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Preparing for a New Life: Midwifery and Transactional Analysis

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Abstract

The author describes how by introducing transactional analysis into her midwifery practice she significantly altered the way she represents her professional functions to prospective parents. The new positioning allows for a space of silence and a time for pause, which represents the time-space man and woman go through to become parents. As a midwife, she accompanies with patience and security the "fording" (Nasielski, 2012) of an old life to a new one. By integrating transactional analysis, her observations have become freer and more open, and she has discovered the link between the mother-baby symbiosis and the impasse that some women experience when they begin to connect their relationship to their baby within the new life of the couple. The author describes the kinds of information she provides to parents, which seeks to link directly the couple relationship with the permission to grow that is given to the baby. A training project for midwives on the same subject is presented.

Keywords

pregnancy, pregnant women, newborn, healthy symbiosis, parental couple, sexual desire, transactional analysis, midwife, midwifery, ego state, impasse, permission

The midwife is a transitional mother, and as such she is expected to possess all the skills of an experienced mother along with the capacity to reassure the expectant mother. Some pregnant women do not have a sufficiently solid mother image to feel secure in becoming a mother themselves. They thus need, during pregnancy and afterward, to experience being taken care of in an affective way. This need permeates their relationships with their partner and medical professionals but is often not sufficiently acknowledged.

The guidelines for submissions to the *Transactional Analysis Journal* suggest that authors write "with grace" (International Transactional Analysis Association, 2013). One also has to work with grace to preserve the fragile professional bond between midwives and expectant mothers. They will have known each other for such a short time, which is especially significant given the importance and momentous nature of birth, and they may work together for only a few hours.

In anticipating the new life, a new space opens up, for doubt, for discounting, for contaminations, for beliefs—and what beliefs! For example:

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- "The mucous cork, is it a true cork?"
- "How can the baby be comfortable with his head down?"
- "I can't cry because the baby feels everything, and I feel guilty about hurting him."
- "My father passed away last year, and when I see my mother alone, I cannot possibly carry life."
- "It is selfish to be very close to one's baby during the first days."
- "I hope this baby will cure me of sclerosis. I call him Raphael, which means 'cure' in my family. The saying goes, 'Third child, child who is the healer.' "
- "For my wife, breast-feeding is pure horror; it is complete stress, that's not a life."
- "We don't make love anymore because I fear I will hurt the baby."

Pregnancy imposes a new body on the woman, and some women have difficulty adjusting to and inhabiting that new body. The passage from a body without baby to a body full with baby is a happy transformation for some but feels violent to others. The transition may be experienced with a kind of emotional void, which I compare to a virgin earth, when the land lies fallow. At such times I experience the woman as vacant, letting herself go, becoming receptive to change. In this exceptional bodily experience, she consents to a healthy submission that allows the child to grow.

At times, I, myself, feel an emotional void that I wonder about: Is it an emotional void or a virgin space? In some cases, the profound maternal availability in a woman's body and spirit allows me to feel the space in between two lives. The woman demonstrates this transition, her changing from the status of woman to that of mother, with her peacefulness, patience, and acceptation of the metamorphosis. During the last 3 weeks of pregnancy, the woman tends to disengage from society and solely concentrate on her internal physical and emotional experience.

As an involved professional, I bring into the heart of our relationship the awareness of the passage. My attitude and words confirm the inestimable value of the present time. My professional presence is a support for the integration of a new identity, like a mirror that allows the woman to become another kind of woman, that is, a mother. I am aware of my professional competence and of the potency that emerges from our transitional relationship.

For men and women, the experience of pregnancy is like a pause in life, a special time that I am privileged to share with them. The profession of midwifery is unusual in that it allows me to be present during the time that marks life without a child and then life with a child for both the woman individually and the couple as a unit.

One of the more delicate aspects of my professional evolution was to develop an Adult-Adult relationship for a time of life when soon-to-be parents are looking for a Parent, both a Nurturing Parent in the face of "I'm scared" and a Normative Parent to respond to "Is this normal?" In my profession, all Adult-Adult and Parent-Child relationships are precious. In my practice, I first help couples to distinguish them, then combine them with suppleness and intelligence. This is where my desire to train other midwives takes root.

Bringing Transactional Analysis Into My Midwifery Practice

Having run pre-birth classes for 20 years, I reached a point of saturation and started to experience boredom. Although participants did not show weariness or dissatisfaction, it seemed to me that I kept giving the same answers to the same questions. Eventually, I understood that it was not the content of my teaching that needed to change but, rather, the process. This is how I decided to integrate transactional analysis counseling into my work as a midwife.

I began to experiment, in collaboration with two colleagues, with focusing the last session before the birth on the future parents themselves. At that point, they no longer seem to have so many questions. I called the session "Coming Back Home with a Baby." This rather ambiguous title leaves

room for both coupled parents and single mothers. My questions regarding needs related to after the birth did not generate much reaction; it seemed that participants did not know what to say. At the same time, the emotional climate in the group changed when this specific subject was addressed, and I perceived a kind of tension in the room.

I decided to give space to this unknowing, to the uneasiness that arose, and to the belief that professionals know in advance what must be taught. In the silence, I heard emotions without voice, fears without words, and concerns about many subjects that are taboo, such as what would happen to the couple, the fear of losing patience with the baby and becoming violent, questions about the sex of the baby, and so on. I decided not to be the one who knew all the answers but to maintain a position of attentiveness.

I was trained to know better than the client, to be the expert, and to provide answers as a professional who knows what a pregnant woman is experiencing, what she needs, what one needs to tell her. I was also trained not to give priority to the feelings and thoughts of those with whom I work. Even today, a woman who thinks about her experience of giving birth, who asks questions and reacts with her emotions, is perceived by some as being complicated, not listening, and difficult to manage.

Fostering the autonomy of the soon-to-be parents has not typically been the aim of perinatal professionals. I wanted to move away from the expert position to give space to what remained unsaid. To learn something new, the first step is to listen, give room, and not react. Both in therapy and training, I experienced that silence is powerful for giving priority to the client and for listening to his or her profound being. Silence is also precious because it helps me to be in touch with my own intuition and countertransference. It is entirely different to position myself as a professional in a way that focuses on helping the future mother and the couple to live their new life rather than on some particular content for the session. By developing this new way of being with my clients, I came to hear what remained unsaid, which often involved what was frightening today because of memories from the past.

For example, the scared gazes of the new father, his profound shaking and sweating as he holds his newborn child shows me his intense suffering. His words often confirm "I feel useless," "I shouldn't touch the baby." I easily name the most silent worries: "Do you want me to show you how to clean the baby's genitals?" Silent agreement. I speak about hygiene and intrusion, of what is visible and invisible, of respect and the parental role. The use of the word *violence* is usually welcomed because it allows me to offer precious information on what to do when a parent can no longer stand the baby's screaming. I also give permission to hold the baby, even if the new mom or dad is scared of "breaking" it. I give information around protection that some people have never had.

My silence also offers a space in which the Child in the parent can surface so that the Adult can freely position itself, even if it is not that strong, so that the Parent can be activated to reinforce it. This is what the baby needs when it is born, and the only way to preserve the new mom or dad's sense of responsibility derived from his or her own experience is not to anticipate or position oneself as the professional ahead of the client. Only the contractual relationship will guarantee the client's freedom. This is what comes right after silence and listening.

The Contract

At the point of contracting, I engage the client's Adult ego state, especially if he or she is overwhelmed by emotion. One of the ways I do this is to establish a contract that has mutual consent as one of its fundamental requirements. "Mutual consent implies an offer from the therapist, followed by the client's acceptance" (Steiner, 1974, p. 243).

What does the silence mean with people who are going through an experience known for its intensity? How do we move from that silence into a contractual relationship? There are two parties involved in the contract: the client and the professional. The contractual relationship allows for equality and

mutual responsibility in the service of a goal. When I question a client about his or her needs so as to establish a specific contract, I encourage OKness by stimulating awareness of the person's own value. With the contract, I involve myself, but without a game of power, by being fully interested in the client and engaged in accompanying his or her evolution. Contractual accompaniment is the support for profound empathy.

My intervention within the contractual relationship aims to question the various functions each person in the couple fulfills, to support and sometimes to confront them in order to allow parents to use the present moment to structure the couple relationship and each person's role(s) before the arrival of their child. This learning allows me to practice my work as an art, to use this indefinable quality that smoothly elevates persons to who they are, be they clients or counselors.

The Upheaval of the Person Expecting a Child

Both as a midwife and a transactional analyst, I can observe the upheavals in ego states that occur during this time of tremendous, expectant change. The symbiosis that increases at the end of pregnancy (Schiff, 1977) destabilizes some mothers. The strength of her emotions diminishes the potency of her Adult. A partner may react with a rigid, controlling Parent just at a time when the woman, experiencing pain and anxiety, wants and expects the support of a Nurturing Parent from her significant other.

The pregnant woman often needs to be taken care of for a while. She can draw on this mothering to develop her own motherly potency in relation to her child. This is such an essential need for some women that if they do not find this support, they may become depressed. I have observed through nonverbal body signals the difficulty they then have in carrying a new life; in the most severe cases, the weight of the fetus may stagnate.

When a woman is not close to her own mother, or when she does not want to ask her mother for motherly support, she often transfers this need to her partner. As a result, many men today feel they have the mission to behave in a motherly fashion toward their wife during pregnancy and labor. This mission is reinforced by professional messages. However, the man often adapts to this role rather than chooses it. If he does not accept the role, he may be perceived as inadequate. I often wonder if, when the woman makes such a request from her partner, the future father is not diverted from his protective role toward the baby. I have observed that intimacy between father and child, even though desired by the mother, can also feel like a threat to her. (This question is at the core of my research on couple ruptures after a baby's birth.) If the man is distressed by the pressure to be mothering, if he is afraid to be vulnerable, if he needs to feel strong, or if he refuses to express his disagreement, he may adopt a detached attitude. The woman may then feel profoundly hurt and may hold a grudge. The man's withdrawal during pregnancy is a risk factor for the couple. The woman is often aware of her resentment, but she may momentarily put it aside to save her energy for the delivery. I sometimes witness a profound rupture in a couple just before birth that may have been precipitated by these unspoken resentments.

I am privileged to accompany people on this journey both before and after the birth, which allows me to help them welcome their child while remaining aware of the tension of the present moment.

Recently, doctors have become very sensitive to the legal risks of their work, including possible lawsuits and the risk of losing their practice. These physician preoccupations often weigh heavily on pregnant women. For example, a doctor may say early on that the baby will be too heavy, that a Cesarean section will be necessary. He or she may then describe all the dangers of giving birth naturally and the risks of epidural anesthesia. In doing this, doctors are voicing their own fears, which confirms to women their fears. Doctors thus put aside the reassuring function of their expert position. In such situations, I accompany the woman and unburden her of the worries of her own doctor.

My Evolution and a Pilot Project

It seemed logical to me in my work as a midwife to offer information to future parents, to provide explanations of the emotional and body experiences specific to this period, to educate them so they have a better understanding of their reactions, feelings, and thoughts. To do this, I introduced into my teaching examples from my long professional practice and used transactional analysis to illustrate them.

For the last 5 years, I have presented the ego state diagram to couples in groups. Of course, I start with the baby, who is the core of their concern, desire, and worries. Doing so captures their attention, and the resulting emotions are ground for group process. After explaining the ego states, I felt an expectation from them and particularly from myself: What next? How could we use this knowledge to understand something in concrete terms about life with a baby? A professional experience is most compelling if there is a link between the meaning the professional gives it and the meaning the client finds in it.

I was looking for coherence: What does understanding ego states bring to future parents, and what does this approach bring to my work as a midwife?

In the project I developed, the introduction about ego states covers:

- The baby
- Each partner as mother and father
- The parental couple
- The mother-child symbiosis
- The couple in love having a baby

Introducing the ego states is useful because it:

- Brings relief by providing information on the various roles
- Provides a frame of reference for conflict resolution
- Offers a way to visually represent through the ego state diagram the couple's sexuality in the parental/family life
- Helps make a link for the parents between sexuality and the baby
- Defines sexuality as an element that is as important as others (values, actions, needs, etc.) in the family's life
- Brings awareness of the place of sexuality as an element of vitality within the couple
- Gives permission to open the subject of beliefs related to sexuality: "I must be very sexy to please my partner"
- Gives permission to talk about discounting in relation to sexuality: "My husband is nice, he understands me but we have not had sex since the birth of our first child"; "Our happiness as a couple comes from having our baby."
- Gives meaning for the man and the woman to the expression of masculine sexual desire during the postnatal period
- Gives meaning to the tension the woman/mother can experience between her needs, those of her partner, and those of the baby

The Sequence of the Teaching

Child Ego State. The information focused on ego state theory helps to present an image of the baby at birth. In addition to the body image (movements of the baby), the medical image (ultrasounds), and the fantasized image (parental dream of the baby), it is possible to present parents with a diagrammatic image of the psychological structure of the baby as a way to understanding its capacities and functioning. I speak about emotions, sensations, perceptions, and latency period of ego states (see Figures 1 and 2).

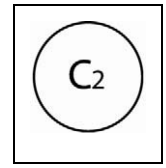

Figure 1. The Baby Showing the Child Ego State (Adapted from Schiff, 1977, p. 311).

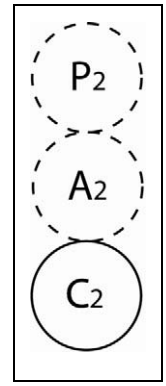

Figure 2. The Baby Showing the Child Ego State with the Adult and Parent Not Yet Developed (Adapted from Schiff, 1977, p. 313).

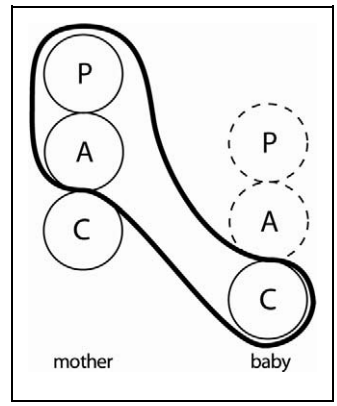

Figure 3. Mother-Child Symbiosis (Adapted from Schiff, 1977, p. 313) (There can be a father-baby symbiosis as well).

Symbiosis. It is on the basis of the diagram shown in Figure 3 that parents understand the notion of symbiosis because it illustrates the dependence of the baby and the care of its mother. At this stage, I am aware of being in a privileged place, of my role in supporting a healthy experience of the symbiotic relationship. I cannot envision the way a couple will manage the life of a child over time, but I can help them by explaining the basis of attachment and freedom. It is the art of this job to provide information that will make parents aware of both the dependency of the baby and the goal of eventual autonomy. I know I am a model for future parents in the way they see me be with the child when I visit them at their home after the birth, which helps them learn, by experience and intuition, how to respect the baby within the symbiotic relationship.

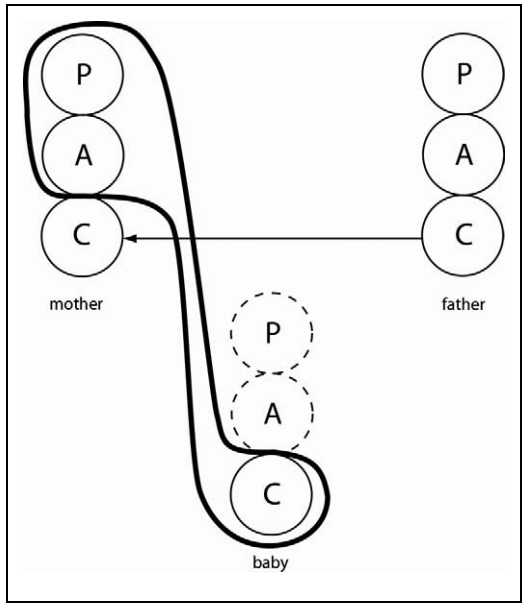

Figure 4. Partner Sexual Desire Indicated by Verbal Request (Arrow) or Bodily Message.

The Couple and Competing Needs. For most of my clients, there is a second parent figure besides the mother, and at some point the partner usually expresses his or her own needs. That provides an opportunity to talk about the couple and where they may stand when the baby appears in their lives. The ego state diagram leads partners to a less fused perception of their desires. Preparing for birth is a time for parents to discover and experiment with their own personalities. It is also an opportunity to consolidate the couple's bond during this intense experience. I adjust the information for single mothers by opening up the possibility of her finding a new loving relationship with an adult partner. Often women react by questioning the father-child bond, whereas men express the feelings of powerlessness they experience when the mother is breast-feeding.

Using the diagram shown in Figure 4, I draw the partners with their three ego states. The couple can then envision the structure of the threesome, with the baby between the parents.

The mother may find herself in conflict because of her symbiotic relationship with the child. For example, a woman was criticized by her partner because of their lack of sexual intimacy. She experienced an internal conflict: "If I make love, I feel like I am abandoning my baby. I can't do that if I want to be a good mother." When I diagrammed the symbiosis (Figure 5), she became aware that during lovemaking, her spirit was with her baby and the sexual relationship was not possible. We visualized together a bond as strong as an umbilical cord. With this mother, I came to understand that sex is the only activity the woman/mother cannot have in the presence of her baby, the only one that requires a true separation. It is a time when the baby has to be "left" by the mother for the benefit of the partner, something that some women cannot do. I agree with the essential value of not abandoning the child, with the fundamental role being to preserve the bond. However, with time and in her own rhythm, most mothers will accept the separation for the sake of preserving the connection with her partner.

In the face of such conflicts, it is a precious gift when the partner can continue to express his or her desire, which will help the mother to find a solution to the needs of both her child and her partner. She can, for example, learn to trust someone else to take care of her child, which I refer to as loosening the umbilical chord. By doing so, she gives herself internal permission to leave the baby both

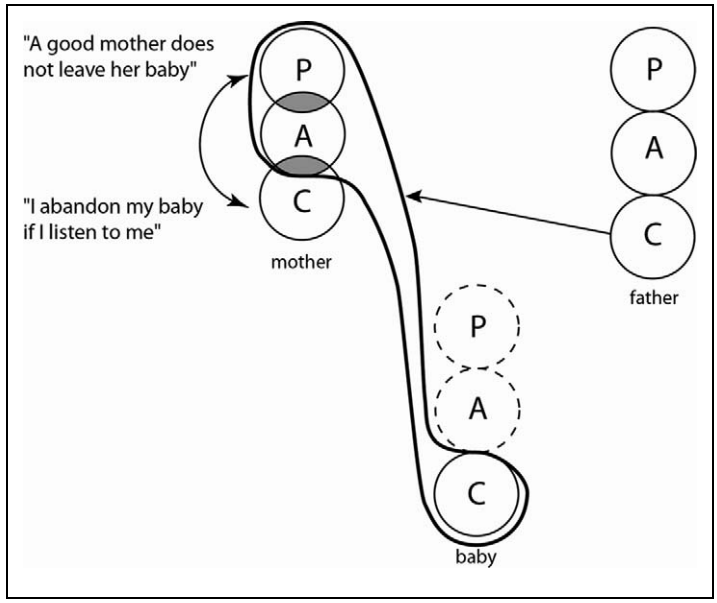

Figure 5. Parent-Adult and Child-Adult Ego State Contaminations Leading to a First-Degree Impasse (Arrow Top Left) and Difficulties for the Couple.

physically and psychologically. She gives permission to the child to grow while still respecting her values of parental responsibility and providing a space for the purpose of sex, the only couple activity that requires exclusion of the child (see Figure 6).

Such a transitional separation is a time when the baby is also separated from the mother and cared for by a third person, a time when the baby is not subject to motherly dependency. This is a time of growth for the baby. Allowing the child to grow is one responsibility of the parents, even if a parent does not desire it. I name the injunction of Don't Grow to help the parents become aware of this danger.

Evaluation of the Teaching

During each of these presentations, I have perceived the defenses and also the relief of the future parents. I observe, when meeting them later in their home, that they use what they have learned. I can see that the information they obtained increases their suppleness and strength, to the benefit of themselves and their family. They have become aware in a simple way of the place of the baby within the symbiosis as well as the place of sexuality within the parental couple. These topics answer a hunger for structure that is related to the upheaval created by the arrival of the baby.

Training for Professionals

I want to offer midwives the same training I offer to parents because it provides them with a new framework for reflection and a model for understanding what is happening that increases their professionalism. Midwifery tends to develop practitioners' intuition, a sense of responsibility, and the capacity to act independently in all circumstances related to delivery and birth. Confidence is stimulated, but sometimes at the expense of the capacity for self-questioning.

To train midwives involves taking into account possible discounting, such as:

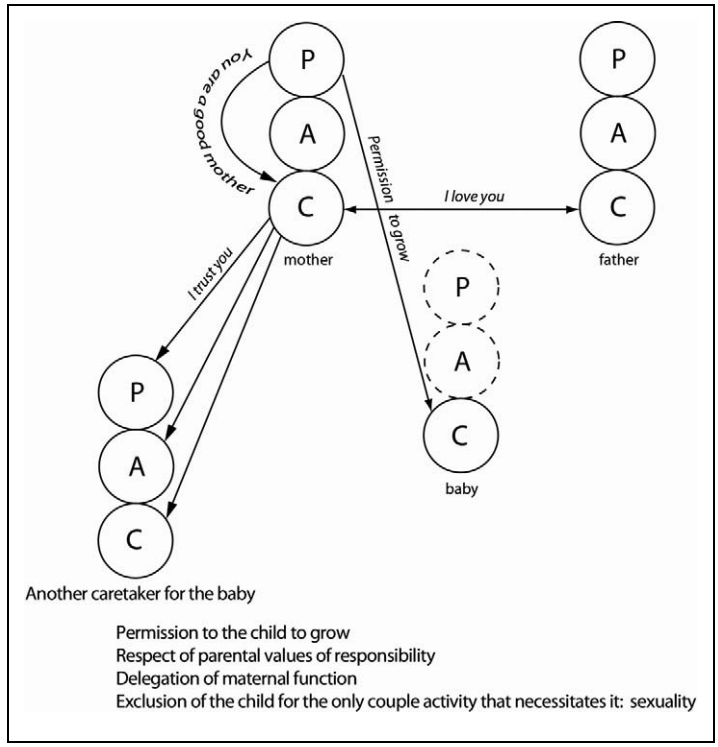

Figure 6. Option that Preserves Relational Balance for the Couple.

- The place and value of counseling in our practice
- The responsibility of the professional in the relationship
- The impact of the relationship on successfully achieving desired objectives
- The need for specific training to help the practitioner work skillfully with the process of the professional relationship

The training I offer midwives tends to make their work easier, enrich their skills, and improve client satisfaction.

Two-Day Workshop. I offer a workshop entitled "Development of the Fetus, Mother-Baby Symbiosis, the Parental Couple and Couple in Love," which can also be addressed to transactional analysis trainees. It is designed for prospective parents and new parents; medical professionals, such as nurses, doctors, and midwives; other professionals, such as staff working with babies and childcare workers; members of the public who have no prior knowledge of transactional analysis; and transactional analysis students in an elective seminar.

The objectives of the workshop include:

- Using transactional analysis concepts
- Providing new perspectives to prospective or new parents
- Providing new perspectives to staff who work with these parents
- Relating the arrival of a baby to changes in the couple
- Relating the experiences of the lover couple and the parental couple
- Using ego states to show the place of sexuality in the couple relationship
- Easing the transition and life changes for the couple

The first day of the workshop focuses on ego states, including the structural and functional models; fetal development; and healthy mother-baby symbiosis. The second day focuses on the evolution of the symbiosis and second-order symbiosis; the parental couple; the transition from the parental couple to the conjugal couple with a baby; and issues related to the mother's conflict between symbiosis and sexuality.

Conclusion

For several years I have been tracing a path between two professions. Now, as I integrate transactional analysis into my work as a midwife, I can see the ways this has affected me as a professional and the new skills it has brought to me and my clients. I am experimenting with a professional tool that is better adapted to the tensions of contemporary life, and, as a result, my clientele is changing. Pregnant women call a counselor to deal with emotional difficulties, and I work with them using my professional resources in a distinct way, integrating my skills as a midwife with those of a transactional analysis counselor. I am also training my midwifery colleagues in a method that allows them to practice their jobs with more sensitivity and greater precision.

I love the professional research that transactional analysis allows at the heart of my profession. It has been a challenge and a pleasure to write this article because it has helped me to further develop and articulate my thinking. My research on perinatality stimulates my competence around the needs of the couple and their life together. I am enthusiastic about the marvelous unknowns of my future.

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