

## Report from Psychotherapeutic Praxis

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### **Depth Psychology-Based Group Therapy by Imminent Premature Birth**

As a female gynecologist and psychotherapist I have been leading an open short-term group with pregnant women since January 1996, whose pregnancy is endangered by cervical insufficiency, retardation, breech presentation and placenta insufficiency.

Since the medicamentous and operational efforts to lower the rate of premature births in Germany has been without any success until now (Prof. Dr. Wulf, Wuerzburg, 2 October 1996), psychosomatic treatment is gaining in importance.

First I always attest to the patient's inability to work. Deliberately refraining from using Partusisten (Fenoterol) and Cerclage, I prefer utilizing magnesium and bryophyllum, a phytopharmaceutical medicament. During the course of the group sessions we do relaxation exercises and imaginative picture techniques. The women are requested to breathe past the lungs to blow up an imaginary hot-air balloon taking them on an inner journey. Then their pictures are painted and discussed.

At the beginning of the therapy most of the balloons in the paintings are stuck to the ground, blood red and immovable; later they all rise and float. With this the baby gets the possibility to develop and "float freely" in his/her own living space, independent of external stress factors.

This also has a positive effect on post-natal development.

Besides that we talk about the fear of pain, illness, stress at work or in the family, the attitude of the partner, negative former experiences, restrictions on personal liberty, the initiator of the early birth efforts (mother or child) and a lot of other traumatic topics.

Up to now 40 women have taken part in my group, all with cervix insufficiency and early contractions or labor pains. Ten of my patients meanwhile have had a breech presentation, four an intrauterine retardation (2-4 weeks). Four of these women had taken part in my psychotherapy before because of sterility, habitual abortion and vaginism. In one case there was a bigeminal pregnancy, during which one twin died during the 12th week.

In all cases the women reached the 37th week of pregnancy, most even the calculated date of birth. Out of ten breech presentations nine babies turned and were spontaneously born in cephalic presentation. Only twice was a sectio necessary because of placenta insufficiency and breech presentation.

Three out of the four retarded babies gained their regular weight unexpectedly, to the surprise of all. The fourth child had stopped growing in the 28th week of pregnancy, but after resolving a family conflict the child continued to grow from the 32nd until the 37th week and was born healthy at 2180 grams by sectio. The patient with the former vaginism, who held out in breech presentation until the

38th week (wishing a primary sectio), was able – with the help of the group – to have a spontaneous delivery in cephalic presentation.

The small number of my cases does not allow any statistically significant interpretation yet, nonetheless the noted effects give me hope for future success.

Jutta Kieselbach, Trier, Germany