THE SOCIOLOGICAL EYE

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TABLE OF CONTENTS

PREFACE

The LMU Sociology Department is pleased to present the 2024 edition of The Sociological Eye. The papers in this year's edition feature a variety of topics, but each contribution addresses a distinctive and important social institution and some problems and inequities perpetuated by that institution. Many of the submissions were written in the sociology seminar, the capstone course which students take in their senior year as the culmination of their LMU sociology education.

The first paper entitled, "The Impacts of Overturning Roe v. Wade on College Students," by Caroline Andrews is the 2024 Best Paper awardee. Caroline's paper discusses the institution of law and the US Supreme Court. The study considers the controversial and pressing issue of abortion and major changes in law and the rights of women to make reproductive decisions following the recent Supreme Court decision in Dobbs v. Jackson Women's Health Organization, which overturned Roe v. Wade, the landmark case that established a right to abortion.

The second paper by Brody Tomlinson, this year's Honorable Mention awardee, explores institutional racism in the context of American education. The research exposes the colonial roots of the American educational system and the persistence of race and class-based hierarchies in education.

The following contribution by Isabella Chhina investigates the institution of work, using conflict theory and the scholarship of Karl Marx to focus on the inhumane conditions for workers at the mega corporation, Amazon.

The next study by Shani Marzuca looks at the American criminal justice system and changing perceptions of law enforcement among different socio-demographic communities in the aftermath of high-profile cases of police use of deadly and excessive force.

Emily Wallack's paper discusses gender bias in the institution of western medicine and the invisibility and "silent epidemic" of auto-immune diseases among women.

The final submission by Anna Tullie examines the institution of media and the question of what makes a young adult become a horror movie fan.

CAROLINE ANDREWS

Hello! My name is Caroline Andrews, and I am a senior sociology major and political science minor at LMU. I have always been passionate and interested in social justice, human rights, and advocacy, and I hope to work in these fields when I graduate. This is a research paper I wrote in my senior sociology seminar class about how the overturn of Roe v. Wade has impacted LMU students and what students' main concerns are regarding healthcare accessibility today.

The Impacts of Overturning Roe v. Wade on College Students

Introduction

The future of reproductive politics is in jeopardy. Now more than ever, it is crucial that we understand the history, concerns, and rhetoric surrounding reproductive healthcare so that we can defend the future. The Supreme Court's ruling in Dobbs v. Jackson overturned the longstanding Constitutional right to abortion, and it marked the first time the U.S. Supreme Court has taken away a fundamental liberty right (Kaufman, 2022). Roe v. Wade (1973), a landmark U.S. Supreme Court case that established a woman's right to have an abortion without interference from the government, is no longer protected under the Fourteenth Amendment, and the power now resides in individual states to determine the legality of abortion. Overturning Roe v. Wade will heavily impact women's access to reproductive health care, future education and physician training, and women's physical and mental health (Kaufamn, 2022); additionally, it will disproportionately impact marginalized groups of people who already face discriminatory obstacles to accessing health care (Kaufamn, 2022). This ruling impacts all women; any woman of childbearing age may now be subject to legal surveillance, forced interventions, civil detentions, and even criminal prosecution if they choose to seek an abortion (Räsänen, Gothreau, and Lippert-Rasmussen, 2022).

The research question that guides this study is: "How do college students feel about Roe v. Wade being overturned, and what are students' main concerns regarding accessibility to health and reproductive care today?" This question specifically analyzes how this ruling has affected college students. The sociological significance of this study focuses on the relationship between laws and people, how laws can directly impact lives, and the effect of governmental structures and systems on social life.

Literature Review

What Happened on June 24, 2022?

On June 24, 2022, the U.S. Supreme Court made a landmark decision in Dobbs v. Jackson Women's Health Organization, overturning the historical Roe v. Wade and repealing fifty years of precedent protecting a person's constitutional right to an abortion (Kaufman, 2022). This ruling revokes all federal protections over abortion and gives power to the individual states to decide on the legality and regulations of a woman's choice to have an abortion (Berg and Woods 2023). This news was shocking and terrifying to many, however, it is not a complete surprise when you analyze past anti-abortion actions. In 1973, after abortion was legalized in Roe v. Wade, an anti-choice movement began. This led to the creation of the Hyde Amendment (Cohen, Donley, and Rebouche, 2022), which was upheld by the Supreme Court in 1977 and prohibits federal funding for abortions except in cases of rape, incest, or imminent danger to the impregnated woman's life. The 2022 majority decision in Dobbs was rooted in originalism (Lazzarini, 2022), the belief that the Constitution should be interpreted as it would in 1789 when it was created. In that sense, the Supreme Court argued that the Constitution does not definitively protect a woman's right to an abortion, furthermore, they argue no such right is "rooted in our Nation's history and tradition as required in order to be recognized as an unenumerated right" (Lazzarini, 2022, pg 391).

Over a year has passed since this monumental decision, and states have utilized this newly gained power to determine the legality of abortions. As of most recently, fourteen states have made abortions illegal with very limited exceptions, and seven states have banned abortion with legal gestational limits ranging from six to eighteen weeks of pregnancy (The NYT 2023; Guttmacher Institute, 2023). Conversely, some states, such as Oregon and California, have not only legalized abortion but are also working to enact policies that will expand abortion rights and contraception accessibility (Center for Reproductive Rights, 2023).

There have been an array of polarized reactions to the overturning of Roe. Many politicians, large companies, and organizations have made public statements in response to this ruling, sharing where they stand and what they believe. AT&T announced their pro-choice support and stated they would cover travel expenses for employees in need of abortion-related healthcare, however, AT&T was also the number one patron to anti-abortion committees, donating over $1 million to anti-abortion campaigns (Goldberg and Cheung, 2022). President Biden has publically shown his disapporval of the Dobbs decision, and on the one-year

anniversary of the ruling he reaffirmed his stance by stating, "My Administration will continue to protect access to reproductive health care and call on Congress to restore the protections of Roe v. Wade in federal law once and for all". Biden has summoned the U.S. Justice Department to protect women's rights to travel across state lines when in need of abortion care, and he has requested the Department of Health and Human Services to protect access to medication abortion and contraception, women's privacy, and access to accurate informed medical care (Cohen, Donley, and Rebouche, 2022). A woman's right to choose to have an abortion is no longer federally protected by the U.S. Constitution, resulting in major concerns regarding healthcare, accessibility, and women's health and well-being.

Repercussions on Healthcare, Accessibility, and Women's Health

The majority opinion in Roe v. Wade determined that the Fourteenth Amendment provided a right to privacy, including a right to have an abortion (Mane, 2022). Using the right to privacy as a guideline, the ruling disregarded religious and moral judgments regarding the legality of abortion, instead, prioritizing women's emotional, physical, and mental health (Mane, 2022). Now that Roe has been overturned, the health and well-being of women are at risk. According to data from the Guttmacher Institute, there has been a significant increase in abortions from 2017-2020 (Berg and Woods, 2023). The harsh reality is that overturning Roe v. Wade has come at a time when people need it the most (Berg and Woods, 2023), and the repercussions may be worse than predicted. In 2020, there were around 930,000 abortions performed in states around the country; one-third of those abortions were received in states that are now likely to ban abortion (Guttmacher Institute, 2023).

Restricting a woman's choice to have an abortion will not reduce its occurrence, but it will make the process far more dangerous (Howard and Krishna, 2022). The overturn will increase the use of unsafe self managed abortions; data shows that almost 25 million unsafe abortion methods already take place every year (Howard and Krishna, 2022), and at least 7.9% of maternal deaths result from unsafe abortion methods (The World Health Organization, 2023). Many women suffer from chronic health diseases that put them at risk for pregnancy complications (Berg and Woods, 2023), and these include autoimmune diseases, serious conditions that affect the blood, heart, lungs, and hormones of someone, and conditions that can cause harmful psychological issues such as depression (Berg and Woods, 2023). In states with abortion bans or strict regulations, these women face the shocking reality of being told they can not obtain an abortion until their life is in imminent danger , even if they are suffering from complications due to their pre-existing conditions (Berg and

Woods, 2023). Having safe practices and providers of abortions is not necessarily dangerous to women, however, controlling this access certainly will be (Berg and Woods, 2023).

Some states have introduced total ban laws on abortion, including in the circumstance of rape or incest, and this failure to consider the male part in reproduction highlights the privilege that legislatures have when appearing to make objective revolutionary rulings that will benefit themselves (Phelan, 2022). In the case of rape or incest, many anti-abortionists share the same view as Ohio Republican Senator J.D. Vance who stated, "two wrongs don't make a right" in response to the concerns of exceptions. This attitude suggests a moral equivalence between a rapist and the victim (Phelan, 2022), and it normalizes these heinous crimes and induces trauma to the victims.

Among concerns for women's physical and mental health, pressing concerns regarding accessibility and changes in healthcare are also rising post-overturning Roe. This ruling has consequential impacts on medical education, skills, and physician care and practices, especially in states that ban or heavily restrict abortions (Berg and Woods, 2023). Recent medical school graduates may lack the abortion training knowledge necessary to care for pregnancy complications "including placental abruption, infection, ectopic pregnancy, and eclampsia because the same medications and surgical techniques utilized for abortion also treat obstetric complications" (Berg and Woods, 2023, pg 2), and without proper abortion treatment education, the quality and safety of reproductive care in the U.S. will collapse. This ruling has sparked conversations regarding other aspects of healthcare that the government could intervene in, such as regulations on contraception, palliative care, LGBTQ care, and fertility treatments (Lazzarini, 2022). Fertility care is also now under investigation (Robins and Tipton, 2022), many states have discussed defining a fertilized egg and early embryos as a legal human. If this is classified into the law, then IVF procedures may also face legal challenges. Many women are fearful of future interventions concerning forms of birth control, IUDs and emergency contraceptive pills are being identified as 'abortifacients' in some states that have banned abortion (Lazzarini, 2022). Physicians also face new challenges when caring for patients. For example, a woman who has a cardiac disease has increased risks during pregnancy and a woman who is diagnosed with cancer during pregnancy may need chemotherapy to prevent further spreading, in these situations, physicians would generally end the pregnancy (Rubin, Abbasi, and Suran, 2022). However, now in

some states, they could face potential legal consequences for doing so (Rubin, Abbasi, and Suran, 2022). These private decisions regarding a pregnant person's life are now under state scrutiny (Lazzarini, 2022).

Disproportionately Impacting Marginalized Groups

The U.S. healthcare system has a dark history of racialized practices that target people of color and minorities (Räsänen, Gothreau, and Lippert-Rasmussen, 2022), including forced birth and sterilizations, medical experiments, and discrimination by care providers (Coen-Sanchez, 2022). Systemic racism within U.S. healthcare continues today, data shows that the overturn of Roe v. Wade will disproportionately impact marginalized communities, people of color, and people from lower incomes (Räsänen, Gothreau, and Lippert-Rasmussen, 2022). Michel Foucault explains biopolitics as a form of governmental control over biological aspects of human bodies (Coen-Sanchez, 2022), and the biopolitics of racialized women's bodies is not new for many.

People of color have often experienced disparities in healthcare and insurance coverage compared to white people (Räsänen, Gothreau, and Lippert-Rasmussen, 2022). Statistics show that Black women have the highest infant mortality rate and birth complications out of any racial group in the U.S. (Räsänen, Gothreau, and Lippert-Rasmussen, 2022). Women of color between the ages of eighteen and forty-nine face far more challenges and obstacles when accessing health care and Medicaid insurance compared to White women of that age group (Berg and Woods, 2023). Overturning Roe and further restricting accessibility to care will adversely impact people of color (Räsänen, Gothreau, and Lippert-Rasmussen, 2022), as well as those in poverty. In 2019 Forty-nine percent of people who received an abortion were below the poverty line, thirty-eight percent of all abortions were among Black women, one-third were among White women, and twenty-one percent among Hispanic women (Guttmacher Institute, 2023). These statistics show that before the overturn of Roe v. Wade, more than half of the patients who received an abortion were people of color (Berg and Woods, 2023). States in the South that have already enacted total ban laws or have severe restrictions have a greater impact on people of color (Berg and Woods, 2023) because over half of the Black population in the U.S. live in the South. These marginalized groups face unequal challenges in accessing abortion care in an already highly controlled society.

<center>**Methods**</center>

Sample

For my study, I conducted in-person interviews with 16 students. There were 11 female students and 5 male students, and they ranged in various class years from freshmen to seniors. I used convenience sampling, all my participants were Loyola Marymount University students due to convenience. I reached out to these individuals either in person or through iMessage if I had their phone number, and I explained the topic of my research and assured confidentiality. I asked individuals who were in my classes, my sorority, my on-campus job, and friends of my roommates to participate in this study. The only inclusion requirement I had was that the individual is currently an undergraduate student enrolled in college. This is because my research question focuses specifically on college students. I attempted to make my sample diverse, looking for students of different nationalities, ethnicities, gender identities, majors, and ages.

Measurement

There were many core concepts I aimed to discuss in my interviews. The first core concept was students' initial reactions to Dobbs v. Jackson and what emotions this ruling evoked for them. Other core concepts included what students' concerns are for reproductive care in the future, how they believe this will impact their access to abortion and reproductive care, and what policy and political changes they want to see made in the future. These are large concepts, and to ensure that the participants felt comfortable to be vulnerable and answered honestly, I began with easier, more non-controversial questions. I aimed to ask all these questions in every interview, but I also stressed the importance of comfort so I allowed the space and structure for the interview to take whichever course the participant wanted to. Here is a list and order of the interview questions:

Demographic Questions:

- Where are you from?
- Where do you go to college?
- What year are you in college?
- How old are you?
- What is your major?
- What is your gender identity?

- What political party do you most associate yourself with?

Interview Questions:

- How would you assess college students' overall education and awareness of reproductive rights and healthcare?
- Are you familiar with the Supreme Court case Roe v. Wade, and that it was recently overturned?
- How did you first hear about the overturn of Roe v. Wade?
- What was your initial reaction to this news?
- Can you describe your emotional response to the news of this ruling?
- What conversations have you had with your peers and fellow students about the overturn of Roe v. Wade, and were there any common concerns or reactions that were discussed?
- Have you or your peers participated in any activism related to reproductive rights post Roe v. Wade being overturned?
- How dramatically do you think this ruling will impact your personal life?
- What are your main concerns moving forward regarding abortion rights and your reproductive care?
- Can you explain how this ruling specifically concerns students your age, and what, if anything, the school should be doing to support students navigating these new challenges?
- Have you or any peers experienced any challenges in accessing reproductive healthcare since the overturn of Roe v. Wade?
- What resources or information do you feel would be beneficial to you and your peers concerning access to reproductive healthcare services?
- How do you think this ruling will impact your future decisions, such as moving to a state that has created a total-ban law on abortions?
- What would you do if your friend came to you and told you they were pregnant? What emotions and concerns would you have regarding this pregnancy since the overturn of Roe v. Wade?
- What concerns do you have for future generations regarding abortion legality and reproductive care?
- What political changes would you like to see in the future regarding abortion rights and reproductive healthcare, and what role do college students play in this?
- Is there anything else you would like to add or discuss?

Procedure

I conducted all the interviews in person either at my house, the participant's house, or on campus, this way there was less room for technical difficulties than if I were conducting interviews via Zoom or other video conferencing platforms, and I was able to better connect with my participants. I used my iPhone microphone to record the interviews and then transcribed the interviews myself. Before I started the interviews, I informed the participants that their responses would be used for data analysis in my research, but they would be kept anonymous. I asked the participants to acknowledge and consent to this verbally. I labeled all my participants with numbers (ex: Participant 1), and I created a separate Google Doc for each question so that I could compare and contrast the varying answers. This made it easier for me to note key themes that emerged across participants' responses to each question. I looked for patterns and similarities, and I used color coding to highlight repeated words, phrases, or anecdotes. I used the 'command F' tool on my computer to search for these commonly used words from the interviewees. I made note of correlations found between interviewees and using color codes, I organized these results into patterns and themes to help make groupings of answers that had consistency with each other.

Results

Several themes and common concerns arose across the data collected from the interviews conducted with the participants. After analyzing the coded data, I identified four significant themes. The first theme is the initial emotional reaction to the ruling overturning Roe v. Wade. The next three themes cover students' current concerns post the overturn. These are the fear of the widespread unknown on women's reproductive health, the concern of the current lack of education and resources available to students, and the fear of what this overturn may lead to. I interviewed 5 males and 11 females. To ensure confidentiality, I will refer to the participants by numbers (ex: P1).

Initial Emotional Reaction

Across all 16 interviews conducted, the data shows that every participant had a negative initial reaction to discovering the news of the Dobbs. V. Jackson ruling. 14 of my participants identified as "liberal" and two identified as voting more along the lines of an "independent". I used coding of repeated words to conclude that the reactions were negative. The most commonly recurring words that conveyed this negative attitude were "anger", "fear", "shock", and "sadness". P3 described her initial reaction as feelings of "disgust,

anger, heartbreak, and internal emotional conflict. I am just upset at the world that we are backstepping in our progress". P4 felt similarly, "It felt personal for some reason, and I just felt small, weak, and so angry. I was also really surprised, it had never occurred to me that Roe could even be overturned". Six other participants, all female, also felt surprised and used the word "shock" in response to the question about initial reactions, "My mom and I were both just kind of in shock. I had never even thought an overturn would be a possibility" (P7). When the word sadness was used, many participants responded with multiple sentences. P5 stated, "A lot of sadness for all the women out there" and she continued by explaining that "just being a woman, I feel like we have these conversations about our rights and bodies, and it just makes you realize that the world we are living in is against us." P6 felt similarly, "I just felt sad and defeated. We [her and her roommates] are disgusted with how the Supreme Court uses its power to control women's bodies." The word "disgust" was used six times in the answer to this question, and 3 of those answers were by the male participants. The recurring distinctive word choices across all participants conveyed a negative attitude, and there were no outlier responses to this initial question.

The Unsettling Unknown

The second theme from these qualitative interviews was students' concern about the unknown. When asked how participants would assess college students' overall education and awareness of reproductive rights and healthcare, every response relayed the similar theme that college students are uneducated on this topic. The words "poor", "bad", "limited", "minimal", and "unaware" were common responses to this question. Many responses were quick and easy for participants to answer, "Oh, bad" (P8), "Very limited" (P7), "Pretty poor" (P10), and "Very poor" (P6). When participants answered this question, they often referred back to their high school years and the lack of education on this topic. P5 answered honestly, "Can't say I've learned that much about it in high school or college, and I feel bad saying this because I am a woman and I should know more, but I am pretty in the dark about reproductive healthcare, rights, and even Roe v. Wade itself." P1 responded similarly, highlighting the universal unawareness, "Really poor. The only classroom education I've gotten was in high school, and it basically told us to either abstain or use protection. I would say that if we want to be educated about reproductive health and rights we need to do it ourselves". The theme of having to educate yourself on reproductive care was recurring in responses, "Very poor. I think college students' education about reproductive rights is not great because we are never directly taught about it. It's up to us if

we want to learn about our rights and health" (P4).

P11 described how this limited knowledge is daunting for students, "It's scary that we are so unaware of reproductive rights and care in general, that when rulings like this happen, we just have to continue on and live with it because we don't know any better", revealing that being in the unknown makes students feel helpless. P2 feels similarly, that living in the unknown as a woman is alarming, "Women have always been inferior, been told what to do, have always been seen as objects, or have only been seen as bodies to reproduce. And on top of this, it's scary that I, and the majority of college students, don't know enough about our rights and accessibility and care". P3 was the only response indicating a more positive attitude, "I would like to think that they know about reproductive healthcare and rights", however, continued to explain that "As I educate myself more on issues, I learn more and more about how uneducated those are around me".

Concern about the current lack of education and resources

The third theme that emerged was the students' concerns regarding the current lack of reproductive health education, information, and resources available to students. The majority of this data was in response to the question: Can you explain how this ruling specifically concerns students your age, and what, if anything, the school should be doing to support students navigating these new challenges? Participants 2 and 6 explicitly explained how this concerns college students because so many students are having sex. "This definitely concerns college students. College students have a lot of sex, and because we are so unaware of safe sex practices, consequences, and birth control care, this is something college students should be concerned with" (P6). P2 similarly stated, "This impacts college students because students my age are having lots of sex, and it's most likely unprotected sex", emphasizing the truth that college students are having sex, and may be directly impacted by this ruling. When asked what the university should be doing, nine participants responded that they should provide free contraceptives, "they should have free condoms" (P12), "give students free condoms" (P14), "they should be giving out free contraceptives, I think every college should be doing that" (P8), "I know other college campuses provide free contraception and we don't at all. And I think that's something that the school should do, period" (P9). Most participants were quick to answer that one very simple, yet valuable, way the university could help students is by providing free contraceptives.

Additionally, 4 participants included in their response that the school could implement a core class on reproductive health care and rights. P1 explained "We're all only taught about this stuff if we go out of our way to take a women and gender studies class, and it's not just the women who need to be as educated about this. It's everyone. LMU should make it a core requirement where it's all-encompassing and the history is included in it". P2 discussed the same idea, and she addressed LMU's current core classes, "LMU should educate the whole student body and enforce it as a core class because we have a lot of core classes that people don't necessarily put their time and energy into and don't change the way people think". Certain participants felt strongly about enforcing a core class on reproductive rights. They strongly believe that this would benefit the student body, "I think the school should use their authority and power for the good and inform students of what is happening. It would be great! There should be classes that are required for all undergrads to take that focus on women's health, reproductive care, and safe sex practices" (P5).

P7 discussed her personal negative experience going to the LMU Health Center, "The woman was very judgemental, so I lied to her about my habits, and then she told me I didn't have to get STD tested. She is known for shaming multiple people for getting STD tested. She asked me very inappropriate questions", highlighting the consequences of not having a safe space for students to speak and learn about their bodies. Students are concerned about the well-being of themselves and their peers, "It's honestly really dangerous that there is such a lack of sex health education and awareness on campus" (P5), and they want to see a change "We are so lucky to be on this campus where we have access to everything at our fingertips, we should be able to come together and figure something out to at least create a foundation to catapult us somewhere else" (P1). The students' fears are heightened due to the lack of educational and approachable resources on campus, and these emotions were revealed in the interview process.

Fear of what this overturn could lead to

The fourth prevalent theme in these sixteen interviews was the fear of what this overturn may lead to. When responding to the question of what concerns participants have for future generations regarding reproductive health and politics, students shared their fear that overturning this case provides a new precedent for future court cases, The Roe v Wade reversal has kind "of already acted as a

gateway to other types of reversals and concerning rhetoric" (P15). P9 worries about "the future of reproductive politics and what the court may rule on next". The students' fears are valid, and we are seeing these concerns play out in real life, "We've already started to see how this [the overturn] affects Queer politics, with the 'Don't Say Gay' policy in Florida and the banning of books in schools" (P3). This overturn has opened up the political field to a new, frightening scope, "All of this creates this space for the white male-centric scope through which we see the world, and the more people hop on board with this, the more people will give ideas and give reasons to believe that what they are doing is right" (P16). Participants 6 and 12 both fear that the Supreme Court will target birth control next, "My main concerns are that the courts won't stop here, and if they will continue to restrict access to birth control" (P6), adding on, "or that states with total bans laws will also attempt to ban birth control" (P12).

When asked what political changes participants want to see made in the future, both Participants 3 and 13 said they want to see the "overturn of the overturn" (P13), and "that abortion is legalized again and made accessible for those who can't afford it" (P3). Participants 2, 5, and 7 portrayed how their fear is turning more into anger towards the United States system of government, "The way the Supreme Court is set up right now is just so fxxxxx because of the way that they can appoint people, and now it's all people who aren't even open to conversation. And there are women on the Supreme Court who are voting against us too" (P5). P7 voiced her disapproval of the power the Supreme Court holds, " It's just unacceptable that anyone or system would be making decisions about a woman's body that is not that individual person". Students want to see politicians "enforce that abortions, reproductive care, and healthcare can be free and accessible for everyone" (P2). Students feel strongly about these issues, "These are real-life problems, and people are dying. If people were really pro-life they would act upon it in ways that are not hurting women's bodies" (P2). They are eager to use their passion to be a part of a change "Our government needs to care for their citizens on a personal level, and if they don't then I believe students carry some responsibility for starting change" (P1).

Discussion

The guiding research question of this paper is "How do college students feel about Roe v. Wade being overturned, and what are students' main concerns regarding accessibility to health and reproductive care today?" Through analyzing data from the qualitative interviews, I can conclude that college students

have negative attitudes towards the overturn, and their main concerns are regarding the lack of reproductive education and resources available on college campuses and the looming fear of additional aspects of reproductive care that the government will target next.

The students' negative attitudes regarding their initial reaction to the overturn of Roe v. Wade resemble similar findings done by Heran Mane on the public's reaction on Twitter to the overturn. Studies found that across topic categories relating to abortion, sentiments became "far more negative and less neutral and positive in 2022 compared to 2021", portraying the polarizing effects of the contentious ruling (Mane, 2022). Mane's results reflect students' opinions. Reactions to the ruling were also categorized as negative based on the commonly used words "anger", "fear", "shock", and "sadness" when asked about their initial emotional response. Students' anger was towards the ruling, but specifically, the students expressed great "disappointment" and "disgust" directed at the Supreme Court and their capacity to control women's bodies.

Similarly to research done on the consequences of Dobbs v. Jackson, students' primary concerns are for what doors this decision has opened for future rulings. The implications of Dobbs extend beyond abortion rights (Lazzarini, 2022), and students are concerned that regulations will begin to target birth control access. Students are not alone in these concerns; overturning Roe has raised the discussion of states intervening in other healthcare factors, including contraception access, LGBTQ healthcare, fertility treatments, and end-of-life care (Lazzarini, 2022). States are beginning to target birth control forms, such as IUDs, and labeling them as 'abortifacients' (Lazzarini), affirming these students' worries. The fear of widespread impact comes from the fact that "the Court not only overruled Roe, but attacked its fundamental reasoning and significance as long-standing precedents, asserting that Roe was egregiously wrong from the start" (Lazzarini, 2022), and students are fearful that by this rationality, Dobbs has set a new precedent for future rulings. Students voiced their concerns that the LGBTQ community is now in jeopardy, fearing that the Supreme Court will continue to use its power to harm large communities of people. Research reflects these concerns, "the whole framework that has given rise to reproductive and sexual privacy may be at risk. The decision sets the stage for challenges to the decisions that protected same-sex marriage, struck down antisodomy statutes, and established the right to contraception" (Robins and Tipton, 2022). The

majority of participants feel as though the United States is backstepping into a dangerous playing field, and students are angry with the governmental systems in place. Private decisions regarding a person's life and sexual health are now under state scrutiny (Lazzarini, 2022), and participants feel strongly that the government should have no say in what one does with their body.

Conclusion

This study has limitations that future research should address. The most notable limitation is that my sample consisted of all people who politically identified as either 'liberal' or 'independent'. None of the participants identified as 'conservative', nor did any of the responses indicate 'right-wing' ideologies. All of the participants attend Loyola Marymount University in Los Angeles, a very liberal university in a liberal state. It would be beneficial for future research to identify a sample of college students from various states with more diverse political ideologies to gain more perspectives on students' opinions and concerns regarding abortion. Future research should also consider varying their sample group by economic status. The overturn of Roe v. Wade disproportionately impacts minorities and those living in the lower class (Räsänen, Gothreau, and Lippert-Rasmussen, 2022), therefore it is crucial that future research highlights the voices of college students in lower-income areas.

June 24, 2022, will be a day ingrained in people's minds as a historical day when the United States revoked the constitutional right to have an abortion. Overturning Roe v. Wade will have long- lasting consequences regarding healthcare, accessibility, and women's health and well-being. This study identifies how college students have been impacted by the Supreme Court ruling, and what their concerns are moving forward. The results portray students' distress, anger, and fear of what is to come in future governmental decisions regarding health and reproductive care. This paper begins to analyze the relationship between individuals and the law, and how policies can have life-changing impacts on people. Repealing the constitutional right to an abortion has consequently led to states creating total-ban laws on abortion, denying women their reproductive freedom. The Supreme Court authorized this reproductive injustice that targets women, specifically threatening women of color and from lower incomes. This overturn poses the question of how much control will the Supreme Court continue to enforce on individuals until we as a society realize their power has gone too far.

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BRODY TOMLINSON

My name is Brody Tomlinson, and I'm a second year Sociology and Psychology double major with a minor in Peace and Justice Studies. Regardless of my career path, I strive to understand people and their stories, for this is what allows authentic connection between us.

DECOLONIZING EDUCATION: DISCUSSING THE COLONIAL ROOTS OF AMERICAN EDUCATION

Educational institutions hold a transformative role in a society. Their influence on children, teenagers, and young adults can be used to shape a generation and create cultural change. In the last two years, some states have implemented strict policies limiting this expansive view of education. Following in Florida's wake, Utah has recently banned Diversity, Equity, and Inclusion (DEI) programs, a policy that is ideologically consistent with the United States Supreme Court's 2023 decision to end affirmative action (Patel, 2024). These policies fail to consider the prevalence of America's racialized and class-based hierarchies, exposing how pervasive colonial roots are in education. While certain state governments are stripping educational opportunity for disadvantaged populations, scholars like Paulo Freire and Bell Hooks provide hope in their humanizing approach to education. I will begin this paper by addressing the current United States education system as a product of colonization and a tool to maintain social hierarchies. I will further illuminate the purpose of DEI and affirmative action programs and discuss how barring such efforts limits educational opportunity. I will end by addressing the potential value of education, referencing innovative approaches to teaching that lead in the direction of equity and liberation.

The colonial structure of the American education system is a representation of institutional racism. In the second chapter of *Pedagogy of the Oppressed*, Freire (1970) describes students as "receptacles" in which teachers "deposit" information (p. 72). In the "banking system" of education, a power dynamic is created, pinning the educator as the superior body, and forcing the students to accept what is taught. Often, Freire notes, the educator is not aware of their role in this power dynamic, for the issue is systemic rather than individualized.

Just as the dominant nations of the colonial era expressed their perceived authority through forced assimilation and indoctrination, the leaders, educators, and administrators in education utilize the historically structured power-dynamic—whether explicitly or implicitly—which minimizes the community's capacity to challenge current social dynamics. Beyond how education is structured, a person's identity—race, ethnicity, gender, sexuality, socio-economic status, and age—strongly correlates with the level of educational resources they receive, thus affecting their opportunity for educational growth. According to The American Psychological Association (2016), racial inequity exists both in reward and punishment. Many schools provide greater educational opportunities for White students—both in quality and quantity—while penalizing Black students with suspension at nearly four times the rate of White students (Weir, 2016). While racialized legislation may not exist in clearly identifiable forms, educators and administrators are often socialized through generational practices to uphold the racial hierarchies that have existed in America even before the emergence of Jamestown in 1619. Because racism is an institutionalized problem—existing in business practices, educational opportunity, healthcare, and housing—it requires an institutional transformation to see its death. Such transformation has been seen in structured efforts that aim to counteract the ingrained marginalization seen in schools.

Diversity, equity, and inclusion initiatives aim to provide support and assistance to those who may lack opportunity and resources due to their race, ethnicity, gender, sexuality, or socio-economic status (Alfonseca, 2023). This can be seen as hiring and admission practices, student and faculty advocacy groups, or any organized effort with the focus of active rather than passive anti-discrimination. Like DEIs, affirmative action policies ensure these marginalized groups are not further neglected from higher education because of their uncontrollable identity. Viewing affirmative action policies and DEI initiatives as mitigating institutionalized bias and encouraging equitable educational opportunity, they are recognizable as strides toward a decolonized and liberated society. However, without the historical understanding that the inextricable threads of colonization have woven racial hierarchies into the bindings of the nation, one may view these initiatives of equity as imbalanced in their hyper-favorability to marginalized communities. Florida governor Ron DeSantis goes so far to claim "exclusion and indoctrination" in DEI programs, Critical Race Theory, and other forms of expansive education (Diaz 2023). Furthermore, one of the most notable uses of the state using its power to maintain social structures

is the 2022 enactment of the "Don't Say Gay" bill, which places restrictive legislation on curriculum surrounding gender and sexuality (Allen, 2022). Being the first state to ban DEIs (The Associated Press, 2024), Florida created a precedent that allowed other states—like Utah—to engage in the colonizing efforts that control disadvantaged communities and hinder social mobility. This linear and narrowed perspective to education endorses the same model of coloniality that Freire puts forth in *Pedagogy of the Oppressed*. It reinforces the meritocratic perspective that fails to consider the disparity of educational resources. Despite the persistent efforts to ban diversity, equity, and inclusion practices in schools, recent trends in education have offered alternative, all-encompassing perspectives.

Paulo Freire and bell hooks are leading figures in the discussion of transformative education, inspiring the new generation of educators to use their influence for positive change. As opposition to the "banking system", Freire (1970) proposes "problem-posing education", which both recognizes the limitations of the teachers' knowledge and identifies the teacher-student relationship as a well-balanced, dynamic process. This critical and integrative approach serves to deconstruct ingrained hierarchies and bring socio-cultural understanding into the classroom. Problem-posing education facilitates open dialogue that challenges both teachers and students to work in tandem and critically examine the information put forth by curriculum. Building from problem-posing education, Hooks (1996) describes the potential power for teachers to invoke passion in their students by emphasizing the students' "intellectual and spiritual growth" in an "intimate" learning environment (p. 13). When teachers recognize the humanness of their students and the students reciprocate this understanding, the power dynamic of the "banking system" is effectively eliminated. Through decolonizing the structured power dynamics so rampant in education, teachers and students can develop a strong interpersonal dynamic, opening space for an environment that serves every person equally. Students respect teachers, teachers respect students, and in turn, education is reframed into an empowering practice that elicits students' desire for educational growth and challenges traditional hierarchical education. Freire and Hooks offer transformative theory, but liberation must exist beyond the bounds of paper and ink.

Community schools have emerged as significant characters in the realm of expansive and liberatory education, for they prioritize the physical and emotional well-being of the students and their families. As education activists note, a student's life outside the classroom—including access to food, medical care, and recreation—directly correlates with their attendance and engagement inside the classroom (Tugend, 2022). Recognizing how one's capacity for learning is profoundly connected to their opportunity and accessibility, community schools strive to provide students and families with the necessary resources to prioritize their child's education. In Hartford, Connecticut, Dr. Michael D. Fox Elementary school has begun integrating community-centered resources for students and their families, such as food assistance and medical care. The school has since noted improved attendance, higher performance, and increased social engagement between peers, teachers, and administration (Tugend, 2022). The social dependency and family-first atmosphere fostered in community schools amplifies students' willingness to engage beyond the curriculum, stressing the importance of social engagement in learning as equally indispensable as the intellectual growth.

Decolonizing the traditional perspective of education has proven monumental, but for education to exist as a means for liberation, simple reforms may not be pervasive enough. Reform movements like community schools and the implementation of problem-posing education can be easily disrupted with policies like the "Don't Say Gay Bill" and the DEI ban. Colonialism is ever present in education, permeating into the minds of children, teens, and young adults—who are the nation's future. Without recognizing and actively opposing the colonial seeds of education, the future policymakers, CEOs, tradespeople, parents, organizers, and activists will struggle to grow in a desolate landscape. Freire and Hooks have planted the new seeds of education, but the delicate roots must be methodically nurtured in order to survive against the consuming nature of traditional education. Recreating the idea of American education in this way allows the growing generation to flourish in a fruitfully diverse community garden that not only outlives but engulfs and overcomes the insatiable hunger of colonialism.

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ISABELLA CHHINA

Isabella Chhina is a psychology major and sociology minor from Berkeley, California. After undergrad, Isabella plans to obtain a Doctorate in Clinical Psychology with a focus on helping communities of color. During her time at LMU, Isabella has been involved with the Academic Community of Excellence and Belles Service Organization. Isabella also works at 2 research labs on campus, and is a teaching assistant for Psychological Research Methods.

KARL MARX AND AMAZON'S INHUMANE WORKING CONDITIONS

Amazon is a corporation that exemplifies capitalism's dangerous control over today's society. As one of the most powerful companies in the world, Amazon rakes in billions of profits yet pays its workers minimal amounts for their tireless efforts. The company provides extremely poor working conditions for many of its employees within warehouses, and shows no regard for their own workers' wellbeing. Workers often have to endure more labor than they can handle during long hours and horrifying working conditions, and they are barely being able to feed their family. However, the emotional and physical toll that many of these people have to carry makes little to no sense, because Amazon makes more than enough money to be able to pay and treat their workers well. Nevertheless, these working conditions exhibit the extremes of modern capitalism, allowing political theorists who are critical of such economic systems to shed light on why these issues exist, and how to fix them.

Karl Marx was a political theorist who was deeply critical of capitalism, arguing that it was an exploitative system that created alienation for workers. He used historical materialism, a philosophical approach, to argue that society is organized based on how basic needs are met in the material world. According to Marx, this forms the foundation for the existence of capitalism, emphasizing its materialistic and profit-driven side of society. Marx explained that society went from getting basic needs through farming and families, to industrialized workforces after people starting moving to metropolitan areas. Marx believed that capitalism specifically came about because of the fall of monarchies at this time, and the rise of democratic powers. He talked about this idea in his book, The Communist Manifesto, where he also discussed the relationship between the proletariat (modern day workers who do not own the means of production and

therefore have to sell their labor for wages) and the bourgeoisie (modern day capitalists who own the means of production), and how the higher class has ruined the working class. "The bourgeoise has slipped of its halo every occupation hitherto honored and looked up to with reverent awe. It has converted the physician, the lawyer, the priest, the poet, the man of science, into its paid age laborers." ((Marx & Engels, 1848, p. 12). Here, Marx discusses how capitalism strips workers of their dignity by exploiting them, and turning them into deskilled robots. According to Marx's theory, Amazon is so successful because the company directly benefits from exploiting their workers and having them undergo terrible working conditions with minimal pay. In this way, Amazon can ensure that the company reaps extreme and total profits. Further, workers who take employment at companies like Amazon do it because of economic necessity, which only worsens the bourgeoisie's control over the proletariat. Thus, workers are forced to remain tethered to their employment to such powerful and monopolistic companies.

Marx's ideas of the process of alienation within workers allows for a greater analysis of capitalism's authority, and how companies like Amazon truly break down those who are creating their profits. Marx specifically discusses how capitalism makes it seem like everyone is equal, but in reality it just creates a new form of class struggle. This struggle is reflected in workers becoming slaves to the bourgeois machine, where people appear free to sell their labor but have little say in what happens to them due to the industrialization of work. This is what leads to workers such as those in Amazon receiving minimal pay and feeling like they are only themselves outside of work. In other words, workers begin to feel like they are at home when they are not working, and when they are working they are not at home. This is the beginning of the alienation of the workforce, and Amazon's ability to completely control and oppress their workers stems from this issue. Marx explains this process of alienation through four ways. The first is workers being alienated from their work, as people begin to dislike their work and therefore have no investment in it, while also feeling detached because capitalism forces manual labor to be robotic and skill-less. Within Amazon warehouses, work is mundane and robotic, the average person would strongly dislike such conditions. The second type of alienation is in terms of product, because workers become unaware of what they are making in the first place. This can be seen within Amazon where unknown products are being made and boxed, making workers feel like they have no

connection to what they are producing. The next form of alienation is workers not feeling in touch with their own humanity, because they feel as they no longer see their labor as meaningful. Amazon is a company that especially fails to establish a humanitarian connection with their workers, which can be seen through the meaningless work that is being assigned to the staff. Finally, the last form of alienation is from the human species- being, where workers begin to compete for wages and no longer feel part of a true collective. Marx's four methods in which the bourgeoise exercise power over workers through alienation, reveal the inhumanity and purposeful oppression apparent in capitalism. In Amazon warehouses, this is shown in the terrible working conditions that force workers to dislike their labor, product, and fellow coworkers. This leads to them to lose touch with their humanity, because within this machine they are seen as workers first and humans last. This is exactly why Amazon pays the wage minimum, because it is enough only to keep workers alive for reproduction. However, the process of alienation can be seen as self destructive behavior for companies like Amazon, because mistreating their workers raises questions about the sustainability of their power in the long run.

According to Marx, Amazon's working conditions and little respect for their workers will be the be the beginning of their downfall. This is due to capitalism and its control over the general population, as it will begin to collapse onto itself. In the *Communist Manifesto*, Marx discusses this idea and predicts how how capitalism will eventually fail to continue their consistent dehumanization of workers. As the motto of this book is, "working men of all countries, unite!" (Marx & Engels, 1848, p. 36). In the situation of Amazon, Marx believes that the workers will rise up and fight back against the poor working conditions that have been given to them. Marx discusses how workers will go from being a class in themselves, where they are people who are living in similar conditions but do not understand their common interests, to being a class for themselves, where they realize their common interests and cooperate together. This development of class consciousness will enable the workers to understand the extent of Amazon's oppression and alienation from their true selves. Marx believes that this class consciousness will ultimately lead to a revolution. Each nation will rise against capitalists in their own countries and then link worldwide. Afterwards, revolution will be followed by the dictatorship of the proletariat, and common ownership will occur through the state in the form of state socialism, which will allow for a classless society with no need for state. This will ultimately lead to communism being the solution. Marx goes further on

to say that the bourgeoise themselves are always in a battle themselves and will be tired of capitalism, so they will also ally with the workers.

Although Marx's ideas about capitalism and hypothetical solution for the struggle of Amazon workers are helpful, they are also slightly inconceivable in today's world. It is important to note that Marx did write these ideas long ago, and his so called "downfall of capitalism" has not happened yet. That's not to say that it will never happen, but capitalism may be more powerful than Marx once thought. As of now, Amazon is a company that seems like it is only going to continue to grow in power, which also means its working conditions may also get worse due to the need for cheap labor. In today's world, it seems unrealistic to believe that these working conditions can be solved through a nationwide, or worldwide, revolution where communism will take over. It is even more unrealistic to believe that Amazon owners will ally with their workers, because the company has done nothing but thrive in the modern world, so why would they want to stand with those who they are benefitting from. Capitalism, especially in the USA, has proven itself to be such a large power and it may take bigger structural changes to really create a difference, such as raising taxes, putting laws in place, etc. This would happen instead of putting all the pressure on the workers to create a revolution when they are really just trying to survive. However, even though Marx's ideas may fall short in some areas, they are helpful in understanding how capitalism's alienating nature is at the foundation of Amazon's poor working conditions that exist in the first place. Additionally, it helps to understand how working conditions must be solved through deconstructing this harmful economic system, either through revolution or systemic reorganization.

The appalling working conditions at Amazon serve as a striking manifestation of the extremes of capitalism, as they echo the critiques of political theorist Karl Marx. As a global powerhouse, Amazon's profitability is largely, if not completely, due to the tireless efforts made by their workers who receive unfair treatment and pay in return. Marx's framework highlights the exploitative nature of Amazon, and how its workers are being stripped of their humanity. Marx believes that these working conditions and internal issues within Amazon will ultimately lead to a revolution led by workers, which may seem like a hopeful pursuit at first, but may not be completely impossible. Capitalism is a very powerful economic system, but its workers

are at the foundations of its success. And, workers could uproot this system given the appropriate chance to

along with the right support of those in power. In this way, Amazon must be careful about how it continues

with its treatment of its workers, because as Marx mentioned, the company could end up digging its own

grave if they go deeper into this dehumanizing path. Karl Marx's concepts, though penned over a century prior,

are able to reveal how the prioritization of efficiency and cost reduction has come at the price of

dehumanizing working conditions at Amazon. Ultimately, a solution to solving these destructive conditions

may lie in uniting all workers and creating change in how society is controlled by such large corporations, and

capitalism in general.

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SHANI MARZUCA

Hi! My name is Shani Marzuca. I aim to implement solutions that address conflicts, nurture reconciliation, and drive meaningful societal transformation. My current research interests involve race relations and the differing perceptions of police among races, which focuses on understanding the underlying factors that contribute to different perspectives on law enforcement. I believe the seeds of viable solutions to today's societal challenges are being sown, and with effort, dedication, and collaboration, they have the potential to flourish and bring about positive change for society as a whole.

PERCEPTIONS IN FLUX: UNRAVELING CONTRADICTIONS AND COMPLEXITIES IN INFLUENCING FACTORS SHAPING VIEWS ON LAW ENFORCEMENT

The killings of unarmed black men in the last decade have awakened a renewed call to action for police and law enforcement to be held accountable for their misconduct (Drakulich et al., 2023). The driving curiosity lies in understanding why identical events can be perceived differently by various individuals. When an action is wrong, it is morally impermissible. However, in the world we live in, this is not always the case. There have been calls to defund the police, to abolish law enforcement, or dismantle entire departments. Why do some people feel like this is the correct step that needs to be taken, while others feel these actions are not necessary and the police should continue to manage their departments how they see fit? This work will bring to light the various opinions people have, but more importantly it will address how the subjects came to hold these perceptions and opinions (Foster et al., 2022). Gaining an understanding of what affects people's sentiment of law enforcement is necessary to implement changes to the structure of the police departments that have been causing strife in our communities across the country (Nadal & Davidoff, 2015). The research question guiding this study is: How does the perception of police differ among various sociodemographic communities, and what factors shape these perceptions? Why do these differing perspectives exist? This research question will set out to understand and analyze how the various aspects of human behavior, experience, and societal interactions shape perceptions. Asking this question is significant because it delves into the complex dynamics surrounding police brutality and its impact on different social and demographic groups (Foster et al., 2022).

31

Literature Review

In the tapestry of American society, the perception of law enforcement and police behavior is woven with complex threads of history, culture, and identity. One of the most pressing issues in contemporary America revolves around the differing ways in which police brutality is perceived, experienced, and understood, particularly among white and Black/Brown communities (Drakulich et al., 2023). High-profile cases of excessive use of force, often resulting in the tragic loss of lives, have drawn national attention and raised critical questions about law enforcement practices and racial disparities within the criminal justice system. Central to this discourse is the stark difference in the way police actions are perceived across racial lines, notably between white Americans and Black/Brown communities (Edwards et al., 2023). The perceptions of police behavior, rooted deeply in historical, social, and psychological contexts, have far-reaching implications for the distrust in law enforcement, social cohesion, and the pursuit of justice.

Understanding the multifaceted elements that shape these perceptions are essential for several reasons. First, it sheds light on the persistent racial disparities that continue to plague American society, revealing deeply ingrained biases and prejudices (Graham et al., 2020; Foster et al., 2022). Second, comprehending these differences is crucial for developing effective policies and interventions aimed at bridging the gap in perceptions and fostering a sense of security and justice among all citizens. Lastly, examining the literature on perceptions of police brutality provides critical insights into the complexities of race relations in the U.S., offering a lens through which broader issues of systemic racism and inequality can be examined (Reinka & Leach, 2017). By synthesizing these diverse strands of literature, this review aims to provide a comprehensive understanding of the complex dynamics surrounding police perceptions in the U.S., with a focus on the contrasting viewpoints held by white Americans and individuals from Black/Brown communities. In exploring this topic, we embark on a critical examination of the layers of bias, fear, and mistrust that underpin the differing perceptions of police behavior.

Mainstream Media Practices

The media has a significant impact on public perceptions and attitudes, particularly with regards to incidents of police brutality and crimes committed by different racial communities (Bjornstrom et al., 2010). The way in which these events are reported and framed can have a profound effect on the way in which they are perceived by different groups of people. For example, the media may focus on certain aspects of a case,

such as the criminal history of the victim, which can influence the public's perception of the incident (Holt, 2013). Similarly, the way in which the police are portrayed in the media can also have an impact on public perception of law enforcement. When officers are portrayed as white saviors who did nothing wrong but uphold the law, it feeds into the impression that they are doing something right and just (Edwards et al., 2023). The media portrayal of people of color exacerbates existing negative stereotypes that influence how police are viewed when involved in incidents of police brutality (Holt, 2013).

Intersectionality and Racial Perception of Law Enforcement

Historically, members of minority groups in the United States have consistently held less favorable perceptions of the police force (Kule et al., 2019). These perceptions are complex and often influenced by a multitude of factors including race, social class, and gender (Kule et al., 2019). Understanding the intersectionality of these factors provides valuable insights into the varying degrees of satisfaction or dissatisfaction experienced within minority communities in relation to law enforcement agencies (Peck, 2015). The interplay between race, social class, and gender significantly shapes how individuals within minority communities perceive law enforcement. Studies have shown that the experiences and attitudes of a Black woman towards the police, for example, might differ significantly from those of a White man (Kule et al., 2019). This intersectionality underscores the importance of considering multiple dimensions of identity when examining perceptions of law enforcement.

Bias, Fear, and Mistrust of Law Enforcement

One underlying constant theme in the literature addressing this subject is the mistrust of police due to the trauma of police brutality, whether the ongoing exposure be through media or real-life experience (Nadal et al., 2017). There is intergenerational trauma within communities of color that has led to racial socialization of children by warning them of the discrimination and violence past generations have endured (Bryant-Davis et al., 2017). This leads to instilling both fear and mistrust of law enforcement in the next generation, even before there are any negative experiences with the police. There is a narrative that it is a parent's responsibility to include teaching children of color about the dangers of any anticipated interaction with police. For example, 'driving while black' or DWB which has been an inherent danger for people of color is a common lesson used to demonstrate the volatile nature of police interactions (Bryant-Davis et al., 2017).

Methods

Sample

The sample of data for this study came from seven consenting adults. The sample contained three white women, and four people of color of whom two were female and two were male. I used the convenience sample method to acquire five interviews and then inquired about adding other willing participants using the snowball method. I was able to acquire two additional interviewees through the snowball method. I reached out to peers, family, and friends through a text message, asking them if they would like to participate in my work and followed up by explaining to them how their participation was imperative to my success.

Measurement

To understand why a person feels a certain way now, it's crucial to understand their journey and where they've been. I asked a set of questions that aimed to reveal the interviewees' level of trust in law enforcement, their perceived effectiveness as an institution, the influence of media and news, the level of fairness/bias the police have, and any personal experience of profiling or any influencing interactions with police. I asked the interviewees this set of questions:

1. What gender do you identify with?

2. What ethnicity or race do you most identify with?

3. In the past decade, there have been quite a few high-profile stories of interactions with police that became fatal. Tell me how familiar you are with these stories.

4. Tell me about your personal interactions with the police. Have you ever been pulled over or helped by police or profiled?

5. How do you feel about police and law enforcement as an institution? How do you think those things influence your beliefs or experiences?

6. Have you ever felt that media coverage of police activities influenced your opinions or attitudes toward law enforcement? If so, can you provide an example?

7. How do you think your background or your identity influences your perception of law enforcement?

8. To what extent do you trust the police? Why? What about on initial contact, like when you see their lights because you're getting pulled over?

9. Do you believe that the judicial process is fair and unbiased? For example, things like arrests, convictions for drug offenses, etc.?

10. What parts of the judicial process do you think might be biased? Can you tell me about that?

Procedure

I collected my data using Zoom recorded interviews with participants. I requested permission to record from the participants and turned the captions and transcription features on. After the interviews were transcribed, I printed the document and named each interviewee. I reviewed the information in the interviews and found common themes. Before I started coding terms or patterns to identify themes, I identified the questions I asked by marking them with a red letter "Q" so I could go back and compare answers when I coded. I then underlined phrases I thought to be important or pertaining directly to answering the question asked. There was a lot of fluff in the transcription, and a lot of people were not sure if they were answering correctly, so I had to reassure them, sometimes repeatedly, that this is about their feelings and there are no wrong answers. The process of coding key terms made pulling the themes out of the data more efficient and precise. I was able to see the patterns and themes in the interviews by sometimes extrapolating when their sentences led to a gesture or facial expression.

Results

Several themes emerged from the interviews that answered the research question. The tone of the interview data conveyed a more positive tone and attitude about the topic than anticipated. The themes that emerged from the data are trust and effectiveness in policing as an institution, media coverage of policing and its influence, and the impact of the participant's personal experience of being profiled or personal interactions with police.

Trust, Bias, and the Resulting Effectiveness as an Institution

The data reveals that many of my interviewees hold conflicting sentiments regarding the role of the police and the perceived effectiveness of their performance. The term "trust" was separated into two subcategories in the data, one where the participant is referring to the institution, and the other referencing personal expectations of individual police officers they encounter or interact with. The latter would be indicative of their level of trust in police in public places or during traffic stops.

For example, participant FeLa, a female Latina, stated "When I go to concerts and you see a lot of police presence, I do feel like I am safer because they're around. I like to let them know or try to thank them for their presence or for keeping us safe." This same participant when asked about bias and judicial processes, stated, "I don't think its fair. With a lot of cases, there is white privilege, especially when money is involved." This quote was followed up by "Unfortunately for minorities, we don't have, we're not as...we don't sometimes have all the money that a rich white man might have and so it might be a little harder for us to get a slap on the wrist." In this statement, the interviewee is saying that minorities usually do not have the assets or economical means to be able to do things like post bail or hire an attorney.

Despite Black and Brown men having higher rates of experiencing police brutality and profiling, both male participants stated that they trust the police. Hisma1, a Latino male, stated, "percentage wise, I would say 75 I trust, and the other 25 I don't". He elaborated about his personal experience with being profiled and when asked why, he stated, "I feel like maybe there 9 are ulterior motives, but I was always told that they're supposed to help you." Hisma2, a Latino male who is African American presenting, shared similar experiences with Hisma1, having both been profiled based on appearance and having negative experiences with police. Hisma2 stated, "As a Latino male, although visually people think I'm African American, but either way whether it is Latino or Black, me being a male who is 6 feet tall, I think the bias that I feel that they have for me definitely affects my perception. I automatically think when I'm around a police officer, ok I don't know if this is one of the good ones."

Out of all the participants, six out of seven see the police as a biased institution that is unfair and unjust, independent of any positive experience, personal interaction, or history with police. Participant Witty Wombat City Life, a Caucasian woman, responded to being asked if she trusts the police by stating "I totally trust them." When asked whether the judicial process is fair and unbiased, she stated "I think they're fair, but I think their (sic) punishments are not harsh enough."

Media Coverage and the Influence of Media Depictions

One key theme in relation to media coverage was the sentiment that camera phones are the single development most responsible for exposing police crimes. FeMa, an AfricanAmerican Woman stated, "What used to be a dirty little secret is now out there. And now I'm learning way more about law enforcement." Witty Wombat Mountain Time, a Caucasian woman, stated, "what we hear is just a small percent of what is actually happening", and "There's so many things that have happened that gets pushed out of the headlines and unless you're really delving into the news, a lot of the stuff you'll miss."

The difference in the way alleged perpetrators and police are both framed in the media was a recurring theme. FeMa stated, "I've seen Caucasian people be way more violent and guns aren't drawn. They're not tased. They're literally chased down instead of being shot," and "The only weapon that African Americans show up with is their skin color. That's the only weapon and that's unfortunate. I feel like law enforcement see skin color as a threat to where they have to shoot to kill." Witty Wombat Desert Life, a Caucasian woman, stated, "Different medias portray different things. You really have to look at the actual footage. And you're not necessarily always going to get that. So, I mean, yes, it can make your blood boil, or you could be like oh, well, I don't see it as this."

Impact of Police Profiling and Personal Interactions

The interviewees included participants who had bad experiences with police and had been profiled, but they trust the police as an institution. Witty Wombat City Life, a Caucasian woman, stated, "I appreciate what they're doing for us, they did profile my husband though...we got pulled over 3 times, one time with cops and guns drawn...they said someone was robbed and apparently the car fit the description," and "they pulled us over while we were on our way to get dinner, they were driving the opposite way and then they turn around and start following us...(sic) walks right into the restaurant and I walk right up to the police officer and

I'm like 'why are you guys following us?' And they said 'your car fits the description of somebody, we saw his beard, but now we know its not him' but because of the way he looked, bald head beard and tattoos. But I know they're just doing their job." Hisma1 stated, "An officer pulled me over and it wasn't a pleasant experience. Basically, he pulled me over because I was speeding, but then he proceeded to act like he needed to teach me a lesson by taking me out of the car asking me for my name...he ran my name and then tried to say that I had a warrant and come to find out he had the wrong name. So luckily, we got that squared away before actually getting into anything deep...after that he wrote me a bunch of citations."

On the opposite side of the spectrum, there were participants who had no negative personal experience with police but still had no trust in the police, or they found the institution to be useless with no real duty. Witty Wombat Mountain Time, Caucasian, stated, "I don't think I've ever been profiled and they've been, most of them have been fairly courteous. There are some grumpy kind of power-hungry cops I've encountered, but I just be quiet, obey, take the ticket and leave," and "I don't trust them very much. Most of the people, unfortunately, who become police officers tend to not be 100% in it for the right reasons. They may not be totally mentally stable, and they may have power trip issues and already have preconceived hatred and prejudice." FeMa, African American, shared similar sentiments; she stated, "I don't think I've ever been racially profiled because I live in a predominantly white area, so its very easy to be profiled, I just don't feel that I have been profiled," and "I don't agree with the institution, because their supposed to be peace officers and that's the last thing they do...they're not here for the general public, they're not here for us." FeMa also stated that "I don't trust them. They are not fair...I don't trust the judicial system...our local sheriff's departments are finally now being held accountable for having gangs. We can't have gangs in the street, but there's gangs in the sheriff's department, so I don't trust it." FeMa shared how her total lack of trust stems from witnessing the blatant disregard for black lives from white police officers and how the officers rarely get sufficient punishment.

Discussion

The research question that guided this study is how does the perception of police differ among various sociodemographic communities and what factors shape these perceptions? In prior research, the literature indicates that racial profiling or negative experiences with police lead to an unfavorable opinion of the

institution of policing (Edwards et al., 2023). The data collected reveals whether the participant had negative experiences with police or not, oftentimes the participant still held a favorable view of the police. The literature says that people's attitudes towards law enforcement and their beliefs about police bias signal the individual's level of trust in police (Nadal & Davidoff, 2015). The data analyzed is contradictory to that claim. This data set indicates that people can believe police are biased and unjust but still have trust in the police.

The literature that highlights media depictions of lawbreakers supports what the sample data found (Bjornstrom et al., 2010). The media portrayal of People of Color being treated poorer than Caucasian people during police interaction, and the literature focused on media depictions of crime and criminals are supported by this data set with both finding that media depictions influence the perception of police (Bjornstrom et al., 2010).

In future research exploring public perceptions of the police and their institutional role, it would be valuable to incorporate a geographical component. This could involve mapping participants' home and work locations and comparing their experiences with reported instances of police misconduct in the specified areas. Such an approach would help determine whether individual testimonies align with the broader experiences reported by the population in a given region. Additionally, the study could be enriched by considering how income levels influence diverse perspectives. While the current study faced limitations in terms of time and access, expanding the scope to include a broader cross-section of the population would likely yield more varied results. This broader perspective could uncover different experiences that contribute to varying levels of trust or mistrust in the police as an institution.

<div align="center">

Conclusion

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Prior research shows a more unanimous sentiment towards police as racist and unfair. This sample saw police with a more humanizing lens. Data found most communities feel that police don't do their job, but this sample had a majority saying they trust the police. The sample data analyzed did not align with the literature and prior work on police perceptions. The reason may be due to the sample size and the time constraint. The anticipated result did not corroborate prior with the actual result.

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EMILY WALLACK

My name is Emily Wallack and I graduated in December 2023 with a Bachelor of Arts degree in Sociology and a double minor in Peace and Justice Studies and Jewish Studies. After working as a Research Assistant under Dr. Muraco during my junior and senior years, I am now completing an internship with her. My research project presented here was inspired by my own personal battles as a woman living with chronic illness and I hope that my project can bring awareness to the population of silent victims facing an epidemic of marginalization in healthcare across the world. Ultimately, my desire is to attend law school and one day advocate for women like me.

INVISIBLE ILLNESS: THE SILENT EPIDEMIC FOR WOMEN
Introduction

"Took ten plus years to finally get them [doctors/society] to take me seriously..." (Reddit Thread 1, Response 4). This quote is just one example of the unfortunate experiences many chronically ill women face while trying to get a "concrete" diagnosis for their symptoms. With various pharmaceutical ads for medications that treat autoimmune diseases depicting women as happy and overly active, one assumes that chronic illness is an enjoyable and gratifying experience. But the reality of having a chronic illness or autoimmune disease like Crohn's disease or ankylosing spondylitis is anything but fun, especially for women. As one participant stated: "I'm exhausted and pretty much go to sleep... I am fighting... she has no idea how hard it is." (Facebook, Response 9). Women are three times more likely than men to be diagnosed with an autoimmune disease in their lifetime; and when a woman goes to the doctor for help, the chance that her symptoms will be ignored is also far greater than that of men. What we are left with: the silent epidemic for women around the world.

The misdiagnosis of women with invisible illness (any medical condition that is not outwardly visible to others, even medical professionals), is widespread within the medical field (Sisk, 2007). Some argue that "seeing is believing" and unless a patient's symptoms present themselves empirically, their complaints will be dismissed; women are simply told that their symptoms are "made up" (Dobson, 2021; Merone et al., 2022). Often masking symptoms of other common maladies, patients regularly get dismissed as being healthy, repeatedly told that they "don't look sick," and are left feeling misunderstood, hopeless, and in pain with no treatment in sight (Dobson, 2021; Samulowitz et al., 2018). With signs and symptoms that no one else sees or feels, the illness remains invisible to everyone, except those experiencing it. In a world with endless new medical discoveries, doctors continue to use traditional, limited practices when diagnosing women's

health problems (Mazumder, 2023). Women's health problems are often attributed to the "hysteria"

associated with one's femininity, and time and time again, women's symptoms are plainly written off as being

psychological, furthering their *silence* (Mazumder, 2023; Igler et al., 2017; Koerber, 2018).

This project was guided by the following research question: what are the experiences,

including the treatment, diagnosis, and marginalization, that women with invisible illnesses, specifically

autoimmune diseases, have had with medical professionals? This question is

sociologically significant because it is shaped around the treatment of chronically ill women by physicians

looking at the why (what drives this treatment) and the outcome (how this has affected women's personal

lives and their overall health). This topic shapes our understanding of different groups because it not only

focuses on the interactions of women with medical professionals but also with their families and friends. This

study looks directly at how women are marginalized by physicians just because they are biologically women,

while simultaneously stigmatized by their social groups for having an illness (Mazumder, 2023; Samulowitz et

al., 2018). In this project, I not only delved into the experiences of women with autoimmune conditions but

also explored why women face these challenges in healthcare (studying the history of the treatment of

women and the bias embedded within medicine; the portrayal of femininity within society; and the challenges

women have faced because of their experiences such as economic, familial, and employment challenges)

(Mazumder, 2023; Sempere et al., 2023; Vlassoff, 2007).

Review of the Literature

Chronic illness among women is frequently silenced in society, further contributing to its already

invisible state, oftentimes creating a "veil of shame" for many women (Edley & Battaglia, 2016). Like

most social phenomena, disability is also a social construction, meaning a visible disability is used to

discriminate; however, unlike other social constructs, invisible illness is neither viewed as a social issue

or an issue at all (Edley & Battaglia, 2016). As a group already marginalized in healthcare, women with

invisible illness are continuously dismissed by physicians and when desperate for answers, given the

same response of "you don't look sick" (Edley & Battaglia, 2016; Samulowitz et al., 2018). Chronic

illness can present itself in several different ways and often exhibits with numerous unique symptoms

where women find themselves waiting years for a diagnosis, incessantly told that their symptoms are uncharacteristic for a woman, and then labeled with a psychological diagnosis (Werner et al., 2004; Igler et al., 2017). The negative experiences of women in healthcare are not limited to a single illness or even a single country – healthcare systems may differ, but the nature of treatment does not (Vlassoff, 2007). The commonalities among women's experiences include two things at its core: that the patient is biologically a woman and that patriarchal systems are ingrained within Western medicine (Mazumder, 2023; Samulowitz et al., 2018). The experiences of women with invisible illness (consisting of mistreatment, misdiagnosis, and dismissal) are fundamentally rooted within the patriarchal structures that have laid the foundations for all social institutions, including the healthcare system, which has created a gender bias in the medical field and ultimately led to the silencing of women's pain.

The Patriarchal Structures in Healthcare

Gender bias within Western medicine can be traced back to its roots. The sexism that exists within within medicine is commonly referred to by the concept of andronormativity. Andronormativity is defined by the belief that only male values are considered to be normal and is representative of the fact that patriarchy is so deeply rooted within healthcare (Samulowitz et al., 2018). Consequently, when a woman presents with symptoms that are not "inherent for a man" the woman becomes invisible (Samulowitz et al., 2018). The misogynistic views that shape our healthcare system have been furthered by the ancient practices of viewing women as inferior within all social institutions (such as religious and political systems) (Mazumder, 2023). Misogynistic views allowed for the conclusion that women are uncharacteristically different because of their physiology. Perhaps the most respected figure in medicine and considered to be its "founding father," Hippocrates actually believed that a woman's uterus made her different and that the uterus was undeniably the cause of all female disease (Mazumder, 2023). This belief system led to the common diagnosis of hysteria, which was categorized by emotional excitement, premenstrual tension, and the belief that a woman needs to feel sickly and delicate (Mazumder, 2023; Koerber, 2018; Werner et al., 2004). In fact, women have long been subject to harsh medical practices in the effort to control such emotional behaviors (Samulowitz et al., 2018).

The andronormativity that has laid the foundation for medicine has labeled women as sensitive, emotional, and complainers, while men are considered to be stoic (Samulowitz et al., 2018). Mansplaining has come to dominate discussions of female biology and literature published within the last decade is still written from the perspective that women's bodies are fundamentally different and harder to manage than men's (Koerber, 2018). Therefore, much like the healthcare system in general, medical research has also been characterized as being androcentric because it is predominantly performed on males and then just "assumed to be true" for females (Merone et al., 2022). This causes a lack of knowledge on the female presentation of disease and results in the prevalence of medically unexplained symptoms in women, ultimately producing a characterization of gendered diseases (Merone et al., 2022; Jovani et al., 2018).

The Consequences and Reality of Dismissal and Misdiagnosis of Women with Chronic Illness

The gendering of Western medicine, the classification of illness as either being male or female, and the overall lack of knowledge among physicians have substantially contributed to the misdiagnosis and dismissal of women's chronic illness (including diagnosis delay). Due to male bias, diseases that are predominately found in women are not regarded as "prestigious" within medical field rankings, decreasing a woman's chances for adequate care (Samulowitz et al., 2018). Within the process of diagnosis from male physicians exists the male bias surrounding women's pain which has led to the belief that women actually have a higher pain threshold than men (Samulowitz et al., 2018). Thus, when women present with pain, it is explained by providers as being psychological or emotional, increasing their chances for a psychiatric diagnosis (Igler et al., 2017). Common themes such as timeline of diagnosis, misdiagnosis, or physician dismissal which have emerged among the diagnostic experience, are not limited to just one malady, but exist across the board. Invisible illnesses such as endometriosis, ankylosing spondylitis, inflammatory bowel disease and chronic pain disorders are rarely diagnosed correctly when women seek help for their symptoms (Fernley, 2021; Armour et al., 2019; Ogdie et al., 2019; Hwang et al., 2022; Sempere et al., 2023). For example, ankylosing spondylitis, a chronic inflammatory rheumatic disease affecting the spine is thought to be a "male disease" and considered to be extremely rare among women (Armour et al., 2019; Ogdie et al., 2019). The consequence of this overgeneralization causes most women to go undiagnosed for decades; the average

diagnosis time is around 8.5 years and women are actually misdiagnosed with what is considered to be a woman's disease (in this case fibromyalgia) (Armour et al., 2019).

When diagnosis is delayed, treatment is delayed and often worsens the disease and its symptoms, ultimately leading to complications, early surgery, economic burdens, increased psychological burdens (shame and stigma), and an overall prolonged period of suffering for the patient (Sempere et al., 2023; Ogdie et al., 2019; Fernley, 2021). Hence, a concrete diagnosis is not only beneficial in terms of treatment, but it is often freeing for women because a diagnosis validates a woman's experiences and negates the stigma that her symptoms are entirely "made- up" (Fernley, 2021; Culley et al., 2013; Merone et al., 2022). However, when women are lucky enough to finally receive answers, they are often offered different treatment options than men. Chronic illness (specifically, autoimmune/rheumatological diseases) are generally treated with biologic therapies. However, women are less likely to receive biologics as treatments and more likely to receive prednisone, corticosteroids, opioids, disease-modifying antirheumatic drugs, or antidepressants and referrals to psychiatrists (Hwang et al., 2023; Samulowitz et al., 2018).

The Social Consequences of Chronic Illness Dismissal

The misdiagnosis and mistreatment of women with chronic illness yields grave social consequences for the patients. Chronic illness greatly affects a woman's daily life through her ability to work, her social life, and overall quality of life; a woman's experiences with her illness can manifest emotionally through anxiety and depression (Merone et al., 2022). Because of the stigma associated with women's pain, women often do not inform their employers of their condition, especially when it is gender related (for example, endometriosis) and therefore, are negatively impacted when having to miss work for disease associated illness; when they do, they receive little to no compensation (Culley et al., 2013; Jovani et al., 2018). The issue of gendering in society and the correlation of female identity can make women feel as though they have to fit societal roles such as being a spouse, mother, or having to work to provide for their family, instead of taking care of themselves (Samulowitz et al., 2018). The prioritization of family and household is actually encouraged by healthcare professionals who create a treatment plan for a woman's illness on the basis of maintaining her traditional familial roles (Samulowitz et al., 2018). In regard to finding support, the masking

of women's illness in society has led to the stigmatization of pain by other women. Women often experience a paradox – on one side of life they have to work extremely hard to be taken seriously and acknowledged by doctors and society (family and friends) in regard to their illness, while on the other side, they have negative experiences when sharing their stories with other women experiencing similar disorders (Werner et al., 2004). Women are also less likely to receive understanding and social support from their families, often undermining a woman's ability to cope with her illness (Vlassoff, 2007). Husband's for example, are less inclined to act as caregivers for their wives then vice versa (Vlassoff, 2007). Lack of social support on a familial level leads women to believe that their condition is an inherent part of their identity causing them to accept their pain and suffering (Vlassoff, 2007). It is also important to note that the undertreatment of childhood chronic pain in young girls can lead to an altered pain perception and overall impairment in adult women, furthering a woman's choice to "push through" her symptoms (Igler et al., 2017; Merone et al., 2022).

The literature revealed a similar consensus: women with chronic illness face experiences categorized categorized by marginalization, gender bias, and mistreatment among physicians and society in general. Although there was not one suggested solution, the literature agreed on several ways to try and eradicate this problem. From a healthcare standpoint, it is important that women with chronic illness are legitimized and seen and heard by their physicians instead of just being categorized by their femininity (Fernley, 2021; Werner et al., 2004). However, change begins at a societal level and in order for institutional change to occur, we need to realize how deeply embedded traditional social patterns are within social systems. It must be recognized that the foundation for women's healthcare knowledge comes from traditional medical frameworks which rest upon the knowledge of white Western males who have the greatest control in the social hierarchy (Koerber, 2018). At an institutional level, healthcare providers need to address the false stereotypes that have led to the belief that women have a higher pain tolerance and educate themselves on the differences in order to provide proper medical care, regardless of gender (Igler et al., 2017). Individually, it is essential that women tell their stories and break the silence and stigma associated with chronic illness, as advocating for oneself can help to inspire others (Edley & Battaglia, 2016; Merone et al., 2022). The experiences women with chronic illness face in healthcare represent that a woman's battle to attain adequate

healthcare (rights), rights in general, and liberty is far from over (Mazumder, 2023). Ultimately, the

sociological implications of this study help to reveal the inherent gender biases that are fundamentally rooted

within an integral aspect of society – the healthcare system – and advance the silenced perspectives of

women with invisible illness.

Methods

Sample:

My study was conducted through a content analysis of the social media discussion platforms, Reddit and

Facebook. More specifically, I looked at the semi-public Facebook group, "Girls with Guts Private Forum:

Support for Women with IBD and/or Ostomies," and the public Reddit groups consisting of

"TwoXChromosomes" and "Ankylosing Spondylitis." I exclusively reviewed the Reddit threads, Women who

were misdiagnosed as having "anxiety," what did you really have? (from the "TwoXChromosomes" group) and

Women with AS, share your journey to a diagnosis! (a prompt from the group, "Ankylosing Spondylitis"). For

my study, I focused only on social media groups because of the widely available access – the information is

public, thus, I did not need to worry about Institutional Review Board approval. Social media groups offer a

safe space for people allowing them to retain factors of anonymity (which is of the utmost importance,

especially when it comes to healthcare). Anonymity is something that is often relinquished with in-person

discussion, frequently making people refrain from participation, therefore, social media platforms were

essential to my data collection and sample construction. It should be stated that although these pages are

public, they usually require some type of screening for members in order to adhere to community guidelines

and limit the spread of misinformation. My sample consisted of 20 posts (in total across all discussion

platforms), however, one was discarded yielding me a total of 19 viable responses. Responses were counted

as both individual posts and comments responding to individual posts. It is important to note that an

individual Reddit thread was not considered a post, rather, the responses were; comments were merely a

response to someone's reply/answer to the original discussion prompt. To conclude, the sample that I

constructed was purposive/theoretical, as the posts that I chose to analyze met specific inclusion and exclusion criteria (discussed below).

Inclusion and Exclusion Criteria:

All women ages eighteen and older, regardless of ethnicity and income (class status) were included in my study. Although healthcare systems may differ across the world, the negative experiences of women in healthcare are not restricted to a single country (Vlassoff, 2007). Thus, women's experiences were not confined to a single country or state; the chat forums I analyzed were open to the public irrespective of one's nationality. Due to the prevalence of misdiagnosis, the majority of women go undiagnosed for decades, hence, it was not beneficial for me to exclude testimony based on age (Edley & Battaglia, 2016; Ogdie et al., 2019). Although medical bias has existed for centuries, the inclusion time for a response was within the last four years in order to keep my sample manageable. Anyone who did not have a concrete diagnosis was excluded from my study. People speculating about a potential misdiagnosis or illness (based on their symptoms) were also excluded.

Although men may experience adversity in healthcare, my study solely focused on women, therefore therefore men were obviously excluded. Men also do not experience the same silencing as women given the differing gender roles within society, the attribution of a woman's illness to a woman's physiology, and the andronormative bias that has laid the foundation for women's medical care (Koerber, 2018; Samulowitz et al., 2018). All autoimmune diseases were considered, however, there was a special emphasis placed on ankylosing spondylitis and inflammatory bowel disease because of the prevalence of misdiagnosis on the basis of gendering and disease presentation. Classified in medicine as a disease primarily associated with men, ankylosing spondylitis (and its subtypes) is considered to be extremely rare in women causing women to go undiagnosed for decades (Jovani et al., 2018; Hwang et al., 2022). Presenting a case of Yentyl syndrome (defined as the difference in medical care based on sex), the majority of women with ankylosing spondylitis experience a 7.5 year diagnosis delay compared to that of only 4 years in men (Jovani et al., 2018). Inflammatory bowel disease presents a similar case with the average diagnosis time for women being 7.8 months versus a mere 3.8 months in men (Sempere et al., 2023).

Definition of Concepts:

The key concept of interest in my study was women's experiences with chronic illness. I defined experiences as misdiagnosis, treatment, and marginalization, while chronic illness and invisible illness were delineated as any autoimmune disease. Autoimmune diseases are classified as disorders that occur when the immune system attacks itself, unable to differentiate between healthy and harmful cells (Smith & Germolec, 1999). There are over 100 autoimmune diseases and it is important to note that autoimmune diseases are not infectious diseases, but a chronic lifelong illness that can be life-threatening and in some cases debilitating (AARDA, 2019). The American Autoimmune Related Diseases Association estimates that 50 million Americans have one or more autoimmune diseases with 75% of those affected being female (AARDA, 2019). In fact, women are actually more likely to develop autoimmune diseases than men, especially young women (Smith & Germolec, 1999).

In regard to my research question, experiences were defined as pertaining to misdiagnosis, treatment, and marginalization. Misdiagnosis was categorized by the number of times a patient was misdiagnosed, what they were misdiagnosed with, and the consequences that the misdiagnosis had on the patient. Misdiagnosis frequently comes from a lack of knowledge surrounding the female body and the gendering of diseases, and oftentimes has severe physical and social implications for the patient (Merone et al., 2022; Jovani et al., 2018; Samulowitz et al., 2018). Treatment was classified as both drug-related therapy and the verbal/physical treatment of the patient by the medical professional, while marginalization consisted of how a woman's identity as a female influenced her overall diagnosis/disease outcome (Werner et al., 2004). Medical professionals were classified as doctors (of any gender, race, or age) since they make the formal diagnoses for patients and have the most interactions with them in terms of the discussion of their illness.

Measurement

I approached my data analysis by outlining six preliminary themes that represented the concept of interest in my study. As I completed my analysis, the original themes were categorized into narrower sub-concepts in order to best reflect the data. The initial themes consisted of: misdiagnosis (including both

physical or psychological misdiagnoses) and the length from first symptoms until diagnosis; feelings of

mistrust toward healthcare providers; the correlation between women's symptoms and medical dismissal as

anxiety (incorporating the idea that pain is metaphorical (only in one's head)); gender bias in healthcare

(encompassing the association of women's illness as being caused by a woman's physiology and the

attribution that a woman's care was a result of patriarchal healthcare); the social implications of one's

symptoms and diagnosis (feelings of shame or mistreatment from family, friends, and employers); and

emotional expression (placing particular emphasis on the words/phrases that were used in the post to analyze

mental health impact). The final three overarching themes identified upon data analysis included:

misdiagnosis, patriarchal healthcare, and social implications. It was recognized that the data constituted a

theme after similar stories were identified in multiple posts and the identified themes were outwardly present

in responses. By similar, I do not mean the same diagnosis, rather, similar experiences and emotions

regarding a woman's healthcare experience(s).

Procedures

To conduct my content analysis, I employed the strategy of searching for key words in the discussion

groups. Using words such as (women's) misdiagnosis, medical gaslighting, doctor-experience, invisible illness,

and mistreatment, I filtered the discussion posts in order to conduct my research. Once I collected the entirety

of my data (sorted through and chose the posts that fit my sample criteria), I screenshotted each post and

organized and filed them by discussion platform (e.g., Reddit 1, Response 1). Women who were misdiagnosed

as having "anxiety," what did you really have? was coded as Reddit Thread 1 while Women with AS, share your

journey to a diagnosis! was classified as Reddit Thread 2. "Girls with Guts…" was labeled as Facebook. I coded

my data using Microsoft Word software. Using manifest content I began coding my data by first reading each

post and identifying key words that appeared multiple times. Words were evaluated as being either positive or

negative to help establish the tone of the text. Specific words also helped categorize the response into its

respective theme. Using latent content I analyzed the underlying messages of the text – a positive tone was

classified as any positive experiences regarding one's illness experience (e.g., finding a physician that cares).

Negative experiences were categorized with words such as dismissal or misdiagnosis, patronization and lack of

understanding (from doctors, family, and employers), and an overall adverse attitude presented within the verbiage. Finally, I summarized and then categorized each post using one or several of the (final overarching) themes discussed above. The process of coding my data was inherent to formulating a conclusion regarding my research question.

Results

Throughout the results, the subsequent themes were identified among the data during the coding analysis process: misdiagnosis; patriarchal healthcare; and social implications. Each theme consisted of two to three sub-categories reflecting specific details among responses under the larger topic. 10 of the responses demonstrated several themes (two or more). Themes were constructed after the evaluation of words and phrases that appeared multiple times during the coding process. Words that appeared several times included: diagnosis – appearing 13 times (often in the same sentence as "was not" or "could not" diagnose); anxiety or anxious – utilized nine times; psychiatrists/psychologist used in three posts; and misdiagnosis – represented in two responses. Notable words and phrases relaying women's experiences also included: dramatic; anxious female; in my head; sorry for the vent; power through; patriarchy; misogynistic; "didn't believe me;" "criteria for diagnosis are based on men;" "girls your age just get this sometimes;" and "part of being a woman." All posts in the sample had a negative tone and were characterized as emotional expressions. The majority of the posts highlighted multiple themes which are exemplified in the graphics below.

Theme and Occurrence by Diagnosis

■ Misdiagnosis   ■ Patriarchal Healthcare   ■ Social Implications
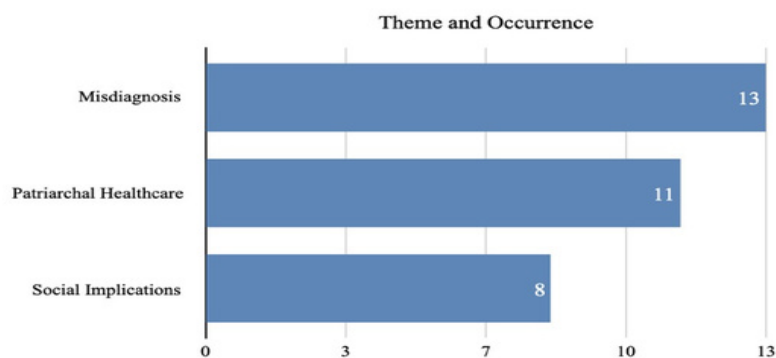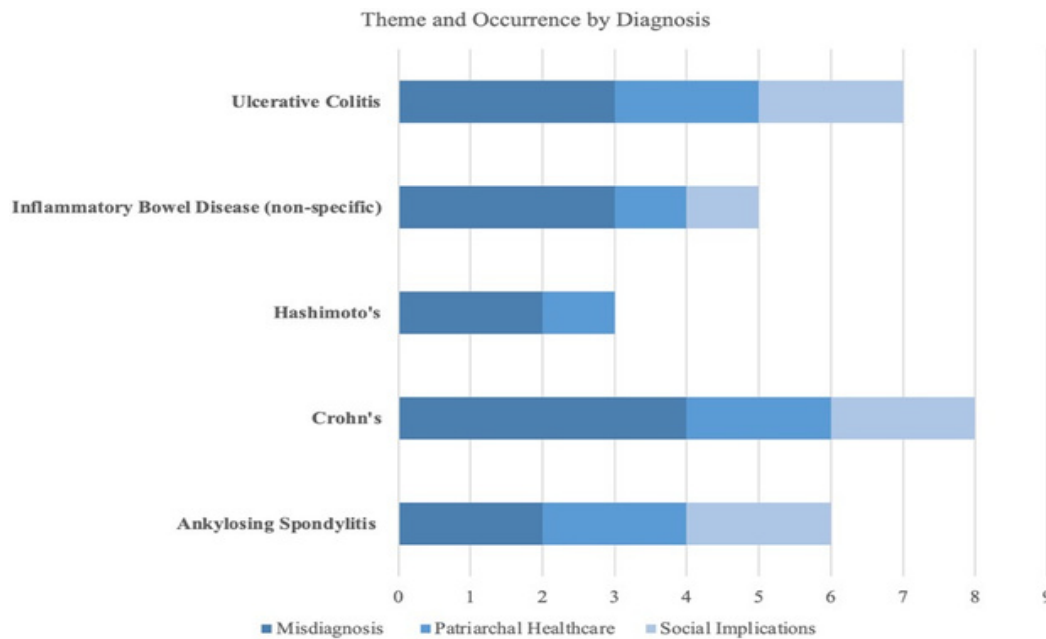
Misdiagnosis

As shown in the chart, the theme of misdiagnosis as a whole was represented across 13 posts.

From the data, two subthemes emerged: misdiagnosis: dismissed as anxiety and misdiagnosis: wrong

physical illness. Coded as such during data collection, misdiagnosis: dismissed as anxiety, occurred 11 times

while misdiagnosis: wrong physical illness, appeared in two of the responses. Misdiagnosis was identified

through the actual word of misdiagnosis or phrases such as "not diagnosed." The subtheme of misdiagnosis:

dismissed as anxiety was very prevalent among responses; 68% of the total responses (out of the 19)

represented dismissal as anxiety and was categorized by information such as anxiety, stress, depression,

psychiatrist or "referred for counselling." Misdiagnosis: dismissed as anxiety was most common among

women with inflammatory bowel disease (IBD), including Crohn's disease and ulcerative colitis. One woman's

response read, "…my pediatric GI diagnosed me with IBD and then I saw an adult GI and he told me I had IBS

[irritable bowel syndrome] and anxiety and needed to see a psychologist…ok" (Facebook, Response 4). In

another Facebook response, a woman writes that when her doctor could not give her an explanation for the

lack of improvement in her symptoms, he told her that they should work to "calm down the nerves in her gut"

(Facebook, Response 3). Also classifying this post under the theme of patriarchal healthcare, the respondent

goes on to say that her doctor proceeded to "mansplain" the body's nervous system to her, the gut-brain

connection and medical and scientific logic in general (Facebook, Response 3). In the post, the woman

53

states that she is a neuroscientist with a PhD in cognitive science and is more than qualified to understand the nervous system (Facebook, Response 3). *Misdiagnosis: wrong physical illness* also appeared in the data and was most common in women diagnosed with ankylosing spondylitis. One woman who was not correctly diagnosed with ankylosing spondylitis until age 18 said, "I was misdiagnosed with JRA (juvenile rheumatoid arthritis) and after that it would be 6 years of being on so many nsaids, cortisone shots, prednisone for my pcp to say enough." (Reddit 2, Response 1).

Patriarchal Healthcare

Patriarchal healthcare was the second most prominent theme and was present in the data for every disease represented; this theme was not unique to one condition. Occurring 11 times in total throughout the 19 responses analyzed, patriarchal healthcare (coded respectively) yielded the following subthemes: symptoms attributed to physiology; apologizing for venting; and gendered disease presentation. Symptoms attributed to physiology was the most prevalent subtheme appearing four times and classified by words or phrases traditionally thought of as pertaining to a woman's biology or femininity such as, menstruation, hormones, or "dramatic and anxious female." A response from the Facebook group read, "when my Crohn's disease first flared I was 23. My GP sat me down and explained that menstrual cramps are just part of being a woman. And that the sooner I accepted that the happier I would be." (Facebook, Response 8). Along the same lines and correlating with misdiagnosis: dismissed as anxiety, a women from the same group (diagnosed with inflammatory bowel disease) wrote, "I've been told its anxiety, depression, hormones, and girls your age just get this sometimes.' Oh brother!" (Facebook, Response 7). Clearly referring to menstruation, women's physiology is a large contributor to the gender bias that exists within healthcare.

One of the ways that women identified patriarchal healthcare was by apologizing for "venting" or "ranting" at the beginning or end of their discussion posts. Appearing three times, this sub-concept is rather ironic given that the discussion platforms are a safe place for women to express their feelings. Apologizing for venting emerged as a subtheme from patriarchal healthcare. However, this subtheme reveals the patriarchal foundations of society in general as women are clearly aware of the social norms present within our culture. Made blatantly obvious in women's responses, women used phrases such as apologizing for venting or

ranting, acknowledging the social standard of feeling as though they need to hide their emotion. "Sorry for the vent, but this question [the prompt from Reddit Thread 1] is very relevant to me right now so thought I would get it off my chest," was one example of the striking responses of women apologizing for their testimony (Reddit 1, Response 4).

The third subtheme: gendered disease presentation appeared twice and was used to code data data where women used phrases like extremely rare or diagnosis criteria. For example, one woman from the "Ankylosing Spondylitis" thread (Reddit Thread 2) wrote that before she received a concrete diagnosis, her doctor, "...thought it was absolutely AS [ankylosing spondylitis] until my MRI results came back. Then he backpedaled and said fibromyalgia. Then he admitted that he can't diagnosis me because the criteria for diagnosis are based on men." (Reddit 2, Response 2). Two of the responses did not identify a specific disease, however, they were still included in the sample as they fully encompassed the idea of patriarchal healthcare. Both posts were responses to Reddit Thread 1's prompt of, Women who were misdiagnosed as having "anxiety," what did you really have? Explicitly acknowledging the nature of patriarchal healthcare in society, one response read, "living under the patriarchy" (Reddit 1, Response 6). Along similar lines, the second response of this nature stated, "misogynistic society disorder" (Reddit 1, Response 7). These two responses encompass the central theme of patriarchal healthcare because they are so literal in their verbiage while also making it clear that women's experiences are a direct reflection of gendered healthcare systems.

Social Implications

The final theme that was identified among the responses was social implications. Identified eight times during the coding analysis, social implications yielded three subthemes: self-blame; skepticism from family and/or employers; and emotional trauma. These subthemes were of particular importance because they varied across all diseases; there was no specific pattern according to diseases which leads to the conclusion that this theme is present across all represented diseases. Classified by words like understand, phrases such as "see why" or comments that illustrated extreme self-criticism, self-blame appeared two times throughout the overarching theme of social implications. Although only appearing twice, this subtheme revealed the self-destruction that results from chronic illness. For example, one woman with ulcerative colitis (UC) wrote,

"Actually I just recently got the UC diagnosis and it's so weird to look back at all the times I beat myself up because I didn't have the energy to do something and blamed it on my nerves. I would power through and get even more sick and more mad at myself." (Reddit 1, Response 4).

The second subtheme, *skepticism from family and/or employers* was identified three times. This code was defined by sentiments expressing frustration regarding the lack of understanding from one's family or employer, resulting in a fractured relationship or job loss. One Facebook post encompassed both of these dynamics with one woman writing that because of her ulcerative colitis, she had to quit her job as a pharmacy technician, posing the question of what others do for employment (Facebook, Response 2). She said that she has struggled to get back into remission noting that she cannot get her medication in a timely manner (Facebook, Response 2). Although she has had several job interviews she believes, "…once I tell them I have UC and get sick a lot that makes me immediately a disqualified candidate." (Facebook, Response 2). The woman concludes her post by saying that her illness has taken a toll on her personal relationships (Facebook, Response 2). She writes that her parents blame her illness on her and have not helped her voluntarily in the five years since her diagnosis (the post is from 2023) (Facebook, Response 2).

The third subtheme that emerged from the data, emotional trauma was also found three times and categorized through verbiage of PTSD, trauma, and mistrust. Although specifically categorized as social implications, this subtheme reveals the repercussions of women's experiences within misdiagnosis and patriarchal healthcare. One response which reflected this subtheme contained a meme about treatment of women in healthcare during different centuries with the respondent (diagnosed with Crohn's disease) writing, "I feel this one in my soul!" (Facebook, Response 1). She further describes her similar experiences and acknowledges that the mistreatment of women is a problem in American medicine. The woman concludes her post by solemnly stating, "I seriously still have PTSD from the way I was poorly treated by medical 'professionals' and I know many crohns patients have similar stories unfortunately." (Facebook, Response 1).

Discussion

The research question that guided this project asked, *what are the experiences, including the treatment, diagnosis, and marginalization, that women with invisible illnesses, specifically, autoimmune diseases, have had with medical professionals?* The purpose of this study was to uncover the experiences that women with chronic illness have had with physicians, and how this has impacted their mental and physical well-being as well as in their respective social lives. The results show that women with chronic illness are continuously marginalized in healthcare simply because they are biologically women and possess socially constructed "traditional" feminine associated traits. The normative standards set by society create a "stigma" surrounding women's illness. The data also reveals that doctors rely on orthodox andronormative diagnosis standards to account for women's symptoms, furthering the disregard for women's invisible illness. Therefore, in a society that is based upon the fact that people in general are inherently healthy, women are forced to put in more effort in order for their doctors and society at large to believe that their symptoms are valid (Werner et al., 2004). Consequently, the invisible nature of autoimmune diseases are a silenced phenomenon in society (Edley & Battaglia, 2016).

All of these findings are interrelated; women's experiences are disregarded simply because they are women and traditional medicine relies upon the diagnosis standards based on male bodies. Ultimately misdiagnosis occurs across all invisible illnesses discussed in this study. Given that the data was representative amongst all participants, each theme is reflective of one another, revealing a vicious cycle from misdiagnosis to social mistreatment. Instead of receiving a "concrete" diagnosis, women are characterized as having anxiety, experiencing stress, and more often than not, ending up with a referral for a psychiatric evaluation. Women's pain is unremittingly associated with emotional dysfunction as evidenced by the medical professionals' relation of pain to hysteria; subsequently, the treatment of women's illness is fundamentally rooted within the patriarchal foundations of healthcare (Igler et al., 2017; Mazumder, 2023). This represents one of the predominant issues existing in the healthcare system – the way in which women's expressions of symptoms are categorized as complaining, furthering the idea of the "dramatic female stereotype" (Samulowitz et al., 2018). Oftentimes women experience mansplaining (exemplified in Facebook, Response

3), defined as, "the explanation of something by a man, typically to a woman, in a manner regarded as condescending or patronizing" (Oxford Languages). Women are thought to have a higher pain tolerance because of menstruation and childbirth, therefore, when women seek help for their symptoms, they are characterized as being sensitive, emotional, and "complainers" (Samulowitz et al., 2018). This standard set by andronormative healthcare, results in the belief that women do not want to get better and ultimately leads women to receive a psychological diagnosis for their invisible illness (Samulowitz et al., 2018).

The gendering of diseases that are reflected within the theme, patriarchal healthcare, and specifically specifically within the subtheme, gendered disease presentation, is also ever-present given the androcentric roots of medical research (Merone et al., 2022). The women's responses supported existing research findings that modern medicine still classifies many diseases as "male or female" and when a woman's symptoms do not present according to expectations, they are confounded. In this study, the women's responses in Women with AS, share your journey to a diagnosis! (Reddit Thread 2) clearly characterized ankylosing spondylitis as a disease that is rarely found among women while the responses of both the Reddit thread pertaining to anxiety (Reddit Thread 1) and the Facebook group (Girls with Guts...) routinely revealed that the symptoms presenting in inflammatory bowel disease are largely associated with one's menstrual cycle. For example, ankylosing spondylitis is vehemently categorized as a "male disease" which was acknowledged by respondents (Reddit 2, Response 2), and they often admitted that their physicians shared this sentiment (Armour et al., 2019; Ogdie et al., 2019). In regard to inflammatory bowel disease, the study findings show that menstruation is a scape-goat diagnosis for women's illness (Facebook, Responses 7 and 8). The 19th century belief categorized by Hippocrates – that a woman's biology, her uterus and childbearing potential is the basis for all her maladies – is still deployed when searching for a diagnosis today (Mazumder, 2023).

The repercussions for the respondent often resulted in several misdiagnoses and waiting years years for a legitimate diagnosis. The gendering of diseases is consistent with the gendered hierarchy of society which leads women's reported experiences to be dismissed in healthcare settings and results in the silencing and invisibility of women (Samulowitz et al., 2018). The results show that the diagnosis of ankylosing spondylitis in women reflects the "by the book" practices of medical professionals that rely on

male diagnostic standards and helps to explain why women experience diagnosis delay (Jovani et al., 2018). Within the gendering of diseases also lies a serious problem related to believing women's symptoms, a consequence elicited from gendered disease presentation and invisible illness in general. If a woman's symptoms do not present themselves as a clear case of a condition that meets the diagnostic criteria based on men's symptoms, they are viewed with skepticism. In turn, women are subjected to the belief that their illness is an inherent part of their identity, is their fault, and that they must accept and endure their suffering (Vlassoff, 2007; Fernley, 2021).

The social implications of the findings point to the fact that women are incessantly labeled by their disease and defined by their symptoms instead of as a person (Edley & Battaglia, 2016). This was apparent among the subtheme: *skepticism from family and/or employers*. Women's daily lives – whether that be work, family, or social – were clearly affected by their illness. It is also evident within the data that women are clearly aware of these social norms, with some even going as far to apologize on a public message board designed for the purpose of community and saftey. The social implications of one's chronic illness that emerge from one's experience(s) of misdiagnosis and the sexism they face among healthcare providers, ultimately makes women believe that they should silence their own feelings (Fernley, 2021). However, silence only fuels the standard of the stigmatization of chronic illness.

The analysis points to a clear effect on women's mental and physical health. When women are in pain and are simply referred to a psychiatrist, it affects their well-being and contributes to the belief that their pain is "made-up" (Merone et al., 2022). There is clearly a double standard: women are referred to psychiatrists and given anti-depressants for their pain, when in actuality they need a real diagnosis. Women use chat boards to voice their feelings, but also indicate a need to apologize, because women's suffering is stigmatized which suggests that it is not okay to not be okay. This reverts back to the idea of the traditional roles of women and family that have been put in place by society (Samulowitz et al., 2018). Women are customarily considered to be the matriarch of the family and when women are not okay, they cannot fulfill their expected roles as a mother, wife, or caretaker, dismantling society and placing a stigma on chronic illness. Unfortunately, if not addressed, this vicious cycle will only continue.

Limitations

It is important to acknowledge some of the limitations of this study. Given that the sample only contained 19 viable responses in total, it was very small, and therefore, did not lead to saturation. Additionally, the study faced time limitations creating the need for future research in order to expand upon the presented topic. Reponses were also anonymous and lacked information about race and income level; consequently, data was generalized. It is also important to note that within this study there exists respondent bias, posing the limitation of one-sided responses, as data was based upon how the sample interpreted their experiences. Responses were also limited to online discussion platforms only, excluding those without technological access. Lastly, the data reflects results for four autoimmune diseases, therefore we can only infer that the analysis would be similar for other conditions.

Conclusion

Women's experiences of marginalization in healthcare is a very real issue. The sociological significance of this study uncovers the real-life implications that women with chronic illnesses cope with on a daily basis; a problem that remains hidden to the rest of society. Throughout this research it became even more apparent just how imperative it is to bring awareness to the silencing and mistreatment of women with invisible illness. It is important that future research draws attention towards the patriarchal prejudice that is fundamentally rooted within our social structures and diffuses itself across all social institutions. As a society we need to acknowledge women's treatment as inferior on a global scale; social justice is necessary for change. Medical literature needs to be reframed to support women's biology and cannot continue to be based on men. It is vital to end the stigma around women's pain and eliminate the conventional belief that women are "different." In society, it is inherent that we stop generalizing the experiences of women's illness and chronic illness, as this only contributes to the vicious cycle of stigmatizing women's pain and suffering, especially when they seek answers for their symptoms. It is also important to stop classifying "disabilities" as something tangible and visible to the eye; autoimmune diseases also need to be regarded as disabilities. Acknowledging disabilities as a societal issue will help women with chronic illnesses be seen and heard by doctors and society as a whole, ultimately leading women to find clarity regarding their symptoms. It is my hope that one day we can eradicate the stigma women face in healthcare. Finally, as a society, we need to break the silence of invisible illness.

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ANNA TULLIE

My name is Anna Tullie and I am a senior Sociology major and Classics & Archeology minor from Del Mar, California. I plan on attaining a master's degree in social work and I hope to utilize my sociology skills in my profession as a social worker.

WHAT MAKES A YOUNG ADULT BECOME A HORROR MOVIE FAN?

Introduction

Horror films have one main purpose: to terrify audience members. In an article by Griffiths, he inserts a quote discussing how people go to horror movies because they *want* to be frightened, and that horror films are alluring mainly due to suspense, mystery, terror, shock and gore (Griffiths 2015). While the average person may enjoy getting a scare once in a while, it is not considered normal in modern day society to be a fan of these movies due to their macabre nature. In an article by Sanjek, he discusses how for most adults, horror films are the "junk food" of the imagination, undeserving of critical attention or intellectual sophistication (Sanjek, 1990).

Despite most adults not enjoying horror films, there is still a large amount of people who consider themselves to be horror movie fans. These horror fans keep the horror franchise a popular movie genre. Due to horror fans, the *Halloween* franchise has had overwhelming success, creating a whopping 13 movies, and the gory *Saw* franchise has created 10 movies in the last 19 years. With the success of horror franchises, it is apparent that there are a lot of individuals who love and support horror films. As being a fan of horror films is outside of the societal normal due to their disturbing nature, I am led to the question of, "what makes a young adult become a horror movie fan?"

Literature Review

Horror movies have been a beloved genre since the first ever horror movie was created. However, we rarely expect people to be fans of these films. With the average movie goer tending to watch these films only on occasion, we wonder, "what makes a young adult become a horror movie fan?" I have reviewed prior literature on this topic, and I narrowed the research down into three subtopics that I believe will help me to answer this question most effectively. These subtopics are "sense of community," "personality traits" and "gender." The 15 pieces of literature I have selected all have information on the three subtopics I have chosen. Although I find this topic really interesting, I also think it's important to explore. Horror movies are dark, creepy and often grotesque, but they create such joy for some individuals. Figuring out why this macabre genre delights individuals so much will help to understand why these individuals go against societal norms to indulge in their love for this disturbing movie genre.

Sense of Community

I chose the topic of "community" as horror movie fans tend to enjoy coming together to share their love of this movie genre. In general, many obscure genres in pop culture tend to have a fan community that sticks together as they can understand each other and the majority of society doesn't. This is seen in the fandom of one of the biggest cult classic horror movies, "The Rocky Horror Picture Show." According to the literature from Tyson, fans attending screenings of Rocky Horror feel a strong and special kinship within the group participation of the screening (Tyson 1980). In another article about Rocky Horror the authors discuss the topic of cult films mostly, unpacking what makes a successful cult film. The author describes the group process of watching Rocky Horror as a "ritual" with lots of audience interaction. Overall, the literature regarding the Rocky Horror Picture Show illustrates the "togetherness" of the horror movie community overall and how they love to participate and bond over this movie (Katovich, Kinkade). Callahan, Evans and Robinson, found that one of the reasons for viewing a horror movie included peer motivation, and the fact that people like to watch horror movies to fit in with society, and everyone else watches them (Robinson, Callahan, Evans, 2014). In Scrivner's article, they discuss how someone feeling anxious while watching a horror movie can make the experience of a horror film feel less scary if they are watching with a friend (Scrivner 2021).

I can conclude that according to the literature, a big appeal of watching and enjoying horror movies relies on having a sense of community, participating with others, and sharing the experience with others.

Gender

I believe that gender plays a huge role in the horror movie fandom. The way that gender is portrayed in horror movies can shape the way that the audience enjoys horror movies, and there appear to be gender differences in the horror movie fandom. Horror movies have been found to portray females in a harmful way, as females are extremely sexualized and often only viewed as sexual objects in these films. In the article by Tudor, the author discusses the role of women in horror films through the character archetype of the "final girl." The author then states that there is an ambiguity in gender representation in horror movies, proving to be vital to the male spectator's enjoyment (Tudor 2010). Such that the "girl hero" is created more for the male gaze than the female gaze, which causes sexualization of women in these films. In Sanjek, this concept of the harmful female portrayal is also discussed in specific popular horror movies, *The Gates of Hell* and *Cannibal Holocaust.* The author reveals that these films have a highly conservative point of view, specifically with a misogynistic dismissal of female sexuality (Sanjek 157). Another study found that females had less positive views on the material opposed to male viewers. Males primarily desired violent destruction in horror movies, while females primarily desired a satisfying resolution in horror movies (Mundorf, Weaver, Zillman, 1989). In another study, the author found that women tended to be more of an "underground" fandom for horror films and that although there is misogyny in horror movies, the female audience is still sizeable (Pieto 2003). In the literature from Martin, the author discusses studies where it was found that in the presence of a same-age opposite sex individual, men enjoyed a horror movie more and found it less boring and frightening than women did (Martin, 2019). Lastly, in the literature from Sa'eed and Jurban, it is discussed how horror movies depict female characters as sexual, helpless victims (Sa/eed, Jurdan 2019). Overall, from the literature regarding gender, I learned that there is abundant misogyny in the horror movie genre. There are still women in the

community who enjoy horror films despite this, but due to this misogyny and male gaze oriented female characters in horror films, men tend to be fans of horror films more than women.

Personality Traits

The last point that I want to touch on in the literature considers how personality traits may influence whether or not someone is a horror movie fan. In the study from Norman, it is noted that individuals who prefer horror score higher on Machiavellianism, whereas those who find horror movies disturbing score higher on Neuroticism (Norman, 2018). A high score on Neuroticism means that an individual typically shows symptoms of anxiety, depression and self doubt, while a high score on Machiavellianism means that an individual typically shows symptoms of manipulation, cunningness and a lack of empathy. In a similar study, there was also a link to liking horror movies and having the Machiavallian personality trait (Battista, 2011). Literature from Hall also touches on Neuroticism, stating how those who are high in Neuroticism tend to be extremely anxious (Hall 2005). One study found that empathy has an insignificant relationship with the enjoyment of watching horror movies. (Adziz, Hasim, Mustafa 2022). This gives me insight as to an aspect of personality that may not affect whether or not someone is a horror movie fan. I can conclude that with this extreme anxiety, those with Neuroticism are sure to not be considered someone who would tend to be a horror movie fan. In my last piece of literature from Dillard, the author also considers Neuroticism, Machiavellianism, and "disgust sensitivity," which can indicate how disgusted someone will get while watching a horror movie depending on how high or low their disgust sensitivity is. Tying back to my subtopic of gender, it was found that women are more sensitive to disgust than men (Dillard 2018), indicating that this could also be a reason as to why it appears there are more male horror fans than women.

I find that the literature provided helped me find what I can look for when conducting my interviews. The literature regarding community showed me that a lot of the social parts of horror movies surround wanting to enjoy a scary movie with someone else, and not always with a large group. The literature on gender helped me realize how big the gap between men and women in horror really is, with women not enjoying horror movies as much as men due to sexism in these films as well as other factors. Lastly, the section on personality traits showed me the prevalence of the Machiavallian personality trait in horror movie fans.

Sample

The amount of people that I used in my study depended on how many participants reached out to my inquiry to be interviewed on Instagram. The minimum number of participants I wanted to interview was 10, but I hoped to get around 20 participants. The strategy I used was voluntary response sampling, meaning that participants volunteered themselves to be interviewed. I also used a convenience sample, as individuals responded to my post, and a theoretical sampling method, as I was not using any predetermined groups of people to compare. I ended up obtaining 19 participants using these methods. I reached out to participants by posting an inquiry on my Instagram story, asking if horror fans aged 18-28 would be interested in participating in an interview. I wanted a near even number of men and women participants in my study as one of my main subtopics of interest is gender. I ended up interviewing 8 male-identifying participants and 11 female-identifying or non-binary participants.

Measurement

My main subtopics of interest in studying the horror movie fandom were, sense of community, personality traits, and gender. I asked specific questions to see if any of these chosen subtopics influenced someone into becoming a horror movie fan. I asked 8 or 9 questions pertaining to each subtopic of interest, with a total of 26 questions, not including asking the participant for their age.

Community/Basic Horror Questions

- When did you first develop an interest in horror movies? What's your favorite horror movie?
- What's your favorite horror movie genre?
- What's your least favorite horror movie genre?
- How big of a horror movie fan are you on a scale from 1-10?
- Would you call yourself a member of the horror movie "fandom?"
- Have you ever made friends or found it easier to make friends through your shared love of horror movies?
- What were your thoughts on the horror movie fan base?
- Do you feel a strong sense of community within the horror movie fan base?

Personality Trait Questions

- How would you define your personality in three words?

- How empathetic would you consider yourself on a scale from 1-10?

- Do you consider yourself a social person?

- What are your hobbies besides engaging in horror movies?

- Would you say your friends who also are horror movie fans have a similar personality to you?

- Are you an adventurous person?

- Do you like being surprised?

- Are you an introvert or an extrovert?

Gender Questions

- What gender do you identify with?

- If you have any friends who enjoy horror movies, do the majority of them identify as the same gender as

  you?

- How do you think women are portrayed in horror films?

- Do you feel that your gender is sexualized in horror films? Do you think the opposite gender is?

- How do you think men are portrayed in horror films?

- How do you think non-binary individuals are portrayed in horror films?

- Do you find horror movies to be inherently masculine or feminine?

- Do you think there are more male horror movie fans or female?

Procedure

For the procedure, I asked participants if they were comfortable being recorded during their interview. I also took extensive notes during each interview in order to find data easier. I coded my data by sectioning off my questions in the category of each subtopic, (community, personality and gender), allowing me to easily access which question correlates to each subtopic. Since my questions targeted the answers to these four subtopics, I was able to analyze my interview recordings and transcripts to see any themes from the interviews. I also created a chart with each interviewee's response to each question side by side, so that I could look at the results more effectively.

I found multiple themes from the 19 interviews with horror movie fans that I conducted. Some of the themes that I found pertaining to why someone becomes a horror movie fan were: personality traits that were primarily social and extroverted, and enjoying horror as an experience to share with friends or family. I also found there to be a lot of similarity between factors that did not influence whether or not someone decides to become a horror movie fan (despite literature saying it did), including: harmful gender stereotypes and sexualization, and a desire to become a part of the horror movie "fandom" and to find a community within it. I defined the horror movie fandom to the participants as engaging with other horror fans online and in person, and watching horror movie fan content. I also found that almost everyone I interviewed viewed the role of men and women in horror movies similarly, and said that there is a strong lack of non-binary representation in horror films. The interviewees did not seem to use any similar words when responding to my questions, and there was strong individuality between each participant. Another similarity I saw in the results was a concern from the interviewees about the horror movie fan base, which was a major part of why interviewees did not consider themselves a member of the horror fandom.

The Horror Fandom

When asked if they would call themselves a member of the horror fandom, interviewee 11, a horror movie fan said, "Some people "idolize" the antagonists which is concerning, but it's not an issue overall, there are extreme people," on the other hand, interviewee 13, a female who is not a member of the horror fandom stated: "like any fan base there are a lot of scary people out there… it can go too far…horror based on real events is not appropriate to cosplay… some go too far so I keep my distance..." Interviewee 13 also discussed a dislike for fan edits of horror characters based on real life serial killers such as from the series "Dahmer." 8 out of 19 interviewees were self identified members of the horror fandom, while 11 out of 19 interviewees were not. About 55% of female identifying respondents were members of the horror fandom and about 33% of male identifying respondents were members of the horror fandom. Men had similar opinions on the horror fandom, one male who is not a member of the horror movie fandom stated, "In general

I think that they're friendly but there's no question that there is a few people that maybe take it too far and are weirdly exclusive with their friends about a few films, like if you don't like this film we can't be friends which I think is really dumb when you take a step back and remember it's only a movie." With interviewees who did have positive things to say about the fan base, it seemed to mostly surround the passion and diversity of fandom members. Interviewee 2 who is in the fandom stated when asked about their thoughts on the horror movie fan base said, "it's a very diverse group, different personalities for different genres, you can't tell who a horror movie fan is." Interviewee 8, who is not in the fandom, called the horror fandom "passionate" while interviewee 12 who is a member of the horror fandom stated that there is a "wide array of people which is really cool." However among the interviewees, only one self identified member of the horror movie fandom actually engaged with other fandom members online.

Social Horror

Through the responses from the interviewees, I found that almost every participant in some way mentioned how they enjoy sharing their love of horror movies with friends or family. The difference between this and engaging with the horror movie fandom is that this "social horror" involves engaging in person with friends and family rather than with strangers online. Interviewee 1, who was not a member of the horror movie fandom said when asked if they were a member of the horror movie fandom that they do not engage with others in online discourse and that they would rather talk about horror in real life with their friends. Interviewees 1, 2, 3, 4, 5, 7, 8, 9, 10, 12, 13, 14, 16, 17, 18, and 19 (16/19 participants) all responded positively it would not influence whether or not someone decides to become a horror movie fan (despite literature saying it did), including: harmful gender stereotypes and sexualization, and a desire to become a part of the horror movie "fandom" and to find a community within it. I defined the horror movie fandom to the participants as engaging with other horror fans online and in person, and watching horror movie fan content. I also found that almost everyone I interviewed viewed the role of men and women in horror movies similarly, and said that there is a strong lack of non-binary representation in horror films. The interviewees did not seem to use any similar words when responding to my questions, and there was strong individuality between each participant. Another similarity I saw in the results was a concern from the interviewees about the horror

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Gender

In regards to gender, I found that the interviewees were well aware of harmful gender stereotypes in horror movies. I found that almost every one of the interviewees acknowledged the sexualization of one or more genders in horror films, as well as an overall harmful portrayal of women in horror films. Although most of these interviewees were aware of this issue within horror films, it did not affect them to the point that they did not want to be a horror fan because of it, evident by the fact that they all consider themselves fans of horror films still. Every interview mentioned that women were sexualized, eight interviewees said that men were also sexualized, but not as much as women, and two interviewees said that

both genders were sexualized. Interviewee 13 discussed how she feels horror movies often oversexualize both genders equally, using unnecessary intimate scenes. Interviewee 18 felt that men are sometimes sexualized but not nearly as much as women, talking about the horror trope of the "virgin women survivor" as an example for women's sexualization. Many expressed that women were mostly sexualized in older horror films. The most common horror movie portrayals of men and women that were expressed in the interviews were that men were usually the killers and that women were usually helpless, but that women were beginning to have stronger roles in more recent horror films. Interviewee 11 and 2 discussed how females in horror are becoming more intelligent, using the female leads in "Scream VI" as an example. Overall, I did not find any differences between men's responses and women's responses that were significant enough to note.

Personality

I found that most of the interviewees had similar personality traits. About 68% of the interviewees described themselves as extroverts. About 74% of interviewees said they were adventurous, and about 84% interviewees said they were social. I also noticed that only one interviewee described their empathy level as being less than 5 on a 1-10 scale, showing that 95% of interviewees had a higher level of empathy.

Interviewee's

Interviewee	Gender Identity	Age	Level of Empathy	Level of Horror Fan	Self-identified Member of the Horror Fandom
1	Male	21	6.5/	8/8.	No
2	Male	23	7 10	5	Yes
3	Male	22	9	9/10	No
4	Male	24	7	8	Yes
5	Male	22	8	8	No

6	Male	23	7	7	No
7	Male	21	9	10	No
8	Male	22	7	6.5	No
9	Female or non-binary	22	9/10	8	Yes
10	Female	23	10	7	No
11	Female	21	7.5/8	6.5/7	Yes
12	Female	21	9	10	Yes
13	Female	21	7	8/9	No
14	Female	21	4	8.5	No
15	Female	21	10	8	No
16	Female	21	5	9.5	Yes
17	Female	21	9	6	No
18	Female	24	9	8.5	Yes
19	Female	18	5	8	Yes

Discussion and Conclusion

Discussion

Going back to my research question, "what makes a young adult become a horror movie fan?" I initially sought out to focus on three factors: community (the horror fandom), gender and personality. Through my interviews, I found a new factor that I believe influences whether or not someone becomes a horror movie fan, that I call "social horror," meaning that horror fans enjoy watching and talking about horror films with friends and family. I found that two of the prior research findings in my literature review support this finding of social horror: literature from Robinson, Callahan and Evans, and literature from Scrivner. Robinson's literature discusses how a motivation for viewing a horror film is peer motivation (Robinson, Callahan, Evans, 2014). Scrivner's article discusses how someone feeling anxious watching a horror film can make the experience less scary when watching with a friend (Scrivner 2021). I found that personality was indeed a key factor regarding why someone becomes a horror movie fan, as the majority of the participants shared similar

outgoing personality traits. I found that gender and community did not have any correlation as to why someone becomes a horror movie fan. However I found that the results in the personality section of the interviews challenged some of the literature I discussed in my literature review on personality. Much of the literature on horror and personality stated that those with the Machiavellian personality type would be the most interested in horror movies. Literature discussing the prevalence of the Machiavellian personality trait in horror fans was from Norman, Battista, Hall and Dillard. One of the main characteristics of the Machiavellian personality is a lack of empathy, and from my interviews I found that only 5% of my interviewees had a low empathy level. I did find prior literature supporting my finding that empathy has an insignificant relationship with the enjoyment of watching horror movies, in literature from Adziz, Hasim, and Mustafa. From the personality section of the interviews, I noticed that the majority of my interviewees were social, adventurous and extroverted, which are attributes not closely tied with the Machiavellian personality trait. I found no ties to gender and being a horror movie fan which also challenged the literature on gender, some of which stated that women were less likely to like horror fans than men. Lastly, I found that the majority of horror fans I interviewed seemed to be off put by the horror fandom and did not express a strong interest to become involved in it. The majority of interviewees also expressed that they rather would engage in in-person discourse about horror with friends and family.

Conclusion

In conclusion, although I found similarities, I found that there is a lot of individuality in horror movie fans. I do believe that from the findings I can successfully conclude that horror movie fans are more likely to have extroverted personalities, and are more likely to be social people. I've found that watching a horror film is often an activity that a horror movie fan would prefer to do with someone they are close with. My findings fit into larger sociological debates and discussions as they discredit findings that horror fans are inherently unempathetic and anti- social. Future research should focus on the personality traits of horror fans to show that this trope of a horror fan being unempathetic and anti-social is incorrect.

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