

## Mental health issues and abortion

### Overall summary

Attention to mental health and emotional well-being is an important part of quality health care. However, mental health can become politicized in relation to abortion rights. Understanding the relationship between abortion and mental health requires paying attention to clinical mental health conditions such as depression, substance abuse, and suicidal ideation, as well as feelings and emotions such as relief and sadness. Policies related to mental health and abortion should be based on the best scientific evidence available and also be sensitive to the needs of those seeking abortion.

### Abortion is not a cause of mental health problems

- Rigorous scientific studies have shown repeatedly that there are no significant differences in the long-term mental health outcomes between people who decide to have an abortion and those who decide to have a child.<sup>1-3</sup>
- The most reliable predictor of mental health after an abortion is pre-pregnancy mental health.<sup>1-4</sup>
- Recently, the Turnaway Study compared over 800 individuals who were denied a wanted abortion to those who received a wanted abortion and found no differences between the groups in terms of depression, anxiety, self-esteem, life satisfaction, post-traumatic stress disorder, or post-traumatic stress symptoms at up to five years following the abortion or abortion denial.<sup>5-8</sup> Further, among those who had abortions, no resultant increase in the use of alcohol or drugs was found.<sup>9,10</sup> However, individuals denied a wanted abortion did experience other negative consequences related to mental health, such as remaining in an abusive relationship.<sup>11</sup>
- There is no “post-abortion syndrome”; the idea that most people have a traumatic response to abortion is not supported by science.<sup>7, 12-14</sup>
- Based on extensive reviews of published studies, having an abortion does not cause mental health problems such as depression, anxiety, or suicidal intentions.<sup>14-16</sup>
- People with mental health problems need access to mental health services, not more restrictions on their rights to have an abortion.

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

- After an abortion, an individual may experience a range of emotions including sadness, relief, grief, or regret.
- Studies show that the most common feeling expressed by those who have had an abortion is relief;<sup>4,17</sup> 95% felt that abortion was the right decision one week after their procedure,<sup>17</sup> and over 99% felt that it was the right decision three years after their procedure.<sup>18</sup>

- Compared to those who received a wanted abortion, those who were denied an abortion were more likely in the short-term to feel negative emotions.<sup>17</sup>
- Negative feelings are not a sign of ongoing mental health problems but are instead common aspects of important life decisions.
- Research has found that various factors, including commitment to the pregnancy, personal or partner-related conflict about the abortion, lack of social support, exposure to protesters, and experiences of stigma, may increase the likelihood of experiencing negative reactions/emotions after an abortion.<sup>14,19-24</sup> While exposure to protestors can increase negative emotions, it does not change the way people feel about their abortion decision.<sup>25</sup>
- People who experience negative feelings and emotions after an abortion need social support and opportunities to express their feelings rather than restrictions on their rights to have an 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. Opponents of abortion rights 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.<sup>13</sup> Researchers have shown that associations between abortion and poor mental health are not indicative of a causal relationship between abortion and poor mental health, but are rather due to other factors—such as mental health status prior to the abortion or interpersonal violence—that are associated with both having an abortion and poor mental health, and that were not properly controlled for in statistical models.<sup>13</sup>

Until recently, little research had been conducted on the psychological impact of abortion after the first trimester except among those with wanted pregnancies who are terminating a pregnancy because of a fetal anomaly; it is important to note that the psychological circumstances of terminating an unintended pregnancy in the second trimester may differ from those of ending a wanted pregnancy because of a fetal anomaly.<sup>15</sup> More recent research has examined the psychological impact of abortion beyond the first trimester and found no increased short-term or long-term risk of depression, anxiety, low self-esteem, poor life satisfaction, post-traumatic stress disorder, or post-traumatic stress symptoms among women who received an abortion compared to those who were denied an abortion.<sup>5-8</sup>

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, first-trimester



abortion has a negative impact on mental health.<sup>26</sup> The Task Force of the American Psychological Association was last convened in 2008 and has yet to incorporate the more recent findings from the Turnaway Study, as described above, showing similar evidence of no adverse psychological effects beyond the first trimester.

## Responses to anticipated questions

*Doesn't abortion hurt people? There are studies showing increased rates of depression among those who have abortions.*

Many studies that find increased rates of depression among people who have had abortions have methodological flaws, including not controlling for prior depression or experience of violence. In addition, outside researchers have been unable to replicate the findings of some studies. Misinterpretations of the scientific evidence are commonly promoted by abortion rights opponents to suggest that abortion causes depression and other mental health problems. However, detailed reviews of the scientific evidence by teams of leading scientists and clinicians do not support such interpretations, and being denied an abortion can have negative consequences. In fact, findings from the Turnaway Study show that individuals denied an abortion are more likely than those who obtain wanted abortions to remain in relationships marked by intimate partner violence.<sup>11</sup>

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

Strong emotions can accompany any significant life decision, and any decision in life may create regret about the path not chosen. It is possible that people may have sadness, guilt, or regret around an abortion. People in all circumstances need the space to express a range of emotions, including sadness or guilt. Policy solutions should focus on access to support services rather than restrictions on access to abortion.

*What is the difference between association and causation?*

Association means that two things are related to each other, whereas causation means that one thing causes the other. For example, the fact that people who have abortions are more likely to have a history of depression means that abortion and depression are associated. However, this does not necessarily mean that abortion causes depression. To see whether abortion causes depression, studies must take history of depression prior to abortion into account in order to truly understand whether abortion impacts mental health.

## References

1. Steinberg JR, McCulloch CE, Adler NE. Abortion and mental health: findings from the National Comorbidity Survey-Replication. *Obstet Gynecol*, 2014;123(2):263–70.
2. Steinberg JR, Becker D, Henderson JT. Does outcome of a first pregnancy predict subsequent depression, suicidal ideation, or lower self-esteem? Data from the National Comorbidity Study. *Am J Orthopsychiatry*, 2011;81(2):193–201.
3. Steinberg JR, Russo NF. Abortion and anxiety: what's the relationship? *Soci Sci Med*, 2008;67:238–52.
4. Major B, Cozzarelli C, Cooper ML, Zubek J, Richards C, Wilhite M, Gramzow RH. Psychological responses of women after first-trimester abortion. *Arch Gen Psychiatry*, 2000;57:777–84.
5. Biggs MA, Neuhaus JM, Foster DG. Mental health diagnoses 3 years after receiving or being denied an abortion in the United States. *Am J Public Health*, 2015;105(12):2557–63.

6. Biggs MA, Upadhyay UD, McCulloch CE, Foster DG. Women's mental health and well-being 5 years after receiving or being denied an abortion: a prospective, longitudinal cohort study. *JAMA Psychiatry*, 2017;74(2):169–78.
7. Biggs MA, Rowland B, McCulloch CE, Foster DG. Does abortion increase women's risk for post-traumatic stress? Findings from a prospective longitudinal cohort study. *BMJ Open*, 2016;6:e0009698.
8. Foster DG, Steinberg JR, Roberts SCM, Neuhaus J, Biggs MA. A comparison of depression and anxiety symptom trajectories between women who had an abortion and women denied one. *Psychol Med*, 2015; 45(10): 2073–2082.
9. Roberts SC, Delucchi K, Wilsnack SC, Foster DG. Receiving versus being denied a pregnancy termination and subsequent alcohol use: A longitudinal study. *Alcohol Alcohol*. 2015;50(4):477–84.
10. Roberts SC, Rocca CH, Foster DG. Receiving versus being denied an abortion and subsequent drug use. *Drug Alcohol Depend*. 2014;134:63–70.
11. Roberts SC, Biggs MA, Chibber KS, Gould H, Rocca CH, Foster DG. Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion. *BMC Med*, 2014;12:144.
12. Robinson GE, Stotland NL, Russo NF, Lang JA, Occhiogrosso M. Is there an "abortion trauma syndrome"? Critiquing the evidence. *Harv Rev Psychiatry*, 2009;17(4):268-90.
13. Steinberg JR. Later abortions and mental health: psychological experiences of women having later abortions: a critical review of research. *Womens Health Issues*, 2011;21(3):S44–8.
14. Major B, Appelbaum M, Beckman L, Dutton MA, Russo NF, West C. Abortion and mental health: Evaluating the evidence. *Am Psychol*, 2009;64(9):863–90.
15. APA Task Force on Mental Health and Abortion. Report of the APA Task Force on Mental Health and Abortion. Washington, DC. The American Psychological Association, 2008.
16. Charles VE, Polis CB, Sridhara SK, Blum RW. Abortion and long-term mental health outcomes: a systematic review of the evidence. *Contraception*, 2008;78:436–50.
17. Adler NE, David HP, Major BN, Roth SH, Russo NF, Wyatt GE. Psychological factors in abortion: a review. *Am Psychol*, 1992;47:1194–204.
18. Rocca CH, Kimport K, Gould H, Foster DG. Women's emotions one week after receiving or being denied an abortion in the United States. *Perspect Sex Reprod Health*, 2013;45(3):122–31.
19. Biggs MA, Upadhyay UD, Steinberg JR, Foster DG. Does abortion reduce self-esteem and life satisfaction? *Qual Life Res*. 2014;23(9):2505–13.
20. Major B, Zubek JM, Cooper ML, Cozzarelli C, Richards C. Mixed messages: implications of social conflict and social support within close relationships for adjustment to a stressful life event. *J Pers Soc Psychol*, 1997;72:1349–63.
21. Cozzarelli C, Major B. The impact of antiabortion activities on women seeking abortion. In: Beckman LJ, Harvey SM, eds. *The new civil war: the psychology, culture, and politics of abortion*. 1st ed. Washington, DC. American Psychological Association, 1998:81–104.
22. Coleman P, Reardon D, Strahan T, Cogle J. The psychology of abortion: a review and suggestions for future research. *Psychol Health*, 2005;20:237–71
23. Cozzarelli C, Major B, Karrasch A, Fuegen K. Women's experiences of and reactions to antiabortion picketing. *Basic App Soc Psychol*, 2000;22:265–75.
24. Major B, Gramzow RH. Abortion as stigma: cognitive and emotional implications of concealment. *J Pers Soc Psychol*, 1999;77:735–45.
25. Lydon J, Dunkel-Schetter C, Cohan CL, Pierce T. Pregnancy decision making as a significant life event: a commitment approach. *J Pers Soc Psychol*, 1996;71:141–51.

Ibis Reproductive Health aims to improve women's reproductive autonomy, choices, and health worldwide.

(617) 349-0040  
[admin@ibisreproductivehealth.org](mailto:admin@ibisreproductivehealth.org)  
[www.ibisreproductivehealth.org](http://www.ibisreproductivehealth.org)

