

ISSUE BRIEF #2, JULY 2010

Mental health issues and abortion

Attention to mental health and emotional well-being is important to ensuring quality health care. Often these issues are politicized in the name of larger social agendas related to abortion rights. Understanding the relationship between “abortion and mental health” requires paying attention to both mental health problems as well as feelings and emotions. Mental health problems are those conditions that have a clinical diagnosis such as depression, substance abuse or suicidal intentions. Feelings and emotions can include relief or sadness. Policy solutions should focus on the needs of women.

Abortion is not a cause of mental health problems

- Studies with the soundest methodology have shown that there are no significant differences in the long-term mental health outcomes between women who choose abortion and those who choose to have a child.^{1,2}
- The best predictor of women’s mental health after an abortion is her mental health before an abortion.¹⁻³
- There is no “post-abortion syndrome.” The idea that most women have a traumatic response to abortion is not supported by science.⁴
- Based on extensive reviews of published studies, having a first-trimester, elective abortion does not cause mental health problems such as depression, anxiety and suicidal intentions.⁴⁻⁷
- Women with mental health problems need access to mental health services, not more restrictions on their rights to have abortion.

Women experience a range of feelings and emotions related to having an abortion

- After an abortion, women may experience a range of emotions, including sadness, relief, grief, or regret.
- Studies show that the most common feeling expressed by women is relief.^{3,8}
- Negative feelings are not a sign of ongoing mental health problems but are common aspects of important life decisions.
- Research has found various factors including commitment to the pregnancy, personal conflict about the abortion, lack of social support, exposure to protesters, and experiences of stigma may increase the likelihood of experiencing negative reactions/emotions.^{6,9-14}

For more information and resources on what we know about abortion and mental health, visit www.ansirh.org/research/late-abortion/mental-health-abortion.php

- Women who experience negative feelings and emotions after an abortion need social support and opportunities to express their feelings should they desire it rather than restrictions on their rights to have abortion.

Interpreting the science

Interpretations of the research concerning abortion and mental health are substantially affected by the broader debate about abortion in the United States. Abortion rights opponents have worked for over three decades to publish studies that show a relationship between abortion and mental health problems. Careful analyses of these studies, however, shows faulty methodology including inappropriate comparison groups, confusion between causality and association, and inability to replicate findings.⁷ Consequently, mental health experts, including the Abortion Task Force of the American Psychological Association, continue to conclude that there is no evidence that a single, elective first-trimester abortion has a negative impact on women's mental health.⁵

Little research has been conducted on the psychological impact of abortion after the first trimester except on women with wanted pregnancies who are terminating a pregnancy because of a fetal anomaly.⁵ The psychological circumstances of women terminating an unintended pregnancy in the second trimester may be different than those ending a wanted pregnancy because of a fetal anomaly.

Researchers have shown that if there is an association between abortion and poor mental health, then it appears to be spurious, meaning that the association is due to other factors—such as economic disadvantage or interpersonal violence—that are associated with having both an abortion and poor mental health.^{1,2} If a woman has few economic resources or interpersonal conflict, she is at higher risk of poor mental health regardless of whether she has an abortion, a delivery, or is never pregnant.

Responses to anticipated questions

Q. Doesn't abortion hurt women? There are studies showing increased rates of depression in women.

Many studies that find increased rates of depression among women having abortions have methodological flaws, including not controlling for prior depression or violence experience. In addition, some studies have not been replicable by other researchers. Misinterpretations of science are commonly promoted by abortion rights opponents to suggest that abortion causes depression and other mental health problems. Detailed reviews of the scientific evidence by teams of leading scientists and clinicians do not support such interpretations.

Q. I know women who have lingering feelings of sadness, guilt, and regret after their abortion.

Women may have sadness or regret. Strong emotions can accompany any significant life decision and any choice in life may create regret about the path not chosen. Women in these circumstances need the space to express a range of emotions, including sadness or guilt. Policy solutions should focus on access to services rather than restrictions on access to abortion.

Q. What is the difference between association and causation?

If more women who have abortions have a history of depression, you would expect to see more women after an abortion with depression. In this case, abortion is not cause the higher rates of

depression, but abortion may be associated with depression after an abortion if prior depression is not controlled for in analyses. This kind of misinterpretation of the findings is why studies must account for women's mental health before an abortion in order to understand whether abortion has an association with mental health, even after considering a woman's previous mental health.

Q. Women use “mental health” as a reason to get an abortion. How can a doctor determine that she really has a mental health issue?

Mental health is as important component of women's well-being. The interconnectedness of mental and physical health is well recognized in medicine and health care legislation. *Roe v. Wade* recognized the threat to a woman's mental health as a legitimate reason for ending an unwanted pregnancy.

References

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