Sociological Methodology: Interpreting Changing Culture

Kay Lyn Carlson

Omega Graduate School

February 27th, 2023

Professor

Dr. Kenneth Schmidt, Ph.D.

100 Day – Essay
Complete the Hidden Threads assignment as detailed below and explained in class.
Requirements
1. Topic Selection and Approval:

a. Email your topic and a rough outline to Dr. Schmidt for feedback and approval well in advance of the assignment due-date deadline.(schmidt@umassglobal.edu)
b. Schedule a meeting with Dr. Schmidt to review feedback.
(schmidt@umassglobal.edu)
c. After receiving approval of the topic and rough outline, submit a rough
draft to Dr. Schmidt in advance of the turn-in deadline
(schmidt@umassglobal.edu). He will provide the feedback necessary for
preparing the final paper.

2. The Essay – This paper should be approximately 5-7 double-spaced pages in length and may be longer. Provide an appropriate (and interesting) title for your essay. Write a short paragraph introducing the reader to the topic you will explore in your paper (i.e., This paper explores both theological and sociological dimensions of the obesity epidemic in the United States...). Then, follow the steps listed below: (Develop each in paragraph form, and clearly explicate all concepts you will develop.) Follow this pattern and organize your work under headings, or using the numbers
for the parts of the assignment listed below:

a. Identify a few concepts to be used for the interpretation of the problem you have chosen. (i.e., for a topic dealing with obesity, you might choose “hunger” or “emptiness.”) Define/explicate this concept(s), explaining how it will be employed in your analysis.
b. Identify sub-concepts that are related to the concepts you have chosen in #1. (i.e., for obesity sub-concepts might include, “gratification,” “satisfaction,” etc.) Define/explicate these sub-concepts, explaining how they offer additional analysis of your chosen problem. This extends your analysis beyond #1, offering additional depth and nuance.
c. Identify several biblical passages or concepts that provide meaning for
these concepts and sub-concepts? (Perhaps something that addressed “food
and drink that satisfy” ... or other passages that deal with such matters as being “filled with the spirit, “gluttony,” “fasting,” “feasting,” etc.) Drawing on these passages, and related theological ideas, explain their connection to the
d. concepts/sub-concepts you have employed in your analysis of the problem.
Note: this is not simply attaching Bible verses that “inspire” or “shed light on...” Rather, the emphasis should center on the conceptual and analytical. (I’m not as interested in “normative” [Christians must... Christians should...] approaches.)
e. Identify secular (i.e., sociological) studies that utilize or address these concepts and sub-concepts. (Supersize Me [a movie], The McDonaldization of Society by George Ritzer, Studies on anorexia or bulimia, etc.) Use these to develop your analysis sociologically. You can think of this as a very short “literature review.”
f. Explain how your analysis aids /offers insight into contemporary life/society. (i.e., the burgeoning fast-food industry, Western society’s focus on efficiency and calculability, etc.) Where is your chosen problem “visible” in contemporary society... what contemporary illustrations can you identify and briefly interpret using some of the analysis developed in #1- #4)?
g. How does your analysis make a contribution to Christian thinking on the
topic/problem? (For example, understanding the relationship between
appetite, indulgence, and a life of the Spirit, and then extending these ideas to areas other than just obesity and food.) What fresh new idea(s) can you offer to fellow Christians?
h. How does your analysis make a contribution to sociological thinking about this issue? Can you offer a new sociological insight or two derived from your analysis?

3. Structure (Assignment evaluation includes the following structure below).

a. Download the “OGS APA Course Assignments Template 7th Ed 2021” template
from the General Helps folder in the AA-101 The Gathering Place Course on
DIAL. Using the template create the following pages.
b. Title Page (not included in page count).
c. Copy and paste the assignment instructions from the syllabus starting
on a new page after the title page, adhering to APA 7th edition style
(APA 7 Workshop, Formatting, and Style Guide, APA 7 Quick Guide).
d. Start the assignment on a new page after the copied assignment instructions.
e. Document all sources in APA style, 7th edition (APA 7 Reference Example, APA 7 Quick Guide)
f. Include a separate Works Cited page, formatted according to APA
style, 7th edition (not included in page count).

4. Submit through DIAL to the professor.

 **Framing and Recognition of Abortion as Morally Injurious**

This paper explores the theological and sociological dimensions of a new construct, the moral injury of abortion (MI-A), currently not recognized by secular powerholders of mental health-related issues, namely, the American Psychological Association (APA) and the American Psychiatric Association. Johnathan Shay, MD., Ph.D., first coined the term moral injury based on his clinical work with war veterans. Since its inception in 1991 (Shay, 2014), the concept has continued to flourish in popularity beyond the military scope. Indeed, (MI-A) is recognized by research scientists (Koenig & Al Zaben, 2021; Dumbo et al., 2013; Carleton & Snodgrass, 2022) and is ever-present in society. The need for the MI-A construct is critical to recognize it as a global epidemic, as millions of people potentially suffer from the trauma that follows post-abortion. Thus, the framing and recognition of (MI-A) will be addressed.

1. **Identify a few concepts to be used to interpret the problem:**

Comparing the concept of moral injury experienced by war veterans (MI-V) to the experience of (MI-A) is explained that interprets a global social epidemic currently unrecognized and untreated by secular society powerholders.

The term moral injury has been updated since Shay’s original conception. In 2009, Psychologist Brett Litz stated, "potentially morally injurious events, such as perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations, may be deleterious in the long-term, emotionally, psychologically, behaviorally, spiritually, and socially (what we label as moral injury)" (p.695). In addition, Jeremy D. Jinkerson (2016) assessed moral injury as "a particular type of trauma characterized by… guilt, shame, spiritual/existential conflict, and loss of trust are identified as core symptoms. Depression, anxiety, anger, reexperiencing, self-harm, and social problems are identified as secondary symptoms" (p. 122).

 Similarly, these same symptoms have been recognized in women following an abortion(s). Coleman et al.’s research in 2017 found "deep feelings of loss, existential concerns, and declining quality of life. More specifically, common negatives included feelings about termination of a life, regret, shame, guilt, depression, anxiety, compromised self-appraisals, and self-destructive behaviors" (p. 113).

1. **Identify sub-concepts:**

Moral injury symptoms listed above are weaved throughout thousands of women’s documented narratives, offering additional depth to the trauma associated with abortion. The cry for social change that promotes human flourishing rather than destroying it is ever present in their stories.

In a 2020 article titled *#AbortionChangesYou: A Case Study to Understand the Communicative Tensions in Women’s Medication Abortion Narratives,* a post-abortion woman states: “We were told we would go back to normal and it won’t affect us but they were wrong!!! All I feel is emptiness and hatred. I used to be the happiest most positive girl. All I want is to take it back” (p.5). Another woman writes:

Every woman knows in her heart that abortion is wrong. Even though I was young & scared, there was a feeling of ‘working against’ myself. Through my twenties I would think about it but pushed it aside. It was only when I married & started my family that I began to really struggle with my abortion decision. When my first son was born I realized what I had done so many years ago. The love I have for my children was/is more powerful than any emotion I’ve ever experienced. The thought of anyone hurting them has an enormous effect on me as a mother. The knowledge that I ended the life of my child is difficult to manage emotionally. I have struggled over the years with being extremely hard on myself & emotionally beating up on myself. On the outside I don’t think anyone would see that. I look like I have it ‘together.’ However, it is a battle that I have to be very intentional about. Regret is a crippling state of mind” (Colemen et al., 2017. p.116-117).

Guilt, shame, depression, spiritual/existential conflict, loss of trust, anxiety, anger, and self-harm demonstrates the social problems resulting from an abortion experience and the need to contribute to sociological thinking.

1. **Identify several biblical passages or concepts:**

 Christians have been gifted the inspired word of God, the Bible, and the indwelling of the Holy Spirit, which provides help and insight to navigate life. As research and women’s abortion narratives reveal, when a post-abortion woman discovers what the abortion procedure entails, she realizes that human life was destroyed and that she was a perpetrator in her own baby’s demise. She can no longer run or escape denial, and the consequences wreak havoc on her overall well-being. Responses like this are not new. Several biblical passages related to the aftereffects of shedding innocent blood (David, who had Uriah killed; Paul, who had Christians killed; and Judas, who betrayed Jesus Christ that, ultimately led to his death) all had to confront the reality of what they had done. David and Paul were able to reconcile with God but not Judas.

Matthew 27:3-5, it states, “When Judas, who had betrayed him, saw that Jesus was condemned, he was seized with remorse and returned the thirty silver coins to the chief priests and the elders. ‘I have sinned,’ he said, ‘for I have betrayed innocent blood’…Then he went away and hanged himself” (New International Version Bible, 2004). Being seized with remorse is likened to what an untold number of post-abortion women experience once the blindfold comes off – either through seeing an ultrasound for the first time and realizing that it is not a blob of tissue or finding out how the procedure was performed, or both. Also, like Judas, who went away, it is common for post-abortion women to experience avoidance symptoms (Rue et al., 2004, p. SR7) and have suicidal thoughts (Rue et al., 2004, p. SR8).

Matthew 16:26 reads, “What will it profit a man if he gains the whole world in exchange for his soul?” (New International Version Bible, 2004). Ambivalence is common prior to an abortion, and there is much fear that pregnancy will ruin career opportunities, fear of poverty, and fear of abandonment. It is not uncommon for older women to realize that any worldly gains mean nothing, and a haunting remains within their soul for the transgression of taking a life. In Rafferty & Longbons 2020 article, a woman illustrates the soul’s intrapersonal dilemma.

They all tell you 'It is your choice' at the moment, but you do not feel it is. Being unable to afford it, unable to tell your loved ones, not having the help, or feeling unable to support a child. When your partner doesn't want it like you do. All these things push you, blind you to a decision that you don't realize will destroy you (p. 5).

 Other biblical references helpful to a post-abortion woman include James 5:16 – Therefore, confess your sins to one another and pray for one another, that you may be healed. Used in the context of recovering from abortion trauma – telling your story helps rid the body of the traumatic effects. Psalm 51:10 Create in me a clean heart, O God, and renew a right spirit within me. Healing takes time; it does not happen overnight. There are layers and steps to healing where God is at work, directing and leading – creating and renewing soul wounds.

II Corinthians 1:4 - the Father of compassion, versus condemnation, comforts us so that we can comfort others, describes a recovery pattern recognizable in social society. Throughout the world, pregnancy help centers offer post-abortion healing ministries to help others – a natural process originating from a transgression to a spiritual/existential crisis, leading to recovery and helping others. This is also recognized clinically as post-traumatic growth.

1. **Identify secular studies that utilize or address these concepts and sub-concepts.**

 **Concept:**

Because the concept is new, no secular studies exist that specifically address MI-A. In 2022, Carleton, T.C., & Snodgrass, J.L. published a book titled: *Moral injury after abortion: Exploring the psychospiritual impact on Catholic women (1st ed.)* that focused on the spiritual impact of abortion thereby reducing the full range of biopsychosocial-spiritual of symptoms related to abortion harm. In 2015, Brett Litz described the frustration with powerholders of mental health-related issues when he stated, “Unfortunately, psychologists have totally dominated the discourse about PTSD and have not reached out to others that know about the other types of impacts – biological, behavioral, social, relational, and spiritual and the effects on the family and culture. So, the impact of trauma is multi-dimensional" (U.S. Naval War College). Indeed, through secular reductionism, psychologists can remain ignorant of abortion-related trauma. Furthermore, Congdon (2015) revealed a secondary injury that exists when symptoms of moral injury are ignored and victims are alienated from the social conversation (p. 2).

**Sub-concepts:**

As shown earlier, when identifying MI-A symptoms (guilt, shame, depression, spiritual/existential conflict, loss of trust, anxiety, anger, self-harm, and social problems), research has revealed the validity of this concept. Additionally, in 2008, the APA’s task force to study mental health and abortion stated that “[It] is clear that some women do experience sadness, grief, and feelings of loss following termination of a pregnancy, and some experience clinically significant disorders, including depression and anxiety” (p. 4). Reardon & Longbons (2023) report adverse abortion reactions that include:

“[M]ore disruptions of their daily life, work, or relationships; more frequent dreams, flashbacks, or intrusive thoughts about their abortions; more frequent feelings of loss, grief, or sadness about their abortions; more moral and maternal conflict over their abortion decisions; a perceived decline in their overall mental health that they attribute to their abortions; and a higher degree of desire or need for help to cope with negative feelings about their abortions” (p. 9).

One of the more compelling statements regarding abortion was made by Julius Fogel,

Who, as both a psychiatrist and OB-GYN and as a pioneer of abortion rights performed tens of thousands of abortions, testified that it always exacts a psychological price.

Every woman—whatever her age, background or sexuality—has a trauma at destroying a pregnancy. A level of humanness is touched. This is a part of her own life. When she destroys a pregnancy, she is destroying herself. There is no way it can be innocuous. One is dealing with the life force. It is totally beside the point whether or not you think a life is there. You cannot deny that something is being created and that this creation is physically happening …Often the trauma may sink into the unconscious and never surface in the woman’s lifetime. But it is not as harmless and casual an event as many in the pro-abortion crowd insist. A psychological price is paid. It may be alienation; it may be a pushing away from human warmth, perhaps a hardening of the maternal instinct. Something happens on the deeper levels of a woman’s consciousness when she destroys a pregnancy. I know that as a psychiatrist (McCarthy, 1989).

Biggs et al. (2020) identified abortion stigma in most people contemplating abortion and acknowledged psychological distress occurring years after the abortion (p. 2). Stålhandske et al. (2012) reported that “61% of women had [sic] existential thoughts about life and death, meaning and morality were related to the abortion experience…67% of women thought of the pregnancy in terms of a child.

1. **Explain how your analysis offers insight into contemporary life/society.**

The MI-A analysis offers insight into how Western society focuses more on reproductive rights and less on the moral construct of taking a life. The result is a devaluing of human life and the loss of beauty in motherhood. Also revealing is the lack of research regarding abortion-related trauma; a multidimensional and multidisciplinary approach is vital. Lastly, the problem with understanding the depth of abortion trauma is the inability to properly give voice (have the right words) to communicate the lived experience adequately. The MI-A construct does and relieves sufferers that they are not wrong in their feelings and that someone sees them, much like veterans of war who share commonalities amongst themselves. As Congdon, 2015, explains,

Specific experiences cry out viscerally for the need to be communicated to others, perhaps most of all when we experience that something has gone morally wrong. In giving voice to experiences of wrong, we rely upon a set of shared expressive resources that enable the articulation of the wrong in a way that captures its moral meaning” (p. 1).

1. **How does your analysis make a contribution to Christian thinking on the
topic/problem?**

Abortion is one of the most contentious topics in Western society, and the battle between good and evil is great. Through social power and moral decline, evil has permeated all areas of society, and it has taken the individual to act and respond for change to occur. MI-A’s contribution is a new construct offering language that Christians and secular society can support. While Christians may associate their abortion pain and suffering as sin, both can recognize the harm as a moral injury. Speaking the same language will give rise to more unity and provide a way to address abortion non-judgmentally.

1. **How does your analysis make a contribution to sociological thinking and this issue? Can you offer a new sociological insight or two derived from your analysis?**

Without a doubt, moral injury within combat veterans must be conceptualized with abortion, providing a new framework that captures the multi-dimensional aspects that impact well-being post-abortion. To do otherwise is leadership malpractice, and the APA and other organizations should be held accountable to the millions of women and men who have suffered greatly because of their lack of moral integrity. Indeed, the contribution to sociological thinking could revolutionize how society views abortion.

WORKS CITED

Biggs, M. A., Brown, K., & Foster, D. (2020). Perceived abortion stigma and psychological well-being over five years after receiving or being denied an abortion. *PLOS ONE, 15*, e0226417. https://doi.org/10.1371/journal.pone.0226417

Carleton, T.C., & Snodgrass, J.L. (2022).  *Moral injury after abortion: Exploring the psychospiritual impact on Catholic women (1st ed.)*. Routledge. https://doi.org/10.4324/
9781003008613

Coleman, P. K., Boswell, K., Etzkorn, K., & Turnwald, R. (2017). Women who suffered emotionally from abortion: A qualitative synthesis of their experiences.  *Journal of American Physicians and Surgeons, 22(4)*, 133–118.

Congdon, M. (2015). Wronged beyond words. *Philosophy & Social Criticism*, p. *42*. <https://doi.org/10.1177/0191453715580158>

Dombo, E. A., Gray, C., & Early, B. P. (2013). The trauma of moral injury: Beyond the battlefield. *Journal of Religion & Spirituality in Social Work: Social Thought*, *32*(3), 197–210. <https://doi.org/10.1080/15426432.2013.801732>

Foster, D. G., Biggs, M. A., Ralph, L., Gerdts, C., Roberts, S., & Glymour, M. M. (2022). Socioeconomic outcomes of women who receive and women who are denied wanted abortions in the United States.  *American Journal of Public Health, 112(9)*, 1290–1296. <https://doi.org/10.2105/AJPH.2017.304247>

Jinkerson, J. D. (2016). Defining and assessing moral injury: A syndrome perspective. *Traumatology, 22(2)*, 122–130. <https://doi.org/10.1037/trm0000069>

Koenig, H. G., & Al Zaben, F. (2021). Moral injury: An increasingly recognized and widespread syndrome.  *Journal of Religion and Health, 60(5)*, 2989–3011. https://doi.org/10.1007/
s10943-021-01328-0

Mental Health and Abortion Task Force Report. (n.d.). https://www.Apa.Org. https://www.apa.org/pi/women/programs/abortion/index

McCarthy, C. (1989). The real anguish of abortions. Washington Post. https://www.washingtonpost.com/archive/lifestyle/1989/02/05/the-real-anguish-of-abortions/b19f1b34-d561-415d-9974-1774c351cb5c/

Rafferty, K. A., & Longbons, T. (2020). #Abortionchangesyou: A case study to understand the communicative tensions in women's medication abortion narratives. *Health Communication, pp. 1–10*. <https://doi.org/10.1080/10410236.2020.1770507>

Reardon, D., Longbons, T., & Reardon, D. C. (2023). Effects of pressure to abort on women's emotional responses and mental health. *Cureus Journal of Medical Science*, *15*(1).

Rue, V., Coleman, P., Rue, J., & Reardon, D. (2004). Induced abortion and traumatic stress: A preliminary comparison of American and Russian women. *Medical Science Monitor : International Medical Journal of Experimental and Clinical Research*, p. *10*, SR5-16.

Shay, J. (2014). Moral injury. *Psychoanalytic Psychology, pp. 31*, 182–191. [https://doi.org/
10.1037/a0036090](https://doi.org/10.1037/a0036090)

Stålhandske, M. L., Makenzius, M., Tydén, T., & Larsson, M. (2012). Existential experiences and needs related to induced abortion in a group of Swedish women: A quantitative investigation. *Journal of Psychosomatic Obstetrics and Gynecology*, *33*(2), 53–61. <https://doi.org/10.3109/0167482X.2012.677877>

U.S. Naval War College (Director). (2015, May 27). Ethics | Brett Litz: Moral Injury and Repair in Veterans of War. https://www.youtube.com/watch?v=ubD1aQ2r\_80