The Hijacked Hashtag:
The Constitutive Features of Abortion Stigma in the
#ShoutYourAbortion Twitter Campaign

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Although originally intended to destigmatize abortion, the #ShoutYourAbortion Twitter campaign was hijacked by anti-abortionists who linked the hashtag to hundreds of stigmatizing, anti-abortion messages. Using a Twitter Search API, we collected these messages (*N* = 1,990 tweets) to identify the discursive features of abortion stigma, which we defined as messages that other and label something related to abortion as physically, behaviorally, socially, and/or morally deficient. These messages bore six features: religious references, disgust cues, infamous allusions, imputations, mentions of medical maleficence, and stigma affirmations. The discussion section details the implications of these findings.

Keywords: stigma, abortion, women's health

In September 2015, after learning that the U.S. House of Representatives had voted to defund Planned Parenthood, Amelia Bonow posted her thoughts on Facebook: "Like a year ago I had an abortion at the Planned Parenthood on Madison Ave, and I remember this experience with a nearly inexpressible level of gratitude." She continued, "I am telling you this today because the narrative of those working to defund Planned Parenthood relies on the assumption that abortion is still something to be whispered about" (Davies, 2015). One of Bonow's friends, Lindy West, took a screenshot of this post, captioned it #ShoutYourAbortion (SYA), and shared it with her tens of thousands of Twitter followers. With the rapid circulation of #ShoutYourAbortion, "a movement was born" (La Ganga, 2015, para. 6). This movement to destigmatize abortion, a medical intervention that as many as one-third of all women will experience before age 45 (Centers for Disease Control and Prevention, 2013), garnered widespread interest and

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support but also invoked the ire of anti-abortionists (Lewin, 2015), so much so that Bonow, fearing for her life, went into hiding (La Ganga, 2015). As Bahadur (2015) explained, "Anti-abortion activists have attempted to co-opt the hashtag, showing just how common it is to shame and belittle women who have had abortions" (para. 3).

This hijacked hashtag is unsurprising, given research on anti-abortion attitudes in the United States. According to the Pew Research Institute (2017), a significant proportion (44%) of the U.S. population believes that abortion is immoral. Moreover, the Public Religion Research Institute (2011), in "the largest public opinion survey ever conducted on abortion," found that 46% of the sample believed that abortion was a sin, and 35% thought that a woman's decision to terminate a pregnancy was a selfish attempt to shirk responsibility. Reproductive rights activists and scholars argue that these negative views of abortion and the women who have had them constitute abortion stigma, defined by Kumar, Hessini, and Mitchell (2009) as "a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to the ideals of womanhood" (p. 628).

Abortion stigma has been linked to negative outcomes, including fatal attacks on abortion providers and acts of domestic terrorism at abortion clinics (Harris, Debbink, Martin, & Hassinger, 2011). According to the Feminist Majority Foundation (2017), "the overwhelming majority of clinics (91.1%) . . . experienc[ed] some type of anti-abortion activity in the first half of 2016," with 34.2% reporting "severe violence" or "threats of violence" (p. 3). Despite these exigencies, abortion stigma is undertheorized, with more attention given to its products than to the process (Hanschmidt, Linde, Hilber, Riedel-Heller, & Kersting, 2016; Kumar et al., 2009; Norris et al., 2011). Although we know little about what constitutes abortion stigma, Hanschmidt and colleagues (2016) hypothesized that it took three forms: perceived stigma (i.e., awareness and fear of being judged), internalized stigma (i.e., a negative opinion of oneself), and enacted stigma (i.e., experiencing mistreatment or discrimination because of one's abortion status). Empirical tests of this hypothesis are lacking, but communication scholars are well suited to the task. Communication researchers have examined stigma in various contexts, such as health care (Rintamaki, Scott, Kosenko, & Jensen, 2007) and organizations (Lucas, 2011), and developed theories of stigma communication (e.g., Meisenbach, 2010; Smith, 2007)—all of which could inform a study of abortion stigma. Furthermore, the anti-abortion hijacking of #ShoutYourAbortion provides an opportunity to study the characteristics of stigmatizing messages, an understudied element of stigma (Smith, Zhu, & Quesnell, 2016). Given the need for additional research on abortion stigma and stigmatizing message content, we designed a study of the stigmatizing, anti-abortion tweets associated with #ShoutYourAbortion. The following sections describe the project's conceptual and theoretical underpinnings.

Stigma

Since Goffman's (1963) foundational work on "spoiled identities," stigma has been examined extensively. Stigma has been invoked in thousands of studies, framing research on numerous health and social conditions, including HIV/AIDS (e.g., Catona, Greene, Magsamen-Conrad, & Carpenter, 2016), mental illness (e.g., Imai & Dailey, 2016), and food allergies (McNicol & Weaver, 2013). Despite (or perhaps because of) its wide applicability, stigma has some conceptual fuzziness. Most scholars defer

to Goffman's (1963) definition of stigma as an "attribute that is deeply discrediting" (p. 3). Although he later clarified that stigma was best understood as a "special kind of relationship between an attribute and a stereotype" and that the concept should be described using a "language of relationships, not attributes," many scholars, particularly those in social psychology, frame stigma as a trait or mark, a seemingly objective feature of an individual, that is linked to negative stereotypes through cognitive processes. Jones, Scott, and Markus (1984) focused on "stigmatizing marks" and their association with negative evaluations and stereotypes. Crocker, Major, and Steele (1998) similarly conceptualized stigma as an "attribute or characteristic that conveys a social identity that is devalued in a particular social context" (p. 505). These definitions, which rely on the language of attributes, share common features. Both definitions imply that stigma resides in the individual—either as a personal flaw or as a psychological process. Moreover, both definitions suggest that these attributes are "often objective," definable, and identifiable individual characteristics (Crocker et al., 1998). Although these perspectives allow stigmatizing attributes to be more or less visible, they emphasize the observer's view, thereby allowing one to be stigmatized regardless of lived experience. Research informed by these definitions has been criticized for ignoring the perspectives of the stigmatized and assuming stigma's "a priori existence" (Meisenbach, 2010, p. 270). Despite the limitations of defining stigma in this manner, Crocker and Major's (1989) explication of stigma has been cited more than 6,000 times, framing studies on topics ranging from weight stigmatization (Hebl & Mannix, 2003) to racial microaggressions (Torres, Driscoll, & Burrow, 2010).

Sociologists also use Goffman's definition as a starting point, but they emphasize the social and contextual determinants of stigma. Alonzo and Reynolds (1995) argue that "the stigmatized are a category of people who are pejoratively regarded by the broader society and who are devalued, shunned, or otherwise lessened in their life chances and in access to the humanizing benefit of free and unfettered social intercourse" (p. 304). Link and Phelan (2001) describe stigma as a process unfolding "when elements of labeling, stereotyping, separation, status loss, and discrimination co-occur in a power situation" (p. 367). These definitions, which do not rely on a language of attributes and thus do not locate stigma within the individual, acknowledge that the forces that shape stigma are relational and local. Using terms such as *label* and *stereotype* underscores the fact that stigma is socially ascribed, sometimes erroneously so. As Link and Phelan explain, "Terms like attribute, condition, or mark imply that the designation has validity. In contrast, the word label leaves the validity of the designation an open question" (p. 368). Like Crocker and Major's (1989) work in psychology, Link and Phelan's definition is quite popular in sociology and related fields, having been cited more than 6,200 times and used to explain stigma's impact on people living with schizophrenia (Schulze & Angermeyer, 2003), justice-involved individuals (Schnittker & John, 2007), and cigarette smokers (Stuber, Galea, & Link, 2008), among others. Despite the advantages of viewing stigma through a sociological lens, definitions like the one proposed by Link and Phelan are not without their critics. Some argue that these definitions are overly broad; others claim that the definitions are too narrow, "defining stigma as only that which leads to discrimination and social inequality" (Deacon, Stephney, & Prosalendis, 2005, p. 17). Moreover, as Yang and colleagues (2007) explain, although definitions from the sociological tradition emphasize the social and cultural production of stigma, research guided by these perspectives continues to focus on stigma's effects. This might explain the emphasis on effects in the abortion stigma literature, given

that the most widely cited (and some might say only) definition of abortion stigma was heavily informed by the work of Link and Phelan (Kumar et al., 2009).

We contend that a communication-based definition of stigma—and, thus, abortion stigma—is necessary to "locate" stigma outside of the individual and to emphasize its discursive nature. Although communication research on stigma has resulted in numerous studies and two cogent theories of stigma communication (i.e., Meisenbach, 2010; Smith, 2007), scholars have not advanced a definition of stigma *as* communication. To this end, we assume that stigma is constituted in messages that separate and label something as physically, behaviorally, morally, or socially deficient. In the case of abortion stigma, that "something" is related to pregnancy termination. This definition makes several assumptions about stigma that help differentiate it from previously mentioned definitions. First, it assumes that people are not the only objects or targets of stigma. Abortion stigma extends to clinics, which are sites of condemnation and violence (Norris et al., 2011). Second, unlike other definitions that assume stigma's effects and confound the concept with related ones, such as discrimination, this definition does not presuppose particular effects. Given that positive effects of abortion stigma have been demonstrated among abortion providers (i.e., providing care amid stigma often serves as a point of pride; O'Donnell, Weitz, & Freedman, 2011), any definition of stigma, in general, and abortion stigma, in particular, must allow for both positive and negative outcomes. Third, this definition focuses on stigma-constituting messages rather than attributes of the individual. We acknowledge that stigma can be constituted in a single message or in a larger discourse.

Our definition of stigma rests on a fourth assumption that stigma manifests in various contexts, including media. Previous studies have found evidence of abortion stigma in print media (Purcell, Hilton, & McDaid, 2014), fictional television shows (Sisson & Kimport, 2017), and online news articles (Evans & O'Brien, 2015). Although social media has received little attention from those studying abortion stigma, research on social media discussions of other stigmatizing conditions, such as depression (Wang & Liu, 2016), obesity (Chou, Prestin, & Kunath, 2014), and epilepsy (McNeil, Brna, & Gordon, 2012), suggests that these platforms serve as sites of stigma production, proliferation, and protest, making social media a fruitful context for further stigma studies.

Studying stigmatizing Twitter messages requires a consideration of the platform's features and affordances, or possibilities for communicative action (Evans, Pearce, Vitak, & Treem, 2017). One important feature of the Twitter interface is the limits it places on characters. Although its impact on message construction has not been explored empirically, some scholars have hypothesized that Twitter's character limit is to blame for the bad language (i.e., nonstandard spelling and grammar) that dominates online conversations (Eisenstein, 2013). As such, stigmatizing messages on Twitter may lack some coherence. Twitter also affords anonymity, which might encourage individuals who would otherwise remain silent to "shout" their abortions but also might embolden those expressing stigma. Previous research has linked Twitter's lack of a real-name policy to problematic online behavior, such as trolling, spreading spam, and defaming individuals (Peddinti, Ross, & Cappos, 2014). Hashtags, a discursive convention created by Twitter users, also serve important functions. Hashtags amplify an issue's visibility (Zappavigna, 2015) and serve as "shorthand for complicated social, political, and economic issues" (Crandall & Cunningham, 2016, p. 29). Although hashtags allow users to transcend their primary social

ties, they are easily hijacked because of their uncontrollable circulation (DeCock & Pizarro Pedraza, 2018). For example, activists have developed a hashtag only to have law enforcement hijack those hashtags to intimidate their organization (Neumayer, Rossi, & Karlsson, 2016). Hashtags, like other Twitter features, afford a range of communicative possibilities, including potential misappropriation.

Extant studies suggest additional message features that might manifest while analyzing stigma on Twitter. In a comparative analysis of tweets about schizophrenia and diabetes, Joseph and colleagues (2015) identified specific grammatical features, such as the adjectival form, associated with stigmatizing messages. In a content analysis of tweets that included "seizure," McNeil and colleagues (2012) found "generally derogatory" metaphors and jokes that "may perpetuate stigma associated with seizures" (p. 129). Although these studies do not attend to abortion stigma, they demonstrate the rhetorical potentialities of social media and mediated stigma. Thus, we sought to determine the features of abortion stigma on Twitter.

Potential Features of Stigmatizing Anti-Abortion Messages

Although not developed with this specific definition of stigma nor with abortion stigma in mind, Smith's (2007) stigma communication theory is a point of departure to investigate features of stigmatizing anti-abortion messages. Smith defined stigma "as a simplified, standardized image of the disgrace of certain people that is held in common by a community at large" and distinguished *stigma communication* by its collective pedagogical function. Stigma communication consists of the messages that help community members identify "the disgraced and react accordingly" (p. 464). Smith's framework presumes that "stigmas are social constructions serving social functions" (p. 467) and focuses on four attributes of stigma communication. It (a) marks someone as part of a stigmatized group, (b) labels this group as separate and different, (c) assigns responsibility for group membership, and (d) links the stigmatized group to threat or peril. Smith has published quantitative studies testing various assumptions of the theory, but the work has been largely focused on infectious disease stigmas and message effects. As such, little is known about the message features of stigma communication. Furthermore, Smith's theory and the definition of stigma on which it is based focus on stigmatized *people*. Given that our definition applies to more than just people, the attributes identified by Smith might not be applicable. We contend that an inductive approach is needed to flesh out the full range of message features implicated in our definition of abortion stigma.

Research on anti-abortion discourse suggests these messages might have additional features, such as distinguishing between "good" and "bad" abortions, characterizing abortion care as dirty work, and personifying the fetus. Several scholars (e.g., Kumar et al., 2009; Norris et al., 2011) have argued that some reasons for having abortions are less likely to be stigmatized. "Good" abortions are seen as necessary but regrettable and the women who have them as sympathetic and pitiable. In contrast, women who have "bad" reasons for terminating their pregnancies or have multiple abortions are seen as irresponsible, selfish, and morally bereft. Norris and colleagues (2011) explained that even women who have terminated a pregnancy stigmatize certain types of or reasons for abortion, especially if they believe that they had a "good" abortion. Women who have had abortions and individuals who are generally against abortion might draw these distinctions when discussing SYA.

Second, extant literature indicates that providers experience abortion stigma and might be the focus of stigmatizing anti-abortion messages. For example, in a national survey of abortion providers, 50% experienced harassment, and two thirds feared disclosing their profession because of stigma (Martin et al., 2014). Scholars note evidence of institutional stigma; abortion care and providers are often segregated from other reproductive health practices and practitioners in stand-alone clinics (Freedman, Landy, Darney, & Steinauer, 2010). In extreme cases, abortion stigma manifests in violence. The National Abortion Federation (2015) noted increased hate speech and violence toward providers in 2015 after anti-abortion activists released heavily edited and since discredited videos claiming Planned Parenthood's involvement in the sale of fetal tissue. Because this controversy coincided with SYA, we expect stigmatizing anti-abortion messages directed at Planned Parenthood and other providers.

Finally, anti-abortion advocacy research suggests that rhetorically constructing the fetus as a unique being and framing the fetus as an independent, innocent life in need of protection allows anti-abortion advocates to compare abortion to murder, another stigmatized act. Gory images of fetuses, commonly used in anti-abortion advocacy efforts, make moralizing disgust appeals that can capture the public imaginary (Condit, 1990). Although fetal personhood discourse is central to abortion stigma (Kumar et al., 2009), this idea has received little attention from empiricists. To determine if fetal personhood language or other features are constitutive of stigmatizing, anti-abortion messages, a systematic examination of these messages is needed. This study was guided by the following research question: What are the features of stigmatizing, anti-abortion messages on Twitter?

Method

To address this research question, we collected messages from Twitter that included "#ShoutYourAbortion" over a 10-day period in 2015 (i.e., September 25 through October 4). Twitter is a social networking site that allows users to post character-restricted messages called tweets. Tweets are often shared by those who read them (as a retweet), some adding their own commentary alongside the retweeted content (i.e., a retweet with added content) and others sharing the content without commenting (i.e., an "as is retweet"; Freelon, 2014). The messages we gathered (N = 31,436) included tweets and retweets (both with and without added content). We collected these data by using the Twitter Search Application Program Interface (API), which, when queried, returns a collection of relevant tweets (in this case, tweets labeled #ShoutYourAbortion) from public Twitter accounts. Because the Twitter Search API is limited to recent tweets and we conducted our search on October 4, we were unable to gather tweets posted more than 10 days before our search. Despite being limited to recent tweets, publicly available Twitter data, and a search program that only returns a subset of the total number of tweets that meet search criteria, we were able to collect a substantial amount of data for analysis. The following sections describe how we cleaned and analyzed this data set.

Cleaning the Data

Cleaning the data set involved eliminating duplicate and/or irrelevant tweets and identifying ones with stigmatizing message content. We began by removing tweets that were unintelligible or written in a language other than English. Next, we cut tweets that were composed entirely of the hashtag

or links to other online content. For instance, we excluded several tweets that simply said, "#ShoutYourAbortion." Eliminating duplicate tweets meant removing as is retweets, but retweets that contained added content were retained for analysis. After removing duplicate and/or irrelevant tweets, we were left with 7,639 tweets with original content.

The next step involved identifying which of these 7,639 tweets were stigmatizing. We trained two coders to apply our definition of stigma to the data. After achieving sufficient intercoder reliability (Krippendorff's alpha = .74) on a subsample of tweets (n = 200), each coder reviewed half of the remaining tweets to determine which were stigmatizing. Following this procedure, we identified 1,990 stigmatizing, anti-abortion tweets.

Analyzing the Data

We conducted a thematic analysis of these stigmatizing anti-abortion tweets. Guided by Braun and Clarke's (2006) procedural recommendations for thematic analysis, we began by reading all the tweets to familiarize ourselves with the data. Next, each author independently reviewed the data set to generate codes, or short descriptors of each tweet, and later, we came together to discuss and construct a master list of all codes identified in this initial coding round. The following phase involved sorting and grouping the codes into themes and ended when we had a "collection of candidate themes and subthemes" (p. 20). In the fourth phase, each author reviewed the data set and the list of candidate themes to assess the list's exhaustiveness. After this second, independent review of the data, we met to discuss what we found, to assess the internal homogeneity and external heterogeneity of each theme, and to revise our list of themes accordingly (Patton, 1990). The final step, as prescribed by Braun and Clarke (2006), entailed naming and defining the thematic categories, described next.

Results

Of the 7,639 original #ShoutYourAbortion messages over 10 days, 1,990 (26.05%) fit our definition of abortion stigma: messages that other and label something related to abortion as physically, behaviorally, socially, and/or morally deficient. To determine how this othering and labeling is accomplished discursively, we identified features of stigmatizing, anti-abortion tweets, each of which is listed in Table 1.

Table 1. Message Features and Representative Tweets.

Message Features	Representative Tweets
Religious References	
God's Condemnation	"You can #ShoutYourAbortion today, but on Judgment Day 'every mouth will be stopped' (Rom. 3:19) and you will account every word (Matt. 12:36)."
God's Salvation	"I do want to say that abortion is a murderous sin. But also, God can forgive you."
Disgust Cues	
Performing Disgust	"I'm pro-choice but reading through these #ShoutYourAbortion tweets are making me sick."
Labeling Disgust	"#ShoutYourAbortion? Disgusting hashtag. Glamorizing murder is never okay."
Eliciting Disgust	"'I regret performing abortions. D&E--you tear the arms and legs off and put them in a stack.' Dr. Anthony Levatino #ShoutYourAbortion."
Infamous Allusions	"#ShoutYourAbortion. Yes, I judge you because you are killing humanity with the protection of this propaganda, just like the Nazis did."
Imputations	"#ShoutYourAbortion? You learned to open your legs, then learn to be a parent! You want pleasure but cannot take responsibility? Wtf."
Mentions of Medical Maleficence	"@PPact let Tonya Reaves bleed to death on an abortion clinic table after they perforated her uterus. #ShoutYourAbortion."
Stigma Affirmations	"#ShoutYourAbortion is supposed to 'end the stigma' but like murder has stigma for a reason."

Religious References

Many tweets stigmatized abortion by framing it as a sinful act, condemnable—but forgivable—by God. Tweets with religious references typically assumed two forms: (a) framing abortion and SYA as sinful and, thus, worthy of God's wrath, or (b) framing abortion as sinful but God as all-forgiving.

God's condemnation. Although most tweets with religious references focused on the act of abortion, some users seemed particularly offended by the act of "shouting" one's abortion, which, to them, implied a lack of shame. These tweets labeled this lack of regret as specifically punishable by God. Many of these tweets selectively cited New Testament scriptural fragments. For example: "You can #ShoutYourAbortion today, but on Judgment Day 'every mouth will be stopped' (Rom. 3:19) and you will account every word (Matt. 12:36)." Another user commented, "#ShoutYourAbortion…really? Any woman shouting is godless. Period." These tweets focused on the "godless" act of shouting about abortion. Other tweets mentioned murder and positioned women who had abortions as sinners in the hands of an angry God. In response to

a tweet about one woman's lack of regret for having an abortion, someone responded, "You might when the good Lord gets here. Real women don't kill their children."

God's salvation. While several tweets with religious references labeled women who procured abortions as murderers, they invited these women to seek God's forgiveness. The following tweet suggested that abortion was shameful and proclaimed repentance as the remedy: "#ShoutYourAbortion the shame and guilt of murder can be cleansed but not by just shouting… 1 John1:9." Another user commented: "I do want to say that abortion is a murderous sin. But also, God can forgive you." By referencing God's condemnation and/or salvation, these tweets positioned those associated with abortion as disgraced.

Disgust Cues

Disgust cues were prominent in this data set. These cues took three forms: (a) performing disgust, (b) labeling something as disgusting, and (c) attempting to elicit disgust.

Performing disgust. Some Twitter users stigmatized abortion by expressing disgust with abortion and those associated with it. These tweets did not explicitly label abortion or SYA as disgusting; instead, they expressed users' physical disgust responses. As one tweet read, "I'm pro-choice but reading through these #ShoutYourAbortion tweets are making me sick." Another user echoed this sentiment: "How sick to my stomach I become reading these #shoutyourabortion tweets." Abortion and SYA were also objects of socio-moral disgust, a negative emotion associated with perceived social or moral transgressions (Lee & Ellsworth, 2013). Unlike physical disgust performances, which focused on the corporeal, socio-moral disgust performances served as expressions of social and moral outrage. One Twitter user commented, "It's bad enough to murder your unborn due to inconvenience. But then to brag about it? Disgusting. I want off this planet. #ShoutYourAbortion." A second user stated, "Are you serious? Are you kidding me? Our world is SO disgusting." These users did not mention being physically sickened by the idea of abortion or SYA; instead, they expressed disgust at those who were not living up to their expectations.

Labeling disgust. While some tweeted personal and embodied feelings of disgust, others explicitly labeled SYA and its participants as disgusting—for instance: "#ShoutYourAbortion? Disgusting hashtag. Glamorizing murder is never okay." Users frequently described SYA as "sickening" and "appalling." As one user stated, "Recreate, procreate, annihilate, celebrate. The sickness of #ShoutYourAbortion." Yet, it was tweets of disgust directed toward women who had undergone the procedure without shame that were most prominent: "It's beyond sickening that women are bragging about and boasting about their abortions with #ShoutYourAbortion. You all are disgusting people." A second user added, "If you #ShoutYourAbortion, you are a sad, disgusting human being. Simple as."

Eliciting disgust. Third, there were notable attempts to elicit disgust in readers. Most of these tweets were posted by Silent No More, a group that publishes women's and physicians' voiced regret after procuring or administering abortions. Silent No More tweeted several messages designed to evoke disgust through the use of graphic descriptions of the procedure. The website tweeted the story of Carol, who shared, "I watched as my baby's blood and tissue was sucked out of me and into a canister. You don't forget." Another tweet said, "'The nurse puzzled the body back together, called the abortion successful, threw it in the

garbage.' Patricia Sanivole #ShoutYourAbortion." These tweets attempted to evoke disgust with appeals to destruction and contamination. Testimonials from abortion providers who came to regret their involvement were equally graphic. One physician represented in several tweets from Silent No More explained, "'I regret performing abortions. D&E--you tear the arms and legs off and put them in a stack.' Dr. Anthony Levatino #ShoutYourAbortion." These graphic depictions do not label abortion as disgusting or express a disgusted response; instead, they function as disgust elicitors.

Infamous Allusions

Stigmatizing anti-abortion tweets made allusions to infamous people or events. By likening abortion to evils from our collective pasts, these messages characterized SYA and pregnancy termination as evidence of societal decay. Many of these allusions described abortion in future anterior tense, suggesting that we will one day think the same of abortion and genocide. As one user stated, "America will look back in disgust at how we dehumanized babies in the early stages of life like with Genocide & Slavery." Nazi references were also common in this data set—for example: "#ShoutYourDisgust 2 #ShoutYourAbortion. Different form, same logic used by Nazis to Jews, now to unborns: 'You don't deserve to live.'" By referencing infamous events, these tweets positioned abortion as modern-day evil.

Some users described abortion's historical and cultural significance. These messages framed abortion and SYA as a societal, not personal, failing. One user wrote, "Since when r we a society that encourages women 2 celebrate the murder of their own child?" Another commented, "#ShoutYourAbortion is exactly why I enjoyed being offline for a week. What a shallow depraved culture we live in." Other tweets positioned SYA as a national failing. One user wrote, "Byebye, USA. God will not allow you to do such evil and let you brag about it. Your downfall will be huge." A second user quoted a philosopher and theologian sentenced to death in absentia for vocally opposing the Nazi regime: "'A country that legalizes the murder of its own children is doomed.' -Dietrich von Hildebrand #Shout Your Abortion #ShoutYourMurder." Rather than frame abortion as a woman's failing, this tweet blamed a society that would permit pregnancy termination.

Imputations

Although some Twitter users blamed society, most imputed blame to the women who had had abortions. Many of these messages assigned the responsibility for abortion to women's irresponsibility. For example, one user decried, "#ShoutYourAbortion? You learned to open your legs, then learn to be a parent! You want pleasure but cannot take responsibility? Wtf." Many questioned why women would end pregnancies instead of preventing them. As one user stated, "All of you people could have used condoms." Another added, "And you can't use birth control, why?" These tweets blamed women for getting pregnant in the first place.

Stigmatizing messages also imputed women's sexuality. Many tweets relied on pejorative terms, such as "slut," when describing women who had abortions. As one user wrote, "#ShoutYourAbortion--clearly some hoes that got knocked up." Another posted, "'I got caught up being a slut, but it's okay. I'll just kill off the evidence, just like my mom should have.' #ShoutYourAbortion." These messages framed women

who had abortions as sexually reckless and ambivalent about pregnancy. As one tweet read, "Don't #ShoutYourAbortion but take responsibility for your actions instead of making that life pay the ultimate price."

Mentions of Medical Maleficence

While some tweets blamed women for abortion and SYA, others blamed providers and equated abortion care to medical maleficence. These tweets cast abortion clinics as dangerous, abortion care as illegitimate, and abortion providers as butchers. Tweets referenced patient harm in both first- and third-person vignettes. As one tweet read, "'At our clinic, an 18-year-old died during an abortion. I wrote [it] off until last year.' Cheryl, Silent No More #ShoutYourAbortion." A second user wrote, "'A woman died at our clinic. [Another] started screaming [when] her baby landed in the toilet.' Nita Whitten, TX #ShoutYourAbortion." Several users shared third-person accounts of abortion gone wrong: "@PPact let Tonya Reaves bleed to death on an abortion clinic table after they perforated her uterus. #ShoutYourAbortion."

Several tweets derided clinics by drawing attention to their placement in impoverished neighborhoods occupied primarily by people of color. Claiming this placement was intentional, one user wrote, "Abortion Clinics located mainly in POOR and BLACK neighborhoods #ShoutYourAbortion?!?!? #Eugenics #PREJUDISM." Alleging that abortion clinics targeted people of color, another user referenced Margaret Sanger, the founder of Planned Parenthood, whose comments about eugenics have been controversial (O'Brien, 2013). The tweet read, "Abortion clinics love their African-American patients. #fulfillingMargaretSangersplan #eugenics #ShoutYourAbortion." Sanger was cited in other tweets, as well. For example, "'Birth control must lead ultimately to a cleaner race' #margesanger #ppfounder #ShoutYourAbortion."

Finally, tweets attempted to discredit Planned Parenthood. Likely in reference to the undercover decontextualized anti-abortion videos released just weeks earlier, a number of tweets were simultaneously indexed under the hashtag of #PPSellsBabyParts. One tweet cited Dr. Deborah Nucatola, one of the doctors recorded discussing fetal tissue exchange: "'We've been very good at getting heart, lung, liver.' Deborah Nucatola, Sr Dir, Medical Research, Planned Parenthood #ShoutYourAbortion." Although other tweets did not reference the video, they implied that Planned Parenthood was profiting from abortion. For instance, one user parodied a well-known Mastercard advertisement, writing: "Heart: $3,500. Liver: $2,700. Seeing Planned Parenthood exposed for what they are: Priceless. #ShoutYourAbortion."

Stigma Affirmations

Bonow and West started the SYA movement to destigmatize abortion, and many of the tweets that made specific mention of stigma spoke of it as unwanted and unwarranted. However, some messages characterized abortion stigma as necessary and justified. Both anti-abortion and prochoice users conveyed these messages. For example, one user wrote, "I am pro-choice, but never have I been more disgusted. There's a stigma for a reason. You are ending the life of a child. #shoutyourabortion."

Many who mentioned stigma in their tweets implied that abortion stigma was purposeful. As one tweet stated, "#ShoutYourAbortion is supposed to 'end the stigma' but like murder has stigma for a reason." Others combined previous themes but actively reinscribed abortion's stigmatized status: "You made an irresponsible and selfish decision, it's not something to be proud of. There SHOULD be a stigma! #ShoutYourAbortion." Another user added: "#Abortion SUPPOSED to have stigma. SUPPOSED to be method of last resort, not birth control. #ShoutYourAbortion." These tweets affirmed the necessity and functionality of abortion stigma.

Discussion

Although the SYA Twitter campaign was replete with stigmatizing anti-abortion messages, the hijacked hashtag afforded a unique opportunity to explore the features of abortion stigma. Stigmatizing, anti-abortion tweets bore six features, most of which have not been identified in previous studies of stigma communication or stigmatizing social media messages. For example, the tweets in our sample referenced religion as well historical evils. Tweets also emphasized women's culpability—for being sexual, getting pregnant, having an abortion, and "shouting" about it. Disgust was another common feature, with some tweets performing the emotion, others explicitly labeling abortion or SYA as disgusting, and others attempting to evoke disgust responses. Finally, these messages underscored the necessity and functionality of abortion stigma while disparaging abortion care and clinics. Next, we discuss possible explanations for these findings and their implications for theory, research, and practice.

Stigmatizing Abortion With Religious Messaging

Religious references were common in this data set. It is little surprise that Judeo-Christian religious themes were tethered to stigma, considering stigma's etymological grounding in *stigmata* (Smith, 2007). More surprising is that we were unable to find other studies of online stigma communication that described religious references as part of stigmatizing messages. This finding also runs counter to research on the social media practices of religious individuals, which indicates that concerns about offending others and being misunderstood stifle religious expression on social media (Kimmons et al., 2017). These discrepancies suggest that abortion stigma is unique and that different content cues might be implicated in discussions of other stigmatized identities. Although religion is referenced in much of the stigma literature, these studies focus on how religiosity affects stigma responses (e.g., Lichtenstein, Hook, & Sharma, 2005) or how certain religious groups bear social stigma (e.g., Endelstein & Ryan, 2013). Our findings offer an additional area of inquiry: the forms of religious messaging that are constitutive of stigma. Identifying stigmatizing elements of religious messages is crucial for public health officials who partner with religious groups in health promotion efforts, which is increasingly common in HIV/AIDS prevention (Woods-Jaeger et al., 2015). Public health researchers and practitioners value these partnerships but express concerns about the potential of religious messaging to stigmatize (Miller, 2009). Our study identifies types of religious messages, including references to God's wrath and forgiveness, that contribute to stigma and should be avoided in health promotion efforts. Further research should determine whether religious references figure into the stigmas associated with other health and social conditions to best inform health promotion efforts involving faith-based organizations.

Comparing Abortion to Historical Evils

Individuals also referenced historical evils in their tweets. Although Smith's (2007) theory and the stigma literature more generally do not invoke historical references, there is precedent for using historical appeals in anti-abortion rhetoric. For example, historical appeals date back to Justice Harry Blackmun's majority opinion in *Roe v. Wade*, in which the history of abortion grounded his decision (Condit, 1990). Moreover, the amicus briefs filed by anti-abortion activists during the Supreme Court hearings of *Webster v. Reproductive Health Services* sought to roll back *Roe v. Wade*'s protections by offering their own appeals to history that built a sense of social consensus (Farrell, 1989). Our study indicates that these themes of stigmatizing consensus are also locatable in public discourse. Tateo (2005), in his analysis of the websites of groups associated with the extreme right in Italy, found that neo-Nazis used similar message strategies, making nostalgic references to a less ethnically diverse and more racially segregated past. Given the use of historical appeals in anti-abortion rhetoric and by extremist groups, these historical references warrant further consideration as a potential constitutive feature of stigma, in general, and abortion stigma, in particular.

Using Disgust to Stigmatize Abortion

Previous research on tweets about health topics has noted a link between stigma and the expression of negative emotions, such as disgust (Chou et al., 2014). Disgust cues were plentiful throughout our data set in the forms of performing one's own disgust, labeling something as disgusting, and attempting to elicit the emotion in readers. Our findings complement and extend Smith's (2007) theory of stigma communication and suggest the need for nuanced study into stigma's relationship with different forms of disgust. Although Smith argued that "different qualities of stigma messages *evoke* different emotions" (p. 462), we found that disgust was a constitutive feature of the tweets and not just a consequence of them. Richardson (2017) concluded similarly in his analysis of Donald Trump's expressions of disgust on Twitter. Within our data set, disgust cues referred to physical taints, such as fetal tissue, and more diffuse moralizing characteristics, such as the relative good-ness of the woman "shouting" her abortion. This finding is consistent with distinctions between different types of disgust, namely physical and socio-moral disgust, in the extant literature. This literature also underscores the importance of differentiating between the types of disgust because each has its own etiology and action tendencies (Lee & Ellsworth, 2013). For example, physical disgust is described as an uncontrollable emotional response to the threat of physical contamination, whereas socio-moral disgust is a learned response to the threat of social contamination. Physical disgust responses are resistant to change; however, socio-moral disgust responses can be altered through cognitive reappraisal (Schnall, 2013). This suggests that physical disgust cues might be powerful tools for stigmatization and that socio-moral disgust might be a better target for destigmatization efforts. Additional research and theory are needed to understand these links.

Broadening the Definition of Stigma

Mentions of medical maleficence maligned the locations and professions linked to abortion care. Their frequent occurrence in our data set underscores the necessity of conceptualizations of stigma that allow for more than just stigmatized *people*. Durkheim's discussions of sacred and profane objects provide

further insight into these findings. When writing about religion, Durkheim (1912) argued that there are collective beliefs regarding profane things, just as there are collective beliefs regarding sacred objects, and these sacred and profane objects have the power to unite and divide groups. Our findings indicate that abortion clinics have come to represent profane objects, not only because they are sites of abortion care but also because they seem, at least to these Twitter users, to be located in disadvantaged areas. The Guttmacher Institute (2014) disputes claims that clinics are mainly located in Black or Hispanic neighborhoods, citing a 2011 study that found that the majority of abortion providers worked in neighborhoods where more than half of the residents were White. Our data, however, indicate that these myths are still being promulgated online, contributing to abortion stigma.

The tweets in our sample also stigmatized abortion providers. Given that nonmaleficence is the guiding ethical principle for health care professionals (with "first do no harm" codified in the Hippocratic Oath), accusations of abortion providers' medical maleficence represent attacks on their professional identities. These tweets also positioned abortion care as a type of dirty work. Everett Hughes (1958), who coined the phrase, "dirty work," believed that certain occupations or tasks were physically, socially, and/or morally tainted, and several scholars (e.g., Harris et al., 2011; O'Donnell, Weitz, & Freedman, 2011) have argued that abortion care is heavily stigmatized because of its links to all three of these taints. Our study provides empirical support for this assumption. Although scholars have amassed a substantial literature on dirty work, little is known about how a profession is "socially constructed as dirty work" (Ashforth & Kreiner, 2014, p. 103). This study offers insight into the discursive construction of occupational stigma in a public forum. Our study also demonstrates the utility of studying the social construction of dirty work online. Stanley, Davey, and Symon (2014) came to a similar conclusion in their analysis of the rhetorical construction of investment banking as dirty work in blog posts. Future studies might examine online discourse to explore how other professionals linked to current controversies are socially constructed as dirty workers.

Using Twitter Data in Stigma Research

Finally, our findings underscore the utility of Twitter data in stigma research. Early research on online communities touted their benefits for marginalized groups, arguing that the anonymity of the Internet offered a refuge for the stigmatized (De Koster, 2010). Our study supports claims that social media can blur private and public boundaries, exposing users to stigma (Yeshua-Katz, 2015). In addition to demonstrating that abortion stigma can be found in online contexts, our project points to specific methodological benefits of Twitter data. Although abortion stigma studies are scant, the few that have addressed this important topic have relied on participants' retrospective reports of stigma (e.g., Martin et al., 2014). These reports, which are commonly used in stigma studies (e.g., Rintamaki et al., 2007), are informative but limit our access to and understanding of stigmatizing messages. Our study, like other investigations of online health discussions (e.g., Joseph et al., 2015), evidences the potential of social media for studies of stigmatizing message content, in general, and abortion stigma, in particular. The #ShoutYourAbortion movement also gives researchers the chance to study hashtag hijacking. Given concerns raised by those in public relations (Sanderson, Barnes, Williamson, & Kian, 2016) and marketing (Xanthopoulos, Panagopoulos, Bakamitsos, & Freudmann, 2016), research focused on identifying, tracking, and combating hashtag hijacking promises to be of great value.

This study is not without limitations. First, although using Twitter data gave us access to hundreds of stigmatizing messages, they are limited by the platform's character and content restrictions and thus may bear features that are unique to tweets. Studying the features of stigmatizing messages in a different context might help us determine which of the message features identified in this study are specific to tweets. Second, the Twitter Search API comes with its own set of limitations, but most, if not all, pertain to quantitative studies (for a review of the limitations of APIs for research, see Lomborg & Bechmann, 2014). One limitation that Lomborg and Bechmann do not discuss but that is pertinent to this study has to do with how the program used to run the API re-presents tweets to the researcher. Although we were able to export our data into an Excel file, this display looks different than a Twitter feed. Visual aspects of the tweets, including emojis, which could affect a message's meaning, were not captured in the Excel file. This limitation should be considered before conducting future studies using APIs.

Despite the #ShoutYourAbortion campaign's avowed goal to destigmatize abortion, our study found abundant stigmatizing responses. This hashtag hijacking offered an opportunity to interrogate how stigma can be communicatively constituted. Considering that stigma was levied at abortion clinics and procedures, we offered a definition of stigma to expand its scope and account for elements of the phenomenon that traditional notions elide. In so doing, our study offers theoretical implications and practical recommendations for those interested in stigma and destigmatization.

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