

AGI Report Misrepresents Science on Abortion and Women's Mental Health

BY NRL News Staff

Editor's note. The Alan Guttmacher Institute (AGI), although a "special research affiliate" of Planned Parenthood, gets great, almost entirely uncritical press coverage. A study produced by AGI titled "Abortion in Women's Lives" naturally concluded that abortion is trouble-free for women. We asked experts to look at two specific areas in the report: abortion and its impact on women's mental health and abortion's link to an increased risk of breast cancer. This is the first of two stories. The other is on page 17.

The Alan Guttmacher Institute (AGI) recently released a report concluding that "abortion does not pose a hazard to women's mental health." This completely off-base conclusion by a "special affiliate" of Planned Parenthood is only one of many erroneous conclusions.

AGI asserts, "Well-designed studies conducted since the American Psychological Association [APA] review in 1989 continue to find no causal relationship between abortion and mental health problems." But just the opposite is true.

These well-designed studies indicate that abortion poses serious and prolonged mental health risks to a significant percentage (at least 20-30%) of women undergoing an abortion.

Indeed, the research evidence clearly shows that abortion substantially increases risk for anxiety, depression, sleep problems, substance use, and suicidal behavior.

How does the AGI go about disregarding all the evidence that abortion not only takes the lives of unborn children but is injurious to their mothers? AGI (1) ignores numerous studies published in peer-reviewed scientific journals, (2) offers ill-founded criticism of studies that AGI cannot ignore, (3) selectively reports findings, and (4) misrepresents studies in the medical and psychological literature that document how women can and do suffer after they abort.

AGI specially targets for special criticism many studies by Dr. David Reardon and Dr. Priscilla Coleman and their colleagues. The unwary reader would never know that, in fact, these studies are both methodologically sound and have been published in well-respected psychology and medical journals.

AGI asserts that these studies failed to include adequate "controls." AGI specifically notes, "None adequately control for factors that might explain both the unintended pregnancy and the mental health problems, such as socio-demographic characteristics, pre-existing mental or physical conditions, childhood exposure to physical or sexual abuse, and other risk-taking behaviors."

In other words, the myriad negative behaviors have nothing to do with the abortion itself but may be a reflection of prior conditions.

This is simply flat-out wrong. The vast majority of studies published by these researchers did include controls for pre-existing psychological problems as well as controls for personal characteristics and situational factors associated with the choice to abort.

Whatever weaknesses studies conducted long ago may have had, the newest wave of research has several other strengths conveniently ignored by AGI. For instance, three studies use women with unintended pregnancy who carried to term as the control group. This provides a better comparison, since relationship and lifestyle factors are likely to be similar among women who carry an unintended pregnancy to term and women who abort.

These newer studies have also analyzed data collected for several years after the abortion. This provides a broader, long-term picture of potential harm. For many women, psychological effects are not experienced until several years after the abortion when they learn more about fetal development or have children.

In addition, the accumulation of hard data from impeccable sources eliminates the problem of women who might conceal having had an abortion, thus providing more valid assessments of psychological illness. Moreover, the studies are not only much larger than previous reports (most in the thousands), they are representative of the nation as a

whole. This provides a more realistic assessment of how abortion impacts the life of the average American woman. Finally, the studies conducted by Reardon, Coleman, and colleagues underwent a rigorous peer-review process. They would not have been accepted for publication had there been significant problems with methodology.

AGI's strategy is to identify one unfounded or minor shortcoming. It then endeavors to use this to discredit an extensive body of evidence that quite definitively shows that women who abort incur a substantially increased psychological risk.

The most recent study cited by AGI indicating abortion was not associated with significant mental health problems was published by Major and colleagues in 2000. But this ignores that, subsequently, dozens of studies have been published throughout the world documenting the psychological risks associated with abortion.

Even researchers who self-identify as "pro-choice" are challenging the pro-abortion orthodoxy that abortion is benign for women. Last January, when pro-choice New Zealand researcher David Fergusson published in the *Journal of Child Psychology and Psychiatry and Allied Disciplines*, Fergusson reported that the findings were counter to what his team of researchers had expected.

Fergusson and colleagues demonstrated that compared to both women who carried a pregnancy to term and those who had never been pregnant, young women who aborted were at a greater risk for depression, anxiety, suicidal behaviors, and substance use disorders. Dr. Fergusson and his colleagues sternly challenged the American Psychological Association's now 17-year-old conclusion that "well-designed studies of psychological responses following abortion have consistently shown that risk of psychological harm is low."

They note that the APA's conclusion was based on a small number of studies, which suffer from significant methodological problems. It also generally disregards studies that found negative effects.

Noteworthy is that Fergusson and colleagues cite a 2003 paper by Cogle, Reardon, and Coleman that appeared in the *Medical Science Monitor* as "perhaps the most comprehensive analysis of this topic."

Finally, the AGI report describes a 1995 British study by Gilchrist as one the strongest studies ever conducted. In truth, there are methodological problems which we won't take the time to go into here.

When describing the findings of the Gilchrist et al.'s article, AGI neglects to mention that the authors found that among women with no history of psychiatric illness, deliberate self harm was 70% higher in women after abortion as compared to women who gave birth. If the literature is definitive as AGI suggests, why did the researchers cite so few (and dated) studies to support their claims?

Counter to AGI's claims, the scientific evidence confirms what pro-lifers have known for many years—that abortion carries considerable potential to hurt women psychologically. AGI ignores, misconstrues, and inappropriately dismisses scientifically sound evidence.

This may serve a political agenda but it also reduces AGI's credibility. It also hinders the transmission of accurate, reliable information to women, their partners, family members, and health care professionals who work with women experiencing an unintended pregnancy.