Psychological Consequences of Limited Reproductive Autonomy

A Grounded Theory Study on Faroese Women Living in a Society Without Abortion Rights

Picture from: Colourbox

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Abstract

Background

The Faroe Islands has one of the most restrictive abortion laws in Europe, which dates back to 1956. Reproductive autonomy, including abortion, is established as a human right by several world organisations and thereby, the Faroe Islands infringes on women's rights by limiting access to abortion. Existing psychological research on abortion is mostly limited to the mental health consequences of abortion and the safety of the procedure. Little is known of the possible consequences limiting access to abortion has on women and their mental health. This knowledge and the authors' personal interest as Faroese women founded an interest in examining the possible consequences of limiting women's reproductive autonomy.

Objective

The current master's thesis examines how limited reproductive autonomy affects Faroese women and the larger societal context in which the restrictive abortion law is embedded. The thesis is split into two parts. The first part is an article utilising grounded theory, which seeks to answer the question: "*How does having limited reproductive autonomy affect Faroese women?"*. It examines Faroese women's accounts of living in the Faroe Islands and their experience with abortion, the abortion debate and living in a society with a restrictive abortion law. The second part frames the psychological consequences of the restrictive abortion law and the larger societal context of oppression to better understand the psychological mechanisms involved in infringing on women's rights. Relevant themes and categories are identified and further elaborated.

Method

Serial in-depth interviews were conducted with four Faroese women, amounting to 12 interviews in total. The interviews were coded using a grounded theory method, and the authors utilised constant comparative analysis.

Results

Multiple views on abortion highlight the influence of sociocultural and religious factors such as gender norms, religious values conservative societal expectations for women shaping abortion attitudes in the Faroe Islands. The interviews indicate that

the Faroese women in the current study must constantly navigate and negotiate their reproductive roles in Faroese society. One person in our study reported not feeling negatively impacted by living in the Faroe Islands, was against abortion and thought the abortion law protected women. However, the analysis uncovered the negative psychological impact of limited reproductive autonomy for the other three women. The findings indicate that they experienced abortion-related stigma and shame, leading to guilt, isolation and a sense of being judged by others. The findings further indicate that self-blame and guilt made one participant question her choices and believe she did something wrong. Three of the Faroese women reported emotional distress as they grappled with conflicting emotions and feelings such as sadness, anger, and concern. Two women had difficulty identifying as Faroese women and felt the urge to migrate from the Faroe Islands. In the framing paper, relevant social and personality psychological theories were used to examine the women's reactions to understand sociocultural factors better

Discussion

The results are discussed according to existing research on abortion and mental health, abortion stigma and shame, and migration from the Faroe Islands. In the framing paper, the results are further analysed and discussed concerning social and personality psychology and the impact on shame and stigma.

Conclusion

The results of this grounded theory study indicate several ways in which limited reproductive autonomy affects the Faroese women in the current study. There were mental health consequences for women having abortions and women who felt they had to fight for their rights. The debate in the Faroe Islands was stigmatising and had negative psychological consequences for the women listening. Some women in the study reported feeling alienated by the Faroe Islands and sought elsewhere to escape the stigma and shaming. Lastly, institutional, interpersonal and internalised oppression were uncovered from the women's statements and experiences, contributing to learned helplessness, shame, and feelings of having morally transgressed against societal norms in the Faroe Islands.

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Reading Guide

This Master's Thesis consists of two parts. The first part consists of an article written following the standard norms of scientific journals. The second part introduces psychological theories relevant to understand the findings in the study, elaborates on aspects relevant to the research and adds additional perspectives. We recommend that the reader follow the thesis structure and read the article first.

The Article

Exploring the Consequences of Limited Reproductive Autonomy for Faroese Women: A Grounded Theory

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Abstract

Background: The Faroese abortion legislation, implemented in 1956, limited abortion access to women in the Faroe Islands. This study aimed to explore the consequences of limited reproductive autonomy on Faroese women.
Method: The current study utilised a grounded theory method. The researchers collected data through in-depth serial interviews with four Faroese women (M = 26.75) to understand their experiences of limited reproductive autonomy due to conservative Faroese legislation.
Results: The findings revealed that Faroese women had to continuously navigate and negotiate their reproductive role in Faroese society. The women in the study represented multiple views on reproductive autonomy. These perspectives highlighted the sociocultural factors, such as religion, cultural and gender norms, and conservative societal expectations, shaping attitudes towards abortion in the Faroe Islands. The analysis uncovered themes related to the negative psychological impact of limited reproductive autonomy, abortion stigma and shame, consequences for identifying as a Faroese woman and migration from the Faroe Islands. The findings were discussed compared to other relevant research.
Conclusion: Limiting Faroese women's access to reproductive autonomy contributed to stigmatising abortion. Faroese women had to continuously navigate and negotiate their reproductive roles in society because of sociocultural factors and limited reproductive autonomy.

Keywords Reproductive Autonomy; Abortion; The Faroe Islands; Grounded Theory; Qualitative Research

Introduction

The Faroe Islands, a small archipelago amid the North Atlantic Ocean, have maintained one of the strictest abortion laws in Europe with limited conditions for termination. The law, dating back to 1956, only permits abortion under certain conditions. These are 1) The pregnancy poses a severe risk to the woman's life or health; 2) The woman has been the victim of rape, incest or similar; 3) If there is a risk of the foetus not being compatible with life or otherwise having a severe and incurable or physical illness or 4) If the woman is deemed unfit to take care of her

child[1][2] (Hermannsdóttir, 2022; Goldberg, 2023). Abortion laws and policies have been a subject of intense debate in the Faroe Islands for a long time, with divergent perspectives on its legality, morality, and implications. The subject is stigmatised and associated with taboo (Nølsoe, 2023; Hermannsdóttir, 2022).

The Faroe Islands are a self-governing country within the Danish Kingdom. The Home Rule Act grants the Faroese parliament, the *Løgting*, the authority to legislate in all matters within the Kingdom, with a few exceptions. Denmark introduced a new abortion law in 1973, granting women the absolute right to abortion (until the 12th week of pregnancy), while the Faroe Islands chose to retain the existing law from 1956 (Nølsoe, 2023; Hermannsdóttir, 2022). In 2018, the responsibility for family affairs, including the Abortion Act, was formally transferred to the Faroe Islands. This shift increased attention on the Faroese abortion legislation, primarily among the public and not in political debate, as resistance to the current reproductive norms emerged. The first social movement for liberalising the abortion law, called Frítt Val (Free Choice), also emerged at this time. In 2023, a public investigation by the Equal Status Council in the Faroe Islands, *Javnstøðunevndin*, revealed that most of the population supported reevaluating the current abortion law. Out of the study sample of 740 people, 45% expressed their preference for women having the choice of abortion before week 12, while 41% specified women needing certain circumstances. Additionally, 12% responded that they were unsure (Hayfield, Albinys & Skorini, 2023).

The language used in the Faroese abortion debate is harsh, with terms such as "murderer," "adultery," and "easy way out" used to frame abortion. Unlimited access to abortion has been compared to the Nazi regime (Javnaðarflokkurin á Fólkatingi, 2017).

Several studies have reported that the Faroe Islands' societal construct favours traditional and heteronormative family structures, prioritising procreation and child-rearing. This construct is characterised by a gendered division of roles, with motherhood seen as the ideal role for Faroese women (Nølsoe, 2023; Gaini, 2019; Hayfield, 2018; Hermannsdóttir, 2022). Limited research has been conducted on the

[1] It is not illegal to travel to Denmark to get an abortion. Women sometimes travel to Denmark, where abortion there is unlimited access to abortion until the 12th week of pregnancy, to have the procedure, if they are denied in the Faroe Islands (United Nations, 2021, p. 14; Hermannsdóttir, 2022; Nølsoe, 2023).

[2] Law No. 177, Lov om foranstaltninger i anledning af svangerskab m.v. from 1956. https://logir.fo/Lov/177-fra-23-06-1956-nr-177-af-23-juni-1956-om-foranstaltninger-i-anledning

consequences of Faroese women's lack of reproductive autonomy. However, one study by Hermannsdóttir (2022) employed one-year ethnographic fieldwork to explore the implications of silence surrounding abortion in women's everyday lives and the composition of their selfhood. Hermannsdóttir investigated how Faroese women navigated cultural and social norms associated with pregnancy and abortion and their challenges in accessing abortion services on the islands. The research highlighted the importance of listening to women's experiences and narratives to understand the complexities of reproductive healthcare in small, isolated communities.

Autonomy refers to individuals' ability to make choices and control their lives. Regarding bodily autonomy, abortion is often seen as a fundamental bodily autonomy issue (Matthews & Kreitzer, 2022; Boone, 2016; Bruce, 1992). Bodily autonomy refers to an individual's right to have control and make decisions over their own body, such as medical procedures. Reproductive autonomy refers to a component of bodily autonomy, explicitly referring to the ability to make decisions about reproductive choices and health, such as family planning and contraceptives (Boetzkes, 1999). With the restriction on abortion in the Faroese legislation, the restrictive abortion law infringes on women's rights and reproductive autonomy. International research on the possible consequences of limiting women's reproductive autonomy is scant. However, some research indicates that restricting access to abortion has negative mental health consequences for women seeking abortions (Mehta et al., 2019; Jerman et al., 2017). World organisations, such as The United Nations Human Rights Committee on the Elimination of Discrimination Against Women (CEDAW, 2021), consider abortion a fundamental human right and criticise the Faroese abortion legislation discriminating against Faroese women (Hermannsdóttir, 2022; WHO, 2021).

This study aimed to contribute to neglected research on the experiences and possible consequences faced by women who face oppression and restrictions on their reproductive rights. The authors, being Faroese women themselves, are motivated by their curiosity about how these issues may affect Faroese women. The study employed an exploratory qualitative design using Grounded Theory and Pragmatism as its philosophical background.

Based on the abovementioned considerations, the current study aimed to investigate "*How having limited reproductive autonomy affects Faroese women?"*

Background: Cultural and Societal Factors

To fully comprehend the significance of the absence of abortion rights in the Faroe Islands, it was crucial to consider the cultural and societal factors that contributed to this situation.

The Faroe Islands is a Christian country with a society rooted deeply in traditional religious and cultural values and conservative ideologies (Hayfield, 2018; 2020; Javnaðarflokkurin á Fólkatingi, 2017). These values go against allowing abortion to preserve life in the womb. They frame motherhood as the ideal for women, preserving traditional family structures (Hayfield, 2018; 2020; Gaini, 2019; Hermannsdóttir, 2022). In addition to enhancing the understanding of the traditional norms, another significant factor is that the Faroese word for abortion is *fosturtøka* which translates to "taking the foetus out of the womb"[3].

The geographical isolation and close-knit community dynamics in the Faroe Islands affect the intensity of the influence of societal norms and expectations (Hayfield, 2018; 2020). The interdependence of individuals and communities creates a sense of communal responsibility, further reinforcing the traditional values and moral judgments surrounding abortion (Glowacki & Lew-Levy, 2022). Consequently, the discourse surrounding reproductive rights and autonomy becomes a complex interplay of cultural, religious and social factors that shape the experiences of Faroese women living within this context (Gaini, 2019; Javnaðarflokkurin á Fólkatingi, 2017). Therefore, even if the current study examines how the Faroese abortion law directly affects young women living in the Faroe Islands, the authors are aware of Faroese women's reactions being embedded in a larger social and cultural context surrounding the law.

Methods

Exploratory approach

The current study utilised an exploratory qualitative research design, a commonly adopted approach to investigate poorly understood or underexplored phenomena (Jaeger & Halliday, 1998; Jacobsen et al., 2015). Exploratory qualitative research is often employed to generate novel insights or ideas that can inform future studies or

[3] "tað at taka ófullborið fostur úr móðurlívi"
https://sprotin.fo/dictionaries?_SearchFor=fosturt%C3%B8ka&_SearchInflections=0&_SearchDescriptions=0&_DictionaryPage=1&_DictionaryId=1&_Group=

enhance understanding of a phenomenon. This research design was chosen due to the limited knowledge of the research topic. The current study aimed to generate new insights and ideas rather than testing existing theories. Our objective was not to establish findings that could be generalised to the broader population. Instead, by adopting an explorative approach, the study aimed to comprehend the possible consequences of limiting Faroese women's reproductive autonomy in their own country.

Grounded Theory Methodology

A grounded theory (GT) methodology was deemed appropriate according to the research focusing on the potential effects of restricting the reproductive autonomy of Faroese women (Glaser & Strauss, 1965). GT is particularly suitable when there is a limited pre-existing theory on a specific phenomenon or existing theories fail to capture its complexity (Holt, 2016). GTs emphasises the inductive generation of theories from qualitative data (Morgan, 2020; Charmaz, 2014). One common way to generate qualitative data in GT is through in-depth interviews with participants (Strauss & Corbin, 1990), with the researcher seeking to understand the participant’s experiences, beliefs, and perspectives on a particular phenomenon or topic. Researchers can generate new insights and understanding of the social world by conducting in-depth interviews and analysing the resulting qualitative data. In-depth interviews allow for a rich and detailed exploration of complex phenomena, providing a nuanced perspective on participants’ experiences and perspectives (Glaser & Strauss, 1965; Morgan, 2020; Corbin & Strauss, 1990). The usefulness of this method is that it generates a substantive theory grounded in the data. Theories grounded in empirical data allow contextual sensitivity, capturing the intricacies and variations within different social settings (Glaser & Strauss, 1965). Grounded theories enable the development of practical knowledge that can be applied to specific contexts or used as a foundation for further research (Strauss, 1995; Charmaz & Thornberg, 2021).

The present study utilised pragmatism as a philosophical foundation for GT. GT has been influenced by the Pragmatist philosophical tradition (Timonen et al., 2018). From a pragmatic viewpoint, individuals’ everyday actions and interactions over time create knowledge (Morgan, 2020). Such actions and interactions are frequently unpredictable, contingent, and by the subjective meanings that individuals attach to

them. Each individual assigns meaning to events and constructs knowledge based on their personal experiences and the social contexts in which they are socialised (Morgan, 2014). Rather than debating whether something is true or false, pragmatists focus on the implications of acting on a set of beliefs (Morgan, 2020). They recognise that no two individuals will ever have the same beliefs, as everyone possesses unique experiences. Instead, the critical issue is the range of collective actions in which people can engage, given the scope of their shared beliefs (Morgan, 2020).

Sampling and participants

In GT, sampling involves identifying individuals capable of providing comprehensive insights concerning the research question (Corbin & Strauss, 2008; Guest, Bunce & Johnson, 2006). In the present study, purposive sampling was employed to recruit participants, specifically women who identified as Faroese, between 18-40 years old. The recruitment information was shared as a post on Facebook. The post included research information and invited potential participants to volunteer for the study by emailing one of the study authors. The women who responded to the information poster were included as participants. This procedure resulted in four Faroese women (M= 26.75, SD= 4.99) participating in the study.

Data collection

As the nature of the information sought from participants was complex, and the subject was not a well-explored area of research, we employed a serial interview method (Read, 2018). First, a pilot interview was conducted, aiding the authors in constructing optimal interview settings. Feedback from the pilot-interviewee was gathered to inform the interview process further (Malmqvist et al., 2019). Four Participants were interviewed three times using a loose yet disciplined unstructured design with a focus on following interesting topics and participant perspectives (Read, 2018). The reason for an unstructured design stemmed from the primary function of GT, where concepts and theories are created grounded in the data, and the researchers follow emerging concepts in the data when little is known about the subject (Foley et al., 2021; Artinian, 2009). Following GT, data collection and analytic procedures were simultaneously designed to give rigour to a study through constant comparison (Strauss & Corbin, 1990).

We developed an interview guide for the first interview to gather relevant demographic data (Artinian, 2009, p. 10). In the following two interviews, questions were modelled after topics and statements from the previous interviews, as well as introducing third-person cases[4], which opened up for a further reflexive process and allowed theoretical sensitivity to the data (Foley et al., 2021; Artinian; 2009; Strauss & Corbin, 1990). Concerning analysing interview data, we recognised that researcher bias might force the data to conform to specific predetermined categories. To counter this, the interviewers focused on following participants' perspectives, exploring participants' meanings and statements leading to different trajectories for the interviews for each research participant. Participants were asked before and after each interview session if there was something they wished to add that had yet to be mentioned in the interview (Foley et al., 2021; Artinian, 2009; Strauss & Corbin, 1990).

The interviews were held in Faroese, as it was the first language of participants and researchers and lasted approximately an hour. The interviews were conducted over five weeks, approximately one week between each. All 12 interviews were audio-recorded with participants' full consent (Kvale & Brinkmann, 2015). The recordings and information surrounding the participants were securely stored according to the General Data Protection Regulation (GDPR).

We interviewed the participants several times to obtain rich and deep accounts of the four women's experiences as Faroese women growing up in the Faroe Islands and having limited reproductive autonomy. Relevant sections of the interviews were transcribed, coded, and analysed by the two authors involved in the study (Strauss & Corbin, 1990). This method ensured more valid, extensive accounts and allowed a deeper understanding of the women and their experiences (Guest, Bunce & Johnson, 2006). This method built familiarity and trust between the researcher and participants (Read, 2018).

The video-conferencing tool Zoom was used to facilitate long-distance, international communication. Using a video-conferencing tool allowed reaching participants, we would otherwise not have been able to interview because of the time limitations of the current study. Online interviews are valuable substitutes for face-to-face

[4] Inspired by anonymous real-life stories from Faroese women
https://www.frittval.fo/abort-s%C3%B8gur

interviews, offering increased openness and expressiveness (Cabaroglu et al., 2010; Deakin & Wakefield, 2014; Mabragaña et al., 2013; Gray et al., 2020).

To ensure the participants' satisfaction and protection of their rights, all individuals were asked to sign a consent form and provided a clear explanation of their rights before proceeding with the interview process. Names were replaced with pseudonyms, and revealing personal information was kept vague or altered to protect the participants from being recognised. This was especially important when conducting a study in a small country such as the Faroe Islands, where demographic and personal details easily identified people.

We recognised the sensitivity of the research subject, particularly its controversial nature and potential for prejudice and emotional distress. Interview participants were informed that they should not sacrifice their mental health to answer perceived uncomfortable questions and were offered a follow-up meeting to address their concerns.

Data Analysis

The study employed constant comparative analysis (Glaser & Strauss, 1965). Each interview was coded with open coding before the following interview, which ensured an interplay between data collection and data analysis in line with the grounded theory method (Strauss & Corbin, 1990; Artinian, 2009). Because of the unstructured nature of the interviews, relevant phenomena were allowed to develop. Open coding between subsequent interviews allowed researchers further reflection and data saturation was obtained after three interviews (Guest, Bunce & Johnson, 2006). After concluding the interview phase, axial coding was conducted on all four participants separately, and relevant categories for the participants were identified. As this project's scope was limited by time, the same researcher conducted the interviews and the open coding. Both authors conducted axial coding collectively to reduce and integrate the number of phenomena identified into fewer specified categories (Strauss & Corbin, 1990). After that, we used open coding for the final integration of categories and to identify the overarching core category established through the current study (Strauss & Corbin, 1990).

Reflexivity in Qualitative Research

Reflexivity involves self-consciously critiquing, appraising and evaluating how researchers' subjectivity and context influence the research process. Researchers employ reflexivity through "continuous, collaborative, and multifaceted practices" (Olmos-Vega, 2023, p. 242). In GT, it is essential to critically understand how our subjectivity affects data generation (Strauss, 1995; Strauss & Corbin, 1990). The authors were born and raised in the Faroe Islands. This gave them a unique insider perspective that allowed for a deeper understanding of different social phenomena the participants spoke of. At the same time, it might have influenced the authors to take certain aspects for granted because of their cultural socialisation. Here, reflexive practice between the authors and the supervisor, Einar Baldvin Baldursson, helped question what might have been seen as a matter of course. The authors also engaged in methodological self-consciousness, trying to discover how our "world-view, language, meanings and unearned privileges enter our research" (Charmaz & Belgrave, 2019, p. 750).

Findings

This study explored the consequences Faroese women might experience by having limited reproductive autonomy in their own country. Therefore, we presented the four women separately as we sought to understand their subjective meanings and experiences. Their statements were reproduced verbatim, translated from Faroese to English by the authors, to enhance understanding of the themes identified through the empirical data. This research did not seek to generalise from the findings as it was a small qualitative study.

Lena

Lena grew up in Tórshavn and expressed feeling oppressed by societal norms that limited women's rights in the Faroe Islands. She struggled with identifying as a Faroese woman and questioned moving back due to not feeling at home in her own country. Lena desired autonomy and independence, believing women should control their bodies and reproductive health. She felt that limited reproductive autonomy negatively affected Faroese women and emphasised that it was a human right and that women were competent enough to make that decision themselves.

Kristina

Kristina strongly opposed abortion for women, except in cases where it was necessary to save the mother's life. Raised in a Christian community known as the "Bible Belt", Kristina's religious beliefs and Faroese cultural norms contributed to her stance on abortion. She believed in the value of all human life. She saw the protection of the foetus as a way to protect women against the negative mental health consequences she felt women experienced after an abortion. She believed that laws against abortion were in place to protect women. When admitting to this study, Kristina stated that she was against abortion but that she sympathised with women having an abortion and understood why some chose abortion due to a complicated pregnancy and maternity leave experience.

Marin

Marin, a Tórshavn native, described herself as neutral on the topic of abortion. She acknowledged both sides of the debate and argued for women's ability to make their own choices while also considering concerns such as the potential eradication of individuals with Down syndrome. Marin had a condition that allowed her to undergo an abortion in the Faroe Islands, but during her second pregnancy, she felt her concerns were not taken seriously. She felt she had to fight to get the necessary tests to make an informed decision. She ended up not getting an abortion. Marin felt that discussing abortion openly in the Faroe Islands was challenging due to the associated shame and stigma.

Sofía

Sofía grew up in one of the small villages in the Faroe Islands. She had an abortion during her teenage years. She felt she could not be herself and feared judgement and gossip in the Faroe Islands. Sofía initially believed abortion was illegal until her mother suggested it as an option. Moving away from the Faroe Islands provided her with a sense of freedom. However, she experienced mental health consequences following the procedure, influenced by stigmatisation in public debates and personal experiences with individuals who portrayed women who have abortions negatively. Sofía highlighted the importance of women being able to make their own reproductive decisions while also expressing hesitancy and concern about the possible consequences and societal costs.

Stigma and Shame

The finding showed that stigma and shame were themes that weighed heavily on the women. The four women, all on their own accord, mentioned shame to some degree, whether perceived shame tied to abortion, the shame felt about abortion, stigmatisation of abortion in Faroese society and self-stigmatisation through expectations of judgement from others.

Abortion as socially unacceptable

All four women in the study acknowledged abortion as socially unacceptable in the Faroe Islands.

> Terrible *terrible* shame associated with it … If you end up there, to think that you killed a child then it is a terrible shame or terrible sense of guilt. It's not just stealing candy from the store or you know doing something, it is an extreme shame that is very paralysing. Or shame, I don't know if shame is the right thing, but a sense of guilt… I believe there is an innate part. At the same time I probably also know that there is probably also a societal part. That it is a mixture. To become pregnant and give birth is a biological part of us. To take care of and protect your offspring is a biological part … then I also believe, as a person of faith, that it is something that God has created, and something that is holy, again, that the life has value, that this is a part of it [the shame] (Kristina)

According to this, Kristina represented the more conservative traditional Christian opinion on abortion in the Faroe Islands. It was perceived as killing your child, a sinful act that evoked profound shame or guilt.

> I also have a 4-year old that gets angry when he isn't allowed to run onto the road. But I have some rules to protect him. This is also a bit like that. In this case it is my opinion that the rules are also there to protect the woman. (Kristina)

Kristina's statement pointed to a view stigmatising women, where they were compared to children who needed rules to protect them from themselves, suggesting that they were incapable of rational decision-making regarding abortion.

> Abortion is so shameful in the Faroe Islands – it is such a big taboo… Just the fact that choosing an abortion can be hard, no matter the circumstance, but to live in a country where abortion is so shameful is just to put more burden on the women who actually have to make this decision … It is so deeply rooted

> in us that abortion is wrong. Even though I personally do not think it is wrong, that feeling is deeply rooted in me. That this is something you do not talk about. I think it comes from living in a conservative society. Everybody is talking about everybody, and everybody has an opinion about how you are supposed to live your life. And the debate on the radio and news stations are not helping. (Marin)

Marin's statement spoke to the complexity of societal expectations in the Faroe Islands and how they affected women. It became so deeply rooted in women that they were wrong for choosing abortion that self-stigmatisation and being silent became the norm and a way to prevent judgement from the environment.

The heated debate about abortion

The abortion debate was a repeated topic in Lena, Sofía and Marin's interviews. All three have experienced either first or second-hand how it negatively impacted women and was an emotionally charged subject in the Faroe Islands. They verbalised it as a harsh, vicious and mud-slinging debate.

> It isn't a debate I can't take distance [emotionally] from, therefore I know that it is best for me to avoid actively. For my own mental health. I have high regard for those that stayed in the Faroe Islands … to push against the barriers and the environment that is in the Faroe Islands. I feel like I took an easier way by just leaving. (Lena)

Lena felt an emotional burden of "fighting" against oppressive socio-cultural norms. There was guilt for leaving and taking distance. She felt a responsibility to fight for change. At the same time, Lena was aware of the potential consequences for her mental health for speaking out against societal norms in the Faroe Islands.

> It is like you have [in the Faroese society] "the heathens" versus "the religious" - the people who are good enough versus those who are not good enough… You are *so* fast in judging people on what is wrong and right. (Marin)

Marin thought religion played a role in dividing the Faroese people. She perceived the debate as very polarised and that there was a responsibility to be on the "right" side of the debate. She felt there was pressure to be "good enough", but at the same time, she could not agree with the anti-abortion agenda.

As a woman, who had an abortion, Sofías experience showcased the consequences of women who had abortions being a target in the harsh debate.

> Did I do something wrong, is it me? … Am I a murderer? … What have I done … if I read something or heard something that they said, it was especially then I became very sad and started to think about if it was me. That there was something wrong with me and blamed myself …
>
> I was a bit easily triggered. I could be driving the car and hear something, some feature on the radio, where they talk about abortion, where I became very emotional and started crying. And I also sat like "why am I reacting this way?" A bit annoyed at myself. And somehow I was also ashamed. It was something that weighed a lot on my mind. Weird feelings, also because it changed a lot between, then I was sad about it and then I was happy about it, and then "have I done something wrong?" and then "No, it isn't wrong, it was the best." Very turbulent, especially the first year. (Sofía)

Statements often found in the debate were echoed in Sofía's words. It created emotional turmoil, self-blame and self-stigmatisation to listen to other people's stigmatising and shaming words. The negative portrayal of women who undergo abortions in public debates made her question whether abortion was right. She felt she had done something wrong, even if she was happy about her decision.

"Be careful whom you tell this to"

That abortion was perceived as a taboo and stigmatised in society caused close relatives in Marin and Sofía's lives to tell them to be careful to whom they disclosed their experiences.

> I was told [by mother] "be careful whom you tell this to" because you never know how judging people could be … In the Faroe Islands, you are afraid to say it. You have this fear all the time, how will they react? Are they going to judge me? are they going to tell it to others because it is a big scandal or? You are afraid there are going to be rumours and that you will be viewed negatively … Sometimes [when discussing abortion with others] I was like "Uh, have I said too much, am I seen through? (Sofía)

> I was afraid of what people were going to say and think. What are they going to think about my ability as a mother? If I do not have the resources to take care of this child, how can I then have resources to take care of the older child?" … My mother also told me that I should not tell my grandparents about my considerations … Then I thought ... *Okay*, now I'm doing something that people *really* are against (Marin)

There was an experience of fear of judgement and being discredited associated with disclosing their experience to others. The fear was rooted in the perceived stigma and taboo surrounding abortion in the Faroe Islands. This apprehension made Marin and Sofía reluctant to talk about their experiences to anyone. Sofía felt she had to constantly monitor how much she relayed in conversation not to seem like she knew too much, or she would be "seen through". This made for a constant evaluation of the information she disclosed, an undue burden on her to filtrate a part of herself in conversations. Sofía and Marin experienced self-stigmatisation and self-blame, further lamented in the above quote from "the heated debate about abortion", where Sofía questioned whether she was a murderer.

> Today [when discussing abortion] I also sometimes say that I was about to take an abortion – but then people say "Yeah, but you kept it. So it isn't that bad." (Marin)

Marin experienced her considerations regarding abortion undermined because she ended up "doing the right thing" and chose not to get an abortion.

In a situation where Sofía talks about abortion with friends from the gymnasium, one girl, who normally voiced that she was pro-choice, voiced a different opinion:

> [Her friend] "But at our age, there is no excuse for getting an abortion, because now we are old enough that we can handle it ourselves" …That was also when I became more like "Okay, I probably shouldn't tell anyone" (Sofía)

This experience made Sofía feel that even people she thought were safe were unsafe to disclose her experience to.

In the interviews, Sofía expressed relief in talking freely about her experience to someone who listened without judgement. She mentioned it was a good experience to see how she had grown with her experience and how she had changed over the years since her abortion. This was significant in shedding light on the burden of staying silent about abortion in the Faroe Islands.

Do they have the option?

Marin, Lena and Sofía stated that they had reflected over or doubted if they would be allowed abortion in the Faroe Islands.

> I know that there are some that get allowed an abortion. Or if they get a no, they just call another doctor and ask them (Marin)

The aspect of Faorese women calling around finding a doctor that would allow them to get an abortion or negotiating having the option of abortion was also something that was mentioned by Sofía and Lena.

> I didn't really see abortion as a possibility … It wasn't before she [her mother] told me it was a possibility that I myself realised it was possible, because otherwise you always just think "well, it's not possible, it's *illegal*"… It was when she said that it was okay to have an abortion that I thought "okay", you know. Then I saw it as a possibility (Sofía)

Sofía initially did not consider abortion as an option. The notion of having to be "allowed" abortion and the need to convince healthcare providers reinforced a lack of control over their reproductive choices. They felt dependent on others to make decisions for them.

> I was happy too that I have a condition and that I can get an abortion. Even though there is nothing to be happy about in my condition – but I know that if I get pregnant and want an abortion I can because of my condition. (Marin)

Marin felt a sense of relief knowing that her condition gave her the option of getting an abortion if she were to need one. While she acknowledged that there was nothing to be happy about regarding the condition, Marin seemed comforted that she had the choice to end a pregnancy if she wanted to.

> [M]y doctor had said, that no matter what, I mustn't say [to the gynaecologist the real] reason why I wanted one … But I blanked and was like "But i can't have a child, I'm only 19 and I go to school. I have plans, I don't have time for this." So I said exactly what she said I shouldn't say. It's not because she was very happy, this gynaecologist. You couldn't really read her, you didn't really know which way this was going to go. Do I get one, do I not? She didn't really show emotions, she was a bit cold, somehow. And then, at the

> end, she asked me if Tuesday was a good time. And when she said that, it was like [sigh of relief] "oh, *fantastic*, I actually get one!"… (Sofía)

Sofía experienced emotional burdens and concerns about future consequences due to limited reproductive autonomy. The need to convince healthcare providers to obtain an abortion highlighted a power imbalance and the challenging process that she went through.

> What have you written in my chart? What category am I under for me to be able to [have an abortion]. I have also thought "Oh, I should investigate it" Because it's also very wrong if it states in my chart that "oh, but I am mentally unstable and can't take care of my child" when that's not at all the reason. What if it's gonna affect my future when I actually get a child? If it would play a role if that's what was written? That's also worrying actually … I would easily have been able to have a child at that point if that was what I wanted. I think it's wrong that there should be written something that isn't really true and can affect my future" (Sofía)

Sofía realised that she was unaware of what was documented in her medical records of why she was allowed her abortion. This contributed to visible and verbalised worry and anxiety. She contemplated the potential impact on her future when she decided to have children.

Supportive Networks and Access to Resources

> I know that my family would support me in getting one [abortion] in Denmark. I have family that lives in Denmark, I could pretty easily go to Denmark. I have probably always known that would have to happen … It was easier than trying to beg some doctor in the Faroe Islands. (Lena)

Lena felt it would be easier to travel to Denmark than to negotiate to get an abortion in the Faroe Islands. The resources available to Lena made her feel secure in having access to abortion elsewhere.

Marin demonstrated taking matters into her own hands when faced with barriers in the healthcare system. In order to find out if the foetus had her condition, they had to test the foetus.

> I hadn't made a choice [about abortion] before the [healthcare] test. I began feeling "panicky" because it was getting closer to week 12 … I felt like there were hindrances through the whole process … So I called the gynaecologist

on her private number that I found online, and asked "What is happening? Why am I not getting the check?" … I took matters into my own hands, and called the Danish national hospital and got an appointment the next day. (Marin)

Marin experienced resistance to getting the right help to make an informed decision about whether or not she wanted an abortion. Marin stated she had the internal resources to confront the gynaecologist and demand answers. Also, due to her knowledge of the healthcare system, she knew where to call to receive assistance from the national hospital in Denmark in getting the testing done.

Having a supportive network and access to external and internal resources significantly impacted the experiences of the Faroese women in navigating limited abortion access.

Trouble conforming to the traditional role Faroese women are expected to take on

The statements of Sofía and Lena might highlight the challenges Faroese women face in conforming to societal expectations and norms.

> When I moved, I needed a lot of distance … I don't feel at home in my own home, and that makes me uncomfortable … Is being Faroese and living in the Faroe Island something that fits with the identity that I have? (Lena)

> If I move back, it's because something went *terribly* wrong … When I moved to Denmark, I could talk more openly about it [her abortion], because there is nothing wrong with it and you know that people don't judge you the same way in Denmark. (Sofía)

Lena and Sofía's experiences navigating restrictive societal norms caused feelings of not feeling at home in the Faroe Islands. When leaving, Sofia experienced relief in openly disclosing part of her experiences that she had to hide when living in the Faroe Islands in fear of stigma.

> In the Faroe Islands, you focus a lot on the unborn child and focus less on the woman … You get down prioritised over something that doesn't really exist yet, your rights are taken away from you … I exist, I have a life and I have priorities and rights. It just isn't seen. It's looked down upon over something

> that doesn't have any thoughts. Something else is prioritised over you, which doesn't exist …You might not see your own worth as much, it affects your sense of self confidence and joy of life. Those definitely play a role, when you feel down-prioritised…Yes, you get down prioritised. Just the gender. Urgh (shakes her head). (Sofía)

Sofía expressed that she felt that the devaluation of women's rights led to a diminished sense of self-confidence, self-worth, and joy in life. Sofia's feelings of being down-prioritised showcased the emotional impact of living in a conservative society where abortion was stigmatised. Her statements also reflected a sense of frustration and feelings of unfairness.

When asked how she thought a woman who sought abortion would feel if she got a no, Marin answered:

> I'm guessing she would have felt like a little child. That a highly educated doctor should make decisions about your future - That I believe would be like being hit in the face (Marin)

Marin struggled with the rules for women in Faroese society. She stated that she was neither pro-choice nor pro-life. However, the statement above showcased that she disagreed with Faroese women's inability to make their own reproductive decisions and felt they were treated like children in Faroese society.

Kristina agreed with the traditional Christian conservative norms in the Faroe Islands.

> All life has value… the foetus has value, so protect that, and through that you also protect the woman… So, it [being against abortion] is not because you wish ill upon the woman, absolutely not … [However] I understand, if women that feel the same as me, and have these feelings toward the child, and if the surroundings also are terrible, then I understand well that they don't choose the child. Because I had no good feelings. And I thought about it[her baby] as a parasite (Kristina)

Kristina felt that her experiences with infertility and motherhood gave her a more nuanced perspective and allowed her to better understand why some women choose abortion. She, however, continued to believe that abortion was never the answer. Kristina's perspective showcased a different opinion of conforming to traditional societal values. Kristina did not report having the same troubles identifying as a Faroese woman, even if she experienced hardship with pregnancy and motherhood.

Overall, the analysis of these perspectives reveals that limited reproductive autonomy affects Faroese women differently. It can lead to a desire for autonomy and the recognition of women's rights, as seen in Lena's and Sofía's perspectives. As reflected in Kristina's viewpoint, it can also be influenced by religious and cultural norms. Furthermore, the moral outrage, social unacceptability of abortion and heated public debate on whether abortion should be illegal may prompt a more neutral or cautious approach to the abortion debate, as demonstrated by Marin's stance. These diverse perspectives shed light on the complex interplay between societal norms, personal beliefs, and reproductive autonomy among Faroese women.

Consequences of limiting reproductive autonomy in the Faroe Islands

The overarching theme taken from the categories was that Faroese women were burdened with navigating and continuously negotiating their reproductive roles in Faroese society when abortion was illegal, with a few exceptions. They had to filter parts of themselves in conversations to safeguard themselves from judgement and stigmatisation. The stigmatising debate and unacceptability of abortion contributed to internalised stigma and shame surrounding abortion. This further cemented their silence in contributing to the debate, conforming, and internalising the negative societal opinions towards women. The consequences resulted in the women in the study not feeling accepted or at home in the Faroe Islands. They felt the pressure of identity negotiation. Lena and Sofía left The Faroe Islands to find somewhere without restrictive conservative expectations of women. This, in turn, could be associated with the guilt of not staying and taking up the fight they perceived necessary to make room for them in the Faroe Islands. Marin and Kristina questioned and redefined their identities within the context of the sociocultural roles in society based on the surroundings they had been brought up in. However, Marin constantly had to use resources to fight for the proper care she needed to make informed reproductive decisions and felt she was being worked against every step. The women's varying reactions in the study seemed dependent on their internal and external resources. The women had to continuously justify to themselves and society why they, in particular, deserved an abortion, which affected Lena, Marin and Sofía

differently depending on their situations. Lena had the resources to know she could go somewhere else and was angry at having to do that. Marin had an "excuse" that made abortion services available if needed. To some extent, she felt relief, which attested to the burden of justifying access to the right care. Sofía's reaction highlighted the negative consequences of this. Due to the harsh public debate and being told her choice was wrong, she experienced emotional turmoil because of doubt regarding whether she had made the right choice.

Discussion

The present study has used GT to identify the relationship between living in a society where abortion access is limited and the consequences thereof. It has been possible to study women's experiences and identify four different ways of reacting when having limited reproductive autonomy from four different women. In doing so, the current study adds to the literature what the consequences of limiting access to abortion can have for Faroese women and the consequences of it on their everyday lives. Further, it adds to the literature on how abortion stigma negatively impacts women who seek abortion.

It is essential to acknowledge that the impact of living in a society without abortion rights varies among Faroese women. We see in our sample, and as they mention themselves, they have substantial internal and external resources. Therefore our findings are not consistent for all Faroese women.

Limited reproductive autonomy and mental health

Participants' experiences reflect stigma and shame, leading to guilt, isolation and a sense of being judged. In Sofía's case, guilt led to a negative self-image and self-blame and contributed to a feeling that she did something wrong. Emotional distress is also evident, as some participants grapple with anger, frustration, sadness, and concern. These findings highlight the adverse psychological effects of limited reproductive autonomy.

While there is ongoing controversy regarding the mental health consequences of abortion, newer studies have not found evidence to suggest a higher risk of negative mental health consequences for women who have had an abortion (Steinberg et al., 2019; van Ditzhuijzen, 2018; Reardon, 2018; Zareba et al., 2020). The focus of

abortion research has traditionally centred on the procedure's safety and negative health consequences for women, often overlooking women's experiences (Bradshaw & Slade, 2003; Alam et al., 2020). It is important to consider women's voices and experiences in abortion research. While some have suggested a direct causal link between abortion and negative mental health consequences, including post-traumatic stress disorder (PTSD) (Major et al., 2008; Robinson et al., 2009), it is worth noting that Reardon (2018) has argued the controversy surrounding abortion-related PTSD was more driven by political factors than scientific evidence. He acknowledged that all pregnancy outcomes carried certain risks and recognised that some women might experience emotional distress following an abortion. However, Reardon (2018) also highlighted that most women did not suffer from adverse mental health effects following abortion.

In addition, researchers have argued that the psychological consequences experienced by women after abortion came from shame and stigma, which negatively impacted their psychological well-being (Huss, 2021; Hatzenbuehler et al., 2013). Our findings support this perspective, indicating that stigma, shame, and self-blame associated with reproductive choices contribute to emotional distress, feelings of worthlessness, and a sense of being undervalued by society.

Nonetheless, further research is needed in this field, as it remains relatively understudied and warrants more attention (Huss, 2021; Reardon, 2018).

Recognising the psychological toll that limited reproductive autonomy takes on Faroese women is crucial. Addressing these psychological consequences necessitates comprehensive support systems, including access to non-judgmental counselling services, education on reproductive health rights, and promoting an inclusive and accepting societal attitude towards women's reproductive choices (Curley & Johnston, 2013; Reardon, 2018; Zareba et al., 2020).

Shame and Stigma

Understanding the role of shame in the context of abortion is crucial, particularly in societies where abortion is socially unacceptable, such as the Faroe Islands, where it is illegal and heavily stigmatised (Huss, 2021; Kumar et al., 2009; Shellenberg et al., 2011). The findings indicate that shame and stigma are evident in the heated debate. At the same time, stigma and the conservative abortion law make abortion socially

unacceptable and lead women not to tell anyone. However, it is noteworthy that shame and stigma are not limited to countries with restrictive abortion laws. Researchers have identified the presence of shame, stigma, and self-stigmatisation even in neighbouring countries where abortion had been legal for some time (Astbury-Ward et al., 2012; Røseth et al., 2022). Shame is an emotion that has been studied for its potential adverse health consequences, and it was considered a possible transdiagnostic factor contributing to and maintaining mental illness (Pinto-Gouveia & Matos, 2011; Brewin et al., 2000; Crowe, 2004). It was associated with heightened anxiety, depression, and diminished self-worth. Women who experience shame related to their reproductive choices, such as abortion, may suffer from prolonged emotional distress, isolation, and internalised negative self-perception. These psychological effects can have a lasting impact on women's mental health. Given the significant impact of shame, stigma, and self-stigmatisation surrounding abortion, it is essential to understand better the stigmatisation of abortion, shame and the negative health consequences for women.

Migrating from the Faroe Islands

The data highlights the impact of limited reproductive autonomy on the sense of identity and migration decisions of Lena, Sofía, and Marin. Conforming to societal expectations in the Faroe Islands proved challenging to them. They expressed feelings of struggling to negotiate their rights and doubted whether or not they would be allowed abortions in the Faroe Islands. With their semi-autonomous status under Danish jurisdiction, the Faroe Islands have a history of young people migrating to Denmark for education and work opportunities (Hayfield, 2012; 2017). While Faroese people are highly mobile and likely to return, statistics indicate fewer women returning than men (Hamilton et al., 2004; Hayfield, 2012; 2017). The empirical findings underscore the profound impact of limited reproductive autonomy, particularly evident in Lena and Sofía's narratives. Restrictive societal norms clash with personal values, aspirations, and cultural expectations, leading Faroese women to consider migrating to more inclusive societies (Leighton, 2018; Plous, 2003).

The challenges faced by Faroese women in reconciling their cultural identity with their desire for reproductive freedom and rights deserve further discussion.

Addressing restrictive societal norms and supporting women in navigating their identities can foster an inclusive and empowering environment for Faroese women.

Limitations and future directions

The current study aimed to examine the potential consequences of limited reproductive autonomy on Faroese women. GT provided a framework to identify relationships between categories grounded in the empirical data collected (Timonen et al., 2018). However, due to time constraints, the analysis was not exhaustive, and there is more to be explored in this understudied area. As Strauss (1995) stated, there was a point in the research where "time, personal interest, and other resources run out" (Strauss, 1995, p. 16).

It is important to acknowledge the limitations of our study. We recognised that the participants in our sample considered themselves assertive and had supportive families, which might not represent most Faroese women. Therefore, our study served as a starting point, inviting further research to delve into the experiences of marginalised groups, such as low-income women, immigrant women, or individuals from minority communities in the Faroe Islands. This inclusive approach will foster a more comprehensive understanding of the research area.

Conclusion

In conclusion, the current study contributes to an understudied area of research regarding how women are affected by living in a country where their reproductive autonomy is limited. Findings suggest that possible consequences are that Faroese women constantly have to navigate and negotiate their reproductive role in society and experience shame, guilt and stigma regarding their reproductive decisions, self-blame and negative self-image. Emotional distress was also evident in the findings, as some participants grappled with anger, frustration, sadness, and concern. The study demonstrates the negative mental health consequences for women who experience shame, abortion stigma and limited reproductive autonomy. Further, the study contributes to research on the impact of restrictive socio-cultural and religious values on abortion opinions and the consequences of negative social attitudes towards women in a conservative society.

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Framing the psychological consequences of limited reproductive autonomy

Introduction

In the article, we investigated how it affected Faroese women not to have the right to reproductive autonomy in their own country. The article's findings demonstrated that the lack of reproductive autonomy significantly impacted these women, leading to shame and stigma associated with the social unacceptability of abortion. The heated abortion debate further exacerbated their experiences. The shame and stigma compelled them to endure their struggles silently. The research also highlight the internal conflict experienced by women in conforming to traditional gender roles, resulting in emotional burden, loss of agency, and a sense of helplessness. Furthermore, the findings indicate that these experiences vary depending on the availability of support and the influence of different cultural norms, shaping women's self-perception.

This part of the thesis delved into the differential effects of living in a society without abortion rights on Faroese women. In the Faroe Islands, women are deprived of the fundamental right to abortion (UN CEDAW, 2021). This absence of reproductive autonomy raised essential questions about the psychological consequences endured by Faroese women living in a society that restricts their ability to make choices regarding their bodies (Røseth et al., 2022). The issue of abortion is highly contentious and polarising, encompassing moral, ethical, human rights, gender equality, gender roles, and existential considerations (Jelen & Wilcox, 2003; Røseth et al., 2022). As mentioned in the article, the right to abortion was intertwined with a more extensive, complex social terrain in the Faroe Islands. There were influences from social and cultural norms and religious beliefs (Hermansdóttir, 2022; Hayfield, 2018). To better understand how women were influenced, we will explore the broader societal implications, considering the macro-level perspective.

We argue that understanding the psychological consequences of living in a society without abortion rights is essential for addressing the welfare of Faroese women. By investigating the interplay of these themes and theories, we hope to contribute to the existing literature and foster informed discussions regarding reproductive autonomy,

gender equality, and the psychological ramifications of oppressive social systems (Jelen & Wilcox, 2003; Røseth et al., 2022). Moreover, this research can provide valuable insights for policymakers and advocates seeking to support and empower Faroese women to pursue reproductive freedom and improve their mental health.

In the following sections, we explored the experiences of Faroese women within the context of limited abortion rights. We examined the psychological dimensions of oppression and how our participants represented these perspectives. Next, we explored the effects of shame and stigmatisation. We then further analysed the findings using theoretical psychological perspectives of social identity theory, social learning theory, and locus of control. Lastly, we addressed how psychologists could aid women in breaking free of internalised oppression and navigating the mental health consequences of their experience using CBT. By addressing these aspects, we aimed to contribute to a deeper understanding of the consequences that Faroese women might experience living in a society with limited reproductive autonomy.

Understanding Oppression in the Context of Abortion Restrictions

In this section, we examined the more extensive social-psychological mechanisms of oppression. Oppression refers to the systematic mistreatment, marginalisation, and devaluation of specific individuals or groups based on their identity and characteristics (David & Dethick, 2013; Plous, 2003). Leighton (2018) argued that oppression can manifest at various levels, including individual, interpersonal, social, and institutional. It seeks to undermine and dehumanise certain groups of people, resulting in different forms of discrimination, such as sexism, classism, and racism. While direct and blatant forms of oppression have become less prevalent in contemporary Western society, Leighton (2018) argued that a new, equally harmful form of oppression has emerged, which takes on a subtler and more insidious form.

Leighton (2018) presented that this oppression was characterised by "*colour-blindness*, " disregarding acknowledging individual differences. Additionally, microaggressions played a role in perpetuating oppression. Microaggressions are brief, everyday exchanges that convey derogatory messages to targeted groups (Leighton, 2018; Deutsch, 2006). The denial of the existence of oppression further exacerbates contemporary oppression, making it more challenging

to identify and combat. When oppression works on an institutional level by creating laws that limit women's reproductive rights, it becomes a systemic practice that does not need active oppressive participation and becomes invisible to the everyday eye. Thereby, the individual's responsibility in oppression becomes invisible (Dovidio et al., 2010).

Regarding Faroese women living in a society without abortion rights, we argue that denying reproductive autonomy can be seen as a form of oppression. By restricting their ability to make decisions about their bodies, these women are subjected to a system that limits their agency and perpetuates gender inequalities. Hence, women not having the right to abortion rights creates a power imbalance that affects women and reinforces existing gender inequalities within Faroese society (Plous, 2003; UN CEDAW, 2021). It reinforces the notion that women's reproductive choices should be controlled by external forces, disregarding their autonomy and disregarding their lived experiences and needs. The denial of reproductive autonomy not only preserves gender discrimination but also undermines women's overall welfare and rights to bodily integrity and autonomy (Leighton, 2018; Dovidio, 2010; Plous, 2003).

In order to enhance our comprehension of the mechanisms underpinning oppression, we introduce three relevant forms of social bias that explain the experiences of the four participants and the presence of oppression in the Faroe Islands. The three forms are *prejudice,* an attitude that reflects a comprehensive evaluation of a group; *stereotypes*, encompassing associations and attributions of specific characteristics to a group; and *discrimination*, which represents biassed behaviours and treatment towards a group or its members (Dovidio et al., 2010). The conceptualisation of each of these biases has developed over time. For instance, recent research distinguished between implicit and explicit cognition significantly influenced how scholars defined prejudice and stereotypes. Moreover, discrimination has evolved beyond focusing on individual engagement in biassed treatment, encompassing how institutional policies and cultural processes perpetuated disparities among different groups (Dovidio et al., 2010). Below we provide an understanding of these concepts regarding our combined findings.

Stereotypes

The term *stereotype* refers to what comes to mind when describing specific social groups. At first, the terms had negative connotations, referring to faulty views and rigid thinking. At the same time, more recent research looked at the functionality and dynamic aspects of stereotypes "simplifying a complex environment" (Dovidio et al., 2010, p. 7). We use stereotypes to process information about others by creating cognitive schemas. However, stereotypes are also created by and reinforce discrimination. These characteristics influence perceptions, interpretations and judgements about the social group that members of the social group are socialised to adopt to rationalise their group position (Dovidio et al., 2010). In the Faroe Islands, our perspective is that the abortion law systematically upholds a stereotype that women are incapable of rational decision-making and therefore have to be protected from themselves, which is verbalised by Kristina. It also perpetuates that women must become mothers, and if they do not want children, they are lacking in some way. The Faroese abortion law implies the stereotype that all women want motherhood. Those who deviate from this ideal are seen as psychologically lacking in some way (Nolsøe, 2023; Kumar et al., 2009).

Prejudice

Allport (1954, p. 7) defined prejudice as "an aversive or hostile attitude toward a person who belongs to a group, simply because he belongs to that group, and is therefore presumed to have the objectionable qualities ascribed to the group". It presents an individual-level internal attitude that creates or maintains hierarchical status relations between groups. This can be done, for example, through negative stereotypes and discrimination, cementing the perception of the categorisations and making them resistant to change (Dovidio et al., 2010; Plous, 2003). Hogg and Adams (1988) argued that individuals who deemed specific social categorisation important were more likely to stereotype and, therefore, be prejudiced. Based on the current conceptualisation, sexism is a form of prejudice (Glick & Fiske, 1996).

Prejudice seems to be more prevalent in a small society such as the Faroe Islands. We base this assumption on participants' statements, which showcase that there are negative attitudes present in society that continue the stereotype that motherhood is ideal for women. Through this notion, abortion becomes socially unacceptable, and prejudice against women who seek abortions occurs because they go against social

norms for their social group. They are perceived as psychologically lacking or irresponsible (Kumar et al., 2009; Hoggart, 2017). In the Faroe Islands, the attitude that women who seek abortions are murderers is also prevalent. Thereby, women who seek abortions are ascribed a negative generalised attitude, or in other words, are prejudiced against. A possible reason for this prevalence of prejudice might be that the Faroe Islands is a small community. On the one hand, individuals who do not behave according to standards set for the specific social group they are a part of are more visible. On the other hand, for society to function, each member of a specific social group needs to behave according to the norms to avoid disrupting a more delicate balance of social order (Glowacki & Lew-Levy, 2022; Hayfield, 2018).

Discrimination

Discrimination is when a group of people are disadvantaged or treated unjustly because they belong to a specific social group (Plous, 2003). If we flip the coin, it can be seen as behaviour that creates, maintains or reinforces an advantage for one social group over another, which puts the other group at a disadvantage (Dovidio et al., 2010). We can see discrimination at an individual level, through behaviour, and at an institutional level, through laws and policies (p. Plous, 2003). As mentioned, institutional discrimination can operate independently from individual discrimination as it does not require someone to support it actively. Therefore, discriminating laws can persist and be seen as correct and upholding long-standing ritualised practices that are assumed to be correct and moral (Dovidio et al., 2010). This is relevant to how we see the conservative abortion law in the Faroe Islands, dating back to 1956. To combat laws that cause discrimination, when public opinion might be that it is right or moral, we must convey the negative consequences it has for the affected group (Dovidio et al., 2010). This is one of the overarching objectives of the current project.

Some argue that discrimination can be intentional and unintentional, outside the awareness of the one who inflicts discrimination (Bertrand et al., 2005). Traditionally, however, discrimination is seen as explicit behaviour. Unlike prejudice and stereotypes, as they are seen as intrapsychic phenomena, discrimination can occur towards specific members of a group or groups as a whole. Prejudice and

stereotypes can vary more in the level of awareness in the person who is prejudiced or holds certain stereotypes (Dividio et al., 2010)

Historically, discrimination has had severe consequences for minorities subjected to discrimination (Plous, 2003). It is still something we see today, but in more subtle forms than documented. However, it still affects the affected groups' mental and physical health (Pascoe & Richman, 2009).

In the current sections, we have delved into the mechanisms of oppression, stereotypes, prejudice and discrimination. We have related them to how our interviews with the four Faroese women have shown their presence in Faroese society. In discrimination, we learned that discrimination can operate on several levels in society. In the next section, we examine how our interviews and Faroese research have shown how oppression operates on three societal levels, based on the Leightons (2018) understanding presented in the "Understanding oppression" section.

Three Layers of Sexism

The three operating levels of sexism are institutionalised, interpersonal, and internalised (Bearman & Amrhein, 2013; Leighton, 2018). In the current section, we elaborate on the three layers and relate them to our data and Faroese research.

Institutionalised sexism

The premise of the research article was to better understand the consequences for women having limited access to abortion in the Faroe Islands. *Institutionalised sexism* is when sexism is present in social, political and economic institutions. It represents policies, laws and media coverage where women’s rights are limited and portrayed negatively or otherwise put at a disadvantage (Bearman & Amrhein, 2013; Leighton, 2018). We can identify two ways the Faroe Islands carry out institutionalised sexism. By withholding access to reproductive care (e.g. abortion), women are at a disadvantage at an institutional level. The other is that women, who have abortions, are portrayed negatively in the media (often by people in power, such as politicians, doctors, and religious leaders), which constitutes prejudiced attitudes. In the Faroe Islands, the abortion debate has historically been characterised by words such as “murderer” and “adultery”. Abortion is framed as the easy way out, and

unlimited access to abortion is compared to the nazi regime (Javnaðarflokkurin á fólkatingi, 2017).

Nolsøe (2023) describes the further-reaching consequences of a law that limits access to abortion. The law frames pregnancy as something that is always wanted and abortion as something illegal, with few exceptions. Women who do not want motherhood are considered aberrant or psychologically 'flawed' (Nolsøe, 2023). Society in the Faroe Islands is characterised by a heteronormative child-centred family structure oriented towards procreation. For Faroese women, these gender norms frame motherhood as the ideal (Gaini, 2019; Hayfield, 2018; Hermansdóttir, 2022; Nolsøe, 2023).

Kristina struggled with infertility for the better part of a decade and had had several miscarriages at the time of the interview. From our perspective, she struggles to fulfil the Faroese ideal of providing the family with children. When she finally did become pregnant, she could not experience the joy of pregnancy and parenthood and felt like her body was not her own but had been taken over by a parasite. This is an important example of how it is problematic to frame motherhood as something wanted and an ideal woman should endeavour towards (Kumar et al., 2009).

From the perspective of women who struggle with infertility and miscarriages, framing women as biologically destined to become mothers and that there is no alternative because it is illegal can be imagined to carry consequences for their mental health. Throughout the current project, it has emerged as a concern for us how this might affect Faroese women who want to become mothers but continuously experience miscarriages. How does it affect aspiring mothers who are not able to have children? When society frames having children as something biologically predetermined that all women naturally want and are capable of? This is something that requires further research.

Interpersonal sexism

Interpersonal sexism encompasses interactions in which individuals express stereotypes against women or engage in behaviours that objectify women, such as sexual harassment (Bearman & Amrhein, 2013, p. 192). An example is social media and encountering the comment section on Faroese Facebook posts and articles about abortion. The people who comment on such posts, who think abortion is morally wrong, often write malicious messages about women. Lena said she had to refrain from engaging in this, as she could not take emotional distance from the debate.

Interpersonal sexism plays a role in keeping women subordinate to men and cementing their societal position. Women who deviate can be punished through hostile sexism or when they conform and stay in their assigned positions, celebrated through benevolent sexism (Dovidio et al., 2010; Glick & Fiske, 1996). Hostile sexism refers to the traditional sense of prejudice and faulty and inflexible generalisations (Glick & Fiske, 1996). Benevolent sexism offers social rewards to women who conform, which can explain why women, such as Kristina, conform to socially expected norms and sexist beliefs that stereotype and discriminate against women (Glick & Fiske, 1996; Sáez et al., 2019). Benevolent sexism is interrelated views regarding stereotypic women and where they must live up to specific rigid roles. These views are perceived as positive in how they are delivered to women. However, the consequences of these views are often damaging and serve to keep women subservient and in supporting roles (Glick & Fiske, 1996).

Internalised sexism

Internalised sexism is, on the individual level, acted out within or between women. They might treat other women as inferior or consider themselves inferior to others (Bearman & Amrhein, 2013). One possible explanation of why women internalise sexism is that because they experience it on so many levels, it creates knowledge systems characterised by negative cognitions and perceptions of their social group (David & Dethick, 2013). As Kristina grew up in the bible belt of the Faroe Islands, it can explain why she, different from the other three participants, did not see women able to make their own reproductive decisions.

We have seen several examples through our conversations with the four women where they have expressed opposing views toward women or doubted their capabilities. Kristina had a stereotypic view of women, where she compared women who want to have abortions to children who need rules in place to protect them from themselves, effectively infantilising them (Epstein et al., 2023). Sofía expressed that many other women used abortion as contraception, which she thought was morally wrong. She used this to establish that her choice was more acceptable. This might have been a way to justify her actions because she doubted whether she made the right choice. Marin was afraid of being seen as an inadequate mother. Both Marin and Sofía were told by their mothers not to tell others about their experiences with thinking of getting an abortion or having the procedure. This seems to be a good

highlight as a consequence of abortion being framed as illegal, with few exceptions. You have to fight to justify that your abortion was right. This is an example of how internalised sexism plays out as interactions between women as a way to socialise women into gender roles (Bearman & Amrheim, 2013). As Marin puts it, "Society wants them [girls] to be perfect, pretty". When women at the same time are shamed about their abortions or told to be quiet about it, they might end up with internalised doubt about whether they are capable of making the right decision for themselves. In Sofía's case, this doubt resulted in negative mental health consequences. For a year, she felt terrible and doubted herself and her decisions; whenever there was an abortion debate in the media, she heard hurtful words about women who had taken abortions, or someone questioned their actions.

In line with strategies Faroese women employ to navigate how abortion is socially unacceptable, put forth by Hermansdóttir (2022), Marin and Kristina internalise views or keep a neutral stance on the views on women and abortion. Sofía also kept quiet when she lived in the Faroe Islands. Staying neutral or silent might be a way to maintain their place in society (Hermansdóttir, 2022). They choose a specific narrative, silence, to protect themselves while breaking gender norms for Faroese women (Nolsøe, 2023).

Another aspect of internalised oppression of any kind (e.g. sexism) is that when you become aware of the internalised oppression in yourself, you have to take on the mental load of trying to unlearn it (David & Derthick, 2013). This might be Lena's experience when she refers to having to "take up the fight" and taking breaks from the debate because it affected her mental health. She is aware of the oppression and trying to distance herself from it. When constantly experiencing the underlying socialisation happening to women while trying to distance themselves from it and rejecting the gender roles they were assigned, they experience the need to take distance from the Faroe Islands. Sofía expressed that two weeks were enough when visiting the Faroe Islands, and then she was tired and wished to leave again.

The three layers of sexism explained in this subsection constitute the permeation of sexism throughout society. The reason for pointing out these levels is to show how much they affect women in their day-to-day life and how sexism is not always grand statements but also the small social interactions or microaggressions that women experience daily. It might also be how they are socialised and praised for acting

according to sexist gender roles. It is essential to combat sexism on all three levels to overcome the oppression women in the Faroe Islands experience effectively.
In the next section, we recapitulate the possible psychological consequences of oppression.

Psychological Consequences of Oppression

In the article, several participants reported experiencing negative mental health consequences or having to take breaks from the harsh abortion debate or the Faroe Islands altogether. Through the section on "Understanding oppression", we have argued that these consequences arise from living in a society that oppresses women. The denial of reproductive autonomy contributes to powerlessness and a loss of control over one's body and life choices, which can significantly impact mental health (Leighton, 2018; Major & O'Brien, 2005). The experience of oppression and discrimination has been associated with various adverse mental health outcomes, including increased stress, anxiety, depression, and decreased self-esteem (Leighton, 2018; Mehta et al., 2019; Shellenberg et al., 2011; Hanschmidt et al., 2016).
Moreover, the constant exposure to prejudice, negative stereotypes and discrimination regarding their reproductive choices can lead to internalised oppression, where women internalise and adopt negative beliefs and attitudes about themselves and their reproductive rights. This internalised oppression may manifest as shame, guilt, or a diminished sense of self-worth, further exacerbating the psychological burden Faroese women experience (Hanschmidt et al., 2016; Hermansdóttir, 2022).
In the next section, we will look closer at shame, stigma and guilt, as these were important identified themes our participants vocalised about their experiences with the restricted access to abortion in the Faroe Islands.

Shame & Stigma

To understand shame and stigma and their relationship to abortion, we investigate how researchers understand shame in the theoretical frame of psychology. We also present a conceptual understanding of stigmatisation. After that, we try to understand how stigmatisation, self-stigmatisation and shame affect women who seek abortion and women who have limited reproductive autonomy.

Understanding shame

Shame is an emotion that helps draw boundaries of socially accepted behaviour and to know when we have made transgressions to said boundaries through physiological and psychological reactions. In this sense, shame is a social emotion that helps us navigate social, cultural or moral patterns of behaviour (Ryan, 2017; van Alphen, 2017). It is functional because it protects us from being excluded from our social group. However, it can become problematic when overly limiting (van Alphen, 2017), as we see in the participants in our research. In this context, shame has become maladaptive because it makes Marin and Sofía hesitant to disclose their feelings and experiences with abortion, keeping them silent, which may lead to social isolation (Cockrill & Nack, 2013). An important aspect is cultural differences in appropriate and inappropriate ways to express emotions, such as shame (van Alphen, 2017). The cultural norms for appropriate behaviour are primarily socialised through the reactions individuals experience from their social environment (van Alphen, 2017). In the Faroe Islands, our research has led us to conclude that women are socialised to perceive abortion as socially unacceptable. Here they then transgress on socially accepted behaviour by either considering abortion, having an abortion or wanting abortion legalised, which results in feelings of shame.

Guilt and shame

The distinction between shame and guilt is not easily distinguishable in everyday conversations; we often use these terms interchangeably. However, in a theoretical sense, a difference exists, specifically in the direction of the emotion (van Alphen, 2017).

Individuals experience guilt when they violate a moral standard within their cultural context. They have acted in a manner that is deemed inadequate or faulty. Feelings of guilt typically motivate positive actions to rectify the transgression, such as offering apologies, providing compensation, or restoring any damages caused (van Alphen, 2017). Lena mentioned feeling guilty because she moved away and did not return to the Faroe Islands. Lena can return and therefore solve the guilt she feels by working for reproductive rights. However, a problem arises when the transgression is irrational or when actions cannot undo the transgression.

In contrast, shame is directed inward and does not pertain to specific behaviours committed by the individual. Individuals perceive themselves as inadequate or wrong (van Alphen, 2017). An example could be Sofía thinking she was a murderer and feeling wrong for not living up to the ideal of motherhood set permeating Faroese society.

There is some disagreement in research regarding the adaptiveness of shame when distinguishing it from guilt. In this regard, shame can become a negative reinforcing cycle, wherein individuals continue to engage in self-criticism because they view themselves as flawed and cannot resolve emotional distress due to their perceived inadequacy in behaving in a specific manner (Leach, 2017). On the other hand, guilt is considered adaptive as it motivates positive behaviours. It only becomes maladaptive when actions cannot alleviate the sense of guilt. However, in such cases, guilt can transform into shame as individuals perceive themselves as inadequate for their inability to resolve the problem (Leach, 2017; Gilbert, 1998).

The Role of Shame in Abortion

Now that we have conceptualised what underlies shame, it is relevant to look at the role of shame in abortion. In the context of abortion restrictions in the Faroe Islands, we have found that shame plays a significant role in shaping the experiences of some Faroese women when they seek or consider terminating a pregnancy (Hermansdóttir, 2022). We found interesting definitions of shame presented by Kristina. She stated that shame about abortion was innate. Partly because women are biologically designed to want to protect their offspring and partly because of going against God's will. She then adds that she knows that some parts might stem from different cultural understandings of what causes shame. It is recurrent that the women in our study mention some biological or innate part of shame, either that women might feel guilty because they are designed to become mothers. Sofía mentioned it might relate to hormones. Marin does not mention a biological component but states that women feel more shame than men. However, from the theoretical understanding of shame, it is contingent on social feedback from the surroundings (Gilbert, 1998; Leach, 2017; van Alphen, 2017). Thereby, the shame that women feel more than men, they are socialised to feel, which might indicate that women have a lesser social playing field before their behaviour might be criticised and deemed socially unacceptable. The

biological component here might make the women feel there is no way to change their shame, contributing to hopelessness and learned helplessness about their situation. It might also constitute justifying the abortion law to protect women. This section highlights that Faroese women's shame is likely not caused by their biological role as women who must become mothers. Instead, it is the way they are socialised to perceive their role as women, and when they go against this social norm, they feel shame.

The absence of legal abortion rights creates an environment where discussions and decisions related to abortion are often stigmatised and shrouded in secrecy. Faroese women who choose to have an abortion or express support for reproductive choice may experience shame, often fueled by societal judgments, moral condemnations, cultural norms and religious beliefs. The pervasive stigma surrounding abortion in Faroese society can lead to self-blame, guilt, and a sense of moral transgression for women who opt for or contemplate this reproductive choice (Shellenberg et al., 2011; Astbury-Ward et al., 2012; Kumar et al., 2009).

The stigmatisation of abortion

Goffman (1986, p. 10) presents the concept of stigma as an "attribute that is deeply discrediting" whereby individuals are diminished and regarded as "tainted" or "discounted". This attribute, ascribed to an individual, creates a discrediting social identity within a specific social context (Major & O'Brien, 2005). Consequently, people respond to the stigmatised individual with various forms of discrimination, often without conscious awareness, which can affect the stigmatised person's opportunities and prospects in life (Goffman, 1986). Furthermore, Kumar et al., 2009, p. 638) have proposed a definition of abortion stigma as "a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood".

This conceptualisation supports Nolsøe's (2023) conceptualisation that the Faroese abortion law frames the ideal for Faroese women to become mothers and that any deviation from this is deemed unnatural and unacceptable. The result can be that society discriminates against women who seek abortions and give them labels such as murderers, promiscuous, sinful, nazis and the likes (Kumar et al., 2009; Javnaðarflokkurin á Fólkatingi, 2017). We have also found this reflected in some of

the conversations with the participants in our study. Marin, through her concerns about being perceived as an inadequate mother and Kristina's statement about women feeling shame because they are biologically designed to become mothers and protect their offspring. Kumar et al. (2009) hypothesised that there were three constructs to the ideal of womanhood which women transgressed when they sought an abortion. These were 1) "female sexuality solely for procreation, 2) the inevitability of motherhood, and 3) the instinctual nurturance of the vulnerable" (Kumar et al., 2009, p. 628). We can further identify a fourth construct that weighs heavily in the Faroe Islands: the religious and moral aspect of taking a life when having an abortion (Norris et al., 2011; Shellenberg et al., 2011). Marin and Kristina's experiences represent two and three, and Kristina's statement four. Stigmatised women are targeted by negative evaluations and stereotypes within the culture where they are stigmatised. Something to note here is that stigma is an exercise of power from a dominant group over a less powerful group through labelling, negative stereotyping, exclusion and discrimination (Major & O'Brien, 2005; Hanschmidt et al., 2016).

Self-stigmatisation is the internalisation of negative attributes towards what is stigmatised (Hoggart, 2017). For example, women who seek abortions are often put under the belief that they are promiscuous or irresponsible. We see that Sofía seems to have internalised this attribute towards women seeking abortions, as she justifies her abortion by highlighting that she did all she could to prevent it, while many other women who seek abortions do not. However, we can also see this as a way to reject the stigma that by using protection, she was responsible (Hoggart, 2017).

Internalised abortion stigma can involve many different aspects of stigma, such as accepting negative stereotypes, fear of social attitudes or prejudice, and not disclosing the abortion experience to friends and family (Hoggart, 2017; Shellenberg et al., 2011). Hoggart (2017, p. 191) stated, "Internalised stigma could be expressed as a sense of having morally transgressed, feeling guilty or having done something wrong or shameful." Cockrill and Nack (2013) comment that possible consequences of this internalisation are that women who seek abortions feel like bad women and have transgressed morally towards the ideal of motherhood. In societies where conservative religious morality is prevalent, abortion-related stigma can also generate feelings such as fear, guilt and shame, as there is the notion of taking a life or a possible life (Shellenberg et al., 2011).

Our data can support many of these findings, as Sofía and Marin refrained from disclosing their experience with considering or having an abortion for fear of judgement from society. Sofía stated she felt like she had made a mistake, especially when being met with stigmatising opinions towards abortion in the media or interactions with others in her environment. Marin specifically stated that she was afraid of being seen as an inadequate mother in the eyes of society because she considered abortion when she already had a child. These are all clear examples of the consequences of stigmatisation and internalisation of abortion stigma attitudes.

Impact of Shame and Stigmatisation

At this point, we have established that abortion-related stigma can make women keep silent about their abortions. Keeping silent can make the women socially isolated, affect their self-esteem, and reproduce the notion of having morally transgressed by contemplating abortion (Astbury-Ward et al., 2012; Shelleberg et al., 2011; Kumar et al., 2009). It has also been linked to feelings of shame (Røseth et al., 2022; Hanschmidt et al., 2016). Shame has been established as an emotion that can result in negative mental health consequences for the individual (Pinto-Gouveia & Matos, 2001; Crowe, 2004).

Another field that is affected by stigma is the interpersonal arena. Abortion stigma might negatively influence personal relationships, social standing, and social support and even deter women who have had abortions from seeking appropriate medical care (e.g. medical counselling, pre- or post-abortion care) (Cockrill & Nack, 2013; Major et al., 2009).

Internalised stigma also significantly affected how the women fared after having an abortion. The degree of how the women had internalised the notions that they morally transgressed against the ideal of motherhood (Kumar et al., 2009) affected how they could withstand the negative consequences of abortion stigma (Hoggart, 2017).

Because of the negative consequences associated with abortion stigma and shame, finding a solution to lessen the severity of these phenomena in the Faroe Islands is imperative. In a Faroese context, research has concluded that the Faroe Islands is a society where social stigma is prevalent and cause women who have had abortions to remain silent as a strategy to avoid social judgement and keep their social standing in

society (Hermansdóttir, 2022; Nolsøe, 2023). Mehta et al. (2019) have established that higher levels of reproductive autonomy are associated with lower levels of abortion stigma in women who have had abortions. Therefore, giving women access to reproductive autonomy is a possible strategy to lessen abortion stigma in the Faroe Islands and, through this, lessen the negative consequences stigma and shame have for Faroese women.

To dismantle the oppressive systems that perpetuate stigmatisation and shame, we need to provide safe and confidential spaces for women where they can discuss their experiences. As stereotypes and prejudice can resist change (Plous, 2003), there is also a need for access to accurate information and campaigns that advocate for women's rights to autonomy and agency. We need to recognise the psychological impact of shame and stigma on women's mental health. This is an essential step towards encouraging reproductive autonomy and challenging oppressive structures.

Further Theoretical Perspectives

The following section analyses the article's findings through social and psychological processes. We introduce personality and social psychology theories that can aid our understanding of the social processes involved in oppression, how the women in our study navigate an oppressive society, explain the process of internalised oppression and how the women are socialised to accept oppressive gender norms.

Social Identity Theory

Social identity theory (SIT) was first proposed by Tajfel and Turner (1986), based on empirical studies looking into intergroup behaviour. They found that between two created groups in their research, there was distinct ingroup favouritism and outgroup discrimination (Turner, 1975; Bourhis et al., 1997; Plous, 2003). SIT places a particular emphasis on how norms can be group-defining. *Norms* are here defined as attitudinal and behavioural regularities that map the contours of social groups (Hogg & Vaughan, 2021). The theory suggests that individuals derive a significant part of their identity from their groups and seek to maintain a positive social identity by conforming to group norms and values (Hogg & Vaughan, 2021; Abrams & Hogg, 1988). Social identity is categorised as individuals' knowledge that they are part of a

specific social group (Abrams & Hogg, 1988; Hogg & Adams, 1988; Hogg & Vaughan, 2021). Individuals strive for a positive social identity and align themselves with groups they perceive as favourable or superior.

Through our findings, the socio-cultural stereotypes surrounding Faroese women's societal role as mothers, and women in general not being able to make decisions on their reproduction, led to the construction of a distinct social identity for Faroese women. Sofía, Lena, and, to some extent, Marin's accounts illustrate how these stereotypes are perpetuated and reinforced through socialisation processes, leading to prejudice against women who deviate from traditional Faroese gender roles. When society marginalises certain social groups, the ability to see positive attributes in a social group diminishes because of biases such as negative stereotypes, prejudice and discrimination, as conceptualised in earlier sections (Abrams & Hogg, 1988; Hogg & Adams, 1988). This might result in using a strategy called *social mobility*, wherein they leave their ingroup to seek elsewhere for group membership in a group that is a more valued social group. We identified a theme in our research: some women had trouble identifying as Faroese women because of the gender roles and expectations associated with that group. Lena and Sofía left the Faroe Islands and had difficulty seeing themselves moving back or identifying as Faroese. We argue that Lena and Sofía tried to distance themselves from the social group of Faroese women. Sofía then went to Denmark, where she found freedom, which could stem from being better able to identify with the social expectations for Danish women. Lena also left but considered returning because she could see a change in the Faroe Islands. From our perspective, this could constitute the *social change* reaction, as Harwood (2020) mentioned, where an individual seeks to change the position of their ingroup within the social hierarchy.

SIT implies the emotional significance and values individuals find in being a member of a specific social group. SIT also suggests that individuals engage in social comparison and group identification processes to evaluate their attitudes and behaviours concerning those of others within their social groups (Hogg & Vaughan, 2021). Faroese women's attitudes toward reproductive autonomy may be influenced by social comparison processes and the norms established within their groups. As we see in our findings, Kristina is against abortion. This can be explained by her growing up in a devoutly religious family and the bible belt of the Faroe Islands. Being in a congregation then constituted one of her social groups, which held

restrictive views on reproductive autonomy. Thereby, she may conform to those norms, leading to internalised beliefs and behaviours aligned with her social group's expectations.

On the other hand, Lena held a more progressive view on reproductive autonomy. This can be due to her upbringing in a more progressive family and environment, which exposed her to alternative perspectives or encountered individuals who challenged traditional norms. From this perspective, Lena engaged in social comparison processes that led her to adopt more progressive attitudes toward reproductive autonomy (Hogg & Vaughan, 2021).

Kristina thought that people talked too much about abortion. She stated, "I believe that if and when there came free abortion, then the talk would become more there, which would have created more abortions". SIT highlights that when another social group threatens a positive social identity, it can promote intergroup discrimination because of a need for a positive social identity (Abrams & Hogg, 1988; Hoff & Pandey, 2006). According to this, Kristina, who strongly identifies with the group of women who promote traditional norms, may perceive the growing discourse on reproductive autonomy as a threat to her social identity. According to SIT, this can result in resistance, such as reinforcing restrictive beliefs to protect her social identity and positive group image (Abrams & Hogg, 1988; Hoff & Pandey, 2006).

Cameron (2001) adds to this perspective. He found in a study that aspects of identification with a social group can affect how someone perceives discrimination at a personal level and that these perceptions can indicate behaviour directed at changing or maintaining group status. He also noted that aspects of gender-related social identity could have different meanings in different subgroups inside a specific gender category. Therefore, social identity can be more strongly related to the perception of discrimination when assessed for politically relevant subcategories (Cameron, 2001). If we consider Kristina in this context, identifying as a devout Christian woman might be more indicative of how she perceives a woman's role in Faroese society.

By examining the findings through the lens of SIT, we argue that it becomes evident that social bias, including prejudice, stereotypes, and discrimination, plays a vital role in shaping women's experiences of limited reproductive autonomy in the Faroe Islands. SIT sheds light on the effect it has on the Faroese women to live amongst

societal norms and cultural expectations that create an environment that the women have a hard time conforming to.

Social Learning Theory

Social learning theory (SLT) posits that individuals learn behaviours and attitudes through observing and imitating others. Bandura (1978) presented the process of *modelling*, which involves people learning new responses by observing the outcomes of others' responses (Hogg & Vaughan, 2021; Ewen, 2014). SLT thereby emphasises the importance of vicarious reinforcement, where individuals learn from the consequences experienced by others. Through observation, women can learn about the outcomes and repercussions faced by other women who have made different reproductive choices (Hogg & Vaughan, 2021; Ewen, 2014). For instance, if Faroese women observe or hear about other women who have faced negative consequences, such as social stigma or personal hardships, as a result of getting an abortion or talking about women's right to reproductive autonomy. As a result, they may be more cautious or hesitant in making similar choices. On the other hand, if women observe or hear about positive outcomes, such as personal fulfilment or empowerment associated with reproductive autonomy, they may be more inclined to make more independent decisions.

Moreover, the SLT also highlights the importance of reinforcement in shaping behaviour (Hogg & Vaughan, 2021). According to SLT, it can be argued that the women in our study who conform to societal expectations and adhere to traditional gender roles may receive positive reinforcement through social approval, acceptance, or validation. Conversely, the women who challenge or deviate from these societal norms may face negative reinforcement, such as social stigma, judgement, or exclusion. For example, the debate surrounding abortion being harsh is something that is acknowledged in our findings. Sofía questioned whether she was a murderer after listening to the harsh debate. We argue that Sofía hearing other women being called murderers in the debate plays a role in her not wanting to disclose her abortion experience to others.

The findings indicate that Faroese women experience societal expectations, social inheritance, and cultural norms that influence their views on reproductive autonomy. These factors can be understood as learned behaviours through observing and

imitating the dominant cultural values and norms in the Faroe Islands (Hogg & Vaughan, 2021). By understanding the mechanisms of social learning and the reinforcement processes at play, we can inform interventions and strategies to promote inclusive and supportive cultural norms and challenge restrictive societal expectations.

Locus of Control

The concept of locus of control (LoC) was initially developed by Julian B. Rotter in 1954 as a part of developing his social learning theory (Rotter, 1966). LoC refers to an individual's belief about the extent to which they have control over the outcomes of their own lives. (Rotter, 1966; Ewen, 2014; Shojaee & French, 2014). There are two types of LoC: external and internal. External LoC is a conviction that external factors govern life (Shojaee & French, 2014). In other words, an individual governed by an external LoC believes that the course of life and the outcome of events are subject to chance, luck, fate, et cetera. Therefore, the individual has no control over their life. These individuals tend to praise or blame external factors, in contrast to individuals with an internal LoC, who, as mentioned, blame themselves (Shojaee & French, 2014). Internal LoC refers to a belief that one can control and manage their own life, meaning that an individual governed by an internal LoC believes that the outcome of events in their life is mainly a product of their actions. Conversely, these individuals blame themselves if they make mistakes or do not act as they intended (Rotter, 1966; Ewen, 2014).

Rotter (1966) implied that an individual's locus of control developed through experiences and environmental interactions. Various factors influence an individual's development of LoC, such as cultural background, upbringing, personal achievements, and social support (Shojaee & French, 2014).

In the context of our findings, examining the LoC of our participants can help explain how they perceive and navigate within a restrictive socio-cultural environment. For instance, the findings indicate that Marin experiences shame and self-doubt due to societal expectations and norms regarding the ideal of motherhood for women. These experiences suggest an external LoC, where Sofía perceives her reproductive choices to be influenced or controlled by external factors such as societal judgments or cultural norms (Rotter, 1966; Shojaee & French, 2014). This

external LoC can have a negative impact on her mental health. On the other hand, the findings suggest that Lena may exhibit an internal LoC, perceiving herself as having more agency and control over her reproductive choices despite societal pressures (Shojaee & French, 2014). Lena and other Faroese women with internal LoC may assert their autonomy and actively seek information, support, and resources to make informed decisions, demonstrating a stronger sense of self-determination.

Understanding the varying degrees of LoC among Faroese women can help identify the factors influencing the consequences they experience from limited reproductive autonomy. It highlights the importance of empowering women to develop an internal LoC, enabling them to make reproductive choices that align with their values and aspirations.

Although more research is needed on the relationship between LoC and individuals' mental health (Ewen, 2014; Shojaee & French, 2014), there is a general tendency for individuals who govern an internal LoC to have a healthier psychological state than those primarily governed by an external LoC (Ewen, 2014; Hogg & Vaughan, 2021). Individuals with an internal LoC often have more adaptive coping strategies to deal with challenges and crises, greater life satisfaction, and greater self-confidence. In contrast, the theory argues that individuals prone to depressive and anxious states are primarily governed by an external LoC (Ewen, 2014; Shojaee & French, 2014). However, It is worth mentioning that while some may develop a consistent internal or external locus of control, it can also vary across different aspects of life. For example, an individual may have an internal locus of control regarding work relations but an external locus of control in personal relationships (Rotter, 1966; Shojaee & French, 2014).

Understanding Faroese women's LoC can be helpful in several ways. For example, it can help identify potential areas of support or intervention that may help them feel more empowered and in control of their life. It can also provide insights into their coping strategies and help identify areas where they may need additional support or resources to manage their challenges.

Cognitive Behavioural Therapy

Now that we have established that our four participants may have struggled with sexism differently, we find it relevant to look at how psychologists can support women in breaking free of internalised oppression.

Some research on oppression indicated that targeting internalised oppression directly in therapy with oppressed groups was associated with positive outcomes (David & Derthick, 2013; Ross, 2007; Steele, 2020). More research is necessary to find ways to assist individuals in navigating internalised oppression, breaking free of oppression, and treating the psychological consequences that arise from oppression (David, 2009; David & Dethick, 2013; Steele, 2020). As *Cognitive Behavioral Therapy* (CBT) is an empirically sound therapy commonly used by psychologists, it is interesting to see how CBT can identify internalised oppression and treat the resulting negative psychological consequences. Aaron Beck (1983) developed Cognitive therapy, which later became cognitive behavioural therapy (Beck, 2013). The therapy is a structured short therapy oriented towards the present. It was designed to treat prevailing problems and change dysfunctional thinking and behaviour (Beck, 2013). The therapy is based on *the cognitive model*, which posits that physiological, behavioural and emotional reactions are affected by perceptions of events, not the event per se (Beck, 2013; Steele, 2020). CBT also operates on the notion that an individual's environmental context, for example, how they were raised, the messages about the world, themselves and others that they have received and continuously receive, can create general patterns of thinking, also called mental schemas, about themselves, others around them and the world (David & Dethick, 2013). According to David and Derthick (2013), applying CBT principles and concepts enables us to conceptualise internalised oppression as a collection of self-defeating cognitions, attitudes, and behaviours developed within an environment characterised by ongoing oppression. By employing CBT in the treatment process, it becomes possible to raise awareness among women seeking therapy regarding their internalised sexism and the specific cognitions and attitudes they may have developed about themselves and other women.

This section aims to look at how we, as future psychologists, can help combat sexism when working with women. It is not the goal of the current subsection to make women bear the burden of having to change and fight oppression. As stated in the section on the three layers of sexism, we need to combat sexism on all three societal layers. We argue that psychologists must be mindful of oppression and educate

themselves on how it can affect women disproportionately in a conservative society. Psychologists must be mindful of their practices and aware of how they and their therapeutic strategies contribute to continuing sexist practices (Kumar et al., 2009). It would be interesting to see how oppression-oriented therapy could be implemented in the Faroe Islands and inspire Faroese psychologists in their work with Faroese women.

Collective Conclusion

The current Master's Thesis sought to understand how limited reproductive autonomy affects Faroese women. The study utilised an exploratory grounded theory methodology, using pragmatism as a philosophical background. The study demonstrates the detrimental psychological effects experienced by Faroese women.

The study revealed that limited access to abortion contributes to stigmatisation, shame, secrecy, and negative mental health consequences for Faroese women. We found that limited access to abortion can affect women negatively by framing motherhood as an ideal, thereby stigmatising women who deviate from this ideal as murderers, irresponsible, inadequate mothers and going against God's will. The women in the study had to navigate and constantly negotiate their roles as women in a conservative society where not wanting children is seen as psychologically lacking. This resulted in some women migrating from the Faroe Islands to find elsewhere where they do not have to hide part of who they are in everyday conversations. They had to engage in secrecy to protect themselves from judgement and stigma from society. Shame, stigma, secrecy, the emotional toll of identity negotiation and internalised stigma all contributed to negative mental health consequences for some women in the current study. They experienced a range of emotions from being down-prioritised, such as anger, sadness and feelings of powerlessness and helplessness. From one of our participants, we saw internalised sexist beliefs of women being incapable of making their own decisions, needing to be protected from their own bad decisions and likened to children not knowing what is best for them. Through analysing this view from a social and personal psychological perspective, we found that their behaviours and internalised beliefs could represent trying to navigate complex social terrain and keeping their social standing in a conservative society, where norms and roles in small communities limit their social playing field.

Our findings align with and are substantiated by previous studies highlighting the adverse psychological impacts of limited reproductive autonomy. Given the distressing findings and their alignment with existing research, urgent measures are required to empower Faroese women, challenge societal norms, and dismantle gender-based oppression.

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