Childbirth as Protective of the Health of Women in Contrast to Induced Abortion - III.
Mental Health and Well-Being

This bibliography is the third in a series which provides evidence of the protective effects of childbirth and the detrimental effects of induced abortion on the health of women. The specific subject is mental health and well-being.

Religious Beliefs and Practices

There is a growing body of literature asserting that religious commitment improves health and well-being. For example, numerous studies have shown that lack of church attendance or religious commitment significantly increases the risk of suicide, alcohol or drug abuse, and use of illicit drugs. In contrast, religious commitment tends to increase marital happiness and lower depression and psychological distress. Obtaining one or more abortions appears to further alienate many women from religious institutions and thus deprive them of a potentially positive health benefit.


Women who reported abortions were less likely to be strict regarding religious observance. Orthodox Jewish women who observed the tradition of going to the ritual bath after each menstruation had an abortion rate of 1.1%. Those who observed part of the ritual had a rate of 3.8% and non-observant women had a rate of 12.7%. Postabortion women were significantly more likely to smoke cigarettes compared to women without a history of abortion.


In-depth interviews among teenagers in San Diego, California, undergoing abortion for mental health reasons found that 60% had strong post-abortion guilt. The study reported that, "A substantial number changed their moral and religious convictions following pregnancy and abortion including feeling differently about sex, abortions, or killing, changes in formal religious faiths, and changed feelings about their view of God and what was sinful."


Researchers at the University of Colorado collected data on predominantly Anglo middle-class women in high school and college between 1969-73. In 1979 and again in 1981, data was again collected from the participants. It was found that former college women who had an abortion attended church less often than those with no abortion history. They were also more likely to be involved in heavy alcohol use and illicit drug use and had initiated sexual intercourse at an earlier age compared to college women with no abortion history. Former
high school women who had had an abortion placed a lower value on affection, were more socially critical, more tolerant of deviance, and were less religious when compared with former high school women without a history of abortion.

Comment: Although abortion counseling practices have been secularized by almost exclusively emphasizing bodily concerns or reproductive health concerns, the lack of attention to religious beliefs and practices may be very detrimental to their health and well-being. This study includes heavy alcohol use, use of illicit drugs, and early initiation of sexual intercourse as part of the lifestyle of women who obtain abortions.

The Repeat Abortion Patient, Judith Leach, Family Planning Perspectives 9(1):37, Jan/Feb 1977.

In a 1974 study of women repeating abortion in the Atlanta area, 21% of the women repeating abortion vs 8% of women aborting for the first time, reported that they had no religious affiliation. The disparity was especially striking in the private clinic population where eight times as many women repeating abortion compared to women aborting for the first time said they had no religious affiliation (20% vs 2.5%).

Comment: The increasing alienation from religious institutions as abortion is repeated is especially noteworthy because some 60% of U.S. women will repeat abortion by 30 years of age.


In a study of 71 women in a patient led post-abortion support group at the Medical College of Ohio 1-15 years following their abortion, 48% had mental health counseling at some point after their abortion. 46% of the women stated they had changed to a Fundamentalist or Evangelical Church. Based on the responses of the women in these churches, it appeared that they changed religious affiliation in an effort to help themselves cope with their postabortion feelings. It was found that women members of these churches scored significantly lower on the MCMI inventory in areas of passive-aggressive, alcohol abuse, and avoidance compared to other women in the support group.

Suicide


A large Finnish study which incorporated data from birth, death and abortion registries studied women who committed suicide in 1987-94 within one year of a pregnancy. It was found that the suicide incidence associated with induced abortion was 34.7 per 100,000 postabortion women compared to 13.1 per 100,000 postmiscarriage women and 5.9 per 100,000 postpartum women and a mean annual rate of 11.3 per 100,000 women generally.

Comments: Some of the reasons for a potentially causal connection between induced abortion and suicide based on a review of individual cases involving suicide following abortion include: guilt from the abortion, death anxiety following abortion, severe depression, increased isolation, and overwhelming grief.

If the deaths from suicide following childbirth or induced abortion are included as maternal deaths or deaths from legal abortion, and adjusting for the lower suicide rate among U.S. women in general compared to Finnish women, then death from legal abortion would be approximately twice as likely as death from childbirth among U.S. women. (14 per 100,000 postabortion women vs 7 per 100,000 postpartum women.)


In a Swedish study of 57 women with prior psychiatric problems who subsequently had induced abortions, three (3) committed suicide as determined by long-term follow-up studies 8-13 years after their abortion. In contrast, of 195 women with previous psychiatric problems who carried their children to term, none committed suicide.

Refused Abortion

A follow-up study of 197 South African women seeking abortion on psychiatric grounds was undertaken after 12-18 months. Among 107 women recommended for abortion, 95 had a legal abortion, 6 had a miscarriage, 5 carried to term, and 1 had an illegal abortion. Among 69 out of 90 women refused abortion, 32 carried to term and kept the baby, 6 carried to term and chose adoption, 14 had legal abortions on other grounds or else overseas, 11 miscarried, 9 unsuccessfully attempted illegal abortion, and 6 successfully attempted illegal abortion. None in either group committed suicide, but 3 women who were refused abortion attempted suicide. The authors concluded that women who had abortions had more adverse changes in mental health outcome compared to women who were refused abortion based upon the need for psychiatric treatment, admitted increased use of alcohol, or other drugs, admitted increased use of tranquilizers, adverse personality changes and greater social isolation.

Psychiatric Consultations/Hospital Admissions


A three-fold increase in previous psychiatric consultations was found in women seeking repeat abortions compared with maternity patients.


A Saskatchewan, Canada, review of the health services including deliveries, spontaneous abortions, induced abortions and sterilizations one year before and one year after pregnancy-related events found that postabortion women had "mental disorders" 40.8% more often than did postpartum women and that postabortion women were treated 24% more often for accidents or conditions resulting from violence. Subsequently, postabortion women consulted physicians for reasons related to mental health twice as often as did postpartum women.

In Alberta, Canada, a five-year study which compared women who had had abortions with women in general found that, among the women who had had abortions, 24% made visits to psychiatrists, compared to 3% in the general population.


In this Danish study, psychiatric hospital admissions in 1975 were tracked for three months postabortion and three months postpartum for all women under 50 years of age. Women who had been admitted to a psychiatric hospital within 15 months post-abortion or postpartum were excluded. Data were obtained on 27,234 women who had induced abortions, 7,378 women carrying to term, and 1,169,819 women 15-49 years of age representing the entire population of women. Psychiatric hospital admissions showed an overall 50% higher rate of admissions for women with prior induced abortions compared to women with live born children. Divorced, separated, or widowed postabortion women were nearly 4 times more likely to be admitted to a psychiatric hospital compared to women who carried to term.

Comment: Denmark has a national population registration system that provides access to abortion, birth and psychiatric hospital admissions. Thus, studies can be carried out by linkage among these registers and this study has been singled out as being particularly well designed.


Danish National Health Service reports of all induced abortions between Oct. 1, 1973 and Dec. 31, 1974 were compared with a list of all women who had been admitted to a psychiatric institution between April 1, 1973 and December 31, 1975. Increasing parity of one, two, or three live births did not increase the age-adjusted per-
centages of women with psychiatric admissions (2.56%, 1.97%, 2.15%). However, the increasing number of induced abortions from one, two, or three did increase the age-adjusted percentages of women with psychiatric admissions (3.42%, 4.06%, 6.00%). Teenage aborters had 2.9 times the rate of psychiatric admissions compared to women in general. Divorced women who had aborted were 3.5 times more likely as married aborters to have been admitted one or more times to a psychiatric institution. Separated women who had aborted were 2.8 times as likely as married aborters to have had at least one psychiatric admission.

Comments: This is an important study because of its overall good design. However, other than being published as a doctoral dissertation, it was never published in any medical or social journal despite the fact that the author published other articles in medical or social journals on abortion or contraception both before and after the date of the dissertation. Thus, it has not received the attention which it deserves.


Admissions to a psychiatric hospital in a 1-year period in the city of Goteborg, Sweden during 1952-56 were 1.92% following legal abortion compared to 0.68% following delivery.


A study of 82 women hospitalized for major psychiatric disorders at San Francisco General Hospital found that women with a history of abortion (avg. 1.54) were significantly more likely to have received the diagnosis of psychoactive substance use disorder (DSM-111-R criteria) compared to women with no live born children (45.5% v. 15.6%). They also were significantly more likely to report substance abuse (81.8% v. 37.5%), alcohol abuse (68.2% v. 31.3%), cocaine abuse (59.1% v. 15.6%), and Caucasian (45.5% v. 21.9%) compared to women with no children.


A sample of 100 women who came to the Women's Psychiatric Clinic at Toronto Western Hospital. The women studied were stated to be overall relatively well functioning nonpsychotic individuals under considerable stress. Among the 100 women, 46% reported abortion as a significant health or gynecological problem or traumatic incident. Having had children did not correlate with any other variables, but women who had experienced physical or sexual abuse were significantly more likely to have had an abortion. In addition, abortion correlated very significantly with three or more trauma factors. The authors speculated as to whether traumatic experiences could be internalized in such a way that they would be reenacted and repeated in some form in a woman's current life. They stated that, "Connections in the study between trauma and abortion and between sexual abuse and abortion direct attention to a possible long range implication of these events for the lives of women."

Depressive Symptoms


A case-control study of depressive symptoms in women 17-25 years of age compared to women with prior induced abortion, delivery, spontaneous abortion, and never pregnant on the Center for Epidemiologic Studies Depression Scale. Women with prior induced abortion had the highest frequency of depressive symptoms. Higher scores were found in women where there was a perceived loss of control in the decision to terminate, negative feelings about the termination, and little meaningful religious experience.


Two hundred fifty-four women
residing in Vancouver, British Columbia and expecting their first baby were followed until 12 months postpartum by a series of psychological tests and attitudinal measures. Among these women, 28 had a prior induced abortion and 216 women had no prior induced abortion. The study found no statistically significant differences between preparation for childbirth or confidence in mothering between postabortion women and women with no prior abortion. However, postabortion women were significantly more likely to report lower self-esteem, more depression, reported being less socially well-adjusted, were more likely to work full-time, and were more likely to be autonomous and independent, enjoying being unattached, free, and not tied to people, places or things.

Comments: It has been reported that the stress from previous abortions can delay preparation for subsequent childbearing and retard mother-child bond formation due to postpartum depression from previous losses. Psychiatrist Philip Ney has also warned that a previous abortion may result in depression which interferes with the mother's capacity to bond with her newborn.

Based on the personality and behavioral differences in the Canadian study, it appears likely that postabortion women would be less attached or bonded to their children.


One hundred nineteen women routinely attending a London ante-natal clinic were interviewed at several times between the 12th and 36th gestational weeks. 34 (29%) had been pregnant one or more times before, 21 (18%) of the women had obtained an abortion previously, and 13 had prior miscarriages. It was found that 8 of the 21 women with prior abortions compared to only 2 of 13 women with prior miscarriages were clinically depressed and/or anxious. They observed an intensification of fears of foetal abnormalities which were spontaneously interpreted in terms of retribution which were apparently unresolved feelings of guilt, grief, and loss which remained dormant until re-awakened by another pregnancy.

Comment: It has been found that women who are depressed in pregnancy are likely to have a variety of poor health behaviors.

Social Well-Being


In a Hungarian study of the psychosocial characteristics of married women seeking repeated induced abortion compared to women with no history of abortion, women with one or more induced abortions were more likely to state that they feared or were disturbed about getting pregnant, were less likely to report that having sexual intercourse was pleasurable, were less likely to become closer to their husbands when they became pregnant, and were less likely to report being very happy in their marriage.


A Swedish study compared women age 20-29 living in Goteborg, Sweden in 1988 who were applying for a repeat abortion to those applying for abortion for the first time and also compared to women who were continuing their pregnancies to term. The reason for the study was that, despite family planning programs, the incidence of induced abortion was rising steadily in the area. The study found that women carrying to term had a more stable lifestyle with a significantly greater number having a lease on their apartments (86% v. 56%), were more likely to live in private homes, and had a better day-to-day economic situation compared to women seeking abortion.

Women applying for repeat abortion had a significantly higher prevalence of psychological problems (45%) compared to women seeking abortion for the first time (25%) or women carrying to term (21-23%). Women applying for repeat abortion were more likely to have had contact with the social service system (44%) compared to women seeking abortion for the first time (21%) or women carrying to term (24%). Women seeking abortion were significantly
more likely to report an unstable relationship with their partner (27%) compared to women carrying to term (3.5%) and were less satisfied with the relationship with their partner than those carrying to term. More than one-half of those seeking abortion stated their decision was difficult or very difficult compared to only 4-6% carrying to term.

Comments: This study is one of many demonstrating that women are affected adversely in many aspects of health and well-being, as well as deteriorating relationships with males, as induced abortion is repeated. It is unique in that it compares childbearing women with women seeking a first or repeat induced abortion. It also demonstrates that women seeking repeat abortion are frequently not happy or prosperous but instead are more unstable, with more personal, economic, and social problems than childbearing women. The percentage of women obtaining repeat abortions is considerable. According to the CDC, 45% of induced abortions in the U.S. each year involve women who are repeating abortion, and the Alan Guttmacher Institute has reported that 60% of U.S. women who have an abortion will have a repeat abortion by age 30.

Other studies have found that women repeating abortion are more likely to have a poorer economic situation compared to women with a single abortion. A 1991 Finnish study which compared women seeking their second abortion with women with one induced abortion found that those repeating abortion had less net household income, poorer housing, weaker relationships with their male partner and were less competent in building up the socio-economic framework of their lives than the single abortion group. A study of U.S. women at Yale-New Haven Hospital in 1974-75 which compared women with first abortions to women with repeat abortions found that those in the repeat group were significantly more likely to be divorced, less likely to be a student, and more likely to be on welfare compared to women with first abortions.

The Swedish study also reported a higher level of psychological problems among women seeking repeat abortions compared to women seeking a first abortion or childbearing women. The 1981 Finnish study found that those women who were repeating abortion tended to indicate a "split" mechanism and immaturity of ego development which merged on a borderline level disturbance.

Other studies have also found that women repeating abortion have more psychological problems compared to women with one abortion. A study by psychiatrists of women in a postabortion support group at the Medical College of Ohio found that women reporting multiple abortions had more often considered suicide and scored higher on borderline personality pathology and depression compared to women with a single abortion.

Another study reported that women repeating abortion were more isolated and had higher emotional distress levels in areas of depression, anxiety, paranoia, and sleep disturbance compared to women with one abortion.

A British study authored by a social worker at a London hospital reported that women repeating abortion seemed to select male partners known to be objectionable to the woman's parents but which were shallow relationships and usually terminated following the abortion. The social worker also described various women repeating abortion as "chaotic, childlike," or "doll-like" or "cold and detached with little feeling."

The Swedish study found that about one-half of the decisions for abortion were difficult indicating ambivalence and conflict. Repeat abortions have been reported to be re-enactments of conflict between drives and have little to do with ego functions, such as learning. The woman may perceive herself as both an aggressor and as a victim and there is an intrapsychic conflict between basic drives.

A pregnancy which leads to a request for an abortion has been stated to reflect an underlying unresolved conflict in the female or male which is being acted out through the pregnancy. A request for a repeat abortion would seem to indicate that the ambivalence has persisted and is being acted out through pregnancy once again, or that a new circum

A survey of 1,014 women in December 1992 at Royal Women's Hospital in Brisbane, Australia, evaluated past and present abuse during pregnancy. Abused women were significantly more likely to have a higher incidence of miscarriage, two or more pregnancy terminations by abortion or neonatal death compared to nonabused women. Abused women also smoked significantly more cigarettes, took more prescription drugs and anti-depressants, and used social work services more often than nonabused women.


In a study of women during 1984-87 in the Women's and Adolescent Prenatal Clinics in Boston City Hospital, a history of prior elective abortion compared to no history of prior elective abortion was a statistically significant risk factor for victims of violence (1:68 RR, 1.01-2.57, CI 95%).

Comment: The inability of a prospective father to adequately mourn the prior loss of a child by abortion may be related to abuse in a subsequent pregnancy. Guilt in expectant fathers may occur if the wife has had a previous miscarriage or abortion. If they somehow feel responsible, there is a good chance they will resent the baby and wife that much more. An incident is cited in the literature where an unmarried woman was coerced into an abortion by her parents. Later the woman and the aborted child's putative father married. Shortly thereafter, the wife became pregnant. But instead of being pleased, the putative father became distant and detached. Once he struck his wife in the stomach during an argument. He left five days after the birth of their child saying, "We couldn't have the baby we wanted and now we've got one I can't stand. It's too much for me to handle." This is an example of how violence begets violence. A study of 301 college students (210 females, 91 males) age 18-22 found that dissociation was significantly related to reports by females of becoming pregnant, and of having an abortion in high school. It was stated that individuals who detach from reality through dissociation may disregard clues that would otherwise warn them to be on guard, or to avoid certain circumstances or people and thus become "sitting ducks" for later abuse.

Prior trauma from pregnancy and abortion may increase the likelihood of later abuse of women. A study of 501 college students (210 females, 91 males) age 18-22 found that dissociation correlates with dissociation, if verified in other studies, is of considerable potential importance to the future well-being of women.


A Johns Hopkins University study of 532 Baltimore mothers of children 4 years of age and under who were maltreat-
ed (two-thirds of the families were black) found that mothers were significantly more likely to have had a prior stillbirth or reported abortion or a prior child death. Some 18% of abusing families had one or more stillbirth or abortion vs. 12% of non-abusing families. Where there were two stillbirths or abortions or a combination thereof, the rate was nearly doubled (4.3% vs. 2.4%).

In 59.5% of the cases a parent was the identified abuser and mothers alone were cited as abusers in 38.7% of the cases. Injuries ranged from serious fractures and burns to minor cuts and bruises with 3.6% of the children dying from their injuries. The authors called these findings, "provocative," and concluded that reproductive history and the circumstances surrounding past pregnancies may provide important clues of what family dynamics may be related to subsequent maltreatment.

Comment: It has been observed that inadequate or failed mourning of a previous pregnancy loss can undermine a woman's mothering ability and therefore can be a predisposing factor in child abuse. Pregnancy tends to inhibit the normal processes of mourning. Once delayed by pregnancy, it may never get properly underway again.

Pregnancy losses can also lead to marital difficulty. The woman may feel undermined by the husband and, if there is family difficulty in containing violence, the child may be battered.21

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Additional References

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