of the *Dobbs* decision (see Abbott et al., 2023; Kaufman et al., 2022; Paltrow et al., 2022), missing on this topic are the voices of those most affected by these policies: cisgender women and people assigned female at birth (AFAB). While most research on abortion has centered the experiences of cisgender women, transgender and nonbinary people also pursue abortions (e.g., Moseson et al., 2021). In the pages that follow, where applicable, we use gender-inclusive language to describe the people impacted by abortion; however, when citing specific studies, we reference the populations reported in the research we cited (though these may not always be accurately reported; see Dyer et al., 2023).

The Importance of Abortion Access

Abortion is a common medical experience. A recent survey estimated that in 2020, roughly one in five pregnancies in women between the ages of 15-44 years in the U.S. ended in abortion (Jones et al., 2022). There are various reasons why people pursue abortions, with the

most common being that having a child would interfere with other responsibilities (e.g., work, school, or childrearing), that the pregnant person could not afford a child, or that the person was in an unsupportive or abusive relationship (Finer et al., 2005; Londoño Tobón et al., 2023).

When people are denied abortions, the consequences are far-reaching for both the pregnant person and their children. The Turnaway Study is the most comprehensive examination of the consequences of being denied an abortion (Foster, 2021). In this study, researchers followed nearly 1,000 women in the U.S. who were either granted or denied an abortion (due to gestational limits on abortion in their state). Those who were granted an abortion were more than six times as likely to report aspirational one-year plans and were more likely to want a child later in life (Upadhyay, Biggs, et al., 2015), compared to those who were denied an abortion. Those who were denied an abortion experienced long-term financial hardships (e.g., poor credit score, poverty, higher rates of unemployment; Foster et al., 2018; Miller et al., 2022), increased medical complications (Gerdtts et al., 2016), increased anxiety (Foster et al., 2016), lower self-esteem and decreased life satisfaction (that improved over time; Biggs et al., 2014), compared to those who were granted an abortion. Taken together, research from the Turnaway Study reveals both the benefits of receiving an abortion and the adverse consequences of being denied one. In today's restrictive abortion landscape, opportunities to experience the potential benefits of abortion are severely limited.

Restrictive abortion legislation disproportionately impacts people who are racially minoritized and economically disadvantaged (Watson, 2022), and, given the ways that multiple forms of oppression overlap and compound, people whose identities situate them at multiple axes of oppression are likely to be uniquely affected. While abortion is common across all ages,

racial, ethnic, and socioeconomic groups, those who access abortion are more likely to be unmarried, from a racially minoritized population, and living below the federal poverty line (Jerman et al., 2016; Londoño Tobón et al., 2023). Moreover, the U.S. Centers for Disease Control and Prevention has estimated that Black and Latina people access abortions at about two to three times (23.6/1000 and 11.7/1000 women respectively) the rate of White people (6.6/1000 women; Kortsmitt et al., 2022; Londoño Tobón et al., 2023), in part due to disparities in access to long-term, highly effective contraception (Cohen, 2008). Further, the field of obstetrics has historically failed Black and Latina women, as they have been the targets of forced sterilization and eugenics (Eichelberger et al., 2016) and routinely experience maternal health complications at rates far higher than White women (Grobman et al., 2015). Based on these statistics, abortion bans are likely to have the most severe, adverse impacts on people capable of pregnancy who are already facing poverty, lack of access to healthcare, and racism, and especially those who experience multiple forms of oppression. While some can travel to states where abortion is legal to access reproductive healthcare, those with limited financial means face more barriers to out-of-state travel to receive abortion care relative to their more privileged counterparts (Londoño Tobón et al., 2023), and even those who are able to travel may still experience the emotional costs of this travel (Kimport & Rasidjan, 2023). Intersectionality theory explains how the impact of restricted abortion is magnified by these structural inequities, leading to further disparities in psychological, financial, and physical health outcomes (Abrams, 2023).

Abortion Restrictions as Corsets

In addition to the social and health costs associated with abortion restrictions, feminist sociocultural theories lay a foundation for understanding the embodied impact of such

restrictions. The developmental theory of embodiment (Piran, 2017), which emphasizes how broader social factors shape the ability to connect with and care for the body, is especially relevant in an assessment of the political and personal ramifications of the *Dobbs* decision. According to Piran and Teall (2012), embodiment refers to the “lived experience of engagement of the body with the world” (p. 171), which includes how one thinks and feels about their body but also how one experiences the world through their body. Body attunement and care, accessing sexual desire, resisting objectification, and experiencing agency are essential constructs of embodiment (Piran, 2016, 2017), but little to no research has investigated the experiences of embodiment in abortion research. The developmental theory of embodiment posits that there are three primary domains that shape the experience of embodiment: physical, mental, and social power (Piran, 2016, 2017). Each of these domains consists of protective factors, such as freedom from prejudicial treatment, the experience of physical and environmental safety, and gender equality. Domains also consist of risk factors (i.e., corsets) that restrict the ability to experience positive embodiment, including experiencing social inequality or reduced resource access, violence or harassment, the inability to engage in movement freely and safely, or being in relationships where one cannot exercise voice and agency.

Abortion restrictions and bans can be understood as fundamental threats (i.e., corsets) to embodiment, or the ability to experience “positive body connection and comfort, embodied agency and passion, and attuned self-care” (Piran, 2016, p. 47). First, abortion bans represent a fundamental barrier to gender equality. Abortion is essential to gender equality both because abortion is necessary for reproductive healthcare (American College of Obstetricians and Gynecologists, 2023) and because choosing when to become a parent is necessary for

maintaining the progress cisgender women and people AFAB have made toward gender equity over the last several decades. Abortion is one part of a broader framework of reproductive justice, first coined by the Combahee River Collective in 1994 and here defined as “the complete physical, mental, spiritual, political, social and economic wellbeing of women and girls, based on the full achievement and protection of ... human rights” (Onwuachi-Saunders, 2019). The reproductive justice framework insists that people should have the right to decide for themselves whether they have a child or children, and the right to raise their children in a safe environment. It also focuses on empowering communities of girls and women to resist structural oppression (Eaton & Stephens, 2020). Gender equality cannot be actualized without access to abortion and reproductive justice more broadly.

Further, restricting access to abortion puts pregnant people’s health and safety at risk (see Watson, 2022). Experiencing physical and relational safety is essential to the experience of positive embodiment. When people pursue abortions legally – as millions have in the U.S. – the risk of medical complications is quite low (Upadhyay, Desai, et al., 2015). However, approximately 25 million women around the world obtain unsafe and/or illegal abortions each year (Ganatra et al., 2017), complications from which account for approximately 8% of maternal deaths globally (Say et al., 2014; see also Latt et al., 2019). When abortion is legal, people who need abortions are able to safely access this procedure, rather than relying on unsafe methods that put them at risk. Relatedly, the risk of death during childbirth is 14 times greater than the risk of death during an abortion (Raymond & Grimes, 2012). In addition, one of the primary reasons people seek abortions (including abortions later in pregnancy; Foster & Kimport, 2013) is due to intimate partner violence. Forcing those who experience intimate partner violence to

carry unwanted pregnancies to term means that survivors of intimate partner and domestic violence may need to maintain contact with their abusers, putting both them and their children at elevated risk of violence (Nielson et al., 2023; Roberts et al., 2014).

Finally, bodily objectification is a direct threat to positive embodiment. While research on objectification has primarily focused on sexual objectification (i.e., objectification theory; Fredrickson & Roberts, 1997; Roberts et al., 2018), being reduced to one's appearance and sexual appeal is just one of many forms of objectification (see Nussbaum, 1995). Dyer and colleagues (2023) applied Nussbaum's (1995) objectification typology to the field of reproduction, identifying the ways that anti-abortion rhetoric and restrictions objectify cisgender women and people AFAB, stripping them of rights and denying them autonomy. Scholars have coined the term "reproductive objectification" to describe the ways anti-abortion rhetoric and policies reduce pregnant people to their reproductive bodies, positioning them as incapable of making fully-informed decisions about their health (Dyer et al., 2023; see also Rushing & Onorato, 1989). Nonetheless, additional research is needed to understand how cisgender women and people AFAB experience this objectification in the present post-*Roe v. Wade* context. Taken together, we propose that abortion restrictions can be viewed as threats to positive embodiment, and understanding *how* the Dobbs decision impacts embodiment, or individuals' relationship to their body and sexuality, is essential.

The Present Study

The developmental theory of embodiment (Piran, 2017) and the reproductive objectification theory framework (Dyer et al., 2023) provide theoretical guidance for understanding the embodied consequences of overturning *Roe v. Wade*. While nonbinary people

and transgender men can and do seek abortions (Moseson et al., 2021), we elected to focus our analysis on cisgender women, as they are the group most likely to seek abortions. Indeed, in a recent study by the Guttmacher Institute, 98.9% of people seeking abortions identified as women (Chiu et al., 2023). Further, the unique, embodied abortion experiences of trans and nonbinary people are deserving of specialized attention on their own. Specifically, the aim of this study was to examine a range of reactions and experiences of embodiment and objectification as a result of the *Dobbs v. Jackson Women's Health Organization* decision.

Method

Participants

Data for this study came from a larger study examining the impact of sexual discourses on measures of body image and embodiment. A total of 339 cisgender women participated in the study. Four of these participants did not respond to the qualitative prompt used for the present study's analysis. Given that White women's voices have been centered in writing on abortion, we deliberately collected data from a diverse sample. Demographic information is presented in Table 1.

Procedure

The study was approved through the Institutional Review Board at the University of Texas at Austin. Data were collected in November 2022 via Prolific Academic, an online, open-access survey panel. Prolific was selected because it has a baseline incentive structure to ensure that participants are paid ethically, allows for pre-screening to recruit more efficiently based on desired sample characteristics, and was designed specifically for academic research (Palan & Schitter, 2018). Eligibility criteria to participate in the survey included: (1) being between the

ages of 18 and 29 years, (2) identifying both sex and gender as female, and (3) having at least one sexual partner in the past year. We used a quota-sampling procedure to ensure equitable representation among Asian, Black, Latina, and White women. Participants were paid \$5.00 for their participation in the full survey. The survey was administered online through Qualtrics and included multiple-choice and Likert-scale questions on body image and sexuality topics which were examined in a separate study, including demographics (race/ethnicity, age, socioeconomic status, sexual orientation, and relationship status), sexual communication in adolescence, and body image, followed by questions related to the overturning of *Roe v. Wade*, which included a statement of fact. The prompt and associated question read:

On June 24, 2022, the Supreme Court ruled on Dobbs v. Jackson, a decision that ultimately overturned a previous decision, Roe v. Wade. Roe v. Wade was a landmark Supreme Court decision which guaranteed a constitutional right to abortion. With Roe overturned, states were free to decide how they wanted abortion to be handled in their state, and many people lost access to abortion.

How has the overturning of *Roe v. Wade* affected the way you relate to your body or sexuality, if at all? This might include any feelings, thoughts, or behaviors as it relates to your body or sexuality. Take a few moments to share as much of your personal experience as you feel comfortable sharing. There is no “wrong answer.” Remember, we will not be able to connect any personally identifying information with any of your responses.

The average word count for responses was 42.13.

Analytical Approach

Data were analyzed using codebook thematic analysis, combining both early codebook development and qualitative reflexivity (Braun & Clarke, 2021; Brooks et al., 2015; King, 2012). We employed codebook thematic analysis, analyzing the latent meaning of the data to integrate an inductive and deductive approach to the coding process; engage in collaborative, consensus-based coding (to ensure trustworthiness and enable group reflexivity); and leverage our individual and collective subjectivity in developing, refining, and interpreting the data. Codebook thematic analysis enables a flexible yet specific coding structure (e.g., Brooks et al., 2015; King, 2012), which allowed us to identify a range of experiences and attitudes related to the overturning of *Roe v. Wade*.

The analysis team consisted of four researchers, each with expertise in qualitative methods, body image, and sexuality. The first author reviewed the free-text responses to become familiar with the data and used a priori themes (physical, mental, and social power) from the developmental theory of embodiment (Piran, 2017) to organize candidate sub-themes so that the authors could make sense of the data from the three primary domains that shape the quality of embodiment. The seventh (HLS) author reviewed the initial codebook to provide suggestions for revisions. After this initial codebook was developed, the first author (EN) shared the coding definitions with the coding team, which consisted of the co-first authors (EN and JAS) and third author (RMM). Whereas the initial codebook was organized by the thematic categories of the developmental theory of embodiment, as we continued to engage the data, the codebook did not sufficiently capture the nuance of experiences represented in the data. Together, the coding team modified and expanded the codebook to account for data that did not fit the existing coding scheme.

Using the modified codebook, the coding team met several times over Zoom to apply it to the data and achieve consensus. We continued to revise the codebook to capture a range of experiences and reactions to the *Dobbs* decision, to also include themes related to objectification and buffered impact. The third author (RMM) conducted an additional cycle of coding to ensure the sub-themes were applied consistently and appropriately. We applied as many themes to each response as was appropriate. The quantification of our coding should be interpreted in light of our post-positivist epistemological position. These counts (see Table 2) reflect the number of times that we applied each code; however, given the subjective nature of qualitative analysis, we do not suggest that these counts reflect the “objective” prevalence of these themes in the data.

We applied several trustworthiness strategies (Nowell et al., 2017), such as maintaining an audit trail, diagramming, engaging in reflexive group discussions, and using a coding framework. The audit trail consisted of decisions and notes about the coding structure and documentation of changes to code definitions and rules for application. Furthermore, by coding the data as a team, we engaged in ongoing discussions about our own personal views and experiences considering the data, and we were able to question each other’s interpretations and assumptions. Finally, for data quality, the third author reviewed the entire dataset again to ensure codes were applied consistently to determine final code counts.

Positionality Statement

Given our epistemological positioning, it is important to socially situate ourselves in relation to this analysis. We approach this topic from an explicitly feminist perspective, viewing abortion as a necessary medical procedure and an essential component of reproductive justice. We are an interdisciplinary team of researchers, all of whom identify as cisgender women. The

researchers involved in analyzing the data (first, second, third, and seventh author) identify as a group of body image and objectification scholars. This study was produced as part of a larger dissertation, and three authors (EN) served on the first author's dissertation committee and advised on the conceptualization of the study. Three authors identify as White, one as Latina, one as South Asian, and two as mixed (White and South Asian, and White and Hispanic). Together, we bring nuanced perspectives and experiences on the topic of abortion, drawing on feminist psychological, social work, public health, trauma, and human rights approaches.

Results

We constructed four themes related to embodiment in a post-*Roe* context, which consisted of *experiencing objectification* (e.g., being denied autonomy), *impact on mental and sexual well-being* (e.g., being able to experience desire and enjoyment), *minimized impact* (e.g., resource privilege), and *resistance*. See Table 2 for full results.

Experiencing Objectification

One of the primary ways in which participants were impacted by the Supreme Court's decision on *Dobbs v. Jackson Women's Health Organization* was as an experience of objectification. Experiencing objectification consisted of denial of bodily autonomy, experiencing the body as a site of regulation and surveillance, feeling dehumanized, and concern for future restrictions to abortion access and civil rights. Being denied what had previously been established as a constitutional human right led many women to feel less than human, devoid of personal preferences and needs, and lacking control and ownership of their bodies and their future.

Denial of Bodily Autonomy (n = 82)

Participants commonly described that they felt that they were denied agency over their bodies and reproductive health decisions because they were no longer guaranteed protection by *Roe v. Wade*. One participant, a mother already, shared that she felt scared that she would have no say in whether she would have another child. She added, "I have an ectopic pregnancy that I have to be on my death bed before receiving the medical care I would need" (Latina 22-year-old; heterosexual; Texas). Lacking bodily autonomy also included feeling as though others were trying to provide a degree of paternalistic protection over reproductive decisions. One participant expressed:

I feel more aware that I have a female body and that should it ever carry any kind of life/extra cells, I apparently have less say over what happens to that life/group of cells than someone who has never met me and feels a moral obligation to protect something that I do not value and that they will not care whether it lives or dies, only that it exists in the womb "alive." (White, 26-year-old; lesbian; Maryland)

In sum, participants described being denied the ability to choose to carry a pregnancy, being denied the choice to seek out important medical intervention, and being treated as if they were incapable of making a moral decision for themselves and their future.

Experiencing the Body as a Regulated or Surveilled Site (n = 63)

Experiencing objectification was also commonly linked with experiencing the body as a site controlled by others, specifically by men and/or the government. In addition to being stripped of personal choice and access to abortion care (i.e., denial of autonomy), participants described how they felt as if their bodies were not their own. A participant shared, "The decision makes me feel like my body doesn't belong to me. Like I'm a piece of property owned by the

state. It makes me feel like I don't matter at all” (Black, 25-year-old; pansexual; Georgia). Experiencing ownership by others was also illustrated by participants’ accounts of frustration with who should and should not be involved in these personal decisions. One participant explained that while she had previously wanted children, the decision had changed her mind. She said, “Worried about having control over my body legally...why does someone who will never experience the birth and raise that child or help me raise that child in my house get a say in one the biggest decisions I can make in my life[?]” (Black, 22-year-old; bisexual; Maryland). As will be outlined in the next theme of *Impact on Sexual and Mental Well-Being*, many participants experienced hypervigilance around engaging in sex as a result of feeling surveilled or dehumanized.

Feeling Dehumanized (n = 17)

Participants described abortion access as fundamentally humanizing and shared that they felt that the overturning of *Roe* signified that the government did not see them as fully human. Several participants explicitly stated that they felt like an “object,” as a result of rolling back abortion access on a federal level, whereas others drew comparisons to specific types of objects as a way to describe how they were made to feel less than human: feeling as if they have “fewer rights than a gun. Another participant said she felt as if her body “was dirty and criminal now” because she had previously chosen to get an abortion before the ruling in June 2022, illustrating how government regulation reduced her to a lower moral status in the eyes of others, as well as her own.

Another participant indicated that her partner violently abused her and that she found out she was pregnant shortly after the *Dobbs v. Jackson Women's Health Organization* decision was ruled. After locating an abortion clinic out of state, she was able to undergo the procedure:

Having the choice allowed me to connect with myself and my body in a way that was only right for me and that could only make sense to me. the overturning of roe vs. wade makes me feel like a political prisoner trapped inside of a body of a milking cow on a lucrative dairy farm. (Latina, 28-year-old, bisexual; Nebraska)

Taken together, these quotes illustrate the various ways that restricted access to abortion was experienced as objectifying and dehumanizing to participants.

Concern for Future Abortion Restrictions & Removal of Civil Rights (n = 53)

Experiencing objectification – from lacking control to being dehumanized or feeling owned by others— also included a concern with future pregnancy-related decisions, continued denial of care, and the potential removal of other human rights. Specifically, participants feared that *Roe* was the just beginning, not the end, of social restrictions on women and people who have the capacity to become pregnant. Participants expressed concern about potential reduced access to medical care, including abortion or other maternal services as states continue to shift their restrictions, as well as potentially rolling back rights on contraception. One participant explained that she had gotten an intrauterine device (IUD) a few months before the survey, but she wrote, “I am terrified that they will be made illegal and I will be forced to remove it. I have thought often about how I would lie about having an IUD to avoid this” (White, 24-year-old, bisexual; Michigan). This participant also described how she would resist such sanctions to gain back control in the face of attempts to deny her bodily autonomy. As will be described in the

Resistance theme, she was not alone. A few participants also expressed concern about rolling back LGBTQ+ rights, including marriage equality. Participants' concerns about reduced abortion access were coupled with concerns about a precedent being set that would allow for the revocation of additional rights.

Impact on Mental and Sexual Well-Being

In addition to experiencing multiple forms of objectification, participants also reported how the *Dobbs* decision was a disruption to their mental and sexual well-being. *Impact on mental and sexual well-being* consisted of vigilance surrounding sex, reduced sexual desire or enjoyment, sexual anxiety, and personal safety anxiety. Taken together, this category illustrates how participants were negatively impacted by the *Dobbs* decision as well as how they chose to take back control of their personal lives.

Vigilance Surrounding Sex (n = 62)

Many participants described their heightened concern around accidentally getting pregnant and their intentions for practicing safer sex, including condoms and other contraceptive use, as well as reducing sexual activity altogether. While some comments related to practicing safe sex, others reported a heightened sense of fear around safe sex. One participant explained:

I feel more cautious now about sex. I know I take birth control and use condoms but accidents do happen. Now I feel worried that I might accidentally end up pregnant and not find out before it's too late to get an abortion in my state. (Black, 24-year-old; heterosexual; Georgia)

Some participants' vigilance surrounding sex included more extreme practices, such as stocking up on several months of birth control in case access to it becomes limited. Other participants

described worrying about their partner's condom use or deciding to engage in other forms of contraception, including tubal ligation. Vigilance surrounding sexual activity illustrated the ways participants practiced agency in the context of constrained choice.

Reduced Sexual Desire or Enjoyment (n = 10)

Participants also indicated how they felt disconnected from experiencing or expressing sexual desire and reduced sexual enjoyment. Some participants described feeling disconnected not just from their own bodies, but also their partner's, being hesitant to express their sexuality, and not being able to enjoy sex. One participant shared:

Since the overturning of *Roe v. Wade* I have felt a disconnection from my body and sexuality. I have felt that I have lost control over a major decision about my body. I feel as if I am not able to freely express my sexuality to my partner and feel as if I have to be more careful about expressing my sexuality. I have lost the excitement of taking part in sexual activity freely because I fear not only for myself but for others as well [as] who will not have the choice to choose what they can do with their body if something were to happen during a simple act of pleasure. (Latina, 22-year-old; heterosexual; Texas)

This participant described the constraints of her own sexual expression; not feeling free to express her sexuality on her own terms. She also shared this concern for others, drawing a connection between her own freedom of sexual expression and others'.

Sexual Anxiety (n = 41)

In addition to reduced sexual desire and enjoyment, participants also indicated they felt anxiety or insecurity about having sexual activity with men, including feeling scared or uneasy about sex or feeling the burden of ensuring safe sex. For example, one participant said, "I hate

that *Roe v. Wade* was overturned. I feel very insecure about sex now because I don't want a child, I'm having a hard time finding birth control options, and the man I sleep with doesn't care if I get pregnant so I feel very insecure" (White, 27-year-old; heterosexual; Texas). Other participants expressed that they had previously gone off birth control due to adverse side effects. However, this no longer felt like an option to them. Being anxious about engaging in sex which could lead to pregnancy was a common experience among participants, with some stating they felt a degree of anxiety even before the *Dobbs* decision. Participants described the burden of weighing the costs and benefits of birth control options while also managing the expectations and needs of their partner.

Personal Safety Anxiety (n = 46)

In addition to experiencing anxiety about sexual activity, participants also commented on the ways the overturning of *Roe v. Wade* has impacted their sense of safety. Personal safety anxiety, in this context, consisted of concerns about sexual assault or rape, putting one's body at risk by having to go out of state to receive an abortion, or concern about severe health complications. A participant also described how the threat of safety is disproportionately experienced among Black women:

As a Black woman I have complex thoughts on reproductive rights; especially knowing that Black women have high maternal mortality rates. I live in a state where I still would have access to reproductive care, but I feel scared and like this is an extra worry that will more harshly affect the less protected people in our country. It's disappointing. (Black, 28-year-old; heterosexual; Nevada)

For this participant, the threat of personal safety could be a matter of life or death – one exacerbated by the reality of the disproportionately high maternal mortality rates among Black women in the U.S. Another participant described how her chronic illness impacted her reproductive decisions and sense of safety in potentially carrying a pregnancy. She shared that she was not able to be on hormonal birth control due to her disability, adding, “the act of sex is too physically tolling for me now. That, coupled with the fear of pregnancy while disabled and the potential inability to get an abortion forced us to decide to abstain” (White, 28-year-old; heterosexual; Florida).

The experience of chronic illness and disability impacted this participant’s choices around birth control and engaging in sexual activity. She expressed concern about safely carrying a pregnancy in her disabled body, which was exacerbated by the possibility of not being able to receive an abortion should she need one. In sum, participants described the ways they currently (or might) experience risk around their personal safety and health, many of which were risks even before the *Dobbs* ruling, but which are now exacerbated.

Minimized Impact

Participants also indicated they did not feel that the *Dobbs* ruling presently impacted the way they think about their body or sexuality. Some of these participants generally indicated it did not impact them now and/or the ruling did not change the way they felt about their body or sexuality, without giving a specific reason (e.g., “no;” $n = 34$). However, some participants expressed concern for other women and/or felt the ruling was wrong. Most participants who indicated they did not feel immediate repercussions of the ruling indicated reasons related to

relationship or reproductive status, resource privilege, identifying as pro-life, and concerned about future impact.

First, some participants indicated that they felt protected by their *relationship or reproductive status* ($n = 30$). For example, those who did not have sex with men did not feel an immediate impact on their well-being (e.g., “I don’t think it has affected me personally, as I don’t plan on having sex with men;” Asian, 23 years old; other; California), though many of these participants expressed concern and care for others. Some also indicated that they either were not able to have children or had chosen sterilization, so they also did not feel directly impacted by the ruling. Several participants reported a degree of *resource or access privilege* ($n = 42$), indicating that their state had not put any restrictions on abortion access, so their access remained unchanged, though this was sometimes coupled with concern about the changing policy landscape in the future.

A handful of participants indicated that they *did not personally support abortion* and therefore did not feel it to be a personally relevant concern ($n = 14$). One participant shared, “It really hasn’t changed my [sexuality] because I don’t believe in having abortions for myself spiritually, and I love my partner so if that ended up happening it would suck but it wouldn’t be the end of the world for me” (Asian, 28-year-old; heterosexual; Ohio). In all, while some participants indicated that the Supreme Court ruling did not impact them without any other explanation, others indicated that while the ruling was not of personal relevance, they expressed concern and care for others in circumstances different from their own. Finally, a few participants indicated that while they did not currently feel impacted by the decision, they expressed concern

about how they would navigate a situation should they need an abortion in the future (these were double-coded with concern for future restrictions to abortion access and civil rights; $n = 7$).

Resistance ($n = 8$)

It is worth noting that a few participants, when asked about how the *Dobbs* decision had impacted their attitudes about their bodies or sexuality, responded with answers that signaled resistance to control. Participants shared that the decision had made them more confident in their belief that people deserve bodily autonomy, or that they would find a way to get an abortion if they needed one, such as traveling to another state where abortion was legal. Some even shared behavioral resistance strategies, such as plans to vote or take other measures to protect their bodies and their rights. For example, one participant explained:

If anything, I feel like the *Dobbs* opinion has made me double-down on my values on my own bodily autonomy. I feel now stronger than ever that I should have full rights to make decisions about my own body however I see fit. (White 27-year-old; bisexual; Massachusetts)

In the face of threats to embodiment, some participants reported defiance to this control and plans to take control back in the future.

Discussion

This study examined the immediate repercussions of rolling back abortion rights in the U.S., including reproductive objectification and its impact on young adult cisgender women's embodiment. The present study's survey was administered in November 2022, approximately five months after the Supreme Court ruled on *Dobbs v. Jackson Women's Health Organization*, which overruled *Roe v. Wade*, a decision that had previously guaranteed a pregnant person's right to an abortion.

Participants provided accounts of how the *Dobbs* decision made them feel objectified and dehumanized. This included a denial of autonomy and subjectivity (Dyer et al., 2023; Nussbaum, 1995), which was illustrated by participant's accounts of feeling like they did not have control over their body and as if their decisions, preferences, and priorities did not matter in the context of the *Dobbs* decision. Participants cited concerns about not being able to make fully agentic decisions related to if/when they have children, managing an ectopic pregnancy or birth control side effects, and experiencing emergency birth complications. Further, ownership by another is a feature of reproductive objectification, where pregnant people are commonly treated as objects owned by the state (Dyer et al., 2023). Participants described how they felt their bodies were regulated or surveilled by men in power, feeling as if their bodies were not their own, and using descriptive language to describe their experiences of dehumanization. Not only did some participants experience objectification (e.g., being treated as an object via the *Dobbs* decision), but our data suggest that participants also internalized this objectification, believing that their decisions did not matter or were not important, consistent with *self-objectification* in objectification theory (Fredrickson & Roberts, 1997; Talmon & Ginzburg, 2016). Being denied full agency and autonomy over one's body and sexual decisions can lead to disrupted embodiment (Piran, 2016, 2017).

Our results also suggest that abortion restrictions fundamentally impact cisgender women's embodiment through disrupted sexual well-being. As a result of the *Dobbs* decision, participants reported increased sexual anxiety, preoccupation with avoiding pregnancy, and reduced sexual desire and enjoyment of sex. Research and rhetoric on cisgender women's reproductive health has largely focused on sexual behaviors and risk mitigation at the expense of

understanding sexual well-being, the subjective experiences related to desire, pleasure, and satisfaction (Higgins & Smith, 2016). We suggest that this “pleasure deficit” (Higgins & Hirsch, 2007) is further magnified by abortion restrictions which corset sexual expression. Bodily subjectivity--being connected and responsive to one’s body and its internal states, as well as acting on one’s own accord--are practices of embodiment (Piran, 2017). Therefore, we suggest that access to abortion services, and broader reproductive health care, are important structural factors that can affect sexual well-being and quality of embodiment.

Participants also expressed anxiety over their personal safety as a result of the *Dobbs* ruling, describing how current, everyday safety threats have been exacerbated, such as dealing with repercussions of sexual assault or rape, pregnancy complications, navigating difficult reproductive decisions while disabled, and experiencing a lack of equitable maternal care due to gendered racism. Viewing a person as violable, one whose rights and boundaries can be encroached upon, is another feature of Nussbaum’s (1995) objectification typology (see also Dyer et al., 2023). Personal safety anxiety has most commonly been studied through the lens of sexual violence and sexual objectification (see Calogero et al., 2021). However, our data would suggest that the denial of access to reproductive health care elicited or catalyzed feelings of personal safety anxiety. More than just fear of experiencing sexual violence, participants feared that they would have no recourse for mitigating the impact of potential violence. In this context, personal safety refers not only to freedom from sexual violence but also access to health care.

Despite experiencing the *Dobbs* decision as a threat to positive embodiment, participants also asserted their humanity and shared acts of resistance to dehumanization, such as using and stockpiling contraceptives as well as political resistance. Indeed, while the burden of birth

control management disproportionately falls on women (Littlejohn, 2021), in the face of external threats to reproductive autonomy, participants felt that access to contraceptives was a last hope at maintaining some degree of control over their bodies. Some participants also explained that they had begun preparing for future restrictions on their reproductive rights, including how they were planning to fight against them. Given participants' reliance on contraceptives for experiencing reproductive autonomy, their palpable fear of potential further rollbacks on contraceptive access is understandable. It is especially important to view cisgender women and people AFAB as agentic, even in the context of constrained choice, to highlight the structural factors that sanction these constrained choices (Bay-Cheng, 2019). Indeed, resisting objectification is a practice of embodiment (Piran, 2016, 2017).

It should also be noted that not all participants in the present study felt the immediate repercussions of the overturning of *Roe v. Wade*, including those who primarily have sex with women, those who lived in states where abortion access is not (yet) limited, or who experience limited reproductive functionality already. While less common in the data, a few participants indicated that they would not get an abortion personally and/or supported the overturning of *Roe v. Wade*, so they did not feel personally impacted by the decision. It is important to consider the various ways in which those who actively oppose abortion may have internalized rhetoric that positions women as needing protection from harm and whose interests are best governed by legal and/or religious authority (see Dyer et al., 2023). Indeed, this benevolently sexist language is regularly used in policy discussions as justification for restricting access to abortion (Greubel, 2021), and hostile and benevolent sexism have both been linked to restrictive abortion attitudes (Cizmar & Kalkan, 2023; Duerksen & Lawson, 2017; Hodson & MacInnis, 2017). Nonetheless,

even when participants reported no impact on their own lives, they regularly expressed concern for others, finding common humanity and sharing collective care.

It is important to note, also, that participants with additional stigmatized characteristics (e.g., Black women, Indigenous women) or other health complications (e.g., chronic illness) seemed to experience the *Dobbs* decision through a magnified lens. As such, it is important that our analysis is situated within the frame of intersectionality theory. This issue of safety and violation is particularly salient for Black and Indigenous American women, given that maternal mortality rates are highest in these populations (MacDorman et al., 2021), and Black and Indigenous women are disproportionately victimized by interpersonal, including sexual, violence ([United States DOJ Bureau of Justice Statistics](#), 2016). Indeed, gendered racism in the health care system has a historical legacy in slave ownership and reproductive injustices (Howell, 2023). The violation of Black girls and women's bodies in the reproductive health care system includes dismissal of concerns, violating personal autonomy of decisions, neglecting proper care, and coercive medical decision-making (Howell, 2023). The fall of *Roe v. Wade* adds another layer of oppression and deepens the impact of systemic racism on the lives and experiences of Black women, Indigenous women, and other women of color. Relatedly, women with disabilities are often unable to access and use hormonal contraceptives the same way that able-bodied women can, increasing their anxiety and disconnection with their bodies. Within the framework of the developmental theory of embodiment (Piran, 2017), it could be said that these women already experience corseting of their capacity for positive embodiment due to structural and interpersonal prejudice in the forms of racism, ableism, and other forms of discrimination. While the *Dobbs* decision pulls the corset strings tighter on women and AFAB, intersectional attacks on

bodily autonomy and respect are compounded for those whose capacity for positive embodiment is already societally threatened for other reasons.

Theoretical Implications

This study has three primary theoretical implications: expanding on the reproductive objectification framework, applying the developmental theory of embodiment to abortion access, and building on budding research on personal safety anxiety (Calogero et al., 2021). This study contributes to an expanded understanding of objectification, one that extends beyond just appearance-based objectification, but which includes other forms of dehumanizing objectification, including being denied autonomy, being treated as devoid of personal feelings and preferences, and feeling owned by others as a result of the government and/or policy intervention (Dyer et al., 2023; Nussbaum, 1995). As Dyer and colleagues (2023) have noted, “pregnant people, and those who have sought or had abortions, experience a particular kind of sexual objectification based on their reproductive sexual function resulting in reproductive objectification” (p. 17). Here, we show that, like sexual objectification, structural reproductive objectification can become internalized and can be resisted to support positive embodiment. The philosophical underpinnings of objectification theory are rich and fundamentally feminist; yet, sexual objectification has been the core focus of objectification-related work. We encourage social scientists’ continued engagement with feminist philosophies of objectification to expand and enrich the field’s understanding of people’s lived experiences and the complex gender dynamics underpinning day-to-day experiences of the body. Specifically, we encourage deeper engagement with Nussbaum’s (1995) and Langton’s (2009) theorizing on objectification to

articulate the diverse ways in which societal and interpersonal objectification restricts their capacity for flourishing and full and equal participation in society.

This work also contributes to our understanding of the developmental theory of embodiment, which outlines the physical, mental, and social factors that shape the quality of embodiment. By viewing the overturning of *Roe* as a societal-level corset on positive embodiment, we hope to encourage other researchers to view embodied attitudes and choices through this lens. Put another way: by treating people as though their sexual parts or functions are capable of representing who they are as people and by enshrining this reproductive objectification into law, people are denied the opportunity to make humanizing bodily decisions, thus limiting their opportunities for positive embodiment. Our findings support both the reproductive objectification and developmental theory of embodiment frameworks and reveal how they may be woven together to develop a more comprehensive understanding of American cisgender women's lived and embodied attitudes in this new sociopolitical landscape.

Practice Implications

It is important for clinicians to know about the links between abortion, denial of abortion, and mental health. It is possible that clinicians may believe that abortion causes negative mental health outcomes. However, this is not true, as there is no evidence to indicate that abortion causes negative mental health (Major et al., 2009). The circumstances surrounding abortion (e.g., history of mental health problems, negative reactions to abortion disclosure, abortion stigma; Biggs et al., 2017, 2021, 2023) do sometimes result in some people who receive abortions experiencing mental health problems. That said, being denied an abortion has been associated with a host of adverse mental health outcomes (Biggs et al., 2017; Harris et al., 2014),

particularly within the first few months after being denied the abortion. Providers should be prepared to support clients through complicated, distressed feelings due to both the restriction of their reproductive rights, as well as the potential experience of not being able to access reproductive health care when abortion services are needed.

The connection between objectification (reproductive and sexual) and trauma carries significant implications for clinical practice and advocacy. These experiences have a common thread in loss of power and control, and individuals who are denied abortion access may face disempowerment. Psychologists, social workers, and other advocacy workers have a vital role to play in addressing the compounding mental, physical, and economic impacts of abortion restriction which exists within the broader experience of gender inequality and violence (Abrams, 2023; Herman, 1998). Indeed, people who oppose the *Dobbs* decision and who participate in feminist activism related to reproductive issues may be more susceptible to symptoms of depression, stress, and anxiety (Watson & Germain, 2023). A fundamental tenet of trauma recovery is that the antidote to disempowerment caused by trauma is re-empowerment through building self-efficacy and exercising control and choice (Substance Abuse and Mental Health Services Administration, 2014). As recommended by Abrams (2023), we suggest that clinicians take steps to empower cisgender women and people AFAB to take back control and exercise choice, such as by educating themselves about their state's abortion policies and identifying community resources available to support pregnant people wanting abortion. Empowerment may also include advocacy at the local, state, and federal levels.

Strengths and Limitations

A strength of this study includes using a large, diverse sample of young cisgender women in the U.S., though our findings should be interpreted in light of its various limitations. First, the *Dobbs v. Jackson Women's Health Organization* ruling took place in June 2022, and data were collected in November 2022. The reactions in the data are emotionally raw, and it is possible that many participants had not yet reconciled or known how the ruling would impact their personal lives in the future. Whether this is a strength or a limitation of these data is open to interpretation. Indeed, many participants described anticipatory anxiety, worrying about how things would change over time because of the potential metastatic effects of the overturning of *Roe*.

In terms of limitations, our findings may be affected by self-selection bias, as people who are more comfortable talking about their sexuality and abortion more generally may have been more likely to respond to the survey. Relatedly, we elected to collect data from only cisgender women, but nonbinary and transgender people are also affected by the *Dobbs* decision and should be included and prioritized in future research. We also did not ask participants for information about their political beliefs, if they had ever had an abortion, or if they knew someone who had previously had an abortion, all of which are empirically related to abortion attitudes (AP-NORC Center for Public Affairs Research, 2023; Kavanaugh et al., 2013). Further, given that this was a highly educated sample, it is possible that the sample skewed more liberal when compared to the U.S. population. Finally, these qualitative data were submitted in written form at the end of a larger online survey on body image and sexuality. This is a limitation for two reasons: (1) we were unable to engage in ongoing dialogue with participants or ask for clarification, and (2) it is possible that the questions that participants responded to prior to answering the qualitative questions influenced their responses to the prompt.

Conclusion

In a society in which cisgender women and people AFAB are not guaranteed bodily autonomy or equal protection under the law, sociopolitical opportunities and barriers shape how people come to experience their bodies and sexuality. Our research suggests that the *Dobbs* decision -- and the subsequent reversal of two core U.S. Supreme Court decisions that guaranteed people who have the capacity to become pregnant authority, privacy, and autonomy over their bodies and lives – imposes a structural corset on cisgender women’s embodiment. We contend that the *Dobbs v. Jackson Women’s Health Organization* decision is the logical conclusion to what happens when cisgender women and people AFAB face not only sexual objectification—being reduced to one’s appearance and attractiveness to men—but also reproductive objectification by being denied decision-making power and full agency over reproductive decisions and personal health. While this barrier to bodily autonomy, as well as the looming threat of future restrictions on reproductive health care access, remain in place, the opportunity for all people to experience positive embodiment is structurally limited.

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Table 1.*Demographic Information for Study Participants (N = 339)*

Category	Response	Percentage (or mean) of participants
Age		19-29 years ($M = 24.4$, $SD = 2.84$)
Race	Asian/Pacific Islander	23.0
	Black	22.4
	Latina	26.0
	Mixed	3.2
	White	25.4
Sexual orientation	Bisexual	26.8
	Heterosexual	58.4
	Lesbian	5.0
	Pansexual	5.6
	Queer	2.7
	Other/not listed	1.5
Relationship status	In a relationship, not married	60.8
	Not currently in a relationship	27.7
	Married	11.5
Parent's highest education	High school or less	27.1
	Some college	27.1
	College level or higher	45.7

Table 2. *Summary of Themes, Sub-themes, Definitions, and Exemplary Quotes*

Theme	Sub-Theme	Frequency	Definition	Exemplary Quote
Experiencing objectification	Denial of bodily autonomy	<i>n</i> = 82	Experiencing a stripping away of control over one's body and/or reproductive functions, with implications for future health emergencies.	"I feel like in a way trapped. If a mistake would've happened, I feel like my choices with my body are stuck and that doesn't sit right with me."
	Experiencing body as a regulated / surveilled site	<i>n</i> = 63	Feeling the body is being regulated or owned by another—especially the state.	"It makes me feel a profound sense of shame that me participating in an act to pleasure my body could make me a criminal if/when i decide to act on my bodily autonomy."
	Feeling dehumanized	<i>n</i> = 17	Made to feel less than human; treated like an object devoid of feelings, needs, or preferences.	"It upsets me because even though I'd never abort a child, it feels like someone is taking control over my body. Like, I'm a Barbie doll or something."
	Concern for future restrictions to abortion access and civil rights	<i>n</i> = 53	Not only concern about ever-changing abortion care access, but also other maternal health care services and the stripping away of future rights, including contraception and gay marriage.	"It scares me because I'm unsure how abortion laws will change. Pregnancy is not something I could mentally or physically handle right now and if I couldn't get an abortion I'd be in danger."
Impact on mental and sexual well-being	Vigilance with sex	<i>n</i> = 62	Heightened concern around getting pregnant and their intentions for practicing safe sex, including condom and other contraceptive use, as well as reducing sexual activity altogether.	"I feel way more scared to have sex and I've asked my boyfriend to go back to wearing condoms. We also have started stocking up on condoms and I've been ordering my birth control in multiples. Even though we're in California, we still are at risk of a federal ban."
	Reduced sexual desire or enjoyment	<i>n</i> = 10	Some participants described feeling disconnection from not just themselves but also their partner, being hesitant to express their sexuality.	"I have felt less sexual desire for others, especially men, because I am more aware of the potential risks of acting on it."

	Sexual anxiety	<i>n</i> = 41	Feeling anxiety or insecurity about sexual activity with men, including feeling scared or uneasy about sex, or feeling the burden of ensuring safe sex.	“I felt uneasy in my body and sexuality. I want to express myself through sexuality but at times feel limited because though I would never want an abortion, I wouldn't want to have that choice taken from me.”
	Personal safety anxiety	<i>n</i> = 46	Feeling like their bodies were at risk, in terms of considering the repercussions if they were to get raped, being forced to carry a child, or having to cross state lines to have an abortion.	“It makes me worry that if I were in another state and I was assaulted, I could potentially end up with a life-altering decision on my hands.”
Minimized or buffered impact on personal experience	General	<i>n</i> = 34	Participant generally indicates that they did not feel personally impacted.	“No, I do not feel that overturning this ruling has changed anything for me regarding my body or sexuality.”
	Relationship and/or reproductive status	<i>n</i> = 30	Participant indicates they may be protected from concerns about abortion due to relationship status (e.g., married, being in a relationship with another woman), or that they already have limited reproductive functionality.	“I am in a monogamous relationship and on birth control. It hasn't changed much because of that but if I was single I know I would be processing it differently.”
	Resource privilege	<i>n</i> = 42	Participant has access to resources or lives in a state where abortion is not (yet) restricted.	“I am lucky to have always resided in states where abortion access has been maintained, but I feel strongly for women in other states who may not be able to access abortive care since <i>Roe v. Wade</i> has been overturned. I feel more strongly about my body in terms of feminine identity and for the health of women across the nation.”
	Pro-life buffer	<i>n</i> = 14	Participant identifies as pro-life; either feels no personal impact and is glad for the overturning of <i>Roe v. Wade</i> or feels empathy for other women for whom she feels this will impact more directly.	I am pro-life for me but pro-choice for everyone else. It hasn't affected my life much, but it does make me angry for other women, children and families who cannot do this.”

	Minimal current impact, but concerned about future impact	$n = 7$	Participant indicates they do not currently feel impacted, or that they would not currently choose to get an abortion, but worry about how restricted access would impact them down the road.	“It doesn't completely affect me directly as I am not in a situation to get one, but it [does] make me wary that if I needed to, it would be more difficult than it should be to get an abortion.”
Resistance		$n = 8$	Participant expresses defiance in the face of abortion restrictions.	“The overturning of <i>Roe v. Wade</i> makes me feel even more protective over my body in a sense that I will not let anyone make decisions for me when it comes to my body.”