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Prenatal and Perinatal Psychology and Medicine: A New Approach to Primary Prevention

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Abstract

The prenatal stage of life represents a unique opportunity for the primary prevention of psychological, emotional and physical disorders in the later life. At this stage we also can develop preventive procedures to decrease premature birth and perinatal morbidity and mortality. In order to understand the enormous potential power of the prenatal processes and their impact on the individual's prenatal and postnatal health, we have to ask ourselves what does the prenatal stage of life imply.

The encounter with the unborn is the beginning of the continuum of human life towards its self-realization. We need to extend the standard definition of life's continuum to include the prenatal experience. This experience is part of life's continuum, helping to shape us and determining who we are and what we will become. For the unborn it is primarily through the imprinting process that this experience is initiated and realized. For the mother, pregnancy, this encounter with the unborn, is a chance for self-realization. For the rest of us this encounter with the unborn is the chance to extend and deepen our own understanding of this life continuum wherein there can be found no possible separation between the physical and psychological dimensions of our existence.

Zusammenfassung

Die pränatale Phase des Lebens stellt eine einmalige Gelegenheit für eine primäre Prävention psychologischer, emotionaler und physischer Störungen und Krankheiten im späteren Leben dar. In dieser Entwicklungsstufe können wir präventive Maßnahmen zur Verringe-

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rung der Zahl von Frühgeburten und von perinataler Morbidität und Mortalität entwickeln. Für ein besseres Verständnis der enormen potentiellen Kräfte der pränatalen Prozesse müssen wir ins klarmachen, was diese Prozesse für die menschliche Existenz bedeuten. Die Begegnung mit dem Ungeborenen ist der Anfang des Kontinuums des menschlichen Lebens auf seinem Weg zur Selbstverwirklichung. Wir müssen die Definition des Lebenskontinuums um die pränatale Erfahrung erweitern. Für das ungeborene Kind ist es die frühe Prägung, die diese Erfahrung initiiert und verwirklicht. Für die Mutter wird die Schwangerschaft, die Begegnung mit dem Ungeborenen, eine Chance zur Selbstverwirklichung. Für uns andere ist diese Begegnung eine Chance, unser Verständnis vom Lebenskontinuum zu vertiefen, im Sinne einer Einheit der physischen und psychologischen Dimensionen unserer Existenz.

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The prenatal stage of life represents a unique opportunity for the primary prevention of psychological, emotional and physical disorders in later life.[1,2] At this stage we also can develop preventive procedures to decrease premature birth and perinatal morbidity and mortality. In order to understand the enormous potential power of the prenatal processes and their impact on the individual's prenatal and postnatal health, we have to ask ourselves what does the prenatal stage of life imply.

Pregnancy can be conceived as an active dialogue between mother and child.[3] This dialogue is not limited but is enlarged via the dialogue between the mother and the father and the mother's psycho-social environment. This discourse is part of a very active and mutually interdependent process taking place on several levels. Minimally, these include the psychological, emotional, biochemical and psychoneuroendocrinological levels.

There may be an exeption to this blunt assertion, but I have never heard a mother refer to the child in her womb as "my embryo", or "my foetus". The mother says "my baby" or even calls the child by a personal name. Generally, pregnant mothers show a high degree of sensitivity and sensibility towards their unborn child which, by contrast, many professionals lack. The child is a very active partner in the pregnancy, an "active passenger in utero"[4]. The mother-child interaction, consequently, has not only a biological but also a psychological and social character.

This mother-child dialogue begins on an unconscious level – probably from the very beginning of the unborn child's development. From the mother's side, the dialogue will become a reality when she, consciously or unconsciously, makes the move to experience the unborn "it" as the unborn "you". This event initiates her into the beginning of a conscious encounter with her child. The transition from "it" to "you" is just one consequence of the sensitivity and sensibility of the unborn – and the enormous creative potential in the psyche of the mother. The dialogical experience is independent of the degree of morphological development of the child[5,6].

Pregnancy can be considered as the first ecological position of the human being, the womb as the first ecological environment[7,8]. It is surprising to see how few professionals, even psychologists, realize this basic fact, and that there are still a large number of obstetricians and gynecologists who merely consider the womb as a "baby-carrying" anatomical organ.

The dialogue between the unborn child, mother and father creates a "primary togetherness"[9], which in turn helps to foster strongly compelling psycho-physical predispositions. Potentially, any such inborn predilection has the ability to orient and shape forthcoming emotional and social responses, especially in regard to interpersonal relationships. The consequences of these experiences of primary togetherness run along a wide range, including love and ethical behaviour.

The human life has to be considered as an indivisible continuum where each of the developmental stages is equally important, all stages interdependent and not separable from the whole individual's life continuum. In this continuum, the individual represents an indivisible entity of all functions on both physiological or physical, psychological and social levels. The physical, biochemical, endocrinological and psychological processes represent a whole which cannot be divided[10].

In order to understand the process during the prenatal stages of life, a new language is required and a new scientific theory is needed. Such a language must assist us in getting beyond the semantic problems and confusion created by the Cartesian dualism inherent in so much medical and psychological vernacular[11].

It is not possible to separate any stage of human development from the rest of an individual's life continuum. The life continuum is one of the basic needs in human life in order to maintain homeostasis and equilibrium. The disturbance of the individual's life continuum on a momentous scale would lead to illness or in extreme cases, where homeostasis cannot be regained, death is the result.

Any discontinuity from outside or from inside the individual organism will violate these basic biological and psychological needs, both on prenatal and postnatal life. Discontinuity has increasingly become a more serious problem today causing the spread of ecological, social and political disturbances throughout much of the world. No one group of people or any nation is wholly immune from the upheaval of disorienting developments on the ecological and social levels[12]. Many in the scientific community are very much aware of the effects of such events, and see how the discontinuity and disequilibrium beget many of today's mental and social diseases[13]. In the field of prenatal and perinatal psychology and medicine, we are very much aware of the dangers discontinuity can generate in the unborn and in the newborn.

The latest development of two relatively new and innovative lines of medical and psychological research, namely pschoneuroendocrinology and psychoneuroimmunology are very promising. Research in these two areas is particularly important in serving as the scientific basis for the philosophy behind the prenatal and perinatal psychology and medicine.

Various highly specific biochemical functions (hormones, neurotransmitters and other polypeptide structures) are needed, in direct connection with input phenomena, for the transformation and storage of both sensorial and mental types of information. Crucial to the formation of the primary central nervous

system on the hypothalamic-pituitary-adrenal level, some of these functions are already detectable in the very beginning of the development of the human being. Thus the embryo successively develops a high sensibility and competency for the potential ability of perception and learning[14].

The intrauterine experience is also a learning process for the child[15]. This learning is a vital prequisite for survival since it makes it possible for the organism to adapt itself to new circumstances. Without adaption there would be no survival and one cannot adapt without making and having had experiences upon which to base the adaption. Such a process requires memory, whether consciously retained or subconsciously imprinted. The information processing which reaches the child from the very beginning of her development will be received via the different biochemical pathways and then transformed and stored as memory traces (this could eventually be useful to a theoretical understanding of certain psychotherapeutical procedures, such as hypnosis, dream analysis, prenatal memories etc.). At this stage the embryo already shows evidence of responding to and retaining the impact or imprint of sensory experiences in a biochemical language, which remain as a potential learning source. These prebirth memory imprints may in turn be revoked as informational sources (whether negative, positive or ambivalent in character) during later life.

The implications of these preliminary findings are far reaching. It will require nothing less than radically rethinking the standard human-embryo development paradigm wherein structure is presumed to precede function. To the contrary, as we have indicated earlier, there is strong evidence[16] in support of the primacy of function over structure, the morphological organ. It is the morphological structure which develops as a result of the inborn primal functional urge. An organ would not develop if there was no functional urge, compelling it to do so. In the same way, the mental capacity of the human is not posterior to the completed morphological structure of the brain, nor to its subsequent introduction into and experiencing of a particular sociocultural environment after birth. The unborn already has its psychological processes functioning long before birth; no child is tabula rasa.

We must reaffirm that the mother is not just a "receptacle" for the child's growth, but an active initiator and participator. Today it is imperative to reestablish the woman as the primary choice maker in this powerfully creative process. Indeed, she is involved in a procreative process with great creative powers of her own. The future mother needs to be aware of these powers and how to be in touch with them in order to be better equipped to guide and augment this creative undertaking. Pregnancy can also enable the mother to withdraw into a kind "creative regression" in order to enter into an intimate dialogue with her unborn child.

In order to make an informed and stress-free choice, family planning education must begin well before conception. Responsible parenting is not necessarily an automatically bestowed gift from "Nature" or even an easily acquired talent, very often it needs to be taught. That requires research concerning appropriate socio-pedagogical implementation within the family and in our education

system. It is very vital that an integration of prenatal and perinatal studies into medical and psychological curricula at the universities is provided.

We need to establish a new educational system which would prepare people for conscious parenthood. There is a need for a radical change of prenatal care, where not only so-called medical but very much psychological and social life circumstances of both parents would be taken into serious consideration. The prenatal care where the child is considered as an active partner in a psycho-social dialogue with his parents who are given the opportunity to have their encounter with their unborn child in a free and non-violent society.

The ideal child should already be loved prenatally. There should not be unwanted children. Unwanted children are morally threatened and a moral threat to society. Unless we can achieve these mental and social conditions concerning the prenatal stage of life, all positive changes in the world would be superficial and there would also be the danger of a threat to basic human needs and rights, to cultural and traditional values, and to civilization and freedom itself[17].

Pregnancy can sometimes be experienced by both the mother and the father as a life crises, which does not necessarily imply a negatively charged situation. Any crises may be envisioned as a challenge which can bring about creative and positive solutions or alternatives. We can quite often see that during pregnancy, old, latent and unsolved conflicts become manifest. Frequently these can be worked through during the course of the pregnancy in a very constructive way. Indeed, it should be pointed out that many of the conflicts and problems that a pregnant women may experience are not the direct result of her pregnancy or her baby. Unresolved issues may re-evoke psychological conflicts within her own personal psyche. In this way the pregnancy often gives the mother and father a unique opportunity to further their own inner psychological development, sometimes within psychotherapeutical settings[18].

No guilt or inferiority feelings should be imposed upon the pregnant parents nor any moral judgement placed upon them. We need to be aware that not all pregnant women have the opportunity or possibility to provide their unborn child with optimal nurturing conditions either economically or emotionally or within their social structures. Pregnancy is always a dynamic process of constantly fluctuating emotions, attitudes and even intellectual discourse. The mother-child dialogue is almost always characterized by a mixture of positive, negative and ambivalent emotions. The society has a responsibility to ensure that the mother-father-child unit can not only survive but develop and grow in the best possible circumstances.[19]

Moreover, it must be added that a living organism has a strong propensity to adapt and even to repair damage, or to compensate for some failure from a previous developmental stage of the life continuum. What is unfulfilled in one stage of experience can be applied to the next and, eventually, worked out to the inner satisfaction of the human being.

The term "risk pregnancy" is still used almost exclusively in its biological sense. This means it is reserved for those so called "somatic" disturbances, physical diseases or handicaps experienced by the mother during pregnancy which could have a bearing on the health of the baby. Here we can see again how

firmly institutionalized medicine and medical philosophy, with its static terminology and categorizations, is still embodied within the dualistic outlook of a Cartesian philosophical bent, the body-mind division. The net result of such a stand is the continued promulgation of psychophysical parallelism. In a holistic and comprehensive view of human life we cannot make divisions between so-called "somatic" and "psychological" phenomena. Psychologically, medically and anthropologically considered, all life events are experienced as indivisible phenomenological situations wherein body and mind (soma and psyche) represent an entity of mutual influence and interdependence within a particular socio-cultural environment. In this way, all events of either a so called "somatic" or "psychological" character, which could adversely affect the well-being and health of the mother or her unborn child, are seen as potential or real risks. It is therefore necessary to create a new kind of prenatal care whereby all risks can be screened in good time, and where parents would be given the opportunity for comprehensive care, including access to psychotherapeutic counselling[20,21].

Pregnancy and delivery are not diseases per se, only very exeptionally, but they sometimes can become a disease due to a doctor's intervention. We have to give credit to the inner wisdom of the pregnant woman and help her with our knowledge, our empathy and the scientific information to cope with her problems and with the potential or real risks if and when they occur.

This brings us to the topic of health. What was said before about the holistic and comprehensive view of all human functions will be true also in considering the issues of health and disease. The last definition of health by the World Health Organization (WHO) is "a state of complete physical and mental well-being which results when disease-free people live in harmony with their environment and with one another"[22]. As Zikmund[23] points out, this definition, though including all three dimensions of life manifestations of man – biological, psychological and social, has several shortcomings. In his excellent analysis of the dimensions of health and disease he accentuates the functional aspect of health and disease and defines health as a functional optimum of all of life's processes, biological, psychological and social.

The psycho-physical organism is trying constantly to maintain its health. It strives toward recovery, away from destruction; it strives toward homeostasis, away from disorganization and chaos. Health has clearly a very strong dynamic and creative dimension and in 1974[24] I described health as "the dynamic movement along the creative path towards self-realization". Self-realization has to be understood as containing biological, psychological and social dimensions. Self-realization with regard to (a) the constructive integration of the dialectically changing, individually depending conditions with a simultaneous maintenance of the homeostasis of the "milieu interieur", and (b) the balance in the striving for satisfaction of the individual during the continuous confrontation and adaptation of the psychoendocrine system with and to the "milieu exterieur" of ordinary day to day life situations. By adaption is meant not just the adaption of the individual to the environment, but also the possibility to transform the environment to suit oneself.

The encounter with the unborn is the beginning of the continuum of human life towards its self-realization. We need to extend the standard definition of life's continuum to include the prenatal experience. This experience is part of a holistic life continuum, helping to shape us and determing who we are and what we will become.

For the unborn it is primarily through the imprinting process that this experience is initiated and realized much later along the course of this continuum, often unconsciously.

For the mother pregnancy, this encounter with the unborn, is a chance for self-realization.

For the rest of us, all professionals dealing with pregnancies and deliveries, this encounter with the unborn is the chance to extend and deepen our own understanding of this life continuum wherein there can be found no possible separation between physiological dimensions of our existence[25,26].

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