



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

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**The XVI. International Congress on "The Anthropology and Psychology of Pregnancy and Birth" proved very popular.**

**Dr. Rupert Linder became the new President of the International Society of Prenatal and Perinatal Psychology and Medicine (ISPPM), Heidelberg.**

## CONGRESS PRESS RELEASE

**Heidelberg** – the 16<sup>th</sup> International Congress on "The Anthropology and Psychology of Pregnancy and Birth", organised by the International Society of Prenatal and Perinatal Psychology and Medicine (ISPPM), formed one of the highlights of Dr. Ludwig Janus' ten-year term as ISPPM President and Congress organiser – thanks to its outstanding content and classy atmosphere. Janus has now been voluntarily replaced in his function as President by Dr. Rupert Linder, who is a gynaecologist and obstetrician, as well as a consultant psychotherapist, from Birkenfeld.

At the Congress, prominent experts – some of whom are known internationally – used lectures, seminars and workshops to comment on the fundamental psycho-social dimension of pregnancy and birth, an aspect that is widely underestimated in the western industrialised nations. Speakers included specialists in Philosophy (Peter Sloterdijk), Cultural Psychology (Johannes Fabricius), Anthropology (Lucio Zichella), Evolutionary Biology (Elaine Morgan), Psychotraumatology (Renate Hochauf), Prenatal Psychology (Karlton Terry, Terence Dowling), Medicine (Rupert Linder, Sven Hildebrandt), Attachment Research (Alfons Reiter) and Educational Sciences (Werner Lauff). The theme of the Congress was the profound way in which the period of a human's life from conception to birth can determine his behavioural patterns in later life, key life decisions and processes, as well as the influence these aspects can exert on socio-economic communities and society as a whole.

What in the seventies and eighties was still considered non-mainstream theory and practice has become increasingly established in specialist circles over the past ten years. As a result, more relationship-orientated pregnancy and birth care has developed out of the expressions "birth without violence" and "gentle birth". Individual observations from the field of psychotherapy and personal experiences in which early pre-lingual experiences repeatedly occurred became tried-and-tested practical concepts. Observations in the field of prenatal and perinatal psychology also found empirical substantiation in the fundamental sciences of neurobiological development research, psychotraumatology and stress research. Furthermore, the cultural-psychological dimension of prenatal psychology is constantly undergoing development to become a more specific entity.

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## **Foetal programming and capacity to relate**

The Congress opened with the subject area of **prenatal relationships**. Psychotherapists are becoming more and more sensitive to the way in which prenatal experiences can predetermine emotional attitudes. This is because the prenatal relationship has an important influence over a person's basic outlook on life, and the extent to which he/she feels at home in the world. Positive emotions on the part of the mother can predetermine an affirmative attitude to life, whereas maternal stress and an unwanted pregnancy can cast significant shadows. Emotional stress of this nature can now be identified in guided regression sessions, so that the patient can come to terms with it retrospectively. **Karlton Terry**,

**a prenatal psychologist**, offered some demonstrative examples on the subject, while Dutch **body psychotherapist Inge Krens** contributed empirical evidence on this theme, describing the following remarkable experiment: if you transfer the foetuses from a nervous mouse mother to the uterus of a calm, well-balanced mouse mother, they are born as calm, well-balanced baby mice; and conversely if the foetuses from the calm mouse are transplanted into the womb of the nervous mother mouse, they will be nervous, imbalanced babies at birth.

This experiment is a demonstrative example of the determination potential on emotions before birth – foetal programming, as it is termed by specialists.

Austrian **psychoanalyst Alfons Reiter** also dedicated his contribution to the subject of '**foetal programming**'. He demonstrated the extent to which prenatal attachment and relationship processes predetermine the capacity to relate and methods of bonding in later life. Modern attachment research until now has given too little credence to these prenatal and perinatal factors of influence over the capacity to relate later in life.

Prenatal nutrition forms another level of foetal programming. Not only can deficiencies during pregnancy have lasting effects, but even those before conception. This is because good nutrition is essential for the reproductive cells to reach full maturity. English **psychotherapist and nutritional scientist Simon House** presented the results of his empirical research on the subject – the most comprehensive yet.

Peculiarities of early human development determine later social behaviour

Another focus of the Congress was the subject of peculiarities of early human development in developmental biology: 'prematurity' in humans creates a particular situation in which the baby, because of his helplessness, can only survive effectively if both parents work together. That is why human fathers are naturally more family-orientated than ape fathers, who spend only a small amount of time caring for their children. Physiologically, a reduction in the father's testosterone and a rise in prolactin levels after the birth of his child contribute to this. **Elaine Morgan**, an English **evolutionary biologist**, explained these remarkable circumstances, and described how the human baby (as opposed to a baby ape, which is able to simply cling onto its mother) uses expressions, gestures, eye contact and voice in an attempt to persuade the parents to look after it, going some way towards replacing the womb he lost all too soon. An upright gait and increasing brain volume made birth more difficult. The compromise found by evolution is bringing the birth date forward from 21 months to 9 months, which in turn is balanced out by development of the parents' (and children's) social relationship and attachment capacities. So the stability in the early relationship with the parents is not – as is the case with primates – created by holding on tight, but as a result of intensification of the relationship. This is a peculiarity of early human development, which determines a person's social behaviour with its intense relationship dynamics for a lifetime. This is where human culture has its roots. According to this theory, not only are humans capable of being

more

intense in their relationships, but they also experience an entire world that is charged with relationships, a fact that is reflected in magical and mythical ideologies.

### **Consequences for (body-)psychotherapy**

For (body-)psychotherapy, this new awareness in developmental psychology means that the time before, during and after birth should definitely be a part of the human biography, and should therefore be taken into consideration in a psychotherapy situation. This applies not only to all psychotherapy settings, such as psychoanalytical and those originating from depth psychology, but also and in particular for all classic body(psy-cho)therapy settings. (The more recent body psychotherapy approaches already take research findings from the field of prenatal psychology into consideration.) To do this, it is possible to approach early pre-lingual experiences at various therapeutic levels in order to come to terms with (early) traumatic stress retrospectively. Well-known representatives of the discipline presented these circumstances; in which the findings of psychotraumatology play a particular role, as **psychoanalyst Renate Hochauf** and **art therapist Klaus Evertz** showed convincingly.

### **The womb as the 'first educational environment'**

Totally new perspectives are becoming apparent for educational scientists as well, if the **womb is considered to be the 'first educational environment'**, as **Werner Lauff** – an **educational scientist** from Hamburg – explained. What is done to the next generation, or how they are treated, is an aspect of education in a broader sense. That applies to prenatal contact, as well as how the birth is handled and the post-natal period. In this context, obstetricians **Rupert Linder** and **Sven Hildebrandt**, as well as midwives **Eva-Maria**

**Müller-Markfort** and **Dorothea Heidorn**, developed new perspectives on **relationship-orientated pregnancy and obstetric care**. Furthermore, several speakers demonstrated the significance of how the child is treated during pregnancy for his ongoing development, and also the importance of seeing and being seen after the birth for developing a healthy self-awareness.

Conversely, not only do smoking and alcohol represent stress in a somatic sense, but they also affect a person's attitude to life and relationships in a way that is now easy to prove, as **Terence Dowling**, a **prenatal psychologist** from Heidelberg, demonstrated in his illustrative lecture.

Whilst the mother is the focus of attention in many respects, new studies also show the significance of the father in early relationship development, as **body psychotherapist Heiner Alberti** from Lübeck showed. The fact that it is now possible to support mothers in their contact with the unborn child results in new perspectives. To achieve this, **Hungarian analysts Györgi Hidas** and **Jenő Raffai** have developed a special method known as '**attachment analysis**'. A method of **baby therapy** has recently been developed in Europe, derived from the in-depth knowledge of American prenatal psychologists Ray Castellino and William Emmerson, regarding potential injury to the child before and during birth, and this therapy technique was demonstrated in a workshop at the Congress by **Franz Renggli**, a Swiss body therapist, psychoanalyst and Emmerson scholar. Nowadays it is possible to help babies (and their mothers) to come to terms with prenatal and birth traumas using body psychotherapeutic treatment methods.

Premature birth rate can be reduced to <1%

Typically the necessity of addressing the prenatal and perinatal periods is particularly apparent with

premature children, who even with astonishingly low birth weights are able to survive with today's intensive medicine techniques. However these children live in an artificial environment outside the womb for a while, which can certainly affect their brain development. But designing a natural environment and offering intensive human interaction can facilitate more normal development these days, as **Otwin Linderkamp**, a **neonatologist** from Heidelberg, was able to demonstrate.

On this subject, a study conducted by **gynaecologist and obstetrician Rupert Linder** from Birkenfeld (near Pforzheim) – the new ISPPM President – is significant: if the social causes are determined and solutions are found when women have premature contractions, the premature birth rate can be brought down to less than 1%. When you realise the consequences of premature birth in terms of both money and suffering – even with the modern options available today – these findings can be considered all the more important.

### **Prevention by "learning to live"**

Furthermore, all observations on the consequences of prenatal and perinatal stress underline the **significance of prevention**. Ultimately the main concern is that the ability to "learn to live" is taught in schools alongside sports and the curricular subjects. On the one hand this means imparting an understanding of birth, relationships, fatherhood, motherhood and the importance of life planning, but on the other hand it also covers subjects such as disability and sickness, old age and death. Prenatal psychological knowledge can be a significant stimulus for young people in this respect. According to the **prenatal psychologist Gabriella Ferrari**, in Italy it is already possible to **qualify** as a **prenatal tutor** – who teaches the new knowledge about fatherhood, motherhood and parent/child relationships to the intermediate year groups in secondary school.

The closing lecture of the Congress was provided by philosopher **Peter Sloterdijk**, who talked about the **philosophical aspects of prenatal psychology**. In his presentation he demonstrated that these days it is possible to reflect on a successful pregnancy and birth, as well as conversely the consequences of unhappy experiences in pregnancy and during birth. Interruptions to the continuity of experiences resulting from over-stressful influences are meaningful in this context. Today, reflection can be infused into all of this for the purpose of clarification. In this sense, prenatal psychology encourages human development potential, and opens up new potential for understanding in our relationship with ourselves, our fellow humans and the world as a whole. Just as a child needs a spiritual relationship environment after birth for his development, and sustenance alone is not enough, the child also needs an affirmative emotional connection with his parents before birth in order to develop spiritually.

### **To sum up the Congress: a Charter of Rights for the child before, during and after birth**

Just as the UN has passed a Charter of Children's Rights, it is also possible to formulate the rights of a child before, during and after birth on the basis of prenatal psychology research findings. This Charter was unanimously passed at the ISPPM members' meeting on the occasion of the Congress. An essential requirement is that all medical interventions must always be weighed up with regard to the psychological consequences they may have on the unborn child, the mother and the family – something which is still considered all too infrequently today.

**The Charter text, as well as the individual lectures given at the Congress will shortly be available for download on the internet from [www.isppm.de](http://www.isppm.de)**

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