

POLITICAL SCIENCE

WHEN MEDICAL TOPICS BECOME POLITICAL IT'S A RISK TO OUR HEALTH. ABORTION IS ONE SUCH AREA OF RESEARCH—BUT THERE'S HOPE YET

by Andrea Mrozek

There has been a consensus on abortion and mental health for close to two decades: Abortion does not cause mental health problems, rather, if there is evidence of post-abortive mental stress, the blame can be placed on mental health problems that were already present. In short, if you were already experiencing anxiety – you may well experience the same after an abortion. Case closed.

But in examining the science, it's not clear why this consensus exists. In some cases, small studies and small sample sizes were used to draw big conclusions.¹ Many studies were short term, looking for evidence of mental health problems only up to two years after an abortion.² Perhaps most importantly, this status quo, based on the best research from around 1990, is now out of date.³ New studies, published in reputable journals, now show evidence of poor mental health outcomes for post-abortive girls and women.⁴ Still, the old consensus remains. The question is: Does it exist at the expense of women's health?

What girls learn

To the extent that abortion is a youthful phenomenon, providing accurate information is all the more important. And it is: 17 per cent of abortions are performed on girls aged 10 to 19, 54 per cent on those 20 to 29. All told, 70 per cent of abortions are on girls and young women.⁵

There are a number of mainstream websites to inform Canadian youth about abortion. The Canadian Federation for Sexual Health, a pro-choice body,⁶ directs teens to the Childbirth by Choice Trust where they are told: "Researchers have found that having an abortion does not make women feel bad about themselves years later."⁷

These Canadian resources are the epitome of balance when contrasted with their American counterparts, also readily available online. Teenwire.com is the youth branch of the Planned Parenthood Federation of America.⁸ Youth will read of "anti-choice" researchers who "[d]espite overwhelming scientific evidence to the contrary, continue to

spread the false idea that it is common for abortion to have severe, emotionally negative effects." On Teenwire, medical science is a matter of "belief." The advice goes on: "They [anti-choice researchers] want people to believe (emphasis added) that most women who choose abortion suffer severe and long-lasting emotional trauma. This is not true. In fact, studies show that most women, in the long-term, experience feelings of relief after they have an abortion."⁹

The battlefield

In a field where scholars and studies alike are quickly classified by activists as "pro-life" or "anti-choice" according to outcome, how can young people know who is right? Dr. David Fergusson is not sure they can.¹⁰ But he himself might be a good starting point: He comes out looking remarkably neutral as a self-described pro-choice atheist. A practicing psychologist in New Zealand, he's conducted roughly 350 studies on various topics, but none attracted the attention of this one, a

In Fergusson's words: "We worked very hard to dispose of [the risk] by controlling for covariates and all other tests you can do. And found it was a very resilient thing. At that point, it became apparent to me that for this cohort at this time the weight of the evidence pointed towards the fact that abortion could be a risk factor for mental illness."¹³ Indeed, today the American Psychological Association has convened a mental health and abortion taskforce, and is reconsidering its statement on abortion and mental health. The statement said there is a low risk of psychological harm after an abortion; the new statement is due in 2008.

The sides: "Pro-life"

In the past, there have been major and valid criticisms of both "pro-life" and "pro-choice" research. These have included a lack of national representation, a lack of accounting for the wantedness of a pregnancy, a lack of accountability for prior mental health problems, a lack of national representation in the

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longitudinal study looking at mental health outcomes for post-abortive girls.¹¹

The 25-year study of New Zealand children was part of a broader Health and Development study. And the results showed girls having abortions had one and a half times the risk of mental illness after controlling for prior mental health problems. It caused ripples across the globe. Fifteen prominent signatories wrote a letter to the editor of the *Times of London*, asking for informed consent for women: "Since women having abortions can no longer be said to have a low risk of suffering from psychiatric conditions such as depression, doctors have a duty to advise about long-term adverse psychological consequences of abortion."¹²

sample and a lack of longitudinal or prospective studies.

Those are deficiencies Priscilla Coleman, a psychologist at Bowling Green University in Ohio, has worked hard to overcome. She's pro-life, in part due to seeing the outcomes of her research. Since 2002, 15 of her studies have showed negative health outcomes for women post-abortion. These are well-designed studies that have overcome prior flaws like a failure to control for prior psychological problems, high participant dropout rates and a lack of national representation. Her work has appeared in a number of reputable journals but has yet to be widely publicized.

She points out that in the current pro-choice climate, the scrutiny laid on her work

is unrelenting.¹⁴ In 2003, the *Canadian Medical Association Journal* published one of her studies, which showed higher levels of psychiatric claims for post-abortion women, even four years after an abortion.¹⁵ The result was a host of hostile letters and a longer response from one Brenda Major, a practicing psychologist who herself has done abortion-related research, suggesting that the authors were misleading readers.¹⁶ The journal in turn published an editorial assuring readers that the process of accepting the article was rigorous. “In light of the passion surrounding the subject of abortion,” they wrote, “we subjected this paper to especially cautious review and revision.”¹⁷ The editorial also said most of the letters written were personal attacks. “The attack in our letters column is largely an *ad hominem* objection to the authors’ ideological biases and credentials ... if we disqualified these researchers from presenting their data, we could never hear from authors with pro-choice views, either.”

Coleman has worked with a man named David Reardon. And if ever a researcher were to be “categorized,” David Reardon is happy to be. His group, The Elliot Institute, assumes there will be negative repercussions to abortion.¹⁸ Reardon rejects the idea that abortion is a medical or emotional panacea. Author of *The Forbidden Grief* and *Making Abortion Rare*, he highlights just how and why abortion is bad. To some, combining activism and research is a bit like working as a firefighter by day, arsonist by night. In one exchange, Reardon was told he should declare a conflict of interest because he is a “professional anti-abortionist.” To this, Reardon replied: “If the fact that I do not endorse the indiscriminate use of abortion as a treatment for problem pregnancies is to be construed as a conflict of interest than [sic] journals should begin to ask every researcher who reports findings about complications associated with radical mastectomy, or smoking, or any other field to declare a conflict of interest if they view these surgeries or behaviors with skepticism.”¹⁹

The sides: “Pro-choice”

One of the problems in the field appears to be, well, appearances. In today’s climate, pro-choice views, which are actually a bias in and of themselves, are perceived as neutral.²⁰

Dr. Nancy Adler, director of Health Psychology at the University of California at San Francisco, would likely, if researchers could be categorized, fall into the pro-choice camp.

She is one of six co-authors of a 1990 *Science* article – a literature review of the abortion and mental health field resulting in the APA position statement (now removed from the APA website²¹). There was a caveat, however: There needed to be further research on longer term implications. “[N]o definitive conclu-

sions can be drawn about longer term effects,” the article stated.²² Recall Teenwire’s advice – that there are no long term effects.

And if Reardon exhibits a flagrant bias, other psychologists do, too. In fact the very psychologist who accused the *Canadian Medical Association Journal* of publishing misleading work, Brenda Major, published a study in which she lost 50 per cent of her sample.²³ Yet the executive summary still concludes: “Most women do not experience psychological problems or regret their abortion two years post abortion, but some do.”²⁴

Where’s the centre line?

While the American Psychological Association is considered neutral by many in these debates, many wonder how they will consider the new research, especially considering their viewpoint on other issues. One past president of the APA, and editor of the 2005 book *Destructive Trends in Mental Health: The Well-intentioned Path to Harm*, asks questions about the medical, empirical neutrality of a body that holds official position statements on such non-psychological topics as Zionism and boxing.²⁵

Indeed, at a recent meeting at the American Psychological Convention, Rachel MacNair, herself a psychologist, noted that the APA task force to clarify the science on abortion and mental health is stacked with pro-choicers.²⁶ Her website reads: “The Task Force on Mental Health and Abortion has

THE GOOD NEWS IS THAT RESEARCHERS AGREE GOOD RESEARCH IS POSSIBLE, EVEN ON A TOPIC LIKE ABORTION

six members. Three of them have a clear and publicly stated ideological stand on what the outcome of its work ought to be. Two of them have a website the very purpose of which is to correct information on this matter so as to reflect a pro-choice view, with authors asserting such explicit values do not interfere with the scientific nature of their work (see <http://www.apa.org/monitor/apr03/letters.html>). The remaining three members are two experts in domestic abuse and one in methodology.²⁷

Social science standards

The good news is that researchers agree good research is possible, even on a topic like abortion.

Fergusson speaks of “follow[ing] the ordinary scientific methods that you would use to analyse any topic, whether it is cigarette smoking and lung cancer or abortion and mental health.” He goes on: “The minimum requirements require firstly estimating the association between the exposure, which is abortion, and the outcome, which is a mental health problem. [Secondly], ensuring that both the exposure and the outcome are well



measured; [thirdly], adjusting the associations to take into account confounding factors.” Some of those factors include “previous history of mental health, childhood history of sexual abuse, the wantedness of the pregnancy and other related issues,”²⁸ he says.

Dr. Nancy Adler, a well-known voice at

it the reverse? So I think it is really the same issues that you’d evaluate in any kind of research.” She also says a lack of intent to research abortion can make the research more, not less, compelling. “My sense is that most of the best research has been done by researchers who did not start out necessarily interest-

land gives you access to abortion on health grounds only if it threatens the mental health of the mother. Ninety-nine per cent of abortions in New Zealand are conducted on mental health grounds. And our study suggests that this procedure may increase mental health risks.”³¹

WOMEN’S HEALTH IS RESEARCHED UP AND DOWN THE BLOCK – ONLY THE MOST COMMON PROCEDURE IS IGNORED ENTIRELY IN CANADA

the APA, identifies some of the same principles as Fergusson for solid social science research. She puts it this way: “Good social science research in a contentious area,” she says, “is the same as science any place.”²⁹ She goes on: “You have the first step of finding associations and the second step is finding whether it is causal. Is “x” causing “y” – namely is abortion leading to mental health problems or is

ed in abortion,” says Adler, “but were using it as a model for other things.”³⁰

The irony is this: In countries with abortion laws, the vast majority of abortions are done on mental health grounds. It may be that doctors are performing a medical procedure to eradicate a problem and instead they are actually causing it. “This is one of the volatile points,” says Fergusson. “New Zea-

Fortunately the policy resolution is a simple one, if costly and lengthy: Set up a longitudinal study, which from the start would be conducted on universally accepted principles of social science. The Canadian government would be well-positioned to commission such a study. Women’s health is researched up and down the block – only the most common procedure is ignored entirely in Canada. Many pro-lifers and pro-choicers could agree that getting to the bottom of these medical questions is a priority from a public health standpoint. The question is whether there exists the political will to initiate it.

endnotes

- 1 See for one example of a vague conclusion a sample that lost 50 per cent of study participants: 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.
- 2 “Most studies have focused on immediate responses, with two years being the longest period of follow-up.” Russo, N.F., Zierk, K.L. (1992). Abortion, Childbearing, and Women’s Well-Being. *Professional Psychology: Research and Practice*, American Psychological Association, Inc. Vol. 23, No. 4, 269-280.
- 3 This article created the basis for subsequent assumptions that abortion was benign as regards women’s and girl’s mental health: Adler, N.E., David, H.P., Major, B.N., Roth, S.H., Russo, N.F., Wyatt, G.E. (1990). Psychological Responses After Abortion. *Science*, Vol.248: 41(4), 41-44.
- 4 “The results of three of the most methodologically sound (i.e., largest record-based) studies in the world have shown that abortion is associated with an increased risk of mental health problems when compared to childbirth.” Coleman, P.K. (2007, May 1). *H.R. 20, the Melanie Blocker-Stokes Postpartum Depression and Care Act Expanded Testimony of Priscilla K. Coleman, PhD*. Submitted to the Health Subcommittee, Committee on Energy and Commerce, U.S. House of Representatives, Washington DC. Those three studies are the following: David, H., Rasmussen, N., Holst, E. (1981). Post-abortion and postpartum psychotic reactions. *Family Planning Perspectives*, 13, 88-91; Coleman, P.K., Reardon, D.C., Rue, V., Cogle, J. (2002). State-funded abortions vs. deliveries: A comparison of outpatient mental health claims over four years. *American Journal of Orthopsychiatry*, 72, 141-152; Reardon, D.C., Cogle, J., Rue, V.M., Shuping, M., Coleman, P.K., Ney, P.G. (2003). Psychiatric admissions of low-income women following abortion and childbirth. *Canadian Medical Association Journal*, 168, 1253-1256.
- 5 Health Care Statistics Section, Statistics Canada (June 2007). Induced Abortions, 2004. Percentage of induced abortions by age group.
- 6 Canadian Federation for Sexual Health challenges youth to join a “pro-choice youth network” from their homepage found at: <http://www.cfsa.ca/ppfc/content.asp?cn=false>. For youth content, see <http://www.cfsa.ca/ppfc/content.asp?articleid=40>.
- 7 See <http://www.cbctrust.com/teens.php#Anchor-How-23240>. This web site is also part of the Canadian Federation for Sexual Health. They offer a pamphlet called “Information for teens about abortion.”
- 8 <http://www.teenwire.com/>.
- 9 <http://www.teenwire.com/infocus/2006/if-20061128p467-abortion.php>.
- 10 He calls the state of abortion research “deplorable.” Author interview, July 24, 2007.
- 11 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.
- 12 Retrieved online September 4, 2007 at <http://www.timesonline.co.uk/tol/comment/letters/article614555.ece>
- 13 Author interview, July 24, 2007.
- 14 Author interview, August 7, 2007.
- 15 Reardon, D.C., Cogle, J., Rue, V.M., Shuping, M., Coleman, P.K., Ney, P.G. (2003). Psychiatric admissions of low-income women following abortion and childbirth. *Canadian Medical Association Journal*, 168, 1253-1256.
- 16 Major, B. (2003, May 13). Psychological implications of abortion – Highly charged and rife with misleading research. *Canadian Medical Association Journal*, 168(10).
- 17 Editorial. (2003, July 22). Unwanted results: the ethics of controversial research. *Canadian Medical Association Journal*, 169 (2). Retrieved online September 4, 2007 at <http://www.cmaj.ca/cgi/content/full/169/2/93>.
- 18 The Elliot Institute: <http://www.afterabortion.org/>.
- 19 Exchange retrieved online September 19, 2007 at <http://www.bmj.com/cgi/eletters/324/7330/151#18850>. Online exchange occurred in response to Reardon, D.C. and Cogle, J.R. (2002). Depression and unintended pregnancy in the National Longitudinal Survey of Youth: a cohort study. *BMJ* 324: 151-152.
- 20 The Canada Public Health Agency happily points Canadians to Planned Parenthood and other pro-choice bodies. See this link http://www.phac-aspc.gc.ca/std-mts/ec_cu_e.html on information about emergency contraception for one example.
- 21 The placeholder page on abortion can be seen here: <http://www.apa.org/ppo/issues/womenabortfacts.html>. At time of publication, it says the fact sheet is currently being updated.
- 22 Adler, N.E., David, H.P., Major, B.N., Roth, S.H., Russo, N.F., Wyatt, G.E. (1990). Psychological responses after abortion. *Science*, Vol.248: 41(4), 41-44.
- 23 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. By the second year of assessment the study had lost 50 per cent of its sample; only 442 women of an initial 882 presented themselves for long term follow-up.
- 24 *Ibid*.
- 25 Wright, R.H., Cummings, N.A., Eds. *Destructive Trends in Mental Health*. (2005). New York: Routledge, Taylor & Francis Group, p. 235. The same book draws attention to the political bias of psychologists: A majority hold left wing views. Being pro-life is strongly affiliated with being conservative, so much so that a *New York Times* article discussed the ins and outs of the abortion albatross on Democrat politicians. (see Henneberger, M. (2007, June 22). Why pro-choice is a bad choice for Democrats. *The New York Times*, p. 21.) Richard E. Redding, J.D., Ph.D, is director of the law/psychology program at Villanova and Drexel Universities and he studied APA articles between 1990 and 1999, rating their content, concluding this: “it is safe to say that conservatives are vastly underrepresented in psychology.” (*Destructive Trends in Mental Health*, p. 304.) The results of his work showed that “97 percent of the articles advanced liberal themes of policies; only one of the 31 articles reflected more conservative views.” (p. 305.) Redding highlights another study showing that when APA-approved professors were sent mock graduate student applications with identical applications save for religious affiliation – some mock applicants volunteered the information that they were “conservative Christians” – it was found the professors showed fewer reservations about the abilities of the non conservative-Christian group. (p. 312.)
- 26 Rachel MacNair is director at the Institute for Integrated Social Analysis, the research arm of Consistent Life.
- 27 See web site <http://consistent-life.org/actions.html>.
- 28 Author interview, July 24, 2007.
- 29 Author interview, August 7, 2007.
- 30 Author interview, August 7, 2007.
- 31 Author interview, July 24, 2007.