

**AAPLOG Response to the APA Task Force Report on
Mental Health and Abortion**
September 2008

After months of study, the APA Task Force on Abortion and Mental Health report was voted on and accepted by the APA in August 2008. The sweeping conclusion: “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 charge of the APA Task Force was to collect, examine, and summarize peer-reviewed research published over the last 17 years pertaining to outcomes associated with abortion.

It is important to note that nearly 50% of abortions are “repeat” abortions. Additionally, significant numbers of abortions are done after the first trimester. Thus, this sweeping conclusion only addresses **half** the women affected. So the report’s conclusion, (whether accurate or inaccurate), at best pertains to only 50% of women who chose abortion. This select sample is hardly representative of all the women who have had the abortion experience.

AAPLOG doctors are greatly concerned that the sweeping summary statement is entirely unbalanced, based, as it is, on a single study done in Great Britain in 1995. Many excellent studies, which reach a different conclusion, are disqualified for various technical reasons. As a result of the APA’s reassurance to the public of “no increased risk”, informed consent for abortion-minded women will continue to be grossly one sided, and post-abortive women with significant mental health issues may miss the opportunity to have their abortion issue addressed in therapy.

It should be noted that the British Royal College of Psychiatrists, evaluating the most current literature, found significant reason for concern. In a March, 2008, report, the RCP recommended updating abortion information leaflets to include details of the risks of depression. Said the College, “Consent cannot be informed without the provision of adequate and appropriate information.” This overturns the consensus that has stood for decades that the risk to mental health of continuing with an unwanted pregnancy outweighs the risks of living with the possible regrets of having an abortion. Perhaps the APA could learn from the Royal College of Psychiatrists.

What follows are comments and quotes from a number of psychologists who have evaluated the findings of the APA Task Force. Three of these sources were formal reviewers of the Task Force conclusions: Dr. Priscilla Coleman, Dr. Rachel MacNair, and Dr. David Fergusson. Additional quotes are from Dr. Warren Throckmorton and Dr. Theresa Burke. Their qualifications/academic positions are noted at the end of this commentary.

Overview

“Historically, since 1969, the APA has consistently advocated for a woman's right to choose abortion as a civil right. In 1989, the APA took the position that the evidence did not support a link between adverse mental health consequences and abortion.”(WT)

The selection criteria for studies to be evaluated is very problematic. “Selection criteria resulted in dozens of studies indicating negative effects (were) ignored.”(PC) “Note the second type of study is conveniently restricted to the U.S., resulting in elimination of at least 40 studies. There is an insufficient rationale (cultural variation) for exclusively focusing on U.S. studies when it comes to this type of study...

Introduction of this exception allowed the Task Force to ignore studies like a large Swedish study of 854 women one year after an abortion....There are numerous examples of studies with results suggesting no negative effects of abortion being reviewed less extensively and stringently than studies indicating adverse effects....When comparing reviews of the literature there is selective reporting.”(PC)

“Tucked away in line #216 of their own report it states: ‘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.’ Why then, does the APA promote the blanket conclusion that having an abortion carries the same mental health risks as having a baby?”(TB) They are essentially basing the final conclusion of the entire report on one study by Gilchrist et al. (1995), which has a number of ignored flaws.(PC) “But I was startled to dig in and realize that the new rationale for the conclusion was based on only one study – using British women where there was a screening requirement we don't have in the U.S.”(RM) “After reviewing the APA final report, Dr. Fergusson pointed out that the APA task force primarily relied on one study for their conclusions. It seems incredible that the APA would use just one study to make conclusions, but this approach is evident on page 68: ‘In summary, in the view of the TFMHA [Task Force], 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 (Gilchrist et al., 1995)’.”(WT)

Why is the Gilchrist et al (1995) study so completely inadequate as the basis for the APA conclusion?

A. “ The fact of many methodological flaws in that study isn't really the point, since in the real world all studies have some flaws. Far more important is that the study doesn't support the conclusion..... Also important is that it doesn't even address the conclusion...”(RM)

B. “As a basis for policy, there are multiple problems with the Gilchrist study.

First, mental health outcomes were not assessed by mental health professionals or standardized surveys but rather by reports to general practitioners. In addition, well over half of the women dropped out of the study and were not available for follow up.”(WT) Dr. Fergusson concludes: "Since most of those having mental health problems do not attend general practitioners, this approach to assessment of mental health is poor. Thus, from the standpoint of the U.S. debate, basing conclusions on evidence that was gathered in the United Kingdom in 1995 and in which mental health was not adequately assessed is scarcely adequate grounds for confidently informing the U.S. public that the Committee's findings are based on "the best scientific evidence.””(DF)

C. “No standardized measures for mental health diagnoses were employed and evaluation of the psychological state of patients was reported by general practitioners, not psychiatrists. The GPs were volunteers and no attempt was made to control for selection bias.”(PC)

D. “On page 247 the authors report retaining only 34.4% of the termination group and only 43.4% of the group that did not request a termination at the end of the study. The attrition rate is highly problematic.....”(PC) Certainly abortion is accompanied by some profoundly disturbing feelings that are too vast to fit neatly into the narrow study and willing subjects the APA chose to highlight. I’m much more curious about the 60% of women who dropped out of their select studies when they were invited to disclose feelings about abortion. Frankly, those who have suffered trauma “can’t go there” precisely because of the intense pain associated with the subject. This is a common psychological defense mechanism called “avoidance.” (TB)

E. “In the report the authors note ‘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.’ What??? Too few studies to quantify, but a sweeping conclusion can be made?”(PC)

Some further comments regarding the APA Task Force conclusion:

AAPLOG agrees with the following comments made by these qualified psychologists:

A. To its credit, the report does acknowledge “that there are groups that have higher negative aftermath: teenagers, women who are pressured, women who have more than one, those abortions that late-term.”(RM)

B. Dr. Fergusson also questioned the rationale for making policy in the absence of more evidence, saying, "What the Committee has, in effect, said is that until there is compelling evidence to the contrary, people should act as though abortion has no harmful effects. This is not a defensible position in a situation in which there is evidence pointing in the direction of harmful effects. The moral of all of this is very simple: In science, drawing strong conclusions on the basis of weak evidence is bad practice. The APA report on abortion and mental health falls into this error.”(DF)

C. “We don't draw such a sweeping conclusion from only one Study.... Setting aside the quality of the study itself, citing only one study in support of a politically-desired conclusion cannot be explained in any other way

than a politically motivated exercise. This is not a debatable point. This is Quantitative Research 101.”(RM)

D. “Suffice to say, there is clear evidence of bias in reporting and in keeping with the rather transparent agenda of discrediting studies showing negative effects regardless of their true methodological rigor.”(PC)

E. “Unless the APA can provide extremely compelling and flawlessly designed data to show the utter illegitimacy of the large volume of peer reviewed published studies from throughout the world which testify to the detrimental impact of abortion... **It is reckless and highly irresponsible to make a public announcement minimizing the risks and potential tragic consequences that can accompany abortion.**”(TB)

F. “We call on the APA to stop falsely claiming to have expertise and scientific knowledge when they have disproportionately highlighted a scant amount of selective research. They should advocate a closer examination and exposure of the grief and warn women of the well documented potential dangers.”(TB)

Consequences of the APA Task Force Report

“Those who treat mental health problems have been ill-advised by the APA’s conclusion. Sadly, practitioners will persist in misdiagnosing the problem and over medicating those who suffer mental health problems related to abortion. They will prolong anguish by labeling them with an array of diagnoses, and never recognize the treatable root of their anxiety, depression, eating disorders, obsessions, drug overdoses, alcohol addictions, suicide attempts, sexual dysfunctions, parenting difficulties and chronic emotional, relational, and behavioral problems.”(TB) “This negligence denies 1.3 million American women each year the ethical obligation and legal requirement for informed consent. Tragically, the widespread ignorance and denial regarding abortions’ consequences will contribute to the problem of even more women being coerced into unwanted abortions.”(TB)

AAPLOG Summary

AAPLOG believes that this report will mislead physicians and the lay public. Most concerning, it has the potential to particularly mislead pregnant women considering abortion as an answer to their dilemma. This “official” statement will also likely be used to discredit physicians and counselors who advise patients otherwise. “There is consensus among most social and medical science scholars that a minimum of 10 to 30% of women who abort suffer from serious, prolonged negative psychological consequences (Adler et al., 1992; Bradshaw & Slade, 2003; Major & Cozzarelli, 1992; Zolese & Blacker, 1992).” (PC) With nearly 1.3 million U.S. abortions annually, approximately 130,000 women per year will suffer from abortion related mental health problems. The association of their abortion to their mental illness will be diminished by the APA statement, with consequent treatment failures. These women deserve better than this from APA.

For the reasons noted above, we find the APA Report’s conclusion to be to be unsupportable from a scientific standpoint. It is regrettable that a professional

association dedicated to the healing of mental health difficulties would produce a report so antithetical to its mission.

The psychologists quoted in this report are as follows:

(PC) is Priscilla K. Coleman, Ph.D. Human Development and Family Studies, Bowling Green State University;

(TB) is Theresa Burke, Ph.D., LPC, NCP, Author, *Forbidden Grief – The Unspoken Pain of Abortion*; Founder, Rachel's Vineyard – . Pastoral Associate, Priests for Life – Gospel of Life Ministries

(DF) is David Fergusson, Ph.D., executive director of the Health & Development Study at the Christchurch School of Medicine & Health Sciences in New Zealand.

(WT) is *Warren Throckmorton, associate professor of psychology and fellow for psychology and public policy at Grove City College's Center for Vision and Values.*

(RM) is Rachel M. MacNair, Ph.D. Director, Institute for Integrated Social Analysis research arm of Consistent Life: An International Network for Peace and Life. and is a member of the APA's Board of Division 48.