



El problema de los posibles traumas psicológicos existentes tras el aborto

Los pasados días 19 al 22 de febrero se celebró en Roma la XX Asamblea de la Pontificia Academia para la Vida. En ella se difundió un documento de la propia Academia titulado “Post-Abortion Trauma. Possible psychological and existential aftermaths”, en el que se trata el problema de los posibles traumas psicológicos existentes tras el aborto

Dicho documento contiene tres artículos. El primero del profesor **Vincent Rue**, de Jacksonville Florida; el segundo de **Priscilla Coleman**, de la Universidad Bowling Green, de Ohio y el tercero de los profesores de la Universidad Católica de Valencia, **Justo Aznar** y **Germán Cerdá**. El primero director del Instituto de Ciencias de la Vida y el segundo Decano de la Facultad de Medicina.

Es para nosotros un honor que en tan importante documento hayan

contribuido de forma tan significativa miembros de nuestro Observatorio..

Por su interés reproducimos el texto de la aportación, en idioma inglés como fue publicado, de los doctores Aznar y Cerdá.

Introduction

No doubt the alterations in women's mental health after abortion is a topic that sparks lively medical sociological and even anthropological debates. In relation to this we note that there is a large group of authors who claim the existence of such alterations (1, 2, 3, 4, 5), while others claim the contrary (6, 7, 8, 9, 10).

And what might be the reasons for such disparate results?

First, the methodological difficulties of these studies, especially due to confusing factors, not always easy to control adequately (11), such as the heterogeneity of women's groups evaluated in regards to age, race, social status and religious beliefs; the presence of psychological changes or lack thereof, prior to the abortion of; the desire or lack thereof for the pregnancy; whether a woman can rely on her partner for help, or the help of her family, etc.. Consequently, we are of the opinion that the presence of many different confusing factors can decisively influence in the heterogeneity of the obtained results. There also exist technical differences, such as the fact that most of the studies that are done are done in retrospect, because the prospective studies, due to obvious ethical reasons, are difficult to study. To these difficulties we must add fundamental ones, and within these reasons we have the fact that the specialists who emphatically defend the existence of a post abortion syndrome, do it in many cases using data from the patients. These patients arrive seeking psychological help after having aborted, and studies are not performed on the patients who do not demonstrate any psychological alterations, but demonstrate instead a high degree of wellbeing after having had an abortion.

Also be influential on this disparity of results can be the moral criteria that people and institutions use to complete these "works". Without a doubt, it is very difficult to talk about a topic such as this one, a topic that has such a heavy ethical weight, without being influenced by these circumstances.

Therefore to raise our study it has seemed most appropriate to evaluate some of the most recent reviews on the topic, those that have appeared to us to be the most relevant, in order to demonstrate that

abortion may or may not be a cause of psychological changes in women that have suffered from it, and especially to confirm the possible existence of a post abortion syndrome.

Results

With this finality we have evaluated four reviews (12, 13, 14, 15) and some of the last works on this topic.

1. The first (12) is that the "Council of Representatives" of the American Psychological Association (APA) was assigned to the "Task Force on Mental Health and Abortion", which was published in 2008. In this are included all the articles written in English dating back from 1989 that evaluate the mental health of women who have undergone an induced abortion.

The principal objective of this review "was to pick up, examine, and summarize the scientific investigations that were published up until that time, in which there was a relation between abortion and mental health problems in women." Focusing on the next aspects: a) does abortion cause harm to the mental health of the woman who has aborted? b) what is the prevalence of mental health problems in women in the United States who have aborted? c) what is the relative risk of undergoing secondary mental health problems from abortion, compared to the women who have terminated their pregnancies by other procedures? d) can we predict the psychological changes secondary to abortion?

The principal conclusion to this systematic review is that the relative risk of suffering mental health disorders, after a single legal abortion in the first trimester, which is not desired and not realized for therapeutic reasons, is not higher than the one that can happen to a woman who gives birth by natural means to a pregnancy that is not desired. Even though it is also shown that in some women who have aborted, situations of sadness and pity solitude and even depression and anxiety are detected they estimate that there is not enough existing evidence in order to demonstrate a direct association between abortion and mental health problems, without excluding more confusing factors. Other interesting aspects are that for the first time it was evaluated whether women who have aborted have socio psychological disorders prior to abortion, because in cases where they may exist, they could be predictive of a possible answer to a mental anomaly through the act of abortion. What is confirmed in this review is the existence of mental problems in women who have aborted several times, even though it is thought that there could be previous psychic imbalances that could predispose them to remain pregnant without desiring it, and consequently attempt to terminate these pregnancies

by means of abortion.

We conclude that a woman who may have mental health problems prior to aborting could be principally at risk of suffering from psychological disorders after an abortion. Even though these are necessary studies in order to determine the possible relation between abortion and mental health in women, given the diversity and complexity of the circumstances, the estimate is that it would be premature at this moment to come up with conclusions.

2. Parallel to this version there have been five articles published (4, 9, 17, 18, 19) and in our judgment, complement that which is displayed in them. In the first one, Taft and Watson (9) in Australia include in their study 9683 women from the ages of 22 to 27, detecting the existence of association between abortion and depression, even though they observe women that have had two or more labors, in relation to those who have not had one, which somehow weakens its conclusions on the existence of post-abortion psychological disorders.

In the second, Dingle *et al.* (16), also in Australia, after adjusting different confounding factors, find that women who have had an abortion are prone to smoking and drug use except for the use of marijuana, and are prone to depression and anxiety, when compared to a group of women who have not had an abortion. Although the value of this finding can be diminished when we consider that women who have lost a pregnancy are also prone to smoking and drug use except for the use of marijuana, in comparison to women who have never been pregnant before.

The third one is Fergusson *et al.* (17), and we will evaluate it in more detail further ahead.

The fourth is studied by Pederson *et al.* (4), in Norway, in which the possible association between abortion and depression was evaluated in two groups of women, one under 20 and one until the age of 27, including 40 women who had aborted, 27 that had had a child by natural delivery and 700 that had never been pregnant either in their adolescence or their youth. The authors conclude that there are no differences in the tendency to depression amongst the three groups. Instead, the women who had aborted halfway through the decade of their twenties showed significantly higher rates of depression than women who had never been pregnant, but not more than those who had given birth in the normal manner and in the same time line.

The fifth article is Steinberg and Russo (10), which finds that women who had abortions had no higher incidence of anxiety and other

psychological disorders than women who had given birth normally, but instead, in a subsequent analysis, found that women who had abortions themselves repeatedly showed a higher incidence of anxiety than those who had not.

3. The second evaluation review will focus on mental health problems secondary to long-term abortion because only include studies that follow women after abortions of 90 days or more. 700 articles therein are evaluated, of which only 21 have a control group.

The authors conclude that they cannot reliably establish the existence of a link between abortions and mental health problems in women who had abortions, especially if one considers that the higher quality of the evaluated studies discover a lesser association between abortion and mental risk for women who have suffered.

4. In the third review (14), Priscilla Coleman evaluated all the published articles in English between 1995 and 2009, of which she selected for her consideration 22 articles, 15 articles from the U.S and 7 from other countries. These include a total of 877,181 women, distributed in three groups: a) one of healthy women who are not pregnant; b) another of healthy pregnant women who have given birth to a healthy baby; c) and a third that includes 163.821 women who have aborted. This systematic review shows that women who have abortions are 81% more likely to have mental problems than those who did not. Furthermore, the possibility of them having anxiety problems is 34% higher, and by 37% for depression. The possibility of falling into alcoholism is 110% higher, with a 220% higher rate of consuming marijuana. But in our view, the most relevant data provided by this review is that 10% of the women with mental health disorders have aborted prior to the onset of clinical symptoms.

5. The fourth review (15) is the one of the "Academy of Medical Royal Colleges" and of "National Collaborating Centre for Mental Health", published in December 2011. In this comprehensive review, involving twenty working professionals who focus primarily on studies evaluating mental health disorders in women who have had a legal abortion after an unwanted pregnancy. The questions to which this review seeks to respond are: a) what is the prevalence of mental health problems in women who have had abortions? b) Why is it that the results on abortion and mental health in women who have abortions are so inconclusive? c) are problems of mental health more frequent in women who have aborted than in women who have an unwanted pregnancy and have given birth naturally?

Its main conclusions are a) mental health problems of women in the general population after childbirth or after an abortion are similar,

b) unwanted pregnancies that end in childbirth by natural means are associated with increased mental health problems, c) the incidence of mental health problems in women with an unwanted pregnancy who have given birth by natural means is of the same rate as than those who have aborted, d) the greatest predicting factor of the possibility for mental health problems after an abortion is the existence of a prior history of mental disorders, e) the authors seem to confirm the existence of external factors of women who have had abortions that can be associated with the increased incidence of mental health problems secondary to abortion, such as family pressure for women to abort, the negative attitude of society in general towards abortion or negative personal experiences of women in relation to abortion, and f) from a technical point of view, the authors suggest that the meta-analyzes used to assess the possible association of abortion with mental health problems of women are generally of low quality and at risk of bias objectives.

6. Independently of the four systematic reviews evaluated and the previously mentioned works, there are many other works that address the possible relationship between abortion and mental health problems of women who have had abortions, which naturally we cannot refer to here, but if we dwell on two of them: Fergusson (17), for its undoubted importance and Munk-Olsen (18) being as we know, the last major work to be published.

The first (17) is a longitudinal study involving a cohort of 534 women from which 1265 children were born in Christchurch, an urban region of New Zealand, which were followed from birth until they turned 30 years old.

In this study it is found that, as specified in a subsequent work of the same authors (19), 284 women had 686 pregnancies before age 30, with 117 women, 153 abortions; 138 pregnancies were lost naturally in 95 women, 66 infants were born naturally from 52 women who demonstrated adverse reactions, and 329 of 197 women showed no medical problems.

The authors reach the following conclusions (17): a) the induced abortions were associated with increased mental health problems, between 1.86 and 7.08 times higher than women who had not aborted, b) natural abortions were also associated with a modest but apparent increase in mental problems, summed up as 1.76 to 3.30 times higher, c) the births after an unwanted pregnancy or following adverse reactions during pregnancy were associated with a small increased risk of mental problems, except alcoholism, d) the association between mental health problems after a normal pregnancy was weak and inconsistent; e) in women who have aborted, the risk of mental health

problems increased by 30% relative to those who have not, and f) furthermore they conclude that mental health disorders attributable to abortion represent between 1.5% and 5.5% of all mental disorders in women.

The second study to which we refer to is that of Munk - Olsen (18). It includes data from the Danish Civil Registration, that includes young women without mental problems during the period from 1995 to 2007, who have had a first-trimester abortion or the birth of a child during this same period of time, assessing whether these women have requested a psychiatric consultation up to 12 months after the abortion. The results show that the incidence of psychiatric consultations per 1000 women/year, in young adult women who had a first abortion was 14.6 before abortion and 15.2 after the abortion. This same rate among women who had a child after a normal pregnancy was 3.9 before pregnancy and 6.7 after delivery. That is, the rate of psychiatric consultations did not differ substantially before and after an abortion, but was significantly increased compared to women who had a normal delivery.

In this latter work (18), we focus on some critical comments by Priscilla Coleman (20), in which it is noted that the incidence of psychiatric problems present in a pre-abortion visit is excessively high, around three times what the normal population has. Coleman suggests that this increase may be because the woman was already immersed in the state of anxiety that can occur in the days before abortion after an unwanted pregnancy. Moreover, an important fact for her is that mental health problems are significantly higher after abortion (15.2%) than after a normal delivery (6.7%).

Also, an important aspect in our judgment, which is not taken into consideration in the study of Munk - Olsen (18), is that the possible link between abortion and mental health problems is not evaluated in women who have had repeated abortions, which are the ones that have most post-abortion mental health problems. It is also an objective limitation of this study to only follow women for one year after the normal abortion or birth when there is evidence that many psychiatric problems associated with abortion do not appear until several years after a woman has had an abortion. Consequently the study of Munk - Olsen (18) should be evaluated taking into account the above limitations.

Discussion

Having evaluated the possible relationship between abortion and mental health disorders in women, the large number of existing works on the

subject stand out, although we believe many of them are of poor quality and show significant methodological limitations.

The first conclusion that we can draw is that one cannot say that there is a post-abortion syndrome, but an increased amount of psychological problems can be detected in women who have had abortions especially if they have had repeated abortions, although other studies conclude that aborting has meant relief for women who have had abortions. The many conflicting results, in our view, may be due to the existence of confounding factors that have not always been adequately evaluated. Among them could be considered: a) the heterogeneity of women's groups being compared, b) biases the subjects may have, c) inadequate assessments of the medical history of women, especially in reference to reproductive and mental health circumstances, d) the different contexts in which abortion has been performed, and e) even possible biases in the interpretation of the data, especially conditioned by the ideological characteristics of individuals or institutions who have completed the study.

Based on the foregoing, we are of the opinion that at the present time the link between abortion and mental health of women who have had abortions must be determined objectively as possible, especially by promoting studies in which factors of confusion are adequately controlled. This kind of work entails stumbling on unavoidable ethical difficulties.

But in addition to all of the above, it seems of interest to state the following. For some the existence of a post-abortion syndrome is defended (21), by others it is contested (22, 23). Before proceeding we think it is necessary to specify a medical concept, what is understood by "syndrome" in medicine? It is defined as the set of signs and symptoms that make up a disease. Judging from this definition we do not see the existence of a post-abortion syndrome, we do not believe you can show that after the abortion there is a set of symptoms and signs that constitute a condition for women who have aborted, but what we think is that there are many women who have had abortions and mental health disorders are for them a negative consequence. That is, not post-abortion syndrome, but rather psychological disorders.

In our view, one of the most influentially decisive facts in assessing the existence of a link between abortion and issues of mental health in women who have had abortions is the woman's perception of what abortion means. Guilt, as a possible cause of mental health disorders in women who have aborted, has been considered by some authors. Indeed, Fergusson *et al.* (24), say that among women with psychological problems after abortion, some showed high guilt when they had aborted;

this seems to us a point of interest - to assess the possible negative psychological side effects after the abortion. The perception that women can have of the abortion that has ended the life of a human being, in this case her child, we believe may be an important factor, if not a decisive one, to trigger psychological disorders that can occur subsequently. This can be guaranteed not only because not all women have this type of psychological disorder, but in some cases some show a sense of relief after they have aborted (25). This contrast of side effects, psychological syndromes or a sense of relief, we believe should be fundamentally conditioned by the ethical sense perception that a woman has of what she has done.

Conclusions

1.) In order to define a possible link between abortion and mental health in women, it does not seem appropriate to use personal data from women who have aborted, derived from direct care from specialists.

2.) In order to be objective regarding this problem, we believe that we must exclusively use data that has been corroborated in medical literature, because if we do not carry it through in this manner, we will always encounter arguments that are for or against the existence of post-abortion psychological disorders.

3.) We believe that the feeling of guilt that the woman can have for having aborted can be an important factor, if not a decisive factor, in the woman undergoing psychological disorders after aborting.

4.) In short, our opinion is that we cannot affirm that post-abortion syndrome exists, but we can affirm that through aborting, many women present objective psychological disorders.

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