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WHY WOMEN WON'T GET THE INFORMATION THEY NEED ON PSYCHOLOGICAL EFFECTS OF ABORTION FROM THE APA

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EXECUTIVE SUMMARY

In 2006 the American Psychological Association began a review of new, post-1989 research on the mental effects of abortion for women. The APA had previously concluded that there was no risk of mental health problems after abortion for most women.

The new APA conclusion says this: "The best scientific evidence indicates that the relative risk of mental health problems among adult women who have an unplanned pregnancy is no greater if they have an elective first-trimester abortion than if they deliver that pregnancy."¹

In coming to this conclusion, the APA did not follow standard scientific practice. The task force report is flawed for the following reasons:

- The task force cites one study only in support of its conclusion
- The task force's study selection criteria eliminated good studies with implications for the topic
- The task force did not create a standard framework on which to judge each study
- Understanding that abortion is a controversial topic, little effort was made to compensate for possible task force bias: Three of six task force members are authors of studies under review, as well as supporters of abortion as a civil right
- The conclusion is left open to inaccurate interpretation, in part due to vague language.

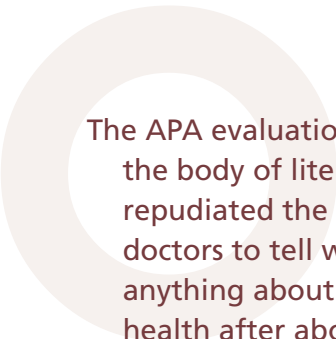
The report should be withdrawn because of its flawed analysis. Future attempts to review the literature should be undertaken differently: A framework should be established, studies should be judged empirically and the results should be replicable by any other group of psychologists.

INTRODUCTION

The American Psychological Association released the highly-anticipated report evaluating the existing literature on women’s mental health after abortion on August 13, 2008. It was necessary because the body of literature had grown, and the climate had changed since the first statement. For example, on October 27, 2006, a group of doctors—general practitioners, psychiatrists, obstetricians and gynecologists in the United Kingdom — wrote an open letter in the *Times of London* calling on doctors to tell women of negative mental health effects after a New Zealand study revealed that post-abortive women had twice the level of mental health problems, and three times the risk of depression as those who had given birth or never been pregnant.²

The APA evaluation of the body of literature repudiated the need for doctors to tell women anything, it would seem. It dismissed the New Zealand study, along with almost every other. The new conclusion on which psychologists voted at the APA’s annual general meeting in Boston—setting the tone for psychologists across the United States, said: “The *best* scientific evidence indicates that the relative risk of mental health problems among adult women who have an *unplanned pregnancy* is no greater if they have an elective first-trimester abortion than if they deliver that pregnancy.”³ (Emphasis theirs.)

Still, other psychologists indicate there is a quantifiable risk to women’s mental health after abortion. Priscilla Coleman, a psychologist at Bowling Green State University, writes in her report about the APA task force result: “There is consensus among most social and medical science scholars that a minimum of 10 to 30 per cent of women who abort suffer from serious, prolonged negative psychological consequences.”⁴ Coleman *et al.* released another study on November 28, 2008, the results of which showed a correlation between abortion and mental health problems. They write: “The strongest effects based on the attributable risks indicated that abortion is responsible for more than 10 per cent of the population incidence of alcohol dependence, alcohol abuse, drug dependence, panic disorder, agoraphobia, and bipolar disorder in the population.”⁵



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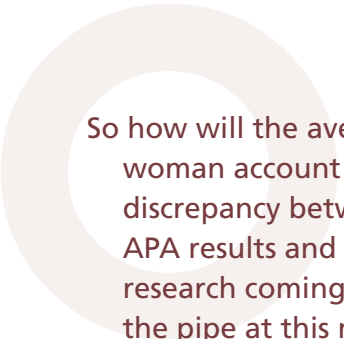
Another new study from New Zealand (with the same lead author, Dr. David Fergusson) released on December 1, 2008, would also punch holes in the new APA conclusion. This study was longitudinal, and accounted for wanted versus unwanted pregnancies as well as controlling for a host of socio-economic factors. It concluded “women who have an abortion face a 30 per cent increase in the risk of developing common mental health problems such as depression and anxiety.”⁶

So how will the average woman account for this discrepancy between the APA results and the new research coming down the pipe at this moment, almost daily? She probably won't, and this issue will be relegated to the sidelines once again, in a buzz of battling studies that never seem to come to any firm conclusion. This does all women a disservice.

It is a further disservice given there are problems with the task force report that have little to do with the quality of the existing research. These problems can be summarized as follows:

- The task force cites one study only in support of its conclusion
- Its study selection criteria eliminated good studies with implications for the topic
- They did not create a standard framework on which to judge each study
- Understanding that abortion is a controversial topic, little effort was made to compensate for possible task force bias: Three of six task force members are authors of studies under review, as well as supporters of abortion as a civil right
- The conclusion is left open to inaccurate interpretation, in part due to vague language.

Whether or not abortion is related to negative mental health outcomes is certainly a complex matter. And bearing that in mind, the task force report reads as an attempt to hide real outcomes in the complexity—studies are taken apart word by word and dismissed without a coherent, understandable framework. To say it is sloppy work would be untrue; rather the task force report reads as an overzealous engagement with the studies, dismissing one by one studies that peer-reviewed journals saw fit to accept.



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ONE STUDY DOES NOT A CONCLUSION MAKE

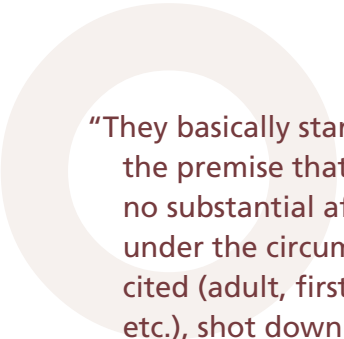
○ The task force cites one study only in support of its conclusion

The APA task force essentially concludes that of the 73 studies they reviewed, none can contribute to the debate on mental health after abortion—with one exception: “One study, however, stood out from the rest in terms of its methodological rigor,” they write.⁷

The conclusion of the report is based on one study by Gilchrist *et al*, called Termination of Pregnancy and Psychiatric Morbidity.⁸

Brenda Major, task force chair and professor at the University of California, says the task force made their conclusion based on all of the 73 studies considered.⁹ Yet in sourcing the statement repeated in the executive summary (“The *best* scientific evidence indicates that the relative risk of mental health problems among adult women who have an *unplanned pregnancy* is no greater if they have an elective first-trimester abortion than if they deliver that pregnancy”) the Gilchrist study sits alone.

Rachel MacNair, a psychologist and director of the Institute for Integrated Social Analysis, explains that the task force report appears to have engaged in poor hypothesis testing.¹⁰ “They basically started off with the premise that there’s no substantial aftermath under the circumstances cited (adult, first-trimester, etc.), shot down studies that challenged that, and then announced the conclusion to have come through unscathed,” she writes. “For example, they would say that a particular study had a very poor measure for substance abuse—just a single item asking women if they had any. They’re quite right. That’s an unworkable measure... but it is just as likely—in fact, more likely—that the single item is not picking up all the cases of substance abuse than that it is reporting too many... One cannot say that the flawed study by virtue of its flaws supports the opposite conclusion from the one it made.”¹¹



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WHAT THE GILCHRIST STUDY SAYS

In the Gilchrist study doctors reported psychiatric complications in four groups of women. In this study, 6410 women had an abortion, 6151 women did not, 379 women were refused an abortion and 321 women changed their minds and decided not to have an abortion. The study concludes that women with a prior history of psychiatric illness were likely to experience that again, regardless of pregnancy outcomes.¹²

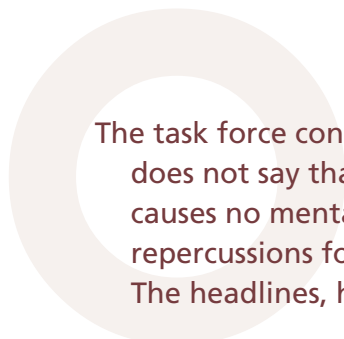
The strengths of the study are that it is longitudinal, has a large sample size and has a comparison group.¹³ The weaknesses are that the general practitioners involved were not randomly chosen and no attempt was made to control for selection bias. The response rate is not provided.¹⁴

It also concludes that there was a “significant increase in risk” of deliberate self-harm among women without any prior history of psychiatric problems, after an abortion.¹⁵

Using one study to make a conclusion is not standard practice, says MacNair, who was present when the APA voted on the task force report. That a scientist should not draw a conclusion from one study is something MacNair calls “Quantitative Research 101.”¹⁶

The APA, incidentally, says the same: “Do not interpret a single study’s results as having importance independent of the effects reported elsewhere in the relevant literature. The thinking presented in a single study may turn the movement of the literature, but the results in a single study are important primarily as one contribution to a mosaic of study effects.”¹⁷

Finally, the APA task force shows a reticence to use one study to decide the matter in the task force report as well. In the executive summary, they state “there is unlikely to be a single definitive research study that will determine the mental health implications of abortion ‘once and for all’ given the diversity and complexity of women and their circumstances.”¹⁸



The task force conclusion does not say that abortion causes no mental health repercussions for women. The headlines, however, did

SELECTION CRITERIA

○ The task force’s selection criteria eliminated rigorous, peer-reviewed studies from the body of literature

Coleman says the inclusion criteria eliminated studies with “insufficient rationale.”¹⁹ She writes “The second type of study [the task force examines] is conveniently restricted to the U.S. resulting in the elimination of at least 40 studies.”²⁰

The APA cites “cultural variation” for limiting studies to the United States. However, the Gilchrist study cited as standing above the others is from the United Kingdom.

Coleman goes on to cite the example of a Swedish study ignored by the task force, which showed higher rates of distress among post-abortive women.²¹

In this case, it is not what is in the APA report, but rather, what is not.

FRAMEWORK LACKING

○ The task force did not create a standard framework on which to judge each study in the body of literature

The task force failed to establish a framework on which to judge the studies. As a result, each study is knocked down, one by one, based on its weaknesses. Says MacNair, “there’s no such thing as a study that has no flaws. We all know this. You have to consider the body as a whole.”²²

Coleman sent a consistent table assessing studies on mental health after abortion to the APA after reviewing the task force report, something they did not incorporate or reflect in the final draft.²³

TASK FORCE MEMBER BIAS

- **Three of the task force members were authors of studies being reviewed and vocal supporters of abortion as a civil right**

Certainly, the task force members have a high level of expertise. Task force members are chosen, says Kim Mills, associate executive director of public and member communications at the American Psychological Association “for their expertise in the issue the group will study.” She also writes, “[s]ome members of a task force are appointed because they do research in a particular area; others are appointed for their clinical experience working with a certain client population.”²⁴ This task force included experts and a renowned methodologist, Mark Appelbaum.

While no one questions their expertise, it is also true that the task force was skewed in favour of pro-choice experts.

Of the six task force members, three have no prior public record on abortion. Mary Ann Dutton is a clinical psychologist at Georgetown University Medical Center; Carolyn West is Associate Professor of Psychology at the University of Washington, specializing in family violence and human sexuality. Finally, Mark Appelbaum is in the Department of Psychology at the University of California, San Diego.

The remaining three hold political views in support of abortion as a civil right.

Brenda Major, task force chair and professor in the Department of Psychology at University of California, Santa Barbara, is author of a number of abortion-related studies, including nine examined in the report.²⁵ One of those “Psychological responses of women after first-trimester abortion,” lost 50 per cent of the sample but still concluded that “most women do not experience psychological problems or regret their abortion two years post abortion, but some do.”²⁶

The question used to be whether published research suggesting there are negative mental health effects for post-abortive women was reputable, high quality science, or just propaganda geared toward legal ends. The new question might just be the opposite and it constitutes a weighty charge against a giant like the APA: are they prepared to conduct a high quality assessment of the science on this matter?

Linda Beckman, professor at Alliant International University in California, has also established she views abortion as a broader package of women's reproductive rights. She and fellow task force member Nancy Felipe Russo both sit on the board of a United Kingdom web site: ProChoiceForum.org.²⁷

Russo contributed a chapter to a book Beckman edited called *The New Civil War: The Psychology, Culture, and Politics of Abortion*.²⁸ Russo's chapter addresses the question "Why is abortion such a controversial issue in the United States?" In it, Russo writes, "Others try to limit public knowledge about abortion, including... funding 'research' that can be used to 'document' negative effects of abortion." (Quotation marks hers.)²⁹ In short, Russo seems to question research that may document negative effects.

THE MEDIA ANGLE

The task force conclusion does not say that abortion causes no mental health repercussions for women. The headlines, however, did. "Abortion does not cause mental illness, panel says," was in the *New York Times*. The *Chicago Sun-Times* wrote "Report refutes abortion foes' claims." Another example: "Report: Early abortion not necessarily harmful to mental health." And in the United Kingdom, "Abortion does not harm mental health, says study."³⁰

What the APA conclusion actually says is not quite as clear cut: "The *best* scientific evidence indicates that the relative risk of mental health problems among adult women who have an *unplanned pregnancy* is no greater if they have an elective first-trimester abortion than if they deliver that pregnancy."³¹

This actually leaves all kinds of room for negative mental health effects post-abortion, for younger people, for later term abortions, for wanted pregnancies.

RECOMMENDATIONS

Ultimately, the APA task force report should be revoked. The APA analysis reaches a conclusion that says there can be no conclusion. But that's not what is written in their executive summary and that's not what women the world over heard. A call for further research and tighter publication standards should follow. Future attempts to review the literature should be undertaken differently: A framework should be established and studies judged empirically. The results should be replicable by any other group of psychologists.

The question used to be whether published research suggesting there are negative mental health effects for post-abortive women was reputable, high quality science, or just propaganda geared toward legal ends. The new question might just be the opposite and it constitutes a weighty charge against a giant like the APA: are they prepared to conduct a high quality assessment of the science on this matter? Women's health hangs in the balance.

Endnotes

- 1 Major, B., Appelbaum M., Beckman, L., Dutton, M., Russo, N., West, C. (2008, August 13). Report of the APA task force on mental health and abortion. American Psychological Association. pg 68. Retrieved November 28, 2008 from <http://www.apa.org/releases/abortion-report.pdf>
- 2 Letter to the *Times of London* can be viewed online <http://www.timesonline.co.uk/tol/comment/letters/article614555.ece>
Study on which that letter was based: Fergusson, D.M., Horwood, L.J., Ridder, E.M. (2006). Abortion in young women and subsequent mental health. *Journal of Child Psychology and Psychiatry*, 47:1, 16-24.
- 3 Major, B., *et al.* Report of the APA task force on mental health and abortion.
- 4 Coleman, P. (2008, August 13). Critique of the APA task force on abortion and mental health.
To back up the 10-30 per cent claim, Coleman cites Adler, N.E., *et al.* (1992). Psychological factors in abortion. *American Psychologist*, 47, 194-1204; Bradshaw, Z. and Slade, P. (2003). The effects of induced abortion on emotional experiences and relationships; A critical review of the literature. *Clinical Psychology Review*, 23, 929-958; Major, B. and Cozzarelli, C. (1992). Psychosocial predictors of adjustment to abortion. *Journal of Social Issues*, 48, 121-142; Zolese, G. and Blacker, CV. (1992). The psychological complications of therapeutic abortion, *The British Journal of Psychiatry* 160: 742-749.
- 5 Coleman PK *et al.*, (2008). Induced abortion and anxiety, mood, and substance abuse disorders: Isolating, *Journal of Psychiatric Research*, doi:10.1016/j.jpsychires. pg. 6.
- 6 Fergusson, D, Horwood, LJ and Boden JM (2008). Abortion and mental health disorders: evidence from a 30-year longitudinal study, *British Journal of Psychiatry*, 193: 444-451.
- 7 Major, B., *et al.* Report of the APA task force on mental health and abortion, pg. 66. The report reads, "This study was conducted in the United Kingdom by the Royal College of General Practitioners and the Royal College of Obstetricians and Gynecologists (Gilchrist *et al.*, 1995). It was longitudinal, based on a representative sample, measured postpregnancy/abortion psychiatric morbidity using established diagnostic categories, controlled for mental health prior to the pregnancy as well as other relevant covariates , and compared women who terminated an unplanned pregnancy to women who pursued alternative courses of action."
- 8 Gilchrist, A.C., Hannaford, P.C., Frank, P., and Kay, C.R. (1995). Termination of pregnancy and psychiatric morbidity. *British Journal of Psychiatry*, 167, 243-248.
- 9 Email exchange with Brenda Major, PhD., conducted through Kim Mills, communications with the American Psychological Association, November 19, 2008.
- 10 Rachel MacNair is the director of the Institute for Integrated Social Analysis, and vice-president of Consistent Life, a group dedicated to espousing life principles in all areas, whether that be war, abortion, poverty, racism, capital punishment or euthanasia.
- 11 Email exchange with Rachel MacNair, November 25, 2008.
- 12 Gilchrist, pg. 243.
- 13 Major, B., *et al.* Report of the APA task force on mental health and abortion, pg. 66.
- 14 Coleman, P. (2008, August 13). Critique of the APA task force on abortion and mental health, pg. 2.
- 15 Gilchrist, pg. 247.
- 16 Author interview, October 9, 2008.
- 17 Wilkinson, L. and task force on statistical inference, APA Board of Scientific Affairs. (1999). Statistical methods in psychology journals: Guidelines and expectations, *American Psychologist*. Pg. 602.
- 18 Major, B., *et al.* Report of the APA task force on mental health and abortion, pg. 7.

- 19 Coleman, P. (2008, August 13). Critique of the APA task force on abortion and mental health, pg 4.
- 20 Author interview, October 10, 2008. The task force reports says: “[t]he TFMHA evaluated all empirical studies published in English in peer-reviewed journals post-1989 that compared the mental health of women who had an induced abortion to the mental health of comparison groups of women (N=50) or that examined factors that predict mental health among women who have had an elective abortion in the United States (N=23).” Major, B., *et al.* Report of the APA task force on mental health and abortion, pg. 5.
- 21 Coleman, P. (2008, August 13). Critique of the APA task force on abortion and mental health, pg. 4.
She cites Soderberg, et al, 1998, which says: “50-60 per cent of the women experience emotional distress of some form (e.g. mild depression, remorse or guilt feelings, a tendency to cry without cause, discomfort upon meeting children), 16.1 per cent experienced serious emotional distress (needing help from a psychiatrist or psychologist or being unable to work because of depression), and 76.1 per cent said that they would not consider abortion again (suggesting indirectly that it was not a very positive experience.)”
- 22 Author interview, October 9, 2008.
- 23 Coleman, P. (2008, August 13). Critique of the APA task force on abortion and mental health, pg. 6. Studies ought to be evaluated on certain criteria. She uses, for example “time sequence,” “covariation,” for whether or not there was a control and finally, a column for results and the magnitude of the effect. She writes, “[p]icking and choosing particular criteria from a large assortment of methodological criteria to evaluate various studies is inappropriate, suggestive of bias, and obfuscates the informative literature currently available.”
- 24 Email communication with Kim Mills, November 6, 2008.
- 25 The APA report indicates authors did not review their own studies.
- 26 Major, B., Cozzarelli, C., Cooper, M.L., Zubek, J., Richards C., Wilhite, M., Gramzow, R. (August 2000). Psychological responses of women after first-trimester abortion. *Arch Gen Psychiatry*. 2000. 57: 777-784.
- 27 Web site can be viewed online at <http://www.prochoiceforum.org.uk/default.asp>
- 28 Beckman, L.J., Harvey, S.M., Eds. The new civil war: the psychology, culture, and politics of abortion. (1998). Washington, D.C.: American Psychological Association.
- 29 The new civil war: the psychology, culture, and politics of abortion, pg. 27.
- 30 Carey, B. (August 13, 2008). Abortion does not cause mental illness, panel says. *The New York Times*. Pg. 15, Harris, L. (August 16, 2008). Report refutes abortion foes' claims. *Chicago Sun-Times*. Pg. 10, Jarvis, J. (August 16, 2008). Report: Early abortion not necessarily harmful to mental health. *MCT Business News*, Henderson, M. (August 18, 2008). Abortion does not harm mental health, says study. *Times Online*. Retrieved November 28, 2008 from http://www.timesonline.co.uk/tol/life_and_style/health/article4553533.ece
- 31 Major, B., *et al.* Report of the APA task force on mental health and abortion, pg. 68, emphasis theirs.

POLITICAL SCIENCE

PART II



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