



Post-Abortion Issues

Many people are interested in learning about the possible effects of abortion on women's emotional well-being, and several hundred studies have been conducted on this issue since the late 1970s. Unfortunately, much of the research on women's psychological responses to abortion can be confusing. Nonetheless, mainstream medical opinions, like that of the American Psychological Association, agree there is no such thing as "post-abortion syndrome."

A Summary of the Scientific Research

Since the early 1980s, groups opposed to abortion have attempted to document the existence of "post-abortion syndrome," which they claim has traits similar to post-traumatic stress disorder (PTSD) demonstrated by some war veterans. In 1989, the American Psychological Association (APA) convened a panel of psychologists with extensive experience in this field to review the data. They reported that the studies with the most scientifically rigorous research designs consistently found no trace of "post-abortion syndrome" and furthermore, that no such syndrome is scientifically or medically recognized.¹

The panel concluded that "research with diverse samples, different measures of response, and different times of assessment have come to similar conclusions. The time of greatest distress is likely to be before the abortion. Severe negative reactions after abortions are rare and can best be understood in the framework of coping with normal life stress."² While some women may experience sensations of regret, sadness or guilt after an abortion, the overwhelming responses are relief and happiness.³

In another study, researchers surveyed a national sample of 5,295 women, not all of whom had had abortions, and many of whom had abortions between 1979 and 1987, the time they were involved in the study. The researchers were able to learn about women's emotional well-being both before and

after they had abortions. They concluded at the end of the eight-year study that the most important predictor of emotional well-being in post-abortion women was their well-being before the abortion. Women who had high self-esteem before an abortion would be most likely to have high self-esteem after an abortion, regardless of how many years passed since the abortion.⁴

Psychological responses to abortion must also be considered in comparison to the psychological impact of alternatives for resolving an unwanted pregnancy (adoption or becoming a parent). While there has been little scientific research about the psychological consequences of adoption, researchers speculate that it is likely "that the psychological risks for adoption are higher for women than those for abortion because they reflect different types of stress. Stress associated with abortion is acute stress, typically ending with the procedure. With adoption, as with unwanted childbearing, however, the stress may be chronic for women who continue to worry about the fate of the child."⁵

What the Experts Say

In a commentary in the *Journal of the American Medical Association*, Nada Stotland, M.D., former president of the Association of Women Psychiatrists, stated:

"Significant psychiatric sequelae after abortion are rare, as documented in numerous methodologically sound prospective studies in the United States and in European countries. Comprehensive reviews of this literature have recently been performed and confirm this conclusion. The incidence of diagnosed psychiatric illness and hospitalization is considerably lower following abortion than following childbirth...Significant psychiatric illness following abortion occurs most commonly in women who were psychiatrically ill before pregnancy, in those who decided to undergo abortion under external pressure, and in those who underwent abortion in aversive circumstances, for example, abandonment."⁶

Henry P. David, PhD, an internationally known scholar in this area of research, reported the following at an international conference.

"Severe psychological reactions after abortion are infrequent...[T]he number of such cases is very small, and has been characterized by former U.S. Surgeon General C. Everett

Koop as 'minuscule from a public health perspective'...For the vast majority of women, an abortion will be followed by a mixture of emotions, with a predominance of positive feelings. This holds immediately after abortion and for some time afterward...[T]he positive picture reported up to eight years after abortion makes it unlikely that more negative responses will emerge later."⁷

Russo and Dabul reported their conclusions of an eight-year study in *Professional Psychology*:

"Although an intensive examination of the data was conducted, controlling for numerous variables and including comparisons of Black women versus White women, Catholic women versus non-Catholic women, and women who had abortions versus other women, the findings are consistent: The experience of having an abortion plays a negligible, if any, independent role in women's well-being over time, regardless of race or religion. The major predictor of a woman's well-being after an abortion, regardless of race or religion, is level of well-being before becoming pregnant...Our findings are congruent with those of others, including the National Academy of Sciences (1975), and the conclusion is worth repeating. Despite a concerted effort to convince the public of the existence of a widespread and severe postabortion trauma, there is *no scientific evidence for the existence of such trauma*, even though abortion occurs in the highly stressful context of an unwanted pregnancy."⁸ (emphasis added)

The Impact of Anti-Choice Activities

Russo and Dabul⁸ point out that when women in their study were interviewed from 1979 to 1987, anti-choice efforts to stigmatize abortion had not yet reached prominent levels. Today, anti-choice groups regularly harass clinic staff, intimidate patients at clinics, and use graphic language designed to punish women (e.g. "abortion is murder," "women are baby-killers"). Additionally, the past few years have revealed a new anti-choice strategy of offering "counseling" services to women. Rather than exploring the roots of a woman's psychological distress and providing unbiased therapy, anti-choice counselors tend to direct her anger towards the abortion provider by claiming that women are misinformed about the psychological trauma that abortion inflicts. Due to the political bias of these

counselors and their misuse of psychological services, women can be left feeling angry and betrayed.

Russo and Dabul⁸ concluded that practitioners should acknowledge the detrimental effects of the social ostracism felt by abortion patients. Some post-abortion difficulties may result from a lack of social support because women are expected to bear the brunt of unplanned and unwanted childbearing. The researchers encouraged all practitioners to continue to provide accurate information since many women have been misled by anti-choice sources which may contribute to concerns if they choose abortion. Further, women who have concerns after an abortion should be encouraged to see a professional psychologist or join a support group supervised by a professional mental health provider, rather than one sponsored by any anti-choice organization.

References

- 1 American Psychological Association. "APA Research Review Finds No Evidence of 'Post-Abortion Syndrome' But Research Studies on Psychological Effects of Abortion Inconclusive." Press Release, January 18, 1989.
- 2 Adler, NE, et al. "Psychological Responses After Abortion." *Science*, April 1990, 248: 41-44.
- 3 Adler, NE, et al. "Psychological Factors in Abortion: A Review." *American Psychologist*, 1992, 47(10): 1194-1204.
- 4 Russo, NF & KL Zierk. "Abortion, Childbearing, and Women's Well-Being." *Professional Psychology: Research and Practice*, 1992, 23(4): 269-280.
- 5 Russo, NF. "Psychological Aspects of Unwanted Pregnancy and Its Resolution." In J.D. Butler and D.F. Walbert (eds.), *Abortion, Medicine, and the Law* (4th Ed., pp. 593-626). New York: Facts on File, 1992.
- 6 Stotland, N. "The Myth of the Abortion Trauma Syndrome." *Journal of the American Medical Association*, 1992, 268(15): 2078-2079.
- 7 David, HP. "Comment: Post-Abortion Trauma." *Abortion Review Incorporating Abortion Research Notes*, Spring, 1996, 59: 1-3.
- 8 Russo, NF & AJ Dabul. "The Relationship of Abortion to Well-Being: Do Race and Religion Make a Difference?" *Professional Psychology: Research and Practice*, 1997, 28(1): 1-9.

For More Information

For information or referrals to qualified abortion providers, call the National Abortion Federation's toll-free hotline: 1-800-772-9100. Weekdays: 8:00A.M. - 9:00P.M. Saturdays: 9:00A.M. - 5:00P.M. Eastern time.

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