

## Premature Birth – Psychosocial and Psychodynamic Aspects An Introduction to the Following Articles

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In the past, this journal has repeatedly carried articles on the issue of premature birth. I specifically refer to Vol. 3 (1991), No. 1/2, which published on pages 77–152 several papers which had been presented at the pre-congress symposium “Psychological aspects of premature deliveries and children” in Cracow, Feb. 1 and 2, 1991. Here, in addition to the contributions of Klimek and his team on premature labor, are inquiries examining the connection between premature birth and problems encountered in psychological development during later stages of life (Janus, Staude, J.-R. and T. Turner, Blazy, Storch).

The conference “Premature Children – Premature Parents”, presented by the “Paritätisches Bildungswerk”\*, organized and directed by Edda Janssen, took place in Frankfurt/M., Germany, on the 19.–21. Nov., 1990. The opportunity to publish the contributions to this conference in our journal offers the welcome chance to take up again and to continue the discussion about the psychosocial and psychodynamic aspects of premature birth. It is for two reasons that the topic of premature birth lends itself to the spirit of this journal: in this topic the particular interdisciplinary research has a high importance as does the concept of continuum (which is also associated with interdisciplinary cooperation). In his contribution entitled “Recommendations for the prophylaxis of premature labor”, W. E. Freud discusses the “extended perinatal continuum”. With this he means influences which are carried over generations and which impact life until birth. This continuum may be extended over the entire lifetime of the individual as an interrelation between previous experiences and present events and not just as fixed periods nor as special sections of life which predestine future development (see also the contributions of Lange, von Lüpke, Wolf-von Lüpke in this issue). Only this context of an extended continuum makes a research method possible and renders the investigation of pre- and perinatal periods sensible and worthwhile.

In his first report appearing here, W. E. FREUD develops a psychodynamic approach towards understanding premature labor, which he relates to unresolved conflicts around the theme “active – passive”. G. LANGE follows with a descrip-

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tion of a psychoanalytic approach towards premature labor whose methodology was developed by her in cooperation with Freud. Early unresolved conflicts are analysed in interrelation with current psychosocial problems; the active – passive theme appears anew under the catchwords “control”, “having to do something” or “allowing things to grow”. K. SARIMSKI presents communicational disturbances which result from the incongruence between the possibilities of the premature baby and the expectations of the parents. Possibilities of intervention, which take into account these problems and which try to break them down, are also presented. H. VON LÜPKE's interest is the influence of parents' biography, the influence of their own childhood experiences on their expectations toward the child; of their “image of the child”. Influences which have an effect on the expectations of the parents and on their interaction with the child are discussed. Here, the goal of the intervention is not communication itself but in working with these “images”. B. WOLF-VON LÜPKE describes experiences in her work with professionally guided parent groups dealing with such problems. Besides pointing toward therapeutical consequences, this work refers us back towards possible psychodynamical factors involved in premature birth. Whereas here, the premature born has already lived in the family for an extended period, A.-P. NEUBAUER makes use of his daily clinical work in a NICU, where he has sessions with parents which already include the clinical stay of the premature born baby. This makes possible a much earlier access. Neubauer discusses experiences with a duration of up to 3 years. The concluding report, a second contribution from W. E. FREUD, closes the circle with a further account on the prevention of premature labor. Besides the results deriving from the psychoanalytical aspects, Freud here also presents an assortment of practical applications starting with an increased incorporation of topics such as pregnancy and infant care into the classroom instruction, ending in the “Doula” concept of an emotional support of the pregnant woman.

We do not claim to present a full coverage of the topic of premature birth with this presentation. In particular, primarily organically orientated studies are missing which deal with the sequela caused by premature birth as well as possibilities for early therapy with the child. Articles dealing with these themes are found in Janus and Maiwald (1992), Hunt et al. (1988), Neuhäuser et al. (1990), Straßburg (1988) and in the conference summary “Familienorientierte Frühförderung” (Family orientated early assistance) (1991). These articles show, however, that the division of the problem into solely organic influences on the one hand and entirely psychological influences in the other hand are pure fiction, and that the developmental chances of children with organic defects can also be decidedly influenced by psychosocial factors. This reciprocity was already presented in 1975 by Samaroff and Chandler, as well as by Werner and Smith (1982) in their long-term study on the island of Kauai.

The articles assembled in this collection were written on the context of a live convention. Each contribution not only conveys the perspective of the individual author, his/her specific approach, insights and personal experiences; it will also reflect his/her expectations toward the other contributions and anticipate discussion. Articles of different authors will complement each other, there will

be points of agreement or just overlapping points of contact. These "intersections" should be of particular interest for the discussion of the topic. At the same time we are directed to areas which are yet unfounded or unresolved; they will give rise to further discussions and direct us toward additional research. Already we can draw a number of conclusions. The articles of Freud and Lange, for instance, seem to suggest that the currently recommended therapy for premature labor, i.e. staying in bed and taking medication to induce passivity, is blatantly inappropriate. Further scientific questioning of this established concept could therefore have far reaching consequences. The papers of Neubauer, Sarimski and Wolf-von Lüpke demonstrate an opportunity to prevent developmental and behavioral problems in premature born children.

I would like to take this opportunity to thank once again the Paritätisches Bildungswerk, especially Mrs. Janssen for the fine cooperation and their permission to use the papers.

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