



INTERNATIONAL SOCIETY OF PRENATAL AND PERINATAL PSYCHOLOGY AND MEDICINE (ISPPM)

President: Rupert Linder, M.D.
Goethestraße 9, D-75217 Birkenfeld
phone: +49 (0)7231 482223
fax: +49 (0)7231 472240
e-mail: post@dr-linder.de

Vice-Presidents: Jenő Raffai, Ph.D., psychologist, Hungary
e-mail: RaffaiJ@dunaweb.hu
Natascha Unfried, Dipl.-Med., Germany
e-mail: NatUn@web.de
Past-President: Ludwig Janus, M.D., Germany
E-mail: Lujanus@aol.com

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Love, Pregnancy, Conflict and Solution Liebe, Schwangerschaft, Konflikt und Lösung

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Abstracts of Papers (post Congress)

Approaching the Central Topic - Experiences from a Gynaecological Psychotherapeutic Practice

**Rupert Linder (Dr. med.), (Gynaecologist, Specialist for Psychosomatic and
Psychotherapy, Birkenfeld)**

Pregnancies result, hopefully for the most part, from love. When one considers the wider concept of 'Eros' this becomes even clearer. In two scenes from the ARD Series "Turkish for Beginners" Lena and Cem demonstrate impressively the internal chaos, as well as the happiness, caused by love.

Almost all of the questions dealt with in gynaecological practices have to do with relationships; either that with a partner or with the coming generation. A special point here is when a woman realises that she is really pregnant. This is always a very emotional experience for her. The reaction to this can vary extremely: often joyful, sometimes startled and often a mixture of both together: in other words, ambivalent.

The spectrum of the differing situations was described using several examples. Included were the special features some of which were already extant in the period before wanting children and the varying situations at the time of dawning of consciousness. One woman didn't want her child at first, but then stood by her pregnancy and was able with time to gradually accept it more and more. Another woman was capable of having her fifth abortion, apparently emotionally quite unmoved. Yet another had an abortion and during the time following it was clearly torn back and forth between her emotions which also reflected the highly ambivalent relationship between the partners. She finally had to be treated therapeutically. One woman decided in favour of her twins, despite the pressure brought to bear by her partner (whose own state of trauma was obvious from his behaviour) and his family. Here the process of emotional development between the different poles, despite all difficulties up to and after the birth of the children, was especially clear.

It is almost always personal past histories, the current situation as a couple, social ties, own early experiences, self image, and cross-generation factors that are here the significant forces.

Dr. Linder referred to the following numbers:

- of 1,000 pregnancies, 400 do not last beyond the first 4 weeks,
- of the 600, about 10 % (i.e. 60) end in miscarriage,
- of the remaining 540, 18 % of the embryos die as a result of abortion, (97),
- 443 are born live.

Every year in Germany around 130.000 Kinder are aborted, compared to more than 700,000 births.

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On the Psycho-History of Conflict during Pregnancy

Ludwig Janus (Dr. med.), *Private Psychotherapist, Heidelberg*

The characteristic of mankind, that of being both a biological and a cultural being, results in the elementary processes of living becoming a conflict. This applies particularly to such a central part of life as the creation and development of a new human being and the associated transformation of the biological parents to social parents. Historically this conflict has assumed many different forms right up to infanticide and suicide.

From its very beginning the baby inherits all the merits and demerits of society. From conception to the completion of its first year of life, the baby requires special protection. Historically, childhood has been excessively traumatising for thousands of years. Parenthood has often meant cruelty and severity caused by the total helplessness based on 'inherited traumas'. Existential insecurities predominated in magical and mythical cultures. It is only in this (and the last) century that there has been medicinal as well as, to an increasing degree, material security. This is to do with the reflection of traumatization.

The paper investigated the historical and psycho-historical manifestations, the structures and solutions of conflict during pregnancy.

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Ambivalence in dealing with Contraception Reported Experiences from a Gynaecological Practice

Sven Hildebrandt (Dr. med.) *Gynaecologist, President of the Dresden Academy for Individual care in Pregnancy, Dresden*

The presentation reported the experiences of a gynaecologist, who has been active in contraceptive advising and counselling in conflict situations during pregnancy for 17

years. A gynaecologist is always going to be confronted with the situation that women become pregnant despite previous advising on contraception and do not want to carry out the pregnancy. The proportion of conflicts during pregnancy in which the affected women are in possession of an high degree of competence in contraceptive matters must lie at about 50%. There is not more success with these obviously ambivalent women in resolving the conflict in favour of the child. Analysing such cases could provide an important key to understanding the conflicts that arise during pregnancy.

Abortion means the dismemberment of a human being in the womb. Women who have an abortion are evidently following a deeper unconscious plan of life. This poses the question of why women still get into difficulties with pregnancy despite the existence nowadays of the pill and other methods of contraception. These are not the uneducated or the poor or those women who are unable to use certain methods of contraception; rather it is those who are educated and possess more than enough means to secure the existence of a child.

Nowadays, pregnancy is an instrument of dramatising life, an active form of life design. Contraception provides the means in the sense of equipment for this. Every woman has her own contraception dilemma, by which the ambivalence towards contraception is proportionally dependent on the age, divergence from the experienced life design and from fundamental biological principles. The phases of contraception for a woman begin first at the teenager stage and continue through the 20th year up to the first wish to have a baby, and then between births and after family planning is complete. During this time, life designs can change abruptly. Partnership conflicts can also unexpectedly surface.

The ambivalence towards carrying out a pregnancy is often preceded by an ambivalence towards the avoidance of a pregnancy. Both conflicts appear to have a joint origin: an archaic and mostly unconsciously experienced desire for motherhood stands in contrast to the actually experienced and socially influenced life designs.

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The Value of Hypnotherapy in the Avoidance and Coming to Terms with Conflicts during Pregnancy

Justine Büchler (Dr. med.) Doctor, Frauenklinik Diakonissenkrankenhaus, Dresden

Doctors in gynaecological practices are regularly confronted with two conflict situations which are rooted in the ambivalence of the women affected towards the archaic fundamental plan of motherhood and the socio-culturally influenced avoidance of pregnancy: i.e. the conflict of ambivalence towards contraception on the one hand and the conflict created by pregnancy on the other hand. Both situations are characterized by a common pattern of reaction: the unconsciously experienced longing for motherhood is countered by obligations and rules and regulations that do not permit pregnancy. From experience there is only a limited possibility of disclosing and resolving this ambivalence by means of conversational therapy. The very fact that a part of the ambivalence is anchored in the subconscious blocks any competent act of decision by the woman affected.

Conflict during pregnancy always exists in connection with unwanted pregnancy. The spectrum stretches from the determination to have an abortion to ambivalence about carrying out an abortion. Generally it is really a pregnancy debacle that usually occurs

when economic or psycho-social problems exist.

The fundamental patterns of the initial situations manifest themselves as follows:

Type 1: The pregnancy does not fit in with the personal life design (professional career development, personal freedom, etc).

Type 2: The pregnancy does not fit in with the life design of another partner: man/child dilemma.

Type 3: The pregnancy is the result of a secret love affair.

Type 4: The pregnancy occurred during divorce proceedings (divorce pregnancy).

Type 5: The pregnancy occurred shortly before the completion of family planning.

Type 6: There is a consciously experienced ambivalence.

Type 7: It becomes clear during the pregnancy that a handicapped child is going to be born (e.g. a child with Down's syndrome).

Type 8: An illness of the child with a life threatening prognosis is present.

In the descriptions given above it becomes clear that they have not much to do with conflict arising during pregnancy:

Type 1 shows a contrary attitude with regard to the pros and cons of a pregnancy. This phase is finished and decided, there is no need for any therapeutic counselling. This concerns the quiet process of a post-traumatic embitterment disorder, which is characterised by the refusal of therapeutic help, lack of insight with respect to problems and the rejection of attempts to find a solution.

Type 2 has completely accepted the child, there is however a partnership conflict.

Type 3 is caught in a love dilemma.

Type 4 experiences a conflict as a result of deciding to separate.

Type 5 experiences a conflict with the family planning.

Type 6 experiences all of the conflicts named under types 1-5.

Type 7 and 8 require support and assistance in a severe crisis in life.

Some of the above listed types of women also suffer from a psycho-pathological disorder. In the latter case result-unrelated therapies are indicated, to which hypnosis, as a therapeutic method, also belongs.

The method of hypnotherapy is aimed at communication between the unconsciously and the consciously experienced levels of experience. Relevant information is transmitted indirectly. Hypnotherapy is used together with wisdom psychotherapy ('Weisheitspsychotherapie'). The latter leads to changes in perspective, to distance to oneself, empathy, the preservation and acceptance of emotion, to emotional serenity and humour, to a knowledge of facts and problem solving, contextualism and relativity of values, self relativity and the tolerance of uncertainty as well as the sustainability of the relativity of problems and demands.

Hypnotherapy could prove to be a suitable instrument to cope with the conflict situations

named above. The hypnotherapist and gynaecologist Prof. Dr. Walter Tschugguel, who teaches in Austria, is working on the practical application of hypnotherapy in the above-mentioned situations of ambivalence. The presentation introduced the starting thought and the first experiences.

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Ethic and Prenatal diagnostics - Contradiction or Reality

Matthias Meyer-Wittkopf (PD Dr. med.), Leitender Arzt, Ultraschall und Pränatalmedizin, UFK Bern (*Senior Registrar, Ultrasound and Prenatal Medicine, UFK Bern*)

Prenatal diagnostics are anchored in the maternity policy guidelines and they form an important part of the care of expectant mothers. Through its use, it is possible, as for example in the case of a blood group incompatibility between mother and child, to carry out a prenatal blood transfusion therapy or, as in the case of an open abdominal wall or a open spine, to provide an optimal planning of the birth with immediate paediatric/surgical care. Prenatal diagnostics, however, can also reveal abnormalities and severe diseases of the unborn child, which are either not or only partly treatable and/or are accompanied by severe physical and mental handicaps.

With the revised version of §218 STGB from 1995 the legislature provides for the possibility of averting the danger of severe impairment of the physical or mental health of an expectant mother by terminating the pregnancy on her wishes. On these medical grounds a termination of the pregnancy is permitted at any point of the pregnancy, i.e. also after the 22nd week of pregnancy, even if the child is capable of living outside the uterus. This confronts the couples concerned and the specialist staff caring for them with a clinical-ethical decision-making process with respect to abortions, which are exceedingly burdening and can leave marks on one's life history. In order to support this decision-making process and to provide transparency for all who are involved in such situations, a so-called interdisciplinary ethic vote is being increasingly implemented in some clinics specialising in prenatal medicine. This body (committee) is mostly made up of representatives of doctors and nursing staff from the affected fields (delivery room, neonatal medicine, child cardiology, neural paediatrics, human genetics) The discussions are frequently moderated by an ethics representative or by the holder of the seat of medical ethics, insofar as the institution in question has one.

This interdisciplinary and therefore more widely supported decision-making process has lead, in the presenter's personal opinion, not only to an increasing sensitisation for the ethical aspects of prenatal diagnostics, but also to moral relief for all those concerned.

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Psycho-social Counselling and Prenatal Diagnostics - A Model Project in Mittelfranken (Middle Franconia)

Birgit Mayer-Lewis, Staatsinstitut für Familienforschung an der Universität Bamberg (*State Institute for Family Research at the University of Bamberg*)

The aim and purpose of psycho-social counselling in prenatal diagnostics is to offer

expectant mothers and their partners independent counselling alongside the medical information and explanations provided by doctors and human geneticists. In order to achieve improvement in the development of psycho-social counselling in prenatal diagnostics, four different counselling agencies have been working together since July 2004 under the project organisation of the government of Middle Franconia with scientific accompaniment by the State Institute for Family Research at the University of Bamberg. Not only the development of a quality concept of counselling, in particular linkage and publicity work, but also the development of co-operational structures are of greatest import.

In addition to a short description of the model project and the presentation of the first documentary results, different dimensions of counselling and dilemmas in counselling were described. The possibilities and limitations of prenatal diagnostics bring about a special situation for expectant mothers and couples, as well as for the staff caring for them. A great challenge is posed for all concerned, especially in connection with the possibility of having the pregnancy terminated if there are any conspicuous findings. This can create deep-reaching conflicts and put great strain on everyone concerned.

To support expectant mothers and couples in their individual decision-making process in the best possible way, the model project is working intensively to develop linkage and co-operation structures which help to learn about understanding the problematic nature from different perspectives. This can increase the success of the work of counselling and thus the support for women and couples affected. This could be demonstrated in detail by the example of the concept of offering low-threshold counselling which had been developed through the co-operation between doctors and the counselling agencies.

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The Profound Dimension of Conflicts during Pregnancy as Reflected in Bond Analysis

Jenő Raffai (Dr. phil.) *Psycho-therapy and Bond Analysis, Private Practice, Szentendre, Hungary*

Conflict in pregnancy is always a symptom of the incomplete maturing process of attaining parenthood. Becoming parents is one of the most delicate phases in human development. It is a forced path from dependence to independence. An pregnant woman is expected to develop within a few months from the daughter of her mother to the mother of her own baby. Here the psycho-genetic history of the mother plays a deciding part as the preparation for becoming a parent already begins with the lodgement of the fertilised egg. This process of development and maturing takes place within the triangular relationship of the expectant mother, her baby and her parents or their representatives.

It was illustrated by means of small case details how disturbances and faults in this development can damage the bond and the baby, too, and can even lead to psychosomatic complications such as bleeding or spontaneous abortion in the course of the pregnancy.

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'Ich habe nie gewusst, was mit dir geschieht, denn ich habe nur fünf Finger der Phantasie.' (*'I never knew what was happening to you, because I only have five fingers of imagination'*) (Subagio Sastrowardoyo)

- On Pregnancy in the Realms of Precarious Love

Helga Blazy (Dr. phil.), *Psychotherapy, Bond analysis (Private Practice), Cologne*

The thoughts and desires of couples in relation to pregnancy are more varied and subtly differentiated than is often obvious on the surface. They often reach with more than five fingers within both of the families. In the face of all the new medical technologies for child wishes and well-being, which are expected by the parents and presented by medicine, the love between the partners and for the child gets lost as further levels are not taken into consideration. There is no medical means to preserve it. There is, however, the means of bond analysis developed by Hidas and Raffai, two Hungarian psychoanalysts, which can help when an expectant mother or couple want to consider the ways of love in good time. It is also helpful to use bond analysis before an in-vitro fertilisation in order to create good contact between the woman and her womb and above that to bring about loving contact in other ways with her partner.

In case vignettes three pregnancies were presented, in which love or distance from love were of significance: one couple, who no longer considered themselves to be lovers, wanted really to separate until in bond analysis the child always spoke to both partners and they ended up securely as parents. Another couple considered themselves to be lovers until in the 6th month of pregnancy the man broke away to a new love as his wife had given him up for her love of the child. Yet another couple still considered themselves to be lovers until his younger wife's wish for a child pushed her to donor insemination. Love disappeared as a result of the necessary procedures. When his wife finally became pregnant, after she had fallen in love with the doctor carrying out the insemination, neither of them were able to adopt it socially. They could be neither lovers nor parents. Each was isolated. This is how the paths of love in pregnancy occasionally take long roads 'in the garden of the paths which branch off' (Borges).

Unwanted Pregnancy as a Conflict of Ambivalence- Experiences of Counselling in Conflict during Pregnancy

Reinhilde Schäfer-Menches (Dipl.-Soz. Päd.), *Marriage counselling, family and life counselling (Djeb), mediator, Profamilia, Waiblingen* and

Oranna Keller-Mannschreck (Dr. med.), *Family therapist (DAF), trauma therapist, Profamilia, Waiblingen*

Conflict during pregnancy is a conflict of ambivalence in many dimensions. Some of these were dealt with in detail by the presenters in their contribution. Both have been working for some time at a pro familia counselling bureau for conflict during pregnancy. Their professional qualifications, that is a doctor of medicine and a social educationalist with additional qualifications such as family and trauma therapy as well as marriage, family and life counselling, enable them to carry out comprehensive counselling which takes into account the many varied aspects of ambivalence. First of all there is a conflict of interest. The unborn child cannot represent its own interests, which is why the state has intervened

not only to protect unborn life but also to facilitate the way out of an otherwise insoluble situation for mothers.

Women often become involuntarily pregnant as a result of an emotional dilemma between control, e.g. through the use of contraception, and desire, or the wish for symbiotic fusion and striving for autonomy.

Woman who want to have a child but at the same time know that they aren't able to assume responsibility for the child often experience conflict during pregnancy. They are alone, very young, without education or perspectives, in debt or very taken up with their own problems. Here, the conflict experienced by fathers, who have fathered a child and see no basis to raise the child together with the mother or want to spare their child the same sad experiences of their own childhood, is also of significance.

Also not unimportant are social contradictions: the desire for comprehensive child care clashes with the ideal of the mother and housewife, who doesn't want to be a cruel mother. The high cost of living and the demands of bringing up children require generally two incomes. The state continually postpones the consequent extension of provision of child care as a required measure of economy. Firms expect total flexibility from their male and female workers. The presenters not only related many typical situations, but also demonstrated methods of counselling which cannot, and ought not, remove the ambivalence but can be helpful in maintaining a bearable balance while coming to a tragic decision. Counselling in conflict situations during pregnancy is, in their experience, a sensible way of accompanying the women affected along an road which is unavoidable despite the many methods of contraception and social reforms.

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'Forget-me-not' Feelings, Thoughts and Memories of Abortion. Interviews with Men and Women.

Kirsten Prussky, *Profound psychological body therapist - Institute for profound psychological body therapy, Lübeck*

Abortion appears to be a generally accepted event in today's society. The experiences of the men and women affected and the processes of coming to terms with them reflect, however, a still effective taboo, due to which emerging feelings such as fears, doubts and mourning hardly find place. The inner dynamics of decision making, as well as the psychic coming to terms with what had been experienced, were presented in the form of condensed reports of the interviews recorded. These reports made it very clear how the forces and ambivalence that lead to the decision for or against a pregnancy are not only connected with the current social and family situation but also with personal life history. This becomes clear through succinct sentences of the people interviewed. Understandable insights into the desperation, fears as well as the hopes and encouraging and relieving feelings of these women and men were here presented. Sentences such as:

- It was a re-traumatization for me
- A part of my vitality was cut out of me.
- I'm embarrassed about being so fertile.

strengthen the idea of how deeply injured a woman can be when she undergoes an abortion.

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Perish or Get to the Bottom of Affliction

Gisela Wallbruch – *Body psychotherapy (biosynthesis, functional analysis) and Trauma-work (Somatic experiencing, prenatal psycho-traumatology), Private practice, Essen*

The presenter (born in 1948) described examples from her own life of the near-collapses or the apparent breaks above all in times of change such as puberty, marriage, pregnancy and the menopause and made the connection between her own earlier personal traumas and those of some forefathers. After several inexplicable, unexpected collapses into the region of near-death in midlife it became clear to her that she desperately had to do something for herself.

At the age of 50 she was able to effect a generation change in her firm, completed, at times parallel, during the last 10 years several therapy training courses (body psychotherapy, trauma therapy concentrating on pre-, peri- and postnatal traumas) but found herself for many years still obsessively searching for something that would be able to heal her. She was lucky and finally found the therapy forms and above all the people - a few therapists - who risked accompanying her on her difficult way.

On the way down (sometimes as if in free-fall) she had to bear immense primeval fears, rigor mortis and massive feelings of emptiness - and this was precisely where the primeval causes as well as the missing guidelines were to be found.

Today she accompanies her clients, who unknowingly exhibit structures that were disturbed at an early age, as far as possible along their way out of omnipotence and impotence into a reclaimed or newly-won authority.

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Termination of Pregnancy as Re-establishment of Implanted, not Personal, Behaviour A Description of Psycho-traumatic Links with the Re-staging Inherent to Abortion

Natascha Unfried (Dipl. med.), *Specialist in child and youth medicine, psychotherapist, trauma therapist DIPT e.V.*

Based on the research results of psycho-traumatology, the presentation dealt with the possibility of the re-staging of a personal survival of abortion with the abortions undergone by the next generation as the re-establishment of a broken chain of behaviour (trauma-schema) - at the wrong time, in the wrong place, with the wrong person. One's own children, as well as developing children, are a projection of one's own survived

amnesic traumatization which is activated after the collapse of the personal trauma compensatory schemes (e.g. no desire to have children) and thus determine behaviour. The end of the contribution presented the significance of these mechanisms with regard to the judging of men and women who want to have abortions or have undergone abortions. The presentation was intended to provoke thought about often superficial and over hasty condemnation. In addition, it was intended to bring about changes in the discussion about prevention i.e. understanding, to help in widening the possibilities of compensation and the coming to terms with one's own injuries. This is, in the presenter's view, the only chance to stop violence against the child both before and after birth.

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Psycho-Dynamic Aspects of Conflicts during Pregnancy in Pictures - Experiences in Art Psychotherapy

Klaus Evertz, *Art therapy and psychotherapy , private practice, Cologne*

In the daily practice of psycho- and art therapeutics the near proximity of life and death often shows itself in the psycho-dynamic conflicts during pregnancy. Whether a child decided to go because it felt overtaxed or too little accepted or loved, or the mother decided not to carry out the pregnancy, whether external reasons or internal motives are more important, in general unconscious, to a degree cross-generation dynamics can be clearly recognised and brought into considerations. Carrying to term, miscarriage, premature birth, dead birth, abortion do not lie so far apart. In order to get away from the unspeakable discussion about guilt within the context of conflict during pregnancy, it is necessary to include the psycho-dynamic levels and to ask about the difficulties and beauties of passing on life on a wider and more humane level.

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The Tension Remains

Hans von Lüpke (Dr. med.), *Paediatrician and psychotherapist, Frankfurt*

When considering such existential topics as abortion, the idea that there is a right and a wrong answer can lead to aggressive and, in the end, irreconcilable confrontations. The following contribution considers in how far it is possible to overcome precisely this position - and ought to without arbitrarily weakening the criteria of action.

In the case of abortion we are dealing with a strategy of coping with the fear of being passively at the mercy of death. A fundamental strategy of coping with this state of being at the mercy of something is the transformation into an state of activity. So the killing of another - beyond emotional motivations such as fear or hatred - becomes proof of the ability to control the problematic nature of life and death. I kill the other person and survive. This would be the setting for battles in creation myths and real wars.

This topic comes to a head in the generation conflict. One's own children confront parents with ageing and approaching death. They become a metaphor for one's own death. At the

same time they are still weak, unable themselves to kill which they will have the power to do later when they are grown-up. This would be the setting for the widespread topic of child murder (Oedipus, murder of the innocents in Bethlehem) and parent murder (Uranos). Child murder within this context is a means of dealing with the fear of death - an attempt to prevent one's own death.

Pregnancy and birth also possess aspects of this dynamic. Beyond this, they confront the mother (parents) with the limitations of their own resilience (organic as well as emotional) and the loss of control, being at the mercy of a process of growth. It is no coincidence that the metaphor of 'parasites' surfaces. Abortion could be understood as a brought-forward child murder at an earlier stage thanks to the progress in medical technology. At the same time it spares the mother the sight of the child.

This affects the aspect of the emotional bond with the child and so that of an opposing position. This deals with hope, the view of the child as a saviour in the confrontation with death: as a part of one's self which will live on after one's own death.

If one accepts that a rejected pregnancy - even if deeply concealed - almost always contains part of this second aspect while a desired pregnancy contains the former aspect - equally concealed - this means that every pregnancy exists within an arc of tension that touches the profound layers of existence of human beings and therefore cannot be got rid of any more than the puzzle of life and death can ever be solved.

When discussing the topic of abortion, it could be helpful if one can keep in mind the insolubility of this arc of tension. A further thing to bear in mind would be that are existing between this tension and the equally human existential need for ease, for a clear answer. If the tension remains in both cases, then the respect for different decisions remains, without any arbitrary 'naturalness' levelling everything out. No decision is clear, simple, straightforward or easy.

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