

# MOSCOW 2007

## Coordinated Congress Summaries

*Edited by Simon House*

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### **THE PRENATAL CHILD AND SOCIETY:**

### **The Role of Prenatal Psychology in Obstetrics, Neonatology, Psychology & Sociology**

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Editor’s comments are in italic script. These include link paragraphs between one section and the next.

#### ***Introduction***

*First, the warmest congratulations to Nina Chicherina on mounting such an ambitious and successful operation, and happy gathering, and also to her stalwart team. It involved tremendous skill and hard work. Moscow’s World Prenatal and Perinatal Congress 2007 presented a powerful array of experience, and cutting-edge findings on pre- and perinatal care and primal psychotherapy. I believe it is valuable to summarise the presentation-articles and try to coordinate them, if only as a guide to the great Congress Books (some 200,000 words in English). Only as these important research findings are coordinated in practice, can they fully benefit forthcoming children, families and society. This means attending to inter-disciplinary balance, especially as we develop our new ISPPM Curriculum. So I hope this report may help:*

- 1. Communication between teams working in similar fields.*
- 2. Coordination of insights from different fields for better parenting and childbearing.*

*To appreciate how substantial these articles are, and to explore the details, referring to TOM I and TOM II is essential, or to the authors for many references.*

*My pattern of coordination is emphasis in the first three sections on the context of conception, and particularly the problem of an unwanted conception or being an unwanted baby, and ways of caring. The middle sections emphasise risks in gestation and their prevention. The last three sections attend to practical care, particularly neonatal care for preterm babies, and aftercare, and conclude with the development of thinking in prenatal psychology, past and present, and our hopes for the future.*

*For continuity I have a link paragraph from each section introducing the next.*

*A. Christine Fauré's theme provides a fine introduction to the Congress, and particularly to the first section as it sets conception in the context of the environment as a whole, inviting us to contemplate the genes and cells, nutrition and respiration, sensations and emotions – all the interactions that make up life – and sets prenatal care in history and the long striving for peace.*

*The context of environmental elements is taken up in my own article, showing how they have been the driving force in evolution, and how we are mismanaging them to our peril. The evolved brilliance of the human brain, which so far has enhanced the planet, has now become the greatest threat to the planet. This includes changes to the modern diet that threaten the human brain itself.*

*WHO forecasts mental health disorders to be the top burden of disease by the year 2020. This threat calls for the sharpest focus on care of the human brain, its development and continuing evolution. Who more brilliant than Igor Kon to point up the importance of nutrition, or Grigori Brekhman to expand on the many aspects affecting brain development?*

## **A. CONTEXT OF CONCEPTION**

### **A1. Natural Prenatal Education – an offer to world society for the 3rd Millennium.**

*Fauré, Christine ~ France ~ EA167 / RA13 ~*

THE PRENATAL PERIOD IS THE BASIS OF EACH LIFE. Christine Fauré spelt out how materials for the structure of the embryo, the fetus, are nutrition and respiration; and they are also sensations, the thoughts and emotions of the mother, and through her of the father, and of the environment. All that is nutritious integrates into his structure. All information imprints on his cellular memory and participates in his genetic capital.

Future parents should not disturb the best conditions with our violent ways and music, but allow the best of our lives to surround the conception and prenatal education of each new life. Will it be love and hope, or fear and anger, that biochemically imprint the child and future generations?

Parents need to begin early, since imperfections may not all be healable, and may take too long.

After 30 years many children who had received such prenatal conscious loving attention have been observed. Physicians and teachers testify to their perfect physical, emotional, and mental development and loving and altruistic character, calm and deep concentration. Most striking has been the level of magnetic personality and natural leadership. Conception appears to be a key period, which reflects Pythagoras's comment on the sperm as subject to immorality or violence; while Plato held that a woman should live in peace, joy, pride and prayer to imprint her child well. Socrates called for a child's education from before conception, and to continue in formal education. 'Only the peace that has its roots in ourselves can expand into the world . . . thus strong and balanced beings will be born, capable of organizing a more just and humane world, where finally peace will reign'.

### **A2. The science of nurture, nutritional and emotional, in the context of evolution.**

*House, Simon, H ~ Britain ~ EA170 / RA11 ~*

NURTURE FOR HEALTHY CHILDBEARING has to be considered in the context of our evolution and recognition of recent diversions from our evolutionary path. The reasons for this were given by Simon House. Over thousands of generations the evolution of our huge neocortex was possible due to our diet of fish and shellfish, providing enough docosahexaenoic acid (DHA) and eicosapentaenoic (EPA) for its constitution of 10% DHA. (These are the key omega-3 oils we hear so much about nowadays). DHA's exceptional 6 double-bonds can form a tunnel controlling electron flow, making it suitable particularly for brain and retina.

Our moves away from water, from physical activity of hunting wild foods, have revolutionised our diet and metabolism over only a few hundred generations. The most serious losses seem to be DHA and EPA, minerals such as iodine and zinc, and vitamins, such as folic acid and other B vitamins. Dietary change has indirectly weakened bonding. Increased protein through farming has enabled a woman to produce a child a year, reducing that valuable bonding time of 3 or 4 years between each child, a gap which also allowed her more time to recoup levels of DHA and other key nutrients.

The greatest need for DHA is in childbearing, especially for the rapid brain growth through the 3rd trimester and infancy. Breast-milk is 8 times as rich in DHA as cow's milk, hence omega-3 supplementation of some modern formula milk.

Yet, before conception parental nutrition is affecting sperm and ovum and thereby this individual's development and health for a life-time. At around 3 weeks the embryo, as a plate, folds to form the neural tube. If undernourished, the tube may seal itself inadequately, which can lead to spina bifida or cleft palate/lip. Scans reveal regional in the embryo. If lay-out of the rudimentary brain is incomplete, connections between brain regions may not be perfected. Such problems can underlie autism and attention-deficit/hyperactivity-disorder (AD/HD), problems with relationships and social sense. Incomplete connection of the rational brain with the emotional and motor brain means inadequate self-control with the risk of violent tendencies.

Evidence indicates that some 80% of current reproductive hazards, including infertility and malformations, could be prevented purely by sound all-round nurture. For instance B vitamins and other vitamins, DHA and EPA, and minerals are especially important. So is clearing toxins and diseases, which are often hidden. Impairments in brain development are visible in scans showing brain structure and activity patterns. Controlled trials show marked effects of early nutrition on the brain's subsequent acuity, as well as physical health.

Further developmental spurts of the neocortex demand extra nutrients, 'hard-wiring' at 3–5 years, and pruning and redevelopment around puberty. In the late adolescence, the male's brain has to compete with rapid growth of his already large body urgently needing these essential nutrients. This jeopardizes the brain and accounts for the peak in violence at this age. Accordingly, in a young people's prison, nutritional supplementation reduced violent incidents by one-third, just as it had in schools improved children's poor attention and behaviour.

In the last few generations, industrialised farming, food processing and marketing, particularly to children, all excessively profit-driven, have been affecting health including our brains. The fat to nutrients ratio of today's farm-fatted meats is nearly 10 times that of wild foods. Obesity is the visible result with its own dangers. Far worse is the effect on the brain. The cost to Europe of mental health disorders is approaching 400 billion euros a year.

Some problems are caused simply by lack of key nutrients to build the cell structure, or toxins or diseases that interfere. And even from each child's beginning, gene-switches are being set for life by emotions/hormones, and by nutrients or their deficits, according to the immediate maternal and family environment. Good bonding and feeding set gene-switches for a caring, plentiful, environment; poor nutrition, or stress and violence, set switches for a poor environment, a 'fight for survival' – a child with genes set thus, emerging into a rich, fat world, will inevitably become obese. The background for violence may be aggressive violence to the mother in pregnancy, or to the child. But it may be a life-saving forceps delivery combined with the child's being kept apart from the mother. Later effects can be the same, violent behaviour.

Highly relevant is development of the limbic system, seat of consciousness till 3–5 years. But then activation of the powerful neocortex relegates these memories to the unconscious. After that, those limbic impulses from beyond our awareness become difficult for our conscious mind to understand and control.

Understanding nurture in terms of biochemistry and epigenetics highlights ways we can learn from our ancestors' way of life. Some of these revelations are beginning to help us recover our wellbeing, through more physically active lives, foods akin to those of the water and the wild, better sustained affection and, most importantly, applying these insights to childbearing.

See: Crawford M & Marsh D (1995). *Nutrition and Evolution*, Keats, New Canaan CT, USA. House SH (2000) Stages in reproduction particularly vulnerable to xenobiotic hazards and nutritional deficits, *Nutrition and Health* 14.3, Generating Healthy People. AB Academic, Bicester UK. www.healthierbabies.org . House SH (2007) Generating Healthy Brains, *Nutrition and Health* 19.1, Ridgway R, House SH (2006) *The Unborn Child*. London: Karnac Books.

### **A3. Nutrition of pregnant women and fetal development: modern data.**

**Kon, Igor, Doan HM.** ~ **Russia** ~ EA172 / RA24 ~

HEALTHY NUTRITION IS KEY FOR NORMAL FETAL DEVELOPMENT. Igor Kon gave classic examples in the effects of folic acid deficiency and vitamin A excess. Especially important are the omega-3 long-chain polyunsaturated fatty acids, and trace elements, particularly selenium. As a natural antioxidant it is important to check selenium status in pregnant women.

Excessive lipid peroxidation may be one of the factors that influence fetal development including brain development. Peroxidation is reduced by selenium, one of the natural antioxidants, so it is important to check selenium status in pregnant women. Pregnant women in the Russian town of Ryazan, compared with Moscow, are shown to be low selenium intake and serum status, and their need for dietary correction.

The usual diet of Russian women and other European populations is low in omega-3s, with an excess of omega-6s. Enrichment with omega-3s is seriously needed. About 15 years ago we and other investigators showed that omega-3s decrease the frequency of premature birth with pre-eclampsia, possibly connected with decreasing.

See: *Dairy Products in Infant Nutrition in Russia – Current Situation* by Igor Kon & Sergey Simonenko, Institute of Children Nutrition, Moscow, Russia.

**A4. Systemic interactions between unborn child and external world.** From new paradigm to super-new paradigm in wave communication, matter, energy & information in 'violence'.

**Brekhman, Grigori, Shilina NM, Gmshinskaya MV.** ~ **Russia/Israel** ~ EA169 / RA10,B14 ~

THE DIFFERENCE BETWEEN WESTERN AND EASTERN THOUGHT includes pre- and perinatal psychology, explained Grigori Brekhman.

Our Western concept has traditionally been of a mother-child unit. The Eastern concept is of a complex multi-level person, in terms of: biology, energy, emotion, brain, soul, spirit and other levels. On this assumption it is on all these levels that harmonious development of the unborn child requires cooperation with his mother from the earliest. So on the basis of systems and management theory, we considered the configuration – unborn child – mother – nuclear family – extended family – society – immediate ecological environment – solar system. The unborn child is a rapidly developing, self-adjusting, open system with numerous subsystems, cells, organs and so on, with practically all levels of the adult. He has emotional perception, accumulates impressions in memory, reflects on these stimuli, which affect his behaviour and thinking throughout life.

Brekhman and his colleagues believe that the frameworks of environments influencing people, including the unborn child, should be expanded to include the earth, the biosphere, the 'noosphere' (*VI Vernadsky and P Teilhard de Chardin*), the sun, the planets and the universe. The question is whether it is possible to screen the unborn child from these influences.

Conversely the unborn child influences the mother, the family nuclear and extended, society and environment. He now becomes recognisably more closely connected to the environment and is in fact the systems 'progress centre'.

What then is the purpose and mechanisms for information exchange, and for functioning and development, from the moment of zygote onwards? We could say the purpose is to preserve and develop life, intelligence, civilization. What are the mechanisms for information exchange? Systemic communications are by hormones, touch, sound, sight, words, and so on. Underlying these is a dominant universal way of information transfer, electromagnetic wave-function, which can act below conscious level. The authors have shown the mechanism of this wave interaction between mother and unborn child, and believe that the same mechanisms underlie interaction between the unborn child and his external environment. Attention to the subsystems could help us generate offspring who achieve better preservation of life, intelligence, and civilization on our planet.

*Link. From considering in the previous section how mind and memories might be formed, the next section conveys how the most lasting memories are the emotional ones, which means they are in the limbic system. Here early memories are still operating but mainly below the level of consciousness. No memories seem more powerful than feelings of being unwanted. Attempted abortion, rejection or abuse imprint heavily, with not only psychological effect but often physical as well. Abandonment to an orphanage, without even a foster parent inevitably marks a child. Correlations with health status of relatives are informative.*

*The child in the womb can pick up a parent's feelings-memories causing lasting confusion, even into adulthood. With regressive therapies these memories can be identified and resolved.*

## **B. UNWANTED AT CONCEPTION, OR SUBSEQUENTLY**

### **B1. Cellular memory as a pathogenesis of the immune's system diseases.**

*Kafkalides, Constantine ~ Greece ~ in personal communication ~*

MANY OF THE SENSORY STIMULI THAT PASS THE THRESHOLD OF OUR MEMORY are shortly erased. Constantine Kafkalides tells us how the stimuli that we can recall from the distant past are always strongly emotional, relating for instance to faces and/or situations, pleasant or unpleasant. These are important. Pleasant memories help us to feel the joy of life. Memories can cause us to accept or reject a type of situation, or a person, even our own self. Unidentified memories can flood us with indeterminate fears, insecurity, even a sense of rejection, of forthcoming death.

A group of early memories that influences behavior in adult life emerged in the research work of Athanassios Kafkalides and few other contemporary psychiatrists. They started in 1960 using psychotropic drugs such as the psychedelic LSD-25 psilocybine and ketamine hydrochloride, in deep psychotherapy. They found that serious psychological disturbances in adult patients – depression, neurosis, psychosomatic reactions – related to unpleasant conditions they had experienced in the womb and to stimuli received from the mother. Some put in question their very existence. Others opposed the identity of their own gender.

One possible mechanism is that some neuropeptide molecules from the mother's brain are small enough to penetrate the blood-brain barrier and reach special receptors on neuron cells. A woman's dislike of her pregnancy causes her brain to release such neuropeptides into her blood-stream. Reaching the embryo's developing brain they leave deep traumatic imprints of unwantedness, which may be reactivated by certain conditions even in adulthood. The cause lying in the mother's condition may have been her possibly unconscious wish to abort. The cause could have been as incidental as the loss of a beloved person (which is perceived as emotional rejection); or it could have been rejection by a lover, or resulting from an offence at work.

Such fear inducing stimuli resonate on a cellular level in his unconscious, resulting in self-rejection and destructive feelings and (if uncontrolled) behavior towards others, maybe the whole of life, or destroying himself and so enacting his mother's desire for the embryo not to exist. With a strong survival instinct he may take a longer route to self-destruction, with alcohol, drugs or through disease.

Typical of such problems are auto-immune diseases, in which a person's immune-system destroys their own body-cells. Cells that belong are normally safe from the immune-system, but if the DNA adds just one protein to the cell's surface it will appear foreign and be 'destroyed on sight'. If epidemiology correlates autoimmune diseases with intrauterine rejection the next step will be prevention.

Everyone involved in parenthood, personally or professionally needs to realize this responsibility towards the embryo during childbearing. As the embryo develops and becomes a grown person in our society, the consequences of such a self-rejection and destructiveness could be grave, for himself and for other human beings. The right approach can result in a happy and creative person.

C. Kafkalides, MD, Head, aero-medical section, Hellenic Civil Aviation Authority.

## **B2. Psychodynamic aspects of problematic pregnancies expressed in images.**

*Evertz, Klaus ~ Germany ~ EB127 / RB30 ~*

UNCONSCIOUS MOTIVATIONS IN TERMINATING PREGNANCY may be decisive. Klaus Evertz demonstrated how the real child in the womb has become confused with the traumatised 'inner child' of the father or mother or antecedent. Spontaneous paintings powerfully show up images of these inner conflicts. In Germany in 10 years to 2005 abortions have only fallen slightly to 124,000, a decline similar to our birth rate. As in other countries the number remains remarkably constant.

The major question is: why so many abortions over such a long period? A couple's lack of confidence to bring up a child may even extend to fearing the need to kill it, the fear of acting out unspoken fears. There may be a fear of re-enacting a stress situation such as unresolved bereavement, or of a reaction to one's own embryonic or childhood trauma.

Abortions are part of a psycho-historic vicious circle, part of numerous excesses in human history, a society inducing and reflecting paranoia, furthering antisocial structures and authoritarian striving for power. The problems of abortion are inherent in the more extreme facets of capitalism: only one can win (survive). Whilst in a healthy society, where competition is based on fairness, every citizen is enabled to contribute according to her or his talents for the wellbeing of society.

## **B3. Prenatal experience and sexual activity in 'autopsychognosia' (psycho-self-knowing) with psychedelic drugs.**

*Kafkalides, Zephyros, A ~ Greece ~ EA235 / RA107 ~*

THE RELATION BETWEEN SEX AND PRENATAL EXPERIENCES was the subject of analysis in 17 patients, undergoing deep psychotherapy with psychedelic drugs. These are recorded in Athanassios Kafkalides' MD treatise *The Knowledge of the Womb – Autopsychognosia with Psychedelic drugs*, (Authorhouse, USA, 2005). Kafkalides's elder son Zephyros explained how administration of chemically pure d-lysergic acid diethylamide (LSD-25 30; 100 mcg) induced the reliving of childhood and infancy, and even of fetal experiences. The patient would feel the size he had been in the womb or newborn, and express physical movements and emotions of those moments. Most significantly he or she sensed being either Welcome as a person 'in the womb', or Unwanted, or Welcome only if the chosen gender.

The womb-mother, as his or her first external environment, inevitably became his or her fixation, whether Unwanting or Welcoming. Yet all the Unwanted and Welcome reliving

‘expulsion-birth’ expressed a sense of rejection by the womb, which induced Kafkalides to designate his ‘autopsychognosia’ patients as ‘Rejected’.

All 17 found sexual orgasm with a ‘womb substitute’ to symbolize a return to the womb: ‘In sex, I take the path of my expulsion-birth, but in reverse. In so doing, I return to the secure womb’ as one man said. For the Welcome, the womb felt a safe first environment. Some patients felt a need to perpetuate themselves that could be realized only through progeny, making sex the way to immortality as well as security, but the idea of progeny could be mixed with widely varying horrors.

Two female cases, during their pregnancy, identified simultaneously with their mother and the fetus within them. Orgasm brought the same double identification. Yet one woman, unwanted both as a child and for being a girl, expressed it: ‘When orgasm begins I feel pleasure, . . . quickly dissipated by painful convulsions in the abdomen, . . . pain in the genital organs; feeling that I am a whore; feeling that I’m going to die . . . Heterosexual sex takes me back to the hell of the womb’.

If the womb substitute in sex reactivates the accepting womb, then the result is serenity. If, however, the womb substitute reactivates the rejecting womb, then severe problems arise, sexual and mental, listed in the article.

No person can, by sheer muscle, wealth, or willpower, ever overcome such emotional damage. Their insecurity at an unconscious level can be changed only by working with the unconscious mind. As a result 11 cases showed a significant or almost complete removal of disturbance, while the other 6 cases showed no deterioration in mental disturbance. We have to underline here that there are ‘Rejectededs’ who, in order to avoid reliving the hell of the rejecting womb which is reactivated through sex, replace their sexual activity with activity in other fields, such as professional, humanitarian, artistic, religious, and so on.

The author expresses his concern that a reaction to mass drug use generally banned psychedelic substances in the 1970s worldwide, yet his relief that there is now scientific research at the University of California and at The National Institute of Mental Health, Harvard University.

#### **B4. Abnormalities of babies’ alimentary behaviour are a predictor of mental dysontogenesis.**

*Proselkova, M Ye, Malyesheva TV, Shiminova GN. ~ Russia ~ EB189 / RB79 ~*

BABIES OVER THE FIRST 12 MONTHS FROM BIRTH HAD BEEN STUDIED, by ME Proselkova, to test for correlation of schizophrenia with peculiarities of early feeding behaviour. Early feeding behaviour is a vital unconditioned reflex, controlled by the limbic system, of searching for, holding and sucking the nipple.

The team recorded each baby’s reactions to feeding, the person nursing and duration of feeding, along with respiratory and cardiac rates, gastric activity, visual reaction, and food priorities. Babies with peculiarities were termed the High-risk-group. The records were coordinated with later psychopathological examinations relating to schizophrenia.

Abnormalities in the early feeding reflex can help to diagnose the factors causing babies’ mental maldevelopment. Comparisons were also made between this High-risk group and a group of orphans-from-birth living in orphanages but otherwise similar conditions. The differences between the two groups indicated the serious developmental effects of disrupting the mother-baby bond at this early stage.

#### **B5. Peculiarities of health of children from unwanted pregnancies.**

*Philkina, OM, Pyhtina LA, Dolotova NV, Shirokova OS. ~ Russia ~ EB192 / RB119 ~*

[Note: ‘CNS lesions’ is used in Russia more broadly: in Western Europe the term is more used for damage caused physically by injury or infection.]

ABOUT 75% OF CHILDREN IN CHILDREN’S HOMES ARE ‘SOCIAL ORPHANS’, OM Philkina tells us. Being of unwanted pregnancies, the majority of mothers refused

in the maternity hospital to keep them. Nearly all these women had planned to interrupt pregnancy but failed, mainly due to lateness in referring.

We investigated 179 children in the first year of life with perinatal lesions of the central nervous system (CNS); 97 'social orphans', and 82 'wanted children' – from wanted pregnancies and living in a family.

The 'social orphans' suffered high rates of other developmental anomalies:

physical deviations 55%, low growth 19%, low weight 8.6%.

In their first year specific problems reached several times the frequency of the 'wanted children':

7.5 times the rickets (a rate of 45%),

4.2 times the anaemia (13%),

2.7 times the hypertrophy (8.0%),

8.7 times as likely to be frequently sick (80%).

Perhaps the greatest contrast was in neuropsychic development. Among the 'social orphans' there was a complete absence of children with neuropsychic development appropriate to age, whereas among the 'wanted children' there were 24%.

The study underlines the negative effect of unwanted childbearing on health in the first year of life.

#### **B6. Mental disorders of sexually abused.**

*Platonova, NV ~ Russia ~ EB195 / RB108 ~*

MENTAL DISTURBANCES AND DISORDERS FROM SEXUAL ABUSE correlate with classified types and severity levels of abuse, as listed by NV Platonova.

The type of mental disorders and remission of children-survivors of sexual abuse are shown to depend on: frequency of abuse, age and stage of psycho-sexual development, level of mental development, biological and mental features, intensity of mental trauma, and the degree of aggression used in overcoming the victim's resistance.

#### **B7. Early violence in forming psychophysical dysontogenesis.**

*Margolina, I ~ Russia ~ EB188 / RB108 ~*

UP TO ONE-QUARTER OF CHILDREN IN RUSSIA are believed to be subject to physical violence. I Margolina studied the psychological deviations in 72 children of 7 months to 14 years, verified as suffering prolonged physical violence. The prevailing hereditary pathology was: alcoholism over 50%, relatives with cruel behaviour 18%, schizophrenia less than 5%, somato-vegetative disorders (of sleep and appetite, smallness, weakness, sympathicotonia) 92%, depression manifesting increasingly with age 69%.

Retarded psychological development of the children included emotional, cognitive, and compulsive tendencies including violent behaviour. Towards 3 years it manifested in destructive aggression, in adolescence as cruelty. Smaller children with personality disorders preferred to be alone. At pre-school stage they try to relate to strong peers, thereby becoming victims, subsequently obeying the strong while getting pleasure from offending the weak. All children suffering domestic violence showed affective, compulsive and ability disorders.

**Link.** *To the woman unwantedly pregnant, and to an unwanted child, secure holding is vital to fresh hope. It can replace a desperate sense of rejection with a sense of joy of life. Education about life, as well as formal education, can help each new generation understand that happiness can come from respecting mature relationships as the place for procreation and children. Even if we need to modify traditional family lifestyles to raise new generations, completely abandoning such lifestyles would mean drastic damage. Best if we can prepare for the next generation by couple's clearing themselves of as many negative traits as possible, choosing from the many psychotherapeutic avenues now open to us.*

## C. UNWANTED PREGNANCIES – CARING AND PREVENTION

### C1. Alternatives in difficult life situations – A caring concern about the numbers of abortions performed.

*Acott, Julia ~ Britain ~ EA196 / RA52 ~*

SUPPORTING PEOPLE IN UNPLANNED PREGNANCY AND AFTER ABORTION, Julia Aycott was told by one woman “I had no alternative at the time”. This prompted her to start a pregnancy crisis centre, *Alternatives*, which multiplied to 160 centres within the network of Careconfidential. She now manages the counselling team of 140 telephone Helpline and Online Advisors. Help and support for any woman or her partner facing an unplanned pregnancy or following an abortion comes from 15 bases taking 1,000 calls, 6,000+ website visitors per month and over 200 Online Advice clients a month. Their help in decision-making uses the Egan 3-stage model:

1. relationship, listening, clarification;
2. enlarging perspective, exploring;
3. resolving the conflict between head and heart, creative choice and moving forward.

In Newham, East London, 1 in 3 of all conceptions are terminated: of those under 18 years 1 in 2. The UK has 500 abortions every day; the world 46 million annually.

Up to 50% of women may need antidepressants at some stage in their life, which they often relate back to problems following the abortion. Although not all women suffer obvious distress after abortions, a substantial number struggle afterwards. Research shows abortion can affect women – and some men – physically, emotionally/psychologically, behaviourally or spiritually. Post-abortion stress is recognised as a medical condition. The author lists these physical and psycho-emotional problems.

Guidance for the journey out of the problem is given in 10 steps. The supporter walks alongside a woman, always ready to encourage, affirm and guide her. For this reason, the Journey Training Program is geared towards taking the trainee supporter on the same route first, allowing her to understand and empathize with the thoughts and emotions a woman encounters, and which will need to be sensitively approached and worked through.

The description of common feelings and dilemmas of women considering abortion helps the reader understand the kind of approach and support needed. Part of the recovery process will involve a change of thinking and attitude: “We can’t change the past, we don’t know the future, but we can change the way we think.” The work and structure of the Newham Alternatives Team, of 8 employed staff and 20+ volunteers, is described and their Education and Prevention work in schools, colleges and youth clubs. Government research has shown that good quality education in sex and relationship helps young people delay the age at which they become sexually active. Sessions include: relationships and the place of sex, unplanned pregnancy, and contraception; pre- and post-natal support, therapy for birth trauma for young babies and for parents, and post-adoption support. They also include sexually transmitted infections including HIV/AIDS. A vivid sense of conception and life in the womb is conveyed by *The Lifeline Game. Alternatives*

*Alternatives*, Director and Careconfidential Counselling Manager.  
66 Prince Regent Lane, Plaistow, London E13 8QQ. [julia@altel.org.uk](mailto:julia@altel.org.uk)  
[www.altel.org.uk](http://www.altel.org.uk) and [www.careconfidential.com](http://www.careconfidential.com)

### C2. How we and the world turn a blind eye! It is time to welcome our children!

*Gouni, Olga ~ Greece ~ EA162 / RA22 ~*

Prenatal psychotherapist, Trainer of Prebirth Psychology, at the University of Athens,  
President of the Hellenic Union of Prenatal & Perinatal Psychology & Medicine (HUPPPM)

THE UNBEARABLE PAIN EVEN OF WANTED CHILDREN is known to us all in the field of prenatal psychotherapy, let alone of those who were unwanted conceptions. Olga Gouni elaborates on the womb as the first environment which will pattern us for repetitions

through life. Those patterns will stay until we re-experience them and release their power in choosing our own purpose in life. Continuously held emotions have their effects during pregnancy. Individual events of parental anger and fear may have little effect.

Genes are blueprints for physical traits and behaviour. Environment, however – through the mother in the case of the fetus – can biochemically switch genes on and off. This is nature's way of preparing the child to function in the external environment. Evidence supporting a wave theory of mother-fetus communication – as part of their full multi-level coordination – is collated by Grigori Brekhman.

We still sacrifice our children to war, feed them pornography, we exploit them at work, we humiliate, beat and punish them, impose our wishes on them.

Yet we are evolving as parents, in preparation for conception and in support of our children to reach their own goals in life.

Positive cycle: Security > empowering environment > love signals > welcoming the new soul > health > creativity > self actualization > evolution

Overcomes negative: Existential threat > toxic environment > fear signals > powerlessness > subjugation > dependence > stagnation > perpetuation of disease/dysfunctions

The author's selection from her nation's gems is striking: in our generation, from Athanasios Kafkalides, but also from over 20 centuries ago when Athenians facilitated parenthood and so empowered their citizens.

*Plato*: 'Especially on the day of the wedding ceremony, the most important event of their life, both the bridegroom and the bride, need to show self restraint. Since they do not know when, with the help of the God, their child will be conceived, they must be certain that they are not drunk when they conceive their child.'

*Hesiodos*: 'Conceive your child not after a funeral but after a god's symposium'

*Plutarch*: (in spiritual values): 'Mothers should bear in mind that it is essential for the newborn to remain in the hands of the mother. It's the mother, herself, who should raise her child breastfeeding. . . . Only when absolutely necessary, a mother can trust her baby with another woman. And, in this case, she needs to choose a woman full of spiritual values, because she will influence most the soul of the child, which is so soft like a soft wax.' . . . And: 'education in raising children should start as soon as two partners get married'.

*Aristotle*: '. . . Pregnant women need to look after the health of their body, move and feed on nutritious food. . . . In contrast to their body, their intellect needs to stay calm. . . . Very young people, boys and girls should avoid getting married, because it leads to imperfect and small beings. The same is true of aged people because out of aged people come children with imperfect and weak body and soul.'

So the work of our Societies is clearly an updating of ancient wisdom. – And finally –

*Euripides*: '. . . Oh, world! In case I should blame you for all harm I've done to me, The equal of which has never been, I will blame my mother. For when she carried me in her ice-cold womb, only the thought of evil she allowed to get to me, And thus I became the cause of suffering, for which I am not worthy to mourn.'

To which lament Olga Gouni's paper is a wonderful antidote.

### **C3. Specific features of the reproductive function of the family in modern Russia.**

*Filippova, Galina ~ Russia ~ EA200 / RA44 ~*

IDENTIFICATION OF DISTURBANCES IN REPRODUCTIVE HEALTH could alleviate the extensive deterioration of parenthood and family education with increasing social orphanhood, the collapse of family life and transmission of values between generations. Galina Filppova explains how the appeal of professional life has led to the deterioration of family life, and of the environment too, all a matter of great concern in modern Russia.

Scientific study shows unconscious fears behind many problems: refusal to assume the role of parent with loss of personal freedom, devaluation of children and parenthood, poor emotional interaction and nurturing skills.

Social and family life with implicit education in parenthood has been psycho-biologically disturbed over several generations: by medical technology, by separation of the baby and mother and by early placement in nurseries and boarding schools. 'Social orphans' can suffer deformation of the ego concept and other personal structures. Ambitious parental desires can 'force' children by accelerating their physical or intellectual development inappropriately.

A program based scientifically on psychophysical fundamentals and ontogenesis of the reproductive and parental aspects must be directed towards restoration of traditional methods of transmission of parenthood to future generations. It must cover the planning for a child, through early development and onwards to parenthood.

**C4. Why Prebirth Psychology, Philosophy & Education? – Jon RG & Troya GN Turner. Turner, Jon & Troya ~ Holland ~ EA170 / RA68 ~**

PERINATAL PSYCHOLOGY CAN EXPLAIN VIOLENT TEMPERAMENTS, Jon and Troya Turner explain. It can help with play, and with prebirth education. Some children in adoption, or children with Reactive Attachment Disorder, at times see themselves as 'fighting for survival', even against especially caring and loving parents.

John Sonne's landmark paper *On Tyrants As Abortion Survivors* describes prebirth damage that gives rise to terrible tyrants & diabolical dictators of the 20th Century: how Hitler's father beat his wife while she was pregnant with Adolph, whom he subsequently beat daily; how Saddam Hussein's mother attempted to abort him by running into a wall, even attempting suicide with him, when she was seven months pregnant. A Cyprian case-history describes how a mother's hatred during pregnancy gets passed on to her child, and can develop into racial prejudice and hatred. Examples are Colonialism and Slavery with their primal effects.

The effects of maternal environment on fetal development of the brain are powerful. Emotions, as well as rational thought, are affected; behaviour as well as performance. One priority is the urgency for sound nutrition worldwide. Effects on health are transgenerational. Both parents should be preparing months in advance of possible conception, while sperm and oocyte are developing fast. Nutritional health of forebears in the two or three previous generations particularly affects the health of the child. Both emotional and nutritional states have biochemical effects on the fetus, through changeable gene-expression included, permanently setting control levels for better or for worse.

Communication between baby & mother is by various means, including electromagnetic waves according to growing evidence from Grigori Brekhman and others. The Whole-Self Prebirth Analysis Matrix© help us to understand the 'mythos' of family psycho-history, the key to which is Whole-Self discovery of the emotional DNA© (eDNA©).

See: [www.Whole-Self.info](http://www.Whole-Self.info), [www.Whole-Self.co.uk](http://www.Whole-Self.co.uk), [www.ionianet.gr/cosmoanelixis](http://www.ionianet.gr/cosmoanelixis) (Greece). Email: [Whole-Self@quicknet.nl](mailto:Whole-Self@quicknet.nl)

**Link.** *Unwantedness may be the deepest adverse imprint, but many others are instanced. The accumulating records of psychological traits and their impacts on the next generation make available a wealth of approaches, taking us from VERNY's objective findings on stress to subjective findings and therapies. These range from meditative and hypnotic trance to psychosocial care for relationship-building, from preconception nutrition to sound midwifery.*

## **D. PREVENTING AND RESOLVING NEGATIVE PSYCHOLOGICAL IMPRINTING.**

### **D1. The pre & perinatal origins of personality, disease & health, violence & love.**

*Verny, Thomas ~ Canada ~ EA150 / RA9 ~*

A VIVID NEUROLOGICAL AND BIOCHEMICAL PICTURE of fetal and infant development was presented by Thomas Verny. He focused on the effects of stress on brain structures underlying memory, the immune system, personality, and increasing the risk of many childhood and adult diseases.

Stress refers to both the internal and external demands that we face to accommodate change. Stress becomes negative when adaptation or coping mechanisms fail. Individuals vary greatly in their reactions to stressors.

Most physiologic effects of stress are mediated through the stress hormones but maternal emotions and even thoughts directly affect the wiring of the brain.

Responses to stress invoke the hindbrain's quick reflexes, 'fight-or-flight', calling for more blood to the hindbrain and muscles for protection. This means constricting blood vessels to the gut and the forebrain (conscious reasoning). If habitual, this represses growth and conscious reasoning (intelligence).

Maternal feelings and mood states are linked to hormones and neurotransmitters that travel through the bloodstream and across the placenta to the developing brain of the unborn. Prolonged exposure to stress hormones prime the growing brain to react in fight-and-flight mode, even when inappropriate, throughout life. The mother's emotions and even thoughts can affect the wiring of the brain by sending migrating cells to the wrong destinations.

Stress is shown to be significantly associated with tobacco and alcohol use: and low education and tobacco and drug use with anxiety and low self-esteem. After adjusting for race, age, marital status, education, tobacco and drug use, the only psychosocial characteristic that remains significantly associated with spontaneous preterm birth and low birthweight is stress. (Copper R et al. 1996, National Institute of Child Health and Human Development, Maternal-Fetal Medicine Units Network.)

Verny listed many psychobiologic consequences of maternal stress on the unborn: negative gene regulation, wrongful cell migration, destruction of neurons and synapses, changes in brain chemistry, reduced corticosteroid receptors, dendrites, immune system, and hormonal imbalance, neuronal irritability. The only neural bridge between the hemispheres, the corpus callosum, is reduced and cerebellum growth inhibited, impairing both emotional and physical balance with results such as autism, antisocial behaviour and decreased learning capacity.

In welcome contrast, his reassurance came with emphasis that maternal joy and love bathes the growing brain in 'feel-good' endorphins and neurohormones such as oxytocin, promoting a lifelong sense of well-being.

### **D2. Theoretical and practical aspects of psychological inheritance.**

*Osnitsky, Anatoly ~ Russia ~ EA175 / RA16 ~*

INBORN AND INHERITED TRAITS CAN ARISE PRENATALLY OR POSTNATALLY, agrees Anatoly Osnitsky. Yet even if some of these can be explained in objective terms of biochemistry and genes, they cannot all be, since some factors are to do with relationships and society beyond that of the physical maternal-child unity.

Our case-studies have shown that, where children did not repeat their family types of interrelations and personality of their parents and grandparents (up to 3 generations), the majority of children acquired the 'opposite' personal traits and peculiarities of interrelations. The repetition in a generation was revealed by 'hysterical' and 'psychopathic' in one generation changing to 'depressive' and 'neurasthenic' in the next. The first two personality

types are characterised by dominancy and egocentricity and the second ones are – on the contrary – by socio-centricity and dependency.

However these peculiarities are only valid for families with negative psycho-emotional climate and with single-parent families. Tendencies can become either more destructive or more constructive from generation to generation.

### **D3. Clinical-psychological problems for families.**

*Sleptsova, Svetlana ~ Russia ~ EA231 / RA73 ~*

IMPROVING THE REPRODUCTIVE HEALTH OF THE FAMILY was the aim of Svetlana Sleptsova's study. A clinical psychology analysis of 168 females aged 30–33 with infertility, pregnancy pathology and premature birth showed 45% to be immigrants in sub-par living conditions with local conflicts. Of patients in Moscow 69% had recently suffered interpersonal and family conflicts. All were evaluated by the perinatal psychologist for readiness to become mothers. They were provided with help in overcoming psychosomatic problems associated with conception and pregnancy, especially with the processes of extra-corporal fertilization.

In nearly all there was a direct relationship between the patient's reproductive health problems and psychosocial conflicts. The diagnosis of stress, depressive disorders and psychological traumas from crisis situations was 14% of Moscow residents and 37% of others. Disorders involved changes in blood micro-circulation and immunological reactivity.

Psychological and medical correction of reproductive health abnormalities and psychotherapy during family conflicts achieved significant improvement in 89% of the patients, showing the importance of psychological monitoring to reproductive health programs.

### **D4. Influence of pre- and perinatal imprinting on a person's postnatal life.**

*Tashaev, Shamil ~ Russia ~ EA254 / RA130 ~*

MEDITATIVE AND HYPNOTIC (TRANCE) STATES allow the individual to choose which memories to recall, including pre- and perinatal ones. Shamil Tashaev explains that control of trance state also allows a memory to be verified. Questioning under hypnotherapy reveals successive memories: parents' preconceptional experience, reactions to conception, and development, prenatal, birth and post-natal; also the collective unconscious and conscious memories. Responses were then analyzed to see how they interrelated and impacted on the personality, postnatal development and forming the person's picture of the universe.

Eight volunteers, 2 men and 6 women, engaged in age-regression, describing experiences. Data from investigating memory plots was made in three stages:

1. Unconscious Memories (in genetic cells included) of parents' encounter, conception, prenatal period and birth.
2. Conscious memory plots (of postnatal development) from 1st year of life to present extracted from developmental biography.
3. Influence of collective unconscious memory on all periods of development. The individual evaluated the relation between each recalled situation with character formation and perception of the universe.

The findings were:

1. Individual peculiarities correlate with practically all significant memory plots from conception to the present.
2. The magnitude of the imprint correlates with its significance to biological survival.
3. The collective unconscious does not seem provable, but any such a priori sense, even unexplained, would affect development.

A memory imprint only provides the stimulus for action rather than its form. Re-experiencing the memory in a safe situation therapeutically alters the imprint's effect. An experience whose feeling triggers a past memory can evoke the sense of 'déjà vu'.

In the womb the fetus faces the direction of whatever is absorbing his attention. When tired or sleepy he faces the back where there is less light, where he also faces when beyond his stress-limit. Training includes skills enabling a person to go into a trance while remaining conscious, so maintaining free will and choice, capacity for dialogue with collection of data and later verification.

See: Tashev Sh S (2006) Influence of birth imprinting on the successive life. The Reproductive Health of Society. RAPP.M.

**D5. The Hand on the Womb and the Hand at the Cradle – How society can take advantage of well-trained midwives.**

**Müller-Markfort, Eva-Maria ~ Germany ~ EA210 / RA66 ~**

FACTORS WITH OFTEN DISASTROUS LONG-TERM EFFECTS ON MOTHER AND CHILD are: the explosion of pathology during pregnancy; the rising number of medically assisted births; and the technical gadgets that have replaced the hand on the womb. These should concern society, maintains Eva-Maria Müller-Markfort, politicians especially. With well-trained midwives we could stem the tide threatening to outrun all of us. Over thousands of years, women have helped women during the months of pregnancy and while giving birth, accumulating special expertise.

Many problems arise from fears of different origin, i.e. preterm labour; the rate of caesareans, now approaching 30% in some countries or hospitals, epidurals and episiotomies, declared as part of a “normal birth”. No wonder the lowest rate ever of breast-feeding and (in my country at least) a falling birthrate – cynically called the “demographic factor” – while it is still up to each midwife to attend further education courses at her own expense and to integrate that newly acquired knowledge into her daily work. Midwives should, of course, take advantage of new findings in research and of any opportunity to improve their basic professional training. There would be fewer high risk pregnancies, with more normal births and successful breast-feeding.

The treasury gathered from various fields of research into the time we spend in the mother’s womb must reach midwives! These are essential and could even be combined with supervised self-awareness development. The 3-year education should include: the psychosocial aspect of pregnancy, still neglected mainly because women tend to go to a gynaecologist rather than midwife, *nutrition* and a positive approach to *preterm labour*.

**Education needed**

**Theoretical psychology** of the woman and of the child through each stage of pregnancy, labour, and nursing. Understanding is needed of psycho-motor development, and derivation of neuroses and psychoses from, for instance, feelings of mother and of the child about pre-term contractions/delivery, separation, the incubator, and a concept of social development from birth up to puberty.

**Practical psycho-social care**

A model of continuous care on the psycho-social level would be anchored in the training of midwives. Each student should be responsible for one particular woman and thus learn to build up a relationship, practising Rogerian listening. Home-visiting to see the woman’s behaviour in relation to her social surroundings. It is astounding how the use of guided affective imagery may help to minimize pre-term contractions. And the author gives examples of the success such methods.

**Nutrition from before conception**

Alcohol and tobacco abuse, let alone drugs, have long been known as extremely dangerous for the unborn child. So also is poor nourishment, known in affluent western countries. In *The Unborn Child*, R Ridgway & S House describe how the mother’s environment affects her own nutritional and emotional/hormonal state, which, in turn, affects her child-to-be. Even from before conception, her state powerfully affects her child’s development. Most

vital are vitamins and minerals omega-3 oils, docosahexaenoic acid (DHA). Correlating with DHA levels are IQ, visual acuity and mental health.

*Midwives can offer* a relationship, support to mother and baby during this sensitive time by providing empathy, knowledge, wisdom, and love. Not only the mothers and babies but also the future of our societies depends on it.

Graduate Midwife, Prenatal Psychologist, Psychotherapy.

**D6. Complex methods of correcting psycho-emotional infringements due to induced pregnancy.**

***Kulchimbaeva, Sabira, Mamedalieva NM. ~ Kazakhstan ~ EA232 / RA77 ~***

PSYCHO-EMOTIONAL DISTURBANCES DUE TO INDUCED CONCEPTION can lead to obstetric and perinatal pathologies. The purpose of Sabira Kulchimbaeva's study was to reveal the features of these disturbances and develop complex methods to correct them, so reducing the frequency of these pathologies.

100 patients with ovulation induced by clostylbegit (43%), IVF (38%) and artificial insemination (19%) were inspected. The control group was of somatically healthy women, from 35 cities, spontaneously pregnant and without records of infertility. Psycho-diagnostic assessment covered emotional condition, individual type and adaptability, including electroencephalogram and cardiointervalogram readings. Hormonal function of the placental complex was covered for estriol, progesterone, cortisol and chorionic gonadotrophin, readings clinically current and at pregnancy outcome.

The research covered 1st trimester, weeks 4–6; 2nd trimester, weeks 16–20; 3rd trimester, weeks 28–32.

Compared with the control group two types of psycho-emotional conditions emerged, A and B:

Group A. 58% near-psychopathic obsession with induced pregnancy

Group B. 42% neurotically defective motherhood, overprotective, restricting contacts and avoiding problematic situations.

Electroencephalogram and cardiointervalogram readings showed in:

Group A. 40% de-synchronization, with hypersensitive cortical neurons due to overdevelopment of brainstem reticulum, and hyper-sympathetic tone; and in

Group B. 45% disorganized brain bioelectric activity, evidence of brainstem dysfunction, and hyper-parasympathetic tone.

Hemostasis readings showed in:

Group A. 85% vaso-thrombocyte changes; and in

Group B. 78% plasma changes, with vascular constriction.

Both groups were significantly above the control for oxidizing metabolism, peroxide generation being too high for antioxidant systems throughout gestation.

Analysis of gestational process showed in Group A:

5 times the interruption of pregnancy,

3 times the placental problems, and

2 times the thrombophilic complications pre-eclampsia, and 1 time in 4, only, the normal labour of the control group.

Accordingly we offer complex choice of different tactics in conducting induced pregnancy including correction of hormonal psycho-emotional problems. We recommend microfilin up to week 8, chorionic gonadotrophin up to week 12, and progesterone up to week 12–16. For Group A. we run an elaborate 'Pending a miracle' 2-stage motherhood and relationships training program, changing at week 20. With these steps, reproductive losses are down by 1.8 times. Problems down by 2.6 times are: interruption of pregnancy, thrombophilic complications, pre-eclampsia and placental insufficiency.

**D7. Humanist strategies on prenatal attention.***Sierra, ROG ~ Mexico ~ EA201 ~*

IN MEXICO, FOCUS DURING PREGNANCY IS ON PHYSICAL-BIOLOGICAL aspects, nutritional issues and birth defect preventions, with little attention to psychological needs in childbearing. In this PhD study, Rosario Sierra brings together her wide variety of experience and knowledge: piano instructor, pre-school teacher, psychopedagogical supporter, and Gestalt Therapy master's degree. These she is integrating for prenatal application as a wider social educative project for new generations.

Her work is in 5 chapters:

1. A panorama of emotional changes in pregnancy. Many women are subjected to relations with great psychological, verbal and physical violence; communication problems, couple conflicts, economical needs, personal self-improvement desires as well as the universal pressures of labour and so on. These are tantamount to chaos in a personal life, beyond official recognition, but should receive attention from health authorities in an integral pre- and perinatal program.

2. Psychological preparation needed for childbearing, theoretical and practical, including the place of musical-therapy. More than individual benefit for mother and child, this is for promoting a healthy social culture and a humanist vision.

3. Problems arising from previous experiences, based on Carl Rogers, and on the mother-child link (Lartique & Vives), and also includes the integral place of psychoneuroimmunology in human health. The whole subject of preparation is made relevant to the health and educational professions and institutions.

4. The methodology of the research, covering:

- a. Participants' interaction with their natural environment;
- b. interpretation of experiences of pregnancy;
- c. systematic collection of data;

d. establishing close relationship of researcher to her study topic and analysis procedure.

Attention was paid in this qualitative analysis to creating an atmosphere of confidence for full sharing of expectations, experiences and emotions. This was naturally helped by the coordinator's being in her third pregnancy at the time. A workshop named 'Mother-child music therapy for pregnancy', 12 sessions, was designed.

5. presents the results and conclusions, indicating restrictions and opportunities for future research. RESULTS.

RESULTS. The highest percentage responses related to 4 concerns:

- a. physical health of the fetus/child 74%;
- b. emotional health of the fetus/child 42%;
- c. economical problems 21%;
- d. the mother's need to develop skills in:
  - Caring for her child 58%,
  - Learning 42%,
  - Personal growth 47%.

These figures indicate that today's woman is more concerned for the fetus's emotional and physical health than her own.

ANALYSIS AND CONCLUSIONS. The complexity of pregnancy means addressing various changes: physical, psychological, social, economic, and the interruption of work and life projects. The couple need to feel listened to and understood. The father's role needs re-evaluating. Responses also revealed the need for the couple's closer emotional bonding during pregnancy. The pleasure of corporal massage, belly caressing and feeling listened to, were found to be gratifying. Although partner support was rated at 84%, couples benefited

from encouragement in physical touching with sexual connotations, expressing tenderness and acceptance amid the changes.

*Link.* Whereas emphasis is on psychological imprinting in the previous section as a personal and family matter, in the next it is viewed nationally, as a factor in the falling population that impinges on the Russian economy. This 'demographic problem' is a major concern. Here are voices determined to return to 'familism', relating its importance to economics and dominance in business life.

## E. FACTORS IN THE FALLING BIRTHRATE

### E1. Why can we not hope for a birth rate increase when the present-day pupils start getting married?

*Antonov, Anatoliy ~ Russia ~ EA184 / RA25 ~*

RUSSIA'S FALLING BIRTHRATE DUE TO ANTI-FAMILY VALUES is Anatoliy Antonov's concern. Family life competes poorly with material ambition amid economic hardship.

Despite attempts to increase contraception, birth control is still achieved largely through abortion, which seems to feature on average seven times in a woman's life. For every 10 live births there are 14 abortions. The way to overcome the demographic problem is for the pendulum to swing back towards 'familism'.

### E2. Healing the reproductive function in those with socio-psychological problems.

*Shepovalnikov, Alexander, Koposova TS, Sokolova LV. ~ Russia ~ EA191 / RA39 ~*

ABOUT 90% OF SCHOOL-LEAVERS IN RUSSIA have signs of body or spirit infantilism. Alexander Shepovalnikov describes how this leaves them unable to carry out role functions of mother and father appropriately.

Any program for overcoming the demographical crisis in our country (eg economic or medical) cannot provide the long-term results. In 2007 Zarakovskij et al showed improvement in some social factors, yet 10% of married couples are infertile, every 4th pregnancy ends in a miscarriage, 70–75% of labors are problematic, and the proportion of healthy newborns is down to 5–30%. These indicators alert us mainly to deterioration of the reproductive function.

In indexing the 'adaptive resource of the population' Avramova and Longinov in 2002 selected 4 'capital' components: 'educational', 'professional', 'informational-cultural', 'social connection': each of them has socio-psychological elements.

During all stages of the lifecycle, starting with the first period of prenatal development, 'rather even before zygote formation', and onwards beyond childhood, all factors need attention, with appropriate therapies, towards the creation of a functional family.

This cannot be managed merely by the several relevant professions, but needs a new social program supported by the Government.

### E3. The potential of a pedagogical and cultural approach for improving the system of: 'fetal child' – parents – society.

*Moscichova-Gitelson, Natalia ~ Russia ~ EA205 / RA56 ~*

A CHILD'S POTENTIAL AS A CITIZEN relates directly to the nine months of fetal development. Natalia Moscichova-Gitelson describes these 9 months as the cradle of a whole human life, directly affecting this resource of talents for future achievements.

No longer merely traditional or speculative, integrated systematic studies in new science fields applied to principles of development in lifecycles in general, and of the human fetal period in particular, explore stage by stage the fetus/child's physiological and psychological development.

Study of historical regional cultures of Russia and other nations contributes to development of fetal upbringing. We take account of the views of parents-to-be: religious, national, regional; specific parental features, age, circumstances.

The family is inevitably the child's basic socializing institute, the child's emotional and psychological atmosphere. The family, in relationship to the extended family and wider society, transmits to the child the socio-cultural values of its customs and festivities, and reflects generational changes in its socio-economic connections. mezozi@mail.ru

#### **E4. Birthrate and economics.**

***Beloborodov, Igor ~ Russia ~ EA187 RA32 ~***

'IN OUR DEPOPULATION, SO-CALLED FAMILY PLANNING IS THE DELIBERATE FACTOR, introduced under various pretexts, from birth-control to AIDS-prevention and abortion-prophylaxis', states Igor Beloborodov. Other factors include natural population movements common to European countries. The world over, family planning technologies have achieved birthrate reduction, including China, India, and Latin America, 'and it goes on happening in rapidly dying-out Russia'. To maintain our population Russia requires 2.1 births per woman now or rising to 3.1 by 2025 to compensate for previous low birth rates.

An essential concept, though imprecise, is 'maternal capital' – for the work of reproduction, childcare, primary socialization and so on. Family life has to be reconstructed as an industrial, self-sufficient and self-provided cell of society; no longer patient and ward of the state, but a de-medicalised, self-sufficient home-and-work cell with appropriate technologies. Rather than genderless workers, there are to be non-divorcing families with several children. Family childbearing will be favoured by the entire system, of tax, housing, services, credit, and pensions. The State should first aim for the new family-oriented form of economic activity, based on the latest knowledge and technologies, to achieve unity of work and home, devoted to family values and striving for professional realization.

Changes have begun. The joint-stock company Norilsk Nickel pays metallurgists 30k rubles pm, and also 11k to their non-working wives with children, which far exceeds any sick and maternity leaves. But the children grow in their mother's constant care, with benefits to the future labour market and pension schemes. Even this isn't new. In 1914 Henry Ford paid married family men twice the norm. Concludes Beloborodov: 'We cannot suppose that thrifty Ford was mistaken!'

See: The strategy of the demographic development of Russia. (2005) Kuznetsova VN & Rybakovsky LL.

***Link.*** *So imprints of early life are recognized as earth-shaking to economic life at least in Russia. The previous section also revealed remarkably contrasting views of the motive of contraception – to reduce abortions, or birthrates? The next section reviews research into the risk-factors that is clearly vital in reducing adverse imprints. Here are 5 sophisticated approaches revealing effects on the child's psychology and cognition, from parental living conditions, maternal toxicosis, depression or anxiety, perinatal hypoxia, to insecure holding and lack of empathy.*

#### **F. RESEARCHING RISK FACTORS, PSYCHOLOGICAL AND PHYSICAL**

##### **F1. Pre- and perinatal aspects of motherhood and fatherhood and their influence on the psychology of the child.**

***Poperechnyi, I ~ Russia ~ EB145 / RB54 ~***

NEARLY 6000 PATIENTS ATTENDED THE CENTRE OF MEDICAL SEXOLOGY and Psychotherapy, Novosibirsk, 1990–2006. I. Poperechnyi tells us that initially all these patients had multiple complaints: decreased working efficiency, no interest in life, troubled sleep, aggressiveness to people close to them, no sense of success, long depressions, anxiety, dissatisfaction with family relations, and, gradually emerging, sexual problems.

Analysis from parents' response to a questionnaire show 16 factors had strongly affected the patients. Strongest associations were:

stimulation of delivery	86%,
mother's postnatal depression	77%,
unsatisfactory living conditions	72%,
unwanted child	49%,
no sex during pregnancy	49%.
association with: increased sexual activity, threat of miscarriage, and prenatal asphyxia with the cord.	30 to 40%

A strong sexual constitution seemed to represent the vital energy potential to solve difficulties and develop oneself.

## **F2. Influence of pregnancy pathology and mother's confinement on cognition functions at the age of 7–8.**

*Vasilieva, EV ~ Russia ~ EB180 / RB80 ~*

461 GIRLS AND 466 BOYS IN ARKHANGELSK, without organic or other CNS injuries, were investigated for early dysontogenesis. EV Vasilieva described their being investigated at 7–8 years in the following groups:

- A. Control, 24 children without early risk factors.
- B. 17 children with many risk factors.
- C. 11 children of mothers with thyroid gland pathology.
- D. 18 children of mothers with toxicosis in the first half of pregnancy.
- E. 13 children with perinatal hypoxia.
- F. 7 children with birth trauma.

The commonest factors were:

- 90% at 7–8 years showed inappropriate levels of evocative-logical mentality.
- 80% of the children had risk factors of early dysontogenesis due to reproductive factors: (maternal toxicosis, disease and medicines; age; toxic habits of both parents; prematurity.)

The children's cognitive development (assessed on several scales) revealed:

- 64% short visual memory (Bernstein)
- 54% short acoustic memory (Bezrykih)
- 52% visual perception (Morozova)
- 29% information conversion speed
- 27% attention concentration (Tylyz-Pyeron)
- 22% visual-evocative mentality (Raven, Veksler).

The greatest effect on school functions correlated with perinatal hypoxia, maternal toxicosis and a high number of early risk factors. The most negative effects on the functional maturity of the rhythmogen structures of the cerebral cortex were a high number of early risk factors, birth trauma, and maternal thyroid pathology.

## **F3. Maternal anxiety and stress before and after birth and multidimensional long-term effects.**

*Lubetzky, Ofra ~ Israel ~ EB131 / RB29 ~*

THE MOTHER'S AFFECTIVE STATE MAY PROFOUNDLY INFLUENCE bio-behavioural programming in the womb and affect regulation, as Ofra Lubetzky's studies indicate. High levels of maternal anxiety are related to fetuses spending more time in quiet sleep and move less often in active sleep. Fetal heart-rate changes are also associated with maternal anxiety. Babies born to mothers who have been under great anxiety and stress in pregnancy often demonstrate irregularity of biological functions, irritability, crying, and hyperactivity. They may suffer later problems from attention, concentration and behavioural.

Anxiety and stress are known to be risk factors for preterm birth, low birth weight and low Apgar scores. For each increase in anxiety, birth weight and gestational age fell by specific, consistent amounts. In the first year is the initial phase of maturation of the orbito-frontal cortex and right hemisphere. These mediate socio-affective self-regulation and help maintain a continuous sense of self. Visual experiences are also paramount. The mother's emotional expression is by far the most potent visual stimulus, leading to intense mutual gaze and reciprocation of influences, for which the mother needs to be psychobiologically attuned to reflections of his internal state.

Some of the young baby's anxieties are attributed to healthy development, such as stranger anxiety. Others can be prevented with good-enough care. The facilitating environment provides both adequate amounts of essential nutrients and a range of essential social and emotional experiences that also fuel the brain growth spurt in the first year. Yet the baby also picks up anxiety from those around him. If it is the mother's, the closer she comes the more the baby feels the anxiety, even as if it comes from within himself. This can be highly traumatic, disabling him from eating, finding rest, or even being in social contact.

The earliest anxiety is from being insecurely held. This failure of the mother to adapt can induce the infant's sense of inability to come into his own existence, the sense of annihilation, leading to further problems. Longitudinal studies have revealed long-term risks of maternal anxiety and the importance of primary prevention through support of vulnerable mothers during pregnancy and following birth.

#### **F4. Postpartum depression – Who and why?**

**Reron, A. et al. ~ Poland ~ EB125 ~**

POSTNATAL DEPRESSION WAS RATED AT 21% in A Reron's study. It was associated with average educational range, with multiparity (64%), and with previous miscarriage (26%). It was not associated with preterm delivery, although its consequences may induce depression. Postnatal depression was characterized by patients over 30 years of average educational level in cities populated by over 50,000.

There was no evidence of postnatal depression being associated with marital status, nor with the way of delivery. Postnatal depression was associated up to 30% with a prior episode of depression (Leopold K et al.), and up to 70% with just one prior episode of postnatal depression (Nielsen Forman D et al.). Depression early in pregnancy predicts disappointment over the delivery with a strong likelihood of depression postnatally.

Treatment is discussed including the success of psychotherapy, medications or their combination.

#### **F5. Empathy in parenting the unborn child.**

**Zimmerman, A, Doan HM. ~ Canada ~ EB124 / RB28 ~**

QUESTIONS ABOUT CONNECTIONS BETWEEN ASPECTS of the parent's personality and situational factors are addressed in A Zimmerman's study:

- a. Is empathy learned or enhanced by parenting a previous child?
- b. Is this greater if the previous child is developmentally disabled?
- c. Does a higher initial level of empathy enhance attachment to the prebirth child?

Participants: 171 women expecting first child; 50 expecting, with already one child; 15 expecting with already a child with Down's syndrome. The mothers were in groups with similar demographic variables, except those expecting their first child were younger.

The study assessed the questions using complex, well validated scales, testing which kind of view a person takes of another's situation – 2 questions on each:

- cognitive: own psychological view? – view as from fictional character?
- emotional: empathic concern? – related to own feelings/distress?

#### **RESULTS**

Empathy measures – no significant group differences, global or subscale.

Attachment, global, and frequency/intensity – those already mothering typically disabled children scored lower on both.

Correlations between empathy and attachment – for women expecting their first child and those with a developing child also, were higher on all: global empathy, attachment and frequency.

In all groups higher perspective taking went with higher frequency scores.

Empathic concern correlated with all 3: global attachment, and empathic concern, and with personal distress, negatively for those with a Down's child.

For pregnant women already with a child – no correlations between empathic concern subscale and any attachment scores.

The empathy subscale fantasy correlated with the attachment frequency for moms pregnant, and those with child, but not those with Down's child.

Personal distress correlated significantly with attachment frequency, either positively or negatively, for women pregnant or with one typically developing child, or with a Down's child.

The empathy subscale distress correlated negatively with global attachment but only for the Down's group.

## DISCUSSION

This study of psychological processes during pregnancy shows the importance of understanding:

- a. situational factors such as whether this is the woman's first child; or if not, whether she has a previous child with a disability.
- b. the connection between a personality aspect, such as empathy, with a specific aspect of parenting, such as prenatal attachment.

**Link.** *Research of risk factors leads on to preventive care. The earlier therapy begins the more valuable. Psychological preparation for childbearing includes many ways of inducing stillness and a positive mental attitude: body-therapy, touch and reducing inhibitions about sex during pregnancy; music, rocking, prayer and ritual blessing, healing of one's own birth-trauma, communication with the unborn and awaiting the child in love. All these have proved their worth. The obstetrician and woman between them can identify her particular motherly needs.*

## G. PREVENTIVE CARE AGAINST RISK FACTORS

### G1. a. Regulation of the psychological condition of pregnant women as a method for understanding and correcting psychosomatic health.

*Chicherina, Nina ~ Russia ~ EA242 / RA116 ~*

RUSSIAN RESEARCH FROM THE 19th CENTURY ONWARDS, said Nina Chicherina, has been demonstrating great advantages to mother and child of psychological preparation of the mother and family surrounding childbearing.

Attaining a balance between sympathetic and parasympathetic nervous system, between the neocortex and limbic systems, is still a key goal, often achieved by hypno-suggestion and relaxation methods. To these have been added: progressive psychotherapy, progressive relaxation, rational psychotherapy, art therapy, body-oriented therapy, faltering normobaric hypoxytherapy (FNH), allowing correction of 'the entire array of psychosomatic symptoms in pregnancy' (Chicherina).

Such approaches as FNH have from time to time been authorized by the Russian Federation and further large-scale research in over 5000 sessions on the effects of sensation of relaxation, on weight, heat or cooling, control of heart and breathing, attention to maternal instincts towards the fetus. Most marked have been effects on uterine hypertonus, toxicosis, tachycardia, and hypertension.

**b. A suggestive psychotherapy for pregnant women – as a method of prevention, diagnosis and treatment of some problems of extragenital pathology.** *Chicherina, Nina.*

PSYCHOTHERAPY COURSES FOR PREGNANCY AND PARENTING, continued  
Nina, include music therapy, and prayer. For toxicity massage is used.

Therapy is best well in advance. The aim is to induce stillness that can fill the child. In schools such an approach has not yet succeeded. In our society parenthood and church are broken images, as also is psychology, but some special programs, state or private, are helpful. We have many migrants needing such support. God's command to multiply is no longer part of our culture. Self-esteem and self-realization have become more attractive. It is the people interested in these who want to have children.

**G2. Complications of Labour and Birth; Predictive Value of Mental Attitude and Sexual Behaviour of low-risk pregnant women.**

*Bodecs, Peter ~ Hungary ~ EA228 / RB30 ~*

DEMONSTRATING THE RELATION BETWEEN PREGNANT WOMEN'S emotional attitudes, including sexual behaviour, and their complications during labour and birth, is the current study of Peter Bodecs. Nearly all deliveries in Hungary are in hospital, and although labour is regarded as natural rather than an illness, drug use and invasive interventions during labour (nearly every case) and interventions to complete delivery are astonishingly high, 20–30% showing continuous increase. Even in low-risk groups interventions are unexpectedly high. Unneeded or hasty interventions may be due to pressure from parents or a defensive medical attitude. Spontaneous labour and birth, on the other hand, may well be due to personality and behaviour of the woman.

Screening is for physical but not for mental problems. Previous studies indicate that mental and emotional attitudes and quality of sexual life deeply affects progress of pregnancy. Yet changes of sexual life in pregnancy have been little studied.

Expectations of pregnancy and delivery can essentially affect not only subjective experience of events but also organic reactions, possibly disturbing the inherited spontaneous body-processes and affective changes related to the limbic system. Exceptionally DeMuylder studied pregnancy attitude, but only related to the risk of preterm birth, 9% in Hungary, though correlating with 70% of prenatal mortality. Very likely complications occur in direct proportion to the degree of anguish, while pregnancy forces a person into new conflicts of dependence, sexuality, aggression, autonomy, and so on. Sexuality, pregnancy and labour have common roots and qualities. They touch the same organs and relate in powerful cause and effect continuity. Voice, emotions, movements and phases have parallels in sexual intercourse and in labour. To break this unity is artificial and disruptive.

Yet although pregnancy is recognized as changing sexual life, the suggestion that important features of pregnancy might be sustained by sexual behaviour has been rejected. Dissociation of childbearing and delivery from sexuality is due to socio-cultural views. This presupposed hazardous effect no doubt reduces the frequency and quality of sex in pregnancy. A woman is conscious in pregnancy of events but the source of an event can be the unconscious. Dreams, fantasies and symbolism are helpful in understanding moods and their effects on pregnancy.

This study aims to distinguish favourable aspects and practices from unfavourable in terms of personality, behaviour and psychological state, expectations and fears, then to see how these may predict complications in labour or delivery. These correlations will be used to establish future low-risk groups, distinct from high-risk. Some 300 low-risk participants will be selected. These will be aged 18–35 and exclude: single parenthood, previous spontaneous or therapeutic abortion, twins, current psychiatric treatment or fetal malformation. Couples cooperate well, enjoying the extra attention. The majority feel positively about

their partner, childbearing, sexuality and the medical staff, but are negative about their bodily changes, and about the labour ward. Responses to the study are so far promising.

### **G3. A theory of prenatal personality, and the Sonatal method.**

*Lazarev, Michael ~ Russia ~ EA172 / RA19 ~*

HUMAN HABITAT HAS RECENTLY CHANGED DRASTICALLY, in contrast to the fetus's habitat which has remained virtually unchanged. So, points out Michael Lazarev, suddenly at birth he has to cope with ever increasing sensory stress with no more reserves than our anthropoid ancestors. Hence the use of artificial stimulators, substitutes, or creation of a virtual reality, in 'a century of dependencies' – as psychologists say.

For instance the fetus, whose development is more affected by sound than by sight (Bekhterev VM, 1915), is subject to socializing through sounds that are promoting brain development. Yet there is a loss of neurons prenatally. Does the fetus lose these because of insufficient socialization? If so could prenatal stimulation keep these neurons functional? Vygotski held that a baby of 7 months gestation could crawl within 2 months – by the age of natural birth. Why not consider the prenatal audio-tactile communications – the mother's voice and touching of the abdomen, the fetus's 'speech expressed as movements'. Our attempt to prevent this prenatal waste of neurons, and to use the potential, was the 'Sonatal' method – the 'sound-birth' or 'birth-music' method of preparing mother and child for the changes due to birth.

From 1997 to 2006, of 9000 pregnant women of the city of Naberezhnye Chelny 700 tried the Sonatal method. Of 7 disorders, including hypertension syndrome, speech development delay and general problems of speech, rates of disorder in the Sonatal group were about half those in the rest. From 1983 to 2007 30,000 children had prenatally received the Sonatal method. On 19 indicators Sonatal scored better, on many aspects marginally, yet they had no newborns at the health level of the lowest quartile the rest, who had 3 times the Caesareans, and only 1/5th the number of physiological labour and delivery. No Sonatal mothers experienced anxiety before labour and delivery against 64% of those not Sonatal.

In 2000 a film of the Sonatal method was disseminated by the Russian Federation ministry of health in all Russian regions. This can be seen as the first link in the developing Russian 'Health for the Healthy' (AN Razumov).

### **G4. The Musical child.**

*Sansone, Antonella ~ Italy / Britain ~ EA264 / RA142 ~*

THE EFFECT OF THE MOTHER'S BODY IMAGE ON PREGNANCY has been Antonella's subject of research as both a mother and a clinical psychologist, over a time of two pregnancies. She describes the effect of a woman's emotions on her unborn baby's developing brain and personality. The title of her new book, 'The Musical Child' comes from realizing that playing music in pregnancy enhances the sense of prenatal communication between mother and child. After birth, the author observes: 'Gisele shows advanced awareness of her mother, of herself, and of their relationship, which is evidenced by her behaviour as a newborn baby'. Sansone sees the seeds of children's womb-life in their communication skills, emotional perception and musicality, and their significance for creative development of personality, of the individual and of society.

Michel Odent attends to the function of joy in pregnancy, so often obscured in conventional medicine by attention to anxiety, depression, distress, and fear. Healthcare should be promoted integrally, particularly in pregnancy, and concerning the connections between physiology and the emotions, and the mind – conscious and unconscious.

Antonella found her way: 'By writing in a form of dialogue in which I 'played' that the baby was writing to me, everyday from the womb, and by playing music to her, I contributed to the formation of her core bodyself awareness. Gisele was born with an advanced awareness of me, of herself, and of our relationship, which was evidenced by her behaviour as

a newborn. . . . In a similar way, some classical music, such as *Fur Elise* or *Ode to Joy* of Beethoven's *9th Symphony*, evoked joy in me, which I felt to share with my growing baby.

'When I was 23 weeks pregnant, the baby wrote: 'The womb is not a silent place. I am subjected to a wide range of sounds as those made by your voice, organs, heartbeat, bloodstream, stomach rumblings, your burps, hiccups and sneezes, as well as outside noises. I listen all the time when I am awake. I react to sounds by showing the startle reflex: I fly, my arms and legs out to my sides. While in the womb, I recognize your voice and its unique qualities, tones and rhythms, and that of my father. Thus I also have the ability to distinguish language from other sounds. I recognize the quality of your touch, when you stroke, tap or just lay your hand on your belly'. Touch is in fact the most developed sense.

Peter Hepper confirmed that newborns exhibit changes in their movements and heart rates when played a tune heard during pregnancy. This was specific to the tune learned. Fetuses increased their movements; newborns decreased their movements. Gisele has been very musical since birth, keeping time with her arms, hands and legs. We always watched her delighted. She had learned so much in her womb life.

Sansone believes this is the pathway towards prevention of much psychological suffering of coming generations and towards a well-functioning society.

#### **G5. A ritual liturgy of blessing for pregnant women and unborn children.**

*Strack, Hanna ~ Germany ~ EA206 / RA69 ~*

TRADITIONAL DOCTRINES HAVE PREVENTED CHURCHES from giving emotional and spiritual support in relation to the prenatal child. Hannah Strack based her case on the male hierarchy's placing of women under men. Mary, mother of Jesus, in God's eyes is equal to men, but only by being exceptional in body. A woman who had been pregnant, now breastfeeding, had to be purified on her return to church. Even the midwife could only return to church so many days after a delivery, longer after a girl than a boy. Women's corporeal experiences were not pure. Yet Old Testament prophets reckoned themselves called from their mother's womb. Jesus blessed the women, even with her 'issue of blood'. In the Celtic church midwife and mother together blessed the newborn, acknowledgement of women's spiritual autonomy.

Hanna Strack offers a form of blessing of a pregnant women and family, which beautifully conveys the importance of recognizing the pre- and perinatal processes within her, their significance for the child's future, and the value for both of recognizing and accepting God's love and support – God as 'the ground of our being'. Music, possibly Vivaldi or Mozart, may be accompanied by rocking. Fathers and others are addressed. This is a substantial and moving service of blessing which could powerfully engage families at this exciting phase of a new life.

#### **G6. Perinatal psychology: a new research trend in mother-child health system & breastfeeding support.**

*Fateeva, Elena, Kovalenko N. ~ Russia ~ EA192 / RA40 ~*

A PRACTICAL EXAMPLE OF WOMEN'S PSYCHOLOGICAL STATE impacting on their pregnancy and fetus is given by Elena Fateeva. Psycho-emotional stress is often combined with toxicosis in the first half of pregnancy (42%), and with early development of gestosis (45%). This leads to chronic placental insufficiency resulting in 76% of babies being born with hypoxia, 28% of which need long-term rehabilitation therapy.

Attention to the woman's psycho-emotional state and awareness can prevent this. Also helpful are ways of communicating with the child before birth, first with touch, the fetus's skin being constantly touched by the mother's muscles. Therapies include body-centred techniques including breathing, wailing, singing and other music, art and stress-relief skills.

One approach involves the mother orienting her attention completely to her pregnancy and infant appropriately throughout each stage of childbearing: pregnancy planning, be-

coming a mother, breast-feeding and so on. Named the ‘maternity dominant’, it resulted in:

- half the hypoxias or central nervous system disorders of the control group (of which over 80% had perinatal damage to the central nervous system).
- APGAR scores at birth some 30% higher
- accelerated neuro-psychic development over 6 times as often as the control group.
- over 3 times the number being breast-fed over the first 4–6 months

**G7. Reclaiming the spirit of birth: working with pregnant women.**

*Mauger, Benig ~ Ireland ~ EA270 / RA141 ~*

*SONGS FROM THE WOMB*, Benig Mauger’s book, reflects the influence of our prenatal and birth experience on the way we go on to live our lives. She highlights the ‘loss of soul’ encountered by many due to our modern medicalised way of birth, which strips nature of its spiritual dimension.

A Jungian psychotherapist, the author takes the reader into the therapy room to witness the healing of birth wounds, and help women create fulfilling and empowering birth experiences. Her book conveys the way family patterns are transmitted in the womb, and the effect that early mothering and fathering has on our psyches.

**G8. Psychological support of pregnancy, labour, delivery and early childhood – ‘We await the stork’ school.**

*Popova, E ~ Russia ~ EB148 / RB65 ~*

PRENATAL AND MATERNITY CLINICS in the town of Satka, Chelyabinsk, evaluate the psychological level of readiness for maternity, E Popova informs us. They seek to optimise attitudes of the woman and family towards pregnancy and delivery. They train in relaxation, breathing, analgesia preparation, delivery. Creative work includes music singing, drawing, painting, writing poetry and fairy-tales of mother and fetus, the family’s communication with fetus, and their making of toys. In these ways strongly held positive values find expression, most works giving impressions that are brave, strong, bright, good, joyful, safe, complex, and active. Their authors await their babies’ birth with love. They are mentally ready to submerge into labour and delivery, and allot much time to their newborn babies. Some works, however, express an influence that is sad or fearful, dark or wicked: these authors are emotionally less positive, and more cautious about childbearing and education.

Of 182 women in the first 2 months of 2007, 10 pregnant members (6%) of the ‘We await the stork’ school experienced a smooth labour without complications, and good lactation. Of the other 172 women 30 (18%) were also without complications. 126 (74%) had complications. 16 (9%) had serious complications for both mother and baby resulting in lactation problems and establishing direct contact with the baby, hampering rehabilitation.

There are individual consultations and also group sessions, including videos and demonstrations on prenatal development, lactation, and labour and delivery; on psychological aspects of the postnatal period, the newborn’s first month, and feeding over the first year.

In Satka these measures are proving to be prophylactic during pregnancy and the child’s first year, and a positive influence on valuing the importance of the family in social structures, particularly of their town and district.

**G9. Psychotherapy and obstetrics in pregnancy care and their effects for society.**

*Linder, Rupert ~ Germany ~ EA155 / RA73 ~*

IN REPRODUCTION NOT ONLY PHYSICAL BUT PSYCHOLOGICAL TRAITS get passed on from one generation to the next. The task is to correct any adverse traits possible, attending to the state underlying the symptom, so preventing impending spontaneous abortion, any illness or problems which might result from any pathological disturbances.

Procreation, conception and pregnancy are the key-point between one generation and the next. The powerful experiences revive and recreate all the emotions implicit in their own origins, both ‘green’ (clear) areas and ‘yellow’ (warning) areas. Skills are needed to clear any ‘yellow’ areas in the physical-emotional spectrum.

Disturbances may include, for instance: the threat of premature contractions or birth, repeat of miscarriage, morning sickness, pre-eclampsia, HELLP-syndrome (Hemolysis, Elevated Liver enzymes and Low Platelets), overdue birth, or mastitis after birth. Risks are not totally bad news since they widen still further the special opportunity in pregnancy for personal growth. Such benefit to the family extends to wider society.

The latest monitoring and scans are needed together with a psychodynamic approach and sensitivity to connections between physical and psychological aspects. The author portrays the possible success of such a combined approach in 4 case-histories. Relationship-oriented somatic psychotherapeutic care can substantially improve physical progress and support resilience and developmental processes.

*Link. Even as prenatal care increases, many babies are preterm and face the sudden frightening contrast of the artificial incubator, without their mother's arms and breast to cushion them from birth. We are made conscious of their experience, its lasting impact, and statistical effects. The tenderness, respect for autonomy, and sheer sophistication of skills to make the utmost of the baby's life is moving to read.*

## **H. PRETERM BABIES – NEONATAL AND AFTERCARE**

### **H1. ‘Preemies’ in the Neonatal Intensive Care Unit and beyond: an overview of cause and effect.**

*Ingalls, Paula* ~ EB164 ~

AMERICA'S YEARLY HALF-MILLION PRETERM BABIES SURVIVE due to technological advances in neonatology, Paula Ingalls tells us. Between 1981–1999 multiple births rose by 59%. Induced births have recently doubled, half of which are not for medical reasons at all. This epidemic in serious birth complications is a toll on the ‘preemies’ themselves and their families, and on our economic, medical and educational resources. Moreover, many preemies have clinically significant cognitive, emotional and neuro-behavioral impairments, while preventive therapies are withheld for reasons of economy or ignorance.

That environment, rather than our genes alone, have a key developmental effect on our behaviour is at last recognized. Living in a very specialized environment are ‘preemies’ and ‘micro-preemies’ (*under 26 weeks / 800g.*). To them life in an incubator – on a Neonatal Intensive Care Unit (NICU) – is a terrifying, seemingly violent place in which they need to survive, for a few days or over a year.

The reciprocal relationship of pleasure or violence, revealed in animal experiments, means that when the brain pleasure circuits are on, the violence circuits are off, and vice-versa. Deprivation of touch, contact, movement, and pleasure are the basic causes of a number of emotional disturbances which include depressive and autistic behaviors, hyperactivity, sexual aberration, drug abuse, violence and aggression. Human infants and children who are hospitalized or institutionalized for extended periods with little physical touching and holding, develop almost identical abnormal behaviors, such as rocking and head banging when still young.

Preemies express their rage until exhausted. Then, traumatized, rejected, abandoned, they withdraw. This diminishes the pain with psychological soul-killing stress induced analgesia, by the release of endogenous opioids, secreted after prolonged exposure to severe stress, reducing pain and panic. The recent focus in the United States from birth to three is too late and ends too soon.

Because we have developed NICU technologies to keep 26-week-old micro-preemies and younger alive, we must accept the responsibility of caring for them beyond their physical well-being. To that end, science and medicine have developed therapies that can help these tiny babies significantly. Sadly few hospitals use them for reasons of economy or ignorance. Early intervention is however essential to offset or reverse adverse psychological programming.

## **H2. Emotional development of low birthweight prematurely born children & its ramifications in psychotherapy.**

*Weintraub, Zalman, Shtein MT. ~ Israel ~ EB167 / RB91 ~*

VERY LOW BIRTH WEIGHT BABIES IN ISRAEL ARE ABOUT 1.5% of live births, says Zalman Weintraub. These babies weigh less than 1500g, and number about 2000 a year. Very premature means no more than 32 weeks gestation. Sensory and motor problems contribute to emotional, behavioural and learning disabilities. The need is building the emotional system despite the shock of premature birth and artificial environment, as well as the parents' post-traumatic stress disorder, affecting the infant. A quarter of them suffer ADHD, a third psychiatric disorder later. They have poor self-image and academic achievements; they are vulnerable socially and may be bullied. Traumatic procedures sink into the developing subcortical areas in the preverbal stage, leaving neurological-psychological 'life memories'. These may emerge later even in flashbacks and panics, without understanding of where they come from.

Cortisol from stress can decrease the size of the hippocampus, depress production of neurotransmitters and delay formation of receptors. Their oversensitivity induces parents' overprotection, and difficulty in 'letting go'. Thirsty for attention but disliking close relationships they try to make do by themselves. Their oversensitive amygdala and underdeveloped prefrontal cortex makes them impulsive. Their lowered stress threshold readily activates defensive aggression. Therapy needs to explore early life trauma, even if the patient finds only a metaphor for the 'story's point of origin'. So much of the trauma was physical that therapy involving the body makes sense.

To conclude with a quote from Raymond Carver, 'And did you get what you wanted from life?' 'I did.' 'And what did you want?' 'To call myself beloved, and to feel myself beloved on earth'.

## **H3. Perinatal ontogenesis of premature infants.**

*Batuev, Alexander ~ Russia ~ EA213 / RA96 ~*

90% OF PRETERM BABIES ARE PHYSIOLOGICALLY IMMATURE, reports the World Health Organization. Alexander Batuev comments that comparison between them and mature term babies, as well as between congenital and acquired elements, shows biological and social factors to be closely connected.

Electro-encephalograms compare the direction of integrative processes and specific features of the brain. Comparisons of stages of development of the forebrain during the last trimester with preterm infants are made by using histological, immuno-cytological, and computer technologies. Most strikingly these comparisons are relevant in assessing the child's development in understanding and use of signs and symbols, particularly of speech and imitative activities, which contribute so much to cognition and socialization.

## **H4. Developmental status of preterm and full-term infants in the first year of life.**

*Vasilyeva, Marina ~ Russia ~ EB179 / RB95 ~*

23 MOTHERS AND PRETERM INFANTS FROM BIRTH TO 12 MONTHS, (with a control of 28 mother and full-term infants) were studied by Marina Vasilyeva. They were measured at 2 months, 3½, 4½, 6, 8, 10 and 12 months, using Battelle Developmental In-

ventory (BDI) contains 5 scales: person-social behaviour; motor skills; adaptive behaviour communication; and cognition.

Findings indicate that from birth to 4½ months preterm infants develop significantly slower but then up to 6 months gain quickly, showing approximately the same BDI scores as full-term infants. But after 6 months the preterm group develops more slowly, again having poor developmental outcomes at 8 months.

Motor skills of the preterm are slow up till 12 months: they can join hands at the midline and bring objects up to the mouth at 6 months rather than 4 months. Their postural tone is poor, not sitting and standing unsupported till 12 months, when full-term are walking and actively exploring their surroundings. As a result they can remain too dependent on their mother with their autonomy at risk.

The preterm's poorer arm-grasp and pincer-grasp delayed their ability to manipulate with two objects till after 10 months. The preterm's extension of a hand to touch or grasp an object was delayed till 6–10 months compared with 4½ months for full term infants. Their personal-social adaptive behaviour and communication scores from 3½ months all the way to 12 months were lower than the control group. The findings highlight some specific developmental features of preterm infants and reveal some of the timing variations in maturational processes.

#### **H5. Prenatal development of the human brain cortex.**

*Fedoseeva, KN, Krasnosheikova EI, Samarina AS, Zykin PA. ~ Russia ~ EA224 / RA103 ~*

MANY PATHOLOGICAL CHANGES BEGIN IN THE FETAL NEOCORTEX, begins KN Fedoseeva. The various regions of the neocortex mature at varying times, which suggests that the normal refinement through dying of some cells (apoptosis) depends on the time for maturation of each area. Particularly important is this timing for the subplate with its newly formed neurons.

In the temporal area the subplate is distinguishable at 16–26 weeks. At 27–36 weeks elimination of the subplate neurons starts and the cells of the associative layers mature. At 37–40 weeks primary, secondary and tertiary areas of the neocortex can be distinguished.

(Study supported by the Russian Fund for Humanitarian Research, Projects 04-06-00422a, 06-06-00408a)

#### **H6. Features of brain development in preterm children.**

*Iovleva ~ Russia ~ EA224 / RA105 ~*

THE GENETIC PROGRAMMING OF THE BRAIN during its rapid development in the 3rd trimester can be greatly affected by timing of birth, particularly if very premature. Timing affects apoptosis and elimination of the subplate, and interactions between cortical and subcortical areas due for qualitative change by the 38th week. The electro-encephalogram (EEG) of healthy preterm babies differs from that of full-term newborns.

We selected 6 groups, each of 10 babies, born at 30–32 weeks, 32–34 and so on up to 42 weeks. These babies had no signs of pathology nor need of artificial ventilation. The 6 groups were studied within one month of birth for development of bioelectric activity of the brain, using a spectrum of indices and EEG coherence. Using a range of 5 frequencies, bioelectric changes were assessed over the range of gestation lengths in the 6 groups.

Significantly the theta band peaked in the 3rd group, 35–36 weeks, being weakest in the 1st group, 30–32 weeks. The 3rd, 5th and 6th groups were significantly higher than the other three. Alpha frequencies peaked in the 2nd group, 33–34 weeks, being significantly above the 1st, 4th and 6th groups. There were significant differences also in the delta and beta groups.

The non-linear increase in power, indexes and coherence of theta-, alpha-, beta-1, and beta-2 frequencies recorded indicate that, in preterm babies, limbic and midbrain reticular

regulative structures have a greater influence on cortical neuron activity. This is probably one of the adaptable mechanisms providing for development of a preterm baby's brain. Our findings are in agreement with other authors on the subject.

**H7. New insights in early childhood psychophysiology.**

*Batuev, Alexander ~ Russia ~ EA158 ~*

THE FETUS AND PRETERM BABY CAN TELL WHETHER HIS MOTHER is addressing him or someone else, Alexander Batuev informs us. The preference of a baby, whether in late gestation, preterm or newborn, in rising order is: noise rather than silence, men's voices, women's voices, his mother's voice. He reacts to his mother's movements, her soft stroking through her womb-wall, the taste of her food, and changing emotions. Early prenatal education crucially affects the genetic program in ways that depend on the stage of development, the prenatal stage being the most important to a sound future member of society.

**H8. Mothers' nursing of preterm babies.**

*Tresorukova, OV, Bombardirova EP. ~ Russia ~ EB171 / RB112 ~*

THE URGENCY OF NURSING AND REHABILITATING PRETERM BABIES involves diagnostic and medical procedures and emphasis on emotional communications. For 3 years to September 2006, on OV Tresorukova and EP Bombardirova's unit were 435 children, 282 low birth weight, 153 full term, 66 very low birth weight. 15.2% were hospitalized and accompanied by the mother, sharing in the nursing for emotional contact and gentlest environment possible. Medicinal treatment is minimised to avoid allergic diseases. Early engagement with the child for socializing experience stage-by-stage also helps in early detection of deviations in social and cognitive development. Parents receive an individual program for the child at 2–3 months or on release from hospital. Music, singing, rhythm, are used in various ways in therapy.

**H9. Developmental and Individualized Family-Centred Care (DFIC) of Premature Infants.**

*Linderkamp, Otwin ~ Germany ~ EB158 ~*

SENSORY STIMULI IN THE WOMB ARE CRITICAL TO DEVELOPMENT of the immature brain. Neonatologist Otwin Linderkamp spelt out his sophisticated system for minimising damage to preterm babies. His detailed article contrasts incubator life with the baby's prenatal experience. The environment for the preterm infant upsets all the senses and the genetic/environmental balance. Consequently by school-age very low birthweight children have cognitive scores 10 points lower.

The main factors are gestational age, birthweight, gender, premature rupture of the membrane, chorionamnionitis, and brain white-matter injury. These factors are profoundly affected by the quality of early care, demanding a highly sophisticated approach to minimising differences between prenatal and postnatal environments for this child, who is still a fetus. In the very premature infant, astrocytes are still forming and migrating. For most preterm infants at about 24 weeks, dendrites and synapses are just forming in the brain. For a second trimester fetus particularly, or even a preterm third trimester, intensive care is inevitably a deficient environment. Late pregnancy features synaptogenesis, myelination and neuronal apoptosis. During weeks 30–40 cortical gray matter increases fourfold.

Newborn Individualized Developmental Care and Assessment Program (NIDCAP) is based on respect for individuality and competence of the infant and family. It also enhances staff-team care. Our DFIC is developed from this basis, yet minimizing intensive care medicine while maximizing family involvement. Success includes: less ventilation, reduced intracerebral hemorrhage, leukomalacia and mortality, more feeding of mother's milk, better infant growth, less maternal stress, and increased confidence. Studies showed

cardio-respiration and cerebral oxygenation to be improved by kangaroo skin-to-skin care, involving the father too. Strangely his tendency, unlike a mother's, is to stroke the baby; this needs correcting. The mother's voice improved general development, including language up to school age. These ways help to keep the infant's own level of oxytocin up, and cortisol down. Music is helpful, lullaby the best.

Focus is on respect for the tiny human being's competence to self-regulate, and for the family's care. Self-regulation is monitored according to the infant's movement towards appropriated stimuli or avoidance if overwhelmed and stressed. Sensory input affects wiring of neuronal networks and their mode of functioning, as well as behaviour of the newborn. At a point of rapid brain development over-stimulation needs to be avoided.

The 'synactive theory' is for simultaneous maturation and mutual interplay throughout development of the 5 subsystems of behaviour: autonomic, motor, state regulatory/organizational, (sleep/awake).

Different observers have come to similar evaluations of over 85%, validated by conventional pain assessment. NIDCAP is endorsed by research including neuroscience, developmental and family psychology, medicine and nursing. [Video – 'Developmental Care'.]

**Link.** *From birth, normally professional care begins to hand over as parents become established with the child they can now see and touch. Continuing prenatal factors overlap with new factors. As symbiosis gives way to relationship, emphasis increases on quality of holding and communication. Particularly for families with difficulties, professional help can continue to benefit greatly, including in time preschool specialist staff.*

## J. POSTNATAL AND PRESCHOOL

### J1. The interrelation of parents' psychosomatic health and children's lesions of the central nervous (CNS) system.

**Philkina, OM, Kocherova BOJ, Shanina TG, Vorobjeva EA, Pyhtina LA. ~ Russia ~**  
EB192 / RB119 ~

*[Note: 'CNS lesions' is used in Russia more broadly: in Western Europe the term is more used for damage caused physically by injury or infection.]*

RECOGNISING THE PSYCHOLOGICAL-PHYSIOLOGICAL INFLUENCES of a mother and a father on their child as the main determinant in the first months of life, OM Philkina and colleagues assessed various factors including: personal features of parents; record of being alarmed in a work situation; personal hierarchy of values, relationships; self-estimate of physical and psychological health; and children's physical development and dynamics.

They assessed mothers and fathers of children with CNS lesions and retarded neurological development, in comparison with mothers and fathers of children with clear records. These were the comparisons:

1. Parents of children with perinatal CNS lesions and retarded psychological development, COMPARED WITH parents of children of normal neuropsychological development – Mothers were found:

- to be phlegmatic (47.5%)
- to be choleric (12.5%)
- to value career and money less
- to value family and health most
- to have twice as many operations recorded
- to have low cooperation with child 4 times as often

The fathers were found:

- 4.5 times more likely to be introvert
- with low acceptance of the child 2 times as often

- to exert more psychological pressure
- to be more often ill with respiratory diseases
- 2. Parents of children with perinatal CNS lesions and deviations of physical development COMPARED WITH parents of children with normal physical development –
  - Mothers were found:
    - to have 4 times the low symbiosis
    - to have 2 times as often low cooperation with child
    - emotional wellbeing in family, and money, to have lower value
    - mother's health bad more often
  - The fathers were found:
    - to be less demanding of their child
    - to value his own health less
    - to have more operations recorded.
- 3. Parents of children with average outcomes of perinatal CNS lesions COMPARED WITH parents of children clear of CNS lesions, –
  - Mothers were found:
    - to be more oriented to work and conversation
    - to rate their family emotional wellbeing more highly
    - to rate their work, money and health less highly
  - The fathers were found:
    - to have a family alarm 4.5 times as often
    - to have work-related alarms 1.5 times as often
    - to be under more psychological pressure
    - to value highest money and family emotional wellbeing
    - to become a father nearer to 18 than 24 years
    - to have acute respiratory viral infection more often
    - to have allergic reactions and operations on record.
- 4. Parents of children with severe outcomes of perinatal CNS lesions COMPARED WITH parents of children clear of CNS lesions, –
  - Mothers were found:
    - to be more oriented to work
    - to value family emotional wellbeing less highly
    - with low acceptance of the child 2 times as often
  - The fathers were found:
    - to have work-related alarms more often
    - to rate their family as highest in vital values.

These correlations show the importance of psychotherapeutic work with parents in developing parent-child attitude, forming a system of mental self-control, and motivating active participation in treatment of a child with perinatal lesions of CNS.

## **J2. Psychoanalytic study of children's early development.**

*Zueva, E ~ Russia ~ EB196 / RB83 ~*

A CHILD'S PHYSICAL AND PSYCHOLOGICAL HEALTH, and their socialization, greatly depends on communication with the mother in the first year. E Zueva says that as the child grows older these early experiences are left in unconscious memory from where they continue to influence decisions unconsciously, so they can become a source of intrapsychic conflict. This can lead to emotional disorders, anxiety, psychosomatic diseases, personality disorders and so on.

Following birth, symbiotic unity with the mother gradually weakens, though the child can still maximise close contact to ensure comfort. Yet the time-gap between the mother's rise of desire and satisfaction leads to the child's 2 states 'ego with mother', 'ego without mother' and sense of independent being. If the gap becomes too small the child lacks space

for personal growth. If too large he is deprived of support and person whom he can imitate. Hence Winnicott's expression 'a good enough mother', enough holding for her child and not too much. If he does not get enough holding he may later regress towards the oral stage.

Problems of love or career can lead to dependencies (alcohol, smoking, drugs, eating disorder, gambling), with mood problems and incapability of achieving independence. So much depends on the first year of life.

### **J3. Fetal origins: dynamics of biological, psychological and social development.**

*Ingalls, Paula ~ USA ~ EA159 ~*

THE EARLIER THE INTERVENTION THE BETTER for children suffering adverse programming, especially pre- or perinatal, comments Paula Ingalls.

Conditions during pregnancy program the fetus. For instance undernutrition or viral infections program a child for diseases and an earlier death in adulthood. Further negative influences include: maternal stress, hypertension, and depression; infections, environmental pollutants, medications and substance abuse; poverty and squalid living conditions; Caesarean section and other birth complications. Even following birth, disorders of feeding, bonding and attachment; cultural bias, circumcision, domestic violence and child abuse; parental permissiveness; and last but not least, the child's responses to the experiences imposed upon it by nature and nurture.

Such adverse effects on gene-transcription can affect the child psychologically, physically and neurochemically, leading to various neurobiological abnormalities, including for instance autism and ADHD. Depressed mothers can be unresponsive and flat in their affective displays, alternatively intrusive and hostile, handling their infants roughly and overstimulating them. Babies treated either way display gaze avoidance, vocalize less, and are less assertive. Many are irritable, cry more, and cannot calm down after an upset. Some develop long-term emotional, cognitive and behavioral problems. Perinatal intervention combined with postnatal separation correlates strongly with later criminal behaviour (Raine).

Trials have shown prevention to be possible and affordable. In Chicago a high-quality preschool program beginning 1962 enrolled 123 African American children aged 3–4. They had been born in poverty and were at high risk of failing. Of the survivors 97 percent were tracked till 40 years of age. The rate of success of the program children's graduation from high-school was 50% better than those not on the program, and only half the percentage of them were in prison (David Weikart). Economists estimate the investment of \$15,000 per child to return more than \$250,000.

Society may come to understand that pursuing health at least from conception onwards instead of treating diseases separately later on is a paradigm of much greater value to the global community.

### **J4. Developmental Psychology for Educators on the Basis of Prenatal Psychology.**

*von Lüpke, Hans ~ Germany ~ EA209 / RA64 ~*

PRE-SCHOOL AND KINDERGARTEN CHILDREN PRESENT SPECIAL OPPORTUNITIES for interaction and dialogue relating to the pre- & perinatal stage, being close to it. Supported by research in attachment and neurobiology, Hans von Lüpke uses ultrasound videos of children's prenatal development and communication. He recognises the continuity of characteristic fetal behaviour into childhood, as in Alessandra Piontelli's work on twins (1992). Working with this age-group we also learn more about the impact of influences during that age on further development. Mutual child-parent care is guided by paediatricians and parents. Prenatal behaviour and circumstances of its modification gives fundamental cues for understanding of development as an actively initiated process in a continuous mutual exchange with the world, in particular in the context of mother-infant relationship.

This understanding offers the opportunity of using different aspects of this early development as constituents of development in general. In this context, developmental psychology changes from a list of achievements during each stage to an understanding of fundamental constituents; that these will be modified and transformed during the process of development in a continuous rational context; that this induces mutual transformation of all participants, child, parents and even professionals. Among these constituents, one of the most important is the development of the 'sense of a core-self' as conceptualised by Daniel Stern (1985), who recognizes:

- A. Self-agency, sense of authorship and control of one's own actions.
  - B. Self-coherence, being non-fragmented either while active or while still.
  - C. Self-affectivity, sensing one's inner qualities of feeling associated with other experiences of self.
  - D. Self-history, sense of enduring, and continuity with one's past even while changing.
- Stern's concept, limited by his belief that the core-self began at the age of 2 months, is supplemented by our realization of prenatal development, continuous through birth onwards.

Standing out too is the importance of an event in the context of relationship. Brain research shows that significance is derived from relationship, without which perception doesn't occur. Based on these fundamental aspects, issues such as affect control and theory of mind can be discussed, as well as empathy with its consequences for social behaviour. On the basis of these constituents, we can discuss learning processes, aggression, ADHD, trauma and resilience, integration of processes of mourning and being handicapped.

Training seminars over two weeks present the methods to educators working with children from 0 to 6 years. At these the ultra-sound video sequences always carry strong conviction. – hans.von.luepke@gmx.de

*Link. This collation concludes with some historical references, a philosophical thought, and hopes for the future.*

## **K. HISTORY, PHILOSOPHY AND HOPES**

### **K1. Psychosomatic aspects of pathology in pregnancy and childbirth.**

*Kovalenko, Natalja ~ Russia ~ EA183 ~*

THE CLOSE CONNECTION BETWEEN PSYCHOLOGICAL AND SOMATIC FIELDS has been studied since the time of Hippocrates and Aristotle. Natalja Kovalenko lists some other researchers:

Psychosomatic integrity: Z Chernoruzky, M Kabanov, R Gallon.

Clinico-empirical approach: V Osler, R Konechny, M Boukhal.

Specific emotional conflict: F Aleksander.

Emotional stress: G Sel'e, R Lazarus.

Psychophysiological approach: F Berezin, P Anokhin.

Psychoendocrinological approach: V Uspensky.

Reconstructive person-centred psychotherapy: V Myasishev.

Psychotherapy and psychosomatic health are most important of all for childbearing women, having such powerful effect on the wellbeing of her child.

### **K2. The history of research in the Russian Perinatal Psychology and Medicine Association.**

*Kovalenko, Natalja ~ Russia ~ EA190 / RA67 ~*

DIFFICULTIES WITH CARRYING A BABY, COMPLICATED DELIVERY, and fall in fertility became the focus of research for the Russian Psychology and Medicine Association in 1994, and was based on maternity home No 10 in S. Petersburg. Natalja Kovalenko relates that the search was for new effective forms of psychological help, advice in pregnancy

and training for birth, with emphasis on natural delivery without surgical intervention. Important contributions were made by pioneer scientists Professors A. Batuev, V. Abramchenko, G. Brekhman, I. Dobrykov and many others. With scientific knowledge in medicine and psychology their new ideas and methodology were integrated, the seminars and annual conferences conducted by Academician G. Jacovlev.

Cooperation then with the Association of Prenatal and Perinatal Development (Moscow), headed by N. Chicherina, led to the development of RAPP. In 2005 the Association began to cooperate with the International Society of Prenatal and Perinatal Psychology and Medicine, headed by R. Linder (Germany). The association is also planning development with the Association of Integrative Medicine (S. Petersburg).

**K3. A new entry in preventive and therapeutic medicine: philosophy – integral with culture.**

*Zichella, Lucio ~ Italy ~ EA190 / RA67 ~*

IN THE PROCESS OF INTER-RELATING THE VARIOUS DISCIPLINES concerning the psychobiological and cultural aspects of human reproductive attitude, behaviour and experience, Lucio Zichella has been focusing on the role of anthropology.

Anthropology has been acquiring a more and more specific philosophical dimension. Philosophy itself plays a role in understanding, preventing and treating, at a human level, human discomforts in health. An interdisciplinary perspective on the individual and couple situation raises the need to express a meta-thought. Zichella thinks that anthropological philosophy, concerned with the human being in the world, could be the right way to contextualize the meta-thought in a cultural dimension.

**K4. Prenatal psychology, society and culture.**

*Janus, Ludwig ~ Germany ~ EA152 / RA23 ~*

PEACEFULNESS CAN BE OURS, THROUGH CHANGING WAYS OF PARENTING from forcefulness to tenderness, and at the most vulnerable levels, gestation and infancy. Ludwig Janus rejoices in our joining as nations in this vital work. Prenatal psychology has to be a multi-disciplinary study, including culture and social values. Parenting skills and the prevention of harm are key. Since our large human head has shortened our gestation to less than half that of other mammals, the baby's helplessness has necessitated the ability to engage the maximum care from mother and family.

We have continued this dependence, even as we grow up, to create exceptional social formations around us throughout life. In contrast, repressive cultures and wars have imprinted on us violence, which repeats generation by generation until it is interrupted yet, within the huge autocratic configurations, the Enlightenment and our recognizing the virtues of some simpler societies, have allowed us safe havens and more intimate relationships. It is good that we from Germany are this time in Russia to cooperate in generating peacefulness. So we share internationally the ways parenting becomes gentler, while obstetrics and other disciplines have made childbearing safer, so engendering gentler attitudes in society.

Destructive tendencies still arise due to mental, social and somatic illnesses, resulting from deprived socialization. Relationships, parenting especially, must become a key part of our education systems. Our 19th century rooted systems still keep their patriarchal focus on achievement. 20th century depth psychology and recognition of emotions are not yet in the curricula. Our schools pay scarce attention to the other half of adult life outside work, leaving young people to experience difficulties in partnerships and parenthood, which are passed on to their children. Only these measures will counteract the high level of domestic violence, and promote the great human potential of children that they will so urgently need in our evermore complex world.

### *Acknowledgements*

I wish to acknowledge the huge amount of skill and experience in these studies. I am sorry that I have not been able to do them justice. I tried to include those who presented and whose articles in English I could manage. Even then I have only covered about half. This can scarcely be more than a subjective guide to the report. I refer readers to the Congress Tom I & Tom II for the authors' words, or direct to the authors, since many references were not included. I apologize for errors. Not all translations have been easy for me to grasp. If anyone with a better grasp of languages would make a supplementary compilation we should all benefit, and the world with us.

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### *Source*

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