

## The Emotional Effects of Induced Abortion

**For more than 30 years, substantive research studies have shown that legally induced abortion does not pose mental health problems for women.** This finding has been reiterated in rigorous reviews of the scientific literature during the last five years.

In 2011, the Academy of Medical Royal Colleges (AMRC) in London reviewed all studies about the emotional effects of abortion that had been published in English between 1990 and 2011. Most of the studies in the AMRC's rigorous, systematic review were conducted in the United States. From the evidence and limitations within this broad range of studies, researchers concluded that

- Unwanted pregnancy increases a woman's risk of problems with her mental health.
- A woman with an unwanted pregnancy is as likely to have mental health problems from abortion as she is from giving birth.
- A woman with a history of mental health problems before abortion is more likely to have mental health problems after abortion.
- Circumstances, conditions, behaviors, and other factors associated with mental health problems are similar for women following abortion and women following childbirth.

- Pressure from a partner to terminate a pregnancy, negative attitudes about abortion, and negative attitudes about a woman's experience of abortion may increase a woman's risk of mental health problems after abortion.

Among its recommendations for further study, the AMRC suggested that researchers focus on the mental health repercussions of unwanted pregnancy rather than on the repercussions of how a woman resolves it (AMRC, 2011).

Earlier in 2011, Priscilla K. Coleman published a meta-analysis of the research about the emotional effects of abortion that was published between 1995 and 2009. She drew a different conclusion from the literature than the one drawn by the AMRC: "... the results revealed a moderate to highly increased risk of mental health problems after abortion (Coleman, 2011)." This finding was dismissed by the AMRC, however, because "[a] number of methodological problems ... have been identified, which brings into question both the results and conclusion." One of the methodological problems was that Coleman did not control for previous mental health problems among the women who had abortion (AMRC, 2011).

In 2008, the American Psychological Association's Task Force on Mental Health and Abortion (TFMHA) evaluated all empirical studies on the emotional

effects of abortion that had been published since 1989. It concluded that

- The relative risk of mental health problems is no greater among adult women who resolve unplanned pregnancy with a single, elective, first-trimester abortion than it is among those who give birth.
- Terminating a wanted pregnancy can be associated with negative psychological experiences comparable to those associated with stillbirth or death of a newborn — but less severe than those experienced by women who deliver a child with a severe abnormality.
- Any association between multiple abortion and mental health problem may be due to co-occurring factors — circumstances, conditions, and behaviors — that may predispose a woman to both multiple unwanted pregnancies and mental health problems (TFMHA).

In the same year, Vignetta F. Charles et al. also published a systematic review of the literature (1989–2007) on the emotional effects of abortion. The authors identified two distinct trends in the literature:

- The highest quality studies suggested few, if any, differences in mental health between women who had abortions and those who did not.
- The most flawed studies associated negative mental health outcomes for women who ended their pregnancies with abortion (Charles et al., 2008).

**Intense interest in the scientific research on the emotional effects of abortion began in 1987.**

That July, anti-choice President Ronald Reagan directed Surgeon General C. Everett Koop, also anti-choice; to produce a report on the health effects of induced abortion. Although the resulting draft report acknowledged that induced abortion is medically safe, it claimed that there was insufficient evidence to determine the psychological effects of abortion (Koop, 1987). This conclusion overlooked an enormous body of evidence — more than 250 scientific studies — disproving the existence of so-called Post-Abortion Syndrome (Tyrer & Grimes, 1989).

Furthermore, in closed meetings in 1988, Koop told representatives from several anti-abortion organizations that the risk of significant emotional problems following abortion was "minuscule" from a public health perspective (House Committee on Government Operations, 1989). Koop initially did not release his study, apparently because it did not support the anti-abortion position (Arthur, 1997). The report was finally made public on March 16, 1989.

In 1989, a panel of experts assembled by the American Psychological Association concluded unanimously that legal abortion "does not create psychological hazards for most women undergoing the procedure." The panel noted that, since approximately 21 percent of all U.S. women had had an abortion at the time, if severe emotional reactions were common there would be an epidemic of women seeking psychological treatment. There is no evidence of such an epidemic (Adler, 1989). Since 1989, there has been no significant change in this point of view.

Despite similar findings from the 1980s to today, anti-family planning activists have continued to circulate unfounded claims that a majority of the 22.4 percent of pregnant American women who choose to terminate their pregnancies each year (Jones & Kooistra, 2011) suffer severe and long-lasting emotional trauma as a result. They have called this nonexistent phenomenon "post-abortion trauma," "post-abortion syndrome," or "post-abortion survivor syndrome." They have hoped that terms like these will gain wide currency and credibility despite the fact that neither the American Psychological Association nor the American Psychiatric Association (APA) recognizes the existence of these phenomena. More recently, they have suggested that women who have abortions are more likely to suffer from post-traumatic stress disorder, but there is no substantive scientific evidence that this is true (AMRC, 2011).

The truth remains that most substantive studies in the last 30 years have found abortion to be a relatively benign procedure in terms of emotional effect — except when pre-abortion emotional problems exist or when a wanted pregnancy is terminated, such as after diagnostic genetic testing (Adler, 1989; Adler et al., 1990; AMRC, 2011; Russo & Denious, 2001; TFMHA, 2008).

### Cited References

- Adler, Nancy E. (1989). *University of California at San Francisco, Statement on Behalf of the American Psychological Association Before the Human Resources and Intergovernmental Relations Subcommittee of the Committee on Governmental Operations, U. S. House of Representatives*: 130–40.
- Adler, Nancy E., et al. (1990). "Psychological Responses after Abortion." *Science*, 248(4951), 41–4.
- AMRC — Academy of Medical Royal Colleges. (2011). *Induced Abortion and Mental Health — A Systematic Review of the Mental Health Outcomes of Induced Abortion, Including Their Prevalence and Associated Factors*. London: Academy of Medical Royal Colleges/National Collaborating Center for Mental Health.
- Arthur, Joyce. (1997). "Psychological Aftereffects of Abortion: The Rest of the Story." *The Humanist*, 2(57), 7.
- Charles, Vignetta E., et al. (2008). Abortion and Long-Term Mental Health Outcomes: A Systematic Review of the Literature. *Contraception*, 78, 436–50.
- Coleman, Patricia K. (2011). Abortion and Mental Health: Qualitative Synthesis and Analysis of Research Published 1995–2002. *The British Journal of Psychiatry*, 199, 180–6.
- House Committee on Government Operations. (1989). *The Federal Role in Determining the Medical and Psychological Impact of Abortions on Women*. H. R. 329, 101<sup>st</sup> Cong., 2<sup>nd</sup> Sess.
- Jones, Rachel K. & Kathryn Kooistra. (2011). Abortion Incidence and Access to Services in the United States, 2008. *Perspectives on Sexual and Reproductive Health*, 43(1), 41–50.
- Koop, C. Everett. (1987). *The Surgeon General's Report on the Public Health Effects of Abortion*.
- Russo, Nancy Felipe & Jean E. Denious. (2001). "Violence in the Lives of Women Having Abortions: Implications for Practice and Public Policy." *Professional Psychology: Research and Practice*, 32(2), 142–50.
- TFMHA — Task Force on Mental Health and Abortion. (2008). *Report of the APA Task Force on Mental Health and Abortion*. Washington, DC: American Psychological Association Task Force on Mental Health and Abortion.
- Tyrer, Louis B. & David Grimes. (1989). *The Surgeon General's Report on the Public Health Effects of Abortion: The Suppressed Final Draft — An Overview*. Unpublished paper.

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