

Abortion Mental Health Research: Update and Quality of Evidence



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I Encontro de Lisboa de
Estudos Médicos Sobre a
Vida Humana O impacto do
aborto na saúde da mulher

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Basic statistics

- Worldwide, the lifetime average is 1 abortion per woman.
- By age 45, more than 35% of U.S. women have had at least one abortion.



Prevalence of Mental Health Problems

- Research indicates 20-30% of women experience adverse, prolonged post-abortion reactions.
- With 1.3 million U.S. abortions performed annually - a minimum of 260,000 new cases of mental health problems surface each year.



Common negative effects reported in the literature

- GUILT, resulting from violation of one's sense of what is right or moral.
- For women who believe they have consented to killing a human being, the burden of guilt can be unbearable.



Common negative effects reported in the literature

ANXIETY is another common negative effect.

Post-abortive women may experience anxiety in various ways:

- Tension (inability to relax, irritability, etc.)
- Physical responses (dizziness, pounding heart, upset stomach, headaches)
- Difficulty concentrating
- Disturbed sleep

Common negative effects reported in the literature



PSYCHOLOGICAL
NUMBING is reported
among some people who
experience painful losses.

- Women who abort may avoid a wide range of emotions to escape the pain of abortion.
- Close interpersonal relationships may become impaired.

Common negative effects reported in the literature

- DEPRESSION AND THOUGHTS OF SUICIDE
- Many will experience symptoms of depression including the following:
 - Sad moods
 - Sudden and uncontrollable crying episodes
 - Low self-esteem
 - Sleep, appetite, and sexual disturbances
 - Reduced motivation
 - Disruption in interpersonal relationships

One woman's pain



“If I had it to do over again, then I would never take the route of abortion. I struggle every day with depression and regret. My heart hurts so bad that it feels like I’m having a heart attack. My husband and family are drained and tired of hearing of my heartache.”

Common negative effects reported in the literature



ALCOHOL AND/OR SUBSTANCE ABUSE in post-abortive women often begin as a form of self-medication - a way of coping with the psychological pain of abortion memories.

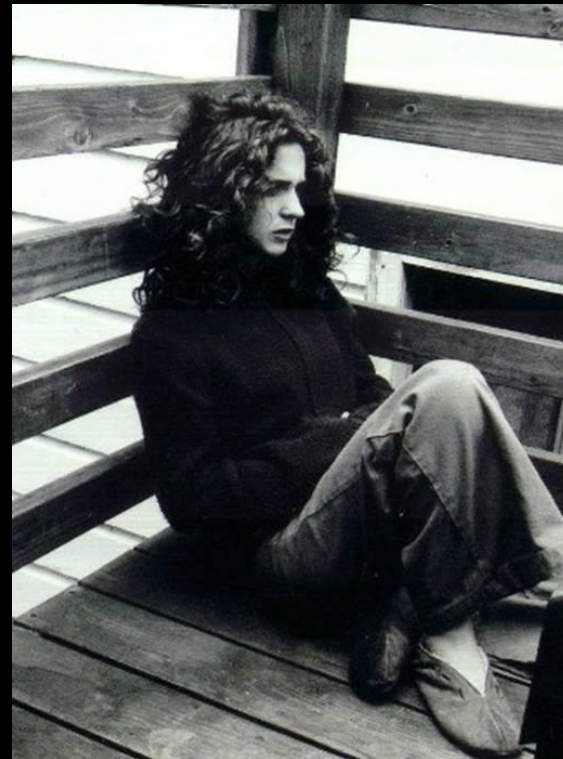
Common negative effects reported in the literature

- UNWANTED RE-EXPERIENCING THE ABORTION
- Some women have distressing, recurring 'flashbacks' of the abortion procedure.
- Recurring nightmares about babies are common.



Common negative effects reported in the literature

AVOIDANCE of stimuli associated with abortion, pregnancy, mothers, children and particularly infants.



Common negative effects reported in the literature



COMPROMISED PARENTING

- A woman might not allow herself to properly bond with future children because of a fear of loss.
- Over-protectiveness has been reported as well.

Risk factors for adverse psychological effects of abortion



Risk factors for adverse psychological effects of abortion

- Low confidence related to coping with the abortion
- Compromised self-esteem
- External locus of control – or feelings that events are directed by factors outside the individual (God, others, chance, etc.)
- Non-supportive partner, family members, or friends
- Conservative views of abortion

Risk factors for adverse psychological effects of abortion

- If the pregnancy is initially intended
- With unstable or immature partner relationships
- When women are unmarried or poor
- Feelings of being forced into abortion by significant individuals or by life circumstances
- Pre-abortion ambivalence or decision difficulty

Risk factors for adverse psychological effects of abortion

- Second trimester abortions
- Pronounced maternal orientation
- Pre-existing emotional problems or unresolved trauma
- Prior abortions or having had children previously
- A history of a negative relationship with one's mother
- Timing during adolescence

Methodological problems associated with studying this topic



Methodological problems associated with studying this topic

SMALL SAMPLES (typically under 300) confined to one geographical locale, restricting the generalizability of findings.

- All our studies have used large samples, most in the 1000s.
- Many employed nationally representative, ethnically diverse samples (see Studies 4, 5, 6, 8, 9, 12).

Methodological problems associated with studying this topic

RECRUITMENT OF PARTICIPANTS AND RETENTION OF RESEARCH SUBJECTS in longitudinal investigations.

- Initial consent rates are often as low as 50-60%.
- Attrition or drop out rates as high as 60%.
- Research has shown women who decline to participate or drop out are more negatively impacted.

Methodological problems associated with studying this topic

- In our Medi-Cal studies, all women in California who received state funds for an abortion or delivery were included.
- Consent and attrition problems were avoided completely (*Studies 1-3, and 13*)

The image shows a tilted medical bill form, likely a Medi-Cal claim form. The form contains the following information:

- Patient Information:** CITY MEMORIAL, 124 STREET AVE, CITY, STATE 12345, JOHN DOE.
- Provider Information:** 391 ELM STREET, CITY, STATE 12345.
- Insurance Information:** MEDICARE, OP MED-CAL.
- Table of Charges:**

DESCRIPTION	ADDITIONAL DESCRIPTION	UNIT	RATE	AMOUNT
001 TOTAL CHARGES				2002 00
- Remarks Area:** A section for additional notes, with the text "REMARKS AREA" and "MEDICARE" visible.

Methodological problems associated with studying this topic

CONCEALMENT – women who have had a previous abortion will frequently deny it.

- Only 50% of women report the experience.
- Our Medi-Cal studies avoid this problem since medical claims were used.



Methodological problems associated with studying this topic

USE OF NON-STANDARDIZED, BRIEF MEASURES of psychological health

The Medi-Cal studies overcome this limitation as inpatient and outpatient claims with diagnostic codes assigned by trained professionals were used.

Methodological problems associated with studying this topic

INSUFFICIENT USE OF CONTROL GROUPS

comparing women who abort to those who carry to term to address the causality issue.

In 3 of our studies (8, 9, 12) we used women who delivered an unintended pregnancy as the control group.



Methodological problems associated with studying this topic



Another logical comparison group is women who have experienced other forms of perinatal loss.

- In study 7 we found abortion was associated with enhanced risk of substance use in a subsequent pregnancy.
- Non-voluntary forms of perinatal loss were not associated with increased risk.

Methodological problems associated with studying this topic

INSUFFICIENT CONTROLS FOR PRE-EXISTING PSYCHOLOGICAL PROBLEMS

In Studies 1, 2, 3, 5, 8, and 9 we were able to control for prior psychological problems or state and the effects remained.

Methodological problems associated with studying this topic

TOO FEW LONGITUDINAL INVESTIGATIONS

Abortion involves a conscious, irreversible decision that may lead to feelings of regret and/or self-reproach, which are difficult to move beyond. As a participant in a qualitative study by Patterson noted:

There is this feeling that you are going to be in this place for the rest of your life – that nothing can move these feelings of fear and guilt... Because you can't undo it ...can't give the money back. It's an ultimate act. It really is. There is no going back."

Methodological problems associated with studying this topic



- Short-term studies are potentially misleading because women may suppress their emotions until other life events, such as a birth trigger a delayed reaction.
- All our studies except for 2 involve repeated assessments over time.

Ghosts in the House

Come, child. It's evening. Come to me
And sit with me once more.

Let's rock here while the others sleep.

Let's see -- your sister's four;

The baby is three months today;

Your little brother's two,

And I have not decided if I'll tell them about you.

And you, you would be eight this year.

I do not know your name.

The color of your eyes, or hair,

Or where, or how, to blame.

The fear was all, the fear of change,

For I saw change as loss.

Against my dreams, my plans, my life

You seemed so small a cost,

Your scent, your weight within my arms,
Your head upon my breast -
I did not know these things when I decided what
was best.

And I am lost and so confused
And don't know how to feel,
For you, who were an illness,
Every year become more real;
Your sister and your brothers,
They proclaim you as they grow.

And no, it isn't every day
I find your shadow here;
Most times I'm far too busy
For reflection or for tears,
But sometimes, when the children sleep
And I have time alone,
I sit down in the dark, and rock,
And bring my baby home.

- *Amanda Lewanski*

Results of recent studies



Best study to date

- In 2006 New Zealand pro-choice researcher David Fergusson published results revealing that young women who aborted were at a higher risk for various mental health problems compared to women who carried to term and those who were never pregnant.
- By age 25:
 - 42% reported major depression
 - 39% suffered from anxiety disorders
 - 27% reported experiencing suicidal ideation
 - 6.8% indicated alcohol dependence

Best study to date

- Dr. Fergusson and his colleagues challenged the American Psychological Association's conclusion that: "*Well-designed studies of psychological responses following abortion have consistently shown that risk of psychological harm is low.*"
- He noted this conclusion was based on a small number of studies, which suffer from significant methodological problems as well as a general disregard for studies showing negative effects.

Central results of recent studies

Based on the methodological improvements characterizing these studies, prior work indicating that abortion is an emotionally benign medical procedure for most women should be questioned.



Central results of recent studies

In all the analyses we conducted, women with a history of abortion were never found to be at a lower risk for mental health problems than their peers with no abortion experience.

Central results of recent studies

Women with a history of induced abortion are at a significantly higher risk for the following:

- Inpatient and outpatient psychiatric claims
- adjustment disorders
- bipolar disorder
- depressive psychosis
- neurotic depression, and schizophrenia

Central results of recent studies

- Substance use (illicit drugs and alcohol) generally and specifically during a subsequent pregnancy
- Clinically significant depression and anxiety
- Parenting difficulties
- Death from various violent and natural causes

Central results of recent studies

When compared to unintended pregnancy carried to term and other forms of perinatal loss, abortion poses more significant mental health risks.



Future research directions



Future research directions

MORE QUALITATIVE STUDIES

Researchers need to conduct more substantive individual interviews from large, geographically diverse samples in order to more fully understand the depth and breadth of experiences.

Future research directions

Kero and colleagues (2001) noted:

“The relief to be saved from unwanted parenthood did not exclude painful feelings that may reflect experiences of ethical conflicts and feelings of loss. This complexity is seldom recognized in abortion studies.”

www.abortionresearch.net



- Recently launched web-based study using surveys and open-ended interview-type questions in an effort to more fully understand the complexity and depth of abortion experiences.
- Measures posted for men, women, grandparents, and medical professionals with abortion-experience.

Future research directions

“Each time I have mentioned my abortion experience I have felt condemnation from those who look, but don’t speak. I just retreat back to my old ways of handling my experience. That is by hiding my wall of guilt and shame or behind the illusion of having a perfect life.”



Future research directions

EXISTING STUDIES HAVE RELIED ALMOST EXCLUSIVELY ON SELF-REPORT

Data from significant individuals in women's lives and/or behavioral assessments will enhance efforts to assess the complexity of women's experiences.



Conclusions



Conclusions and applications

Women facing an unwanted pregnancy often feel desperate and alone, fearing loss of their personal autonomy, destruction of their plans for the future, loss of others' esteem, and altered relationships in addition to viewing a baby as an enormous responsibility that they are ill-prepared to assume.

Conclusions and applications

- What women typically fail to see is how their decision to abort may significantly compromise the quality of their lives for many years.
- Unfortunately, women are bombarded with societal messages that derogate the life of the fetus and promote self, hindering a balanced appraisal of the ramifications of abortion.

Conclusions and applications



Our findings indicate that it is false and misleading to suggest to women that abortion has no significant mental health risks, much less is “psychologically safer” than carrying to term.

Conclusions and applications

- The message from our work is not one that many in academia and the general public want to hear.
- However, as the data accumulates in the medicine and psychology professional literatures, it will become harder and harder to ignore.

