



## Congress Should Not Legitimize the Mythical “Post-Abortion Syndrome”

Anti-choice activists have long hoped to find scientific support for their claims that abortion causes a range of negative effects on women who choose this reproductive option – from increased rates of breast cancer to higher rates of depression, even to a supposed “link” with alcoholism. Anti-choice lawmakers have focused especially on trying to pursue the existence of “post-abortion syndrome,” a supposed psychological phenomenon that has never been shown to exist by any legitimate scientific or medical study. In fact, these claims have been *disproven* by a long line of credible, scientific research.

### Expert Medical and Health Organizations Have Studied the Issue, and Found No Evidence of a “Post-Abortion Syndrome”

In 1987, President Reagan directed Surgeon General C. Everett Koop to study the health effects of abortion on women. Dr. Koop reviewed some 250 studies on the subject. Despite powerful political pressure to support the existence of such an abortion-related syndrome, as well as his own personal anti-choice beliefs, Dr. Koop concluded that “the data do not support the premise that abortion does or does not cause or contribute to psychological problems.”<sup>1</sup>

Since then, the American Psychological Association, the Journal of the American Medical Association, and other authoritative groups within the medical community have investigated the alleged existence of “post-abortion stress” or “post-abortion trauma.” None has found it to exist.

- For example, a 1997 study published in *Professional Psychology: Research and Practice* found that abortion has no effect on women’s psychological well-being over time.<sup>2</sup>
- A 2000 study published in the *Archives of General Psychiatry* concurred, finding that few women experience psychological problems two years after having chosen abortion, and that those who do tend to have a prior history of depression.<sup>3</sup>
- A 2010 study published in *Perspectives on Sexual and Reproductive Health* examining the impact of abortion on adolescents established that there exists no association between abortion and the onset of depression or low self-esteem in that age group. The comprehensive study evaluated participants’ mental health both one year and five years after receiving abortion care.<sup>4</sup>

Due to these findings, the study concluded that “laws mandating that women consider abortion be advised of its psychological risks may jeopardize women’s health by adding unnecessary anxiety and undermining women’s right to informed consent.”<sup>5</sup>

Interestingly, the task force also found that societal stigma, need for secrecy, and anticipation that social support for the decision will be low – all tactics undertaken by the anti-choice movement – may contribute to negative psychological responses in women who choose abortion.

- In 2014, data were published in *Perspectives on Sexual and Reproductive Health* and *Quality of Life Research* journals examining the effect abortion has on self-esteem and life satisfaction. Contrary to anti-choice claims, the research shows that women who are able to receive early abortion care – as compared to women who are turned away from such care – have higher self-esteem and life satisfaction for years after the decision.<sup>6</sup>
- Further, the American Psychiatric Association’s *DSM-V*, the definitive manual of mental illness and psychological phenomena, does not recognize “post-abortion trauma” or any related category as an identifiable mental-health condition.<sup>7</sup>

Not only have a multitude of prominent scientific authorities concluded there exists no causal link of abortion to psychological trauma, but the medical community also has evaluated and overwhelmingly refuted the methodological soundness of studies that claim otherwise.

- In August 2009, a review of 216 studies on abortion and mental health published in the *Harvard Review of Psychiatry* concluded that studies finding a connection between abortion and mental disorders are marked by numerous methodological problems; the researchers also confirmed that the more methodologically sound studies have consistently shown that pre-existing disorders, sexual abuse, and intimate-partner violence—and *not* the abortion itself—are the strongest predictors of psychological problems following abortion.<sup>8</sup>
- In 2008, after a two-year review of the “best scientific evidence published,” the American Psychological Association’s Task Force on Mental Health and Abortion found that a woman who chooses abortion is at no greater risk for mental-health problems than if she chooses to carry an unintended pregnancy to term.<sup>9</sup> In considering the psychological implications of abortion, the task force recognized that women face complex and diverse circumstances when making decisions about their reproductive health, which may lead to variability in women’s psychological reactions.
- From 2009-2012, a series of events unfolded that expose a shocking willingness on the part of anti-choice “scientists” to manipulate data in order to bolster their claims.
  - In 2009, the *Journal of Psychiatric Research* published a study<sup>10</sup> led by Priscilla Coleman, a professor at Bowling Green State University, claiming a causal effect

between abortion and negative mental-health outcomes. After its publication, University of California, San Francisco Assistant Professor Julia Steinberg and Guttmacher Institute researcher Lawrence Finer attempted to replicate the study and could not do so.

In response, Coleman and her co-authors acknowledged that they had incorrectly explained their methodology and released a revised version.<sup>11</sup> Following the corrected methodology, Steinberg and Finer were able to replicate the study. Their results contradicted Coleman's conclusion and found that no causal link existed.<sup>12</sup>

Coleman continued to defend her study, publishing a meta-analysis of related studies on the same subject.<sup>13</sup> However, a number of the "related studies" she cited were her own past research, not only diminishing the validity of her findings but also violating basic guidelines for scientific integrity.

In February 2012, the *Journal of Psychiatric Research* published a letter by Steinberg and Finer<sup>14</sup> detailing the numerous flaws they had uncovered by replicating Coleman's study. Furthermore, in a rare move, the journal's editor-in-chief called the Coleman study "flawed" and stated that its "analysis does not support their assertions that abortions led to psychopathology."<sup>15</sup>

Sadly, despite these events, anti-choice activists and lawmakers continue to point to Coleman's now-debunked study as justification for passing dangerous biased-counseling legislation across the country. In July 2012, just months after Coleman's study was discredited, the Eighth Circuit Court of Appeals allowed a South Dakota law forcing providers to tell women that abortion is linked to suicide to go into effect. The majority opinion cited Coleman multiple times.<sup>16</sup>

### **Congress Should Allow Scientific and Medical Experts to Determine How to Research This Issue**

At agencies such as the National Institutes of Health, the United States houses the world's foremost scientists and produces the most groundbreaking medical research. One of the reasons our medical-research system works so well is that it is directed by *scientific* expertise and promise, not political favor or influence. Politics should never dictate the outcome of a scientific study, but that is exactly what would happen if Congress were to presuppose the existence of a syndrome the medical community has never shown to exist.

Moreover, anti-choice measures to influence scientific research are designed also to put Congress on the record as formally "endorsing" the existence of this alleged "syndrome." For example, immediately after the Senate adopted language offered by then-Sen. Bob Smith (R-NH) in 2001 that urged the NIH to study "post-abortion depression and abortion psychosis,"<sup>17</sup> anti-choice groups trumpeted the move, one even announcing: "Senate recognizes post-abortion

syndrome.”<sup>18</sup> Another called the amendment significant as “the first federal recognition [of]… a genuine, medically recognized [abortion-related] depression.”<sup>19</sup>

### **Legitimate, Objective Research Concerning the Effects of Women’s Reproductive Lives on Their Mental Health is Appropriate and Should Be Funded**

The effects of reproductive-health choices on both men and women’s mental health warrant serious and thorough scientific research. If Congress is genuinely interested in encouraging research in this area, lawmakers should work with the scientific establishment to set up parameters that encompass the full range of reproductive issues Americans face today, rather than giving unfounded directives solely to further a specific ideological agenda.

- As Dr. Koop said in his 1989 letter to President Reagan, an appropriate study “should include the psychological effects of failure to conceive, as well as the physical and mental sequelae of pregnancy.”<sup>20</sup>
- Such research, structured as Dr. Koop proposed, could be fairly and objectively conducted, and would undoubtedly benefit countless men and women – in stark contrast to unscientific language anti-choice lawmakers have tried unsuccessfully to enact into law.

### **Despite the Lack of Any Credible Scientific Evidence Supporting “Post-Abortion Syndrome,” Anti-Choice Activists Remain Undeterred in Their Pursuit for its Recognition**

Lawmakers have pursued a number of legislative avenues to promote misinformation about “post-abortion syndrome.”

- As mentioned above, anti-choice then-Sen. Smith inserted a non-binding resolution into the FY’02 Labor, Health and Human Services and Education funding bill, urging the National Institutes of Health to research “post-abortion depression and post-abortion psychosis.”<sup>21</sup> The provision was later dropped, but has continued to surface as free-standing bill – most recently H.R.1350, sponsored by anti-choice Rep. Joe Pitts (R-PA).<sup>22</sup>
- Perhaps even more troubling, in 2007 the U.S. Supreme Court, in its closely divided 5-4 ruling in *Gonzales v. Carhart* upholding the first-ever federal ban on an abortion method, ventured into this topic.<sup>23</sup> Oddly, the majority opinion acknowledged the lack of *any* scientific support for “post-abortion syndrome” while giving the mythical syndrome some credence.<sup>24</sup> In an inflammatory and scientifically unsupportable statement, Justice Kennedy’s majority opinion said “[w]hile we find no reliable data to measure the phenomenon, it seems unexceptionable to conclude some women come to regret their choice to abort the infant life they once created and sustained.”<sup>25</sup>

These efforts to expose abortion as a threat to women's mental health are a red herring—the only real connection between the two is their proponents' anti-choice agenda.

### **The “Post-Abortion Trauma” Myth Has Nothing to Do With Protecting Women’s Wellbeing**

If anti-choice politicians truly held such deep concern for women's mental health, it would follow that they would offer their full support for programs that prevent and treat mental illness. Unfortunately, they do not.

- In 2004, anti-choice lawmakers in both the House and Senate held hearings where they tried to equate the mythical “post-abortion syndrome” with post-partum depression, a very real illness that deserves serious attention. Again in 2007, anti-choice lawmakers invited witnesses to discuss the unproven “post-abortion syndrome” at a hearing specifically designed to highlight the devastating effects of post-partum depression. Their willingness to hijack a hearing about a proven life-threatening illness reveals their true intent is not to protect women's psychological wellbeing at all, but rather to forward their anti-choice agenda.
- Time and again, anti-choice leaders in Congress blocked legislative efforts to make mental-health treatment more affordable. For example, in 2008, Rep. Jim Ramstad, a Republican and champion of mental-health insurance parity, said after the passage of a bill to give equal insurance coverage to mental illnesses: “It didn't happen for 10 years of a Republican Congress. I couldn't get a hearing, let alone a vote.”<sup>26</sup> When they had an opportunity to bring help to those actually struggling with medically recognized illnesses, the same anti-choice politicians who purported to care about mental health were nowhere to be found.

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#### **Notes:**

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<sup>1</sup> Memorandum from C. Everett Koop, M.D., Sc.D., Surgeon General, U.S.P.H.S., to Ronald Reagan, President of the United States (January 9, 1989) (on file at NARAL Pro-Choice America).

<sup>2</sup> Russo, Nancy Felipe & Amy J. Dabul, *The Relationship of Abortion to Well-Being: Do Race and Religion Make a Difference?*, 28 PROFESSIONAL PSYCHOLOGY: RESEARCH AND PRACTICE 23-31 n. 1 (1997).

<sup>3</sup> Brenda Major, et al., *Psychological Responses of Women After First-Trimester Abortion*, 57 ARCHIVES OF GENERAL PSYCHIATRY 777-84 n. 8 (2000).

<sup>4</sup> Jocelyn Warren, Marie Harvey and Jillian Henderson, *Do Depression and Low Self-Esteem Follow Abortion Among Adolescents? Evidence from a National Study*. 42 PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH 203.

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<sup>5</sup> Jocelyn T. Warren, S. Marie Harvey, and Jillian T. Henderson, *Do Depression and Low Self-Esteem Follow Abortion Among Adolescents? Evidence from a National Survey*, 42 PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH 230, 234 (2010).

<sup>6</sup> Corinne H. Rocca, Katrina Kimport, Heather Gould, and Diana G. Foster, *Women's Emotions One Week After Receiving or Being Denied an Abortion in the United States*, 45 PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH. No. 3 (2013).; M.A. Biggs, Ushma D. Upadhyay, Julia R. Steinberg, and Diana G. Foster, *Does Abortion Reduce Self-Esteem and Life Satisfaction?*, QUALITY OF LIFE RESEARCH. 2014 Nov 17; 23(9):2505-13. Epub 2014 Apr 17.

<sup>7</sup> AM. PSYCHIATRIC ASS'N, DIAGNOSTIC AND STAT. MANUAL OF MENTAL DISORDERS, Fifth Ed., Text Revision (DSM-V) (2013).

<sup>8</sup> Gail Robinson, et al., *Is There an "Abortion Trauma Syndrome"? Critiquing the Evidence*.17 HARV. REV. OF PSYCHIATRY 4,,268-290.(July/Aug. 2009). A methodological review published in *Contraception* in 2008 came to similar conclusions stating: "the highest quality studies had findings that were mostly neutral, suggesting few, if any, differences between women who had abortions and their respective comparison groups in terms of mental health sequelae. Conversely, studies with the most flawed methodology found negative mental health sequelae of abortion." Vignetta Charles, et al., CONTRACEPTION 78 (2008) 436-450.

<sup>9</sup> American Psychological Association Task Force on Mental Health and Abortion, *Report of the APA Task Force on Mental Health and Abortion* at <http://www.apa.org/pi/women/programs/abortion/mental-health.pdf> (last visited Sept. 23, 2014).

<sup>10</sup> Coleman, P. K., Coyle, C. T., Shuping, M. & Rue, V. M. *Induced Abortion and Anxiety, Mood, and Substance Abuse Disorders: Isolating the Effects of Abortion in the National Comorbidity Survey*, 43 J. PSYCHOL. RES., 770-776 (2009).

<sup>11</sup> Coleman, P. K., Coyle, C. T., Shuping, M. & Rue, V. M., *Corrigendum to "Induced Abortion and Anxiety, Mood, and Substance Abuse Disorders: Isolating the Effects of Abortion in the National Comorbidity Survey,"* 45 J. PSYCHIATRIC. RES., 1133-34 (2011).

<sup>12</sup> Steinberg, J. R. & Finer, L. B., *Examining the Association of Abortion History and Current Mental Health: A Reanalysis of the National Comorbidity Survey Using a Common-Risk-Factors Model*, 72 SO. SCI. & MED., 72-82 (2011).

<sup>13</sup> Priscilla K. Coleman, *Abortion and Mental Health: Quantitative Synthesis and Analysis of Research, Published 1995-2009*, 199 BRIT. J. PSYCH, 180-86 (2011).

<sup>14</sup> Steinberg, J. R. & Finer, L. B., *Coleman, Coyle, Shuping, and Rue Make False Statements and Draw Erroneous Conclusions in Analyses of Abortion and Mental Health Using the National Comorbidity Survey*, 46 J. PSYCHIATRIC. RES., 407-8 (2012).

<sup>15</sup> Ronald C. Kessler, Alan F. Schatzberg, *Commentary on Abortion Studies of Steinberg and Finer (Social Science & Medicine 2011; 72:72-82) and Coleman (Journal of Psychiatric Research 2009;43:770-6 & Journal of Psychiatric Research 2011;45:1133-4)*, 46 J. PSYCHIATRIC. RES., 410-11 (2012).

<sup>16</sup> *Planned Parenthood MN, ND, SD v. Rounds*, Nos. 09-3231/3233/3362 (8th Cir. Jul. 24, 2012)

<sup>17</sup> H.R.3061, EAS 107th Cong. (2001).

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<sup>18</sup> MiVille, Charles R., *Senate Recognizes Post-Abortion Syndrome*, Family News: In Focus, Nov. 12, 2001.

<sup>19</sup> Lopez, Kathryn Jean, *Looking Beyond Choice: The Senate passes an important, if overlooked, amendment*, National Review Online (Nov. 7, 2001).

<sup>20</sup> Memorandum from C. Everett Koop, M.D., Sc.D., Surgeon General, U.S.P.H.S., to Ronald Reagan, President of the United States (January 9, 1989) (on file at NARAL Pro-Choice America).

<sup>21</sup> H.R.3061, EAS 107th Cong. (2001).

<sup>22</sup> H.R.1350, 111<sup>th</sup> Cong. (2009).

<sup>23</sup> *Gonzales v. Carhart and Gonzales v. Planned Parenthood Federation of America*, 127 S. Ct. 1610 (2007).

<sup>24</sup> *Carhart/PPFA*, 127 S.Ct. at 1634.

<sup>25</sup> *Carhart/PPFA*, 127 S.Ct. at 1634.

<sup>26</sup> Fred Frommer, *After 12 years, Wellstone Mental Health Parity Act is Law*, MINN. PUB. RADIO, Oct 3, 2008 at [http://minnesota.publicradio.org/display/web/2008/10/03/parity\\_finalpassage/](http://minnesota.publicradio.org/display/web/2008/10/03/parity_finalpassage/) (last visited Dec. 11, 2015).