

**CRITIQUE OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION
TASK FORCE REPORT RELEASED AUGUST 2008**

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Deviations from Accepted Scientific Protocol	Specifics/support
<i>No information on the development and conduct of the Task Force was provided.</i>	<ul style="list-style-type: none"> • How were the members selected? • What was done to assure that the representatives did not all hold similar ideological biases? • What was the process for selecting and securing reviewers? • How was reviewer feedback incorporated into revising the document?
<i>Selective reporting of literature reviews.</i>	<ul style="list-style-type: none"> • An analysis of a review by Bradshaw and Slade in the APA Report ignores a central statement from the abstract of the review: <i>"Distress reduces following abortion, but up to around 30% of women are still experiencing emotional problem after a month."</i> • There is a claim that other literature reviews (Coleman et al., 2005; Coleman, 2006; Thorp, Hartmann, and Shadigian, 2003) are incorporated into the report; however the conclusions of these reviews are ignored entirely with no explanation. Thorp et al. (2003) employed strict inclusion criteria and concluded that induced abortion increased the risk for <i>"mood disorders substantial enough to provoke attempts of self-harm."</i>
<i>Avoidance of quantification of the adverse effects of abortion, a glaring omission of potentially very useful, summary information.</i>	<ul style="list-style-type: none"> • In the report the authors note <i>"Given the state of the literature, a simple calculation of effect sizes or count of the number of studies that showed an effect in one direction versus another was considered inappropriate."</i> From the authors' perspective there are too few studies to quantify effects yet a sweeping definitive statement indicating an absence of ill-effects is considered justified. • Quantification of risk could easily have been incorporated and had the risks been quantified, the conclusion would have had to have been that abortion increased risk for a variety of mental health problems. There is consensus among most social and medical science scholars that a minimum of 10 to 30% of women experience significant, prolonged emotional distress after abortion.
<i>Deceptive strategy to justify ignoring studies indicating negative effects.</i>	<ul style="list-style-type: none"> • According to the report <i>"The TFMHA evaluated all empirical studies published in English in peer-reviewed journals post-1989 that compared the mental health of women who had an induced abortion to the mental health of comparison groups of women (N=50) or that examined factors that predict mental health among women who have had an elective abortion in the United States (N=23)."</i> The 2nd type of study is restricted to the U.S. resulting in elimination of at least 40 studies.
<i>Methodologically-based selection criteria are not employed.</i>	<ul style="list-style-type: none"> • More stringent criteria should have been used than simply publication of empirical data related to induced abortion, with at least one mental health measure in peer-reviewed journals in English on U.S. and non-U.S. samples (for one type of study). • Sample size/characteristics/representativeness, type of design, employment of control techniques, discipline published in, etc. would have been logical places to begin.
<i>Shifting standards of evaluation based on congruence with a pro-choice agenda.</i>	<ul style="list-style-type: none"> • Studies with results suggesting no negative effects of abortion are reviewed less extensively and stringently than studies indicating adverse effects. Further the positive features of the studies suggesting abortion is a benign experience for most women are highlighted while the positive features of the studies revealing adverse outcomes are downplayed or ignored. Examples are provided below. <ol style="list-style-type: none"> 1. The Medi-Cal studies are criticized for insufficient controls; but with the use of a large demographically homogeneous sample differences are likely distributed across the groups. The many strengths of the studies are listed in Exhibit A.

	<ol style="list-style-type: none"> 2. Results of the Schmiede and Russo (2005) study are presented as a superior revision of the Reardon and Cogle (2002) study, yet none of the criticism that was publicly leveled against the former study on the BMJ website is described. 3. Fergusson and colleagues' (2006) study had numerous positive methodological (See Exhibit A). Very little discussion in the report is devoted to the positive features of this study and the limitations, which are few compared to most published studies on the topic, are emphasized. 4. Attrition as a methodological weakness is downplayed because the studies with the highest attrition rates (those by Major et al.) are also the ones that provide little evidence of negative effects and are embraced despite attrition as high as 60%.
<p><i>Cultural stigmatization model in women's abortion-related stress is unsupported.</i></p>	<ul style="list-style-type: none"> • Cultural stigmatization as a primary variable related to whether or not negative post-abortion emotional outcomes are experienced is a theme that factors heavily into the APA report. • There are few well-designed studies that have been conducted to support the claim that any ill-effects of abortion are culturally constructed. In fact, many studies indicate that internalized beliefs regarding the humanity of the fetus, moral, religious, and ethical objections to abortion, and feelings of bereavement/loss often distinguish between those who suffer and those who do not.
<p><i>Conclusion derived inappropriately</i></p>	<ul style="list-style-type: none"> • The final conclusion in the APA Task Force report did not follow from the literature reviewed and it inappropriately rests on one study by Gilchrist et al. (1995) published in the U.K. which has a number of methodological flaws. The authors of the report concluded <i>"The best scientific evidence published indicates that among adult women who have an unplanned pregnancy the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy."</i> • Reliance on one study to draw a definitive conclusion stands in direct contrast to accepted scientific protocol as described by Wilkinson and the Task Force on Statistical Inference affiliated with the APA Board of Scientific Affairs. Wilkinson and colleagues (1999) specifically stated in the American Psychologist: <i>"Do not interpret a single study's results as having importance independent of the effects reported elsewhere in the relevant literature. The thinking presented in a single study may turn the movement of the literature, but the results in a single study are important primarily as one contribution to a mosaic of study effects."</i> • Several flaws of the Gilchrist study that were ignored by the Task Force include the following: <ol style="list-style-type: none"> 1. The response rate was not provided, meaning it is impossible to know if the sample is representative of women in the U.K or not. 2. Very few controls for confounding 3rd variables were employed meaning the comparison groups may very well have differed systematically with regard to income, relationship quality including exposure to domestic violence, social support, and other potentially critical factors. 3. The authors report retaining only 34.4% of the termination group and only 43.4% of the group that did not request a termination at the end of the study. 4. No standardized measures for mental health diagnoses were employed and evaluation of the psychological state of patients was reported by general practitioners, not psychiatrists. The GPs were volunteers and no attempt was made to control for selection bias.