

## **Presidential Address-IX International Congress on Pre-natal and Peri-natal Psychology and Medicine, Jerusalem, Israel, March, 1989**

**Author:** Fedor-Freybergh, Peter G, MD, PhD

**Publication info:** Pre- and Peri-natal Psychology Journal 4. 3 (Spring 1990): 241-248.

[ProQuest document link](#)

**Abstract:** None available.

**Full Text:** Dear Mr. President, Ladies and Gentlemen, Dear Friends, It is a great pleasure and privilege to welcome you on behalf of the International Society of Prenatal and Perinatal Psychology and Medicine to our 9th International Congress. First, I would like to express my gratitude to the president of the Congress, Professor David Serr, for inviting our Society to hold the 9th International Congress in Jerusalem, and to the organizational committee of International Ltd in Tel Aviv who made this vision a reality. I further want to extend my appreciation to Doctor Marsden Wagner of the World Health Organization who gave our society moral support and brought WHO to this Congress as co-organizer. Finally, I also want to thank on behalf of our society, the College of Continuing Medical Education, Israel Medical Association and Tel Aviv University under whose auspices this Congress is being held. When we remember that our Judeo-Christian roots were grounded here in Israel, then it is certainly a fitting location for our "encounter." I ask you, dear friends and colleagues, to regard this Congress as a dichotomy which is synchronous. In other words, two parallels which are mutually essential, valid and inter-dependent. First of all, think of the dichotomy of the encounter. It is certainly appropriate that the title of this Congress is "Encounter with the Unborn." How can we ever hope to surmount the obstacles which face us just within our own individual cultures if we have trouble with the encounters which we may experience here at this Congress? We shall attempt to tackle problems and questions which reach to the very core of the human race and overcome any prejudices which we carry with us. Hopefully the encounters which we experience at our Congress will not be troublesome. We will encounter the prenatal being fully, optimistically and with deep faith. The next phase we should ponder is the dialogue between us and the dialogue which exists between the unborn child and its mother. Think of the dialogue we shall have here, our inter-dependence each on the other, the developing and nourishing of ideas and the eventual trust and kinship which will be our bond. Will that be any different from the dialogue between the living fetus and its mother? The dependence of both on the other, physical and psychological, the nourishment of both relying on the other for their individual fruition, growth, birth and rebirth. And the ultimate goal of this Congress will be the bond which will be formed here between us complementing the bond formed between parents and the newborn. Finally, we must consider our human life as an indivisible continuity, a dialectic process of encounters and dialogues. We know that the different developmental stages of our lives cannot be seen independent from each other, and that there is an ongoing mutual dependency of all our functions. Discontinuity on the other hand, has become a more serious problem today given the spread of health, ecological, psychological and social disturbances. We are very much aware of the dangers of discontinuity which can generate within the unborn and the newborn. We can parallel our work here in the Society where only continuity can guarantee we fully reach our goals. Please keep in mind during the next four days that we are all in the same fetal position and without each other we cannot survive! And with each other working in continuity, not only do we survive, we thrive. Now that I have presented an overall view of my aspirations for this Congress, I would like to discuss some more tangible areas by first telling you about the strides we have made over the years. Ever since the 7th Congress of our society in 1983 in Dusseldorf, when I was elected president, one of the main objectives I put forth was to further develop ISPPM, to internationalize it and give it a more interdisciplinary profile. This was our approach to the 8th International Congress in Badgastein in 1986. We met this objective; we had 760 participants representing 23 countries, and we opened the Speaker's Forum to all professionals working in the prenatal and perinatal field.

We opened our membership to all colleagues, regardless of their academic credentials. We know that every one of our members has a significant contribution to make. The tangible evidence which resulted from the Badgastein Congress was two different books, one in English and one in German, comprising a total of 104 different selected papers. Both books represent one of the first real compendia of prenatal and perinatal science. I am pleased to inform you that they received favorable reviews in scientific and other publications, as well as in the mass media. I am sure you are all aware of our increasing need to take the initiative to develop a new concept of science and a new common language to reduce the present semantic malaise. I will speak of this later in my talk. We feel very proud that a new scientific journal, the official journal of ISPPM, entitled The International Journal of Prenatal and Perinatal Studies, has been published and our ISPPM Newsletter has been started. I was happy to discover that there was such a tremendous amount of interest among distinguished scientists around the world to cooperate on such projects. I am delighted to inform you that the first issue of both the Journal and Newsletter are now available. At the same time we began to contact our colleagues around the world suggesting the possibility of establishing national ISPPM chapters. There were several reasons for doing this: The first was to make the goals of the society well known in different countries. We felt that each ISPPM chapter should develop according to the national character of the respective country and culture. In doing so, the ISPPM would be able to influence the evolution of maternal and child care, primary prevention, education, etc. in other countries with a real sensitivity to the uniqueness of each participating country. At the same time, ISPPM would essentially become richer from this new infusion of untapped talent. Also, these national chapters would organize symposia, seminars and conferences. These chapters serve as a link between hitherto remote areas of the world and the whole organization. In this way the interdisciplinary and international cross-fertilization on both the theoretical and practical level can more easily take place. This will facilitate our being able to reach constructive dialogue with all professionals concerned in both a dialectic and a comprehensive manner. Again, all of these symposia, seminars and conferences between congresses would serve as a forum publicized in the Journal and Newsletter and eventually our word can be heard throughout the world. This can facilitate our maintaining an overall continuity in the development of the society both from the point of view of organization as well as from the scientific and practical application. The vision we had in Badgastein proved to be practical and realistic. We are now in the process of fulfilling that vision. I would like to give you some examples; -we now have chapters in Great Britain, the Federal Republic of Germany, Scandinavia, Israel, the Netherlands and two chapters in both Italy and Poland. National chapters in other countries are also in the process of being formed. -Two local conferences have already been held: one in 1987 in Osnabruck, FRG, organized and chaired by Professor Gerhard Schusser, and one in 1988 in Bressanone, Italy, organized by Doctor Donatella Peruzzo-Bortolotti and Doctor Ursula Hamberger. Some of us present today have lectured in various countries and established contacts with universities, hospitals and health authorities. As a result of these contacts, our membership is steadily increasing. Since 1986 it has doubled. -In 1986 after the Badgastein Congress, the ISPPM was nominated for the Right Livelihood Award (also known as the Alternative Nobel Prize), and we are now on the short list for the award in 1989. -In 1988, the ISPPM was invited to join with the Vienna International Academy for the Study of the Future, and we recently established an Institute for Integrated Studies of Human Development at the Academy. -For this year, 1989, we are planning a scientific conference in Scandanavia in May. -The Netherlands Chapter of the ISPPM is planning a satellite workshop to the Congress of the International Society of Psychosomatic Obstetrics and Gynecologists at the beginning of June. The title of the workshop is "New Visions for Pregnancy, Birth and Early Life." -Between congresses we have encouraged scientists to apply for the Gustav Hans Graber Award for the best scientific work in the prenatal and perinatal field and we will continue in this tradition. This year, we are happy to present this award to Doctor Anna Gidoni of Florence, Italy and to Doctor Terence Dowling of Newcastle, England. -We have also established a new ISPPM award for humanitarian achievements which will be presented for the first time at this Congress. This award has been named in honour of our first recipient, our distinguished member,

Mrs. Elda Scarzella-Mazzocchi from Milano, Italy and is being awarded to her for the great humanitarian work she has done for unmarried, teenage pregnant girls which she began in the 1920's. -In 1987, Doctor Ludwig Janus established a Working Group for Prenatal and Perinatal Psychology in Heidelberg, Germany. It organizes training seminars, invites lecturers and should prove to be a feasible model for developing similar activities around the world. -S. Kuhnel, a midwife from Munich, Federal Republic of Germany, has been co-operating with Charkovsky, USSR, and others on water births and will chair an ISPPM conference on natural childbirth in Moscow in 1990 or 1991. -The tenth ISPPM International Congress in 1992 will be held in Osnabruk, FRG, chaired by Professor G. Shusser. Our eleventh Congress, chaired by Professor R. Klimek, will be held in Cracow, Poland in 1995. So, my friends and colleagues, you can see that ISPPM has grown and matured over the past few years laying a strong foundation for true international, inter-disciplinary co-operation. Now I would like to get a little personal. That is, I would like to talk about us, you and me. It is my contention that when one addresses an audience in the third person (he, she, it, they) that it removes them from mental involvement. Therefore, I will use the first person (you, me, us). I feel it is necessary for each and every one of us to regard our own humanity as something which continuously integrates all the biological and psychological aspects of life and that we are indivisible entities. Our own development should moreover be seen as a continuum from conception through prenatal, perinatal and postnatal stages of life, and that all functions within us develop simultaneously. And very important is the fact that each stage of our development is just as valuable as the previous one. Remember that the prenatal stage of life in the womb is our very first ecological position as human beings. This is also our first human encounter where we as children found ourselves involved in a creative dialogue with our mothers and their biological, psychological and social environments. Our Society is a forum for the interdisciplinary fields of medicine, psychology, psychotherapy, sociology, anthropology, midwifery, education, philosophy, ethics, as well as other allied disciplines, and is serving as the implement for cross-fertilization between different sciences and practices on an inter-disciplinary basis. In order to achieve this cross-fertilization, we will need a common language. A language which is not only understood across disciplines but also by lay persons. Such a language must assist us in getting over the semantic problems which are rampant today. Furthermore, a new scientific theory must be defined in order to adequately account for the full expanse of human development. It is only from this perspective that we can develop a dynamic ever changing methodology. The primary prevention of mental and physical disorders at the earliest stage of human development is crucial to this approach. Our Society also co-ordinates research, and assists researchers and care practitioners in their networking in order to gain access to the latest scientific research in prenatal and perinatal care. In the future, our Society will develop an international database which will comprehensively cover research within the integrated fields of early human development. Integration of different psychotherapeutic approaches and practices is another aspect of our programme. This includes those practices which deal with our earliest prenatal and perinatal experiences and traumatizations, such as psychoanalysis, rebirthing, hypnoanalysis, holotrope therapies, wholeself therapy, prenatal memory therapy and others. All of these methods, and many others need to be included in training programmes for professionals working within the prenatal and perinatal fields. Traditional knowledge stemming from anthropology, ethnology, mythology and symbolism also needs to be integrated into our overall perspective. There are two other scientific disciplines to which prenatal research can contribute in a relevant way. These are psychoneuroendocrinology and psychoneuroimmunology. At present diseases such as cancer, AIDS (Acquired Immune Deficiency) and SIDS (Sudden Infant Death Syndrome) in a very essential way, disturb basic human relationships and needs. Through the use of these two disciplines we can explore the primary conditions contributing to the phenomenology of these and other diseases. The ISPPM is currently developing proposals for changes regarding prenatal and perinatal mother and child care and delivery practices at the political level in different countries and within the World Health Organization. The ISPPM is actively co-operating with other organizations such as Save the Children, the Inter African Committee and others in order to promulgate and mutually share

information and knowledge within the third world countries. The final part of my address deals with those difficulties which we are now facing. Let me ask all of you here a question. Why do we have such a limited attendance at this Congress, while congresses of a different character such as the In Vitro Fertilization Congress have such a large number of participants? We address the wonder, complexity and magic implicit from the very beginning in the process of life. This is not something we can understand with our minds alone, and perhaps we need to ask ourselves when and how it is appropriate to intervene. When are the use of fertilization techniques in accordance with ethics and when are they not? These are not questions people are comfortable addressing, and they need to be addressed. Abortion is another reality we can't ignore; nor can we continue to look at it through the smoke screen created by different strongly held belief systems which lead to conflicts. From the social, psychological and spiritual perspective relating to abortion, we need to consider if there really is a possibility for enhancing the quality of life of the child, mother and other family members. If the child is born, will he ever be received in a fully loving way, or will he have to live with physical and psychological handicaps? Is it anyone's right to insist that a mother physically bear a child she will not later be able to psychologically support? And if so, how will this affect the future child's chances for the right to a quality life experience? Obviously answers to these questions cannot be given either by me or by our organization. Yet can we not find the space in ourselves to truly listen to those asking these questions such that we can assist them in a process that advocates not only the 'Right to Life' but also the unborn's 'Right to Quality of Life.' Such a stance demands that we extend the parameters of this very crucial question. It also demands that we, personally, listen from a nonjudgemental stance, enabling those considering the question of abortion to do so without guilt, shame or fear of psychological and social consequences. Can we guide parents contemplating abortion in their dialogues with the unborn, who is aware of their thoughts, such that all involved can face the situation honestly and compassionately. Love, healing and acceptance can occur through such dialogues. If we reduce the definition of life to the mere presence of physical energy, valued at any cost, we tragically divorce it from its spiritual and psychological aspects, a separation which could result in an inhumane circumstance which simply is not necessary. Preconceptional counselling and proper sensitive family planning are required along with educational measures, starting early both within the family and within our school environments in order to make people aware of the existence of the dialogue which occurs from the very beginning between the prenatal child and his parents. Many psychoanalysts, obstetricians, gynecologists, developmental psychologists, behaviourists and others are still uneasy dealing with the prenatal child and with imperative questions of this nature. It is thought to be a little embarrassing or a little "way-out" to discuss the prenatal child as an individual and the prenatal stage of life as the first place where either a healthy maturational process or trauma and conflict is initiated. This has a tremendous impact on our post-natal life. If you will think back to the point in this lecture where I began to talk in the first person about our continuity of development and where I subtly reminded you that we were all embryos at one time, did you feel a little uncomfortable? If we as professionals, involved in the prenatal fields of medicine are uncomfortable, then imagine how the non-prenatal and perinatal practitioners regard this area where thoughtful leadership is vitally required at this time. The unconscious and subconscious fears and denials among individuals, independent of their education or social status, concerning their own pre-birth past is one of the strongest barriers against changing the general attitude towards the acceptance of the impact of the prenatal stage of development for our entire life. We have a role to play here, beginning with ourselves, and in assisting our clients to allow these barriers to dissolve. Both the Cartesian dualistic philosophy which is still very much inherent in so much medicine and psychology, and a lack of understanding of life as an integrated continuum present vast stumbling blocks. There are still many assumptions, belief systems and other prejudices in existence which are in conflict with our presently limited view of common sense and logic. There is no widespread acceptance of the comprehensive and integrative way of thinking where early human development is concerned . . . as yet. That is why we don't have these ideas expounded in our schools, nor part of our university curriculum or even in the training of professionals such as medical doctors,

psychologists, midwives and others. It is still not obvious to everyone that the prenatal stage of life is that period of life where primary prevention needs to be practiced, where early disturbances can be avoided, where prenatal and perinatal morbidity and mortality can be reduced, where a decent start in life can be given and finally where the fundamental humanitarian values through early bonding of the child and the mother and father can be facilitated. This is our task, together, and I welcome it. AuthorAffiliation Peter G. Fedor-Freybergh, M.D., Ph.D. AuthorAffiliation Dr. Peter G. Fedor-Freybergh is president of ISPPM and is editor of the new journal, Prenatal and Perinatal Studies. Address correspondence to Engelbrektsgatan 19, S-114 32, Stockholm, Sweden.

**Publication title:** Pre- and Peri-natal Psychology Journal

**Volume:** 4

**Issue:** 3

**Pages:** 241-248

**Number of pages:** 8

**Publication year:** 1990

**Publication date:** Spring 1990

**Year:** 1990

**Publisher:** Association for Pre&Perinatal Psychology and Health

**Place of publication:** New York

**Country of publication:** United States

**Journal subject:** Medical Sciences--Obstetrics And Gynecology, Psychology, Birth Control

**ISSN:** 08833095

**Source type:** Scholarly Journals

**Language of publication:** English

**Document type:** General Information

**ProQuest document ID:** 198679621

**Document URL:** <http://search.proquest.com/docview/198679621?accountid=36557>

**Copyright:** Copyright Association for Pre&Perinatal Psychology and Health Spring 1990

**Last updated:** 2010-06-06

**Database:** ProQuest Public Health

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