The conference is designed particularly for the following professions:
Psychotherapy, midwifery, obstetrics, pediatrics, body-therapy, pedagogy, sociology, psychology

Editorial

Dear Ladies and Gentlemen,

I like to invite you to regard together with us an eminent meaningful chain-reaction for our individual and collective bio-social development.

The psychic and somatic health and the resilience with which a pregnant woman (a couple, a family) enters pregnancy very intensively determines the way of pregnancy and birth. The way of pregnancy and birth on their sides intensively determine the psychic and somatic health of the newborn child, and indirectly the family. And this results finally in future pregnancies of mother and child.

We see here that regarding salutogenetic factors for pregnancy and birth automatically shall end in a biographical, transgenerational, and even a whole societal dimension. We see here as well that negative influences on a healthy birth can have lasting outcomes.

Our 27th annual conference of ISPPM is engaged in this large area of tension in lastingness in obstetrician help and psychotherapy. We could win internationally recognized speakers who enlighten these complex connections in their papers, workshops, and pedagogic arrangements.

With our conference we like to foster an understanding of all professional groups who join in all aspects of the theme – by inter-professional exchange and mutual enrichment.

In the name of the Board of ISPPM e.V. I heartily invite you to the romantic castle-town of Stolpen on the edge of Saxonian Switzerland quite near to Dresden.

Prof. Dr. Sven Hildebrand
President of ISPPM e.V.
Program
Friday, October 21st, 2016

10.00 am – 1.30 pm Pre-congress-Workshops (in German language)

Introduction to Haptonomy
Mehdi Djalali, Düsseldorf, Germany

A self-evident loving attachment between mother or father and baby as a fundament for a healthy development of body and soul of the human being can only develop when the baby and his parents experience pregnancy and especially birth as a positive event. And when we could effect that birth is decided by mother and baby only without help from outside.
The haptonomic guidance of pregnancy and birth from my experience over many years is the optimal presupposition for that. The method shall be demonstrated, and films of haptonomic guided births are presented.
11.00 a.m. – 1.30 p.m.
Fee: 25,- Euro

How can prenatal experiences of trauma contribute to psycho-pathological developments? – Theoretic ideas and practical conceptions of treatment
Renate Hochauf, Altenburg, Germany

In this workshop we talk about theoretic und therapeutic-practical problems which show when working with early and as well prenatal traumatic events. Diagnostically such experiences can be anxieties and depressions, disorders of personality, addiction and somatisation, complex problems after trauma (but also to be found in seemingly conflict dynamics). Centres of prenatal traumata are death-near births, complications in pregnancy, early parental conflicts and their effect on the development of the unborn child, „lost“ twins, danger of miscarriage, and so on.
In the workshop we shall try to diagnose such specialities in the resistance dynamics of the patient, work on them specifically, but see them as well in the whole context as a basic part. A focus is laid on discerning between early and later traumata and conflicts under their integration into an analytic entire process.
10.00 a.m. – 1.30 p.m.
Fee: 35,- Euro

Traumatic experience of birth, the effects on mother-child-interaction and their solution
Paula Diederichs, Berlin, Germany

A case-study from body-therapeutic crisis accompaniment
10.00 a.m. – 1.30 p.m.
Fee: 35,- Euro

1.30 – 3.00 p.m. Lunch
3.00 – 6.00 p.m.  **Members assembly  Part 1 – Topics´ discussion**

3.00 – 5.00 p.m.  **Film presentation**  
*In English*

6.00 - 7.00 p.m.  Dinner (buffet)

7.00 – 9.00 p.m.  **Members assembly  Part 2 – Formalities / Board elections**

9.00 p.m.  Come together
Main program

Saturday, October, 22\textsuperscript{nd} 2016

Moderation: Johanna Schacht, Wolfgang Bott

9.00 – 10.45 a.m. Opening session

9.00 – 9.30 a.m. Opening by the new President / the new president
Greetings

9.30 – 9.50 a.m. Introduction into the themes

\textit{Johanna Schacht, Wiesbaden, and Wolfgang Bott, Lübeck, Germany}

9.50 a.m –12.45 p.m 1. Cycle

9.50 – 10.35 a.m. Mental health as a resilience factor of birth

\textit{Dorota Kornas-Biela, Lublin, Poland}

Mental health is generally defined as a state of psychological well-being and satisfactory adjustment to the ordinary demands of life and society. As related to the process of procreation, mental health is connected to the well-being of the mother and father and their prenatal child. Mental health is a fundamental element of the resilience, health assets, capabilities and positive adaptation that enable people both to cope with adversity and to reach their full potential. Researchers indicate that resilience is positively connected to psychological well-being and negatively associated with psychological distress, depression and anxiety. Psychological health and vulnerability indices are influenced by different levels of resilience through self-esteem, personal competence and tenacity, tolerance of negative emotions, control, and spirituality. As Polish and Slovak research results show there are four factors augmenting the psycho-immunological structure of mental resilience: strength and will for a meaningful life, a sense of competence in coping with life obstacles, social support and proactivity, and various autonomous goals.

Pregnancy and the birthing process is a very demanding time for both of the parents and their prenatal child. Mental health of parents has enormous positive impact on normal pregnancy and birth outcomes, child’s well-being during prenatal, perinatal and postnatal stages. On the other side, mental illness of parents, across the spectrum of disorders and their risky behaviours are direct causes of complications of pregnancy and labor, poor development of the prenatal child, his or her bad health condition, mortality and morbidity, and also are a significant risk factor for his/her physical and psychological health across his or her lifespan.

In this presentation we will concentrate on parents’ mental health as a protective factor, which in among others, can help to reduce the risk of child’s mental health difficulties and affect the child’s well-being. Mental health of the parents is a resilience factor which promotes their child’s mental health, strengthens his or her own potential, enhances the ability to cope with difficulties, and emerges a foundation for survival, strength and will of life as buds of his/her psycho-immunological structure.

10.35 – 11.05 a.m. Coffee break
11.05 – 11.50 a.m. Bonding and Birth in Transgenerational Context
Birth as a resilience factor for psychosomatic and psychosocial health of mother and child
Barbara Maier, Vienna, Austria

11.50 am–12.25pm The inner child or the „inner child“?
Confusions in pregnancy and their lifelong consequences
Klaus Evertz, Cologne, Germany

The Foetal Programming shows the Aetiology of many somatic and psychic illnesses. Grown-up patients with different problems utter in psychotherapy, art- and body- therapy on many levels intuitive correlations between the illness and events of stress in their pregnancy and at their birth. Until now these hints are little listened to neither in anamnesis nor in therapy, so they are not dealt with. Thus the result is little effect of therapies and the danger of stressing repeating them in pregnancy and birth in the next generation. The paper shall show some examples from practice and tries to present the place of the actual exploration.

12.25 – 1.15 p.m. interactive element
with Kola Brönner, Aachen, Germany

1.15 – 3.00 p.m. Lunch break

3.00 – 4.30 p.m. Short lectures session I:
Bonding and Attachment (Festsaal Goldner Löwe)
In English language, Moderation: Helga Blazy

Impact of Previous Early Miscarriage on Subsequent Pregnancy
A Pilot – study
Camelia Chetu, Bucharest, Romania

Objective: The purpose of this study was to explore the experience of pregnant women with history of early miscarriage and to identify the main themes emerging from their experiences. Having a miscarriage is a profound experience for women and their partners, experience which could bring guilt, anxiety or anger in their life and to do anything, in the next pregnancy to avoid a new loss and to protect themselves and others from a new miscarriage.

Design: Pilot – study, qualitative research, thematic analysis design.
Method: 9 Pregnant women who reported early miscarriage (prior to 12 weeks gestation) in the previous pregnancy were interviewed with a semi-structured interview in the third trimester of the current pregnancy about prenatal attachment, prenatal behaviours adopted, transgenerational aspects and the perceived impact of previous pregnancy loss on this pregnancy.

Results: Following thematic analysis performed, we identified 4 main themes regarding the profile of pregnant women with previous history of early miscarriage: Emotional Charge, Avoiding a New Loss, Protection of Self and Others, Maternal-foetal relationship. Exploratory analysis of data collected from the interviews of pregnant women highlighted several sub-themes within each theme which describe in detail their complex experiences.

Conclusions: Our findings indicate that pregnant women with history of miscarriage are engaged in particular behaviours to avoid a new potential perinatal loss and to protect themselves or loved ones from pain of another miscarriage. It is important for pregnant women with previous miscarriage to understand the impact of this experience on their emotional states and prenatal behaviours in the new pregnancy and also, it is important for health care providers to consider the women’s obstetric history, to discuss with them about their fears and to validate their loss.
Continuity Before and After Birth:
The importance of habituation and sleep-wake cycles for the feeling of resilience throughout life
Ofra Lubetzky, Tel Aviv, Israel

Freud (1926) developed the idea of the connection between postnatal thought and emotional life and the experience in prenatal life: "Continuity exists between life prior to birth and following birth even though there is an impressive 'caesura' between them". According to Bion an impressive continuity exists between the intrauterine life experiences and postnatal life and its importance for the building of the personality. Awareness is increasing of the long-term impact of prenatal experience and bonding on both the infant and his caregiver. Fully human, personal, psychological and relational life begins before birth, and constitutes the foundation for our resilience and basic feelings of security and trust. The paper discusses the importance of the two vital maturational/developmental processes that begin before birth and continue thereafter: Habituation which reflects on intellectual development and sleep-wake circadian cycle which reflects neuro-developmental maturation. These two important processes are dependent on maternal-intrauterine baby/infant interaction, which enables the baby to adapt to extra-uterine life and are vital for building resilience and feeling of continuity of being throughout life.

Personality and attachment starts in the womb: Birth Psychotherapy and Birth Psychodrama
Neşe Karabekir, Istanbul, Turkey

3.00 – 4.30 p.m.

Short lectures session II:
Psychotherapy (Kleiner Saal Goldner Löwe)
In German language with translation help, Moderation: Wolfgang Bott

Birth and life beginning
Elements of the training "Experience of pregnancy and birth as a source of healing"
Franz Renggli, Basel, Switzerland

Healing effect of regression in early intrauterine areas
with the help of imaginations (Guided Affective Imagery)
Lutz Rosenberg, Bremen, Germany

This paper presents the possibility to use the knowledge of prenatal psychology in the frame of psychotherapy. By imaginations to special motives in a light trance early and conflictless phases phases of pregnancy can become used. This type of regression is rather simply to reach, to be dosed, and to control. The paper shall present examples of this.

Craniosacral therapy for infants and their parents
Joachim Lichtenberg, Tübingen, Germany

Craniosacral-therapy and Osteopathy can help to easier births. Both aim at a free movement after loss of movement. By help of materials and a doll there shall be presented the movability during the birth process. The birth coining does not work only on mental and vegetative level but work on "bone to bone". The basic assumption and daily work of this paper is that between head and pelvic bones there are correspondences in movement. The earlier babies can loose up the head deformations by birth the better movable the will feel in the pelvic bones. A generation later that shall be good for the new babies. In family settings I try to meet
parents to accept an early treatment for a vegetative pre-treatment to help to understand the signals of their baby

3.00 – 4.30 p.m.  **Short lectures session III:**
Obstetrics (Gemeindesaal Stolpen)
Moderation: Sven Hildebrandt

**Strengthening the mother-child bond before, during and after birth**
*Kristina Rumpel, Würzburg, Germany*

A strong mother-child-bonding in pregnancy is the basis for a good and strengthening birth. From female view pregnancy and birth are a whole in bonding work and is far more than the body processes. Physiological birth does not end in a trauma, but the feelings of helplessness, weakness, and experiences of the infringement in birth-helpers. The mother-child-bonding can become consciently developed and strengthened.

**The mother-child bonding analysis by Raffai and Hidas as an element of midwifery**
*Brunhild Schmid, Tübingen, Germany*

The increasing thinking of risk in the medical accompaniment of pregnancy and birth leads to problems in the bonding of pregnant mothers with their unborn child. We have to think about the original work of midwives. The saluto-physiological model of Verena Schmid presents an effective concept. My paper tries to find out how Bonding Analysis (Hidas and Raffai) can help to complete midwifery work with aspects of pre- and perinatal psychology. Therefore there was a qualitative exploration with three narrative interviews, which were unwrapped by „Thematic Analysis“. Here it showed that Bonding Analysis develops the adaptation of the woman to pregnancy and strengthens the mother-baby-bonding. Realizing the separation-process and visualizing the way of birth during the last sessions of bonding analysis help to the physiological birth and the acceptance of the baby. Thus bonding analysis is a good supplement for the saluto-genetic model of care

**Haptonomy in obstetrics**
*Mehdi Djalali, Düsseldorf, Germany*

4.30 – 5.00p.m.  Coffee break

5.00 – 6.00p.m.  experiential pedagogical element
**Life Experience: An educational adventure trip into the prenatal world**
*Andrea Wöber, „aktion leben“ Austria*

6.45 – 7.30p.m.  Ceremonial lecture
"... And has born a child."
Sacrament, borderline experience, summit bless and Freudental - a special look at birth

*Sven Hildebrandt und Esther Göbel, Dresden, Germany*

7.30 p.m.  Festive evening with Dinner buffet
Sunday, October, 23rd 2016

Moderation: Johanna Schacht, Wolfgang Bott

9.00 – 11.00 a.m.  2. Cycle

9.00 – 9.45 a.m.  ISPP and ISPPM to factors of resilience in pre- and perinatal themes in society and human sciences
Helga Blazy, Cologne, Germany

To start with a tipper-image: Generally we deal with a most well done birth for all participants without any damage otherwise complaints can follow (‘child as a damage, wrongful life’). In pregnancy and birth today we deal with more psychic transgenerational movements than ever imagined before. Resilience is grounded on factors, which in non-agreeable conditions (original explorations by Emmy Werner on Hawai’i) help to a good further life. That is in fact what ISPP and ISPPM did. The medical, psychological, and psychoanalytical field was and is until today since ISPP was founded in 1971 rather rejecting. But the society, from the start projected to internationality and interdisciplinarity, immediately found discussion partners in the German speaking countries, in Poland, in South America (Angel Garma, Rascovsky), and New Zealand (Liley). Since many years the observations of ISPPM conferences and the Journal of ISPPM directly gave a share to work as a resilience factor for a rising amount of postnatal therapies with babies or traumatized grown-ups. Of course we have to develop more ideas for inner resilience in the intrauterine realm, that’s without question. Only with Hidas’/Raffai’s realm for the intrauterine baby and his mother talking together since 1995 and meanwhile with his father, too, the intrauterine baby emerges as a living being in emotional exchange capable to express different feelings, wishes, and thoughts. This is the only intensive intrauterine exchange of feelings we know and the best to prevent troubled births and depressive post partum mothers.
The mounting number of extrauterine procreations and the observed differences in these children (Emerson, Terry, Verdult) give conclusions of high stress of the parents before, during, and after procreation and ask ISPPM to intensely engagement in explorations to help in these developments. There will be new challenges for ISPPM.

9.45 – 10.30 a.m.  Significant progress in the prevention of perinatal mood disorders
Gerhard Schroth, Gleisweiler, Germany

10.30 – 11.00 a.m. Coffee break

11.00 – 11.45 a.m.  From Womb to World, the Journey that Shapes our Life
Anna Verwaal, Santa Fe, New Mexico, USA

With its unique blend of the latest research and findings in the field of pre & perinatal psychology, storytelling and sensitive birth photography, Anna will explain the impact of prenatal and birth experiences on our adult lives. She will illustrate how these imprints are played out in our personal and professional relationships, and suggest that rather than hampering us these imprints can actually become conduits to healing and personal growth.

12.00 – 13.00 p.m.  Closing of the conference at Stolpen Castle
with Kola Brönner, Aachen, Germany

1.30 p.m. lunch
Post-congress-Workshops (in German language)

Am I a twin born alone?
Petra Becker, Düsseldorf und Britta Steinbach, Olfen, Germany

The workshop leads to a first conscient meeting with the being whose lacking we felt from the beginning of our life. The positive feeling of being two in the uterus is anchored as a new resource. Besides theoretical explanations with cognitive and systemic components to this prenatal trauma we shall work with body-therapeutic exercises. Please bring something to write, a mat, a blanket, and comfortable clothing.
3.00 – 6.30 p.m.
Fee: 35,- Euro

Craniosacral Therapy in sitting position as supplement to Pre- and Perinatal Psychotherapy
Joachim Lichtenberg, Tübingen, Germany
3.00 – 6.00 p.m.
Fee: 30,- Euro

Integral birth preparation as prevention in transgenerational engravings and fostering of the ability of bonding
Kola Brönner

Presentation of an integral concept for a birth-preparation-course
An integral birth preparation gives the opportunity to the pregnant women and their partners to early realize and work on transgenerational engravings. These engravings are done in pregnancy because the experiences are stored in the mother, and the unborn baby realizes them and takes them over. In pregnant women it becomes visible in special sorrows and anxieties. The “inheritance” of types of birth from grandmother to mother to daughters is often obvious to birth helpers. A comprehensive concept of the course gives the ability to the participants to realize and change their own and taken over experiences.
3.00 – 6.00 p.m.
Fee: 30,- Euro

Accompanying exhibition during the conference

Life Experience: An educational adventure trip into the prenatal world
aktion leben österreich

An interactive and mobile exhibition about life before birth

More information under www.aktionleben.at