



Contact:
Joerg Dreweke
(202) 296-4012 x4235
jdreweke@guttmacher.org

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Abortion and Mental Health

The Big Picture:

- Based on the best scientific evidence currently available, there is no credible evidence that abortion, in and of itself, causes mental health problems for most women.
- The major professional mental health associations have long been in agreement on this point, which was recently reaffirmed in a major report from the American Psychological Association (APA).
 - i. An [August 2008 report by the APA Task Force on Mental Health and Abortion](#), the most current and authoritative review of its kind, concludes that “the *best* scientific evidence indicates that the relative risk of mental health problems among adult women who have an unplanned pregnancy is no greater if they have an elective first-trimester abortion than if they did deliver the pregnancy.” * ¹
 - ii. As long ago as 1989, the APA came to a very similar conclusion, when it found that legal abortion “does not pose a psychological hazard for most women.”²
 - iii. The “postabortion traumatic stress syndrome” that abortion foes claim is widespread is not recognized by either the APA or the American Psychiatric Association.³

Women Experience a Range of Emotions Following an Abortion

- Having an abortion can be a stressful event for a woman, just as are other significant life events—such as divorce, the birth of a child, a layoff or the death of a parent.
 - i. Women report feeling a range of emotions after having an abortion. While relief is the most common reported emotion, some women also experience feelings of sadness or guilt.
 - ii. A woman’s mental health before she faces an unwanted pregnancy is the best indicator as to her likely mental health after an abortion. As the APA report says, “Across studies, prior mental health emerged as the strongest predictor of postabortion mental health.” ^{1(p. 6)}
 - iii. In general, negative feelings are no worse after an abortion than after carrying an unwanted pregnancy to term and, according to the APA report, there is “no evidence sufficient to support the claim that an observed association between abortion history

and mental health was caused by the abortion *per se*, as opposed to other factors.”^{1(p. 6)}

- iv. A woman may also have negative emotions after an abortion because she thinks her partner, family or community will condemn or exclude her for the abortion decision. According to the APA, the “most methodologically strong studies ... showed that interpersonal concerns, including feelings of stigma, perceived need for secrecy, exposure to antiabortion picketing, and low perceived or anticipated social support for the abortion decision, negatively affected women’s postabortion psychological experiences.”^{1(p. 70)}

Assessing the Evidence on Abortion and Mental Health

- Not all studies on the mental health impact of abortion are created equal; in fact, according to the APA, methodological flaws are “pervasive in the literature on abortion and mental health.”^{1(p. 71)} Antiabortion activists often attempt to capitalize on the fact that the public and many policymakers cannot distinguish between studies that allow legitimate conclusions to be drawn about the *effects* of abortion, and those that only show associations between abortion and mental health outcomes.
- **Poorly done studies:** According to the APA, a “critical evaluation of the published literature revealed that the majority of studies suffered from methodological problems, often severe in nature.”^{1(p. 5)}
 - i. The major methodological flaws identified by the APA included failing to provide adequate comparison groups, not controlling for preexisting conditions that could account for later mental health problems, using samples that were too small or too restricted to allow for generalizations to the larger population, failing to adjust for underreporting of abortion and using faulty measurement of mental health outcomes.^{1(p. 24)}
 - ii. Prominent among these poorly conducted studies are those by David Reardon, director of the antichoice Elliot Institute, and Priscilla Coleman, professor of family studies at Bowling Green State University. The serious methodological flaws in their body of work make it impossible to infer a causal relationship between abortion and subsequent mental health problems.
- **A better, but imperfect, study:** A study from New Zealand suggesting that abortion may be associated with later mental health problems employed a more rigorous methodology than many prior studies addressing the issue, but it still has significant shortcomings.
 - i. The principal methodological strength of the study, which was conducted by David Fergusson and colleagues⁴, is that it followed the same groups of women over an extended period of time.

- ii. Nonetheless, the APA review cautions that “several design features limit conclusions that can be drawn from this study,” among them failing to control for the wantedness or intentionality of pregnancy, not separating women who had multiple abortions from those who had only one, and not accounting for the underreporting of abortion. Furthermore, New Zealand abortion regulations make it difficult to generally apply the findings to women in the United States. ^{1(p. 46)}
- **Near-ideal study:** The research design of one study is judged by experts, including at the APA, as close to ideal. The study was conducted in the United Kingdom by the Royal College of General Practitioners and the Royal College of Obstetricians and Gynecologists.
 - i. According to the APA, this study of 13,000 women in England and Wales “stood out from the rest in terms of its methodological rigor.” ^{1(p. 66)} It was based on a large, representative sample; used established diagnostic categories to measure post-pregnancy/post-abortion mental health; controlled for mental health and other factors that may have existed prior to the pregnancy; and had appropriate comparison groups.
 - ii. The study, according to the APA “provides high-quality evidence that among women faced with an unplanned pregnancy, the relative risks of psychiatric disorder among women who terminate the pregnancy are no greater than the risks among women who pursue alternative courses of action.” ^{1(p. 67)}

*The review draws no conclusions with respect to the mental health of teenagers following abortion, observing that the few studies on that subject suffered from methodological flaws such as small sample sizes, high attrition rates or exclusion of certain groups of teens in a way that could bias the results. It states that “positive associations observed between multiple abortions and poorer mental health may be linked to co-occurring risks that predispose a woman to both multiple unwanted pregnancies and mental health problems” and that late termination of a wanted pregnancy due to fetal abnormality “appears to be associated with negative psychological reactions equivalent to those experienced by women who miscarry a wanted pregnancy or who experience a stillbirth or death of a newborn, but less than those who deliver a child with life-threatening abnormalities.” ^{1(p. 6)}

Sources:

¹ Major B et al, Report of the APA Task Force on Mental Health and Abortion, Washington, DC: American Psychological Association, 2008, p. 68, < <http://www.apa.org/releases/abortion-report.pdf> >, accessed Oct. 8, 2008.

² Adler NE et al., Psychological responses after abortion, *Science*, 1990, 248(4951):41–44.

³ Boonstra HD et al., *Abortion in Women's Lives*, New York: Guttmacher Institute, 2006.

⁴ Fergusson DM, Horwood LJ and Ridder EM, Abortion in young women and subsequent mental health, *Journal of Child Psychology and Psychiatry*, 2006, 47(1):16-24.