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**Past, Present and Future of Pre- and Perinatal
Psychology and Medicine**

Abstracts

Biology without Desire –From a Transaction to a wish

Ute Auhagen-Stephanos

Fertility and its disturbances is an endless theme with constant new perspectives, which exclude sexual desire. More and more couples take advantage of medically assisted procreation. Technical fertilisation interferes with our genetically inborn preconception of procreation through sexual intercourse. Furthermore, the natural female relationship to the pregnant state can be undermined by the clinical setting.

Based upon the bonding analysis which the Hungarian psychoanalysts Hidas and Raffai developed as a therapeutic method for mothers and their unborn babies, I have transposed this method into the period before fertilisation and introduced it into the technically fertilisation process, calling it "Expanded Mother-Embryo-Dialog". Somatically, it increases the chances of pregnancy. Psychically, it serves to foster an empathic relationship to the embryo from the outset. It supports the early establishment of Winnicott's primary maternal preoccupation. Surprisingly, the relationship with the embryo seems to provide an antidote to the temporarily interrupted libido and sexual partnership. The latest studies of psychoneuroimmunology has shown that we are able to actively influence our immune system through psychological interventions. Through the Mother-Embryo-Dialog biology is translated into intrapsychic life through language, by training the mother in a dialog with her potential baby. Said dialog represents a transitional space as developed by Winnicott.

It is as if the awaited embryo is an esteemed guest to be lovingly welcomed into the womb. Thus clinical fertilisation is transformed from a two-dimensional transaction into a warm organic relationship between mother and child. To live and thrive the perspective baby needs, once it is placed by the doctor inside the mother, her active, loving involvement.

Clinical illustrations, which describe the working through of traumatically induced fixations in the therapy, will be provided.

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Consciousness, Neuro-science and Health: What the pre-nate "knows."

Dr. Annie Brook

My years as a Somatic Psychologist, with a doctorate in Pre and Perinatal Psychology, reflect years of curious inquiry into problems presented in clinical practice. As co-owner of Colorado Therapies, I daily address problems of intimacy for adults and couples, problems of self-regulation for children in school and social settings, and sensory-motor difficulties in learning for children, youth and adults. In addition, mother-infant bonding and settling difficulties have provided numerous hours of experiential inquiry into pre-cognitive, body-centered language and dialog.

First, I have come to believe that infants are able to set a sense of identity in response to their environmental influences. This identity response is pre-cognitive, and serves as a self-regulating function that comes into play following nervous system input. Questions of basic goodness, of trust, and of safety are addressed. The basic 3 “questions” that are biological imperatives seem to be “Is the world safe,” “Will I survive,” and “Will I survive in relationship?” I have witnessed that even in infancy, the “arriving self” is able to dissociate and fragment, terms that are normally implied in child and adult psychological theory. Early attachment responses to a sense of safety and protection seem to be key underlying motives for nervous system fragmentation and dissociation.

Secondly, I believe training for clinicians, parents, and providers enhances bonding and sense of safety, and can relieve early shock imprints. Treatment addressing these early questions of safety is greatly enhanced when the tools of pre and perinatal psychology, body-centered interventions, and nervous system function are applied. Through the “Somatic Attachment Training,” a post-graduate training program I have offered for clinicians, I have witnessed adults able to “remember” their own earliest imprints and go back and release cellular imprints through a blend of cognition, sensation, accurate participative mirroring, and energy sequencing of body tissues. Direct personal experience allows clinicians to have first-hand understanding of early nervous system imprints relating to birth and perinatal times. Relating, whether by clinicians, physicians, parents, teachers, or infant and child-care workers, can be greatly enhanced when these earliest of imprints are considered.

Through understanding and treatment of pre and perinatal influences, shock and the mechanisms of body-based language, and specifically how to apply triune autonomic nervous system interventions, will allow for increased self-regulation and ease of function.

This paper addresses case studies, and is in part excerpted from my upcoming book, Attachment, Imprints, and Intimacy. I highlight stories and examples of clinical treatment from a perinatal perspective working with children, adults, and infants.

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Problems in connection with unsuccessful in-vitro fertilisation

Hannelore Dehne

Case study of a woman who, after a miscarriage, undergoes several attempts at in-vitro fertilisation, all of which are unsuccessful, and who eventually seeks help from a therapist.

Using this case as an example, many factors which may stand in the way of the deliberate wish for a child and prevent implantation or endanger the pregnancy are discussed. It is about issues such as grief which has not been overcome, body image, the influence of the

psychosocial family legacy, sibling rivalry, the partner-relationship and the hopes and expectations placed in the longed-for child.

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A Critique of Prenatal Psychology – from Hyperthermia to the Second Enlightenment

The Cultural Significance of Prenatal Psychology

Klaus Evertz

The ethical foundation of every human society is located in the quality of the child-parent relationship. It is the starting point of social systems. This triad essentially shapes and transmits the ability for social interaction and constructive competition as opposed to destructive opposition. The hetero-geneous historical field of political, economic and social conditions provides the stage for this and, of course, action and stage tend to shape each other.

During the last 40 years Prenatal Psychology (PP) has been researching the quality of early and earliest parent-child attachments. Within the holistic concept of Psychological Anthropology Pre-conceptual and Peri-conceptual Psychology as well as Transgenerational Systemic Psychology which explore the psychodynamics of family structures and offer initial stages of developing a therapeutic approach complement Prenatal Psychology. Thus a psychology orientated toward the individual, the dyadic and the triangular proceeds to become a systemic, a social-psycho-historical and finally an Evolutionary Spiritual Psychology.

Within the context of contemporary polarised schools of thought and scientific traditions PP has become the necessary link and hence a future-orientated concept. It has the potential to close the gaps between individual, group and collective psychology and sociology and fundamentally questions dated scientific schism, for example that between natural science and humanism.

PP formulates new questions about the beginning of individual life and fundamental to these questions is the origin of human consciousness and the ability for social interaction. PP directs its empirically based new focus toward the ‚transition‘ between the various models of identity in neurobiology and psychology. The horizons of self-awareness and of empathy are fundamental preconditions and continue to be extended.

In consequence and from a philosophical perspective PP touches upon the problem of the essential models of immanence and/or transcendence in global humanism. The cluster of questions contained in this problem enables in the first instance the necessity of a self-

controlled approach toward PP itself as well as its scientific methodology and furthermore the potential - comparable to that of the enlightenment – to criticise and develop instruments of healing social and global developments dominated by habituated misogyny and fantasies of escapism caused by trauma. Apart from the potential inherent in the questions that PP can raise, however, there are also dangers to the future development of PP. For example an overstrained scientific theory, a worldview that is integrated too fast, a religious interpretation which abuses the outcome of research, esoteric simplifications and so on.

A Psychological Anthropology of the future includes PP at the core of an Affective Ontology (Evertz) which if seen as a theoretical model, can form the foundation for an increasingly successful adaptation into a global „Emotional Immune System“ in a ‚Co-immunism‘ (Sloterdijk) on which global survival can succeed in a more creative, joyful and social manner.

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Bonding Analysis and its application in case of breech pregnancies

Gabriella A. Ferrari

The results of an experience based on 48 cases will be presented in order to demonstrate how the mother-baby Bonding Analysis can help in promoting the foetus head down rotation in case of sitting or lying position after the 34th week of gestation. 32 babies turned head down.

Preliminary a medical report, an echographic image and the compilation of 2 questionnaires are required. This experimentation has taken into consideration four baby's positions: 1) sitting with its back right or leftward; 2) 3) 4) with its back outward, upward, downward. It has come out that each foetal position seems to be strictly connected mainly to a strong and often deep emotional mother's message: the baby reacts or obeys to it. However also a regular disturbing surrounding or a sudden mother's shock may induce the breech position.

Once the message has been de-codified and the mother's convictions and emotions have changed (usually after 2/3 sessions of about 3 hours each with both parents) if the mother feels that she is ready to transmit a different emotional message to her baby, both parents are invited to daily practice with him a psychotactile work, in order to invite him to turn into the head down position, in contemporary showing him the way by some specific and particular hands and body's actions. This method

funded upon the mother-baby empathic communication, also takes into consideration the possible interaction of the neuron mirrors as promoters of imitation behavioural patterns.

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From the first ‘Container’ to an Object of Relationship.

Martin Friebe

Early human development is not only the process of embryological growth, it is also, essentially, the development process of Interaction. From the beginning, growth occurs through contact and communication with an ‘outside’ and this development is not without context or significance.

In spite of immense knowledge provided by modern Infant Research as well as Pre- and Perinatal Psychology and Medicine, we know very little of the roots of human communication in its totality, including prenatal time.

Due to the fascination of postnatal development in all its rapid complexity, what gets lost with all formation or must be left behind necessarily?

Thus we have no consistent theory which accurately explains the broad journey of the fertilized zygote, whose *disintegration* and differentiation in the embryoblast and ‘*wrapping*’ trophoblast, followed by *nidation* and the establishment of the *direct materiel placenta interchange*, to its separation and *materiel disbonding at birth* up to the postnatal mediated contact and e.g. the *symbolic use* of the adolescent child.

This presentation focuses on the meaning of the *primary ‘wrapping’* of the embryoblast by later the *nidation* and the *placenta* allowing trophoblast. It discusses morphodynamic, psychosomatic and psychodynamic aspects as well as outlined elementary contact change. Also discussed is the impact of this ‘*Change of Contact*’ in light of ‘*forming space*’ and ‘*experiencing space*’ within the context of therapy.

Therapeutically relevant, not only for the treatment of young infants, is a good understanding of the crossing made at birth: The world of the prenatal child is not a world of people, of relationships. The loss of the placental “*cover organ*” (J.W. Rohen) allows the postnatal coming-in-contact. We die from our cover and leave a placental corpse: „ *I die from my exterior, I die out of myself in order to be rooted* “. In this sense, birth is the “*original gesture of development, dying is a developing gesture* “ (J.v.d. Wal).

Separation (as opposed to bonding) in order to *develop*? This raises questions which are highly relevant for the understanding of therapeutic growth processes, states of regression, self-protection and reclusion and for the understanding of ourselves.

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Mothers' Minds Matter: Giving Birth versus Having a Baby Delivered!

Susan Highsmith, PhD

I will be distinguishing “giving birth” from “delivering a baby.” This language differentiates birth as Nature designed it from the medical model that has become the standard. I will be presenting a brief overview of the *past* one hundred years that have given rise to the way in which birth is viewed today (*present* -- primarily in the United States) and show how the *future* of birthing can be impacted by a two-fold approach: a grass-roots effort to awaken young women to honor their unborn babies and their own mind/bodies by utilizing their subconscious minds to think about giving birth in a more self-empowered manner, and by influencing international organizations to implement global policies that support women in “giving birth.” Education is the key to this two-fold approach.

I will describe Dossey's Three Eras of Medicine: Era I -- the Newtonian approach that arose in the early part of the last century to address illness by surgical and/or chemical means; Era II -- the Mind/Body approach that arose in the mid-1900s acknowledging the role of one's mind in restoring health; and Era III -- the approach that arose in the late 20th century that recognizes quantum physical field effects and the influence of non-locality, that is, the power of prayer and the interconnectivity of minds.

Simultaneously, while these three Eras were defining Medicine, birthing moved into hospitals, pregnant women became patients who needed medical interventions to “deliver” their babies, and women turned birthing over to medical professionals. Drugs and surgery have become commonplace – epidurals, pitocin and cesarean sections are the order of the day.

These choices reflect how women “think” about birth. It has become unthinkable to the majority of young women in the United States, where 99.5 percent deliver their babies in hospitals, to think about birth in any other setting. In spite of our poor mortality rates (both infant and maternal), a woman who considers a home birth or birth center in the U.S. is criticized by friends and family for endangering her child! When she enters a hospital she is prepared for the “inevitable” pain and failure to progress by staff members who believe this to be true.

We now know that, from both scientific and spiritual perspectives, that what we think about, we bring about. As psychologists and psychiatrists we address the long term consequences of birth trauma, the lack of bonding, insecure attachment, the tendencies toward violence and on and on. We see the effects of society's expectations on the expectations of pregnant women who, in turn, influence the expectations of their unborn children. These children carry the imprints of fear, expecting the world to be threatening and hurtful. It is becoming more and more apparent that the prevalent methods of birthing are not working for the benefit of our babies, our mothers, our families, our societies, or Mother Earth.

We can change procedures, but if young women's minds are still filled with fear, they will be unable to reclaim their own power. What can contribute to changes for the better? It is up to us as the premier birth educators to help them *change their minds*. Amen's “*Change Your Brain, Change Your Life* (1998), Demasio's *Descartes' Error* (1994), Lipton's *The*

Biology of Belief (2005), and a host of other scientific and spiritual sources tell us that we have the ability to think differently – this concept, for the most part, is not reaching pregnant women nor being incorporated into prenatal education classes. Classes are still teaching mothers to expect the worst.

My own dissertation research, *Primiparas Expectations of Childbirth: The Impact of Consciousness* (2006) shows that pregnant women tend to get what they expect! Quantitative studies had already shown this to be the case (Green, Coupland & Kitzinger, *Great Expectations*, 1998) but this is the first qualitative research to confirm it. My findings were demonstrated by seven case studies in which transcripts of interviews and drawings of each woman's "ideal birth" were analyzed. From this research, I developed a short formula for what to include in drawings of an ideal birth to promote positive outcomes. A drawing of an ideal birth should include: the mother, the baby, the venue, the process, and the people who will be present at the birth to support the mother's ideal. This image must be reinforced throughout the pregnancy, so that the mother has every opportunity to overcome her own past conditioning *and* the mindsets of those who work in the institution where she would typically go to deliver her baby.

I will elaborate on the conscious and subconscious minds, the power of visualizing the "blueprint" created by a drawing, and the importance of a mother surrounding herself with like-minded people to help her achieve her ideal. These topics emphasize Era II and III thinking, taking us out of the dark ages of the Era I mentality which still prevails in most birthing situations. I will incorporate a case study example from my on-going research, and use power point slides that include drawings that have contributed to successful outcomes. I will note the limitations of the approach while presenting the process I call "Picturing a Better Birth" that any childbirth educator can integrate into current or future curricula.

I will also propose that institutional policies recognize the need for birth education that focuses on respecting the bodies *and* minds of women, empowering them to "give birth" in the manner that enhances their own and their babies' long term mental, emotional, physical, and spiritual health.

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**Epigenetic mechanisms in evolution and development:
molecular evidence to correct our multi-pandemic direction**

Simon House

My PowerPoint reviews the latest research into epigenetic mechanisms, throwing light on periconceptional, prenatal and birth influences that have been so controversial. Here is the molecular evidence to convince those resisting anecdotal and even statistical evidence.

Have we not all been surprised at times by people's incredulity at the powerful lifelong effect of a person's birth experience, let alone effects from conception or even earlier?

Yet now the biochemical mechanisms of these influences are being demonstrated in a huge surge of articles on epigenetics (the way genes are switched on or off by environment), and on genomic imprinting (the way that gene-settings are passed to the embryo, some from the father, others from the mother).

This research relates to the biggest factors in the origins of health and disease, including multi-pandemics. The most visible aspect of the nutritionally caused 'metabolic syndrome' is obesity, but also related are diabetes, cardiovascular and mental disorders, pandemics now rising to an annual European cost of half a trillion Euros.

To that huge sum, we know we have to add the cost of emotional disturbances due to a mother's poor state of health or care, particularly from conception through to infancy. General improvement in such care would save immeasurable financial cost in psychological problems. In all these the key saving, of course, is in human suffering.

Epigenetic researches are showing up the correctness of Darwin's original interpretation, and the error of neo-Darwinism, springing from Weissmann. Darwin held that changes in a species are driven by 'conditions of existence' – 'environmental conditions' as we would say. After all, his second principal, natural selection, can merely sort out which modifications persist.

I believe that some grasp of these epigenetic mechanisms and genomic imprinting is essential in any of our fields of work, to convince sceptics, and wrestle with the multi-pandemic facing the world in our current generations.

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Prenatal roots of attachment in Psychotherapy- response within the psychotherapeutic schools.

Barbara Jakel

Otto Rank, a well-known pioneer in the area of prenatal psychology, has emphasized the great importance of prenatal time and perinatal trauma for the psyche of an individual. If we understand "Urwiderstand" (or, Primary Resistance) as the deepest level of existential defence, then the confrontation with the trauma of existential change should have more significance as an important objective in psychotherapy.

This lecture outlines the draft of Prenatal and Perinatal oriented Psychotherapy focusing on the search for attachment as a basic tool of identity from the very beginning of life. Human development requires Self-Embodiment which cannot be achieved without

relatedness. The function of primary resonance processes during prenatal life will be explained. The Self is to be unfolded on an interpersonal and essential level and I have specified its prenatal roots as Interpersonal and Essential Bonding. It will also be shown how the quality of prenatal attachment can influence the postnatal search for identity.

Interpersonal Bonding, which is established within the prenatal time, is dependent on the quality of the primary relationship. If this attachment fails, then the Self tries to protect itself against splitting by creating a sense of wholeness at the core level (potential of the Self named idiom, unique- or core identity).

This implies the thesis, that in this way, independent of the depth of early traumatising, each individual has the potential to transform the trauma of existential change.

The following hypothesis may lead to new paradigms creating neglecting discussions, resistance and even rejection within the theory concepts of many psychotherapeutic schools. Because of the effectivity in treatment of early disturbances by reflecting the pre- and perinatal conflicts, avoiding devaluting diagnosis while focusing on early potential to transform the early traumatising, the interest for these topics increases. The observations of the lecturer regarding reactions of participants on theoretical and practical level will be summarised based on experiences with lectures, workshops and discussions within various psychotherapeutic schools; the prenatal and perinatal attachment theory often will be queried, but on practical level it will be confirmed by experiencing of methodology, which may effect surprising reactions of acceptance.

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The Use of Hypnosis and Brief Psychotherapy to Alleviate Medical and Psychological Complications of Pregnancy

Phyllis Klaus

During the perinatal period of pregnancy, birth, and post partum many aspects of distress may manifest as physical or psychological symptoms such as hyperemesis gravidarum, premature contractions, intrauterine growth failure, severe anxiety, depression, or detachment from the infant. The vulnerability and openness of this period may allow to surface some aspect of unresolved issues of the mother's or father's own infancy, childhood, dysfunctional relationships, earlier traumas, imprinted negative beliefs, birth trauma, losses, or other significant stresses. If these issues are not resolved, the fetus, the pregnancy, or later the infant, or the partner, may become the transference object or take on in some symptomatic form this unfinished unconscious material. Using brief hypnotherapeutic methods one can in most cases alleviate, or stop the symptoms fairly rapidly, but it is important to continue the therapy to reach the underlying material and create for the parent a deeper meaning and healing.

Learning Objectives:

At the end of the session, the participant will be able to:

1. Describe how hypnosis and psychotherapy can be used to treat some complications of pregnancy.
2. Explain how the fetus or the pregnancy may be symbolic representations of the mother's current or early life experiences.
3. Develop an awareness of how the mind affects the body.
4. Describe how unresolved or stressful incidents in the parent's life can inhibit or alter early attachment and significantly affect early parenting.
5. Identify techniques to uncover these concerns and resolve them.

Lecture Power Point

Case examples

Discussion

Workshop Leader:

Phyllis Klaus, MFT, LCSW, is a licensed psychotherapist and social worker. Formerly on the faculty of the Department of Family Practice, Michigan State University, she currently teaches and practices at the Milton H. Erickson Institute in Santa Rosa, California, and also practices in Berkeley, California, providing psychotherapy, hypnotherapy and counseling to individuals, couples, families and groups. She has been working with the concerns of families in the perinatal period for the past 30 years.

She has extensive experience in treating trauma-related disorders, such as PTSD, dissociative disorders, and adult survivors of abuse. She also incorporates Hypnosis, EMDR, Ego-State Therapy along with other psychotherapies in the treatment of somatic and medical disorders, family of origin and attachment disorders, and complicated grief. She consults, does research, presents workshops nationally and internationally and is co-author of several articles as well as *The Doula Book*; *Bonding*; *Your Amazing Newborn*; a video, *The Amazing Talents of the Newborn*; and *When Survivors Give Birth: Understanding and Healing the Effects of Early Sexual Abuse on Childbearing Women*.

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The difficulties entailed in mothers' relationships with their prematurely born children

Ofra Lubetzky

Although survival rates of very low birth weight infants have significantly increased over the past forty years, they often suffer medical complications that may impair their future well-being. Yet, unlike the scholarly attention currently devoted to their quality of life, the short- and long-term difficulties faced by their mothers, those difficulties' adverse impact on the development of mother-child relationships, and the resultant psychosocial difficulties awaiting the children have not thus far been sufficiently investigated. The present study examined those topics through in-depth retrospective interviews with 50 Israeli mothers of 14- to 16-year-old adolescents attending regular schools, whose birth

weight was lower than 1200 g.

Qualitative analysis of the data pointed to the following three typical stages of mother-child relationships and the difficulties they entail: a) upon giving birth: mothers' shock, anxiety, and aversion are contended with through suppression of maternal feelings and refraining from developing attachment, thereby subjecting the newborn babies to potential inability to experience security and going-on-being; b) following discharge from the hospital: mothers' constant worry coupled with guilt about their initial reactions are coped with through over protectiveness and establishment of especially close relationships with the children, thereby subjecting them to potential dependency and impaired adjustability; c) at school age: mothers' difficulty in accepting the children's learning disabilities is handled through encouragement of their competitiveness, thereby subjecting them to potential anxiety and low self-esteem.

The findings indicate that mothers' successful coping with the difficulties in each stage actually implies further problems that reflect their inability to assume the role of the "good enough mother". A comparison between their difficulties and the normal development of mother-child relationships shows that in their case this development consists of radical changes in their attitude toward their offspring, and that it reverses the conventional transition from supplying newborn babies with constant care to gradually allowing them to experience separation and independence. On the basis of these findings it is recommended to develop treatment interventions that would enable such mothers to meet the challenge of raising their children without subjecting them to further risks.

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Parenting After Perinatal Loss: Descriptive Phenomenological Studies of Parents During Pregnancy and Postpartum

Joann M. O'Leary

This presentation will present information and intervention strategies on how infant loss changes the role of being a mother and father. Data comes from three descriptive phenomenological studies; 1) parents during the pregnancy following loss, 2) bereaved parents raising children, and 3) adults who were the subsequent child in their family. Themes from these studies address how parents view of pregnancy and attachment to the unborn child changes as well as their perception of raising children after a loss. Interventions to support healthy parenting during pregnancy and the postpartum period will

be discussed.

Maternal representation of an imaged baby in the mind of the mother during pregnancy and the “real” baby at birth has long been a topic of interest. When pregnancy ends in death, representation of the unborn baby in the pregnancy that follows takes on different meanings (O’Leary & Thorwick, 2008), often becoming a distorted model of representation (Stern, 1992). Many parents struggle with imagining a live baby as the outcome of pregnancy (Cote-Arsenault & Morrison-Beedy, 2001; O’Leary, 2004; O’Leary & Thorwick, 2006). Loyalty to the deceased baby can interfere with the parent's ability to focus on embracing the new pregnancy and the psychological process involved in attaching (Armstrong & Hutti, 1998; Davis, Stewart, & Harmon, 1989; Kowalski, 1991 Peterson, 1994; O’Leary & Thorwick 1997, 2006; O’Leary, 2004). With reported subsequent pregnancy rates of 59-86% (Cordel & Pettyman, 1994; Cuisinier, Janssen, de Graaus, Bakker & Hoogduin, 1996), ways to provide intervention to help parents with the difficult psychological process of developing a relationship with the unborn child in these pregnancies appear imperative.

Children born after a loss are more at risk for developing disorganized attachment relationships with their mothers one-year postpartum than infants in other demographically comparable samples (Heller & Zeanah, 1999; Hughes, Turton, Evans, 2001; Zeanah & Harmon, 1995). One speculation for this is unresolved grief in the parents (Fonagy, 2000; Cuisinier, Janssen, et.al., 1996; Zeanah, 1989; Hughes, Turton, et al., 2001; Hughes, et. al., 2002). Others suggest societies inability to validate the on going parenting relationship to the deceased baby may be a factor that interferes with attachment (Cote-Aresnault & Dombreck, 2001; O’Leary, 2004; O’Leary & Thorwick, 2008). Regardless of cause, perinatal loss tests the security and vulnerability of parental identity, potentially impairing one’s interactions with children for a life-time (Creedy, Shochert, & Horsfall, 2000; Leon, 1992; O’Leary, 2004, O’Leary & Thorwick, 2006).

Objectives: At the end of this session the learner will:

- Describe three tasks of pregnancy and parenting behaviors that change after a perinatal loss
- Explore ways the current research on fetal development can improve interventions during a pregnancy following a loss
- Identify "protective parenting" behaviors in bereaved parents and strategies to help during pregnancy and postpartum
- Identify three interventions to support bereaved parents as they move forward in raising children after a loss

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IN SEARCH OF POSITIVE PARENTING: LESSONS FROM AROUND THE WORLD

Charlotte Peterson

Dr. Peterson will present information, stories, & photographs of indigenous parenting throughout the world that promotes attachment, and assists youngsters in reaching optimal emotional development. There will be special emphasis on parenting in non-violent cultures that leads to more peaceful and compassionate people. Included will be practices that increase or inhibit close relationships between infants and parents, along with an intimate look at how children are revered and cared for in Balinese, Bhutanese & Tibetan villages. Ancient wisdom from interviews with parents, doctors, & village leaders, in conjunction with modern neuro-scientific breakthroughs regarding the role of nurturance on the developing brain will be provided.

Also, offered will suggestions for integrating indigenous & scientific information, and examples of governmental assistance available in some industrialized countries that help support early parenting.

An actual case study will be presented of how universal attachment practices was successfully used to help an adopted toddler from China form a secure attachment with her American adoptive parents.

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Relevance of pre-and perinatal psychology in the work of the Berlin Cry Baby Clinics since 1994 and in the education on crisis accompaniment for risk pregnancies, babies, infants and their families since 2000. "

Gerd Poerschke

In the work of the Berlin Cry Baby Clinics (CBC), pre- and perinatal psychology plays a vital role. In the work of crisis accompaniment provided to mothers (parents} and their excessively crying babies or infants, the knowledge about the meaning of conception, pregnancy, birth and the early life span is of great importance. The experiences of the newborn child during this time form the patterns for its later life. The bonding with the mother, too, is influenced by the personal circumstances of all persons involved.

I will report about the beginning of the Cry Baby Clinic and talk about the influence of Wilhelm and Eva Reich, the first CBC founded in Berlin by Thomas Harms and Renate Wilkening and the take-over by Paula Diederichs and the development of her work. After that I will outline the strategy of the CBC, including the financing by the senate of Berlin, the Charlotte Steppuhn foundation and the public relations work involved. Both financing and public relations were important factors in helping to increase the knowledge on pre and perinatal psychology in the health care system and the general public in the past.

I will then explain how pre and perinatal psychology has been included into our education and how it has influenced large parts of the "early helps" in Germany, Austria and Portugal.

I would like to complete with a case vignette about the ongoing work with a little boy diagnosed with early infantile autism.

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„Risk of depression after hysterectomy with and without bilateral oophorectomy and conservative myomectomy”

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Depression is a serious health problem that affects more than 17% of the population and occurs twice as often in women as in men. Depression is also common in gynecologic practices, especially after gynecological operations. The aim of this study was to determine the risk of depression after hysterectomy with and without bilateral oophorectomy. There was also examined the extent of problems attributed by women to hysterectomy reported at 6 month after operation. The study was conducted from April 1, 2002, through April 30, 2006 in The Department of Gynecology and Obstetrics Collegium Medicum Jagiellonian University. One hundred thirty women with diagnosed leiomyomas were studied inside four groups. The first group consisted of patients who underwent hysterectomy with bilateral oophorectomy, second one hysterectomy with unilateral oophorectomy, third one hysterectomy without bilateral oophorectomy and fourth one conservative myomectomy. *Conclusion:* Patients who underwent hysterectomy with or without bilateral oophorectomy or conservative myomectomy had increased risk of postoperative depression. The highest risk of depression is present before and 6 months after hysterectomy with bilateral oophorectomy. Conservative myomectomy provokes the highest risk of depression 24 months after operation.

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Anxiety during pregnancy and its implication in a sample of 30 early parents

Ana Regina Rodrigues

- **Objective:** The aim of this study was to examine the anxiety and couples life satisfaction level in both men and women attending prenatal classes, and learn if the results found, present significant statistical correlation.

There is no doubt that anxiety can be a hazard to good health. During pregnancy anxiety can be even more harmful since we must take into account not only the mother's health but also its impact upon the baby before, during and after birth.

Considering that men are also emotional beings and can be affected by the impending parenthood, and that they would also ideally be one of the most important sources of social support for the pregnant woman; the father's anxiety should become a variable to be included in the same study.

- **Method:** The sample was part of two programmes for expectant parents. The criteria to take part in this study was: be in the seventh month of a low risk pregnancy, have no other diagnosed ailments and sign a consent letter allowing access to postnatal data and its publication. Under these conditions 30 couples agreed to participate. The Tobal y Cano Vindel 1994. Inventory of Situations and Responses to Anxiety. The Serrat 1980. The Questionnaire of Couples Areas of Compatibility-Incompatibility were, among others, the tools used in our study.

We defend that prenatal care should be inclusive and promote not only the biological, psychological and social aspects of early parents health but also empower them to live the beginning of this important transition to mother and fatherhood aware of the importance of the quality of their baby prenatal life.

- **Results:** Data were analyzed with SPSS, Version 11 (Pardo y Díaz, 2002). Descriptive and correlations analysis were performed and analyses revealed that both anxiety and couple's degree of satisfaction were not only negatively related but also in some instances statically significant.
- **Conclusions:** The early parents of this sample showed anxiety and the psychological distress were related with their capacity of agreeing or disagreeing in certain issues such as showing affection, shopping, children education among others.

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When my Soul became Human - Prenatal Psychology and Art

Speaker: Heike Rödel

Introduction and Moderation: Dr. Ludwig Janus

The talk consists of a short commentary on the course of the therapy and a Power Point presentation of my 22 pictures and the pertaining lyrical texts. I painted these pictures as a patient during an almost 5-month-long regression therapy which was accompanied by Karlton Terry and carried out by one of his German assistants. During the final session Karlton Terry used these pictures to guide me through a prenatal trauma which he diagnosed as a 'sperm shock'. During this session two of Karlton Terry's assistants were present and because of my primary disease epilepsy, a physician and a nurse as well. Since this therapy session in March 2006 I haven't had any more seizures even after I discontinued the antiepileptic medicine although I had suffered from seizures of unclear genesis since I was 16 years old. During "high times" the seizures occurred several times a day.

The complete account of this unusual course of therapy and the pertaining pictures and texts will be published by Mattes in the book "Als meine Seele Mensch wurde" (When my soul became a woman) - written by Karlton Terry and me, at the beginning of September. In this book Dr. Ludwig Janus presents in a separate chapter the psychoanalytical aspects of the topic.

A reason for my search for an appropriate treatment was that I developed epilepsy which was diagnosed and regulated with medication by the Epilepsy Clinic in Bonn. Since an in-patient stay of several weeks at a psychosomatic clinic did not result in a real improvement of my state of health I began a behaviour therapy first and then a psycho-analysis. During a very intense year my prenatal phase reappeared there again and again. Through my psychoanalyst and then Dr. Ludwig Janus I finally came to Karlton Terry.

As a graduate in business administration I was not familiar at all with terms like regression, prenatal experiences and so on four years ago. For my mind which was very skeptical about regression this was beyond comprehension. There was however this deep relation to my innermost being. I felt a spot however to which I had no access because it was deeply hidden but at the same time incredibly attractive, almost like an undertow. Exactly there my trauma was to lie hidden. Karlton Terry identified this problem during the introductory course, but was not able to help me right away because I could hardly be reached once I was on my way to this spot. First I had to learn to get to this deep traumatic spot without losing contact with him and present time. Only then he could intervene and prevent another traumatization.

During five months of intense regression exercises with his German assistant I learned exactly that. The more I went back and came close to this trauma spot the lesser words I had left to describe it. To let go completely and dive into the depths of the experience was to be avoided since the contact should not be disrupted. But the words made room for pictures which suddenly came into my consciousness. So I sketched these pictures with colour pencils during the deep regression and added some words directly on the paintings. Alone again at home these words converged to become a whole which reflected my

experience and I wrote the texts to the pictures. This way nineteen of my pictures and texts originated during this time. There was still the trauma spot however which we approached always keeping a great distance.

Parallel to the ambulant regression therapy my psychoanalysis continued three hours a week. Only both therapy forms together made it possible for me to reach and connect many areas within me at the same time. Thus I had the opportunity to approach my trauma in a holistic way and thereby feel safe through the continuous processing of the profound experiences.

In the crucial therapy session in March 2006 it turned out that picture fourteen 'Mass' which then was without meaning to me and not worth painting - I only painted it because the assistant urged me to - was a key picture. Exactly after it there was this gap - my trauma. I felt that three pictures were missing. The experience however circulated only around this one spot. Without a problem I could dive in before and after it, I could walk to and fro, but I could never arrive.

It was Karlton Terry who led me exactly to this point - my trauma. He accompanied me through it and back, too. With the help of my pictures he led me closer and closer to my trauma. Yet instead of standing in front of an abyss and jump into the nothing, he showed me a bridge. He sketched what was missing and described his pictures which were in fact not my own but enabled me to access the experience of this moment and that without a trauma for the first time.

For me this moment of experience was overwhelming. A veil was lifted and in an instant the world was brighter and fuller for me.

I returned home and laboured for four days. The experience was still very strong in me but I did not have access to the three missing pictures. Not until a relaxed walk through snow slush towards the sun the moment came: suddenly they were there. Within only one hour the three pictures and the pertaining words flowed out of me. The three missing pictures were created.

I feel an energy and power which is now free and available for other things in my life which I can attend to with joy. On my way to myself my pictures helped me to close a deep inner wound which seemed insuperable and which held me back. I hope and wish that my pictures and words can help other people, too. This was the motive for our conjoint book about the course of therapy.

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PREBIRTH PSYCHOLOGY: DISCOVERY & DEVELOPMENT OF THE WHOLE-SELF

Jon RG & Troya GN Turner

In 1970, most of the patients who had been referred to the Institute for the Whole-Self in Beverly Hills, California, USA came with the label '*Incurable*'. I was sitting at my desk

confounded by how I could possibly help people who had spent years, some decades, in psycho-therapies in the 'Therapy Capitol of the World'– Los Angeles. Suddenly, I was swept with an inspiration: If I could guide those people back to the time of their gestation to explore the emotions their mothers & fathers were experiencing during that time, they would heal very quickly. Some months before, I had presented a workshop *Birth, Life & More Life!* in which I had asked participants 22 sets of questions about the nine months before, during & shortly after their births. Those questions became the keys to the birth of Whole-Self Prebirth Memory Therapy. *Birth, Life & More Life!* was my initiation into Prenatal & Perinatal Psychology.

That workshop, in 1970, marked the discovery & development of the Whole-Self Prebirth Analysis Matrix©, what Whole-Self Psychology calls the Emotional DNA© (EDNA©) as a therapy tool. Patients discovered that 'Not only am I the synthesis of the genetic DNA coding of my parents which gave me my physical characteristics, but I also am the synthesis of my parents' charged thoughts & charged emotions from the 9 months of my gestation.' Lifelong feelings were traced to the prebirth period & released.

The Latin theme of Whole-Self Psychology, Philosophy & Education is *Realitatis Ad Veritatis – bringing Reality into Truth*. W-SDDI is committed to the discovery and development of prebirth principles which bring each person into self-truth, self-understanding & self-evolution. Among Whole-Self Prebirth Principles we are discovering in this paper start with 'What if ... the primary discoveries of Whole-Self Psychology, Philosophy & Education were to be universally accepted?'

It is now 40 years since the Whole-Self Discovery & Development Institute was birthed as a therapy practice. This paper will reveal the conception and gestation of the Whole-Self Prebirth Analysis Matrix©. While birth trauma can happen, we will distinguish between body trauma - because people may believe that they are only their body and that it is inside mother's womb & emotional trauma because they discover that during gestation their consciousness may not be inside mother's womb but in her mind & emotions – in her consciousness. This may be one of the most transformative concepts of Whole-Self Psychology, Philosophy & Education for human evolution!

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THE PRE & PERINATAL ORIGINS of CHILDHOOD and ADULT DISEASES and PERSONALITY DISORDERS

Thomas R Verny

This paper will explore the effects of psychological stress, anxiety and depression as well as other factors in the pre and perinatal period on the unborn and newborn child. Particular attention will be paid to the effects of stress on the organization of the fetal brain, on neurohormones, the immune system, personality evolution, our capacities to give and receive love as well as the development of many childhood and adult diseases.

Maternal feelings and mood states are linked to hormones and neurotransmitters that travel through the blood stream and across the placenta to the developing brain of the unborn. Prolonged exposure to stress hormones, including adrenaline and cortisol, prime

the growing brain to react in fight and flight mode --even when inappropriate-- throughout life. Maternal emphasis on joy and love, on the other hand, bathes the growing brain in "feel-good" endorphins and neurohormones such as oxytocin, promoting a lifelong sense of well-being.

This subject will be of interest to health providers such as midwives, doulas, nurses and doctors as well as psychotherapists who wish to gain a deeper understanding of human development and integrate this knowledge into their practices.

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NEONATAL PSYCHOMOTOR AND PSYCHOPHYSIOLOGICAL RESPONSES TO MUSICAL STIMULI.

Dr. Weintraub, Michal Hefer, Veronica Cohen

This study investigated the musical responses of newborn infants shortly after birth, in order to gain some understanding of their musical cognitive process, especially their ability to organize sounds into music.

The study was conducted at the Neonatal Intensive Care Unit (NICU) at the Western Galilee Hospital in Nahariya, Israel. Twenty-three full-term infants (11 boys, and 12 girls) served as subjects for this study, all of whose mothers had delivered without complications (14 by spontaneous delivery and nine by caesarean section). Subjects were examined on one day between the second and seventh day of life. Responses to the following aspects were investigated:

(1) Music vs. Silence

Responses to 60 seconds of music from an excerpt from Mozart's piano concerto No. 8 in C major K. 246, 2nd movement (measures 1- 22) ("Mozart") compared with 60/120 seconds of silence ("Silence").

(2) Music vs. "Random".

Responses to organized sounds, i.e. music ("Mozart") compared with 60 seconds of unorganized sounds randomly generated by a computer and sampled from the "Mozart" excerpt ("Random")

(3) Responses to an excerpt concluded at the end of a phrase ("Mozart") compared to an excerpt with an abrupt and unexpected ending ("Mozart"-cut).

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Three research tools were engaged while analyzing physiological responses: brain waves (EEG), heart rate (ECG) and closely observed body movements, the latter analyzed quantitatively and qualitatively.

Findings showed significant differences between reaction to organized sounds, i.e. music, and to random sounds or silence. The EEG analysis revealed a higher correlation (concentrated in the right rear area) and lower fluctuation of the brain waves during the playing of the "Mozart" excerpt. In contrast, both the "silence" and "random" periods were accompanied by low correlation and wide fluctuations of brain waves.

It would appear from the EEG results that the brain waves of the infants were in a "harmonious" state while listening to the Mozart excerpt, with the posterior areas and especially the rear right hemisphere being the areas most noticeably involved in the perceptual processing of organized music.

Both EEG, ECG and the qualitative study revealed nearly concurrent responses to musical events, while the quantitative facial and hands study showed that general effects (i.e., increased or decreased activity of a given body part) continued into the following silence segments. This suggests that both immediate processing and mental activity (whether storing the experience in memory or "summarizing" it) took place after the actual stimulus has terminated.

The observable behavior of neonates also differed during the Mozart excerpt from their reactions when exposed to unorganized sounds (the "random excerpt"). Results of the statistical analysis showed that the random excerpt elicited a strong behavioral response with the mouth. However, a qualitative analysis of observation

6 revealed prominent activity with the hands, especially when listening to organized sounds, i.e., to music.

Various motions appeared at times to be synchronized with musical events.

Thus it was observed that opening and lifting the hands occurred at musical events that denoted tension, e.g. changes of dynamics, dissonances and chromatics, while relaxing or lowering of the hands occurred at musical events denoting release, e.g. resolution of the dissonance.

Typical habituation behavior was observed in both quantitative and qualitative results, which showed a decline in movements throughout time. This might imply a cognitive process which requires less effort to assimilate the information as the infant becomes more familiar with the stimuli.

Much more physical activity was found among the infants who heard the random piece as their first musical excerpt. The greatest amount of movement in this group was observed in the area of the mouth. It seems that the first stimulus ("random") effected their behavior only a few minutes after its presentation.

Therefore, I assume that the higher level of activity of this group was caused by the first random stimulus. I term this phenomenon the "random effect". This type of response carried over into the following silence period, into the next musical excerpt ("Mozart") and into the silence after it. The total time of the reaction was four minutes.

The main conclusion of the research is that newborns react differently to organized and non-organized sound. This is based on the results of both qualitative and quantitative analysis of their responses. Sandra Trehub's conclusion that "music perception skills of the prelinguistic infants are surprisingly similar to those of listeners who have had years of informal exposure to music" (Trehub, 2003) thus was found to be applicable also to newborns at the earliest stage of their life.

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Anthropological aspects of reproduction between nature and culture
Categories and the Complexity paradigm

Lucio Zichella

Reproduction as an essential function of life, of which the nature in almost all the living species, except in cathaclysmatic conditions, never give up, in the human being has become mainly a voluntary function.

In our Society the reasons of this trend are cultural: a) the new role and the identity of woman, undisputed main protagonist in human reproduction. b) Scientific and technological progress in the methods of control and planning of fertility.

The variables of the reproductive problem are numerous: biological, psychobiological, psychological, sexological, sociological, political, economical, but mainly, as I said, are of cultural and individual identity. The study of the role of these variables in individual situations could be helped by specific Categories and by the complexity paradigm.

The Categories are primary Predicates reintroduced by I. Kant in his theory of knowledge (the Criticism.) at the end of the seventeenth century (twenty centuries later the conceptualization by Aristotle in the third century b.C.)

The Kant Categories in the beginning were four (quantity, quality, relation, modality), each of these were later developed in a triadic family in a total amount of twelve.

Again, according to Kant, considering the usual dichotomy dimension of all a-priori conceptualization (for example in human reproduction: nature and culture) in the knowledge we need to add a third predicate (in a thesis, antithesis, synthesis dimension): to the thesis of the nature, the antithesis of culture asks for a third factor (in a Kantian transcendental logic aimed to improve the knowledge and the experience). In human reproduction today, Complexity is the third factor.

In fact the **Complexity paradigm** introduced in the last century in basic Science by W.Weaver and then in human Science by E.Morin is a tool, not yet well defined, essentially conceptual to improve the knowledge and experience especially in conditions characterized by a large number of variables, not affordable by statistics.

The Complexity paradigm as Morin says is still a problem more than a solution, pertaining to open auto-eco-organized vital systems. The human reproduction is an open auto-eco-organized system of three Entities: a) woman-mother b) fetus- neonate c) physic environment- psychosocial environment, in a dynamic equilibrium represented by three interconnected rings.

The Kantian theory was from time to time over two centuries charged of logicism and fixity; as to fixity I need to underline that Kant himself conceptualized the possibility of a second level of Categories named Predicative in an open perspective developed later particularly by Husserl.

Complexity needs a second level of Categories that in my opinion could be the three Principles of Morin theory:

1. **Dialogical principle:** conflicting data turned out mutually constitutive
2. **Cyclical return principle:** indistinction between cause and effect.
3. **Hologramatic principle:** presence of the whole in the part; mutual co-belonging of the whole and the part.

This approach could open new perspectives in the difficult epistemology in the, otherwise rational concept, of complexity in auto-eco-organized vital function of human reproduction

helping in the knowledge of some apparently paradoxical conditions and /or evolution of some clinical reproductive pattern: Mother nature in its wisdom with the intent to increase reproduction has decided to connect sexuality to it. The results are often not surprisingly opposite. Sexuality, an enigmatic disquieting dimension of life has a role in the maturation, identity, and relationship in terms of determinations and expectations of the human being as a person not limited only to the reproductive function.

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