

Report of the  
APA Task Force on



# Mental Health and Abortion

## EXECUTIVE SUMMARY

The Council of Representatives of the American Psychological Association charged the Task Force on Mental Health and Abortion (TFMHA) with “collecting, examining, and summarizing the scientific research addressing the mental health factors associated with abortion, including the psychological responses following abortion, and producing a report based upon a review of the most current research.” In considering the psychological implications of abortion, the TFMHA recognized that abortion encompasses a diversity of experiences. Women obtain abortions for different reasons; at different times of gestation; via differing medical procedures; and within different personal, social, economic, and cultural contexts. All of these may lead to variability in women’s psychological reactions following abortion. Consequently, global statements about the psychological impact of abortion on women can be misleading.

The 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 ( $N=23$ ). This literature was reviewed and evaluated with respect to its ability to address four primary questions: (1) Does abortion cause harm to women’s mental health? (2) How prevalent are mental health problems among women in the United States who have had an abortion? (3) What is the relative risk of mental health problems associated with abortion compared to its alternatives (other courses of action that might be taken by a pregnant woman in similar circumstances)? And, (4) What predicts individual variation in women’s psychological experiences following abortion?

A critical evaluation of the published literature revealed that the majority of studies suffered from methodological problems, often severe in nature. Given the state of the literature, a simple calculation of effect sizes or count of the number of studies that showed an effect in one direction versus another was considered inappropriate. The quality of the evidence that produced those effects must be considered to avoid misleading conclusions. Accordingly, the TFMHA emphasized the studies it judged to be most methodologically rigorous to arrive at its conclusions.

The best scientific evidence published indicates that among adult women who have an *unplanned pregnancy* the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy. The evidence regarding the relative mental health risks associated with multiple abortions is more equivocal. Positive associations observed between multiple abortions and poorer mental health may be linked to co-occurring risks that predispose a woman to both multiple unwanted pregnancies and mental health problems.

The few published studies that examined women’s responses following an induced abortion due to fetal abnormality suggest that terminating a wanted pregnancy late in pregnancy due to fetal abnormality appears to be associated with negative psychological reactions equivalent to those experienced by women who miscarry a wanted pregnancy or who experience a stillbirth or death of a newborn, but less than those who deliver a child with life-threatening abnormalities.

The differing patterns of psychological experiences observed among women who terminate an unplanned pregnancy versus those who terminate a planned and wanted pregnancy highlight the importance of taking pregnancy intendedness and wantedness into account when seeking to understand psychological reactions to abortion.

None of the literature reviewed adequately addressed the prevalence of mental health problems among women in the United States who have had an abortion. In general, however, the prevalence of mental health problems observed among women in the United States who had a single, legal, first-trimester abortion for nontherapeutic reasons was consistent with normative rates of comparable mental health problems in the general population of women in the United States.

Nonetheless, it is clear that some women do experience sadness, grief, and feelings of loss following termination of a pregnancy, and some experience clinically significant disorders, including depression and anxiety. However, the TFMHA reviewed no evidence sufficient to support the claim that an observed association between abortion history and mental health was caused by the abortion per se, as opposed to other factors.

This review identified several factors that are predictive of more negative psychological responses following first-trimester abortion among women in the United States. Those factors included perceptions of stigma, need for secrecy, and low or anticipated social support for the abortion decision; a prior history of mental health problems; personality factors such as low self-esteem and use of avoidance and denial coping strategies; and characteristics of the particular pregnancy, including the extent to which the woman wanted and felt committed to it. Across

studies, prior mental health emerged as the strongest predictor of postabortion mental health. Many of these same factors also predict negative psychological reactions to other types of stressful life events, including childbirth, and, hence, are not uniquely predictive of psychological responses following abortion.

Well-designed, rigorously conducted scientific research would help disentangle confounding factors and establish relative risks of abortion compared to its alternatives, as well as factors associated with variation among women in their responses following abortion. Even so, 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.

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