Psychosomatically oriented obstetrics and perinatal medicine

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ABSTRACT

Mothers-to-be and couples making the transition to parenthood are often confronted with lay people's opinions on various aspects of pregnancy and birth. The disciplines of obstetrics and perinatal medicine can use their strong influence on the course of pregnancy and the developmental outcome of the infant by incorporating psychosomatic observations and insights on reproduction, motherhood and childhood, taking different perspectives into account. A supportive developmental medicine approach can focus on the mother and the developing child in both the familial and the social context. Influential factors in pregnancy and mental health are here discussed from a psychosomatic point of view.

KEYWORDS

Psychosomatics, perinatal, pregnancy, birth, mental health, infant.

Early experience

The early experience of the human being, be it prenatal, perinatal or postnatal, is not directly verbally accessible since events before the age of three years are usually forgotten ("infantile amnesia"). Nevertheless, early experience is stored, at least in part, and can resurface later, e.g., as a result of unconscious transference. Thus, from a psychosomatic point of view, preverbal memories may play an important role in psychic and somatic health and disease. In psychological disorders, physical memory frequently allows access to hidden psychic and thus to somatic contents. The newborn infant's memory of the mother's voice and of intrauterine "music" is a well-known indication of such early remembered experience [1]. Both the parents and the infant face many challenges during further development, including the psychosomatic integration of internal impulses and external boundaries. In order to deal with successive developmental steps, the growing child will also need to go through processes of symbolization, which originate from the need to compensate for the loss of the bodily integrity; these processes entail reintegrating adequate substitutes, just in order to achieve autonomy and self-reliance [2]. For the thriving infant, symbolization, to some extent, makes up for the loss of the intrauterine environment.

Motherhood

For mothers-to-be, pregnancy triggers the "motherhood constellation" [3], a term referring to the psychological focus on the infant-to-be. Aside from the scientific recognition of the bio-psychological adjustment of the mother and the infant, findings from psychoanalysis and infant mental health research, and more recently from neurobiology [4,5], have led to some structured interventions in the form of early mother-child care or treatment, and of parenting lessons [6]. In parenting classes, influences from the prenatal period are often undervalued, and their practical implementation is frequently insufficient [7,8].

In order to avoid problematic dysfunction of psychosomatic dimensions in both parents and infants, it is very important to consider not only that early childhood is seminal to development, but also that earlier mental strain, in pregnancy and during birth, can have a significant impact on the further development of the family, the mother and the infant. In addition to the usual levels of stress in the vulnerable prenatal period, experiences of additional strain resulting from structural societal influences have also been observed [9]; a large variety of factors may cause parents severe dysregulation and negative experiences. The impact of unfavorable experiences, both of infants and of parents, has already been discussed in the literature [10, 11, 12]. From a sociological point of view, it should be emphasized that in our age of "liquid modernity", as Zygmunt Bauman coined it in 2003, both ritual reward and stabilizing remembrance provide support for children and parents. Moreover, social points of reference have been abandoned in many fields.

Early development

Likewise, even in apparently more remote, clinically less conspicuous areas of life, connections between prenatal devel-

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opment and life-long effects can be identified: possible examples are that infants born "small for gestational age" tend to enter puberty early [13], or that attention deficit/hyperactivity disorder (ADHD) diagnoses are often made in the context of too-early school enrollment [14]. It is becoming clear that "too early" is also a problem of accelerated times and of what is referred to as "new morbidity" [15] in the context of pregnancy and birth, which has an impact far beyond infancy [16]. Being born preterm seems to have an even greater life-long impact than fetal undernutrition or being born small [17]. The increasing number of "late preterm" infants in recent decades [18] may also be due, at least in part, to increasing impatience and compulsion to perform, brought about by today's "entrepreneurial society". In psychosomatic practice, patients increasingly present with low frustration tolerance or with seemingly weak personality structures, lacking points of reference to rely on. Otto Rank, a colleague of Sigmund Freud, formulated that anything that is postnatal must be "partial" [19], since the infant has lost the "total ego" of the intrauterine dwelling. In his description of the fundamental first separation, Rank anticipated a fact that is still hard for many to accept today.

Ontogenetic aspects

Ego formation is a process that begins in prenatal life, with the result that the ego is already inscribed, at least in part, at birth. The developing infant then meets traces of early prenatal experience out of which the organism creates its characteristic life world ("enaction") [20]. As Julian Jaynes described in his 1976 book "Bicameral Mind" [21, 22], the human being remembers an archaic experience of a "ghost world" in which beginning and end do not exist, and which can be noted both in the ontogenetic and phylogenetic developmental process. Later on, human beings experience strange phenomena that occur not only in dreaming, as demonstrated by Freud in his "Uncanny" [1919] [23], and by Rank in his "Doppelganger" [1925] [24]. Whether psychosomatically or biologically founded, there are imprints originating from the prenatal phase of life that it is fundamental to take into account.

Psychosomatic obstetrics

Many expectant mothers experience fears and burdens before giving birth, which can be hard to adequately deal with. In order to help avoid early anxieties in pregnancy, in the delivery room and in the first phase after birth, it can be useful to make the developing interrelatedness between mother and unborn child accessible as early as possible. An understanding of the infant's prenatal environment and its effects on brain development will help mothers to come to terms with their developing child [25, 1], including his/her overall mental and physical development and health [26].

Couples making the transition to parenthood are not only confronted with numerous opinions about pregnancy, the unborn baby and delivery, but also have to face and deal with their own inner disarray, e.g., with concerns over malformations and preterm delivery [27]. Obstetrics and perinatal medicine have the opportunity to incorporate psychosomatic observations and insights on reproduction, motherhood and childhood, taking different perspectives into account. Recently, the view of psyche has become increasingly dynamic [28], and new ob/gyn textbooks have begun to address psychosomatic issues [29, 30]. However, practical management has remained underrepresented in chapters on epigenetics and neurobiology [5, 31]. Novel approaches, like mother-embryo dialogue [32], bonding analysis [7] and others, have become increasingly important, given the decline of traditional support systems, such as helping families, friends and a supportive social environment. These approaches have now begun to be implemented in a few countries, mostly by specialized therapists, gynecologists and family midwives, but there is still no joint venture in this regard. At any rate, while traumatized mothers-to-be might benefit most from early individual care, for the time being parenting classes can seek to address the broader population, raising awareness of the issues of prenatal and early childhood experience and of the experiences of parents-to-be.

Social changes place a greater responsibility on obstetricians and perinatal health professionals to consider, in their care models, the results of research into prenatal development [30,33]. Implementation of now well-documented research findings would be an important step toward an integrated perspective on mothers, infants and families.

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