Constructing women as mentally troubled: The political and performative effects of psychological studies on abortion and mental health

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Abstract

In recent years, there has been a growing body of research that claims that there is a link between abortion and mental health problems among women. While there is extensive critique of this research, there is less of an understanding of the wider social and political implications of disseminating the idea that women who have abortions are mentally troubled. This paper examines the political and performative effects of this body of psychological research that represent abortion as pathological and those who seek it as needing legal protection, focusing particularly on the context of New Zealand. A two-fold critique is developed: first, I look at the political implications of this research; namely, the way that anti-abortion groups in New Zealand have used this research to galvanise support to restrict access to abortions. Second, I also consider its performative impact, in terms of the ability for such research to be constituted as 'truth', edging out alternative explanations of women's heterogeneous experiences of abortions.

Key words

abortion, mental health, performative, abortion politics, abortion law

Introduction

In academic and popular discourses in New Zealand, abortion is increasingly being linked with causing mental health problems. The claim that abortion causes mental health problems is propagated by 'neutral' psychologists and politicised anti-abortion groups alike (Lee, 2003). Such studies seek to make universal claims about the (negative) mental health effects of abortion and ignore the social landscape that stigmatises abortion and the variation in women's experiences of abortion. The linking of abortion and mental health in these studies frames women considering abortion as mentally troubled subjects. Consequently, only mentally competent people are trusted to make healthcare decisions. Discursively connecting abortion with mental health problems constructs women considering abortion as incompetent and always already unable to rationally choose abortion. Accordingly, psychological research on abortion and anti-abortion claims that abortion causes mental health problems can discursively undercut women's autonomy, resulting in restrictions on abortion in order to 'protect' women. This paper explores the wider socio-political effects of the abortion-mental health scientific discourse in New Zealand. It begins by examining the discursive links between abortion and mental health in order to contextualise debates in the New Zealand context. Following this, the second part of this paper considers the way that anti-abortion groups have used the studies politically in their effort to restrict access to abortion, and the performative effect of the studies in constructing ideas of 'truth' (that abortion is pathological) based on the ideas described in them (Butler, 2010).

Abortion and mental health: An overview of the debate

In psychological discourses, there is no accepted link between abortion and mental health, yet, the question of whether abortion causes mental health problems has been continually re-

researched (Boyle, 1997). There has been psychiatric and psychological research into this issue for over 70 years (Lee, 2003; Taussig, 1936). In 1989, Sarah Romans-Clarkson conducted a comprehensive review of studies from 1955–1980 on the psychological effects of abortion. She found that 'the unanimous consensus is that abortion does not cause deleterious psychological effects' (p. 555). Consequently, Romans-Clarkson recommended an end to studies on the psychological effects of abortion. In accordance with this view, Ellie Lee (2003) argues that in the 1980s, a mainstream psychological consensus that abortion does not cause mental health problems was reached. Lee contends that the profession's acceptance of the competing discourse that motherhood leads to mental health issues, such as post-partum depression, meant that claims that abortion causes mental health problems were not accepted. Likewise, Charles et alia's 2008 review of the literature found 'the highest-quality research available does not support the hypothesis that abortion leads to long-term mental health problems' (p.449). While the claim that abortion causes mental health problems has not gained institutional resonance, there is a large body of literature that re-researches whether abortion causes mental health problems. This literature is a site of knowledge production that is premised on and perpetuates the pathologisation of abortion. Although abortion is a common health procedure for women[1], it is discursively constructed in popular discourse as other, pathological and aberrant (Baird, 2001). As Charles and colleagues (2008) argue, it is highly unlikely that abortion causes mental health problems because if it did the number of women who suffered mental health problems would be at epidemic levels. The discourse that abortion leads to mental health problem ignores the large number of women who have had abortions and homogenises women's experiences of abortion. Barbara Baird (2001) argues that contemporary pathologisation of abortion stems from discourses about the health risks of 'unsafe' illegal abortions. Baird contends that resonant imagery about the dangers of back-alley abortions enables people to conceptualise abortion as pathological. This understanding of abortion as universally pathological permeates psychological studies seeking to find whether abortion causes mental health problems. In an extreme iteration, United States researchers Patricia Coleman, David Reardon, Vincent Rue and Jesse Cougle conducted their research into the mental health effects of abortion from a strongly anti-abortion standpoint (Lee, 2003). Coleman has recently admitted to fabricating research to support her politicised claim that abortion definitively causes mental health problems (Steinberg & Finer, 2012). As Lee (2003) points out, anti-abortion researchers have used their research to convince people that abortion harms women in their lobby to create restrictive abortion laws. While much anti-abortion rhetoric remains foetal based, there has been a shift towards 'pro-woman' post-abortion syndrome claims (Cannold, 2002; Lee, 2003; Rose, 2011). E.M. Dadlez and William Andrews (2010, p. 449) contend that 'the practice of massaging data is elevated to an art form by some post-abortion syndrome proponents.' As the psychological profession has largely rejected 'post-abortion syndrome' claims, the view that abortion causes mental health problems is perceived to be aligned with an anti-abortion position with limited scientific merit (Adler et al., 1990).

A controversial study: The New Zealand context

Against this backdrop, New Zealand's own controversial research in this vein deserves mention. In 2006, University of Otago researchers David Fergusson, L. John Horwood, and Elizabeth M. Ridder's published research suggesting that 'abortion in young women may be associated with increased risks of mental health problems' was controversial (p.16). Fergusson et alia used data from a 25-year longitudinal database study, which measured pregnancy and mental health of between 506 and 520 young women in Christchurch from the ages of 15 to 25 years old.

The study used the DSM-IV as the measure of mental health, which includes major depression, anxiety disorder, drug dependence, and suicidal behaviours. The researchers split the women into three groups according to their pregnancy status during the study period, namely women who became pregnant and did not have an abortion, women who became pregnant and had an abortion and women who did not become pregnant. Fergusson et alia found that 'troubles travel together' in that the group of women who had abortions were more likely to show indicators of mental health issues in childhood and at age 15 (Dwyer & Jackson, 2008, p. 3). While noting limitations, such as not taking into account the wantedness of pregnancy, Fergusson et alia (2006, p. 22) put forward the 'possibility' that 'exposure to abortion is a traumatic life event which increases longer-term susceptibility to common mental disorders.' They conclude their study by arguing that:

> While it is possible to dismiss these findings as reflecting shortcomings in the assessment of exposure to abortion or control of confounders ... it is difficult to disregard the real possibility that abortion amongst young women is associated with increased risks of mental health problems (p.23).

This study has been criticised widely for not taking into account confounding variables. While Fergusson et alia may have found a link between abortion and mental health, this does not mean that abortion causes mental health problems. Other confounders could account for the link. Unwanted pregnancy is a significant life stressor which has been associated with increased incidence of mental health issues (Adler et al., 1990; Charles, Polis, Sridhara, & Blum, 2008; Russo, 2008). Thus, there are often significant differences between the group of women who give birth and the women who have abortions in that the birth group consists of predominantly wanted pregnancies. Accordingly, the Fergusson study does not isolate abortion as the source of the alleged increased mental health problems that women who have abortions allegedly experience. Dwyer and Jackson (2008) contend that the Fergusson study is analogous to a study finding a link between people who take hangover remedies and those that get headaches and concluding that hangover remedies cause headaches and should be banned. They argue that both the Fergusson study and the hypothetical hangover medication analogy err in taking the symptom to be the cause. In this case, the effects of unwanted pregnancy aside from the abortion could explain the differences between women who continued their pregnancies and women who have abortions. Thus, Dwyer and Jackson (2008, p. 4) assert that the Fergusson study 'sheds no light at all on the health effects of abortion'. It is interesting that Fergusson and colleagues note that failing to account for unwanted pregnancy and other confounders is a limitation and that their findings are 'inconsistent with the current consensus' yet prefer the view that abortion 'is a traumatic life event' (Fergusson et al., 2006, p.22). The findings should be seen in a power/knowledge nexus where abortion is normatively considered pathological and traumatic.

In response to strong criticism, Fergusson and colleagues published further studies on the effects of abortion. In 2007, Fergusson and others examined the effects of abortion and found that after abortion post-abortive women had better levels of educational attainment than young mothers (Fergusson, Boden, & Horwood, 2007). In line with this, Boden and Fergusson published a study that concluded that young motherhood resulted in poor mental health (Boden, Fergusson, & Horwood, 2008). This puts young women who become pregnant in a double bind – on Fergusson's analysis they risk mental health problems if they continue their pregnancy or if they have a termination. This suggests that the issue is not motherhood or abortion but unwanted pregnancy. In 2008, Fergusson et alia explored the issue of wantedness of pregnancy. They interviewed women from the longitudinal study about the wantedness of their pregnancies. They grouped women according to their pregnancy outcomes (abortion,

pregnancy loss, unwanted pregnancy or wanted pregnancy). All groups measured higher for mental health problems than women who carried a wanted pregnancy to term. However, Fergusson et alia (2008) contend that women 'who had had abortions had rates of mental health problems that were about 30% higher than rates of disorder in other women.' Nonetheless, 'the overall effects of abortion on mental health proved to be small. Estimates of the attributable fraction suggested that exposure to abortion accounted for 1.5–5.5% of the overall rates of mental disorder in this cohort.' (Fergusson et al., 2008, p. 449). Accordingly, abortion does not seem to have a meaningful effect on mental health.

In 2009, Fergusson and colleagues examined the positive and negative effects of abortion. They found that women experienced negative and positive effects of abortion and that 'the great majority of women do not regret the decision to have an abortion' (Fergusson et al., 2009, p.425). Nonetheless, they argued that:

> All of these findings are consistent with the conclusion that unwanted pregnancy terminated by abortion is an adverse life event that increases risks of mental health problems, with these increases in risk being proportional to the degree of distress associated with the abortion of an unwanted pregnancy (Fergusson et al., 2009, p.425).

However, the claim that abortion is 'an adverse life event' does not appear to be supported by their findings that:

> unwanted pregnancy terminated by abortion was not associated with significantly increased risks of mental health problems for women who did not report significant distress about the abortion (Fergusson et al., 2009, p.425).

This suggests that abortion is not inherently 'an adverse life event' as distress can be caused by other factors, such as anti-abortion beliefs or lack of support for the woman's decision making (Russo, 2008). Furthermore, the risk to mental health in the group of distressed women was only 'a modest increase in risk of common mental health problems.' Thus, at times, the article appears to overstate their findings about the risks associated with abortion. The authors argue that in contexts such as New Zealand, where abortion is criminalised but widely available on the grounds of mental health, research about abortion and mental health 'raises important questions' about the interpretation of the law (Fergusson et al., 2009, p. 426; Crimes Act, 1961). The authors sought to answer their questions about whether the interpretation of New Zealand's mental health exception is valid in their 2013 study, which examined whether abortion can lead to mental health benefits. Unlike their other studies, which focused on data from the Christchurch longitudinal study, this paper reviews other studies. Julia Steinberg (2013, p.798) argues that Fergusson's 2013 study's literature review method was 'inappropriate' given the lack of literature on the subject, the inclusion of pro-life inflected studies and the study's failure to assess the quality of the literature reviewed. Fergusson and colleagues (2013) found that there is no evidence to suggest that abortion is beneficial for mental health and contended that there might be evidence that abortion leads to 'small to moderate increases in risks of mental health problems' (p.826). Overall, it is interesting that the authors frame 'scientific evidence' as the necessary basis for the law. Under the current law, the mental health test is met if the 'pregnancy would result in serious danger' to the mental health of the woman (Crimes Act 1961, s 187A). Accordingly, there is no requirement for abortion to be beneficial to mental health for it to be legal.

It is worth examining whether any of Fergusson et alia's studies have called the psychological consensus that abortion does not cause mental health problems into question. Reviews of well-designed studies have consistently concluded that abortion is not associated with an increase in mental health problems (Charles et al., 2008; Russo, 2008). The American Psychological

Association (2008) conducted a comprehensive literature review of psychological studies and concluded that there was no evidence that abortion causes mental health problems. Similarly, Sharon Cameron (2010, p. 663) concluded that: 'the best-quality research ... indicates that abortion is not associated with any greater risk of adverse mental health problems.' In addition, a study by Julia Steinberg et alia (2009, pp.81-83) found that abortion separated from confounders does not cause mental health problems and that claims that abortion causes mental health problems are 'specious.' Furthermore, a 2012 review of the literature stated that there was a high risk of bias in abortion studies and that 'for a woman carrying an unwanted pregnancy, current evidence suggests that her mental health is probably largely unaffected whether she chooses to have an abortion or to continue to birth' (Kendall et al., 2012, p.13). Steinberg (2013) argues that it is not appropriate to compare the mental health outcomes of women who continued unwanted pregnancies and women who had abortions because these women are likely to be women with very different circumstances. She contends that the appropriate study would measure women's pre-abortion and post-abortion mental health to determine if abortion is beneficial. Thus, she critiques the validity of Fergusson and colleagues' (2013) methods and their subsequent claims that legal access to abortion should be restricted. Accordingly, Fergusson et alia's contention that abortion causes mental health problems has been widely critiqued in review studies. However, Fergusson's research has contributed to an on-going debate, particularly in the *British Journal of Psychiatry* (Tyrer, 2011).

Academic response to Fergusson's work is neatly summarised in a jointly written commentary on Fergusson's 2008 study. While Patricia Casey tentatively supports Fergusson's conclusions, the other three authors contend that modest evidence of psychiatric problems after abortion does not support the prominence given to it. Thus, while Fergusson's 2006 study has been heavily critiqued, it has received some limited academic support and has contributed to an ongoing academic debate. The debate itself should be seen as an important site of knowledge production. The many responses to Fergusson have contributed to a large body of literature on the mental health effects of abortion.

Political implications

While Fergusson et alia's research has not been accepted by the academic community, it has had wider political effects in New Zealand. The 2006 Fergusson studies have had an important afterlife in providing respectable academic credentials for the claim that abortion causes mental health problems. Anti-abortion groups have used the study to promote the idea that abortion should be banned on the paternalistic ground that it damages women's mental health. The study provided a way for anti-abortion groups to use 'objective' scientific effects to contend that abortion should be prohibited on the basis of women's wellbeing.

New Zealand anti-abortion group Right to Life used Fergusson's findings in their court case against the Abortion Supervisory Committee to support their claim that abortion causes mental health problems and as such the mental health ground is not a valid ground to authorise abortions. Right to Life sought to include affidavits in evidence from six women who alleged that they were suffering 'post-abortion syndrome' (*Right to Life New Zealand v The Abortion Supervisory*, 21 December 2006). Many anti-abortion groups actively recruit women who have abortions to undergo post-abortion counselling and accept 'the truth' that they are suffering from post-abortion syndrome (Cannold, 2002). These women are then used to claim that abortion causes mental health problems and that there should be restrictions on it for women's own good. In seeking to name abortion as harmful on behalf of all women, these claims universalise and pathologise women's experiences of abortion and ignore the variations in

women's experiences. The Abortion Supervisory Committee filed a strike out application in an effort to rule these affidavits inadmissible. The post-abortion syndrome affidavits were initially ruled admissible but overturned on appeal on the grounds that they were irrelevant to the case (*Right to Life*, 28 May 2007; [2007] BCL 621). Right to Life's evidence from a psychiatrist who claimed that abortion can be harmful to mental health was allowed in part (Ibid). On the eve of the substantive High Court trial, Right to Life sought to include evidence that abortion causes mental health problems to support the claim that abortion counselling should include information about the mental health risks of abortion. They submitted an affidavit by Professor Fergusson to support their 'post-abortion syndrome' allegation. Nonetheless, the High Court did not allow Right to Life to argue this point because of the closeness to the trial and the consequent unfairness to the Abortion Supervisory Committee's trial preparation (*Right to Life* (2012) 43 VUWLR 289). However, the claim that abortion causes mental health problems may prove to be a key anti-abortion litigation issue in the future.

Other anti-abortion groups have propagated claims about the harm caused by abortion using pamphlets, television ads and full-page newspaper advertisements. Anti-abortion groups have distributed pamphlets around universities stating that women have 'a right to know' the 'truth' about abortion harm (Right to Know, 2012). The 'truth' conveyed about abortion is that it causes profound physical and mental health problems. Right to Know uses psychological research, including Fergusson's 2006 study, to assert that:

> women who obtain abortions are at increased risk of subsequent mental health issues, including major depression, anxiety, suicidal thoughts, and drug and alcohol related problems.

The pamphlet illustrates the way that Fergusson's study has served to propagate the 'pro-woman, pro-life' anti-abortion stance circulated by anti-abortion groups in New Zealand. Furthermore, in the debate over the Southland District Health Board's proposal to implement abortion services in Invercargill, *The Southland Times* published many letters to the editor citing the claim that abortion causes mental health problems. The letters are imbued with scientific 'objective' authority on the basis of Fergusson et alia's 2006 study. The pertinent extracts from these letters, reproduced below, illustrate the discursive weight ascribed to such studies.

Miles and Lenyi Roper (30 June 2012) wrote:

> if one objectively looks at the research across the world, there is beginning to be clear evidence that abortions affect the mental well-being of the mother.

Brendan (26 June 2012) linked Fergusson's study with abortion law and access to abortion:

> I wish to add the findings of a leading Christchurch medical professor who has spent many years studying the impact that abortion has on mothers in the extremely sad situations that lead them to having an abortion. Professor David Fergusson, at the Christchurch School of Medicine, published a study in 2006 from which he concluded: "Our findings suggest that abortion in young women may be associated with an increased risk of mental health problems."

Dr. Norman MacLean (26 June 2012) used Fergusson's 2006 study to support his anti-abortion stance:

> Professor David Fergusson of Christchurch published an article in the Journal of Child Psychiatry and Psychology [2006] on mental health and abortion and concluded: "those having an abortion had elevated rates of subsequent mental health problems."

In 2013, anti-abortion group Voice For Life[2] aired anti-abortion television advertisements, one of which featured Ariana, a woman who had an abortion when she was fifteen years old. Ariana tells of facing depression, suicide attempts and drug use as a way to cope with her abortion

regret. While there were complaints about the advertisement, the Advertising Standards Committee (2013) dismissed the complaints on the grounds that the rules allow 'robust expression of belief or opinion, irrespective of the message.' The advertisements illustrate the way that claims that abortion causes mental health problems have become part of anti-abortion groups' strategy.

Performative effects

The studies can be seen as performative in that they create the truth that they purport to describe by reiterating the link between abortion and mental health problems and thereby constructing abortion as pathological. The knowledge that abortion causes mental health problems is not inherent; it is simultaneously premised on the pathologisation of abortion and re-pathologises abortion. As research is not neutral or value-free, it is imperative to examine the premises behind the research questions and to interrogate the values embedded in psychological research on abortion. Mary Boyle (2002) asserts that the abortion question is always already ethically charged and premised on ideas about abortion, women's role in society, the status of the foetus and reproductive autonomy. These ideas become embedded in research in hidden ways. This is seen by the way that most psychological studies only look for negative effects. The study design precludes any examination of the positive effects of abortion. Thus, the studies themselves *a priori* presume that abortion causes negative emotions or mental health problems. This presumption becomes embedded in the research and produces particular results. While Fergusson's 2009 study does evaluate positive effects, such studies still universalise women's experience of abortion.

Researching whether abortion causes mental health problems ignores variations in women's experiences of abortion, which is heterogeneous (Baird, 2001). Some women may feel sadness after an abortion; others may not find it to be an emotional experience and some women may see it as a positive experience (Russo, 2008). Thus, the universalising nature of researching whether abortion causes mental health problems is problematic. It presents abortion as a pathological and universally traumatic event aside from other factors that may make seeking an abortion difficult.

The view that abortion is pathological is evident in Fergusson et alia's body of research on abortion. In many cases, Fergusson and colleagues point to credible alternative explanations for their findings linking abortion with mental health problems. However, they consistently prefer the possibility that abortion is pathological. Even after consistent studies finding a weak or no link between abortion and negative health outcomes, the authors continue to argue that the link between abortion and mental health needs further study (Fergusson et al., 2013). Boyle (1997) argues that the disciplinary power of the psychological profession serves to naturalise the link between abortion and mental health and to render alternative paradigms inconceivable. Thus, media outlets question whether studies do or do not show that abortion causes mental health problems rather than questioning the validity and prejudice contained in the research question itself (see NZPA, 2009). Thus, in examining the mental health effects of abortion, the strategic truth that abortion and mental health are linked is propagated.

This strategic truth questions women's status as autonomous moral subjects with decision making power. Autonomy is the cornerstone of bioethics and is ascribed to all rational, competent adults in healthcare. However, in linking abortion with mental health problems, women are no longer presented as rational and autonomous (Cannold, 2002; Lee, 2003). Accordingly, the studies present women as irrational victims who must be paternalistically protected from abortion in their own best interests. The positivist epistemology of many

studies on the psychological effects of abortion leaves many research biases unquestioned and propagates the strategic truth that abortion causes mental health problems. Ultimately, there is a need for researchers to recognise the situated context that studies are produced in and avoid making wide ranging claims (Haraway, 1989). Nancy Russo (2008) notes that research suggests that women who had one abortion had higher self-esteem than women who had not had an abortion. However, she cautions against interpreting this data as suggesting that abortion is always beneficial to women's self-esteem. Russo asserts that such a claim does not consider the relevant variables and it divorces the data from its social context. Russo's example demonstrates that careful consideration of the social context and confounding variables is needed and universalising claims should be avoided.

Conclusion

The debate around the Fergusson et alia studies is an important site of knowledge production. While psychological research on abortion and politically-motivated claims that abortion causes mental health problems *prima facie* appear to be disparate and to have an uneasy relationship, this is not necessarily the case. Fergusson and colleagues' body of research relies on and perpetuates dominant discourses that render abortion as pathological. In turn, research into the negative effects of abortion on women's mental health has been employed by the anti-abortion movement in an effort to restrict access to abortion. This discourse perpetuates the idea that abortion is universally pathological. It also homogenises women's experience of abortion and depicts mental health problems as something that inevitably happens as a result of abortion. In this framework, women are presented as mentally troubled victims with no capacity to choose abortion. In this power/knowledge nexus women's decision-making ability is discursively eroded by 'objective' psychological knowledge. Accordingly, psychological research on abortion has the potential to limit access to abortion in order to 'protect' women.

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Notes

1 For instance, New Zealand's total abortion rate for 2012 was 484 abortions per 1,000 women. This rate measures the average number of abortions that 1,000 women are estimated to have during their lifetime based on age-specific abortion rates (Welch, 2013).

2 Formerly the Society for the Protection of the Unborn Child [SPUC].

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