Abortion Attitudes in Post-Repeal Ireland: The Role of the Law, Ethical Ideologies and Empathy

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Contents

1. Declaration

'I declare that this thesis that I have submitted to Dublin Business School for the award of BA (Hons) Psychology is the result of my own investigations, except where otherwise stated, where it is clearly acknowledged by references. Furthermore, this work has not been submitted for any other degree.'

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Signed: Sharon O'Connor

Date: 20/03/2020

2. Acknowledgements

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3. Abstract

The aim of this experimental, quantitative study was to examine if receiving a salient reminder of the new legislation for abortion in Ireland influences abortion attitudes and whether ethical ideologies and empathy levels are predictive of abortion attitudes. Irish residents, over 18years (n=434) were accessed through online snowball sampling and randomly assigned to 1 of 2 questionnaires, 1 of which contained a reminder of the law. Both groups were asked to complete abortion attitude and approval questionnaires, Ethical Position questionnaire and the Toronto empathy measure. Findings did not show a relationship between having a legal reminder and attitudes however, they did reveal correlations between ideologies and empathy with attitudes and approval. This would suggest that strong moral beliefs and empathy levels, rather than legality, can predict abortion attitudes. Further research could identify how these findings could have implications in the changing face of abortion laws worldwide.

4. Introduction

Abortion is very often a contentious and dividing topic. It can be the subject of social, moral, and religious disapproval consequently raising questions of an ethical or philosophical nature (Guillaume & Rossier, 2018). The aim of this study is to reflect on abortion attitudes and the effect the law, ethical ideologies and empathy has on them. It also has an objective, through experimental and correlational means, to determine if having a reminder of the laws on abortion in Ireland will evoke more positive attitudes towards it and if ethical ideologies and empathy are predictors of abortion attitudes and approval.

4.1 Abortion and its Legal Framework

Abortion is a medical process to end a pregnancy, also known as a termination, and achieved through medicinal or surgical means (HSE, n.d.). It is a common occurrence worldwide. It is estimated that between 44 million (Hanschmidt, Linde, Hilbert, Riedel-Heller & Kersting, 2016) and 56 million (Segdh, Singh & Hussain, 2014; Coast, Norris, Moore & Freeman, 2018) abortions are carried out every year. This accounts for twenty (Hanschmidt et al 2016) to twenty-five (Segdh, Singh & Hussain, 2014) percent of all pregnancies.

Just over 60% of countries worldwide have a permissive legal framework for abortion (Centre for reproductive rights, 2015), and as a result approximately half of abortions carried out each year are deemed "unsafe", primarily due to the illegality of abortion (Coast, Norris, Moore & Freeman, 2018; Guillaume & Rossier, 2018). In countries where a woman can request and access an abortion, 87% of those carried out are safe with this figure dropping to only 25% in countries where abortion is prohibited except to save a woman's life (Ganatra et al., 2017). This disproportionately affects women from poorer backgrounds, those with less

education and those from minority groups especially asylum seekers who do not possess travel documents (Bloomer & O'Dowd, 2014; Sethna & Doull, 2012; Adinma, 2011).

Unsafe abortions are a cause of maternal morbidity and mortality (Shah & Ahman, 2012) with 7.9% of maternal deaths attributed to unsafe abortions (Coast, Norris, Moore & Freeman, 2018). The World Health Organisation (WHO) claim that worldwide in 1990 there were 69, 000 deaths as a result of abortion. This figure fell to 56, 000 in 2003 and in 2008 to 47, 000. This follows a general trend in a reduction of maternal deaths and is, in part, attributed to the legalisation of abortion (Guillaume & Rossier, 2018). One example is from Mexico, where in 2007 abortion became legal in the first trimester. Between 2001 and 2007, before the legal reform, there were 62 legal abortions carried out but in the period from 2007 to 2013, after the legal reform, approximately 90, 000 were carried out and this also coincided with a sharp decline in maternal morbidity due to abortion (Clarke & Mühlrad, 2018).

Prior to abortion becoming legal in Northern Ireland in 2018, it was found that the laws restricting it may have psychological and emotional health implications (Aiken, Padron, Broussard & Johnson, 2018). The American Psychological Association (APA) task force on mental health and abortion (2008) found that mental health problems after an abortion have their foundations in pre-existing or co-occurring risk factors (Major, Applebaum, Beckman, Dutton, Russo & West, 2009). Co-occurring risk factors include stigma and the attitudes of others towards abortion which result in the need for secrecy. If having an abortion might lead to rejection socially or in some cases jail then it becomes a stressful event (Russo, 2014; Hanschmidt et al., 2016).

4.2 Abortion and Stigma

Stigma is a social construct based on devaluing members of society who are considered different, marginalized, or who have particular attributes (Hanschmidt et al., 2016; Herek, 2009). Abortion stigma is a negative attribute placed on women, who choose to terminate a pregnancy, which sees them as inferior to the social ideals of womanhood (Kumar, Hessini, & Mitchell, 2009). Women accessing abortions are aware of this stigma and the accompanying negative attitudes through media, politicians and conversations day to day (Major & Gramzow, 1999; Shellenberg & Tsui, 2012). Stigma can play a role in a woman's decision on whether to have a safe or unsafe abortion, should both options be available to her (Yegon, Kabanya, Echoka, & Osur, 2016).

Negative individual level attitudes towards abortion can be a possible predicting factor in stigma which results in abortions that are not safe. This negative attitude can impact the availability, accessibility, quality and acceptability of abortion services. It has also been found that attitudes changed depending on the circumstance of the pregnancy (Mosley, King, Schulz, Harris, DeWet & Anderson, 2017). Posing a question that given specific circumstances often mean respondents will move out of extreme categories and into more moderate ones in terms of abortion attitudes (Cook, Jelen & Wilcox, 1993). Bégue (2001) found in his study that individuals tended to judge those choosing to abort under constraints in better light than those with seemingly elective reasons.

4.3 The Irish Context

On the 25th of May 2018 the Irish public voted to remove the 8th amendment of the constitution thus allowing provision to be made for the regulation of termination of pregnancy (Bardon, 2018). On the 1st January 2019 the Health (Regulation of termination of

pregnancy) Act 2018 came into effect which made abortion legal in the first twelve weeks of pregnancy, in cases where the mother's life or health is at risk and in cases of fatal foetal abnormalities (Oireachtas, 2018). However, as of December 2019, only 10% of General Practitioners (GPs) have signed up to provide this service. County Sligo have no GPs that women can attend to obtain an early abortion. Some hospitals are also not yet providing services to women. This may be due to conscientious objection on the part of health care professionals (HCPs) (Slater, 2019).

Given the impact of legality of abortion and the attitudes towards it on women seeking to terminate a pregnancy it is important to look at factors which generally impact attitudes to abortion. More specifically, when inferred that despite the legalisation of abortion in Ireland there are still barriers to access due in part to the objections of HCPs, examining the potential effect legal status has on attitudes to abortion is essential.

4.4 Approaches to the Law-Attitude Relationship

A traditional approach to the relationship between laws and attitudes examined how opinion shaped policy (Baumgartner & Jones, 2009). This may also be seen as the consensus model whereby policy change occurs after an accord to the issue has happened in society. Another model is the polarization model, which posits that predispositions people have in favour or against a certain subject will intensify when it gains more attention by way of policy. The backlash model suggests that a negative change in opinion against a policy may happen as a result of an event which threatens the status quo. The final model is the legitimacy model, this model states that legislation may legitimatise a new policy through people's respect for the law (Flores & Barclay, 2016).

Smith & Louis (2018) suggest that people crave being part of the "in-group". When individuals see themselves as belonging to this in-group they will be influenced by the norms of that group as a result of prescribing to specific attitudes, beliefs, self-perceptions and behaviours which are in line with the position advocated for by group members. These are also known as injunctive properties or information of group norms. In-group injunctive norms have an independent effect on attitudes. For example, in terms of "file sharing" a strong social consensus that others consider file sharing to be unethical was positively correlated with others acknowledging that this was an ethical issue (Bateman, Valentine & Rittenberg, 2012). Over 66% of voters in Ireland voted in favour of repealing the 8th amendment. This majority could be seen as a positive attitude to abortion being the new "norm" and perhaps those who did not vote in favour of repeal would be swayed to change their view to be part of the in-group.

The law may unashamedly attempt to shape moral attitudes and beliefs (Bilz & Nadler, 2009). Law makers can be "norm entrepreneurs" such is the power they yield (Carbonara, Parisi & Von Wangenheim, 2008). There have been numerous studies which have shown the effect of legislation on attitudes towards same sex partnerships (Kreitzer, Hamilton & Tolbert, 2014; Kenny & Patel, 2017; Flores & Barcley, 2016; Takacs, Szalma & Bartus, 2016). Notably Askoy, Carpenter, De Haas & Tran (2018) used data from the European Social Survey (ESS) from 2002 to 2016 to track changing attitudes towards LGBT (Lesbian, Gay, Bisexual, Transgender) individuals. In this time thirteen countries introduced legislation to recognise same sex partnerships. The data showed a significant increase in positive attitudes towards LGBT individuals between 2002 and 2016. This is consistent with the legitimacy model.

These studies would seem to indicate that laws can influence attitudes, it is however important to note the limitations of them. Except for the study by Kreitzer et al. (2014) these

studies were not specifically measuring the same groups if using more than one data set. It is plausible that, especially in the longitudinal studies, that a younger cohorts' responses were being recorded in place of an older generation and that they may have more liberal views without the influence of the law. Younger people have also been found to be generally more inclined to change views following a legal change (Jakobsson & Katsadam, 2010). Those studies that were not longitudinal in nature also run the risk of having a chicken and an egg situation where correlation between attitudes and the law may not equate to causation due to it not being possible to pinpoint if the attitudes caused the law change or the law change causing the attitude change. There can be an interactive process between attitudes and law that can work both ways (Carbonara et al., 2008).

Furthermore, if an issue is a strong or emotionally fraught issue that is held as fact by an individual then the law may not be able to influence a change in perceived morality (Skitka, Bauman & Sargis, 2005). Those with strong pro-life views, for example, may not change their views in light of the law and actively seek to try challenge abortion laws, not only to protect the foetus, but to express commitment to their views on life beginning at conception and their belief in traditional family values and gender roles (Luker, 1984).

4.5 Ethical Ideologies and Attitudes

A classic example of morality politics is abortion. It shows how policy attitudes are shaped by values, belief and identity (Mohamed, 2018). It can be predicted that those with more conservative values would have a low acceptance of, as well as being more likely to oppose, legal tolerance of socially debatable moral issues such as abortion. Those with more liberal values would have a higher acceptance of these issues (Deak & Saraglou, 2015). It

should therefore be investigated if an individual's ethical ideologies would impact their attitude toward an issue like abortion even when it has been brought into law.

The ethical ideology of an individual is seen to have a great effect on how they perceive, and decide to react to, ethically questionable situations (Forsyth 1992; Narvaez, Getz, Rest & Thoma, 1999). In his work on the role of ethical ideologies in moral judgement Forsyth (1980) developed an ethics position questionnaire. The results of this questionnaire give the respondent an idealism score and a relativism score. Forsyth (1981) claims that relativistic individuals reject the possibility of relying on moral principles when making moral judgements and those who are idealistic believe desirable outcomes can be achieved without violating moral guidelines.

Idealism has been shown to be correlated with strong beliefs on moral issues. When added with high relativism people are deemed situationists, this ideological type looks at contextual issues when coming to conclusions on moral issues and those also low in relativism, absolutists, tend to follow moral absolutes (Forsyth, 1981). It could be hypothesised then that situationists would score highly on an abortion attitude scale, being in favour of abortion, while absolutists would score at the low end being more likely to hold a strong pro-life view.

Relativistic individuals tend to reject moral principles when making judgements. Those scoring high on the relativistic questions on the EPQ tend to appraise moral issues based on personal values and are more individualistic. Those scoring low in relativism tend to follow universal moral rules and use moral absolutes as a guide to judgement (Forsyth, 1981). This could be linked to abortion attitude in terms of holding attitudes based on the circumstance of the pregnancy rather than believing it is simply right or wrong.

The EPQ has been found to have acceptable psychometric properties, it is also related to many attitudes towards social issues (Forsyth, Nye & Kelley, 1987). Research on this measure in conjunction with abortion attitudes does not appear in searches for such. Galvin & Herzog (1992) used the measure when looking at the ethical ideologies of animal rights activists compared to students who were not activists. The activists were found to be idealistic in their moral vision and convinced of their beliefs being correct.

These findings would indicate that those with strong beliefs on moral issues would score higher on the idealism questions. When looking at the relationship between abortion attitudes and cognitive complexity, which is the measure of an individual's ability to see situations as multifaceted, Hill (2004) found that, despite suggestion from Hollis & Morris (1990) and Werener (1993) that attitudes towards abortion tend to be polarized and an assumption that low cognitive complexity would correlate with scores on extreme ends of an abortion attitudes scale, that there was no relationship between the two. She did, however, find significant differences in response to items depending on the scenario with those scenarios which perceived the pregnancy not to be the woman's responsibility scoring higher on the positive side for abortion being acceptable. It is however important to note the limitations of this study. The participant group were 62 female undergraduates with an average age of 18.86 years. This would not give a large enough or a diverse enough sample to draw true conclusions from.

4.6 Empathy and Attitudes

Idealism has also to be found to more related to the ethics of caring than relativism. (Forsyth et al., 1987). It is also possibly linked to an individual's empathy. In relation to abortion attitudes it can be questioned, if empathy and caring levels are high, will the scores

be polarized depending on with whom the empathy is for: the pregnant person or the foetus.
It has been found that those who have strong pro-life but also pro death penalty base their
ideologies on conservative as well as religious convictions (Cook, 1998). Liberalists,
alternatively, tend to have more general empathy (McCue & Gopoian, 2000). Conservatism
appears to have a resistance to change (Jost, Glaser, Kruglanski & Sulloway, 2003) so this
may point to the law not having an impact on those with strong pro-life attitudes. Prosocial
justifications for moral opposition to issues such as abortion appear to place emphasis on the
need to protect who they perceive to be most vulnerable (Garret & Lantos, 2013).

Differing emotional responses to the same situation are a result of people having
different thresholds for emotional response to various aspects of the situation. An example of
this is the response people feel upon hearing on a case of abuse. One person may be mostly
concerned with wanting to punish the abuser while another is concerned with helping the
victim (Gault & Sabini, 2000). There are two reasons for this difference. The first comes
from Weiner (1993) who claims that cognitions lead to emotions and emotions lead to
actions. The cognitions are those of perceptions of responsibility of problems which lead to a
propensity to help or punish. Scwarz & Clare (1983) say that emotions lead to changes in
cognitions which in turn leads to changes in actions. This is based on individuals using the
effect they experience in response to a stimulus as a source of information about it. The same
could be applied to the target of empathy in the same situation. It has been seen that the
situation surrounding a pregnancy will have an impact on a person attitudes towards it
(Mosley et al., 2017; Cook et al., 1993; Bégue, 2001) so therefore the empathy may sway
depending on how a person perceives that situation leading to differing empathy levels.

Empathy is seen as an other-orientated emotion concerned with the perceived welfare
of another in need. Waytz, Iyer, Young & Graham (2016) found that liberals, who tend to be
more prochoice, will show empathy to a greater degree towards larger social circles.

Conservatives, with greater pro-life tendencies, tend to show more empathy towards smaller social circles. Liberals tended to show empathy more towards helping minority and marginalized groups than conservatives. Conservatives have a higher intolerance of ambiguity and changes in the status quo, which they see as threatening (Jost et al., 2003).

Exploring empathy is important in terms of exploring issues surrounding conscientious objection which is making it difficult for women to access abortion in Ireland still. Freeman, Coast & Vwalika (2017) looked at the importance of empathy in HCPs in women's healthcare services. Those who provided abortion appear to be concerned with women having limited opportunities should pregnancy continue, the fear some girls felt toward violent father, married women who could not afford to feed children they already had and women made pregnant as a result of rape. Those who would not provide abortion on grounds of conscientious objection appeared to distance themselves from the client's experiences and held the view that abortion provided forgiveness without penance.

4.7 Aims and Hypotheses

This leads to the aims of the current study. A mounting body of evidence suggests that laws have an influence over a person's attitudes to certain social issues such as same sex marriage. This has not been explored thoroughly in terms of abortion, so this study seeks to redress this. It will give a salient reminder of the law and it is predicted that abortion attitudes will become more positive when people are reminded of the legality of abortion in Ireland now.

HYPOTHESES 1: When given a salient reminder of the law on abortion, attitudes towards it will be more positive.

Idealistic individuals hold strong beliefs on moral issues. This study aims to discover if this is true of beliefs on abortion using the EPQ and an abortion attitudes measure. When it comes to differing situations in regards abortion this study also seeks to test if relativism scores will be correlated with their score on an abortion approval scale which gives different pregnancy situations and asks if the respondent thinks it acceptable to have an abortion in each case.

HYPOTHESES 2: There will be correlations between high idealism scores and both high and low abortion attitudes scores.

HYPOTHESES 3: A person's abortion approval score will be correlated with relativism score.

The target of empathy has been seen to be different depending on viewpoints. It is more likely that those with higher levels of empathy will score and the extreme ends of both the abortion attitude scale and the abortion approval scale. This study aims to test this using the Toronto Empathy Questionnaire.

HYPOTHESES 4: Those with high empathy scores will be correlated with extreme high and low scores in both the abortion attitudes measure and abortion approval measure.

This study seeks to redress the gaps in literature regarding ethical ideologies and abortion attitudes and in relation to attitudes to abortion since Ireland introduced its legalisation on the termination of pregnancy. It has possible implications for women who are still denied access to abortion in Ireland and for countries such as Malta, where abortion is illegal except to save the life of the mother and the United States of America where, in some states, the laws on abortion are becoming more stringent.

5. Methodology

5.1 Participants

Participants were accessed using convenience snowball sampling by way of social media, namely Facebook, Twitter and LinkedIn. In total there were 434 participants who were eligible to participate after answering the eligibility questions. The target sample was Irish residents over the age of 18 so the eligibility questions reflected this. There were 230 participants in the experimental group and 204 participants in the control group. Participants were asked to indicate an age range with the largest group being the 36 – 45-year group with 44.7% of the sample (n = 194) and the smallest group being the 65+ group with .9% (n = 4). 80.4% of the sample were female (n = 349), 18.3% male (n = 79), .2% who preferred not to say (n = 1) and .7% choosing the "Other" option (n = 3). Participants were made aware that inclusion was completely voluntary and anonymous. They were not offered any incentive to participate.

5.2 Design

As measures were not taken prior to the law change on abortion, the current study employed a true experimental between groups design to test hypothesis 1. The participants were randomly assigned to one of two groups, one of which contained a salient reminder of the law on abortion in Ireland and the other did not. A differential design was used to assess the relationship between the salience of a reminder of the law (IV) and scores on the abortion attitudes scale (DV).

The study also consisted of quantitative surveys with correlational components that aimed to assess the relationships between variables in hypotheses 2, 3 and 4. Hypothesis 2 was correlational between subjects design in order to assess the relationship between high Idealism

scores (PV) on the Ethical Position Questionnaire (EPQ) and scores on the abortion attitude scale that were both at the higher and lower end (CV).

Hypothesis 3 was between subjects and correlational in design to investigate an association between an individual's relativism score on the EPQ (PV) and their score on the abortion approval scale (CV).

Hypothesis 4 also took a correlational design to research if having high scores on the empathy measure (PV) would predict scores on extreme ends of both the abortion attitude and abortion approval scales (CV). This was examined between subjects.

5.3 Materials

This study used a 54-item questionnaire which was constructed using Microsoft forms in order to satisfy European GDPR laws. The first page consisted of a brief introduction outlining what the study involves and advising it may elicit some minor negative feelings but advise on support was available on the final page. It explained that participation was voluntary, anonymous and confidential with no right to withdraw once it had been submitted. Participants were notified that all information would be securely stored, and password protected. It was stated that by completing and submitting the survey they are consenting and gave contact information for the researcher and her supervisor (see APPENDIX A).

There were then three questions to satisfy the inclusion criteria. These were to be over 18, an Irish resident and consenting to participate. If these were satisfied questions on gender and age were presented. This was followed by a personal story of a woman's abortion with only the experimental group also seeing a reminder of the current law on abortion in Ireland (see APPENDIX B). The story is a shortened version of a story contained in the submission made by the Abortion Rights Campaign to the Citizens Assembly. The groups were randomly

assigned by creating two identical questionnaires with one containing the reminder and uploading both questionnaires into the splitter website (https://splitter.appdrag.com/). The website then directed participants to one of the questionnaires.

The Abortion Attitudes Scale (Taylor & Whitehead, 2014) was the first measure used (see APPENDIX C). This scale aims to measure an individual's attitude towards abortion using a 10-item questionnaire with a four-point Likert scale to record answers. Participants were told that the questions that followed were to do with their own personal attitudes and opinion towards abortion. They were reminded that all answers were anonymous and asked to indicate their level of agreement or disagreement for each statement. Statements included "A woman has a right to choose to have an abortion" and "I believe abortion goes against all morals". These were rated Strongly Agree, Agree, disagree or Strongly disagree. These are then scored 1(strongly agree) – 4 (strongly disagree) with questions 4, 5, 8 and 9 reverse scored. Higher scores indicate less favourable attitudes to abortion with a possible highest score of 40 and lower scores indicating positive attitudes with a lowest score possible of 10. Taylor & Whitehead (2014) state a Cronbachs Alpha test for homogeneity indicate a reliability of .92. When correlated with another abortion attitude scale it demonstrated concurrent validity ($r (92) = -.81$, $p < .01$). This scale also has the advantage of having no neutral point and a simple structure.

Six questions make up the Strickler & Danigelis (2002) abortion approval scale (see APPENDIX D). This scale is used to assess an individual's tolerance to abortion under different situations. Participants were asked to state yes or no if they believed, in their own opinion, should a woman be able to obtain a legal abortion in each of the circumstances which followed. These included "If the woman's own health is seriously endangered by the pregnancy?" and "If she became pregnant as a result of rape?". A response of "yes" scored 1 and "no" scored 0. The

scores could possibly then range from 0 to 6 with 0 indicating a complete opposition of abortion in all situations listed, and 6 which would represent tolerance of abortion in all situations.

The Ethics Position Questionnaire (Forsyth, 1980) is made up of twenty statements (see APPENDIX E). This scale was used to assess the degree of idealism of the individual and if they reject universal moral rules for a more relativistic approach. It can then be used to discover which of four ethical ideologies an individual most closely follows but for the current study only idealism and relativism scores were relevant. Participants were instructed to indicate their level of agreement or disagreement to each statement and told that there were no right or wrong answers, that the interest was in their opinion. The respondents had a nine-point Likert scale from "completely disagree" to "completely agree" to choose their response from. These were then scored from 1 (completely disagree) to 9 (completely agree). Statements one to ten make up the idealism scores and eleven to twenty the relativism scores. The mean of each subscale is calculated to give an overall score for each subscale in the range of 1 to 9. Forsyth (1980) reported cronbachs alpha scores of .80 for the idealism section and .73 for the relativism questions.

The final measure used was the Toronto Empathy Questionnaire (Spreng, McKinnon, Mar & Levine, 2009) (see APPENDIX F). This is a 16-item questionnaire with a five-point Likert scale for responses; Never, Rarely, Sometimes, Often and Always and is used to measure an individual's empathy levels. Participants were asked to rate how frequently they feel or act in the described manner, reminded that there were no right or wrong answers and to answer as honestly as possible. Manners described included " I have tender, concerned feelings for people less fortunate than me" and "I am not really interested in how other people feel". Their responses were rated from 0 to 4 and the sum of this gives the overall score. Items 2, 4, 7, 10, 11, 12, 14 and 15 were reverse scored. This questionnaire showed good internal validity $\alpha =$ .85 (Spreng et al, 2009).

5.4 Procedure

When participants clicked the link provided through social media, they were automatically directed to one of two conditions. They were then presented with the introductory page as outlined in the previous section. They were informed the study concerned attitudes to abortion. Participants were then asked to indicate if they were over 18, a resident in Ireland and gave consent to take part in the study. Once inclusion criteria were met participants were invited to indicate gender and age range. They were then asked to read the story presented and answer the questions that followed. Once the questions were answered and the survey submitted participants were presented with a debrief sheet (see APPENDIX G). They were thanked for their participation and advised that should answering any of the questions brought about any issues they can contact the Irish Family Planning Association (IFPA), Leanbh Mo Chroi or The Samaritans. The researchers contact details were included also.

5.5 Ethics

The researcher consulted the DBS ethical guidelines, the PSI and BPS codes of ethics before beginning this study. It was given ethical approval by the Dublin Business School ethics committee before any data collection commenced. There are several ethical considerations for this study. The first is the potentially sensitive nature of the topic of abortion. To address this, participants were informed in advance of the nature of the study in the introductory page. The debrief sheet contained information of support groups should any issues have arisen in completing the survey along with the researchers contact details.

Ensuring participants gave informed consent due to being unable to withdraw after submission was addressed in the introductory page by explaining this and having as an

inclusion criterion a question on giving consent. Participants were also informed of their right to withdraw at any point before submission.

All participants were informed that all data was de-identified, and no information could be contributed to any individual. This data is to be held on a password protected laptop and cloud. It will be held for one year after submission of the study and then permanently deleted.

6. Results

6.1 Overview of Results

The purpose of the current study was to investigate if given a salient reminder of the legality of abortion in Ireland, an individual's attitude toward abortion will be more positive than those who did not receive a reminder. It also sought to explore if ethical ideologies and empathy are predictors of abortion attitude and approval. The results consist of comparing means of abortion attitude scores between the experimental and control groups and using correlational analysis of the ethical ideology of idealism with abortion attitude, relativism with abortion approval and empathy levels with both abortion attitudes and approval.

6.2 Descriptive Statistics

A descriptive analysis of the demographics of gender and age group were run in order to gain perspective on the sample used in the study. There was also analysis run on each measure in order for central tendencies and frequencies to be outlined. In total the sample consisted of 434 valid participants, 230 in the experimental group and 204 in the control group. There were 349 females (80.4%), 79 males (18.2%), 1 participant preferring not to state a gender (0.2%) and 3 who choose the "other" option (0.7%). 2 participants chose not to answer this question (0.5%).   The statistical breakdown of the age range of participants is presented in Table 1 below.

Table 1 *Descriptive statistics of Age Ranges in total sample*

Age Range	Total	Valid Percent
18 – 25	39	9
26 – 35	122	28.1
36 – 45	194	44.7
46 – 55	53	12.2
56 – 65	22	5.1
65+	4	0.9

As can be seen from Table 1 above the largest group was the 36 – 45-year category (n= 194) and the smallest the 65+ category (n = 4). Only 18.2% in total fell into the oldest 3 age ranges (46-55, 55-65 and 65+).

Scores for the Abortion Attitude measure (Taylor & Whitehead, 2014) range from 10 to 40, with higher scores indicating a less favourable attitude to abortion and lower score revealing more positive attitudes. The mean score for this measure was 18.30 (SD = 5.12) with a range of scores from 10 to 35 when those with missing values were excluded. This score would indicate a positive attitude to abortion. The mean for the experimental group was 18.20 (SD = 5.06) and control group was 18.41 (SD = 5.19). These statistics are represented by the line graph below (Figure 1).
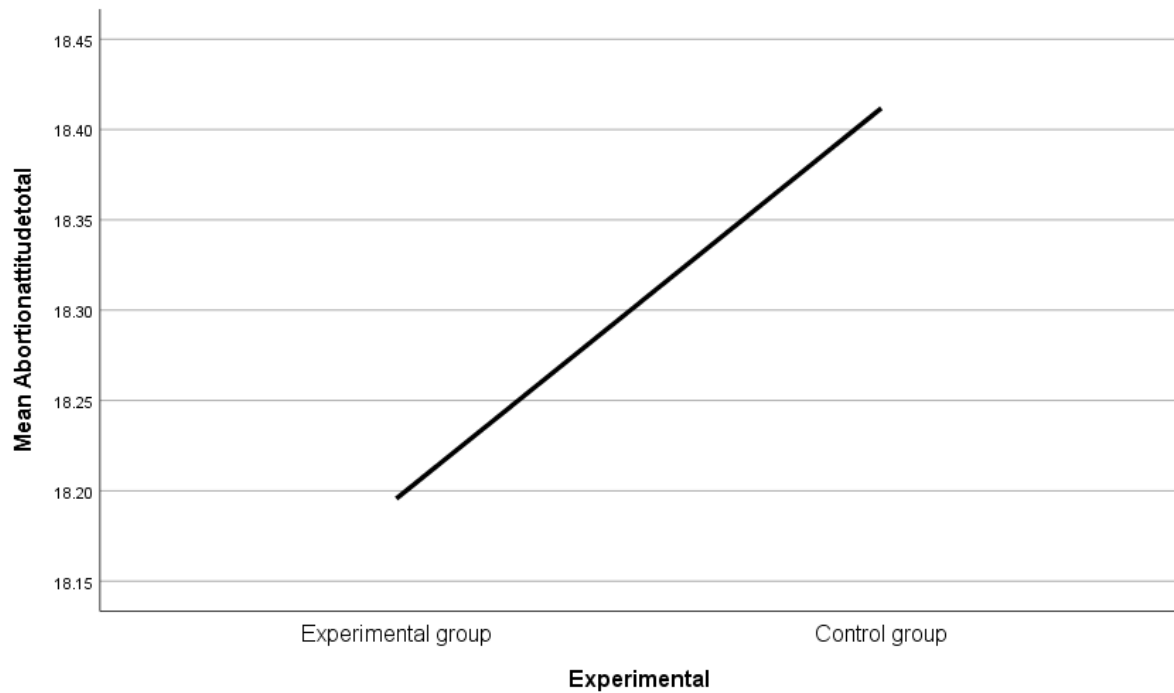
Figure 1 *Mean scores on Abortion Attitudes Scale for the Experimental and control groups*

As can be seen by Figure 1 there is an increase in means between the experimental and control groups indicating a slightly more negative attitude among the control group.

Those who chose the other gender option had the lowest mean (m = 15.33, SD = 1.16) for the abortion attitudes scale, followed by females (m = 18.03, SD = 5.26) and then males (m = 19.69, SD = 4.35). Within the experimental group the mean for females was 17.98 (SD = 5.34) and in the control group it was 18.08 (SD = 5.20). There was a slightly larger difference between the means for males in the experimental (m = 19.09, SD = 4.16) and control (m = 20.96, SD = 4.56) groups. Figure 1 represents the mean results by age group for this measure.
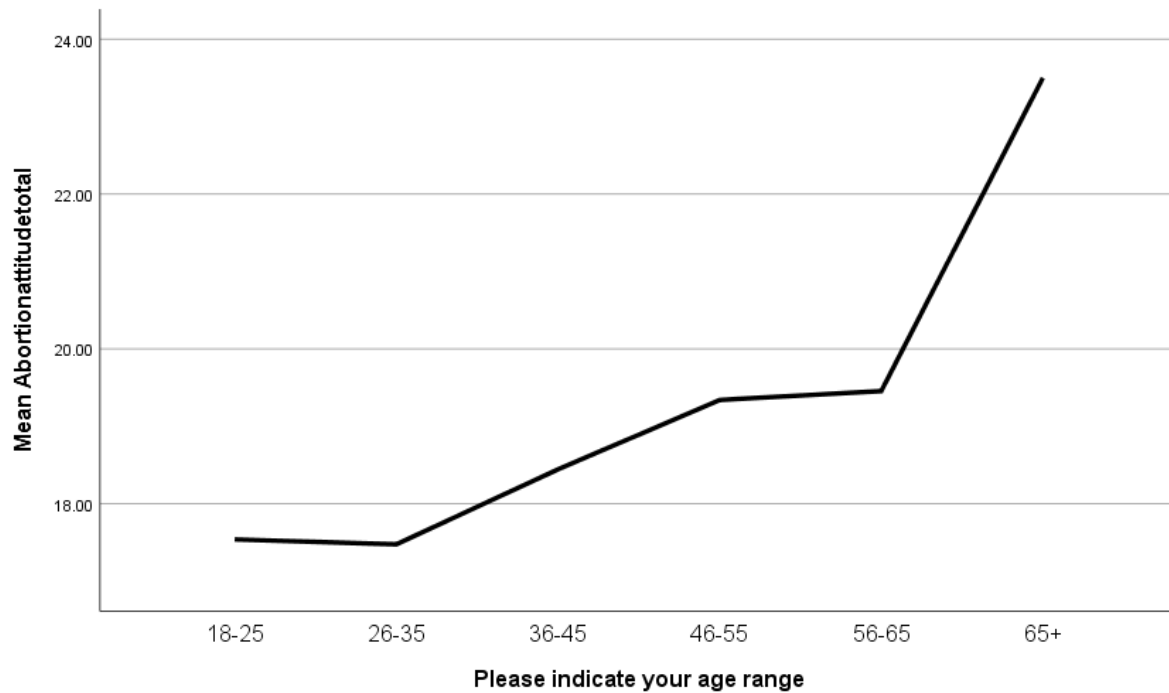
Figure 2 *Mean scores on Abortion Attitude scale by age range*

As can be seen the lowest mean was found in the 26 – 35 age range (m = 17.48, SD = 5.44) followed by the 18 – 25 category (m = 17.54, SD = 5.21). As the age range increases the mean gets larger with the 65+ group having a mean of 23.50 (SD = 2.65). A reliability analysis was carried out for this measure in relation to this study. Cronbachs alpha found a composite reliability, α = .63. Most items on the scale appeared worthy of retention, with the reliability decreasing if removed with the exception of question 1; "Abortion is not acceptable under any circumstances". If this item was to be removed, then α = .75.

The abortion approval scale (Strickler & Danigelis, 2002) scores from 0 to 6 with a higher score expressing approval towards abortion in all circumstances with lower scores suggesting approval of abortion in fewer circumstances. The reliability of this scale was found to be α = .81. The mean for the whole sample was 5.25 and there were scores within the full range of 0 – 6 reported. The male mean was 5.00 (SD = 1.39) and female mean was

5.29 (SD = 1.35) both of which indicate high approval rates. Figure 3 exhibits the mean scores per age group for this measure.
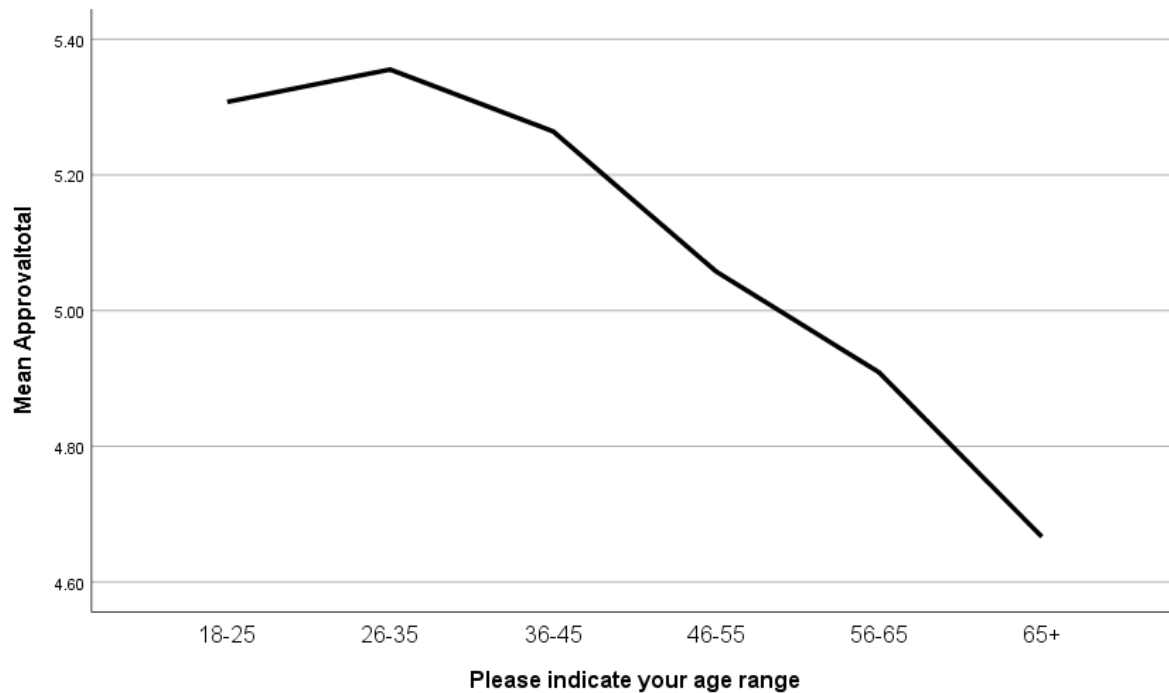

Figure 3 *Mean scores for Abortion approval scale for age range*

As can be seen from figure 2 there is a decrease in approval scores as the age increases after the 26 - 35-year group. This group had the highest mean score (m = 5.36, SD = 1.28) and the 65+ year group had the lowest mean score (m = 4.67, SD = 2.31).

The Ethical Position Questionnaire (Forsyth, 1980) is divided into two subscales: Idealism and Relativism. Scores were calculated on the mean score for each subscale and has a possible range of 1 – 9. The mean score for the idealism subscale was 6.48 (SD = 1.38) and a cronbachs alpha reliability of α = .85. The reliability of the relativism subscale was α = .84 and mean 6.25 (SD = 1.40). Table 2 gives a breakdown of means for each according to gender.

Table 2 *Mean scores per gender for EPQ subscales*

Gender	Idealism mean	SD	Relativism mean	SD
Female	6.56	1.29	6.33	1.37
Male	6.06	1.72	5.93	1.52
Other	7.55	0.92	5.97	1.24

As can be observed from Table 2 for the idealism subscale the Other gender category scored highest, indicating strongest beliefs on moral issues, and males scoring lowest. For the relativism subscale females had the highest score (most likely to appraise on individual merits) and males again scoring the lowest. In terms of age range for this scale, for idealism the 56 – 65 category had the highest mean (m = 6.93, SD = 1.45) and the 65+ had the lowest (m = 6.15, SD = 1.17) and for relativism the mean scores declined as the age increased with the 18 – 25year group having the highest score (m = 6.37, SD = 1.31) and the 65+ having the lowest (m = 5.83, SD = 1.33).

The Toronto Empathy Questionnaire (Spreng, Mckinnon, Mar & Levine, 2009) has a possible range of scores from 0 to 64. Higher scores indicate a greater level of empathy. Reliability analysis revealed a good cronbachs alpha for the questionnaire for this sample, α = .79. The overall mean for the sample was 50.42 (SD = 6.29) with a range of scores between 30 and 64. When broken down by gender, those who identified as "Other" recorded the highest empathy scores (m = 52.67, SD = 9.45), followed by females (m = 51.29, SD = 5.76) and then males (m = 46.47, SD = 6.91). Table 3 shows the empathy levels by age group for this scale.

Table 3 *Mean scores per age category for Toronto Empathy Questionnaire*

Age Category	Mean	Standard Deviation
18 – 25	51.50	4.96
26 – 35	50.13	7.30
36 – 45	50.38	5.75
46 – 55	50.15	7.30
56 – 65	50.53	5.28
65+	52.50	4.20

For this measure the 65+ group had the highest mean score followed by the 18 – 25 group as shown in Table 3. The lowest mean score was found with the 26 – 35 age group.

6.3 Inferential Statistics

Inferential statistics were run to test the hypothesis outlined individually below to see if a reminder of the law on abortion would elicit a more positive attitude towards it and if abortion approval and attitude can be predicted by ethical ideology and empathy. SPSS software was used to run the analysis. When checking assumptions for the measures used, it was found that all four measures did not pass the Shapiro Wilk test of normality, with significant scores of less than 0.05 and therefore non-parametric tests were used; a Mann-Whitney U for hypothesis one and Kendall's Tau b for the remaining hypothesis.

Hypothesis 1: When given a salient reminder of the laws on abortion, attitudes towards it will be more positive.

A Mann-Whitney U test revealed that there was no significant difference between the experimental group (mean rank = 213.08) and the control group (mean rank = 222.49) in terms of attitude towards abortion scores when the experimental group was given a reminder of the law (z = -.78, p = .434). Therefore, the null hypothesis can be accepted. This would suggest that when given a reminder of the law attitudes do not become more positive. A very small Cohen's d effect size of .04 was also found for this hypothesis.

Hypothesis 2: There will be correlations between high idealism scores and both high and low abortion attitudes scores.

A Kendall's tau b correlation found there was a weak significant positive association between idealism score (m = 6.48, SD = 1.38) and abortion attitude (m = 18.30, SD = 5.12) scores (tau b (403) = .07, p = .034). Therefore, the null hypothesis can be rejected. This indicates that as idealism scores increased so did abortion attitude scores. Figure 4 represents these results.
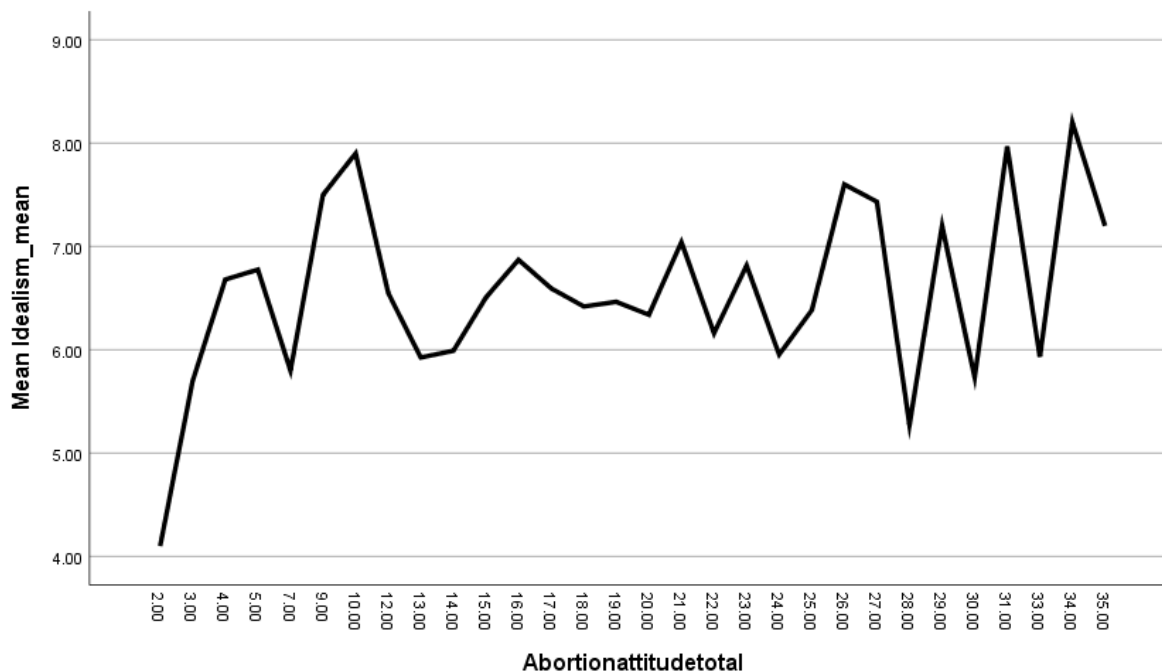
Figure 4 *Representation of relationship between idealism scores and abortion attitude scores*

The information in Figure 4 shows a trend of higher idealism scores being found at either end of the abortion attitude scores with the lower idealism scores found in the midsection of the attitude scores.

Hypothesis 3: A person's abortion approval score will be correlated with relativism score.

A Kendall's tau b correlation found there was a weak significant positive relationship between relativism (m = 6.25, SD = 1.40) and abortion approval (m = 5.25, SD = 1.36) (tau b (422) = .20, p < .001). Therefore, the null hypothesis can be rejected. This is represented on the graph below (Figure 5).
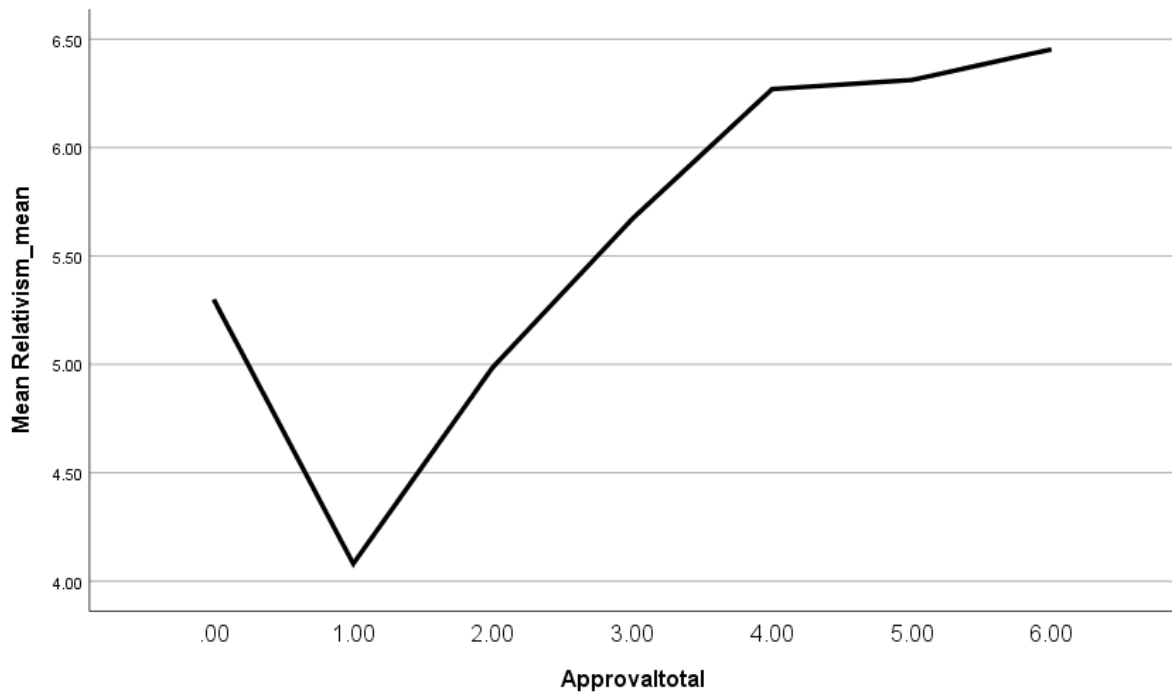
Figure 5 *Representation of positive relationship between Relativism mean score and Abortion Approval score*

Figure 5 shows the positive direction of the relationship between relativism mean scores and abortion approval scores apart from a peak in relativism score when approval scores were at their lowest point.

Hypothesis 4: Those with high empathy scores will be correlated with extreme high and low scores in both the abortion attitudes scale and abortion approval scale.

A Kendall's tau b correlation revealed no significant relationship between abortion approval scores and empathy scores (tau b (407) = .05, p = .205). Therefore, the null hypothesis can be accepted. This result suggests there is no relationship between empathy and abortion approval. Figure 6 below shows a representation of these results in graph form.
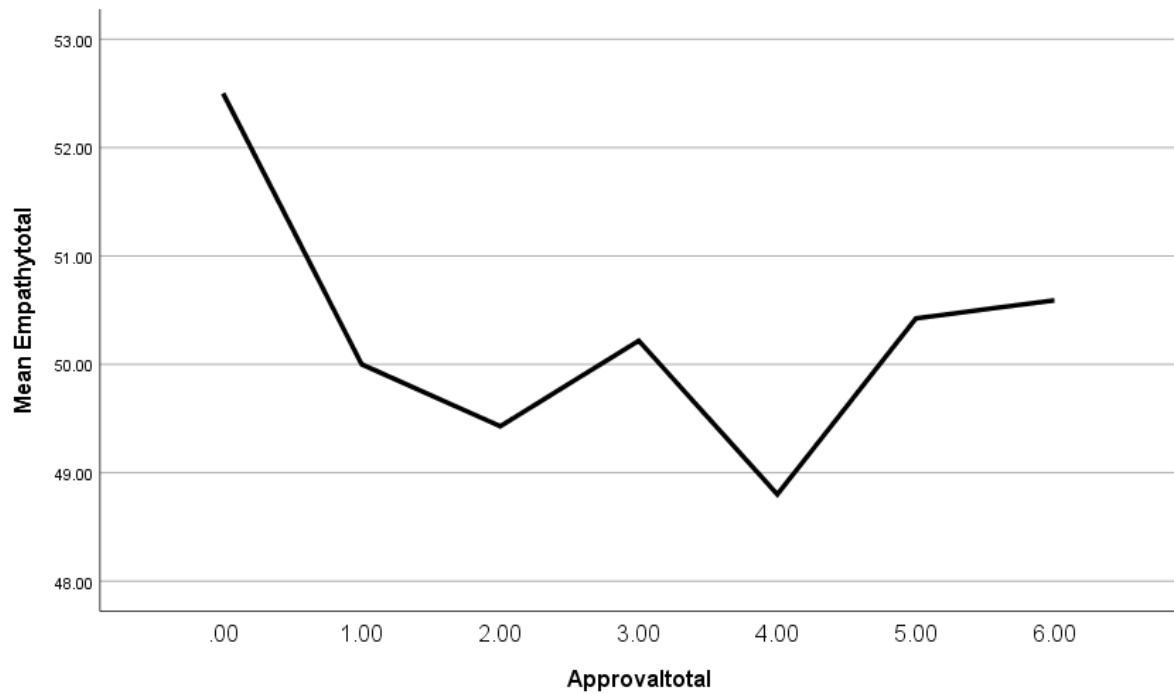
Figure 6 *Representation of relationship between mean empathy and abortion approval scores*

This representation shows higher empathy score when approval scores were low. The empathy scores appear to fall in the mid-range of approval scores before beginning to rise again as approval score become higher.

A Kendall's tau b correlation revealed a significant negative relationship between empathy (m = 50.42, SD = 6.29) and abortion attitudes (m = 18.30, SD = 5.12) (tau b (411) = -.08, p = .02). Therefore, the null hypothesis can be rejected. This suggests that as empathy scores increased, abortion scores decreased indicating a more positive attitude towards abortion. This result can be seen in figure 6.
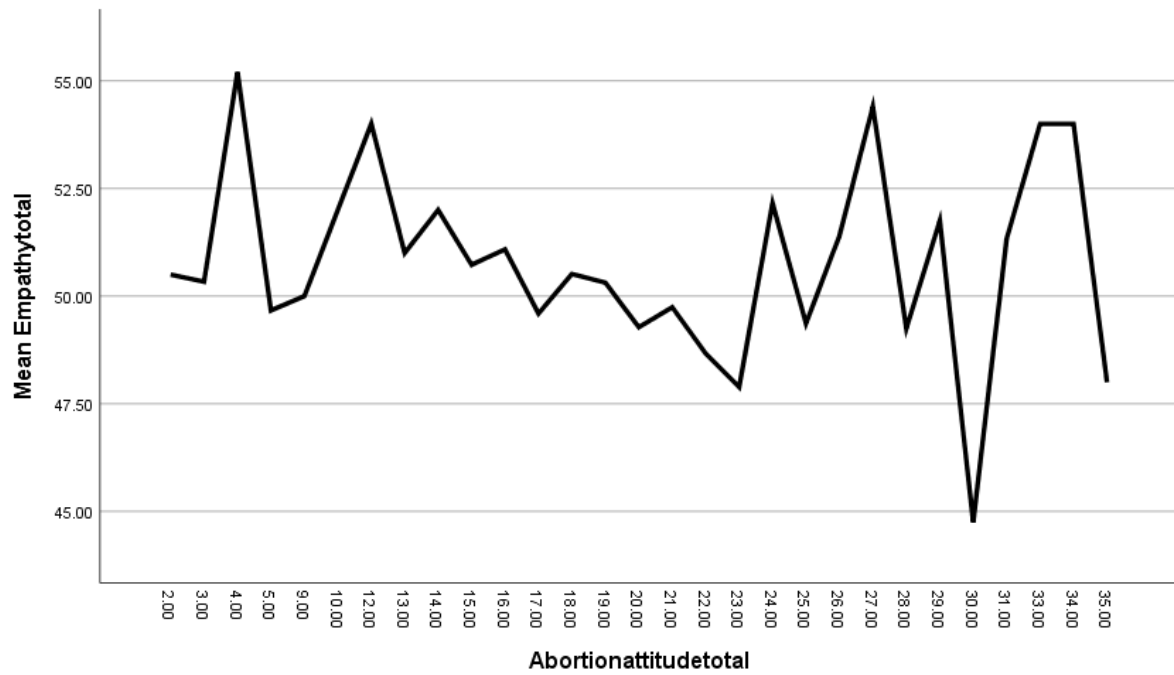
Figure 6 *Representation of relationship between empathy score and abortion attitude scores*

The representation of the results in the graph (Figure 6) suggest a trend of higher empathy scores at each end of the abortion attitude scores.

7. Discussion

7.1 Overview of Aims

The rationale for the current study was to investigate if given a salient reminder of the legality of abortion in Ireland will it elicit a more positive attitude towards abortion. It also sought to establish if empathy and ethical ideologies are predictors of abortion attitudes and approval. Furthermore the current study aimed to fill a gap in the literature in relation to the EPQ abortion attitudes and also to give an indication if, in the year since legislation for the termination of pregnancy came into being in Ireland, attitudes towards it have changed as similar research could not be found prior to the commencement of the present study.

This chapter will review the findings of the study in their own right and considering previous literature. It will discuss strengths and weaknesses of the study and look at broader implications of the results and possible applications of the research.

7.2 Findings of this Study

Statistical analysis revealed significant relationships between idealism mean scores and abortion attitude scores, relativism scores and abortion approval scores, and between empathy and abortion attitude scores. There was no significant difference found between the experimental group and control group in terms of abortion attitude scores. No statistically significant relationship between empathy and abortion approval scores was found.

The first hypothesis of this study was that there will be more positive attitudes when given a reminder of the law. Inferential statistics did not give a significant result to support this. This may be due to the reliability of this scale for this sample. If the first statement "Abortion is not acceptable under any circumstances" is removed the reliability becomes

more acceptable for the scale. Given the high mean score of the abortion approval scale that this statement will not yield much variance in reply and therefore should be removed should this scale be used for a similar study. The effect size for this hypothesis was run due to the fact the findings are novel and could not be compared to past literature (Lakens, 2013). It found a very small effect size suggesting a larger sample would be needed to either detect an effect from the reminder or to more reliably suggest there is no effect to be found.

The variables from this hypothesis did however give some interesting descriptive statistics worth noting. The mean scores of the males in both experimental and control groups had a difference of almost 2 points in their score on the abortion attitude scale. This could possibly suggest that the reminder of the law had more of an effect on males although there is nothing in the previous research to suggest this. Another trend noticed, though not of statistical significance, was that attitude towards abortion became more negative as age increased. Jakobsson & Katsadam (2010) similarly found that following a change in legislation, young people were more likely to change their views.

These findings contrast with the previous research examined in relation to same sex partnerships (Askoy et al., 2018; Kreitzer, Hamilton & Tolbert, 2014). One possible explanation for this is that abortion may be a more emotive topic which, when looked at in terms of the other findings of the study, elicits more negative attitudes when strong moral beliefs, high idealistic views, are held. Skitka, Bauman & Sargis (2005) posit that more emotionally charged topics may not be susceptible to a change in viewed morality purely due to the law. This is a result of such strong moral convictions being experienced by the individual as a fact about the world and as a result, for issues like abortion, the judgement that it is essentially right or wrong has a motivational quality in regard to successive behaviour, feelings and thoughts that is not affected by the absence or presence of other motivating factors.

Another possible reason for the current results is rather then the legitimacy model of policy and attitudes, whereby the law brings about change in acceptance of an issue, being the right fit for abortion laws perhaps the consensus model is a better fit. This model proposes that policy change happens after there is a shift in general public attitude towards the issue. (Flores & Barclay, 2016). If this was the case, then attitudes would not change as a result of the law change as individuals would already have a more positive attitude towards the issue. Carbonara et al. (2008) point out that the relationship between attitudes and new legislation is an interactive one and may work both ways.

When idealism and abortion attitude scores were analysed, a weak positive association was found indicating that the higher the idealism, holding strong moral beliefs, the more negative the attitudes towards abortion. This would be supported in part by the research by Galvin & Herzog (1992) whereby animal rights activists, who it could be hypothesised would have strong moral beliefs, were found to have higher levels of idealism Interestingly, the graph (figure 4) which represents this shows a trend of higher idealism scores at both the high and low end of the abortion attitude scale. This may indicate a trend towards those with strong moral beliefs having attitudes on abortion which fall to the extreme ends of the scale though the data does not support this. It has been supported in the previous research of Hollis & Morris (1990) and Werner (1983).

High relativism, which is shown to relate to appraising moral issues based on personal values rather than universal moral rules, was found to be weakly correlated with higher approval of abortion in different circumstances. There is a surprising spike of high relativism at the very low end of the approval scale when the results are examined in graph form (figure 5). This could indicate that a shift in what is a universal moral value means those with strong pro-life views are having to base their beliefs on their own personal values rather than those of most of the population.

High levels of empathy were found to be significantly related to more positive attitudes to abortion however, no significant relationship was found with empathy and abortion approval. This is in keeping with past research where liberals, who are more likely to have pro-choice views, have more general empathy (McCue & Gopolan, 2000). Again, the graphs (figure 6 & figure 7) show a trend towards the higher empathy scores falling at extreme ends of both scales. Paradoxically the lowest empathy scores were also to be found at the negative end of the abortion attitudes scale and on the abortion approval scale a relatively high empathy score is found when there is no approval for abortion under any circumstance followed by the lowest empathy scores found when there is approval for one of six circumstances.

According to the research empathy is an emotion related to others. Garret & Lantos (2013) state that for issues such as abortion, empathy appears to be aligned with protecting the perceived most vulnerable in that situation. Waytz et al. (2016) and Jost et al. (2003) claim that those who are more likely to pro-choice also have more empathy for larger social circles and those who are more pro-life have empathy for smaller groups. The presumption could be made that these could equate to women and foetuses. The conclusion could be tentatively drawn that the more empathy an individual had for each the stronger the views held. This would support the findings of the current study; however, further qualitative data would be needed to verify such.

7.3 Strengths

This study has sought to redress the gap in research in terms of abortion attitudes and the new legislation brought into Ireland just over a year ago. Given the constraints of not having measures taken prior to the law change it has done so using a true experimental design

so as not to be dependent on using retrospective information from participants which may not be as reliable. Having the experimental element also gave the opportunity to gather more information than using a correlational design alone. This study has provided a starting point for further research in this area.

Previous research using the EPQ in relation to abortion attitudes was not found in searches prior to this study commencing. This study has shown the multi-faceted nature of ethical ideologies when it comes to abortion attitudes and future studies may use this from which to base their research. This study also set out to show a relationship between empathy and abortion attitudes which it has achieved.

7.4 Limitations

When testing if having a reminder of the law influences attitude it was found a larger sample would be needed to reliably test the hypothesis. The reliability of the scale could also be questioned, and the scale would need changing to achieve a more reliable result. There is also a large gender and age imbalance among the sample. A more balanced sample group might provide more accurate information for such a study. In order to truly measure the effect of a law change on attitudes measures would have to be taken from the same group before and after such a change which would involve a longitudinal element to it which was not possible with the current study. There is also the possibility that the story used on the questionnaire may have influenced people's opinions but given the divisive nature of the topic it is possible any story used would have an undue influence on opinion and it was a necessary element for the nature of the experiment.

7.5 Future Research

Future research could build on the current study by looking at abortion attitudes and changing laws in a longitudinal way. This could be achieved in countries such as Malta where abortion is only permitted to save the life of the mother or in the United States of America where abortion legislation is becoming stricter in certain states. Studies involving qualitative elements could also be carried out in order to gauge with whom empathy lies when looking at measuring empathy levels and abortion attitudes. Elements from the current study could also be used with another measure of abortion attitudes along with a larger sample to see if similar results were produced or if there was a change due to those elements.

7.6 Applications and Implications of this Research

The current study suggests that law change may not affect abortion attitudes. If countries are seeking to change the law then the consensus model (Flores & Barclay, 2016) seems to be more applicable; attitudes need to change in order to influence policy. For those women in Ireland still denied access to abortion services in this country due to conscientious objection leading to a lack of services, or the strict guidelines on time limits within legislation then attitudes also need to change. Although this study showed how ethical ideologies can predict attitudes and approval, it has also shown that perhaps a way around this is to shift the focus of individuals empathy which could elicit a change in attitude. A change in attitude would lead to less stigma, fewer unsafe abortions and ultimately lessen risk of maternal deaths.

7.7 Conclusion

This study found that ethical ideologies can predict abortion attitudes and approval, with high idealism correlated with more negative abortion attitudes and those high in relativism approving of abortion under more circumstances. Interestingly though when presented in graph from trends show higher levels of both at each end of the scales which would indicate that having strong moral beliefs leads to polarization of attitudes. It was also found that higher empathy levels are correlated with more positive abortion attitudes but like the previous result trends would suggest higher levels of empathy at both ends of the scale. This could suggest that it is those with strong empathy to either the women or the foetus that fall to each end of the scale.

Although it did not find evidence that having a reminder of the law will influence attitude it has provided a foundation from which subsequent research on this could be carried out. Further research could identify how these findings could have implications in the changing face of abortion laws worldwide, leading to an increase in safe abortions.

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Appendices

Appendix A – Information sheet

My name is Sharon O'Connor and I am conducting research in the Department of Psychology, Dublin Business school, that explores attitudes to abortion. This research is being conducted as part of my studies and will be submitted for examination.

You are invited to take part in this study and participation involves completing and submitting the following anonymous survey. While the survey asks some questions that might cause some minor negative feelings, it has been used widely in research. If any of the questions do raise difficult feelings for you, contact information for support services are included on the final page.

Participation is completely voluntary and so you are not obliged to take part. Participation is anonymous and confidential. Thus, responses cannot be attributed to any one participant. For this reason, it will not be possible to withdraw from participation after the questionnaire has been submitted. The questionnaires will be securely stored and data from the questionnaires will be stored on a password protected computer and backed up on a password protected cloud.

It is important that you understand that by completing and submitting the questionnaire that you are consenting to participate in the study.

Should you require any further information about the research, please contact Sharon O'Connor, ████████@mydbs.ie. My supervisor can be contacted at ████████@dbs.ie

Thank you for taking the time to complete this questionnaire.

Appendix B – Abortion Story and Legal Reminder

Please read the personal story below and then answer the following questions:

I have 5 children to two men I'm no longer in relationships with. I was using contraception with my current partner and so I was shocked to find out I was pregnant. I had neither the will, strength, energy or resources to carry another baby to term. My last 2 pregnancies had caused considerable health issues for me and I had to use a walking stick for the final months of them as walking was so painful. My boyfriend has always been clear that he does not want kids too, so he was in agreement with me that an abortion was the best choice. I am also 39 (and closer to 40 than 39) so at a point where pregnancy would have increased risks for both me and any baby I might've had. All in all, the thought of being pregnant filled me with fear and dread. I struggle to make ends meet as it is on my own with 5 kids in a country that does not support lone parents (in fact penalises them). All in all, though, I am so happy and relieved that I was able to have an abortion when I needed one. I have zero regret. It was 100% the best thing for me and my family. I think abortion is a healthcare issue and anyone who needs one should be able to access the care they need, preferably with the help and support of the country they live in.

In Ireland Abortion is currently LEGAL in the following situations:

* Within the first 12 weeks of pregnancy

* In cases where the woman's life or health is at risk

* In cases of fatal foetal abnormalities

Appendix C – Abortion Attitudes Scale

Taylor & Whitehead Abortion Attitude Scale (2014)

The following are questions about your own attitudes and opinions regarding abortion. There are no right, or wrong answers and all answers are completely anonymous. Please indicate your level of agreement or disagreement with each statement.

1.   Abortion is not acceptable under any circumstances.

2.   Abortion is acceptable if the mother's health is endangered.

3.   If a woman finds out her baby will be born with a defect, she has the right to abort the child.

4.   The human foetus is a living being and therefore should be protected by law.

5.   Abortion is murder.

6.   A woman has a right to choose to have an abortion.

7.   Parental consent should not be required for an abortion to be performed.

8.   I believe abortion goes against all morals.

9.   It is better to have the baby and put it up for adoption than an abortion.

10.   Depending on the circumstances of conception, a female has the right to determine the best course for the life of her foetus.

Strongly agree = 1

Agree = 2

Disagree = 3

Strongly disagree = 4

Reverse score 4, 5, 8 & 9

The higher the score the less favourable the attitude towards abortion

Appendix D – Abortion Approval Scale

Abortion Approval scale (Strickler & Danigelis, 2002)

The dependent variable is a summated scale based on the number of "yes" answers to six

situation-specific questions about abortion. The questions are:

Please state whether or not you think it should be possible, in your opinion, for a pregnant

woman to obtain a legal abortion....

If there is a strong chance of serious defect in the baby?

If she is married and does not want any more children?

If the woman's own health is seriously endangered by the pregnancy?

If the family has a very low income and cannot afford any more children?

If she became pregnant as a result of rape?

If she is not married and does not want to marry the man? "

The Abortion Approval Scale, therefore, ranges from a low of 0 that represents complete

opposition to abortion in all described situations ("no" to all questions) to a high of 6 that

represents tolerance of abortion in all situations ("yes" to all questions).

Appendix E – Ethical Position Questionnaire

Ethics Position Questionnaire (Forsyth, 1980)

Please indicate if you agree or disagree with the following items. Each represents a commonly held opinion and there are no right or wrong answers. We are interested in your reaction to such matters of opinion. Rate your reaction to each statement.

1 = Completely disagree 2 = Largely disagree 3 = Moderately disagree 4 = Slightly disagree 5 = Neither agree nor disagree 6 = Slightly agree 7 = Moderately agree 8 = Largely agree 9 = Completely agree

1. People should make certain that their actions never intentionally harm another even to a small degree.

2. Risks to another should never be tolerated, irrespective of how small the risks might be.

3. The existence of potential harm to others is always wrong, irrespective of the benefits to be gained.

4. One should never psychologically or physically harm another person.

5. One should not perform an action which might in any way threaten the dignity and welfare of another individual.

6. If an action could harm an innocent other, then it should not be done.

7. Deciding whether or not to perform an act by balancing the positive consequences of the act against the negative consequences of the act is immoral.

8. The dignity and welfare of the people should be the most important concern in any society.

9. It is never necessary to sacrifice the welfare of others.

10. Moral behaviors are actions that closely match ideals of the most "perfect" action.

11. There are no ethical principles that are so important that they should be a part of any code of ethics.

12. What is ethical varies from one situation and society to another.

13. Moral standards should be seen as being individualistic; what one person considers to be moral may be judged to be immoral by another person.

14. Different types of morality cannot be compared as to "rightness."

15. Questions of what is ethical for everyone can never be resolved since what is moral or immoral is up to the individual.

16. Moral standards are simply personal rules that indicate how a person should behave and are not be applied in making judgments of others.

17. Ethical considerations in interpersonal relations are so complex that individuals should be allowed to formulate their own individual codes.

18. Rigidly codifying an ethical position that prevents certain types of actions could stand in the way of better human relations and adjustment.

19. No rule concerning lying can be formulated; whether a lie is permissible or not permissible totally depends upon the situation.

20. Whether a lie is judged to be moral or immoral depends upon the circumstances surrounding the action.

Idealism scores are calculated by summing responses from items 1 to 10 and getting the mean. Relativism scores are calculated by summing responses from items 11 to 20 and getting the mean. Those with high relativism and high idealism scores are classed as situationist, with high relativism and low idealism are classed as subjectivists, with high idealism and low relativism are absolutists and those with low idealism and low relativism scores are said to be exceptionists.

Appendix F – Toronto Empathy Measure

Toronto Empathy Measure (Spreng, McKinnon, Mar & Levine, 2009)

Below is a list of statements. Please read each statement carefully and rate how frequently you feel or act in the manner described. There are no right or wrong answers or trick questions. Please answer each question as honestly as you can by rating how often they apply to you.

1. When someone else is feeling excited, I tend to get excited too.

2. Other people's misfortunes do not disturb me a great deal

3. It upsets me to see someone being treated disrespectfully

4. I remain unaffected when someone close to me is happy

5. I enjoy making other people feel better

6. I have tender, concerned feelings for people less fortunate than me

7. When a friend starts to talk about his\her problems, I try to steer the conversation towards something else

8. I can tell when others are sad even when they do not say anything

9. I find that I am "in tune" with other people's moods

10. I do not feel sympathy for people who cause their own serious illnesses

11. I become irritated when someone cries

12. I am not really interested in how other people feel

13. I get a strong urge to help when I see someone who is upset

14. When I see someone being treated unfairly, I do not feel very much pity for them

15. I find it silly for people to cry out of happiness

16. When I see someone being taken advantage of, I feel kind of protective towards him\her

Never – 0, Rarely – 1, Sometimes – 2, Often – 3, Always – 4

Reverse score question 2, 4, 7, 10, 11, 12, 14 & 15

High scores indicate high empathy levels, low score indicate low empathy levels.

Appendix G – Debrief Sheet

Thank you for your participation. The aim of this study is to look at abortion attitudes, ethical ideology and empathy.

Should completing this questionnaire have raised any issues for you can contact the following organisations for support

IFPA

 https://www.ifpa.ie/ifpa-dublin-city-centre-clinic/

1850 49 50 51

Leanbh Mo Chroi

https://lmcsupport.ie/

leanbhmochroi@gmail.com

Samaritans

https://www.samaritans.org/ireland/samaritans-ireland/

116 123

If you may have any questions, please feel free to contact me at ██████@mydbs.ie

Sharon O'Connor