



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

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## 20. Heidelberg Conference

### 'Methodological Levels in Prenatal Psychology'

01.-02. September 2007

### Abstracts of Papers (post Congress)

#### 'Sense and Non-sense of Methodological Discussion'

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

Von Lüpke argued in his presentation, entitled 'On the Sense and Non-sense of Methodological Discussion', that neglecting the question of methodology only leads to fruitless polarising confrontations. Yet the different concepts lead in the end to the same dilemma. For example: quantitative measurement and statistical evaluation according to traditional scientific approach on the one hand and an empirical approach based on experience on the other. The example of checking the Pavlov Experiment with the silent bell which produced the same effect as the ringing bell demonstrates that apparently the most probable factors (according to Gaussian distribution) are not necessarily the most effective (according to linear causality). The more exact the observation the more diverse - in the end infinite - become the active factors. The mass of these factors can end up in a 'data graveyard'. Every observation, no matter how scientifically oriented, depends in the end on interpretation (and thus subjective factors).

Sameroff and Chandler already demonstrated during the discussion in the 70s on the stresses of birth that problems often existed even before birth and the prevailing noticeable problems were in fact the consequence of these previous problems. Also in empiricism the active factors became on closer inspection more diverse: what are the silent suppositions of our perception that we transmit as experience? We only see what we know and what is of importance to us. What unique interactions are there between us and the patients? Result: an infinite number of degrees of influence take effect. Only a methodology that can satisfy this diversity can claim to be scientific. Examples of such concepts:

Chaos theory: The smallest marginal influences can be incalculably powerful ("The beating of a butterfly's wing in the Amazons").



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In view of the concept of complexity von Lüpke referred to Paul Cilliers: Complex systems are far removed from stability. Of importance are contacts with the environment, internal interactions, the significance of what has been, the interaction of the elements. The individual element is 'ignorant' (the carbon atom in a chair is no different from that in the thyroid gland). What is important is the transmission of information. Quantum mechanics are based on abstract mathematical models for transmitting information and assume, depending on methodology, an interaction between mass and energy, an 'inherent' movement. Extensive entanglements can be mathematically comprehended (Einstein-Podolski-Rosen-States) as well as the communication through time and space: Change in a common state results in direct change in every other person involved: Resonance, mutual interaction and transformation and metamorphosis respectively are of the greatest significance for the description of therapeutic processes.

Result: Instead of fruitless polarisation the question of methodology should always be considered. Subjective convictions have to be recognised and then the question has to be asked: how was the result arrived at?

In so doing the question arises of how to cope with the infinite number of degrees of influence. Structure can be of use here. Square numbers are e.g. an infinite series that is nonetheless structured without containing all the numbers. What does this mean for scientific and therapeutic interaction: how can this be productively organised? What significance do prenatal, perinatal and postnatal self-awareness have? How can prenatal experiences be identified? What role does mutual influence and metamorphosis: the process of permanent change play (Boston Changing Study Group: Inaccuracies can be creative)?

Hans von Lüpke pointed out the absurdity of a mere discussion of methodology: in practice the best methodology is the one that the individual can best work with.

### **'Steps in the Reconstruction of Prenatal Traumata - an integrative methodological overview with reference to the case history of early loss of a twin'**

***Renate Hochauf (Dr. Phil.), Psychologist (Altenburg)***

The psychoanalytic psychotherapist and trauma therapist specialising in prenatal, perinatal and postnatal psychotherapy **Renate Hochauf** related in her contribution **'Trauma and Structure'** about the knowledge acquired over the previous ten years about severe traumata in people in particular during the early years of life: Prematurely disturbed patients display deficits in structural development due to traumatism during prenatal life, birth and the time up to the 2nd year of life. Their nucleus is made up of dissociating defence mechanisms, deeply disturbed basic regulation and stress regulation which swing back and forth between being over alert and being torpid. The problem for the further (personality) development of those affected can consist in the fact that the inherent self-healing properties of every



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healthy organism are (severely) disturbed or even put out of operation because the developing nervous system or the organism are affected. A further consequence is that early traumata cannot be integrated. The later attitude towards life of these people is based on this primal disruption of self esteem and life philosophy. In consequence a prenatal, perinatal and postnatal oriented psycho-traumatological psychotherapy has to start work at the level where the traumata are located: at the level of the implicit memory or Amygdala level. The therapy aims to order effectively the disordered impressions and so make the impressions from that period of time comprehensible and distinguishable. It can be helpful to start with symbols and analogies. It is thus possible for an association to exist between a fear of doors and the winding around the neck of the umbilical cord; exam nerves or stage fright can have an internal association with a survived attempted abortion; the reason behind inexplicable sorrow or melancholy can be the prenatal loss of a twin. In practical therapeutic situations it is important to bear in mind and to balance all 5 levels.

The contribution from Renate Hochauf showed what progress in the understanding of the consequences of traumata has been made possible through the integration of the results of experimental trauma research, brain research and reflective experience with traumatised patients. Her first book 'Frühes Trauma und Strukturdefizit' (Asanger Verlag / ISBN 978-3-89334-485-7) has just been published.

## Group discussion

Both contributions were followed by a group discussion about "**Problems of Monolinear Models**". Each participant could cast three votes on the question as to what would be missing if there were restrictions at the methodological level.

At the **quantitative level(1)** the individual characteristics, the individual situation of each person, the emotions and the complex interweaving at many levels are not sufficiently allowed for. It would not be possible to represent adequately individual development, the certainty of a 'healing encounter', by reducing the complexity. Would the reduction at this level not be more of an expression of defence? The problem of conflict of interests in scientific studies (industry...). The danger of one-sidedness, care when generalising? It is often necessary to have a period of 20 to 30 years to obtain significant results. In the end with some things calculation is appropriate, with others emotions.

The restriction to the **qualitative level (2)** would harbour the danger that physical collapse is not be detected soon enough. This could go so far that one could call it loss of reality. There is also the question of how it is possible to draw universally relevant conclusions from individual experience. And the question remains of how language can access unconscious processes.



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**Statements based on empathetic insight (3)** can be inaccurate due to false interpretation, problems of dissociation on the part of the therapists, their subjectivity. Their self-perception and self-awareness are essential in precisely this area. It might be difficult to differentiate between pre-speech memory and reconstruction in hindsight. A postnatal trauma could be concealed behind a 'prenatal and perinatal experience'. Myth creation could develop, especially with 'charismatic teachers'. Certain types of therapists can selectively attract certain types of clients, which harbours the danger of false generalisation. So it is also possible that one-sidedness can prevail at this level, every level of perception is necessary and the restriction to level three alone could also be of a defensive nature.

In **practical experience (4)** it is exactly the wealth of experience of the midwife's craft that should be considered. Important know-how can also be had from laymen. Fear and power are the two extremes that make this difficult to accept.

In **cultural psychological comparison (5)** literary reports from Africa were presented. Among others, trance was described as a culturally-overlapping therapeutically effective procedure. It is, however, often the case that there is a cultural dependence on effectiveness. The subjective views and existential orientation of the dyad patient-therapist are of great significance. Knowledge from this area is of course not transferable on a one to one basis to another. Here also lies the danger of an incomplete observation.

In an **additional category** the importance of intuition was highlighted and the importance of introspection by therapists was emphasised. They have to be able to combine everything into an complete whole.

The analysis of the votes showed that one-sided restrictions at the methodological level hold dangerous problems and decisively limit the validity of the results. On the other hand it is clear that there are no alternatives to integration and balancing of the methodological levels in theory and practice.

## 'The Methodology of Inter-uterine Mother-child Bonding Analysis'

*Helga Blazy (Dr. phil.), Psychotherapy, Bonding analysis (in private practice), Cologne*

The contribution from the Cologne psychotherapist and bonding analyst **Helga Blazy** concerned itself with the framework of the methodology of psychoanalysis of '**Preventive techniques of intra-uterine mother-child bonding analysis**' which was developed by the Hungarian analysts György Hidas and Jenő Raffai. Within psychoanalysis it is at present the only technique with which to make contact in thought and pictures with the child in the uterus in order strengthen the prenatal mother-child relationship so that a deep relationship between both can develop and that both, mother and child, can work toward a satisfactory birth. Psychoanalysis has up to now only known the postnatal techniques of



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recollection in the spoken dimension. In Hungary more than 10,000 hours of bonding analysis have led to the first generalisation of traumata by the mother and the traumatism of the inter-uterine child. Graphic reports on this can be found in the book from Hidas /Raffai: 'Nabelschnur der Seele' ('The Soul's Umbilical Cord'), Psychozial Verlag, Gießen 2006. Within psychoanalysis bonding analysis is at its beginnings in Germany. It is based essentially on introspectively gathered data, as was also the case with psychoanalysis. Reflection on the other methodological levels, as they are required, is a task for the future.

### 'The Integration of Methodological Levels in Psychotherapeutic - Gynaecological Practice'

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

The contribution from **Rupert Linder** dealt with methodological reflection on practical obstetrical-psychotherapeutic possibilities. In this connection, economic and legal factors are of additional importance. The special complexity of the gynaecological examination and treatment situations requires a permanent observation of the different methodological levels and their integration and balancing. In the process one level can be of more importance at times, as, for example, the level of quantitative measurement when ascertaining obstetrical findings, the qualitative level when ascertaining personal and relationship characteristics, the empathic level when ascertaining the psychological dynamics of conflict, the practical level when including obstetrical know-how and the level of cultural comparison when dealing with members of another culture.

The obstetrical consultation situation, which includes a psychotherapeutic aspect, contains a unique complexity with which the doctor has to deal in the course of his therapeutic duties. It is exactly this conjunction of the objects of care, the pregnant woman, the unborn child and the expectant father that requires an integrative overall view of all three. This has, especially in impending morbidity, to include the environment as well as the subjective inner life and the previous history of those involved. In this relation the self-awareness and self-reflection on the part of doctors and therapists are of great importance and of great relevance in particular for those clients with impending pathology. The systematic discussion of methodology should be continued in this area.



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## 'The Discussion of Methodology From the Viewpoint of Body Psychotherapy'

**Heiner Alberti, Psychotherapist and Body Psychotherapist (Lübeck)**

The profound psychological psychotherapist and body psychotherapist **Heiner Alberti** from Lübeck highlighted in his presentation the '**The Discussion of Methodology From the Viewpoint of Body Psychotherapy**'. Here Allan Schore's concept of reciprocal interactive influence has proved of importance in recent years. The emotive synchronicity between mother and child creates intimacy. This can be understood as an energetic shell around mother and child prolonging the attachment of the prenatal period. Thereby the child depends on external resonance. Decisive in this respect is the capability of the mother to regulate negative emotions. This early pre-speech relationship is mirrored in the therapist-patient relationship. Here the psychotherapist has a rectifying role and facilitates the development from a pre-symbolic to a symbolic level.

The contribution showed how the integration, initiated by Allan Schore, of psychotherapeutic facets with observations from neuro-physiology and brain research can be put to use in practical body psychotherapy in order to meet the complex therapeutical requirements of patients.

## Impulse Papers on Methodological Levels in Prenatal Psychology

***The first day was closed by the 'Impulse papers on Methodological Levels in Prenatal Psychology'.***

**Ludwig Janus**, medical psychotherapist from Heidelberg, began first with the statement that the balancing of the different methodological levels, as discussed at the conference, has its anthropological origins in the fact that we as human beings are able to balance respectively internal with external, subjective with objective, body and soul, past perspectives and future perspectives at any given moment. We are able naturally to newly balance the different levels of reality and put them into perspective with each other. Cultural determiners are here of vital importance. Orientation to a single facet of reality has proved of great value in the natural sciences. The results of scientific observations have however always to be put into overall relation to human needs. In the medical-psychotherapeutic situation, however, such a methodological restriction is from the outset not possible due to the necessity for responsible surveying of the total situation. It is here important always to freshly balance the different levels of reality according to the actual circumstances. This is especially the case for prenatal psychology because here the doctor or psychotherapist carries the overall responsibility for dealing with the respective life circumstances. The requirement for this is a well-founded self-awareness encompassing the prenatal and perinatal period because only in this way can real equilibrium in one's own identity and awareness of relationships be possible. This makes it a must for the prenatal psychologist to be versed at the level of empirical research and in practical know-how as well as to be competent in



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answerable self-awareness.

The prenatal psychologist **Terence Dowling** from Heckenbeck near Bad Gandersheim illustrated with concrete examples the development of perception during the first year of life which is at first self-centred. Not until the last third does the ability to decentralise begin to develop, i.e. the infant is able to imagine itself in the position of its counterpart and can communicate from its own viewpoint. In the example given the communicating person pointed at a teddy bear and at first the child took the person's finger and put it to its mouth. After the repeated pointing at the teddy the child was then able to relativise its own perspective and to perceive the finger as a reference to the teddy. In research the methodology here requires interaction between methodological and empathetic observation.

The regression therapist and instructor in birth preparation **Irene Behrmann** from Celle emphasized in her contribution the need to include female competence and point of view in scientific observation and methodological discussion. She illustrated this with practical examples.

The Dresden gynaecologist and obstetrician **Sven Hildebrand**, Dr. med., who has developed relationship-oriented obstetrics in his surgery, illuminated the problematic consequences of one-sided orientation to the empirical-statistical level in obstetrical practice, especially as is often the case in University clinics. It is precisely because modern obstetrics with its intervention can have such a strong influence that inadequate attention to the different methodological levels can have harmful consequences. This is where prenatal psychology with its findings on the psychic and social dimensions of pregnancy and birth should provide significant impulses.

## 'Prenatal and Perinatal Oriented Psychotherapy from the Analytical and Bonding-Theoretical View'

**Barbara Jakel, (Master), Psychotherapist, (Vienna)**

The second day of the conference began with a contribution from the psychoanalytically oriented psychotherapist **Barbara Jakel** from Vienna on the topic 'Prenatal and Perinatal Oriented Psychotherapy from the Analytical and Bonding-Theoretical View'. Ms Jakel works with patients suffering from very early, in particular prenatal, traumata, whose primary prenatal bonding and self-integration have been impaired by prenatal traumatism. For this she has devised the schema of a polar primary self-identity, the starting point of which is the very vivid and richly imaged observation of a female patient who was impaired early in this way.



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The patient has at her disposal special possibilities of introspection and creation of images that make it possible to develop psycho-dynamic hypotheses about the early development of identity. The contribution was based principally on observations at the level of empathic insight. Further observations have to make more explicit the consideration of other methodological levels. Nevertheless the insights from the therapy described are very productive for setting up therapeutic hypotheses.

## 'The Significance and Validity of Introspectively Acquired Data on Perinatal and Prenatal Experience'

**Alfons Reiter (Dr. Phil.), Psychoanalytic Psychotherapist, Professor of Psychology, Salzburg University (A)**

*The contribution from the psychoanalytic psychotherapist **Alfons Reiter** was an plea for the meaning and validity of introspectively acquired data on perinatal and prenatal experience. A matter-of-fact discussion of the importance and validity of introspectively acquired data is opposed by the one-sided orientation of the alignment of psychology in universities at the quantitative-statistical level. This can prevent constructive research as was explained insistently in his talk. Prenatal psychology with its undisputed practical relevance has here considerable critical potential.*

## Group discussion:

### 'How can the Balance of Methodological Levels be Maintained?'

There was then a further group discussion on the topic '**How can the Balance of Methodological Levels be maintained?**'. Once again the participants or small groups respectively could cast their own votes. Important prerequisites for the necessary inquisitiveness and candour are here assurance, self-confidence and the dialogical inner exploration of therapists. New assessment and further development can develop from self-reflection. Profound self-awareness is a prerequisite for impartial empathy towards patients. The patient's biography can be understood in accordance with the dialogical principle. Access to the different levels can arise quite spontaneously, in time the assurance increases and allows the possibility of conscious reflection. As special topics arose the question of how non-verbal communication can be documented, and the ascertainment that gender specific means of access are possible.



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## 'Pre-verbal Communication – Assumptions, Conjectures, and Prejudices about Infants and Foetuses '

*Martin Friebe, M.A., Body Therapist (Aalen)*

The body psychotherapist **Martin Friebe** argued in his contribution '**Pre-verbal Communication – Assumptions, Conjectures, and Prejudices about Infants and Foetuses**' for a critical methodological reflection in the therapeutic situation. (His book 'Vorsprechliche Kommunikation - Ahnungen, Vermutungen & Vorurteile über Säuglinge und Föten' was published by Shaker-Verlag in 2003). Any particular form of problematic behaviour can have very different backgrounds. It is essential in the sense of therapeutic responsibility to deliberate anew in each case.

## 'The theoretical approach to methodological Problems'

**Lucio Zichella, MD, Professor (Rome)**

The conclusion was made by the contribution of the Roman gynaecologist and obstetrician **Lucio Zichella**, Professor emeritus at the gynaecological clinic, University la Sapienza on the topic of "**The theoretical approach to methodological problems**". His basic thesis is that the consideration of the anthropological background of pregnancy and birth are of importance for a methodological discussion in prenatal psychology. Pregnancy and birth represent an elementary biologically as well as a culturally defined occurrence. A significant resource for this specific anthropological background of pregnancy and birth is German philosophical anthropology, as associated with the names Plessner, Schleiermacher und Gehlen. Modern authors of philosophical anthropology from Italy also represent a similar resource that should be more specifically exploited in detail. In particular the cultural implications of pregnancy and birth at a particular period of time should be considered in order to able to act responsibly in therapy. The professional activities of the gynaecologist and obstetrician, more than other doctors, are carried out at the intersection of cultural influences and temporally determined trends.