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Letters to the Editor ...

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Further Remarks on Human Development

To the Editor:

Recently, another potential caveat has been presented, promoting a delay in the onset of the new *"individual"*, after fertilization, and, therefore, a corresponding delay in ensoulment, until a mixing of paternal and maternal chromosomes occur *(syngamy).*[1] This occurs approximately 20 hours after initial contact of the sperm with the egg. Two critical replies have recently been published.[2,3] I would like to add a third reply, which is perhaps more simplistic and does not need in-depth analysis of the events leading up to *syngamy.* It is faulty logic to delay "life" or "becoming human" until the chromosomes mix because such mixing will occur in any event. Consideration of a delay in recognizing the "new individual" until *syngamy* should be rejected for virtually the same reasons as the concept of "individuation."[4] It is the certainty *of the continuum* of development, derived from the *initial* contact of sperm and egg, which obviates all the continuing esoteric and specious attempts to isolate and minimize subsequent events in human development.

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1. Shannon, Thomas A. and Allan B. Wolter. 1990. Reflections on the moral status of the preembryo. *Theological Studies,* 51:603-626.

2. Tonti-Filippini, Nicholas. 1992. Further Comments on the Beginning of Life. *Linacre Quarterly,* 59(3): 76-81.

3. May, William E. 1992. The Moral Status of the Embryo. *Linacre Quarterly,* 59(4):76-83.

4. Kischer, C. Ward. 1993. Human Development and Reconsideration of Ensoulment. *Linacre Quarterly,* 60(1):57-63.

(Note: The following letter was sent to George Lundberg, M.D., Editor of the Journal of the American Medical Association *(JAMA). That publication declined to print this letter.)*

To the Editor:

In attempting to expose "The Myth of the Abortion Trauma Syndrome"[1], Nada Stotland misses the main point badly. In fact there are, as Doctor Stotland admits, women who suffer anguish, depression, and "significant psychiatric illness" following legally induced abortion. For them, it matters little that their suffering is "anecdotal", that "scientific" surveys by abortion providers dismiss this pain as a minority event, or that the agonizing distress they are experiencing fails to qualify as an officially recognized "syndrome." What does matter to them greatly is the concern that otherwise responsible medical authorities seem to be bent on promoting the reputation of legalized abortion, even at the expense of trivializing or denying these severe consequences. This politically correct bias in favor of abortion incurs serious risks: that women who do recognize the true source of their problem will have difficulty finding an objective, sympathetic ear; that women with repressed guilt and anger will have little hope of ever unmasking and coming to grips with their psychopathology; and that women now approaching the abortion decision with ambivalent and pressured motivations (the very women most vulnerable to a negative reaction) will be counselled that the only possible outcome to destroying the unborn life in their womb is an unmitigated sense of relief.

Meanwhile, it may be that feeling good after an abortion is the most serious psychological complication of all. If a mother were to arrange the execution of her child, after the child was born, regardless of the

social, psychological and medical pressures, or other "problematic circumstances", would we consider unmitigated relief a sure sign of her mental stability or the rightness of her decision? Doctor Stotland admits, "Abortion, whether spontaneous or induced, entails loss. Both regret and loss result in sadness." Abortion is a loss, not a gain; sorrow, not joy, is its rational sequela. And that is no myth.

Leonie S. Watson, M.D.
Richard A. Watson, M.D.

1. Stotland NL. Myth of the Abortion Trauma Syndrome. JAMA. 1992;268:2078-2079.