

Prenatal and Perinatal Psychology and Medicine: A New Approach to Primary Prevention

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Abstract: The prenatal stage of life represents a unique opportunity for the primary prevention of psychological, emotional and physical disorders in later life. At this stage we can also develop preventive procedures to decrease premature birth and perinatal morbidity and mortality. In order to understand the enormous potential power of the prenatal processes and their impact on the individual's prenatal and postnatal health, we have to ask ourselves what the prenatal stage of life implies.

The encounter with the unborn is the beginning of the continuum of human life towards self-realisation. We need to extend the standard definition of life's continuum to include the prenatal experience, which is part of life's continuum, helping to shape us and determining who we are and what we will become. For the unborn it is primarily through the imprinting process that this experience is initiated and realised. For the mother, pregnancy this encounter with the unborn is a chance for self-realisation. For the rest of us this encounter with the unborn is the chance to extend and deepen our own understanding of this life continuum wherein there can be found no possible separation between the physical and psychological dimensions of our existence.

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Prenatal and perinatal psychology and medicine is a relatively new interdisciplinary scientific field within medical and psychological research and practice which attempts to integrate different disciplines dealing with the basic questions of life and its disturbances.

Emphasis is placed on the interdisciplinary character, which enables different scientific specialities such as medicine, psychology, psychoanalysis, anthropology, human ethology, sociology, philosophy and other meet, find a common language

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and go through the process of mutually crative influence, or, as it were, a “cross fertilisation”.

Prenatal and perinatal psychology and medicine can also serve as a “psychosomatic” model stressing the indivisibility of “psychological” and “physical” processes in the continuum of human life from its very beginning and also the indivisible development of all functions of the central nervous system and the immunological and neuroendocrinological processes.

One of the important intentions of this new scientific field is the publication of different methodologies, both from experimentally oriented methods and studies and also from more introspective methods with an effort to look for and find a common language in order to diminish semantic misunderstandings as well as to define a scientific theory applicable to this new interdisciplinary and integrative approach. Integration linguistically means, among other things, assimilation, fusion, incorporation, combination, unification and harmony. The latter, harmony, should be stressed in particular – harmony and cooperation between different integrated approaches and views, methods and methodologies, theories, ideologies and practices, rather than confrontation and disagreement.

Society at large must encourage a sense of responsibility in parents-to-be and counsel couples long before conception about their commitment toward the new life; that is essential that this new life be highly respected from the very beginning and considered to be an equal partner in the dialogue. This dialogue begins at conception and continues through the prenatal, perinatal and postnatal stages of life. It influences the outcome of the birth and the way the individual during its childhood, adolescence and adult life will treat other people and its ability to love and respect others and make commitments.

The prenatal stage of life represents a unique opportunity for the primary prevention of psychological, emotional and physical disorders in later life.^{1,2} At this stage we also can develop preventive procedures to decrease premature birth and perinatal morbidity and mortality. In order to understand the enormous potential power of the prenatal processes and their impact on the individual’s prenatal and postnatal health, we have to ask ourselves what does the prenatal stage of life imply.

Pregnancy can be conceived as an active dialogue between mother and child.³ This dialogue is not limited but is enlarged via the dialogue between the mother and the father and the mother’s psycho-social environment. This discourse is part of a very active and mutually interdependent process taking place on several levels. Minimally, these include the psychological, emotional, biochemical and psychoneuroendocrinological levels.

I have never heard a mother refer to the child in her womb as “my embryo”, or “my foetus”. The mother says “my baby” or even calls the child by a personal name. Generally, pregnant mothers show a high degree of sensitivity and sensibility towards their unborn child which, by contrast, many professionals lack. The child is a very active partner in the pregnancy, an “active passenger in utero”⁴. The mother-child interaction, consequently, has not only a biological but also a psychological and social character.

This mother-child dialogue begins on an unconscious level – probably from the very beginning of the unborn child’s development. From the mother’s side, the dialogue will become a reality when she, consciously or unconsciously, makes the

move to experience the unborn “it” as the unborn “you”. This event initiates her into the beginning of a conscious encounter with her child. The transition from “it” to “you” is just one consequence of the sensitivity and sensibility of the unborn – and the enormous creative potential in the psyche of the mother. The dialogical experience is independent of the degree of morphological development of the child^{5,6}.

There is a strong impact of hormonal, psychological and immunological influences already on the whole embryonal and fetal development.

Birth is part of a comprehensive human development. The circumstances around the birth, the birth itself and the consequences for the child, the mother and the father in the postnatal period will essentially depend on the prenatal stage of life and its bonding impact on the child, the mother and the father. It is wise not to separate the role of the father from the role of the mother and child and also not to separate the labour from the continuum of the prenatal experience.

The father should be involved and incorporated into the entire prenatal care from the very beginning and treated as an equal partner in the process. The father’s experience will vitally influence his activity during labour and very much his bonding abilities with the child during birth, the prenatal and postnatal periods.

Pregnancy can be considered as the first ecological position of the human being, the womb as the first ecological environment^{7,8}. It is surprising to see how few professionals, even psychologists, realise this basic fact, and that there are still a large number of obstetricians, gynecologists and other professionals who merely consider the womb as a “baby-carrying” anatomical organ and are still unaware of the “toxic pollution” of potential psychological and social threat to the unborn child.

The dialogue between the unborn child, mother and father creates a “primary togetherness”⁹, which in turn helps to foster strongly compelling psycho-physical predispositions. Potentially, any such inborn predilection has the ability to orient and shape forthcoming emotional and social responses, especially in regard to interpersonal relationships. The consequences of these experiences of primary togetherness run along a wide range, including love and ethical behaviour.

The human life has to be considered as an indivisible continuum where each of the developmental stages is equally important, all stages interdependent and not separable from the whole individual’s life continuum. In this continuum, the individual represents an indivisible entity of all functions on both physiological or physical, psychological and social levels. The physical, biochemical, endocrinological, immunological and psychological processes represent a whole which cannot be divided¹⁰.

In order to understand the process during the prenatal stages of life, a new language is required and a new scientific theory is needed. Such a language must assist us in getting beyond the semantic problems and confusion existing in so much medical and psychological vernacular¹¹.

It is not possible to separate any stage of human development from the rest of an individual’s life continuum. The life continuum is one of the basic needs in human life in order to maintain homeostasis and equilibrium. The disturbance of the individual’s life continuum on a momentous scale would lead to illness or in extreme cases, where homeostasis cannot be regained, death is the result.

Any discontinuity from outside or from inside the individual organism will violate these basic biological and psychological needs, both on prenatal and postnatal life. Discontinuity has increasingly become a more serious problem today causing the spread of ecological, social and political disturbances throughout the world. No group of people or any nation is wholly immune from the upheaval of disorienting developments on ecological and social levels¹². Many in the scientific community are very much aware of the effects of such events, and see how the discontinuity and disequilibrium beget many of today's mental and social diseases¹³. In the field of prenatal and perinatal psychology and medicine, we are very much aware of the dangers discontinuity can generate in the unborn and in the newborn.

The latest development of two relatively new and innovative lines of medical and psychological research, namely psychoneuroendocrinology and psychoneuroimmunology are very promising. Research in these two areas is particularly important in serving as the scientific basis for the philosophy behind prenatal and perinatal psychology and medicine.

Various highly specific biochemical functions (hormones, neurotransmitters and other polypeptide structures) are needed in direct connection with input phenomena for the transformation and storage of both sensorial and mental types of information. Crucial to the formation of the primary central nervous system on the hypothalamic-pituitary-adrenal level, some of these functions are already detectable in the very beginning of the development of the human being. Thus the embryo successively develops a high sensibility and competency for the potential ability of perception and learning¹⁴.

The intrauterine experience is also a learning process for the child¹⁵. This learning is a vital prerequisite for survival since it makes it possible for the organism to adapt itself to new circumstances. Without adaptation there would be no survival and one cannot adapt without making and having had experiences upon which to base the adaptation. Such a process requires memory, whether consciously retained or subconsciously imprinted. The information processing which reaches the child from the very beginning of its development will be received via the different biochemical pathways and then transformed and stored as memory traces (this could eventually be useful to a theoretical understanding of certain psychotherapeutic procedures, such as hypnosis, dream analysis, prenatal memories etc.). At this stage the embryo already shows evidence of responding to and retaining the impact or imprint of sensory experiences in a biochemical language, which remain as a potential learning source. These prebirth memory imprints may in turn be revoked as informational sources (whether negative, positive or ambivalent in character) during later life.

The implications of these preliminary findings are far reaching. It will require nothing less than radically rethinking the standard human-embryo development paradigm wherein structure is presumed to precede function. To the contrary, as we have indicated earlier, there is strong evidence¹⁶ in support of the primacy of function over structure, the morphological organ. It is the morphological structure which develops as a result of the inborn primal functional urge. An organ would not develop if there was no functional urge compelling it to do so. In the same way, the mental capacity of the human is not posterior to the completed morphological structure of the brain, nor to its subsequent introduction into and experiencing

of a particular sociocultural environment after birth. The unborn already has its psychological processes functioning long before birth; no child is *tabula rasa*.

We must reaffirm that the mother is not just a “receptacle” for the child’s growth, but an active initiator and participator. Today it is imperative to reestablish the woman as the primary choice maker in this powerfully creative process. Indeed, she is involved in a procreative process with great creative powers of her own. The future mother needs to be aware of these powers and how to be in touch with them in order to be better equipped to guide and augment this creative undertaking. Pregnancy can also enable the mother to withdraw into a kind of “creative regression” in order to enter into an intimate dialogue with her unborn child.

In order to make an informed and stress-free choice, family planning education must begin well before conception. Responsible parenting is not necessarily an automatically bestowed gift from “Nature” or even an easily acquired talent, but very often needs to be taught. That requires research concerning appropriate socio-pedagogical implementation within the family and in our educational system. It is vital that an integration of prenatal and perinatal studies into medical and psychological curricula at the universities is provided.

We need to establish a new educational system which would prepare people for conscious parenthood. There is a need for a radical change of prenatal care, where not only medical but very much psychological and social life circumstances of both parents would be taken into serious consideration. The prenatal care should consider the child as an active partner in a psycho-social dialogue with his parents who are given the opportunity to have their encounter with their unborn child in a free and non-violent society.

The ideal child should already be loved prenatally. There should not be unwanted children. Unwanted children are morally threatened and a moral threat to society. Unless we can achieve these mental and social conditions concerning the prenatal stage of life, all positive changes in the world would be superficial and there would also be the danger of a threat to basic human needs and rights, to cultural and traditional values, and to civilisation and freedom itself^{17,27,28,29}.

Pregnancy can sometimes be experienced by both the mother and the father as a life crisis, which does not necessarily imply a negatively charged situation. Any crisis may be envisioned as a challenge which can bring about creative and positive solutions or alternatives. We can quite often see that during pregnancy, old, latent and unsolved conflicts become manifest. Frequently these can be worked through during the course of the pregnancy in a very constructive way. Indeed, it should be pointed out that many of the conflicts and problems that a pregnant woman may experience are not the direct result of her pregnancy or her baby. Unresolved issues may re-evolve psychological conflicts within her own personal psyche. In this way the pregnancy often gives the mother and father a unique opportunity to further their own inner psychological development, sometimes within psychotherapeutic settings¹⁸.

Psychotherapeutic research and practice has again shown how decisive negative emotional influences and disturbances in the prenatal dialogue are on mental conditions and diseases in later life. Dr. Janus has observed that psychological traumas and prenatal and perinatal problems have largely been shown in about two thirds of psychotherapeutic adult patients. It becomes exceedingly evident how impor-

tant the emotional maturity, mental health and social awareness of the parents of the unborn child are. The need for psychotherapeutic intervention on both the pregnant mother and father-to-be is becoming more relevant.

No guilt or inferiority feelings should be imposed upon the pregnant parents nor any moral judgement placed upon them. We need to be aware that not all pregnant women have the opportunity or possibility to provide their unborn child with optimal nurturing conditions either economically or emotionally or within their social structures. Pregnancy is always a dynamic process of constantly fluctuating emotions, attitudes and even intellectual discourse. The mother-child dialogue is almost always characterised by a mixture of positive, negative and ambivalent emotions. The society has a responsibility to ensure that the mother-father-child unit can not only survive but develop and grow in the best possible circumstances.¹⁹

Moreover, it must be added that a living organism has a strong propensity to adapt and even to repair damage, or to compensate for some failure from a previous developmental stage of the life continuum. What is unfulfilled in one stage of experience can be applied to the next and, eventually, worked out to the inner satisfaction of the human being.

The term "risk pregnancy" is still used almost exclusively in its biological sense. This means it is reserved for somatic disturbances, physical diseases or handicaps experienced by the mother during pregnancy which could have a bearing on the biological health of the baby. Here we can see again how firmly institutionalised medicine and medical philosophy, with its static terminology and categorisations results in the body-mind division and results in the continued promulgation of psychophysical parallelism. In a holistic and comprehensive view of human life we cannot make divisions between so-called "somatic" and "psychological" phenomena. Psychologically, medically and anthropologically considered, all life events are experienced as indivisible phenomenological situations wherein body and mind (soma and psyche) represent an entity of mutual influence and interdependence within a particular socio-cultural environment. In this way, all events of either a so-called "somatic" or "psychological" character, which could adversely affect the well-being and health of the mother or her unborn child, are seen as potential or real risks. It is therefore necessary to create a new kind of prenatal care whereby all risks can be screened in good time, and where parents would be given the opportunity for comprehensive care, including access to psychotherapeutic counselling^{20,21}.

Pregnancy and delivery are not diseases *per se*, only very exceptionally, but they sometimes can become a disease due to a doctor's intervention. We have to give credit to the inner wisdom of the pregnant woman and help her with our knowledge, our empathy and the scientific information to cope with her problems and with the potential or real risks if and when they occur.

This brings us to the topic of health. What was said before about the holistic and comprehensive view of all human functions will be true also in considering the issues of health and disease. The last definition of health by the World Health Organisation (WHO) is "a state of complete physical and mental well-being which results when disease-free people live in harmony with their environment and with one another"²². As Zikmund²³ points out, this definition, though including all three dimensions of life manifestations of man – biological, psychological and social, has several shortcomings. In his analysis of the dimensions of health and disease he

accentuates the functional aspect of health and disease and defines health as a functional optimum of all of life's processes, biological, psychological and social.

The psycho-physical organism tries constantly to maintain its health. It strives toward recovery, away from destruction; it strives toward homeostasis, away from disorganisation and chaos. Health has clearly a very strong dynamic and creative dimension and in 1974²⁴ I described health as "the dynamic movement along the creative path towards self-realisation". Self-realisation has to be understood as containing biological, psychological and social dimensions. Self-realisation with regard to (a) the constructive integration of the dialectically changing, individually depending conditions with a simultaneous maintenance of the homeostasis of the "milieu interieur", and (b) the balance in the striving for satisfaction of the individual during the continuous confrontation and adaptation of the psychoendocrine system with and to the "milieu exterieur" of ordinary day to day life situations. By adaptation is meant not just the adaption of the individual to the environment, but also the possibility to transform the environment to suit oneself.

We must abandon the restrictive, positivistic objective approach to the individual and to the society. These approaches ignore the subjective specificities of each individual and each society with their own soul and spirituality, their own needs, feelings and thoughts. We have to strive after the renaissance of individual human uniqueness in a world where the individual and his environment should represent a spiritual unity in ecological and ethnic peace.

That is even more true for such a subtle situation as the prenatal stage of human development. But is it not so that, from a subtle and delicate process, large and important movements in philosophy, practice and global change can result? According to the "butterfly effect", events are interdependent to that degree that the very subtle and seemingly insignificant movements of a butterfly's wing are able to set off, somewhere far away, a large typhoon. This butterfly effect can be likened to the prenatal stage of human development. With this in mind, therein lies the unique opportunity to prevent the world from evil.

The next topic I wish to stress is the basic needs of the human being. Invariably these needs are described as eating, sleeping and sex. But I feel that there is one more, very basic need which has never been addressed and that is the need for taking care of someone and the need of being taken care of. The being for whom we care becomes the most important being in our life and has also become a part of our lives. It is irrelevant whether the one we care for is an adult, a child, a prenatal child, a dog, a cat or a small bird – in other words all living things.

This being cared for and being taken care of is one of the prerequisites of our survival and provides the homeostasis and equilibrium between us and our environment. When we are being taken care of we can be healed and cured and when taking care for someone we can heal and cure as well.

Another wonderful way to express this is with the words of Antoine de Saint-Exupéry: "On ne connaît que les choses que l'on apprivoise", ... "Tu deviens responsable pour toujours de ce que tu as apprivoisé."³⁰

In this way the bonding process is created and feelings of reassurance and well-being are established.

In order to predict how successful the bonding process between mother, father and child will be, we need to have a good knowledge of the personalities of the

father and mother, their past, their expectations and visions, their fears and ambivalences. The importance of individual family history is becoming increasingly more apparent. The individual's life starts at the latest in the house of its grandparents, who do or do not pass on to their children (the present parents-to-be), the basic values of morality, ethics and respect for life, who then will or will not pass on these values to their unborn child.

An interdisciplinary approach invites interdisciplinary discussions where the same topic can be viewed from different aspects. It should serve as a unique opportunity for the cross-fertilisation between the different sciences and practices, rather than the more traditional multidisciplinary approach. Or, it was expressed in the leading article of *Lancet* in 1985, "Psychiatrists and immunologists do not meet much, and when they do they tend to speak in different tongues". (Leading article, *Lancet*, 1985)

An interdisciplinary dialogue is not only possible but even extremely creative and vitally necessary, and that the possibility of common understanding and thought within the language of different disciplines, primarily between the "humanistic" and "natural" sciences, is reachable. In this Journal there has been an interdisciplinary (not to be confused with multidisciplinary) dialogue from the very beginning, which has contributed to tearing down many established barriers to a common ground.

In an issue of the *Universitas* (Robert Schurz: „Ist Interdisziplinarität möglich?“ *Universitas* 11, 1995, 1070–1089), a distinguished German journal for interdisciplinary sciences, a paper was published questioning whether interdisciplinary communication is possible at all. It was a paper with a very careful methodology and which concluded that interdisciplinary communication is a difficult task, probably not attainable but certainly worth aiming for.

I believe that we have succeeded so far because of the use of "prenatal science" as a model for the indivisibility of the "psychological" and "somatic" processes in the continuum of human life, and that the phenomena and processes of the central nervous system and the immuno- and neuroendocrine processes are inseparable has also been put into the praxis. In our Journal, the *International Journal of Prenatal and Perinatal Psychology and Medicine*, psychoanalysis, endocrinology, immunology, developmental psychology, obstetrics and midwifery, just to mention a few, have crossed each other's paths and today we are able to talk together at our congresses and read each others thoughts in the Journal without interpreters.

In order to undertake such a challenge, a common language is required, a language that would be understood across disciplines and also would be able to assist in getting beyond semantic problems. One of those confusions is due to the reductionism still so very much inherit in the medical and psychological vernacular and which represents one of the major epistemological problems in the science of prenatal and perinatal life.

There is a contradiction in the major tendencies in society at large as well as in the family and in individuals. On one hand there are increasing tendencies towards integrative processes within politics, economics, etc. on a world scale while, on the other hand, there is a disintegration of the family and of microsocial structures with the consequent alienation of the individual.

There is enormous progress being made in information processing and communication with internet, e-mail and with cellular telephones in everyone's possession

while, at the same time, a decrease in and deterioration of communication from person to person. Fairy tales are out CD-ROMs are in.

I certainly do not advocate a nostalgia for “the good old days”. When the worst atrocities of World Wars I and II took place, internet did not exist. But there were fairy tales and the most degenerate war criminals loved children and dogs. That is, however, another issue. What I want to talk about here is the clandestine decline and disappearance of tradition and cultural values, of good education and of good manners, of sensitivity and common sense, and the ever-increasing alienation of the individual from the very beginning of their life.

The prenatal child has become an object of research and observation, he or she is born as an object in alienated surroundings, brought up as an object and lives as an object patronised by authorities. Basic values such as closeness, love, solidarity, intimacy, intuition and natural instincts are suppressed by technocratic and bureaucratic manners. In this world of uncertainty and alienation, the individual is threatened by the deprivation of his or her basic rights.

In the *International Journal of Prenatal and Perinatal Psychology and Medicine* we have been very conscious of the dimensions of health and disease, both in children and in families, and have stressed the importance of primary health and primary prevention as early as in the prenatal stage of life (*Int. J. of Prenatal and Perinatal Psychology and Medicine*, Vol. 5, No. 3).

We strongly believe that the health of the individual is determined very early in prenatal life and that we should put emphasis on our possibilities to optimise prenatal care for mother and child worldwide. It could be worth a thought to propose that the United Nations devote one year to “The Year of the Unborn Child”.

As we have said elsewhere (*Int. J. Prenatal and Perinatal Studies*, Vol. 4, No. 3/4, pp. 155–160), if we want to create a healthy, non-violent, creative human being, society or economic system, we have to return to the primary urges and functions of that human being, that society or that system. We have to guarantee the most optimal conditions possible at the very primary stages of development, whether in a human being or in a society. Only then can we achieve a true primary prevention of illness, mental and physical disturbance, hate, intolerance, violence and war, in the individual, in the family and in society.

Looking back to the UN “Year of the Family” and reviewing the atrocities around the world done to families, children and to entire societies and ethnic groups, we cannot but with deep sadness acknowledge that merely to make declarations is not enough. The world can be changed only if we achieve a change in the basic understanding of respect for life from the very beginning. It starts with a deep respect for the unborn child in its first ecological position in the womb, respect for the mother, respect for the child at birth, and welcoming it with great dignity as an equal partner in society.

Respect for human life from the beginning will also bring about new ways of treating prematurely born children with dignity (Marina Marcovich, Otwin Linderkamp, Ernest W. Freud).

This also has to do with learning empathy for other human beings. We have said that the life of the individual begins, at the latest, in the home of its grandparents. There the parents of this individual receive all basic norms and values of ethics, morality, empathy, respect for life and others, which they will then transmit

to their own children even before they are conceived. Thus, we need to review the restrictive, positivistic, objective approach to the individual and to society – an approach which ignores the subjective specificities of each individual and of each society with their own soul and spirituality, their own needs, feelings and thoughts.

We have to strive for the renaissance of individual human uniqueness – that the individual and his environment should represent a spiritual unity in ecological peace.

The great humanist, writer and philosopher, Václav Havel, President of the Czech Republic, stressed in his speech in Philadelphia, USA, on July 4, 1994, the uniqueness of the individual, their rights, individual knowledge and the ability to transcend, the individual's respect toward the miracle of being, wonder of the cosmos, of nature and of their own existence. He said "The only reliable way towards co-existence and togetherness in peace and creative co-operation in the multi-cultural world of today must be anchored in human hearts and minds much deeper than any political opinions, antipathies or sympathies, namely, in the human ability to transcend – transcendence as an understanding hand offered to someone close as well as to a stranger, to the human community, to all living beings, to nature, to the cosmos; transcendence as the deep and joyfully experienced need for harmony with that which is not us, with that which we do not understand, which seems to be distant in time and space, but with which we are secretly in contact because this, together with us, builds one, unique world. Transcendence as the only real alternative to non-existence." (Translation from Czech by the Author)

In the last few decades or, even more so, in the last few years, we have witnessed rapid changes in the world, where at great speed, most positive tendencies towards liberalisation and democratisation of societies have taken place. At the same time new dangers and fears from different movements towards new totalitarianism and fundamentalism in philosophy and practice are growing. It is therefore of extreme importance in this time of philosophical, political and social transitions to stress the awareness of the optimisation of human life conditions from the beginning. We are convinced that only a change of attitude, basic philosophy and practice concerning the prenatal conditions of human life would lead to a humanisation of those societies toward non-violence and common respect for life and tolerance for individual freedom and self realisation.

Unless we can achieve those mental and social approaches concerning the prenatal stage of life, all positive changes in the world would stay on the surface and there would always be a danger of threat against basic human needs and rights, against cultural and traditional values, against civilisation and freedom.

The vision is of a society with high respect for life expressed by every individual and hence to achieve a socially healthy, non-violent world.

The title of the 11th ISPPM Congress in Heidelberg, 1995, "A Time to Be Born", proposed by the past president of the ISPPM, Rudi Klimek, stressed, not only the individual freedom of mother and child to decide the term of labour as the result of the creative dialogue they have had during the pregnancy, but also that it is time for the birth of a new awareness by society that the prenatal and perinatal stages are the most crucial and decisive in human life. Awareness that the unborn child is already a personality, a psychological and social partner to its parents, and, through them, to society as a whole must be brought to the fore.

Indeed, the history of humanity is also the history of children and this history begins at the very start of life, at the very latest at conception.

Studies of Psychohistory (Lloyd DeMause, Robert MacFarland, Alenka Puhar, et al.), studies in Epidemiology (Matějček, Dytrych, Hau, et al.) and studies in Psychotherapy (Janus, Hau, Caruso, Benedetti, et al.) have clearly shown the impact of being loved, wanted and respected on the individual and their ability to cope with their own problems and with the problems in society.

There is a change in the consciousness of society concerning the vital importance of the events from the prenatal and perinatal period for the physical, mental and social health of human individuals. There is an increasing awareness, interest and even involvement in both professional and political environments for the importance of and the need to improve prenatal life and the circumstances surrounding birth.

If we can ensure that every child is loved and wanted from the very beginning, that it will be given respect and that respect for life is placed highest on the scale of human values, and if we can optimise the prenatal and perinatal stages of life without frustration of basic needs without aggression and psychotoxic influence, the result could be a non-violent society.

The way you treat your child is the way the child will treat the world. This includes the unborn child, and this is also the whole truth about primary prevention.

In closing I indeed agree with what André Gide said, "Everything has been said already, but as no-one listens, we must begin again."

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