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PSYCHOLOGY AND MEDICINE (ISPPM)**

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18th International Congress

Prevention – Early Dialogue

10. - 12. October 2008

Heidelberg, Hotel Molkenkur

Conference Report

compiled by

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The ISPPM Congress 'Prävention - früher Dialog' ('Prevention - Early Dialogue') examined for the first time the relationship between infanticide and life as experienced before birth.

Dr. Ursula von der Leyen, Minister of State for Family, Pensioners, Women and Adolescents, acted as patron.

Heidelberg – On the occasion of the International Congress Prevention and Early Dialogue (10.-12. October 2008 in Heidelberg) leading representatives in the areas of scientific and practical 'Early Prevention' and prenatal psychology gathered to report on and discuss the background to infanticide and negligent child care, in addition to other disturbances during the time between the child's conception and its first year of life, their causes and possible means of prevention.

"The Mother's Signature" Dr. Bernard Bail, Los Angeles

Dr. Bernard Bail, who had travelled from California, described in the introductory paper the formative influence of the mother's feelings on the psychological development of the unborn child: "The Mother's Signature". The mother unconsciously transfers her own fears, worries and emotional pain to the child and determines the psychological "basic configuration" with which it is born. This "signature" can be brought into consciousness and dealt with by means of dream analysis, which Dr Bail has demonstrated in over 50 years of research work and has used successfully in his practice in Beverly Hills.



Dr. Bernard Bail

"Physical sensations of the therapist as channel to prenatal and perinatal traumatic experience" Dr. Ursula Volz-Boers

Ursula Volz-Boers was also able to demonstrate similar phenomena in physical counter-transference in the psychoanalysis of adults. The psychoanalyst described the case of a woman born prematurely as a result of a miscalculation where the therapist developed an extremely painful pharyngeal spasm during the therapy. It turned out that the patient had been fed by tube during her treatment in the premature infant intensive care unit.



Dr. Ursula Volz-Boers

Joanna Wilhelm, Sao Paulo, dealt with the not infrequently occurring “**Syndrome of the survivor of a twin conception**”, its psychological and physical aspects of bereavement, and the explanatory and therapeutic possibilities. She had already been made aware of this occurrence 20 years earlier by a patient and put forward the hypothesis of the existence of a “cellular memory”.



Joanna Wilhelm

The psychotherapist and art analyst **Klaus Evertz, Cologne**, described in his contribution “**Early Dialogue in Pictures**” how conflicts (e.g. conflicts during pregnancy), ambivalence and resource can be convincingly expressed in pictures. In art psychotherapy these internal conflicts can become perceivable for the first time in very impressive and profound pictorial findings. Spontaneous painting in particular makes it possible by means of abstract and figurative symbolism to emotionally pin down the otherwise unconscious contents of one’s own early history.



The paintings shown by Mr Evertz are thus symbolised physical experiences, that were completely unknown until they were created, and strikingly exhibit the real fears which lie behind a crisis during pregnancy and an impending abortion.

These observations from the field of psychotherapy are supported by the results of stress research.

The Heidelberg neonatologist **Otwin Linderkamp, Heidelberg**, surveyed the literature in his paper on “**The Influence of Prenatal Stress on Child Development**”. “More than 20 observation studies on stressed mothers and their children have shown that pre-birth stress increases the risk of disturbances in intelligence and memory, of speech retardation and behavioural problems such as attention deficit (ADHD) and anxiety and even psychiatric illnesses in children,” so the Professor. Most authors assume that the effects of maternal stress arise from corticosteroids that pass through the placenta to the foetus and either directly influence the development of the brain or alter in the long term the child’s stress response system.

This can now be easily proved: the Tübingen gynaecologist **Prof. Dr. Burkhard Schauf** spoke on “**New Perspectives in Diagnosing Foetal Brain Functions in Utero**”. The neural connections in areas of the brain in which memory, association and attention are located are already created during pregnancy. With a foetal magnetic resonance encephalogram (FMRE) it is possible to directly display these processes in the brain of the developing child; the only unit in Europe is in the Universitätsfrauenklinik (University Women’s Clinic), Tübingen.

In a second presentation **Prof. Dr. Burkhard Schauf** dealt with the question “**Foetal Programming – Diabetes, Hypertension, Pre-eclampsia: What influence does the Intra-uterine Environment have on Later Life?**”

The intra-uterine environment as a determining factor in later disadvantages in life is coming increasingly into the focus of research.

For example, it is known that teenagers who developed during a pregnancy where the mother’s diabetes was badly controlled have a distinctly higher rate of acquiring diabetes mellitus type II in their youth.

However, children with a low birth weight at term exhibit imprinting according to which “noxa” they were exposed to in the womb. During his presentation Prof. Dr. Schauf dealt with the present status of knowledge about this type of imprinting. Also notable were his remarks on early dialogue between the foetal and maternal cells at the point of nidation. Its success is of great significance for the further course of the pregnancy and a successful placentation; its failure can lead to the danger of intra-uterine insufficiency for the foetus and pre-eclampsia.



Prof. Dr. Burkhard Schauf

Fresh results from the new field of epigenetic research, as described by the Aachen human geneticist **Klaus Zerres** in his contribution “**Epigenetic Environmental Influences / Nutrition**” not only demonstrated that genes take effect through the influence of environmental factors but also that maternal difficulties can even be passed on to future generations through changes at the molecular level.



Prof. Dr. Klaus Zerres

All of these findings stress the need for prevention. In this respect, the congress opened clear perspectives. Here are some details:

“Physical and Mental Nutrition from before Conception in the Context of Evolution and The Individual Lifecycle ”

Simon H. House, Great Britain, dealt with the importance of improving physical and psychological nourishment even before conception to create the optimal conditions for the unborn child to thrive. This is nowadays a phylogenetic and individual imperative, in view of the changes in lifestyle and nutritional habits: “Our diet has changed immensely, partly due to changes in agriculture, to changes caused by industrialisation and pollution of the environment. However the greatest change has been made by the industrial processing of food,” in Simon House’s opinion.

The changes in diet to foodstuffs with a very high fat, salt and sugar content and at the same time a lack of nutrients and a reduction in quality of soil, plants and livestock have gone too fast for our genes – they cannot adapt themselves so quickly – and have led to a dramatic rise in so-called civilisation diseases.

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Simon House was also awarded this year’s **ISPPM Eida Scarzella Mazzochi Prize** for his services towards the understanding of the physiological, biochemical and psychological basis of the best possible development of the brain.



Simon House

Julie Gerland, France, reported on preventive and therapeutic healing methods through beneficial contact with good parental archetypes for parents before conception. It is thus possible to break the vicious circle of one’s own fear and violence despite childhood experiences and the next generations are then freed of them. “Being parents begins before conception,” so Julie Gerland. “Couples who want to become parents should therefore prepare themselves in advance for the “most important job in their lives”. The greatest present parents can give their child is the



Julie Gerland

best possible start in life.”

Julie Gerland gave an impression of the work she does in her holistic institute in the Pyrenees during a workshop in which the participants could make contact with their inner child.

“It’s never too late. Now is the right moment!”

Olga Gouni, Athens, stated that such preventive measures and reflections are always possible and important - it’s never too late for them. “What is disease and where does it come from? What is the purpose of crisis and what chances does it create? When we investigate the depths of human experience we can change the process of illness and dysfunction into health and balance in all fields of life,” so Olga Gouni’s presentation.



Olga Gouni

The psychotherapist is in addition President of the Greek Union for Prenatal and Perinatal Psychology and Medicine (HUPPPM) and Director of the “Pre-Birth Psychology Center Cosmoanelixis” in Athens.

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Jon RG Turner, Netherlands, stressed in his contribution **“The Anatomy of Prenatal Psychological Prevention in the Reactive Attachment Disorders”** the importance of early emotional dialogue in preventing disorders in bonding behaviour. Regrettable examples of such disorders are unfortunately ever-present in the world of politics, extensively illustrated in the person of Robert Mugabe from Zimbabwe.



Troya & Jon RG Turner

Mugabe had to assume the father’s role early - his father left the family when his brother died – and he grew up without emotional affection with a deeply religious and depressive mother, who was convinced that her son was destined for “great deeds”. Thus was formed a shattered self-awareness alongside barbarous self discipline. At the same time all the symptoms of the “reactive attachment disturbance” (RAD), which are characterised by animosity, hatred and destructiveness, are displayed.

The work of midwives is of special practical importance. Present at the Congress were:

•**Peggy Borchert**, who spoke about **“Confidence, Devotion, Bonding – the special responsibility of being in charge during pregnancy and birth”**. “The message with which a person comes into the world is influenced by the way in which we interact with the family and the expectant mother during antenatal preparation and birth care” according to the committed midwife. “The confidence that is put in us must be used as a basis for attentive care and we have to confront our own understanding of trust, sexuality and dedication”

•**Eva-Maria Müller-Markfort, Ahlen**, who presented **“The Uterus makes the Contractions, not me!” said the infant**.

Mrs Müller-Markfort described, by means of case studies, how in the case of premature contractions mother and baby will quieten down, and how the contact to the child and discussion between mother, child and womb can build deeper understanding for the existence of the universal law of the continuation of life, as well as its frailties.

A prerequisite for the necessarily intensive care of pregnant women by the midwife in a house birth is the readiness to commit oneself and if necessary to be on call 24 hours a day for the mother, father and child. In addition “life-long learning”, i.e. continual participation in further training, is a must.

•**Jennifer Jacque-Rodney**, from the Regional Association of Midwives in North Rhine Westphalia, reported on the work of family midwives –**“Promoting Health from the Start”**

The first family midwives were introduced as early as 1980 within the “mother-child projects” with the aim of reducing infant mortality. Here the emphasis and the distinctiveness of the work of “family midwives” is in the psycho-social and medical counselling and looking after risk groups.

The current objectives are now not only the above-mentioned points but also early recognition of neglect or abuse of children and violence in general in families (early warning system) and promoting the health of mother and child. In the process a close-meshed interdisciplinary network between the authorities, charitable institutions and mother-child projects is established.



Jennifer Jaque-Rodney

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•**Sibylle Schneider, Uniklinikum Ulm**, presented the project concept and first empirical results of the model project **“A Good Start to Life”**. “As has always been the case, most children develop positively and grow up in an family environment that supports their development. Nevertheless the burdens of families are increasing and parents feel themselves increasingly unable to cope especially when difficult and stressful situations predominate,” in Mrs Schneider’s words. “The danger of neglect and abuse is at its greatest during the first five years of life. It is therefore necessary to offer early and preventative measures for all parents from pregnancy and birth on. Help through early intervention is frequently an interdisciplinary matter that can’t be covered by a single measure or individual responsibility. A structural aim of the model project is therefore to recognise distressed families as soon as possible by means of improved network structures between institutions and professional groups and to offer suitable help.” Eight local authorities in four states (Baden-Württemberg, Bavaria, Rhineland Palatine and Thuringia) are developing and testing just such interdisciplinary co-operation and networking.



Sibylle Schneider

The gynaecologist and obstetrician has a particular responsibility for early prevention measures. In gynaecological-obstetric consultation possible problems reveal themselves in greater intensity and decisive courses can be set.

•**The Birkenfeld gynaecologist and obstetrician Dr. Rupert Linder, President of the ISPPM spoke in favour of “Supporting Dialogue in Gynaecological Consultation as Prevention of Endangering Pregnancy”.**

Many physical disorders in pregnancy and birth (repeated miscarriages, tendency to premature birth, gestosis, HELLP- syndrome, misadjustments, mastitis etc.) have psychosomatic causes. With reference to the early dialogue between maternal and foetal

cells, as described by Prof. Schauf, Dr. Linder outlined, using the example of a woman after and with recurring HELLP-syndrome, exactly this disturbed psycho-dynamism at all levels: in the family of origin, between the mother and child and in the reflection of and between the carers.

Trauma from many generations before can often have effects on the system of the pregnant woman, the child (in the womb) and the father-to-be. The knowledge about the mechanisms of these problems has been greatly increased in the past years. Integrated care at the various levels present as well as taking into account the individual history facilitate personal integration and physical and psychological advancement. This results in less complicated processes, much less intervention and contented self-responsible mothers, children and fathers.



Dr. Rupert Linder

Peter Bodecs, Hungary, gynaecologist, obstetrician and psychotherapist, dealt with the topic:

“Complications in Labour and Birth” and the question **“What predictions can be made from the attitude towards sexual behaviour in low risk pregnancies?”**

Screening and diagnostic tests for determining the psychological state of pregnant women are nowadays standard. Dr. Bodecs also argues for analysis of the psyche as the course of pregnancy and birth demonstrate close analogies to sexual behaviour. If this is disturbed, it can have a negative influence on the course of birth.



Dr. Peter Bodecs

In order to provide responsible care and support during pregnancy and birth, **relationship and communication should be new basic paradigms in obstetrics**, as the Dresden gynaecologist and obstetrician, **Sven Hildebrandt**, reasons: “The findings of bonding research, prenatal psychology and perinatal traumatology have been up to now only little taken into account,” according to Dr. Hildebrandt. “However, it is exactly this branch of research that makes a decisive contribution towards explaining a number of irregularities during pregnancy.”

A novel possibility of primary prevention is given by the promotion of the pre-birth mother-

child relationship, as has been developed in the previous years by the Hungarian psychoanalysts, **Györgi Hidas** and **Jenő Raffai**, under the name of “**bonding analysis**”. There were several contributions with impressive case descriptions on this topic:

Ute Auhagen-Stephanos, Specialist in psychosomatic medicine in Neu-Ulm talked about “**Early Dialogue and the Wish to have Children**”.

Based to the bonding analysis of the Hungarian psychoanalysts and her 30 years experience in psychoanalysis with women with an unfulfilled wish for children, Dr. Auhagen-Stephanos has developed very early forms of dialogue with these women: the primordial and the mother-embryo dialogue. Both forms can be integrated into ongoing psychotherapy. The imaginary dialogue between patient and womb prepares her for conception, the mother-child dialogue includes the conscious recognition and welcoming of the new human being as soon as possible after the transfer to embryo. Both dialogues are imbedded in a relaxation technique, that the women experience as self-strengthening and calming. Appropriate case histories illustrated the therapeutic application of the dialogue forms.



*Dr. Ute
Auhagen-
Stephanos*

“**How can the effects of very early loss be limited?**” asked **Dr. Helga Blazy, Cologne**, and she also referred to bonding analysis. If a women experiences severe loss during pregnancy, it is to be feared that the child in the womb at the time may suffer later from schizophrenia. A woman who loses a loved relative or the father of her child while pregnant goes into reactive bonding as a result of the loss and so runs the danger of bonding with the child as if it were part of herself that mustn't be lost. The child's self cannot develop. There is no medical help available here and psychotherapy cannot always process the trauma by the time of the child's birth. Bonding analysis is here the most auspicious means of prevention. Dr. Blazy especially pointed to the trauma and secrets of earlier generations. These affect everyone of us and make us follow them and they also make unborn children even now follow those trails that lie unknown and suppressed in their parents. We also have to follow these trails.

„**Dr. Gerhard Schroth**, Speyer, is convinced that “bonding analysis permits us in statu

nascendi to observe the development of prenatal and perinatal trauma and, as far as possible, to resolve them immediately or at least in the course of pregnancy.” He emphasises in his contribution **“Transgenerational Imprinting during Pregnancy - At what point does our history really begin?”** in this respect bonding analysis is an instrument of prenatal research and at the same time an extremely effective therapeutic agent. He demonstrated, by means of his outline of a case history of bonding analysis in a crisis-strewn pregnancy, his viewpoint with concrete case material. This made clear that the dimension of transgenerational imprinting of our lives has been neglected up to now in most practical applications of psychotherapy. He argued in support of new sensibilities.



If early traumatic burdens have led to impairment, it is possible nowadays to provide considerable help by working therapeutically with infants and children. **Uta Klawitter** and **Barbara Jakel** reported on this topic.

The physiotherapist and Feldenkrais-pedagogue **Uta Klawitter**, Unterschleissheim, presented **“The Energetic Mother-Child Swing”**. The relationship between mother and child can be disturbed and strained by irritations and difficulties during pregnancy and birth and early childhood experiences. Feelings of guilt, defence and developmental disorders can emerge in the child and escalate so much that the relationship becomes more and more strained and awkward. “Nevertheless the energetic unity exists and it can be made tangible again if one “treats “ the mother and child together”, so Mrs Klawitter. The traumatic experiences often resurface, the relationship can be clarified and straightened out with calmness and care. Using this form of therapy, Mrs Klawitter works successfully with children and teenagers who have school or behavioural problems.



Barbara Jakel presented a case illustrated lecture on ***prenatal conflicts of care in the treatment of eating disorders***. *The lecture was regarded to treatment of eating disorders within a bonding oriented psychotherapy named PPP- Prenatal and Perinatal oriented Psychotherapy, created by the author. PPP underlines the significance of birthing trauma (O. Rank) as a trauma of existential change; prenatal versus postnatal world.* The psychotherapeutic concept in treatment of eating disorders has been presented

here, focused on prenatal period of development in the meaning of a primary bonding space.

The theses of the lecture was, that the interorganismic dialogue between mother and prenatal child imprints the postnatal symptomatology of the individual, especially its capacity to relate.



Barabara Jakel

Therefore, for Barbara Jakel, it is important to work on early conflicts of bonding with clients having eating disorders in order to prevent the symptoms. Only a long time therapy aimed on recognizing and changing the early conditions of emotional care would heal the symptomatology of eating disorders by avoiding the trauma of primary lack of maternal care.

The theory she explained by her concept of Bipolar Self which describes conditions of prenatal attachment imprinting postnatal development.

In the theory part illustrated clinical cases have been presented indicating the possible source of eating disorders like bulimia nervosa and adipositas.

The main task of this lecture was, that eating disorders may result from the conflicts in dialogue from the prenatal period of life which was called by F. Lake "umbilical cord affections". Thus the earliest existential conflict has to do with placental dependency. In many clinical cases Jakel observed a deficiency or lack of primary resonance processes (early mirroring function) imprinting the primary situation of care between mother and prenatal child. This would create a trauma- caused isolation for the Self called "primary narcissistic stage" to prevent disintegration. Thus as a basic therapy for eating disorders the confrontation with the prenatal roots of narcissism is crucial. The presented cases have been put in connection with the supposed prenatal situation of the clients.

An ADHD syndrome can be the consequence of early stresses and can be usefully influenced by creative expression art. **Rhea Quien**, Cambridge, who was trained by Arno Stern in Switzerland explained in her presentation "**From Violence to Tenderness**", using a series of "pictures by Hans", the basis of expressive painting: in the creative expression art studio the client Hans is confronted with his inner fears and aggressions. Through the therapy Hans learns to overcome his ADHD. From an initial concentration span of 5 minutes, his perseverance increased gradually to 90 minutes of painting, which afforded him greater possibilities of expressing himself.



picture painted by Hans

“**Becoming Parents – preparing the ground for the roots of new life**” is the title of the contribution from **Charlotte Schönfeldt** and **Claudia Theil**, both from **Berlin**.

The child and youth psychotherapist Charlotte Schönfeldt supported early prevention at school age already: practising the “language of feelings” and forms of relationship dynamics at school. This is then elementary for structuring the relationship of couples later on and as a consequence also for bonding with and the relationship to the coming child. Mrs Schönfeldt also stressed that over-strict medical control, which can be motivated by economic and research-related considerations, puts this psychologically important and necessary partner process under strain due to increased fears and the doctor’s “taking over of responsibility”: mothers were made into patients and possibly downgraded, fathers often refused to fill the even more complex role that resulted. The speaker pleaded for interdisciplinary meshing of caring communicative contexts for couples and families in this difficult socio-political time of life. Claudia Theil reports about her mode of working in her own practice. There she accompanies and supports pregnant women or couples. As a rule this means women during high-risk pregnancy or in a crisis situation. Important to her here in her mode of working are:



Claudia Theil

1. **Impartiality and empathy** 2. **Elements based on body therapy** and
3. **Resource-oriented accompaniment**

DELFI® and DELFIplus® – Prevention Concepts of Family Education

Accompaniment of Parent-Child Groups in the First Year of Life and Infants in Day Care



DELFI has expanded since 1995 and has become an established model of preventive family education. **DELFIplus** has been developed since 2007 and deals with the qualifying of professional staff in day care centres for children.

The presenters, **Irene Behrmann** (M. A. Educational Science) and **Elke Mrosek** (social pedagogue, day care centre director) introduced both concepts because concept of the work DELFI does are partly based on the ideas propagated by the ISPPM. Likewise a

psycho-historical viewpoint is imparted which goes far beyond a systematic perception of the family and creates awareness of the social consequences of bonding and educational practices. Topics dealing with development of perception, speech and motor activity, communication, group leadership, didactical tools, information about regional offers of special assistance make up further conceptual points of focus of DELFI and DELFI*plus*. Women who train as DELFI instructors or as DELFI disseminators are guided by means of self-awareness modules in confronting their own experiences. This requires care as the following topics bring them into contact with pain, mourning and old hurts: the participants reflect on their bonding experience in their own family. They come to terms with early experiences of separation in connection with their own birth or the birth of their own children, e.g. lack of help with breastfeeding. Further information: www.delfi-online.de

Nowadays we have at our disposal new possibilities of observation to represent developmental status in its early stages, as shown by the Bern gynaecologist and obstetrician, **Werner Stadlmayr**. In a pilot study conducted with 40 parents the development of the parent-child triad is being observed by means of ultrasound pictures. Here the ability of the parents to already visualise the future three-in-one (triad) during pregnancy is being investigated.

These new insights into the functioning of the early development of relationships and bonding give rise to fresh possibilities of understanding how earlier handling of the need for bonding has influenced the history of collective behaviour in societies, as **Dr. Ludwig Janus**, Heidelberg, and **Christian Neuse** describe in their presentations “**On The Psycho-Historical Dynamic of Bonding Processes** (Janus) and “**Early Bonding – as contrary fates of the Germanic and the (Late) Ancient Roman Culture - resulting however in the Chance of the Middle Ages** (Neuse).

It is necessary to know that in ancient societies bonds and ties between mother and child were always exposed to social insecurity and violence. This influenced magical, mythical and religious feelings. The bonding and security not found in the misery of the real world were sought and experienced in this world of projection. People remained to a certain extent



*Dr. Ludwig
Janus*

... tied to a prenatal symbolic other world. As a result the ancient cultures had an element of childishness. The Age of Enlightenment was the turning point for overcoming this dependence.

The historical roots of the need of the foetus, the infant and the toddler for bonding were illustrated by Christian Neuse. In the Germanic peoples, the foetal bonding was to a great extent transferred to the infant. In contrast, in Ancient Rome bonding was already severely damaged in the foetus, then in early Christianity (in late Antiquity) intact at the foetal stage, although still damaged in the infant. As a consequence of the subsequent commingling of the Roman and Germanic cultures, it became possible in the early Western Middle Ages for bonding to be transferred beyond birth.



Christian Neuse

The public supervision with **Dr. Jenő Raffai, Hungary**, on **“The System of Bonding Analysis”** was most impressive. “Life in the womb is a time during which the generations meet to decide the fate of the unborn child. Bonding analysis researches and intervenes in the profound, often unconscious, world of the different parental representatives and tries through an accompanying corrective bonding process to create a mental space for the baby and its mother which is relatively free from repetitions of destructive bonding patterns and allows both to develop and influence each other,” Dr. Raffai explained..

Rien Verdult, Belgium, took the view in his presentation: **“The Less Intervention during Conception and Birth the Better!”** There are of course necessary life-saving interventions but in his opinion the child pays an emotional price for them.



Rien Verdult

Greater awareness of the psychological consequences of these medical interventions would lead to better protection of children and can thus be regarded as prevention.

Alfons Reiter, Salzburg, dealt in his contribution with the **“Methodological, Anthropological and Psychotherapeutic Questions on Perinatal and Prenatal Mother-Child Dialogues”**. We gain access to the significance and dynamics of these dialogues primarily by introspective methods such as dreams, imagination, psycho-

dynamic psychotherapy, prenatal bonding analysis, techniques of regression therapy, etc. Empathetic access displays here not only its strengths but also its limitations. The power of perception of internal conditions depends on the concept of mankind and the judicial competence of the therapist. It is necessary to collect and interpret the data of experiences during psychological development from its beginning to birth. The possibilities of perception, memory and experience are extremely diverse. The therapist has to try and find appropriate means of realisation.



Dr. Alfons Reiter

The pregnant woman is prepared by endocrine processes to produce the necessary empathy for the developing child. And these processes are not only directed to physical development but also – through the situational expansion of consciousness – to the spiritual dimension. She can thus reflect her child in its entirety.

Panel discussion on infanticide – Mothers at Their Limits

An open panel discussion with experts (**Paula Diederichs, Klaus Evertz, Rupert Linder** and the well-known television journalist, **Manfred Karremann**) showing film and video excerpts took place during the Heidelberg conference. It became clear from the interviews with mothers who had killed their children that here two things converge: a previously damaged personality of the mother, often through several generations (not being wanted in early pregnancy), as well as total isolation or desertion in the current relationship or social situation.

During a **panel discussion on methodology** (**Hans von Lüpke, Alfons Reiter, Ludwig Janus**) the implications for prenatal psychology of new scientific concepts such as chaos theory, quantum physics and complexity were discussed. Linear-causal conclusions can only describe temporary aspects. The individual elements (facts as well as emotional perceptions) only gain significance through the overall context. As all the elements have the same weighting, it is thus possible to narrow the traditional divide between scientific-empirical research and empathetic-introspective acquisition.

Conclusion

The unambiguity of the research results and the diversity of the active forces call for practical consequences when dealing with pregnancy, birth and infancy. The spectrum here stretches from scientific research to empathetic and relationship-resolving approaches.

In the concluding panel discussion 'How can we put prevention into practice' the participants (family midwife, gynaecologist, paediatrician, and the organisers of the social preventive project 'A Good Start to Life for Children') were unanimous that early attentiveness, accompaniment and assistance for pregnant women and families in distress is necessary in each of the professions, but of particular importance is the sub-threshold communication between the carers. This can go so far that some physical dangers which basically originate – though from various factors – from early psychological injuries can only be treated sensibly by taking the different physical, qualitative and empathetic levels of the mother, the unborn child and the father into account.

The research also widens the current discussion about after birth prevention by the pre-birth dimension, the basic significance of which is nowadays undisputed.

With this in mind, the ISPPM already passed in 2005 a

Charter of the Child's Rights before, during and after Birth.

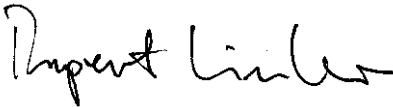
In the fields of prenatal, perinatal and postnatal psychology and medicine it has been possible to prove that in the time before birth, during birth, directly after birth and up to the age of nine months fundamental patterns of experience and behaviour are imprinted. This is of great significance for the development of personality in human beings.

The congress provided the means of finding out about these fascinating new developments.

□ Further conference contributions can be found under http://www.isppm.de/Congress_HD_2008/Congress_HD_2008.html

□ An Audio-CD comprising the contributions as well as DVDs of the television films “We’re just children” (*Wir sind doch Kinder*) and “What happened to Karolina” (*Was geschah mit Karolina*) shown can be obtained from the office of the president’s secretary (Frau Neff, e-mail: sabine-neff@t-online.de or by telephone under Tel. 07231/680232)

□ A large number of the contributions will be published in “Journal 2008” the scientific publication of the ISPPM. Date of publishing: from March 2009. It is available from the ISPPM or the Mattes Verlag, Heidelberg (email: verlag@mattes.de)



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