

The Emotional Effects of Induced Abortion

Research studies indicate that emotional responses to legally induced abortion are largely positive. They also indicate that emotional problems resulting from abortion are rare and less frequent than those following childbirth (Adler, 1989; Kero et al., 2004).

Anti-family planning activists, however, circulate unfounded claims that a majority of the 29 percent of pregnant American women who choose to terminate their pregnancies (Henshaw & Van Vort, 1990) suffer severe and long-lasting emotional trauma as a result. They call this nonexistent phenomenon "post-abortion trauma" or "post-abortion syndrome." They hope 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.

The truth is that most studies in the last 25 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; Russo & Denious, 2001). The many studies of the emotional effects of abortion, however, do not measure precisely the same variables in regard to culture, time, demographics, or the socioeconomic and psychological situation of women who seek abortion. Since the results of these studies cannot be combined or "averaged out," the following data illustrate, in general, the conclusions of the overwhelming majority of more than 35 of the worldwide studies that have measured the emotional effects of abortion since its legalization in the U.S. in 1973.

Abortion as a Positive Coping Mechanism

- For most women who have had abortions, the procedure represents a maturing experience, a successful coping with a personal crisis situation (DeVeber et al., 1991; Kero et al., 2004; Lazarus, 1985; Russo & Zierk, 1992; Zabin et al., 1989). In fact, the most prominent emotional response of most women to first-trimester abortions is relief (Adler et al., 1990; Armsworth, 1991; Kero et al., 2004; Lazarus, 1985; Miller, 1996).
- Up to 98 percent of the women who have abortions have no regrets and would make the same choice again in similar circumstances (Dagg, 1991).
- More than 70 percent of women who have abortions express a desire for children in the future (Torres & Forrest, 1988). There is no evidence that women who have had abortions make less loving or suitable parents (Bradley, 1984).
- Women who have had one abortion do not suffer adverse psychological effects. In fact, as a group, they have higher self-esteem, greater feelings of worth and capableness, and fewer feelings of failure than do women who have had no abortions or who have had repeat abortions (Russo & Zierk, 1992; Zabin et al., 1989). A recent two-year study of the psychological effects of abortion confirmed that most women do not experience psychological problems or regrets two years after their abortion (Major et al., 2000).

- A study of a group of teenagers who obtained pregnancy tests at one of two Baltimore clinics found that the young women who chose to have abortions were far more likely to graduate from high school at the expected age than those of similar socioeconomic status who carried their pregnancies to term or who were not pregnant. They showed no greater levels of stress at the time of the pregnancy and abortion and no greater rate of psychological problems two years after the abortion than did the other women (Zabin et al., 1989).
- The positive relationship of abortion to well-being may be due in part to abortion's role in controlling fertility and its relationship to coping resources (Russo & Dabul, 1997; Russo & Zierk, 1992).
- While not generalizable, a Japanese study found that a negative personal and cultural opinion of abortion was the most significant predictor of postabortion anxiety (Kishida, 2001).
- Studies that have concluded that terminating a pregnancy leads to an increased risk of anxiety or depression are often methodologically flawed. Their study populations are often at an increased risk for anxiety or depression before the abortion procedure — due to either individual or cultural risk factors (Broen et al., 2005; Fergusson et al., 2006; Gissler et al., 1996; Gissler et al., 2005; Reardon et al., 2004). For example,
 - a study of young New Zealand women suggested that abortion leads to an increased risk of numerous mental health problems, including anxiety and depression. However, researchers admitted to not asking subjects if they had previous psychiatric illnesses, and further complicating the study admit that women must claim psychiatric or physical illness in order to have an abortion in New Zealand in the first place (Fergusson et al., 2006).
 - a Norwegian study suggested that while women who miscarried were at a greater risk for short-term mental health problems, women who electively terminated their pregnancies were at a greater risk for long-term mental health problems such as anxiety and guilt. However, the study does not show if having an abortion *caused* the women to be more anxious or if the women who had abortions were already more anxious, in poorer psychiatric health, and more vulnerable to post-abortion distress (Broen et al., 2005).

Post-Abortion Depression and Anxiety Related to Abortion

- Mild, transient, immediately postabortion depressive symptoms that quickly pass occur in less than 20 percent of all women who have had abortions (Adler et al., 1990; Zabin et al., 1989). Similar symptoms occur in up to 70 percent of women immediately following childbirth (Ziporyn, 1984).
- Up to 10 percent of women who have abortions experience depressive symptoms of a lingering nature (Adler, 1989). Similar symptoms occur in up to 10 percent of women after childbirth (Sachdev, 1993; Ziporyn, 1984; Zolese & Blacker, 1992).
- The experience of an unwanted pregnancy, rather than the abortion itself, may be the cause of any guilt or depression that exists (Adler et al., 1990; Zolese & Blacker, 1992).
- Pre-existing psychiatric illnesses — depression and psychosis — often predict post-pregnancy mental health difficulties regardless of pregnancy outcome (Gilchrist et al., 1995; Schmiede & Russo, 2005; Zabin et al., 1989; Zolese & Blacker, 1992). The research showed that among women without pre-existing psychiatric conditions, those that gave birth were significantly more likely to have a psychotic episode than women who had an abortion (Gilchrist et al., 1995).

Serious Psychiatric Disturbances Following Abortion

- Serious psychological disturbances after abortion are less frequent than after childbirth (Brewer, 1977; Gilchrist et al., 1995). For example, rates of “postpartum psychosis” are reported as high as 40 per 10,000 and as low as 11 per 10,000 — 0.4–0.11 percent. Reports of the rates of severe psychological disturbance after abortion range from 18 per 10,000 to as low

as two per 10,000 — 0.18–0.02 percent (David et al., 1985; Gaynes et al., 2005; Robinson & Stewart, 1993).

- Researchers suggest that the predictors of severe psychological disturbances after abortion are
 - delays in seeking abortion
 - medical or genetic indications for abortion in wanted pregnancies
 - severe pre-existing or concurrent psychiatric illness
 - conflict over abortion (Lazarus, 1985)
- Rates of “postpartum psychosis” have been shown to decrease in societies that legalize abortion (David et al., 1985).

Emotional Reactions to Adoption

- The psychological responses to abortion are far less serious than those experienced by women bringing their unwanted pregnancy to term and relinquishing the child for adoption (Sachdev, 1993).
- While first-trimester abortion does not affect most women adversely, and nearly all women assimilate the abortion experience by six months to one year after the procedure (Sachdev, 1993), one study indicates that 95 percent of birth mothers report grief and loss after they have signed their consent to adoption, and two-thirds continued to experience these feelings five to 15 years after relinquishment (Sachdev, 1989).
- Women who relinquish their child for adoption are at risk for long-term grief that can have physical, psychological, and relational repercussions. While this response is comparable to that of losing a child through death, the grieving response post-adoption is often more symptomatic and can be chronic in nature (Askren & Bloom, 1999).
- Of pregnant women who considered other options before choosing abortion, none considered having a baby and giving it up for adoption. Nearly all of the women believed that relinquishing a baby would cause even greater emotional trauma than abortion. They believed they would develop a deep emotional attachment

to the baby that would be extremely painful to sever (Sachdev, 1993).

Emotional Reactions to Childbearing

Believed to be a direct result of hormonal withdrawal at birth, postpartum depression is defined by the APA as a diagnosis of either major depression, manic or mixed episode of major bipolar disorder, or a brief psychotic disorder that occurs within four weeks of birth (APA, 1994; Munk-Olsen et al., 2006; Wisner et al., 2006). Postpartum depression can lead to adverse effects on the mother-child relationship and can have numerous negative effects on the development of the child — including impaired mental or motor development, low self-esteem, and behavioral difficulties (Wisner et al., 2006).

An estimated 14.5 percent of women experience depressive symptoms postpartum, and an estimated 40–50 percent of all cases go undiagnosed (Munk-Olsen, 2006; Wisner et al., 2006). Postpartum psychosis — a more severe mental disorder — affects an estimated 1.1–4.0 women per 1,000 deliveries (Gaynes et al., 2005).

Women who have a history of depressive disorders before or during their pregnancy are at an increased risk after the birth of their child (Cohen et al., 2006; Wisner et al., 2006).

Negative Effects of Unwanted Childbearing

- A recent study documents the negative effects of unwanted childbearing on both the mother and her family (Barber et al., 1999). Women who have had unwanted births sustain lower quality relationships with all of their children, not only the child resulting from an unwanted birth. These lower quality relationships translate into socialization problems for the children, affecting their development, self-esteem, personality, educational and occupational attainment, mental health and marital relationships (Barber et al., 1999; Myhrman et al., 1996).
- Mothers with unwanted or unintended pregnancies and births are substantially more depressed and less happy than mothers without unwanted or unintended pregnancies and births (Hardee et al., 2003). Possible mental health consequences of unwanted childbearing also include less shared leisure time with children

and more physical punishment, such as spanking.

- The negative effects of unwanted childbearing persist across the life course — mothers with unwanted births have lower quality relationships with their children from late adolescence throughout early adulthood. (Barber et al., 1999).

When Women Are Denied Abortion

- The mental health of women faced with unwanted pregnancy is at greater risk when they are compelled to deliver than when they are allowed to choose abortion. According to one study, 34 percent of women who were denied abortions reported one to three years later that the child was a burden that they frequently resented (Dagg, 1991).
- Children of women denied abortion have more genetic malformations than average; have insecure, divorce-fraught childhoods; perform worse at school; have more psychosomatic symptoms; are often registered with welfare officials; and often need psychiatric treatment (Dagg, 1991; David, 1986).
- A study in Sweden indicated that 24 percent of women who applied for and were refused abortion seven years earlier had not yet been able to adjust emotionally. Another 53 percent had been able to adjust but with difficulty. Only 23 percent could be described as well-adjusted (Watters, 1980).
- A 1981 study indicated that less than half of the women who elected to terminate a pregnancy would *not* have had an illegal abortion if that were their only recourse. Fifty-eight percent were uncertain or would have had an illegal abortion if that were their only alternative (Moseley et al., 1989).

Some Pre-Abortion Variables that Affect Emotional Outcome

- Emotionally unstable women with unstable living conditions, such as being in conflict with their parents, will most likely react to an unwanted pregnancy in a disturbed fashion — whether or not they bring their pregnancies to term (Major et

al., 1990; Major et al., 1992; Petersen, 1981; Russo & Denious; 2001, Russo & Zierk, 1992). Women, however, who expect to cope well with abortion, do (Major et al., 1985; Major et al., 1990). In general, women having a high degree of social, partner, and parental support for their decisions experience less distress or regret over their decisions (David et al., 1985; Major et al., 1990; Zeanah et al., 1993).

- Women whose partners do not expect to cope well with an abortion may be more depressed, particularly when the woman herself feels this way, than women whose partners have positive expectations (Major et al., 1992).
- According to a study looking at data from the National Longitudinal Survey of Youth, feelings of distress felt after an abortion procedure are not experienced long-term if a woman has a high level of self-esteem or well-being before the pregnancy (Edwards, 1997).
- Adolescents who feel that they have decided to have an abortion without pressure to do so from parents or others are less likely to experience negative reactions. Obversely, women who are persuaded by their partners against their own wishes to elect abortion experience greater feelings of guilt (Adler et al., 2003; Dagg, 1991).
- Those who choose abortion because of genetic conditions may suffer more serious emotional effects and may have a greater need for counseling than those who elect abortion for socioeconomic or psychological reasons (Beesen et al., 1993; Dagg, 1991).
- Neither race nor religion appears to affect the well being of women who choose to have abortions (Russo & Dabul, 1997).

Abortion and Contraception

- Abortion is not seen by women who elect it as a preferred, or desired, form of contraception (Henshaw & Silverman, 1988).
- Studies have indicated that while 70 percent of women used no form of birth control before their first abortion, only 9 percent failed to use a contraceptive method after their abortion (Henshaw & Van Vort, 1990).

- Baltimore teenagers who chose an abortion were less likely to become pregnant in the following two years than those who had carried their pregnancies to term or who had not been pregnant. They were also slightly more likely to use contraception (Zabin et al., 1989).

Effect of Abortion on Sexual and Other Relationships

One study shows that eight weeks after abortion

- 70 percent of the subjects were continuing in the pre-abortion relationship; 5 percent had established new relationships; and 20 percent had no sex partner
- 45 percent described their feelings toward their partners as unchanged; 39 percent felt closer to their partners; and 16 percent felt less close to their partners or described varying feelings
- 46 percent felt the quality of the relationship was unchanged; 16 percent felt the relationship had improved; and 10 percent felt the relationship had deteriorated
- 98 percent of partnered women had resumed sexual intercourse (Ashton, 1980)

The So-Called “Post-Abortion Syndrome”

A small number of studies, based primarily on anecdotal evidence, claim to document the incidence of “post-abortion syndrome” (PAS). Symptoms of this supposed condition include feelings of grief, depression, anger, guilt, and discomfort with small children and pregnant women. Alleged behavioral manifestations include frequent crying, flashbacks, sexual inhibition, and alcohol abuse (Speckhard, 1985).

Although only a small minority of women report severe negative emotional effects post-abortion, the idea that abortion has severe negative effects continues to be widespread by abortion opponents (Boyle, 1997; Russo & Denious, 2001). The fact is that anti-abortion groups have invented this condition to further their cause. The APA does not recognize “post-abortion syndrome” (1994), and all of the studies that purport to prove PAS contain methodological flaws that render their conclusions nongeneralizable beyond their subjects. The most

egregious flaw common to all of these studies is that only women who already self-identified as having problems with abortion were recruited for them. For example:

- In her doctoral dissertation, “The Psycho-Social Aspects of Stress Following Abortion,” Anne Catherine Speckhard chronicled how “abortion functions as a stressor” (Speckhard, 1985). However, she drew her conclusions from a subject pool of 30 women who “had high-stress abortion experiences” (Speckhard, 1985). As a result, in unpublished correspondence, her doctoral advisor clarified that Speckhard’s “findings apply only to the 30 women who volunteered to participate in her study and to absolutely no one else” (Boss, 1986). In fact, there is little evidence to support the notion that abortion will lead to severe psychological sequelae among the general population of women. The American Psychological Association assembled an expert panel to review the evidence of psychological risks of abortion. This panel concluded “the weight of the evidence from scientific studies indicates that legal abortion of an unwanted pregnancy in the first trimester does not pose a psychological hazard for most women (Beckman, 1998).
- In his survey of women who had abortions, David Reardon found that 94 percent of his respondents experienced negative psychological effects (Reardon, 1987). However, he used a biased subject pool, drawing only from members of an anti-choice group called Women Exploited by Abortion (WEBA).
- To demonstrate that adolescents suffer greater psychological consequences after abortion than adults, Wanda Franz and David Reardon examine data from “a survey of organizations [such as WEBA] serving as support groups for women who have had negative reactions to abortion” (Franz & Reardon, 1992). They conclude by making generalizations about the effects of abortion on all adolescents, even though they derive their data from a non-representative, highly biased subject pool. In fact, a recent study of young women found that there is no evidence that abortion poses a threat to adolescents’ psychological well-being (Pope, 2001).
- In an unpublished but widely circulated paper, Terry Selby limits her discussion of “post-abortion trauma” to “a population of women who

have presented themselves in a general mental health practice with a variety of presenting psychological and psycho-social issues" (Selby, 1984).

- In 1987, a white paper was presented to former Surgeon General C. Everett Koop describing the "problem" of PAS. In the paper, the writers admit, "the psychological risks of abortion are based mainly upon studies which have used small, uncontrolled and non-representative samples" and "cannot be predictive of national estimates" (Rue et al., 1987).

In July 1987, 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 acknowledges that induced abortion is medically safe, it claims that there is insufficient evidence to determine the psychological effects of abortion (Koop, 1987). This conclusion overlooks an enormous body of evidence — more than 250 scientific studies — disproving the existence of PAS (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.

Overall Conclusions by Health Experts

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 have had an abortion, 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.

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