

It's Proven but Not Believed

An Exploration of Psychosocial Resistances to Acceptance of the Reality of Prenatal Mentation, Communication, and Psychic Trauma

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Abstract: This paper is a presentation, exploration and psychoanalytic and communication system interpretation of the ubiquitous, and powerful socially shared resistances operative globally in society that function to ignore, deny, refute, or perpetuate a lack of acceptance of the indisputable research proven fact that the fetus is a sentient human being who can be adversely affected by inimical psychological messages from his prenatal environment, not just by physical insults. Examples are presented that document the prevalence of these resistances in popular magazines, newspapers, radio and television programs, movies, advertising, philanthropic and religious organizations, the law, political and governmental debates and position statements, professional journals, and in position statements of medical and psychological organizations. Relative to the clinical practice of psychoanalysis, almost no attention is given to the prenatal history, to prenatal dynamics, or to the possible occurrence of prenatal transferences. Examples will also be presented of resistances encountered personally by the author in his academic environment.

Emphasis is placed on the crucial role of abortion survivors in the genesis and perpetuation of these resistances. Abortion survivors are persons who have survived after having been threatened prenatally with being aborted, either because of a direct attempt to physically abort them, or because of having lived in an ambivalent unwelcoming intrauterine environment in which the possibility of their being aborted was consciously or unconsciously considered by their parent(s) or significant others. Because the constellation of thinking, feeling and behavior of those who so vehemently deny the reality of the prenaté's psyche so resembles the constellation of the symptoms of abortion survivors seen in clinical practice, the suggestion is made that many of these persons, among them many influential public leaders, may themselves be abortion survivors. Unconscious of their prenatal trauma, they may well be acting out transference derivatives of their prenatal trauma in social interac-

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tions, one of them consisting of supporting the current practice of aborting 25% of unborn babies worldwide.

Zusammenfassung: *Bewiesen aber nicht geglaubt: Eine Untersuchung der psychologischen Widerstände gegen die Anerkennung der Realität pränatalen Erlebens, pränataler Kommunikation und pränatalem psychischen Trauma.* Dieser Beitrag ist eine Darstellung, eine Erkundung und eine psychoanalytische und kommunikativ-systemische Interpretation der ubiquitären und allgemein geteilten Widerstände in der Gesamtgesellschaft, die bewirken, dass die durch unbestreitbare wissenschaftliche Forschung bewiesene Tatsache, dass der Fötus ein fühlendes menschliches Wesen ist, der durch schädliche psychologische Einflüsse gefühlsmäßig in seiner pränatalen Umgebung beeinträchtigt werden kann, also nicht nur durch Schädigungen auf der Körperebene, ignoriert, verleugnet und zurückgewiesen wird oder eine unzureichende Anerkennung bekommt. Beispiele dokumentieren diese Widerstände in populären Zeitschriften, Zeitungen, Radio- und Fernsehprogrammen, Filmen, Ankündigungen, philanthropischen und religiösen Organisationen, der Gesetzgebung, den politischen und regierungsamtlichen Debatten und Statements, Fachzeitschriften und in Statements von medizinischen und psychologischen Organisationen. In der psychoanalytischen Praxis wird der vorgeburtlichen Geschichte, der pränatalen Psychodynamik oder der möglichen pränatalen Übertragungen so gut wie keine Aufmerksamkeit geschenkt. Auch Beispiele aus persönlichen Begegnungen des Autors in seinem akademischen Umfeld mit diesen Widerständen werden dargestellt.

Dabei wird die zentrale Rolle der Abtreibungsüberlebenden bei der Entstehung und Aufrechterhaltung dieser Widerstände betont. Abtreibungsüberlebende sind Menschen, die pränatal durch eine Abtreibung bedroht waren, entweder durch einen direkten Abtreibungsversuch auf der körperlichen Ebene oder weil sie in einer ambivalenten und ablehnenden intrauterinen Umgebung gelebt haben und die Eltern oder bedeutsame andere Beziehungspersonen bewusst oder unbewusst die Möglichkeit einer Abtreibung überlegt haben. Weil die Gedanken, Gefühle und das Verhalten derer, die vehement die Realität eines Seelenlebens des Ungeborenen verleugnen, so sehr in Symptomen von Abtreibungsüberlebenden, wie man sie in der Praxis beobachten kann, ähneln, wird die Vermutung ausgedrückt, dass viele von diesen Personen, darunter viele einflussreiche öffentliche Führer, selbst Abtreibungsüberlebende sind. Ihres eigenen pränatalen Traumas unbewusst können sie übertragungsmäßige Abkömmlinge ihres pränatalen Traumas in sozialen Interaktionen ausagieren, darunter die Praxis der Abtreibung von weltweit etwa 25% der ungeborenen Kinder.

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Introduction

Numerous studies have unequivocally proven that the unborn possess a vital sentient psyche that has the capacity for mentation, the ability to send and receive messages to and from the environment, and the capacity to react to, remember, recall or repress experiences in utero – often traumatic – that can affect their prenatal development, and also greatly influence their postnatal life. Documentation for this truth can be found in papers by Chamberlain (1994), Cheek and LeCron (1968), Emerson (1996), Graber (1924), Grof (1988), Janus (1989), Kafkalides

Note: For convenience, the male gender is used throughout this paper, with the understanding that this refers to both sexes except in instances where there is a clear indication that what is being discussed refers specifically to one gender.

(1980), Lake (1981), Liley (1972), Piontelli (1992), Verny and Kelly (1981), Wilhelm (1988), and in the work of many others. A paper by Feldmar (1979) is one of the most convincing pieces of evidence proving that the consequences of prenatal trauma can find expression in later life. She reported on four young women, each of whom had attempted suicide on the anniversary of their mothers' attempts to abort them, the dates of which were verified by the mothers when interviewed. Overall, these studies provide documentation of such a magnitude that it establishes the operation of prenatal mentation, communication and trauma as incontrovertibly true. Why then do we see so much resistance to accepting this proven truth in so many components of society, not only in the lay community, but also in the scientific community? This paper will illustrate the prevalence of these resistances in a wide variety of contexts, and attempt to answer this question, using a psychoanalytic perspective enriched by contributions from the field of prenatal psychology and the work on communication by Reusch and Bateson (1951) and von Bertalanffy (1967).

The Truth and Morality

There will be much discussion of morals in this paper, but I want the reader to keep in mind that the fundamental question is the definition of reality, for establishing what is true is the first step in arriving at a moral position. What truly exists, exists because it does, and its existence and definition are not determined by what one likes or dislikes, approves or disapproves of, whether one believes in God or not, does or does not regard human life as sacred, or by what words one uses to define it. It cannot be voted up or down. It can only be determined by repeated consensually agreed upon and tested observations, or by scientific research that documents and defines it through the accumulation, verification and replication of irrefutable data. The moral questions of what is considered right or wrong follows from that. Beauty may be in the eye of the beholder, and morality may be a matter of opinion, but objective reality is neither a question of beauty nor a question of morality.

Whether or not a society is regarded as civilized – or an individual also for that matter – is whether or not it recognizes and accepts reality. Hayek (1954) made this point in “The Road to Serfdom” in his statement that truth is the basis for all morality. He also emphasized that one way to distort the truth is to misuse commonly accepted words to describe something so that a distorted and erroneous definition of reality is accepted as the truth without question. Describing the unborn as a mass of tissue is but one example of this. In regard to the question of the truth of psychic life of the unborn, unless this truth is accepted, moral positions relative to abortion will be ungrounded and based on personal opinion, fantasy and wish fulfillment, not on reality. The fact that the debates on abortion have been cast so much in terms of morality has served as a distraction from focusing on the issue of acceptance or refutation of the truth and the reality of the prenatal psyche. This distraction represents a potential psychological abortion of the truth, and of those who express it. Comments are often made such as:

*I would never have an abortion, but I don't want to tell others what to do.
 I won't have others impose their morality on me and my right to choose (abortion).
 We men don't have the right to control what women do with their bodies.
 We all know that the subject of abortion is a controversial one.
 We have to do something about the population explosion.
 Every child a wanted child.
 Why bring a child into this world of pain and suffering?
 I might have had a deformed or handicapped baby
 If unwanted children are not aborted, they will grow up to become criminals.
 The mother loved her child, but she was unequipped to care for it.
 The father didn't want the baby.
 The baby was the product of rape or incest.*

The statement by some that they would never have an abortion, but that they would not want to impose their morals on others, is perhaps the greatest distortion of all. Those who speak thus are in fact presenting themselves as superior to and having a higher morality than those who openly support abortion, but their position is presented as nobly and graciously tolerant. To quote George Eliot, "A disposition to tolerance always has its mean side." Beneath this position are often unspoken opinions about race, fitness to be a parent, and the contribution to overpopulation by others – but not by themselves, of course. When pressed, many of these will actually say that some of these groups actually should abort their unborn. Abortion then becomes the solution to the world's problems, and is definitely not seen as the cause.

Resistances to accepting the reality of prenatal psyche, and the lack of recognition of and respect for the humanity of the unborn, have derivative consequences that permeate our entire culture, which in turn reciprocally reinforces these resistances. We are becoming a dehumanized and mechanized society. Examples can be seen daily of the prevalence of disrespect, discourtesy, dismissal, lack of empathy, the wish to control others, the wish for sameness and the "perfect" human being. Other examples are seen in the support for physician assisted suicide, the regarding of born and unborn children as commodities, exalting psychopharmacology over psychotherapy, and regarding human life as biological, mechanical, and cybernetic, rather than as communicational, relational and embodying the soul and love. We are caught up in a rapidly escalating entropic process in the social matrix (Sonne, 1967). We are preoccupied with speed in everything from electronic communication to how we recklessly drive our cars faster and faster. The negentropy involved in creativity, warm human relationships, the love of beauty, nature, art, music, child raising and hard work is coming to be in short supply. Advertisements describe computers as if they were alive, equating their operating system with a baby's nervous system; electronic toys are being presented as if they were human babies, and reproductive engineers offer fertilized ova that can be designed to meet consumer's specifications (See "Magic Babies," Sonne, 1997d).

Perhaps the most egregious resistance to accepting the reality of prenatal mentation, communication and trauma can be seen in the lack of focus on prenatal psychology by most major medical, psychoanalytic and psychological organizations in their policy statements, their teaching, their conferences, and in their literature.

Over sixty years ago, Ferenczi (1929) wrote a classic precursor of prenatal studies that every therapist should read, "The Death Wish of the Unwelcome Child." The same year Rank (1929) published a book, "The Trauma of Birth." These works were forerunners of the later interest in prenatal psychology, but the contributions of both Ferenczi and Rank were largely ignored for decades by the psychoanalytic community. Over twenty-five years ago, Ploye (1973) wrote about the lack of focus by psychoanalysts on prenatal psychology in a brilliant and thoughtful essay entitled, "Does Prenatal Mental Life Exist?" He emphasized the need, for the psychoanalyst in particular, to pay more attention to the importance of prenatal psychology. What he had to say needs saying even more so today to students of the unconscious who stop their explorations at the moment of birth. Ney (1983), in "A Consideration of Abortion Survivors," contended that approximately 50% of the young people in the western world are abortion survivors, having grown up anxious and negatively affected since the world wide "liberalization" of abortion.

Welcome vs. Wanted

An important point Ney made, also seen in Ferenczi's title, was that we should use the words "welcome" or "unwelcome," rather than "wanted" or "unwanted," when referring to children. To expand on this, the two major dynamic components of social interaction in life are desire processes and self processes. Desire processes involve what a person wants or does. Self processes refer to who a person is.¹²

Three major defense mechanisms seen in abortion survivors combine both desire and self processes: acting out, identification with the aggressor, and secondary narcissism. It is important however to tease these mechanisms apart, and consider desire processes and self processes separately when the words "wanted" or "unwanted" are frequently used in reference to the unborn, instead of the words "welcome" or "unwelcome." The words wanted or unwanted are desire terms referring to the parents' wishes. The words welcome or unwelcome are self terms referring to the child's existence, and they connote and embody respect for and acceptance, or the lack thereof, of the personhood and individuality of the

¹² Pertinent to desire processes are stages of psychosexual development, conflicts of sexual and aggressive impulses, and defense mechanism such as repression, displacement, reversal and projection, all of which were extensively studied by Freud and his colleagues in the early days of psychoanalysis. The interest in self psychology came gradually into the field of psychoanalysis, and was somewhat controversial, but it is now accepted as an integral part of psychoanalytic theory, and it is very important relative to issues of trauma, love and hate in human interaction, and to family therapy. Notable contributors in the area of self were Fairbairn, with "An Object Relations Theory of the Personality." (1952), Spitz with "No and Yes: On the Genesis of Human Communication." (1957), Jacobson, with "The Self and the Object World." (1964)), Mahler, Pine and Bergman in "The Psychological Birth of the Human Infant: Symbioses and Individuation." (1975), Kernberg with "Object Relations and Clinical Psychoanalysis." (1976), Kohut, with "The Restoration of the Self." (1977), and Stern, with "The Interpersonal World of the Infant.: (1985), plus many others too numerous to mention.

child, and his right to life and love. Saying “Every child a wanted child,” is quite different from saying “Every child a welcome child.”

In general in life, wanted has to do with such interactions as occur in a restaurant when the server asks what the diners would like to order, whether one is hungry, whether one is warm or cool enough, tired, sleepy, or in pain. It also is applicable to what would be pleasing from or to a sexual partner, what one would like to purchase, how much one wants to pay for it, or what one might get back for one’s money, investment, or effort. Welcome refers to such interactions as telling friends who call saying that they are on the way to your home that you can’t wait to see them, then on their arrival greeting them with a smiling welcome, telling them how glad you are to see them, asking how their trip was, offering to hang up their coats, and asking them what they would like to drink. It is when we refer to burglars, bothersome salesmen, and solicitors that the word unwelcome is appropriate, but the unborn are none of these. A welcoming attitude toward the unborn is expressed in a current popular song, “With Arms Wide Open,” by the musical group, “Creed” (Tremonti/Stapp, 2000). The song is about an expectant father waiting for his and his wife’s unborn child to emerge into their welcoming arms.

Do the Unborn Hear What’s Going On?

We may not hear the unborn, but we know the unborn are listening, and they hear us. What is “hearing?” How much do they hear? Do they hear the debates? Or have they heard the non-debates in the form of flat out statements such as made recently by Ellen Goodman in her column, “The Abortion Pill: It’s About Time,” (Garton, 2001), or the strident comment by NARAL (National Abortion Rights Action League) president, Kate Michelman, about John Ashcroft, President Bush’s then nominee for Attorney General, “They want to take away our most fundamental right!” (Rather, 2001). Have they “heard” about the Roe vs. Wade Supreme Court ruling in 1973 liberalizing abortion, and that since then, according to statistics of reported abortions from the Alan Guttmacher Institute and the Center for Disease Control, one in four unborn babies, totaling nearly forty million, have been aborted in America (O’Bannon, 2000)? Have they heard about what is happening in India, where “If it’s a girl, throw it away,” and in China, where there has been a policy of forced abortion and sterilization for years? Have they heard about fetuses being sold in Hong Kong for between ten and three hundred dollars, and have they heard about Zou Qin, an obstetrician at the Lun Hu Clinic in Hubei, China, who has carried out abortions on several hundred patients, and who believes fetuses are highly nutritious and claims to have eaten more than 100 over a six month period? According to her, “People normally prefer fetuses of young women, and even better, their first baby and a male.” She adds, “They are wasted if we don’t eat them. The women who receive abortions here don’t want the fetuses. Also, the fetuses are already dead when we eat them. We don’t carry out abortions just to eat the fetuses.” (Gilley, 1995) Have they heard about what is going on in Japan, Russia and elsewhere? (“Social Regression and the Global Prevalence of Abortion,” (Sonne, 1996a) and “Is that all there is?” (Sonne, 1998)) They surely have, even though much of society tries to keep it quiet.

Who Hears the Unborn?

And who hears the unborn? We all empathize and our eyes fill with tears when we hear the pain and anguish of the characters in an opera such as Verdi's *Aida*, but it is much harder to identify with and listen to the unborn. Who will speak for them? They don't write operas or sing in them, but they do have songs to sing, and, as in *Aida*, they also are often ones of tragedy and betrayal. But, since their music is *pianissimo* outside the womb, and their lyrics wordless, they are dependent on others to "turn up" the volume, transpose their music to the diatonic scale, translate their lyrics into adult language, and sing their songs for them. When they are older they can do this themselves, but even then their music often sounds dissonant, strange, and strident. It requires listening closely with a "third ear" to appreciate, and some of those singing don't understand their own music and what they are really singing about (See "Prenatal Themes in Rock Music," Sonne, 1995).

How will the traumatized unborn be as they grow to become children or adults in our society? As we treat the unborn, so we treat each other, and so will they, including killing their classmate "siblings," their teacher "parents," and themselves at Columbine High School in Littleton, Colorado (See "Abortion Survivors at Columbine," Sonne, 2000b). To what avail our research if there's no one out there listening. We must address the resistances to hearing the truth about the prenatal psyche. Call it what you will: educate, document, permeate, penetrate, break through, resolve, transcend, surmount, overcome, crack open, mobilize the troops of truth, advertise, publicize, photograph, videotape, make movies, sing louder, produce operas, or "go tell it on the mountain!" Most people of good will with open minds, who are going about their business without giving much thought to prenatal psychology, are shocked when they hear about what is going on.

Resistances in the Mainstream Print and Audiovisual Media

Most magazines, particularly those marketed to women, such as *Ladies Home Journal* and *McCall's*, have sections devoted to parenting, but they ignore prenatal parenting. "Motherhood through the Decades," in the May, 2000 issue of *Ladies' Home Journal*, presents several essays on parenting from five mothers, "Endless Summer" by Marilyn French (2000) "Seismic Shift" by Anne Roiphe (2000) "Liberating Mom" by Cottin Pogrebin (2000), "Wanting it All" by Pamela Redmond Satran (2000), and "Having a Lot" by Meg Wolitzer (2000). These five articles all focus on the unhappiness mothers had prior to the feminist revolution, and how today they have resolved their conflict between work and mothering by doing both. Two other articles in this same issue, both entitled "Spoiled Rotten," (Dianne Hales, 2000, and Lynn Schnurnberger, 2000), and another article entitled "All About Kids," (Mary Lawless, 2000), list several undesirable behaviors of children today, put the blame on parents for giving too much, and emphasize that the cost of raising a child born in 1998 will be \$240,580, \$27,450 of it for food.

In the November 1999 issue of *McCall's*, under the heading "The Confident Parent," with subtitle, "The one thing every child needs to be happy," Gay Norton Edelman (1999), writes of how important it is for a child to have EQ, emotional intelligence, and presents examples of how children with high EQ act. The essay

has an authoritative ring to it, and references are made to National Child Mental Health Month, inaugurated by the New York University Child Study Center, and the NYU's web site, www.aboutourkids.org. Nothing is mentioned concerning how this capacity is supposed to come about.

Parenting, a magazine that represents itself directly as a source of education on child rearing, has an essay "First Feelings" by Jenny Deam (2000), that purports to educate the reader that children have feelings at a very early age, and proceeds to give illustrative examples of this that can be seen over various periods of development. According to the author, the feelings apparently begin at birth, for the first interval given is "Birth to 6 Months." Not a word about prenatal psychology. Likewise in an essay "The 7 Secrets of Successful Parents" by Marianne Neifert, M.D. (2000), a pediatrician, author, and mother of four children who uses the *nom de plume* "Dr. Mom" in her writings. Again, no mention of the importance of parents' treatment of the unborn. We are, told, however, in this same issue of Parenting, "How to Handle Toddler Back Talk," by Marie Carter Severn, M.D. (2000). These are the magazines that non-pregnant women who are looking forward to someday becoming mothers, mothers already pregnant, and mothers with small children, pick up at the checkout counter in the supermarket. Reading them, even aside from the fact that life before birth is not mentioned, would quite likely make them wonder why anyone would want to have children at all, for they sound like they cause an awful lot of trouble, and offer little joy and love.

All is not lost, however, for, ironically, on the page preceding the "back talk" essay in Parenting, is an advertisement for BebeSounds Prenatal Heart Listener (Unicar Inc., 2000), that saves the day. It states the following: "Now you can listen to the wonderful sounds of your baby, months before birth, in the privacy of your own home. The BebeSounds Fetal Heart Monitor amplifies the sounds of your developing baby so you can hear kicks, hiccups, and in the middle of the second trimester, the precious sound of your baby's heartbeat. You can even record your baby's fetal sounds with our recording cable and your tape recorder. You can also record your own heartbeat and play it to soothe your newborn baby. Invented by a neonatal nurse, the BebeSounds Prenatal Heart Listener is completely safe and allows family and friends to feel closer to the coming baby."

Newsweek, Time, and the New York Times can be added to the list of lay magazines and newspapers that ignore prenatal psychology. They may have essays on prenatal surgery, premature or multiple births, fetal alcohol syndrome, the harm to the unborn from mother's using drugs during pregnancy, gene therapy and reproductive engineering, but the thought that these procedures might have some psychological effect on the unborn seems to not even have crossed the writers' minds.

A rare exception to resistances in the print media can be found in the January 17th, 2000 issue of New American, a magazine that I suspect most people have never heard of. "Abortion Survivors Speak Out" is in bold letters on the cover page, and on page 12 is an article by William F. Jasper (2000), entitled "The Survivors," that gives the stories of nine persons who survived an attempt to physically abort them. In addition to this magazine, there is one newspaper, The Washington Times, that frequently has truthful and objective essays on prenatal psychology and abortion that often expose and correct the misinformation so frequently dis-

seminated in much of the press. The Wall Street Journal is another, and it recently had a column decrying the casualness with which the “good people” often view abortion. In this essay, a mother describes an encounter between herself and another mother while they were sitting in the park together watching their small children frolicking about. The other mother tells the author that she is so glad she had her period, because she wouldn’t want to have to go through having another abortion. Columnist George Will (2000) is one writer who consistently points out the flawed reasoning of those who support abortion and so-called “partial birth abortion.” Nat Hentoff (2000) of the Washington Times is another, and also Cooky McClung (2000) of the Kent County News, Chestertown, Maryland, who recently wrote an editorial, “Born To Die,” about so called “partial birth abortion.”

In regard to the prevalence of violence in our society, images of starvation and carnage in Somalia, Rwanda and Yugoslavia, including detached body parts, corpses and live coverage of destruction as it is occurring, are reported almost daily in the print and audiovisual media, and the number of casualties is reported as well. Yet portrayal of the crushing of the skull of a third trimester baby and the sucking out of his brains, and reports of the number of abortions occurring daily in America receive short shrift and slip quickly from the public consciousness (See “Social Regression and the Global Prevalence of Abortion” Sonne, 1996a). Videos such as “The Silent Scream,” (Nathanson, 1984), of a three-month-old unborn baby writhing in agony as it is being destroyed by a saline injection, are described as morbid rather than informative.

Various theories advanced by commentators and so-called experts as to the cause and prevention of violence focus on everything but prenatal experience. Not only does the media ignore consideration of prenatal trauma in reports of violence, there is scarcely any mention of the life of the unborn in general reports of current events in everyday life. The major talk shows, past and present, by Oprah Winfrey, Rosie O’Donnell, David Letterman, Jack Paar, Jay Leno, Meet the Press, Good Morning America, the Today Show, and Mike Wallace’s 60 Minutes are almost totally devoid of anything on prenatal psychology or abortion. Leslie Stahl (2001) recently reported on 60 Minutes about the fact that in Italy today 50% of the adult young men are “mominis,” (mamma’s boys) who continue to live at home with their mothers. She mentioned that these men do not want to be fathers, and as a result the birth rate in Italy has fallen dramatically. She fails to mention, however, that part of this drop is due to the fact that in Italy, despite the fact of its being a predominantly anti-abortion Catholic nation, the same percentage of unborn are aborted as the world wide average of 25%. There has been a rash of consummated or narrowly averted Columbine Copycat school yard massacres over the last two years. In my essay, “Abortion Survivors at Columbine” (Sonne, 2000b), I predicted that this would be likely to occur, and it has come to pass. It is a holocaust from a holocaust, and it is directly related to abortion dynamics, as was probably the case in Nazi Germany years ago. Yet professed experts on juvenile crime lament that we still don’t know the cause of these massacres. Over a recent two week period there were five of them nipped in the bud at the last minute, but they were mentioned briefly, and only once, in the print or audiovisual media and then forgotten, and there was no follow up review of them to be found in weekly or monthly popular magazines, the daily press, or on TV. Rush Limbaugh

has stated on occasion his criticism of liberal abortion, but these comments are far and few between, and he has never acknowledged having received numerous essays of mine on abortion dynamics and abortion survivors, nor has he used ideas from any of them in his commentaries on the current scene. Although one would not expect talk show hosts to speak of prenatal life very often, one might expect it on occasion. We don't even hear a joke such as we told when we were kids, "Before I was born my mother was pricked by a phonograph needle, but it didn't bother me, bother me, bother me." There seems to be a need to avoid any reference to intrauterine life, benign or otherwise. Today people don't want to think about or talk about intrauterine life at all. One doesn't even hear happy fantasies of regression to the fetal state.

Beyond this, both the print and audiovisual media are generally biased in favor of the mother's unrestricted right to abortion, and stories pertaining to this are often replete with anecdotal presentations such as that of a young mother tearfully defending her wish to abort her child. Reports of the crimes and problems to society of "unwanted" children are promulgated claiming that both they and society would be better off if these children had been aborted, with little emphasis on prevention of crime through better education on the importance of responsible procreation and prenatal care. Donohue and Levitt (2000) in a paper purporting that legalized abortion has resulted in a decrease in crime, totally ignore the increasing prevalence of abortion survivors in our society, something that might possibly become increasingly likely if people seriously consider the authors' thesis. Society can't "get 'em all," and to follow the authors' implied advice could make matters worse for society rather than better, not to mention of course, the unborn who are sacrificed. Their work looks at liberalized abortion as a solution to some of society's problems, not as a cause.

Do not the phenomena described above fit with the classic definitions of denial, repression, displacement, rationalization, projection, and acting out? The dread of being aborted, is, I believe, an almost universal dread, a dread so great and horrifying that people are strongly inclined to deny and repress it. If one adds to this dread the knowledge, also denied and repressed, that abortion is currently a socially sanctioned and deliberate practice, would this not increase the dread? Where does this augmented dread find expression? I suggest again that this dread, though denied and repressed, is simultaneously being symbolically transferentially defended against and transferentially acted out in social regression.

Resistances in Fiction, Biographies, in Spirational Books and Philosophy

Novels by popular authors such as John Grisham, Dick Francis, J.D. Salinger, James Michener, John Gunther, and many others, have nothing to say in them about prenatal life, and likewise the ones that become bestsellers after being promoted on the Oprah Winfrey or Rosie O'Donnell shows. Not that one would expect much emphasis on this, but we might expect an occasional reference, since many of them do give some developmental history of their characters. Self-help books on how to be happy or how to have a successful social, work and love life etc, all focus on adult life, and sensational happenings, with no inclusion of develop-

mental origins in the early and earliest stages of life. In biographies, the most we will read about trauma are such things as a child experiencing abandonment, the death of a parent, or gross abuse or neglect. Classics such as Tom Sawyer, Oliver Twist, Huckleberry Finn, Horatio Alger, Little Women, The Bobbie Twins, all focus on young adult development, often in the face of adversity, again with no reference to trauma at earlier stages. Philosophers such as Sartre who wrote on "Being and Nothingness," a natural title for an essay on prenatal life and trauma, totally ignored this area. Nor is it touched on by Socrates, Plato, Descartes, Locke, Berkeley, Hume, Leibnitz, Kant, William James, Skinner or Chomsky in their writings attempting to explain human life and culture. Exceptions are Dali's account (1965) of his prenatal experience, which he could repeatedly reenact, and the reflections of Iyanla Vanzant (1993) about prenatal experiences in her book "Acts of Faith"

Resistances in Religious Groups and in the Use of Biblical Quotations

One might think that the belief that human life is sacred, a prominent tenet of most religions, would support the belief that the unborn are human, that their lives are sacred, and that abortion is immoral. Yet among many religions we see support of a pro-choice position, and church leaders are often hesitant to speak openly against this for fear of alienating some of their parishioners. This has resulted in the formation of some sub-groups, such as "Episcopalians for Life," that are critical of the church's lack of forthrightness in including the unborn in sermons about the sacredness of human life. As for the Bible, pro-lifers who look to it for quotations to support their position are pressed to find any definitive ones. A commonly used one is from Jeremiah 1:4–10 that contains the phrase, "Before I formed thee in the belly I knew thee, and before thou camest forth out of the womb I sanctified thee . . ." Hippocrates was much more direct in his admonition to physicians to not help a woman to abort her child (Even this admonition is under attack today). There are some other quotations from the Bible that are used as evidence that abortion is a sin, but they are rather general. Beyond this, some pro-choice writers have actually found several rather strong statements in the Bible that support abortion. although the word abortion is not used. Brian Elroy McKinley (1998) in "Why Abortion is Biblical," questions the interpretation of the oft used Jeremiah quote as meaning that the unborn in general are sacred. He points out that when the entire quotation is cited it can be seen that it referred only to Jeremiah in particular as someone God had sanctified as a prophet, and not to the unborn in general. He also cites some other statements from the Bible that seem to support abortion. In Ecclesiastes 4:1–3 Solomon says that in this world of oppressors and oppressed, "I congratulate the dead who are already dead more than the living who are still living. But better off than both of them is the one who has never existed, who has never seen the evil activity that is done under the sun." This sounds like the arguments of some proponents of abortion on the basis that they don't want to bring children into this "cruel" world. In Ecclesiastes 6:3–5 Solomon makes the point that to be miscarried or to have never seen the light is better for someone than for him to not have led a good life.

Job (3:2–4), depressed of course, asks, “Why did I not die at birth, come from my womb and expire?” In 10:18–19, he says, “Why then hast Thou brought me out of the womb? Would that I had died and no eye had seen me! I should have been as though I had not been, carried from womb to tomb.”

It should be noted that McKinley wants it both ways. He criticizes the interpretation of Jeremiah as proof of God’s regarding the life of the unborn as sacred, yet broadens the statements by Job as proof that God favors abortion, completely disregarding the fact that they were made by a single guilt ridden and depressed person who wants to be punished.

Resistances in the Movies

Movies often present having an abortion as nothing special, and those who oppose it as naïve. “Cider House Rules,” a movie about an abortion facility manifestly functioning as a loving home for orphans, describes as if it were a maturing and enlightening experience, the transformation of an idealistic “naïve” young man into an abortionist who accepts being falsely legitimized as a physician (Sonne, 2000c). “Natural Enemy,” (Filmline, 1996), a movie that portrays the unquestioningly terrible murderous revenge of an adoptee against his birth mother and other family members, has been denounced in reviews as revolting, with no consideration given to the adoptee’s response to his mother when she attempted to excuse herself for not wanting him, in which he told her that she was just thinking about herself and not him, her child. A case could easily be made that the movie could be considered an almost classic portrayal of an abortion survivor that could be used for teaching purposes. The adoptee even attempted to abort his half sister’s unborn baby. The movie, “Look Who’s Talking,” is a rare exception, showing the unborn as having speech, but it is presented as a comedy and therefore not to be taken seriously. The final scene in “2001: A Space Odyssey” showing a baby lost in space could be looked at as a commentary on a society that discards its children (Kubrick, 1968).

The Feminist Movement

The feminist movement has consistently placed the right of women to choose above the right to life of the unborn. They even claim the higher moral ground that abortion of unwanted children is a caring thing, and that they love children but only want them to be wanted ones so that they will receive the love they need. Their focus is on the physical and psychological life of the born child, and on the welfare of the mother, and their influence is evident in the articles in the lay magazines mentioned earlier. The reality of prenatal mentation, communication and trauma is a subject not even deserving refutation. They are following Samuel Goldwyn’s advice to actors and actresses, “Don’t let your critics bother you. Don’t even ignore them.”

Many feminist pro-choice activists who identify with Margaret Sanger, a proponent of eugenics and abortion, and founder of Planned Parenthood, are unaware of the fact that two prominent originators of the feminist movement from the middle of the nineteenth century, Elizabeth Cady Stanton and Susan B. An-

thony, were adamantly apposed to abortion. Nat Hentoff (Hentoff, 2000) of the Washington Times, in an essay "Modern feminists' revisionist her-story on abortion," recently wrote of how David Burns in his documentary "Not for Ourselves Alone: The Story of Elizabeth Cady Stanton and Susan B. Anthony," currently being broadcast by PBS (the Public Broadcast System), deliberately left out the fact that Anthony and Stanton, two icons of the feminist movement in the middle of the last century, were unremitting opponents of abortion who described abortion as "child murder" and infanticide. He did this despite being told by Feminists for Life of America of Anthony's remarks: "The woman is awfully guilty who commits the deed. It will burden her conscience in life. It will burden her soul in death," and also of Stanton's remarks: "When we consider that women are treated as property, it is degrading that we should treat our children as property to be disposed of as we see fit. There must be a remedy even for such crying evil as this (abortion). But where shall it be found? At least, where begin, if not in the complete enfranchisement and elevation of women." Burns is well known for his documentaries on the Civil war and baseball, and his current definitive history of jazz. He is very popular, and it borders on criminality for him to so grossly distort history in an age when so many unfortunately rely on television to learn it, and who often regard what they see there as fact.

The Law and Politics

The immediate past President of the United States, William Clinton, while professing concern about families and children, education, minorities, and "hate crimes," continues to ignore the personhood of the unborn. While saying that he wants to make abortion safe and rare, and every child a wanted child, and professes concern about minorities, he simultaneously supports unrestricted abortion of the unborn, a group we could well call the most neglected minority of all, many of whom are living precariously in the most dangerous place of all, the womb of their mothers. He has repeatedly vetoed legislation aimed at banning "partial birth abortion," a euphemism for what is actually infanticide, redefined as an abortion to keep it under the protective umbrella of *Roe vs. Wade*. Our Congress is perpetually divided over the issue of the rights of the unborn, and only roughly a third of its members have a consistently pro-life voting record. Politicians seeking election hedge on the subject of abortion, and repeatedly refer to it as "controversial." In these controversies, neither the proponents nor opponents of abortion speak of prenatal mentation, communication and trauma. The arguments are often about conflicting rights, the physical life of the unborn or pre-nate, and the psychological and physical welfare of the mother.

Because *Roe vs. Wade* does not recognize the unborn as persons, criticism or charges of parental neglect in instances of crack babies or those suffering from fetal alcohol syndrome are having difficulty finding a base on solid legal ground. Without the unborn having legal recognition as persons, it has also been difficult to claim damages or criminal charges on behalf of the unborn in instances in which injury to a pregnant mother has resulted in the death of her intrauterine baby. The law here, however, is beginning to change, and successful suits on behalf of the unborn in these instances may be an important step toward more

universal recognition of their personhood. Twelve of the fifty states in America states in America, Mississippi being the most recent one, joining Arizona, Illinois, Louisiana, Minnesota, Missouri, North Dakota, Ohio, Pennsylvania, South Dakota, and Wisconsin, have, over the last several years, passed laws recognizing unborn children as human beings who can be victims of crime regardless of their state of prenatal development. In each state in which the law has been challenged in court, it has been upheld (Mary Spalding Balch, J.D., "Unborn Children Recognized as Victims of Crime in Mississippi" *Right to Life News*, May 2000, p. 27).

In general, the law has not kept up in a creative way to deal with the ever increasing moral and legal problems coming about as a consequence of reproductive technology, gene research, and cloning, which make things possible that are increasingly and vividly bringing front stage the matter of the humanity and psyche of the unborn. Little known by the general public, reproductive engineering, particularly in-vitro fertilization, often results in the creation of multiple babies, in which case there can be several scenarios (See "Magic Babies," Sonne, 1997c). Either one is chosen and the others discarded, i.e. aborted, one is chosen and the others are frozen, or several, or all, are introduced into the uterus of the woman who is to carry the baby. If several embryos at a time are transferred to the uterus, and, as a result of this, more babies implant themselves than are desired, a procedure known as "multifetal pregnancy reduction" is performed, which involves injecting potassium into the most accessible gestational sac, or into the chests of "superfluous babies." "Unfortunately," says Doctor Selwyn Oskowitz, Assistant Professor of Obstetrics and Gynecology and Reproductive Biology, Harvard Medical School, and Director of Boston IVF, a fertility clinic associated with Harvard, "a gestational pregnancy fetus has to be lost." (Hodder, 1997).

And what is to be done with "superfluous" frozen embryos? In England recently there was a strong protest over the plan of a fertility clinic to dispose of 5,000 "unused" fertilized ova, whom many saw as frozen babies (Andrusko, 1996, *Washington Post*, 1996). Despite this protest, these babies were destroyed. There are thousands of similar frozen babies in America, and no one has decided what to do with them. The freezing of these superfluous untransferred babies has resulted in a recent lawsuit which went from the Trial Court to the Appeals Court and eventually to the Supreme Court of Tennessee (Davis vs. Davis, 1992). In this suit, an ex-husband (the father) appealed to the court to prevent his ex-wife (the mother) from keeping or using the cryogenically preserved babies, defined neologically by the court as "preembryos," that they had conceived prior to their divorce. The Court's ruling contained a thirty-page report that is an educational document in itself. It included testimony from many experts, a summary of the testimony of the parents, and citations of pertinent law.

Other items included in the Tennessee holding were the court's thinking and interpretation of issues such as the rights of parents, the liberty to procreate or to avoid procreation, embryology and stages of development, abortion, definitions of personhood or the lack thereof, whether the unborn are property or not, compelling interest, the rights of the unborn in general, and the potential life and rights of "preembryos." Judge Daughtrey and his colleagues decided the case on the basis of the competing interests of the father and mother, not on the basis of

the best interests, humanity or right to life of the “preembryos,” and granted the ex-husband’s (father’s) petition that the frozen embryos not be kept or used. The Tennessee Supreme Court’s ruling contains the following sentence: “This ruling means that the Knoxville Fertility Clinic is free to follow its normal procedure in dealing with unused embryos, as long as that procedure is not in conflict with this opinion.”

Interestingly enough though, in the trial a citation was presented of pertinent Louisiana law that did protect the embryo: “At the time of trial, only one state had enacted pertinent legislation. A Louisiana statute entitled ‘Human Embryos,’ among other things, forbids the intentional destruction of a cryopreserved IVF embryo, and declares that disputes between parties should be resolved in the ‘best interest’ of the embryo (1986 La. Acts R.S. 9:121 et seq). Under the Louisiana statute, unwanted embryos must be made available for ‘adoptive implantation.’”

Resistances in Philanthropic Groups, Foundations and Health Care Organizations

The Bill Gates Foundation, the Warren Buffett Foundation, the United Way, Planned Parenthood, March of Dimes, the World Health Organization, and other “philanthropic” organizations, as well as health care policies in many countries, crying in alarm about the “population explosion,” or the birth of handicapped or “unwanted” children, often see abortion or sterilization as the answer to their concerns. Tremendous sums of money are contributed to these organizations by enormously wealthy business tycoons and their foundations (See Kabbany, 1999, and Tinsdale, 2000). Both the physical and the psychological life of the unborn are relegated to a status similar to that of eminent domain, and the “public good” prevails against the burdensome potential intruder who may occupy our presumably scarce land and strain our “limited resources.”

The World Health Organization is a major force in furthering the dehumanization of the unborn. I quote a letter to Judie Brown from P.F.A. Van Look, M.D., Ph.D., (van Look, 1996), Associate Director, Special Programme of Research, Development and Research Training in Human Reproduction, World Health Organization:

The World Health Assembly, which is the supreme governing body of the Organization composed of all WHO Member States (numbering 190 at present) has never formally adopted a definition of pregnancy or the beginning of life. As I'm sure you are aware pregnancy in medical practice is usually defined as the period of time from established implantation until expulsion or extraction of the fetus.

Medical organizations have joined the movement. I quote from a letter, again to Judie Brown, from Ralph W. Hale, M.D., FACOG, (Hale, 1997), Executive Director of The American College of Obstetricians and Gynecology:

There is no scientific definition of when life begins. This is a topic of extensive debate by theology, science, ethics and others. The College has no position and leaves that up to the individual.

Resistances in the Pro-Life Community

One of the paradoxes seen in pro-life organizations is that they work to save the physical lives of the unborn but seem to be blind to their souls and psyches, as well as to the operation of the unconscious. Several years ago I submitted an essay entitled, "The Neglect of the Unconscious in the Abortion Controversy," (Sonne, 1991b), to the *Human Life Review*, a pro-life publication of the Human Life Foundation, Inc. This essay included an emphasis on the importance of prenatal psychology and the unconscious. It was rejected. I spoke to the J. P. McFadden, the editor, on the phone in an unsuccessful attempt to persuade him of the importance of the subject, not necessarily that he should publish my article. He said that he had spent millions of dollars of his own money on his journal and that he wasn't about to have anyone tell him who and what to publish.

Relative to the issue of adoption, pro-life and anti-abortion groups have been vigorously opposed to passage of laws authorizing adoptees' access to their original birth certificates, something they cannot do in all states except Kansas and Alaska, and most recently Oregon and Tennessee. This opposition to access ignores the psyches of the children the pro-lifers have saved who are subsequently adopted. It perpetuates their psychological abortion, and closes off an avenue to healing. Their opposition is based on the predictive but disproven presumption that lifting restrictions would increase the likelihood of abortion being chosen over the giving up of children for adoption. This was the prediction of Willke (1990), then president of National Right to Life, in his testimony to the Ohio legislature in which he strongly opposed passage of an open access bill, which was, indeed, defeated. Again, apropos my point that members of organizations often do not know what their leaders' positions are – the feminist ones described earlier for example – a woman who called me soliciting a contribution to the Human Life Institute was astounded when I told her that I was currently disenchanted with Wilke because of his position on access, and proceeded to tell me about several members of her family who were adopted. A few months later a similar story was told to me by second solicitor, likewise totally uninformed, and likewise having several adoptees in her family. Believers in open adoption, these two women were unwittingly attempting to raise funds for an organization that supported what they opposed: sealed original adoptee birth certificates.

After several unsatisfactory discussions with pro-life advocates at meetings, and in phone calls and letters, in which I presented the case that adoptees suffered a psychological abortion from being deprived of access to their original birth certificates, I wrote an article, "An Open Letter to the Pro-Life Community," in which I cite evidence that open adoption does not result in an increase in abortions, contrary to Willke's assertion mentioned above, and also emphasize the importance of prenatal trauma, and its carryover in children saved from being aborted. I was unable to get it published in several pro-life magazines, but it was published in *Decree*, the newsletter of the American Adoption Congress (Sonne, 1996). Because of several recent discussions with Judie Brown, president of American Life League, this open letter will be republished soon in *Celebrate Life*, ALL's newsletter. It will also be republished in a forthcoming book, "Adoption: The Case for Open Records" (Sweeley, 2001).

Resistances in the Adoption Community

One might think that people involved with adoption issues would be most interested in prenatal life. They write and speak about the trauma of relinquishment, problems with adoptive parents, and the psychological harm many experience by virtue of being unable to know the identity of their biological parents. Yet very few in the adoption community speak of prenatal psychology, or the trauma many adoptees may quite likely have experienced prior to relinquishment from living in an ambivalent environment. An example of this is seen in a book, "Adoption Healing . . . a path to recovery," by Joe Soll (2000). Soll is Director of Adoption Crossroads in New York City, an organization that helps reunite adoptees, birth parents and adoptive parents, and he is also a board member of the American Adoption Council. Soll sees the first trauma adoptees experience as occurring when the bond between the unborn baby and mother is disrupted at birth upon relinquishment. He uses the term "The Primal Wound," taken from the title of Nancy Verrier's book (1993), to refer to this trauma. Soll emphasizes the magnitude of this trauma by pointing out the importance of the unique and intense bond existing prenatally between unborn baby and mother, how the unborn baby knows the mother, smells her, hears her, and experiences the rupture of this bond upon relinquishment as a catastrophe, the memory of which becomes a part of all later experiences. He sees the relinquishing mother as experiencing an almost similar trauma, and in need of healing herself. His unspoken premise seems to be that the mother did not want to give up her baby, and that doing so was an act of love on the part of the relinquishing mother. His view is reminiscent of Willke's (1990) description in his Ohio testimony of mothers who give up their babies for adoption as "generous." Soll does not mention the possibility that the future adoptee may have experienced psychological trauma prior to the rupture of the mother-infant bond. He starts from birth forward.

In my essay, "Psychoanalytic Perspectives on Adoption" (Sonne, 1998d), I made the point that many adoptees have indeed experienced prenatal trauma before the rupture of the mother-unborn bond. I also pointed out that many adoptees are to be found among the group of abortion survivors. Even if the mother has very loving feelings for her unborn, and experiences almost unspeakable anguish, grief and guilt about relinquishment, as Soll describes, and that certainly does occur, the mother-unborn bond could still have been tenuous and problematic because of both mother and unborn experiencing anticipatory anxiety about the forthcoming separation that could result in either attenuation of the bond, or developmental arrest and fearful over-attachment. This type of reaction occurs at times with lovers and friends who are anticipating separating. Sometimes one or the other self protectively withdraws prematurely, or clings in desperation and won't let go. Is it so strange to think that such a thing could happen prenatally in the mother-unborn bond?

The comments by reviewers of Soll's book are interesting. One reviewer states, "The reader is provided with a description of the unfolding of the adoptee's personality from birth, detailing each developmental milestone along the way, followed by different methods of healing the adoptee's wounds, including child work, visualization healing, affirmation and anger management." Why does the adoptee's personality just begin to unfold at birth? Another reviewer states, "His

words offer counsel for the tragic separation that as occurred in the sacred union of mother and child." What about the possibility of prenatal trauma having occurred in an insecure union that may not have regarded as quite so sacred by an ambivalent mother?

Resistances Supported by the Misuse of Words

In all of the preceding examples of resistances, words are often misused as a form of resistance themselves in order to deflect attention away from the reality of prenatal psychology. A proponent of artificial insemination, Doctor Selwyn Oskowitz, Assistant Professor of Obstetrics and Gynecology and Reproductive Biology, Harvard Medical School, and Director of Boston IVF, a fertility clinic associated with Harvard, used the term "multifetal pregnancy reduction" to describe the injection of potassium into the gestational sac or into the chests of "superfluous" babies. He laments that, "Unfortunately, a gestational pregnancy fetus has to be lost." And what is to be done with the thousands of frozen unborn babies in America? How are they to be defined? Judge Daughtry of the Supreme Court of Tennessee coined what could be considered a neologism, using the term, "pre-embryo," to justify not recognizing the rights of the unborn, in this instance defended by a father who wanted to prevent his ex wife from destroying their jointly created frozen embryos. (See "Magic Babies," Sonne, 1997c) The term "rights" has been used selectively by proponents of abortion, who, although they may acknowledge that the unborn are more than a "mass of tissue," nevertheless aver that the right of the mother is preeminent over that of the unborn.

The term "pro-choice," is also an example of the misuse of words. Since in America, the land of liberty, the freedom to choose is strongly supported at first glance the term pro-choice sounds innocent enough, for who among us is not pro-choice in general. But the term is a euphemism used by pro-abortion advocates to disguise the fact that exercising freedom of choice in this instance is about choosing whether or not to kill a human being.

The word "woman," a general term, has been co-opted by organizations such as N.O.W. (National Organization of Women) in a manner that implies they are an organizations representing all women, whereas they are actually organizations representing a only a specific group of women who are advocates of liberalized abortion. Similarly so for terms such as "the feminist movement," or "the women's liberation movement."

The word "love" is also perverted. Proponents of abortion often justify their position as a loving and caring one both for the aborted child and the one who is permitted to live. Not only does this position negate the right to life of the aborted child, it fails to recognize in any way the possibility of prenatal trauma having been experienced by the child not destroyed, or the postnatal trauma of living a life by default in an ambiance where the possibility that he might have been aborted is in the family dynamics and in the culture. We see this same presumption of knowing what constitutes love of children as the basis for the essays on how to raise children cited in the section on women's magazines, and we see it also in the call for more and better child care centers, better schools, drug prevention programs, and gun control. This is socially shared psychopathology at its worst, a masquerade

portraying American families and society as loving, since it ignores the importance of prenatal mentation, communication and trauma, and often distorts the developmental needs of early infancy as well.

Even the word "trauma," which has been so commonly used relative to prenatal and perinatal experiences for over a half a century, is somewhat a misnomer. It is a broad, general term used to describe a wide variety of both major and minor physical and psychological injuries. The term prenatal trauma doesn't connote or bring to mind striking and vivid images of the devastating psychological and emotional shock of being overwhelmed and unable to cope, such as is experienced by victims of earthquakes, tornadoes, sudden automobile or airplane accidents, wars, holocaust survivors and other victims of unspeakable violence, and the unborn threatened with being aborted. We are just beginning to understand the nature of the trauma prenatal experience. We use analogies and similes in an attempt to characterize it, but it is probably impossible to fully empathize with and describe. If the unborn could speak, he probably wouldn't say that he was traumatized, he would say he had a terrifying experience of being assaulted – suddenly, episodically or chronically – that produced an entropic, devastating, disorienting, disintegrating and dissociated mental state full of feelings of pain, terror, dread, betrayal and disbelief beyond "human" imagination, wanting desperately to escape, but feeling hopelessly trapped. Emerson's emphasis on shock is an important step in the direction of more accurately characterizing the unborn's emotional experience of trauma (See "Shock: A Universal Malady," Emerson, 1999).

The words "pregnancy," "pregnant," "miscarriage," and "abortion" are nouns that say nothing about the life or death of the unborn. Pregnancy is an "it," pregnant is a "state," miscarriage is an "event," and abortion is an "act." All these terms refer to the mother, and nothing about the baby. This automatically deflects attention away from the fact that a baby is living inside the mother during her pregnancy, and if it weren't she wouldn't be pregnant. They also deflect attention away from the fact that when the mother has a miscarriage or an abortion, the life of the baby is ended.

The words "embryo" and "prenate" refer to the physical state and the place in time of the unborn, and do not convey a sense of their humanness or their emotional interrelatedness. We have better terms that connote the emotional and psychological lives of growing postnatal children than we do for the unborn. When we say "teenager" or "teenage years" everyone knows these children are going through a period of rapid change and experiencing emotionally turbulent times. This is quite different from saying that they are "adolescents" going through "puberty."

The terms used that view the prenatate as "immature," its experiences "primitive," and the assumption that it takes much and gives little, may themselves be examples of the misuse of words. Are these terms not applicable to much of the "adult" population? Suppose we turn our views of adult and prenatal mentation on their heads, and consider that it is the as yet little studied or understood prenatate, not the adult, who has capacities such as having an openness to love and be loved, a sensitivity to its environment, and a capacity to discriminate, that are more "mature" than what is seen in many "immature" adults? Such a view would

elevate prenatal mentation to a status of being the prototype and precursor of the positive attributes mentioned above that find expression in adult life unless there is damage done prenatally, neonatally, or in early childhood.

It is from studies of postnatal pathology that we have been able to derive inferences about earlier pathology, but, as mentioned above in the discussion of the word trauma, we have barely scratched the surface in being able to conceptualize, verify or describe the actual intellectual and emotional experience of being the recipient of early trauma, particularly prenatal trauma. As for understanding health, both in adulthood and in utero, we have yet to sufficiently study, conceptualize, verify and describe the actual intellectual and emotional experiences of a healthy adult life, and the experiences of living a healthy prenatal life that have found expression in adulthood. Just as adult pathology involves acting out and attempted mastery of early trauma, adult health may involve expressing, recreating and building on healthy prenatal, neonatal and early childhood capacities to love, discriminate and create. The unborn may be more sophisticated than we have heretofore thought, and it is the adult who is so often immature, unsophisticated, uncreative, insensitive, and unable to love and be loved.

To speculate along these lines opens up a whole new line of expansive research, and stimulates lots of brain storming questions. If the healthy unborn could speak, would he say that he felt OK because he wasn't being traumatized, or would he say that he felt secure, safe, trusting, and serene in his uterus, oriented, negentropic, creative, organized and organizing, curious, free of pain, fear and anger, animated, eager to relate and optimistic about the future, comfortable in his uterine home for the time being, and with no desire to escape? One might also wonder whether such things as extrasensory perception, mental telepathy, clairvoyance, and a sixth sense were prominent capacities of the pre-nate? A different perspective on prenatal life also might incline us to take a new look at "primitive" life, and question what we regard as progress in advanced "civilized" societies, and how we think about cultures. such as the Aborigines of Australia, who regard themselves as the original poets. We may have lost our way, and the study of prenatal psychology may help us find our way back and achieve a hard-won simplicity by retrieving what we once had in utero.

Resistances Experienced Personally in Interactions with Editors and Academic Colleagues

In this section I present data on first hand encounters with resistances from editors and in academic circles. I already have referred to the response of McFadden of the *Human Life Review* to my suggestion that the unconscious had been neglected in the abortion controversy. On the positive side, a similar paper, "Pregnancy, Abortion and the Unconscious" (Sonne, 1975), was enthusiastically accepted for publication in the *Marriage and Family Newsletter*. Years ago I submitted an essay entitled "A Letter from an Unborn Child" (Sonne, 1973), to several magazines and newspapers: Readers Digest, Redbook, Good Housekeeping, Camden Courier Post, Intellectual Digest, Ladies Home Journal, Commentary, McCall's, Saturday Review/World, Esquire, Harpers, and Ms Magazine. It was politely rejected by all with the exception of Ms. Magazine, from which I received an envelope ad-

dressed to John C. Sonne, containing a hand written note addressed to *Mr.* (Italics added) Sonne, saying, "It should be clear to you from articles we have published dealing with abortion issues that we are not interested in printing your piece." Of course I "knew better," but I was sending a message and wanted to see what they would do with it.

Years ago, I presented a paper to the Philadelphia Psychoanalytic Society, entitled, "Unconscious Feticidal Dynamics and the Procreative Renunciation of Fatherhood in the Analysis of a Male Obsessive who Sponsored Abortions," (Sonne, 1970). I subsequently submitted it to the International Journal of Psycho-Analysis and the International Review of Psycho-Analysis. I received no response until a letter arrived several months later from the editor that started with, "I owe you a real apology for the fate of the manuscript you sent so long ago", followed by, "What happened was that we assumed the reviewer had your manuscript because his card of acknowledgement was entered in the computer. We picked up the absence of his critique, called him, but he had no memory of ever receiving the manuscript. He is a highly reliable colleague with a good memory, but he nevertheless searched his files to no avail. We sent another copy of the manuscript to still another reader, but *that* (sic) response was delayed."

An early version of my paper, "The Relevance of the Dread of Being Aborted to Models of Therapy and Models of the Mind, Part I: Case Examples, and Part II: Mentation and Communication in the Unborn" (Sonne 1994a,b), was rejected for publication by Psychoanalytic Dialogues in 1992, but the rejection was quite respectful, and the editor was kind enough to enclose copies of the reviewers' comments. One reviewer questioned my point about the impact of maternal ambivalence on the unborn, saying that all mothers were ambivalent about their pregnancies, and that that was normal, as is ambivalence in everyday life. His position is certainly at variance with mine, or with that of the unborn, for whom maternal ambivalence is anathema, and also with that of John Rosen, who in his work with schizophrenics, repeatedly made the point that, in contrast with the mothers of schizophrenics, the therapist must absolutely be non-ambivalent (See Rosen, "Direct Analysis," 1953). This reviewer also questioned my countertransference, and said that he thought the patient's conclusion of his analysis was an escape, not a healthy resolution. I must say that I wondered whether this reviewer's own countertransference might have influenced his reading of my paper. The second reviewer commented that indeed psychoanalysis has not paid enough attention to abortion dynamics, and encouraged me to continue my work: "At a time when abortion politics are so powerful, contributions from psychoanalysis to the understanding of this act would be particularly significant." I had also sent this paper to Arnold Goldberg for his response, thinking that he was a forward – and "backward" – looking analyst who might appreciate it. He wrote me saying that frankly it was not a good paper, that prenatal life and postnatal life were two distinctly separate universes, and that I was attempting to found a whole new school of thought (Goldberg, 1992). I also sent a copy to my long time friend and colleague, James Grotstein, who wrote back, "I think you've got something there." I shall refer to a further comment by him later in my paper in the section on transference and countertransference (Grotstein, 1992). The paper was eventually published in the International Journal of Prenatal and Perinatal Psychology and Medicine after

Ludwig Janus from Germany read it on the recommendation of Joanna Wilhelm from Brazil, and found it to be “exactly what I have been looking for.”

I encountered further resistance when I attempted to publish or speak about my essay, “Abortion Dynamics and the Trench Coat Mafia,” (Sonne, 1999b), in which I made the point that the perpetrators of the Columbine massacre may well have been abortion survivors. It was turned down by over a dozen major newspapers, and my offer to discuss it was declined by two major television talk shows, one of them broadcast by WHY? which was hosted by Marty Moss Cohane, whom I had expected to be quite interested since she had generally been quite supportive of psychiatry and psychoanalysis. Fortunately this essay was accepted for publication in *Celebrate Life*, the newsletter of the American Life League. Even so, one of the ALL staff members, Theresa Burke, of Rachel’s Vineyard, a division of ALL that is devoted to helping women work through their distress over having had abortions, was somewhat critical of my analysis. According to her it excused the killers, for even though they may have been traumatized in their formative years, it excused them from some degree of responsibility in exercising their free will. The two letters to the editor that were published in response to it were critical and skeptical, one writer asking what had happened to sin, and the other saying that my ideas, including those about adoptees’ trauma, were implausible. A few months later, an expanded and more comprehensive version of this essay, “Abortion Survivors at Columbine,” was enthusiastically published by David Chamberlain in “*The Journal of Prenatal and Perinatal Psychology and Health*,” (Sonne, 2000b), and with the help of Cooky McClung of the Kent County News in Chestertown, Maryland, I was able to smuggle a reference to this essay in a letter to the editor on gun control in which I pointed out that the preoccupation with restrictive laws neglected the need to search for the origins of violent behavior (Sonne, 2000a).

Some of the resistances I have experienced have come from close colleagues with whom I have had relationships with spanning many years. Many of them look at the issues of prenatal psychology and abortion quite differently than I do. One psychiatric physician colleague with whom I discussed prenatal psychology told me that he was surprised that I was coming “out of the closet” with such primitive thinking, and that he was more interested in “real” people than in the unborn. Another colleague, training analyst Sidney Pulver, at a cocktail party when we were discussing the subject of prenatal life, and my work on the consequences of prenatal psychic trauma, said to me, “But John, those traumas and their consequences occur after birth.” Such a perspective consigns the unborn to a purely biological and reflex existence, which somehow magically becomes a psychological one after birth. In the discussion of a paper I presented at the Pennsylvania Hospital Grand Rounds, entitled, “The psychological and social consequences of the threat of being aborted” (Sonne, 2001), Perry Ottenberg, a psychoanalyst with a special interest in social psychiatry, tactfully implied that my work was an expression of my personal fantasies. When I asked him whether he gave much thought to prenatal life, he responded that he didn’t, except for thinking that he’d like to be back there. He added later that he gave hundreds of dollars a year to Planned Parenthood, and hundreds more whenever there was a bombing or shooting at an abortion clinic. When I presented this same talk to the Psychiatric Physicians Association, also at

the Pennsylvania Hospital, the first question came from two women who asked me if my work was political one of the psychoanalysts there, Michael Kowitt, related how his small son had told his mother, when she was reading a nursery rhyme to him, that he remembered her reading this to him when he was in her tummy. He added that he didn't believe him because he couldn't possibly have remembered this from before he was born; he only remembered his mother reading him this at a later time.

I wrote my first paper on abortion during a period before *Roe vs. Wade* when psychiatrists were often asked to provide what amounted to a rubber stamp medical opinion that abortion was indicated because of the mother's mental illness. When I was asked by John Warkentin, editor of the journal, *Voices*, to write a paper on abortion, my first response was that I didn't want to because abortion was such a controversial topic. John's response was, "That's why I want *you* to write it." Hours of research in the Library of the College of Physicians and Surgeons helped clear my mind, and the result was a paper, "Feticide as Acting Out," (Sonne, 1966). When one of my colleagues read it, her response was, "Oh, John, how could you?"

On the positive side, a longtime colleague and friend, Victor Schermer, was for some time quite skeptical of the reality of a prenatal psyche. I nevertheless continued to give him my abortion dynamics papers to read. After reading several of them over a period of years, he told me that he was finally convinced that, "There's somebody alive in there." Some time later he told me of his experience with a mother and her eight-year-old daughter during their therapy. After hearing that the mother had been beaten by her husband during her pregnancy, he spoke to them about my work on prenatal trauma. Following this the little girl immediately brightened up, showed great interest, and exhibited a marked change in her behavior (Schermer, 1995).

Another positive experience came from Donald Nathanson, to whom I had given some copies of my abortion dynamics papers after a wonderful presentation he gave at Jefferson Grand Rounds on a program he has to minimize violence by teaching teachers to identify affects and to help their students to do the same (Nathanson, 2001). He called me up a few weeks later at the Chesapeake on one Tuesday morning at ten-thirty, just after having finished a session with a man he had had in analysis for two years. He said that he had brought up the issue of the threat of being aborted with this patient, and a great deal of new material came out around this. Among other things, his father had changed his first name to that of his son when the son was a day old., stealing his identity from him, in effect a psychological abortion.

The patient wept for fifteen minutes after the abortion material came out, and subsequently was a markedly changed person, warmer, more present, relaxed, and more expressive. Nathanson said he was relaying this to me "hot of the press," and that he couldn't have done this without having read my papers. I myself wept when I heard the story. He told me in a later conversation that the patient's wife had also noticed a major change in her husband's behavior.

Nathanson had said that he and the patient had heretofore been working under the assumption that the patient's problem was that he was having difficulty identifying with his father and feeling loved by him. The new material that came

out suggests that the father was probably competitively acting out against his son what appeared to have been murderous sibling rivalry, one of the major dynamics of abortion survivors.

A later encounter with resistances to considering prenatal psychology in academic circles was the response of the psychiatric staff to comments I made about abortion during the discussion period following a talk O. Spurgeon English gave at a Grand Rounds of the Department of Psychiatry of Jefferson Medical College (1993), where I was at that time Clinical Professor of Psychiatry. After reminiscing and reflecting about his experiences as a psychoanalyst over what had been a long and distinguished career in psychiatry, English, in his closing remarks expressed his perplexity and concern about our deteriorating society, and lamented the failure of psychiatry to have prevented this. He wondered why, after all the advances in psychology in this age of psychotherapy, we were having more regressive behavior than ever, and in particular we were having more violence. Several voices, including that of the Chairman of the Department of Psychiatry, Troy Thompson, II, protested that to put responsibility for this on psychiatry was to expect too much from psychiatrists. I thought, however, that English had a good point. Concerns similar to his had been expressed by Hillman and Ventura (1992) in their book, "We've Had a Hundred Years of Psychotherapy and the World's Getting Worse." I added to the discussion the suggestion that perhaps the issue of violence could be addressed more effectively if psychiatrists were to pay more attention to abortion dynamics, since abortion was a violent action against the most helpless of us all, the unborn. My comments were met with a chorus of laughter from several members of the faculty, and the meeting ended with no further discussion. On leaving the meeting however, one of my colleagues said to me, "I'm glad you said what you did. Somebody had to."

In a paper, "A Death Which is Not One: Conceiving Abortion," presented at a meeting of the Society for the Psychoanalysis of Culture and Society, the speaker, Soros (1996), talked at length about feeling comfortable with having aborted her child. She said that since, according to Freud, girls were castrated boys and the baby was a representation of the penis, she had only returned to her original penisless state by aborting her unborn baby. After her lecture, I went up to her and gave her some of my papers on abortion dynamics, and she responded, "I don't want to read those, I'm pro-choice," to which I responded that since I had taken the time to attend her talk and hear what she had to say, I would appreciate it if she would respond in kind and read my papers, and she then accepted them.

At the Eighth Congress of the Society for Prenatal and Perinatal Psychology and Health in 1997 in California, a small group meeting was arranged, at the suggestion of myself and Kelduyn Garland, to discuss the relevance of prenatal psychology to the subject of abortion, something that had heretofore been neglected. At the meeting most of the discussion was by three women present who spoke of the abortions they had had. They were not the least bit regretful, and spoke in terms that would justify their actions without addressing in any way that they might be considered by some as incompatible with the studies of prenatal life that were currently being presented at the very conference they were attending, titled "Birth, Love and Relationships." At this same congress, I went up to Jeanine Parvati Baker after her presentation, congratulated her, and added that it

was refreshing to hear a talk on prenatal psychology that included some discussion of abortion. She responded that she had been emboldened to do this because she had read some of my papers on abortion dynamics.

In early meetings with Lloyd DeMause of the International Psychohistorical Association, deMause expressed concern to me lest pro-life advocates might use IPA meetings as a platform from which to promote their views. When I discussed some of my cases in small group discussions usually held at the end of the day after the presentation of papers, there was intense curiosity, acceptance and interest by the group in what I had to say. DeMause later became more interested in the relevance of prenatal experiences to psychohistory, and wrote an excellent and well researched paper, "Restaging Fetal Traumas in War and Social Violence," (DeMause, 1996), on the genesis of war in prenatal experience, the subject also of a talk he gave at a conference of the Association for Prenatal and Perinatal Psychology and Health in California. I assumed he was interested in prenatal psychology, and as part of this would be interested in the unborn being psychologically damaged from receiving aversive messages from parents or others. He had accepted a paper of mine for presentation at a meeting of the International Psychohistorical Association in New York, entitled, "The Dynamics of Dehumanization," (1998b), in which I had very much connected this up with the dread of being aborted. Incidentally, the first question after my presentation was, "Are you Catholic?" My response, "No, I'm a scientist," This was met with a plaintive, "We've worked so hard for this."

DeMause also asked me to write a review of a book, "Marketing the Menacing Fetus," (Hardacre, 1997), about a semi-commercial, semi-religious practice in Japan that claims to offer peace to women who are haunted by their aborted fetuses, who have been increasing greatly in number since the passage of liberal abortion law in Japan at about the same time as *Roe vs. Wade* in America. The author's focus was mainly to describe the marketing of the exorcism practice as a gross example of the exploitation of vulnerable women by callous men. My review (Sonne, 1998c) criticized the author for not having anything about prenatal psychology in her book, and for not including psychoanalytic concepts, including the idea of guilt on the part of women over having aborted their children.

All of these experiences led me to believe that that deMause, despite his reservations about pro-lifers using his conferences and journals as a platform from which to promote their views, was still open to considering that prenatal trauma could come from receiving adverse messages from the non uterine environment. On reflection, however, I began to realize that his perspective on prenatal life and war and social violence was that since prenatal life under the best of circumstances is not the blissful one of fantasy, war originated partly from a carryover of the trauma from the naturally occurring vicissitudes of prenatal experience that are part of the natural state of affairs in the human condition, or from birth trauma, not from the carryover of prenatal psychological trauma occurring from being unwelcome, or being threatened with being aborted. In his work on child abuse, deMause definitely focuses on psychological trauma as the result of parental abuse during childhood as being a factor in the genesis of later antisocial behavior; and implicit in all his writings on abuse is a moral, almost taken for granted position that such abuses are morally wrong. However, in regard to prenatal life, he doesn't

look at the threat of being aborted as also being child abuse – it is perhaps the most extreme example of all – and there is no implication that this is morally wrong. His emphasis on prenatal trauma seems to be a biological, neurological or neurochemical one rather than a psychological one, and the word abortion is nowhere to be found in his essay referred to above, or in any of his other writings or presentations. I regard this as lamentable, for his work on the genesis of war and social violence in prenatal experiences is one of the closest looks at prenatal life and its effect on individual adult behavior and social interaction that can be found. Yet this excellence is also its liability, since it does not include psychological trauma coming from the threat of being aborted.

Prior to my presenting a preliminary version of this current paper in London, David Wasdell, the organizer of the congress, suggested that I add the word, “perinatal,” to my title. I demurred, saying that the resistances to considering prenatal trauma far outweigh those seen relative to perinatal trauma. It is relatively easy to empathize with the visual image of a recognizable baby writhing in agony during a difficult or prolonged effort to emerge from the uterus and vagina, often accompanied by the use of forceps. Furthermore, articles on the connection of birth trauma to later difficulties in adulthood, including a proneness to commit suicide (See Jacobson and Bygdeman, 1998), are met with a fair degree of acceptance. The major resistances we see today, and that need more examination, are the resistances to looking at the damage than can occur prenatally. Wasdell wasn’t happy with my argument, and reminded me that the title of the conference referred to birth. It was clear to me that, despite the fact that he had accepted my paper for presentation, he was reluctant to focus on prenatal trauma.

I received a very complimentary e-mail about my Columbine article from Terry Larrimore, formerly editor of *The Association for Pre and Perinatal Psychology and Health* newsletter, that started off with “Yes! Yes! Yes!”. I responded with gratitude, and expressed to her some of my thoughts on liberal abortion and the harm it was causing. She e-mailed me back saying that perhaps she had misled me about her position, that she was pro-choice, and that until we can successfully educate people about responsible parenting, abortion rights should not be restricted (Larrimore, 2000) I was surprised to say the least, for I would consider advocating a pro-choice position as an example of bad education.

In presenting these personal examples of experiences with editors, conference organizers, and academic colleagues as data, I have given consideration to the possibility that some of the people I have cited might take offense. However, on giving this further thought I concluded that if they were comfortable and secure in the opinions they presented to me they should have no valid objection to their being quoted, and even might consider my presenting their views, views that usually have been expressed frequently elsewhere, as being a mark of recognition, even though I disagreed with them. Those of us who believe in the reality of the prenatal psyche already are encountering such formidable and powerful obstacles from all quarters that we need to talk about them and bring them to the light of public attention. We should not handicap ourselves by hesitating to censor, nor let ourselves be deterred from speaking the truth. I am in agreement with the position of Supreme Court Justice Clarence Thomas (2001) that to let one be intimidated

by one's critics, or be apologetic for fear of offending or for fear of retaliation, is cowardice.

Neurology and Neurochemistry

For psychoanalysts to study experiences before birth seems to many analysts to be stretching things too far. They view this work as belonging to researchers in the fields of biochemistry and neurology. They have an a priori assumption that the prenatal brain is so immature that prenatal registration of experience cannot be considered to have even a primitive psychic component to it. To the contrary, there is no reason to assume that the prenatal brain is not processing data at all, and has no psychic component to it, but rather that the prenatal brain processes data in an as yet little understood, and possibly in some respects an even superior way.

When one looks to neurological studies for confirmation of the operation of the psyche of the unborn, one finds that the focus of this work is usually on aberrant genetic endowment, or prenatal physical or chemical trauma that cause distortions of brain morphology, neurophysiology and neurochemistry in the brains of the unborn that have later psychological effects in various mental and neurotic disorders. Ninn (1999), in an excellent article entitled "The Functional Anatomy, Neurochemistry, and Pharmacology of Anxiety," clearly describes the protective response to aversive threat as an evolutionarily maintained, unconditioned response "hard wired" in the brain. He states, "Life threatening challenges result in the permanent imprinting of the experience in the emotional circuits of the amygdala, encompassing the full emotional memory of the experience." This would seem to confirm the registration of prenatal trauma, but the author gives no time frame for when these life-threatening experiences might occur, and makes no mention of their possibly occurring prenatally. His focus is mainly on anxiety disorders, depression, and post traumatic stress disorders in adult life, and he does not mention the possibility of the development of character disorders, or acting out as defense mechanisms, such as are commonly seen as sequelae of prenatal trauma.

In an informative article, "Early Infant Development from a Biological Point of View," by Anders and Zeanah (1984), review studies that, although they biologically oriented, also focus on the unborn's psyche. The authors present work that examines brain development and function intrauterinely, rather than phylogenetically and postnatally. They review several studies, including many which document the various sensory, hormonal, and biochemical mechanisms by which the unborn baby is in communication with the outside world. In addition to the importance of the unborn baby's being the recipient of direct sensory stimulation, they emphasize that the mother's behaviors and emotions internally affect the developing fetal nervous system through the transmission of various substances via the umbilical cord. Connolly and Cullen (1983), in their research correlating maternal stress with abnormal physiological responses to stress in neonates, focus similarly on the soma. They also point out the increasing interest, their own and that of other researchers, in prenatal cognition and "meaning" in stress responding. "Clinicians, on the other hand, may assume that cognition awaits birth before

getting under way. There is no good biological reason for this assumption: Indeed, there is good evidence to support the view that in utero the fetus is already using its CNS to psychobiologically 'know' its environment (p. 281)."

In part II of my paper, "The Relevance of the Dread of Being Aborted to Models of Therapy and Models of the Mind," (Sonne, 1994b), I review some of the work of neuroscientists that is pertinent to prenatal psychology, and also advance my own thesis that prenatal trauma results in a diminution of communication between the right brain and the left brain via the corpus callosum. Similar proposals have been made relative to posttraumatic stress disorder, and increased blood flow in the corpus callosum has been observed upon resolution. I also cite Scola (1984), who has written on the possibility of this increase in communication between the right brain and left brain occurring during psychoanalysis.

As a former research biochemist who used isotopically labeled carbon and nitrogen to discover the precursors of the purine molecule (Sonne, 1948, 1953), I have always been curious about and recognize the importance of the interrelationship between biochemical and neurological processes and psychological ones. It is important, however, to keep in mind, that whereas psychology in the past may have known little about the functioning of the brain, today we must be wary of thinking overly much about the brain and neglecting the mind. I moved into psychiatry from biochemistry because I wanted to spend more time with people, learn more about them, myself, and psychology. My quest has led me more and more to the study the psychology of the fetus. I remind the reader that the word "psychology" derives from the Greek word for soul, "psyche," and the word "fetus" comes from the Greek word for "little one." Knowledge of the brain should clarify emotional processes, not relegate them to a subordinate position. Evidence from neuroscience is over-valued even by some pro-life groups, who seem to act as if they think that the reality of the sentient psyche of the unborn has not already been proven, and that it is still in doubt unless it is validated by "superior" evidence from neuroscience. Overly focusing on this is contributing to the dehumanization not only of the unborn, but also of society in general. Can you imagine a culture developing where someone whose feelings were hurt saying, "You have caused damage to my neurological conduction system and my genetic predisposition."? If our feelings are hurt, they're hurt!

Resistances in the Psychoanalytic and Psychiatric Communities

Perhaps the most egregious resistance of all is seen in the psychoanalytic community, the very group to which victims of prenatal trauma turn to for help. Their studies reach back into early childhood experiences, but most stop at the door of the vagina, or just inside of it relative to the trauma of birth.

Not only do I believe that we should include abortion dynamics in any examination of psychoses, neuroses, character disorders, violence or social regression, I suggest that the prevalence of abortion, the legal sanction of it, the apparent casualness with which it is approached, and the denial of its being a violent act, are both a symptom and a cause of a denied or repressed uneasiness about personal survival that finds expression in the acting out of a variety of socially regressive behaviors and thinking. I submit further that psychiatry, particularly psychoanalytic

psychiatry, bears a responsibility to address and attempt to lessen social regression in general, and that one of its main shortcomings has been the neglect of the study of prenatal psychology, prenatal psychic trauma, abortion dynamics, the dread of being aborted, and the relevance of this repressed or denied dread to destructive social interaction.

The major psychoanalytic and general psychiatric journals seldom publish anything having to do with prenatal psychology or abortion. If they do, these papers are often on the effect of having had an abortion on the mother, and not about the lethal or non-lethal but traumatic effect on the unborn of the mother's abortion wishes (Major et. al., 2000). In his article, "The Roots of Violence," Twemlow (2000) makes the case that being rejected by their peers, and being deprived of a sense of belonging was a major cause of youthful violence. He does not mention the possible contribution of earlier experiences, such as prenatal trauma, to the way students presented themselves and to their proclivity to violence, and his causal explanation resembles that given by the Columbine killers themselves, who said that they did what they did because their classmates were mean to them. How does a psychoanalyst interpret with his "third ear" the fact that Harris, one of the killers, on the morning of the massacre, left a videotape for his mother to see of himself quoting Shakespeare, "Good wombs have borne bad sons"?

A further example of the avoidance of prenatal psychology can be found seen in the fall 2000 issue of the "Journal for the Psychoanalysis of Culture & Society" which is completely devoted to articles on violence, many of them dealing with the Columbine massacre. An example is "Violence and Group Dynamics in the high School: The Columbine School Shootings," by Sandler and Alpert (2000). None of these papers considers prenatal trauma or the threat of being aborted as causal factors contributing to a proclivity toward anti-social behavior and murderous and suicidal violence.

Resistances in Psychiatric and Psychoanalytic Position Statements

Organized psychiatry, including psychoanalytic psychiatry, has not only neglected prenatal studies, it has actually yielded to social activist pressure by issuing position papers which sanction liberalized abortion.

The "Position Statement on Abortion" of the Committee on Social Relations of the American Psychoanalytic Association, unanimously approved by the Executive Council on May 7, 1970, reads:

We support a woman's right to choose whether or not to continue her pregnancy. We view a therapeutic abortion as a medical procedure to be agreed upon between a patient and her physician, and one which should be removed entirely from the domain of criminal law. (American Psychoanalytic Association, 1970)

The Association for Psychoanalytic Medicine "Position Paper on Abortion" recommendations reads:

We strongly recommend: 1) our laws be changed to allow a woman to consult with her physician privately and without fear for the purpose of understanding and helping her reach a decision on when, and if she wishes to have a child: 2) the discussion, advising or performance of an abortion by a licensed physician when this is in accordance with

good medical practice should be completely removed from all penalties (or concern) of criminal law. (Association for Psychoanalytic Medicine, 1970)

The American Psychiatric Association "Position Statement on Abortion," proposed by the Committee on Women of the Council on National Affairs, and approved by the Board of Trustees in September 1991, and by the Assembly of District Branches in November of 1991, states:

The American Psychiatric Association 1) opposes all constitutional amendments, legislation, and regulations curtailing family planning and abortion services to an segment of the population; 2) reaffirms its position that abortion is a medical procedure in which physicians should respect the patient's right to freedom of choice—psychiatrists may be called on as consultants to the patient or physician in those cases in which the patient or physician requests such consultation to expand mutual appreciation of motivation and consequences; and 3) affirms that the freedom to act to interrupt pregnancy must be considered a mental health imperative with major social and mental health implications. (American Psychiatric Association, 1992)

These position statements represent an acceptance a psychological self abortion by psychiatric and psychoanalytic organizations of their own axioms, and put in place an impediment that tends to foreclose professional and social exploration of abortion dynamics, deterring all but the intrepid from pursuing such studies, or speaking and writing about them.

The Origin and Unconscious Psychodynamics of Resistances

If we look at the resistances to accepting the reality of prenatal mentation, communication and trauma in the same manner as is done in regard to other areas of investigation in clinical psychoanalysis, we must consider what unconscious dynamics may possibly be operative. Psychoanalytic research has clearly documented the fact that much of the functioning of the human mind occurs at an unconscious level. Some of the dynamics occurring at this level are derivative from early traumatic experiences or unacceptable thoughts, feelings, perceptions or behavior that have not been adequately processed, and these dynamics influence our current life whether we are aware of their origins or not.

A disturbing correlate of these facts is that most people do not know why they are thinking, seeing, feeling or acting as they are, but regard these characteristics as either simply parts of their self definition as they have come to know themselves over time, or as appropriate responses to what they consider to be the objective reality of their environment. Solms (1997) has expressed well the human dilemma that our unconscious is essentially unknowable. Bollas' (1987) term, "the unthought known" connotes the same idea. The wise adages from Shakespeare's Hamlet of "Know thyself" and "This above all, to thine own self be true. And it must follow as the night the day, thou canst not then be false to any man," are not easy to accomplish. Traumatic events and the inevitable early developmental and later life vicissitudes of both self and desire processes often result in the construction of a wide variety of autoplasmic and alloplasmic defenses. All of these defenses limit and distort the natural striving for life, affirmation of self, love, and the gratification of desires. As a consequence of these phenomena, there can

either be a constriction of the true self and marked inhibition of desire, or at other times inappropriate acting out.

The Threat of Being Aborted, and the Characteristics of Abortion Survivors

Abortion survivors are persons who have experienced the threat of being aborted, either because of a direct physical attempt to abort them, or from having lived prenatally in an unwelcoming, ambivalent womb, where the possibility of their being aborted was consciously or unconsciously considered by their parent(s) or significant others. They are divided personalities, one part an unformed self rife with defense mechanisms, and one part a false self they sometimes present to the world. They are not fully present. They have many traits that are derivative from their “unthought known” of prenatal trauma, and are caught up in a repetition compulsion symbolic reenactment of their original prenatal trauma in an effort to master their trauma and grow. This can result in either drifting through life, engaging in dare devil life threatening activities or intense social interactions that may result either in a movement to claiming a full life, or to self aborting by sabotage, failure, or even to suicide, as expressions of identification with the aggressor. Abortion survivors are self loathing, and see themselves as bad, as outsiders, justifiably unacceptable, unloved and unlovable. Defensively, however, they nevertheless intensely seek attention and recognition from others, and see others as bad for not accepting them. They are frightened, and ambivalently feel unworthy, guilty and hostile. They have little sense of humor, can't grieve, can't cry, and can't appreciate.

They make little use of metaphors or figures of speech. They do not believe in God or the soul. They have intense sibling rivalry, often of murderous proportions. They can be tyrannical and grandiose, out to change the world, either by their ideas, their political power, their so called philanthropy presented as of benefit to humanity, or by force if necessary. The “too many people in the world” they talk about represent their symbolic siblings, who are often, to them, persons of an inferior race or ethnic background; competitors whom they see as unworthy of life. They must be destroyed, either psychologically aborted by dismissal of their ideas, physically aborted, or destroyed in war or genocide, for what they have done to damage the narcissism of the survivors and limit their opportunities for a fuller life. In addition to espousing the abortion of others, the inclination of some survivors to even abort their own offspring represents another expression of their sibling rivalry, as well as a denial not only of other's entitlement to reproduce, but their own as well, a form of self abortion. Their intense hostility to their parents or significant others is often denied and repressed, even to the point of expressing great love for them, all the while acting out this hostility against symbolic siblings, against parent substitutes who are in positions of authority or leadership, and against themselves. Instead of accomplishing what Leo Rangell has called the goal of analysis, “To direct anger at deserving objects” i.e. those who threatened them with being aborted, they excuse them, and direct their anger to others. This is what Eric Harris at Columbine did when he quoted Shakespeare to his mother, “Good wombs have produced bad sons,” just before he went on his killing spree against symbolic substitutes. In concluding this summary, I want to make the point

that there are degrees of intensity relative to these traits, and behaviors. Any given survivor may not have all of them, and some of them are present in other clinical syndromes. It is also conceivable that many abortion survivors may have been misdiagnosed and placed in the wrong symptom category.

Resistors as Abortion Survivors?

In my paper so far, I have described examples of resistances found in a variety of contexts, but I have only briefly speculated about their origin, particularly in those members of society who so actively express them. I have wondered whether many influential leader in our society, may themselves have experienced prenatal trauma. Just as children can act out the unconscious of their parents (Johnson and Szurek, 1952), and abused children may become abusers (Steele, 1970), victims of prenatal trauma may espouse or ignore it, either overtly or subtly, and act out their parents' unconscious.

In this section I will present a long distance analysis and interpretation of the dynamics of those who deny the reality of prenatal mentation, communication and trauma. This analysis will use the limited direct evidence available from direct observations and from written and spoken material, the evidence about abortion survivors obtained from clinical work, and from scientific reports on prenatal psychology in the literature. This evidence will be looked at from a perspective combining psychoanalytic principles such as the operation of the unconscious, and of various mechanisms of defense, and from a perspective of socially shared psychopathology.

To attempt a psychoanalytic analysis of social interaction poses many difficulties, and involves many variables. First, the very definition that certain interactions represent resistances in the form of socially shared psychopathology requires illustrating their similarity to resistances seen in patients in clinical practice. Second, it involves the tentative analysis of people whom one has never seen in therapy, based on their writings, lectures, or information about them obtained from other sources. Third, professional organizations have generally discouraged such endeavors¹³. I believe that they are necessary in an effort to understand the origins of the positions and behaviors of many in society who are influential and powerful as far as the general public is concerned.

The speculation I have arrived at is that many of those who deny the reality of prenatal mentation, communication and trauma may themselves be abortion survivors. I include in this category people whose siblings have been aborted either prior to or following their own birth, for they may have dreaded being aborted or they be regarded and regard themselves as abortion survivors simply from knowing of their mothers' abortion prone mentality and behavior, and may have in fact been traumatized prenatally from having lived in the same ambivalent womb from which their aborted siblings were ousted. My speculation is based on the similarity

¹³ The American Psychiatric Association Ethics Code of 1964 reads, *On occasion psychiatrists are asked for opinions on an individual who is in the light of public attention; or who has disclosed information about himself/herself through public media. It is unethical for a psychiatrist to offer a public opinion unless he/she has conducted an examination and has been granted proper authorization for such a statement.*

of their thinking, feeling and behavior to that of abortion survivors whom I, as well as others, have seen in clinical practice.

Subjects for my analysis would include leaders in various groups manifestly concerned with the public welfare, such as pro-life and pro-abortion spokesmen, scientists, health care providers such as physicians in general, including psychoanalysts, general psychiatrists and neurologists, psychologists, social workers and sociologists. Others on my list are philanthropists, historians, teachers, editors, publishers, playwrights, movie producers, actors, philosophers, writers, columnists, news broadcasters, entertainers, and spiritual leaders. All of these people are looked to by the citizenry for help, guidance, education and information. I must add senators, congressmen, presidents, prime ministers, as well as totalitarian leaders such as Adolph Hitler, the murderous and suicidal role model for the Trench Coat Mafia, Saddam Hussein, Slobodan Milosovic, and Osama bin Laden. Is it possible that many on the above list could be, or could have been, abortion survivors? Considering the vast amount of time and energy they have almost obsessively devoted to their endeavors, I suspect that many of them have been motivated by attempts to master the consequences of having experienced prenatal trauma that can have destructive consequences for society.

Some survivors resolve their conflicts and become advocates for life and love. A beautiful current example of such a person is Ann Humphry, second wife of Derek Humphry, and co-founder of the Hemlock Society, a group that actively sponsors physician assisted suicide. Her story can be found in the book, "Deadly Compassion" by Rita Marker (1993). Ann was an unwelcome and unwanted second child of a mother who made no bones about not wanting her, and who turned her care over to a nanny. She grew up in a loveless home, and, after giving up her first child for adoption, and subsequently quickly marrying and then divorcing, she attempted suicide. To my view, she displayed many of the symptoms of abortion survivors. Early on, Ann became an advocate for physician assisted suicide, and she and Derek helped kill her father and mother. She and Humphry wrote a book, "Jean's Way: A Love Story" (Humphry and Wickett, 1984), about how Derek had killed his ailing wife, presumably at his wife's request. In time, Ann eventually changed her views. She no longer believed that the loving portrayal of Jean Derek's death by Humphry was true, and became an active opponent of physician assisted suicide. A similar shift occurred in the life of Bernard Nathanson. Before his conversion to the pro-life movement, he was a co-founder of the National Abortion Rights Action League, and a director of New York City's Center for Reproductive and Sexual Health when it was the world's largest abortion clinic. He personally presided over 60,000 abortions, and was the most prominent abortionist in America. In the late 70's he shifted his position and became an active pro-life advocate, published a book with Richard Ostling entitled "Aborting America" (1979), and producing the video, "The Silent Scream," (1984) referred to earlier in this paper.

I leave it to the reader to consider my speculation, to review the attributes listed above, and ask himself whether he considers them applicable to those who resist accepting the reality of prenatal mentation, communication and trauma.

The Psychological Abortion of Psychoanalysis

Relative to resistances to believing in prenatal mentation, communication and trauma, the question arises as to why psychoanalysts, of all people, doubt this reality. To attempt to answer this question requires me to speculate about the prenatal experience of many psychoanalysts, which may have resulted in some coming to believe in prenatal psychology, and others coming to ignore it.

Psychoanalysis has been said to be three things: a theory of the mind, a research tool, and a clinical treatment method. To consider that derangements of functioning in later life might be a consequence of traumatic prenatal experiences requires that one, first of all, have an open mind to considering that there is such a thing as prenatal mentation and communication. Unfortunately, although psychoanalysis offers us a magnificent instrument for psychological research, a great opportunity for improved clinical treatment of human psychological suffering, and an unparalleled opportunity for expanding our understanding of the human mind, it has neglected the study of prenatal psychology. It has stopped its studies at the door of the vagina, or at the most just inside of it. With a few notable exceptions, psychoanalysts have had little interest in prenatal psychology, and writings on it in the psychoanalytic literature are almost non-existent. According to Goldberg (1992), as mentioned earlier, prenatal life and postnatal life are “two separate universes.” The facts are totally opposite, and the question must be addressed why psychoanalysts, of all people, doubt the truth of prenatal mentation and communication.

Transference and Countertransference Resistances

I have wondered if therapists' resistances to accepting the reality of prenatal mentation, communication and trauma may have roots in their own psyches, expressed in countertransferences that make it difficult for them to recognize their patients' prenatal themes and prenatal transferences. Like fish in water, they may fail to consider that their private office patient-therapist setting is a natural one for reenactments of the private father-mother-fetus relationship. In my essay, “Interpreting the Dread of Being Aborted in Therapy,” (Sonne, 1996), I suggested that one of the problems with interminable or interrupted analyses could be that abortion dynamics being acted out in the transference were not recognized by the analyst in the womb-like setting of the consultation room. One of my analysands told me that, even though I might think that what he was saying was crazy, my consultation room had become for him the uterus and the waiting room had become the vagina, and he thought he was re-experiencing his birth and his fear of being aborted. (Sonne, 1994 a).

Abortion survivors' abortion wishes and fears are acted out in social relationships, and can come to the fore in therapy in the transference. James Grotstein (1992), my longtime friend and colleague, gave me permission to quote his letter to me in which he wrote of how, after reading one of papers, he had asked a woman patient whom he had been seeing in analysis for fourteen years, whether she had ever been afraid of being aborted. She responded, “Yes, by you.” In my own experience, I was struck by the fact that the first question one of my survivor patients asked me in his initial interview was whether I was sure that I wanted to accept

him as a patient. This patient, later in his analysis, when asked why he so firmly closed the door to my consultation room when he entered or left, responded, "I'm afraid something might fall out."

Summary and Conclusion

The reality of prenatal mentation, communication and trauma has been established by the work cited of numerous researchers in the field of prenatal psychology. Despite this, there are major, pervasive, and powerful socially shared resistances to accepting this reality that are operative in several categories of social interaction, including professional and lay groups, and these have been described and explored. I have discussed issues of truth and morality, and emphasized that morality must be based on truth and reality, or it is often a matter of projection and wish fulfillment because the thinking, feeling, and behavior of resisters so much resemble the symptoms of abortion survivors seen in clinical practice, a speculation has been presented that many of them may themselves be abortion survivors.

References

- American Psychiatric Association (1992) Position statement on abortion. *American Journal of Psychiatry* 149 (5): 723
- American Psychiatric Association (1964) Ethics code
- American Psychoanalytic Association (1970) Position statement on abortion. *Journal of the American Psychoanalytic Association* 187 (4): 887–888
- Anders TF, Zeanah CH (1984) Early infant development from a biological point of view. In: Call JD, Galenson E, Tyson RL (eds.) *Frontiers of Infant Psychiatry, Volume II*. Basic Books, New York
- Andrusko D (1996) Great Britain ponders consequences of "pre-natal massacre," and "selective termination," as anniversary of 1967 abortion act approaches. *National Right to Life News* 23(12): 18
- Association for Psychoanalytic Medicine (1970) Position paper on abortion.
- Balch JD (2000) Unborn children recognized as victims of crime in Mississippi. *Right to Life News*, May, p. 27
- Bertalanffy L von (1967) *Robots, Men and Minds*. George Braziller, New York
- Bollas C (1987) *The Shadow of the Object: Psychoanalysis and the Unthought Known*. Free Association Books, London
- Blos P (1967) The second individuation process in adolescence. *The Psychoanalytic Study of the Child* 22: 162–186
- Bowen M (1978) *Family Therapy in Clinical Practice*. Jacob Aronson, New York
- Chamberlain DB (1994) The sentient pre-nate: What every parent should know. *Pre- and Perinatal Psychology Journal* 9(1): 9–31
- Cheek D, LeCron L (1968) *Clinical Hypnotherapy*. Grune & Stratton, New York
- Connolly JA, Cullen JH (1983) Maternal stress and the origins of health status. In: Call JC, Galenson E, Tyson RL (eds) *Frontiers of Infant Psychiatry*. Basic Books, New York
- Dali S (1965) *Diary of a Genius*. Doubleday, New York
- Davis vs. Davis (1992) 842 S.W. 2nd 588 (TN 1992)
- Deam J (2000) First feeling: How babies' and toddlers' emotions develop – age by age. *Parenting*, April 2000, pp 108–112

- Donohue JJ, Levitt SD (2000) The impact of legalized abortion on crime. Public Law and Legal Theory Working Paper No. 1., Stanford Law School, Stanford, CA. Unpublished, but available from the authors, and on the internet, Social Science Research Network Electronic Paper Collection, http://papers.ssrn.com/paper.taf/abstract_id=1740508
- Edelman GM (1989) *The Remembered Present*. Basic Books, New York
- Edelman GM (1992) *Bright Air, Brilliant Fire: On the Matter of the Mind*. Basic Books, New York
- Edelman GN (1999) The one thing every child needs to be happy. *McCall's*, November 1999, pp 120, 122, 124, 126
- Emerson W (1996) The vulnerable pre-nate. *Pre- and Perinatal Psychology Journal* 10(3): 125–142 (Republished, 1998, *Int J of Prenatal and Perinatal Psychology and Medicine* 10(1): 5–17)
- Emerson W (1999) *Shock: A Universal Malady – Pre and Perinatal Origins*. (Six audiotapes and a 28 page booklet) Emerson Training Seminars, 4949 Bodiga Ave., Petaluma, CA 94952
- English OS (1993) Personal reminiscences. Paper presented at Grand Rounds, Jefferson Medical School Department of Psychiatry, March 10th
- Erikson E (1950) *Childhood and Society*. Basic Books, New York
- Fairbairn WR (1952) *An Object Relations Theory of the Personality*. Basic Books, New York
- Feldmar A (1979) The embryology of consciousness: What is a normal pregnancy? In: Mall D, Watts W (eds.) *The Psychological Aspects of Abortion*. University Publications of America, Washington, D.C., pp 15–24
- Ferenczi S (1929) The unwelcome child and his death instinct. *Int J of Psychoanalysis* 10: 125–129 (Republished in: Balint M (ed.) *Final Contributions to the Problems & Methods of Psycho-analysis*. Basic Books, New York, 1955, pp 102–107)
- Filmline International Production (1996) *Natural Enemy*. Montreal Canada: Made for T.V. movie shown on Home Box Office, various times, 1997
- French M (2000) Endless summer. *Ladies Home Journal*, May, p 124
- Garton J (2001) Another word for failure. *National right to Life News*, January, p 9
- Gilley B (1995) Aborted babies sold for food. *Hong Kong Eastern Express*, April 12
- Goldberg AI (1992) Personal correspondence, June 9, 1992
- Graber GH (1924) *Die Ambivalenz des Kindes (The Ambivalence of the Child)*. Internationaler Psychoanalytischer Press, Vienna
- Grof S (1988) *Adventures in Self Discovery*. State University of New York Press, Albany
- Grotstein JS (1992) Personal correspondence, July 7, 1992
- Hale RW (1997) Letter to Judie Brown of the American Life League, January 3
- Hales D (2000) Spoiled rotten. *Ladies Home Journal*, May 2000, pp 114, 116, 118
- Hardacre H (1997) *Marketing the Menacing Fetus in Japan*. Berkeley Los Angeles London
- Hayek FA (1954) *The Road to Serfdom*. University of Chicago Press, Chicago
- Hentoff N (2000) Modern feminists' revisionist her-story on abortion. *Washington Times National Weekly Edition*, April 3–9, p 30
- Hillman J, Ventura M (1992) *We've Had a Hundred Years of Psychotherapy and the World's Getting Worse*. Harper, San Francisco
- Humphry D, Wickett A (1984) *Jean's Way: A Love Story*. Hemlock Publication, Distributed by Grove Press
- Jacobson B, Bygdeman M (1998) Obstetric care and proneness of offspring to suicide as adults. Case control study. *British Medical Journal* 317: 1356–1349
- Jacobson E (1964) *The Self and the Object World*. International Universities Press, New York

- Janus L (1989) The hidden dimension of prenatal and perinatal experience in the works of Freud, Jung and Klein. *Int J of Prenatal and Perinatal Studies* 1: 51–65
- Jasper WF (2000) The survivors. *New American* 16(2): 12–16
- Johnson A, Szurek S (1952) On the genesis of antisocial acting out in children and adults. *Psychoanalytic Quarterly* 21: 323–343
- Kabbany J (1999) Rich white guys pouring money into population funds. *Washington Times National Weekly Edition*, March 29 – April 4, p 18
- Kafkalides A (1980) *The Knowledge of the Womb*. Triklino House, Corfu, Greece (English translation by Sandra Morris 1995. Mattes Verlag, Heidelberg, Germany)
- Kandel ER (1989) Genes, nerve cells, and the remembrance of things past. *The Journal of Neuropsychiatry and Clinical Neurosciences* 1(2): 103–125
- Kernberg OF (1976) *Object relations theory and clinical psychoanalysis*. Jason Aronson, New York
- Kohut H (1977) *The restoration of the self*. International Universities Press, New York
- Kubrick S (1968) *2001: A Space Odyssey*
- Lake F (1981) *Studies in constricted confusion: Exploration of a pre- and perinatal paradigm*. The Clinical Theology Association, Nottingham
- Larrimore T (2000) Personal email communications, November 2, 4, 5, 2000
- Lawless M (2000) All about kids. *Ladies Home Journal*, May 2000, 136–137
- Liley A (1972) The foetus as a personality. *Australian and New Zealand Journal of Psychiatry* 6: 99–105
- van Look PFA (1996) Letter to Judy Brown of the American Life League, August 16
- McKinley BE (1998) Why abortion is biblical: How anti-abortion activists misrepresent the biblical record. <http://elroy.com/ehr/abortion.html>
- McClung C (2000) Born to die. *Chestertown, MD: Kent County News*, October 12, p A4
- Mahler MS, Pine F, Bergman A (1975) *The psychological birth of the human infant: Symbiosis and individuation*. Basic Books, New York
- Major B, Cozzarelli C, Cooper L, Zubek J, Richards C, Wilhite M, Gramzow RH (2000) Psychological responses of women after first trimester abortion. *Archives of General Psychiatry* 57: 777–784
- Marker R (1993) *Deadly Compassion*. William Morrow and Company, New York
- de Mause L (1996) Restaging fetal traumas in war and social violence. *Pre- and Perinatal Psychology Journal* 10(4): 229–260
- Nathanson B, Ostling RN (1979) *Aborting America*. Life Cycle Books, Toronto, Ontario, Canada
- Nathanson B (1984) *The Silent Scream*. Cleveland, OH, P.O. Box 19266: American Portrait Films
- Nathanson DL (2001) From fault to injury: a plan to end school violence. *Jefferson Medical College Grand Rounds*, Sept. 19
- Neifert M (2000) The 7 secrets of successful parents. *Parenting*, April, 2000, pp 120–124
- Ney PG (1983) A Consideration of abortion survivors. *Child Psychiatry and Human Development* 13(3): 168–179 (Republished, 1998, *Int J of Prenatal and Perinatal Psychology and Medicine* 10(1): 19–28)
- Ninn PT (1999) The functional anatomy, neurochemistry, and pharmacology of anxiety. *J Clin Psychiatry* 60(suppl 22): 12–17
- O'Bannon RK (2000) CDC reports lowest abortion totals since 1978. *National Right to Life News*, February, pp 26–27
- Poye PM (1973) Does Prenatal Mental Life Exist? *Int J of Psychoanalysis* 54: 241–246
- Pogrebin C (2000) Liberating mom. *Ladies Home Journal*, May 2000, p 126
- Rank O (1929) *The trauma of birth*. Harper and Row, New York, Torch Books, 1973
- Rather D (2001) *CBS Evening News*, January 31

- Roiphe A (2000) Seismic shift. *Ladies Home Journal*, May 2000, p 126
- Rosen J (1953) *Direct Analysis*. Grune & Stratton, New York
- Ruesch J, Bateson G (1951) *Communication: The Social Matrix of Psychiatry*. (Republished, 1968, W.W. Norton, New York)
- Sandler P, Alpert J (2000) Violence and group dynamics in the High School: The Columbine school shootings. *Journal for the Psychoanalysis of Culture & Society* 5(2): 246–255
- Satran PR (2000) Wanting it all. *Ladies Home Journal*, May 2000, p 127
- Schermer V (1995) Personal communication
- Scola DA (1984) The hemispheric specialization of the human brain and its application to psychoanalytic principles. *Jefferson Journal of Psychiatry* 2(1): 2–11
- Schnurnberger L (2000) Spoiled rotten. *Ladies Home Journal*, May, pp 114, 117, 118
- Severn MC (2000) How to handle toddler back talk. *Parenting*, April, p 19
- Soll J (2000) *Adoption Healing . . . a path to recovery*. Gateway Press, Baltimore
- Solms M (1997) What is consciousness? *Journal of the American Psychoanalytic Association* 45(3): 681–778
- Sonne JC, Buchanan JM, Delluva AM (1948) Biological precursors of uric acid: I: The role of lactate, acetate, and formate in the synthesis of the ureide groups of uric acid. *The Journal of Biological Chemistry* 173: 69–79
- Sonne JC, Lin I, Buchanan J (1953) The role of N15 glycine, glutamine, aspartate and glutamate in hypoxanthine syntheses. *Journal of the American Chemical Society* 75: 1516
- Sonne JC (1966) Feticide as acting out. *Voices* 2(1): 49–53 (Error corrected: *Voices* 3(4): 109–110)
- Sonne JC (1967) Entropy and family therapy. In: Zuk GH, Bosormeny-Nagy I (eds) *Family Therapy and Disturbed Families*. Science and Behavior Books, Pal Alto
- Sonne JC (1973) A letter from an unborn child. Unpublished essay rejected by numerous magazines
- Sonne JC (1975) Pregnancy, abortion and the unconscious. *Marriage and Family Newsletter* 6(4,5,6): 1–24
- Sonne JC (1991a) Unconscious feticidal dynamics and the procreative renunciation of Fatherhood in the analysis of a male obsessive who sponsored abortions. Unpublished paper presented to the Philadelphia Psychoanalytic Society
- Sonne JC (1991b) The neglect of the unconscious in the abortion controversy. Unpublished essay rejected by the *Human Life Review*
- Sonne JC (1994a) The relevance of the dread of being aborted to models of therapy and models of the mind. Part I: Case examples. *Int J of Prenatal and Perinatal Psychology and Medicine* 6(1): 67–86 (Republished, 1995, in the *Pre- and Perinatal Psychology Journal* 9(3): 195–219)
- Sonne JC (1994b) The relevance of the dread of being aborted to models of therapy and models of the mind. Part II: Mentation and communication in the unborn. *Int J of Prenatal and Perinatal Psychology and Medicine* 6(2): 247–275 (Republished, 1995, in the *Pre- and Perinatal Psychology Journal* 9(4): 257–294)
- Sonne JC (1995) Prenatal themes in rock music. *Pre- and Perinatal Psychology Journal* 10(2): 103–119 (Republished, 1996, in *Int J of Prenatal and Perinatal Psychology and Medicine* 8(4): 451–463)
- Sonne JC (1996a) Social regression and the global prevalence of abortion. *Int J of Prenatal and Perinatal Psychology and Medicine* 8(1): 27–46 (Republished in the *Pre- and Perinatal Psychology Journal* 11(3): 125–150)
- Sonne JC (1996b) Interpreting the dread of being aborted in therapy. *Int J of Prenatal and Perinatal Psychology and Medicine* 8(3): 317–339 (Republished, 1997, in the *Pre- and Perinatal Psychology Journal* 11(4): 185–214)

- Sonne JC (1996c) An open letter to the Pro-Life community. *Decree, American Adoption Congress* 3(3): 11–13
- Sonne JC (1997a) The psychological consequences of ignorance: Adoptees' right to know who their biological parents are. *Journal for the Psychoanalysis of Culture & Society* 2(1): 105–114
- Sonne JC (1997b) Response to letter to the editor by Sara E. Murphy about my essay, "The psychological consequences of ignorance: Adoptees' right to know who their biological parents are." *Journal for the Psychoanalysis of Culture & Society* 2(2): 193–195
- Sonne JC (1997c) Magic Babies. *Pre- and Perinatal Psychology Journal* 2(2): 17–43 (Re-published in the *Int J of Prenatal and Perinatal Psychology and Medicine* 11(2): 1–23)
- Sonne JC (1998a) Book Review of "The Enduring Effects of Prenatal Experience: Echoes From the Womb", by Ludwig Janus. *The International Connection (Newsletter of the International Family Therapy Association)* 11(1), March/April, p. 13
- Sonne JC (1998b) The dynamics of dehumanization. Paper presented June 5th at the 21st Annual Convention of the International Psychohistorical Association, New York City
- Sonne JC (1998c) Is that all there is? Book Review of "Marketing the Menacing Fetus in Japan", by Helen Hardacre. *The Journal of Psychohistory* 25(4): 370–374
- Sonne JC (1998d) Psychoanalytic Perspectives on Adoption. *International Journal of Prenatal and Perinatal Psychology and Medicine* 10(3): 1–17
- Sonne JC (1998e) Adoptees deserve birth certificates with names of biological parents. *Asbury Park Press*, November 4th: A27
- Sonne JC (1999a) The health care system as a dysfunctional family. *Medical Sentinel* 4(1): 24–27
- Sonne JC (1999b) Abortion Dynamics and the Trench Coat Mafia. *Celebrate Life (Newsletter of the American Life League)*, June 18th, pp 38–39
- Sonne JC (2000a) Gunlock comments. *Kent County News*, May 18th, p 4a
- Sonne JC (2000b) Abortion survivors at Columbine. *Journal of Prenatal and Perinatal Psychology and Health* 15(1), Fall 2000: 3–22
- Sonne JC (2000c) Cider house misrules. Submitted to *Washington Times Weekly Edition*
- Sonne JC (2001) The psychological and social consequences of the threat of being aborted. *Grand Rounds, Pennsylvania Hospital*, October 4th, and *Psychiatric Physicians Association, Pennsylvania Hospital*, November 1st. Unpublished
- Soros E (1996) A death which is not one: Conceiving abortion. November 8th. *Marvin Center, George Washington University*, November 7–10. *Second Annual Conference of the Association for the Psychoanalysis of Culture & Society*
- Spitz R (1957) No and yes: On the genesis of human communication. *International Universities Press*, New York
- Stahl L (2001) Mominis ("Mommies' boys") in Italy. *Mike Wallace's Sixty Minutes, CBS*, March 4th
- Steele BF (1970) Parental: Abuse of infants and small children. In *Parenthood: Its Psychology and Psychopathology*, eds. CJ Anthony, T Benedek. Little Brown, Boston
- Stern DN (1985) *The interpersonal world of the infant*. Basic Books, Inc., New York
- Sweeley (2001) *Adoption: The Case for Open Records*. University Press of America, Latham
- Thomas C (2001) Thomas warns against submitting to PC orthodoxy. *Washington Times Weekly Edition*, pp 1, 23, February 19–25
- Tinsdale A (2000) Slash and burn Buffett style. *Celebrate Life*, May/June, 14–16
- Twemlow SW (2000) The roots of violence. *The Psychoanalytic Quarterly* 69(4): 741–795
- Tremonti/Stapp (2000) With arms wide open. Tremonti/Stapp: www.creednet.com. Sung and played by the musical group Creed
- Unicar Incorporated (2000) Bebe Prenatal Heart Listener. *Parenting*, April 2000, p 118

- Vanzant I (1990,1996) *Acts of Faith*. Simon & Schuster, New York
- Verny V, Kelly J (1981) *The Secret Life of the Unborn Child*. Batam Doubleday Dell Publishing Group, Inc., New York
- Verrier NN (1993) *The primal wound*. Gateway Press, Inc., Baltimore
- Washington Post (1966) British fertility clinics begin destroying human embryos. August 2nd, p 22
- Will GF (2000) A question for Gore next week. *Newsweek*, October 7th, p 8
- Willke JC (1990) Testimony, State Senate Hearing, HB 256, Columbus, Ohio, August 22nd. National Right to Life Committee, Inc., Washington, D.C.
- Wolitzei M (2000) Having a lot. *Ladies Home Journal*, May 2000, p 127

Errata

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It's Proven but Not Believed

An Exploration of Psychosocial Resistances to Acceptance of the Reality of Prenatal Mentation, Communication, and Psychic Trauma

J. C. Sonne

- p. 45, lines 3 and 8, add the word “psychic” before the word “trauma.”
- p. 46, second full paragraph, line 1, add the word “the” between “of” and “prenatal.”
- p. 46, second full paragraph, last sentence, change “Sonne 1997d” to “Sonne 1997c”
- p. 47, first paragraph of section Welcome etc, line 5, footnote should be “1,” not “12,” change footnote also.
- p. 49, last paragraph, line 4, add colon after mothers.
- p. 51, last paragraph, line 3 add “psychic.”
- p. 54, last line, end of first full paragraph, change “wants” to “wanted.”
- p. 59, line 5, add “psychic” between “prenatal” and “trauma.”
- p. 60, line 3, insert the word “been” between “have” and “regarded.”
- p. 60, second full paragraph, line 1, delete “comma” after “pro-choice.”
- p. 60, same paragraph, line 2, insert “comma” before “at.”
- p. 60, same paragraph, line 4, “question mark” after “in general.”
- p. 60, third paragraph, beginning line 3, delete “an” before “organizations.”
- p. 60, third paragraph, line 4, delete the word “a” between “representing” and “only.”
- p. 60, last paragraph, line 4 add psychic after prenatal and before trauma
- p. 60, last paragraph, line 5, add “psychic” after “postnatal” and before “trauma.”
- p. 61, line 2, add “psychic” before the word “trauma.”
- p. 61, last paragraph, line 8, eliminate “?” after “adults,” replace with “period.”
- p. 62, first full paragraph, line 5, add “psychic” between “prenatal” and “trauma.”
- p. 64, second full paragraph, line 2, delete the word “with” between “relationship” and “spanning.”
- p. 65, line 2, add “period” after “political,” and capitalize the following word “one.”
- p. 67, first full paragraph, next to last line, change “comma” to “period” at the end of “scientist.”
- p. 69, third full paragraph, line 2, delete the word “by” before “Anders.”
- p. 69, third full paragraph, line 2, delete the word “they” after the word “although.”
- p. 70, first full paragraph, line 4, add “psychic” before “trauma.”
- p. 70, second full paragraph, line 10, add the word “of” after the word “study” and before “the.”
- p. 70, second full paragraph, third line from end, replace “where someone whose feelings were hurt saying,” with “in which someone whose feelings were hurt would say.”
- p. 72, line 2 beginning of section The Origin and Unconscious etc., add “psychic” before “trauma.”
- p. 74, line 4 of section Resisters as etc., add letter “s” to “leader.”
- p. 74, line 4 of section Resisters as etc., delete “comma” after “society.”
- p. 74, line 5 of section Resisters as etc., add “psychic” before “trauma.”

- p. 74, line 3, second paragraph, section Resistors etc., add “psychic” before “trauma.”
- p. 74, line 5, second paragraph, section Resistors etc., put a “space” between “from” and “scientific.”
- p. 74, line 8, third paragraph, section Resistors etc., correct “footnote 13” to “2,” also correct at bottom of page.
- p. 75, line 11, first full paragraph, add the word “plus” before “Saddam.”
- p. 75, last sentence, first full paragraph, add “psychic” before “trauma.”
- p. 75, second full paragraph, last line, move “comma” from before (1984) to “after.”
- p. 75, last line, add “psychic.”
- p. 77, section Summary etc., first sentence, add “psychic” before “trauma.”
- p. 77, section Summary etc., line 8, add “period” after “fulfillment,” and capitalize “because” starting new sentence.

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The Psychotherapeutic Process in Psycho-Corporal Integration

L. Cherubim

The title of this article is to be changed into
 “Spontaneous Regression in Psychocorporal Integration”.