



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

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P R E S S R E L E A S E

20. Heidelberg Conference

'Methodological Levels in Prenatal Psychology'

1.- 2. September 2007

Heidelberg – The International Society for Prenatal and Perinatal Psychology and Medicine (ISPPM) has concerned itself since 1971 with the emotional life of the unborn. This 20th Heidelberg conference further clarified the designation of the different methodological levels in this field, significantly increasing the diagnostic and therapeutic ability to act in the field of prenatal psychology, as well as improving communication with neighbouring disciplines on a scientific basis. .

Prenatal psychology has developed into an interdisciplinary science for research into the psychological aspects of conception, pregnancy and birth, and therapy relating to these. Significant sub-disciplines are: obstetrics, midwifery, psychotherapeutic self-awareness and reflection, behavioural observation of the child before and after birth, (neuro-)biology, developmental psychology, biology, and neurology. Sub-disciplines include also the evolution of pregnancy and birth, including prenatal and perinatal psycho-traumatology on the one hand, and, on the other, scientific disciplines that are established at a more fundamental level such as cultural studies or quantum physics. In addition there are various scientific and practical approaches that deal with the research of pregnancy, birth and the early development of the child, including particularly the brain.

Such an interdisciplinary approach is vital because therapeutic or preventive action has to cover every aspect of the situation, particularly since the developing child does not yet have any direct means of co-determination.

Exposition

For this reason prenatal psychology has to develop theoretical and practical competence for all the dimensions of prenatal, natal and postnatal situations. Several methodological levels usually have to be considered and balanced according to their respective significance. The conference demonstrated that this diversity of methodology, sometimes makes communication more difficult – particularly with those colleagues in medicine, psychology and psychotherapy who are oriented to academic concepts of science.



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Five methodological levels are important:

1. quantitative measurement and statistical analysis
2. qualitative methodology
3. statements based on empathic insight into self-awareness and changes in the therapeutic process
4. practical experience of midwives, obstetricians and others
5. cultural psychological comparison

Overcoming the polarisation between social and natural sciences

Over and above this there is a scientific discussion of methodology at a more fundamental level and so able to overcome possible polarisation between the social and the natural sciences. This approach has in the past again and again challenged the one-sided dominance of the point of view of the fields of classical natural science and their methods. Thus, among other things, hygienic standpoints led to the rigorous separation of mother and child which in no way met the requirements either of person, nor the overall situation. Restrictions here are often certain 'beliefs', whether dealing here with the belief in the general significance of a particular scientific finding or the belief in a certain school of thought or an authority. For practical competence it is therefore the strengthening of the intrinsic responsibility of personal authenticity that is of import. The ways in which this can be developed and furthered are essential to the integral methodology.

From the current results of research in the natural sciences, above all in quantum and biophysics, it becomes clear that statements are fundamentally meaningful only with reference to the methodology used (e.g. either wave or particle theory). Furthermore, taking into account the diversity of the factors involved in the developmental processes demonstrates that linear-causal statements with one-dimensional assignment of cause and effect are inadequate. Here, modern developments of non-linear methods are gaining in significance.

During the conference this topic was addressed by contributors from various fields of work whereby enough room was given for quite controversial discussion. This included such central topics as 'the relationship between pre- and perinatal pressures and later dysfunction in the life of a person, as well as the development of resilience' and 'the effectiveness of therapeutic intervention at verbal, preverbal and subtle energy levels'.

Of special importance for the evaluation of statements at the different levels of methodology is the coordination of the interdisciplinary dialogue between all those involved.

Summary

In medical and psychotherapeutic practice, competence comes before theory in choosing to intervene or not. The results of empirical-quantitative research always have to be balanced with regard to the situation in question. Scientific studies can be of great importance in individual cases such as surgical operations or the prescribing of necessary medication. The results of trauma, stress and brain research constitute an important basis for understanding and therapeutic work. Decisive, however, is always a



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real knowledge and understanding of the condition and sensibilities of the individual person.

In psychotherapy, what matters is the assessment of complex psychological conditions. Self-awareness through one's own therapy is essential for the doctor or therapist, to be clear about their own identity and processes, and about their capacity to judge in therapeutic relationships. In medical-therapeutic situations where the applications of empirically-based assumptions are to the fore, such as surgical operations or internal examinations, the importance of the personal factor can become relative, but still remains of significance in the background.

Here, what matters is the personal reflective responsibility of each doctor or therapist to do justice to the needs of the patient and the situation. Especially in the field of gynaecology, obstetrics and neonatology, the inclusion of psychosomatic standpoints has proved to be decisive in doing justice to the patient and their requirements. Consideration of one's own subjectivity, by means of deepened self-awareness through one's own therapy, is gaining importance. This is evident in the strong interest shown by gynaecologists and obstetricians in the psychosomatics of gynaecology and obstetrics, as well as by prenatal psychologists and psychotherapists in psycho-traumatology, assessing and treating prenatal, perinatal and postnatal experiences of people disturbed at a very early age and the effects of this in later life.

Methodological application remains inexact when the interdependence of diverse factors remains unconsidered.

In discussing methodology we should differentiate between the field of research and the field of practical application. Comprehensibility and objectivity of methods are necessities in research. In the field of practice it is always more important to understand the given individual situation and the application of methodology relevant to it. On more exact analysis, however, one comes to the conclusion that both methodological approaches - research and practice - are equally inexact if they leave out of consideration their respective relation to methodology and the infinite diversity of affecting factors and their interdependence. The dependence on the interpretation of the data as well as practical experience lead to the result that the subjective factor always retains central importance. Any statement that claims to be the absolute truth cannot be supported from a methodologically critical viewpoint.

The complete conference report, which gives the contents of the contributions in shortened form, can be found on the Internet www.isppm.de.

Essen, 04.11.2007



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