

Does Abortion Impact the Mental Health of Women?

Written by Warren Throckmorton
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A new study from New Zealand, published in the Journal of Child Psychology & Psychiatry, raises important questions about the impact of abortion on the mental health of women. Researchers found that those reporting abortion prior to age 21 had rates of mental disorders from age 21 to 25 that were over 1.5 times higher than the rates for women who did not become pregnant and those who became pregnant and did not seek an abortion. The relationship between abortion and mental-health problems persisted even when the researchers took into account the mental-health status of the women prior to the abortion. The researchers concluded that “abortion in young women may be associated with increased risks of mental-health problems.”

Although virtually ignored in the United States, the study is provoking intense political debate over abortion in the lands Down Under. Predictably, pro-choice groups have criticized the study and New Zealand pro-life supporters have petitioned their government to review abortion laws and procedures.

Does the New Zealand study provide support for policies aimed at restricting access to abortion in the United States?

No, according to Nancy Felipe Russo, Regents Professor of Psychology & Women’s Studies at Arizona State University. The American Psychological Association (APA) referred me to Russo when I contacted it for comment on the New Zealand study. Russo pointed out that in 1969 the APA adopted the position that abortion should be considered a civil right. She added, “To pro-choice advocates, [mental health] effects are not relevant to the legal context of arguing for policies to restrict access to abortion.”

According to Russo, pro-choice researchers have a different agenda: “To someone who believes that the decision to have a child is a personal decision, protected by a right of privacy, evidence about negative effects of abortion is important, but for a different policy goal – to provide women accurate information so they can make informed choices in their pregnancy decision-making process.”

Thus, Russo considers the more interesting scientific question to be, “Why do women vary in

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their responses to abortion?" She believes that for U.S. women, pre-existing mental-health problems, partner-relationship quality, whether the pregnancy was wanted or unwanted, and social support for the women's decision are the key factors determining post-abortion mental distress, not the abortion itself.

She also believes that those who tell women they are wrong for having an abortion might create guilt and shame in some, but the cause of those feelings is rooted in social disapproval and not abortion per se.

Commenting on the Fergusson study, she said, "The study was not designed to separate the effects of abortion from simply having an unplanned pregnancy. It does show that women who have unplanned pregnancies terminating in abortion have a poorer mental-health profile than other women. But this is not a new finding. My own work has found abortion to be correlated with depression risk, but only when confounding variables are uncontrolled." Russo asserts that studies linking abortion and mental distress have been poorly designed. She concludes: "There has yet to be a well-designed study that finds that abortion itself contributes to increased risk for mental-health problems."

On the other hand, Professor David Fergusson, lead author of the New Zealand report, said the results cannot be so easily dismissed. He explained, "We took into account social background, education, ethnicity, previous mental health, exposure to sexual abuse, and a series of other factors. It is true that we did not take into account specifically whether a pregnancy was wanted or not. However, this limitation is not sufficient grounds for dismissing the results."

In his report, Fergusson singled out the APA for criticism over the way that association has handled the entire body of research regarding post-abortion psychological adjustment in women. He pointed out that the APA's briefing paper on abortion says, "Well-designed studies of psychological responses following abortion have consistently shown that risk of psychological harm is low. Some women experience psychological dysfunction following abortion, but post-abortion rates of distress and dysfunction are lower than pre-abortion rates."

In an interview, Fergusson said he believes the APA's conclusions are inconsistent with his research and imply greater certainty than is warranted by existing studies. Given the inadequate state of the research on the question of how abortion impacts mental health, he says the APA should take a much more tentative approach.

In general, Fergusson is critical of the entire body of research on post-abortion distress, saying, "It borders on scandalous that one of the most common surgical procedures performed on young women is so poorly researched and evaluated. If this were Prozac or Vioxx, reports of associated harm would be taken much more seriously with more careful research and monitoring procedures."

Why is there such poor research on the impact of abortion on women?

According to Fergusson, the political issues surrounding abortion crowd out scientific

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objectivity. In his view, “The abortion debate and its implications drive out the science.”

In her own way, Russo agrees: “There is a pro-life political agenda to prove abortion is harmful to women in order to overturn *Roe v. Wade*. The research that specifically aims to causally link mental-health problems and abortion has been conducted by those opposed to abortion.”

“I’m immune from that charge because I’m pro-choice,” Fergusson responds, adding that he was warned by fellow pro-choice researchers not to publish his work to avoid getting caught up in the debate. However, he believes that would not have been ethical. “I might rather not have found what we did, but we did find it, and you can’t be intellectually honest and only publish results you like.”

Although Fergusson agrees with Russo that abortion should be a civil right, he is critical of the APA’s rejection of the possibility that abortion per se might lead to adverse reactions for an undefined number of women. About his views, the researcher says, “It’s one thing to have a civil right to do something and quite another thing is the consequences of doing it. It may well turn out that the procedure has risks we did not foresee.”

It is the possibility of those “risks that we did not foresee” that should inspire less certainty and more research regarding abortion risks. In the meantime, health professionals might consider this: When women come forward, unprovoked, saying that their abortion decision continues to impact them, they might just be right.

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