The Therapist's Journey through Pregnancy

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Until recently, the pregnant therapist has received little attention in the therapeutic community. Yet, a therapist's pregnancy is a major life transition, and one that has significant implications for both the therapist and her clients. For me, finding out that I was pregnant came with all sorts of emotions: excitement, fear, a sense of being overwhelmed, and hope. I craved knowledge and support in managing the impact of my pregnancy for myself, my work, and my clients. I am writing this article to give voice to my own experience, and to offer the therapeutic community another resource on how to conceptualize and normalize a therapist's pregnancy.

Pregnancy as a Clinical Dilemma

A therapist's pregnancy as a clinical dilemma is a relatively new topic in therapeutic literature. This stems, in part, from the history of psychotherapy, in which the male point of view has been the major influence on traditional theories of psychotherapy. Consequently, a therapist's pregnancy did not receive a lot of attention. These traditional philosophies touted a blank-slate approach to therapy. Therapists were encouraged to reveal little or nothing about themselves, and therefore a therapist's pregnancy was seen as an intrusion and a breach of the therapist's anonymity. Barbanel (1980) characterizes the traditional stance in this way: "Not only is the therapist's pregnancy clearly a violation of the rule of the therapist's keeping her personal life out of the consulting room, but is a violation that is unique to women therapists." As the paradigm of

psychotherapy has grown over the years, so has the role of women in the field. Feminism has influenced conventional theories, and male and female therapists now place more value on authenticity and collaboration in the therapeutic relationship. From this relational stance, there is room for a therapist's pregnancy to be seen as both a challenge and an opportunity.

As a female therapist who wants to grow her family, I find the more contemporary feminist/relational views towards psychotherapy to be both valuable and refreshing. Yet, I must admit that it is hard to step away from the concern that my own pregnancy could be an intrusion, a disruption, and a potential violation of therapeutic boundaries.

During pregnancy, as a therapist's body changes, clients become more aware of the therapist as a person who has her own life outside of the treatment relationship. Clients may begin to wonder in different ways about her personal life and make assumptions about her sexuality, marital status, and happiness in life. They can have many reactions to seeing their therapist as a sexual being and a mother to someone other than themselves. There is also an inevitable separation during treatment, as the therapist will take some type of maternity leave or decide not to return to work at all. It is a disservice to clients not to acknowledge the significant impact a therapist's pregnancy has on them, often in ways they do not choose and do not want.

My clients had all sorts of questions for me after they found out I was pregnant. They were curious about how long I had been married, how old I was, how I felt about being pregnant, how many children I had, where I would deliver my baby, and many other things. Some of my clients began to share their own feelings of longing to have

children. Others grieved over not being able to have children of their own, or expressed sadness about having had an abortion. Certain clients began talking more about their own childhood and relationships to their mothers; while still others shared the joys and challenges of being a parent, offering me advice and wanting to prepare me for what was in store.

When a therapist is pregnant, it is common for themes of sex, sexual abuse, abortion, past pregnancies, parenthood, mother-child relationships, and sibling rivalry to come up in ways they have not in the past. One can also expect certain clients to react by missing sessions, struggling more in their lives, or making their own major life changes. They may want to protect and take care of the expectant therapist; or, conversely, they may feel anger and betrayal for the ways they fear the therapist can no longer take care of them.

My own clients reacted to my pregnancy with a wide range of emotions: happiness, sympathy, envy, and anger. I remember one of my clients telling me she was very happy for me, but that she would be leaving and never coming back. A colleague shared with me that one of her clients said, "You weren't thinking about me at all when you got pregnant!" Another client of mine commented that "my butt was getting bigger." Clients have many forms of communicating their feelings about the therapist's pregnancy: some more overt, and others in more subtle or passive ways.

Different Meanings for Different Clients

When considering the impact of a therapist's pregnancy on clients, it is important to consider the cultural values, religious beliefs, and personal experiences of each

individual. In some cultures, a fertile, pregnant woman achieves a greater status; while in other cultures, pregnant women are considered fragile. Certain cultures feel the pregnancy should not be talked about, and others make it the main focus of conversation. There is also a wide range of cultural norms about whether pregnant women and new mothers should work or stay at home.

In my own practice, I have noticed the different implications a therapist's pregnancy has for different client populations: children and teenagers *versus* adults, men *versus* women, individuals who are heterosexual, gay, lesbian, bisexual, or transgendered. Clients may be struggling with infertility, giving their children up for adoption, having had an abortion, or grieving a lost child. Some families have had DCFS involvement, and some clients have been neglected, abandoned or abused by their own caregivers. The differences in meanings and sensitivities to pregnancy based on culture, religion, family of origin, and personal experience are numerous and complex.

Another important impact the therapist's pregnancy has for clients is the way in which it evokes strong feelings about what is core to us as human beings: attachment, love, loss, and security. In many ways therapists are caregivers to their clients. There is a real and meaningful relationship between the client and therapist. As clients sit with the therapist through her pregnancy, they may naturally wonder about how important they are to the therapist and how the new baby will change their relationship with the therapist. "The fetus….becoming increasingly visible to the client…will be helpless at birth and dependent on the analyst in ways the client can only fantasize about." (Hjalmarsson, 2005) Clients may feel more or less permission to verbalize their

insecurities, fears, and fantasies and will need our attuned help in order to express these concerns.

The Therapist's Pregnancy as an Opportunity

Though pregnancy brings unavoidable challenges for clients, they are not exclusively negative, as the conventional perspective once argued. Van Neil (1993) states, "The patient's ability to witness the real reactions of the therapist can be a helpful demonstration of the vulnerability, happiness, and sorrow that are a part of the richness and inevitability of a full human life." The therapist's new humanness in the room can allow the client to feel connected to her in potentially enriching, more intimate ways. The client may integrate the therapist as a more authentic and present other in the relationship. The here-and-now dynamics are also richer, as the material for exploring the client-therapist relationship are abundant and clear.

During my pregnancy, I remember feeling such a sense of closeness and collaboration with clients, even---perhaps especially---when they were sharing with me ways that my pregnancy was hurting them. No longer was I trying to capture the breaks that occurred between them and their mothers, fathers, siblings, partners, children or friends. Now, I was the self-object in question, and we could explore on a whole new level ways relationships could hurt and heal. This led to opportunities for deeper understanding, reflection, and re-scripting.

When a therapist is pregnant, it can create a space for the client to explore and reflect upon different parts of his or her life. The memories, sensitivities, and emotions sparked by this pregnancy can then lead to new goals for the client's healing. Many

clients share their emotional selves in a new way and gain new experiences of what can happen when emotions are shared. Clients also "give back" to the therapist in ways that feel empowering and mutual to them. In my own experience, this appeared in the form of parenting advice, kind words or gestures; or, for clients who were especially aggravated or hurt by my pregnancy, a simple willingness to stay in therapy as we proceeded through this tumultuous journey together.

The Impact on the Therapist

I think it is often easy for therapists in their professional role to focus on the ways a pregnancy may impact the client, but of course a therapist's pregnancy impacts the therapist as therapist, too. I remember at the beginning of my pregnancy wondering how on earth I was going to be ready for the baby when she came. Nine months seemed like such a short time; and there was so much to prepare for, not to mention that I was feeling physically, mentally, and emotionally exhausted. Edelman (2006) writes about the ways a pregnancy is much more than just a bodily event and how surprising it is that so little attention is paid to the enormous psychological, emotional and social changes that occur. In fact, many pregnant women at some point ask themselves, " 'Am I really up for this challenge?' … 'Have I made an irreversible mistake?'"

I went through countless shifts and transformations during my pregnancy, both personally and professionally. Physically, my hormones were changing, my stomach was growing bigger, and my clothes were not fitting. I also became more conscious of my well being and the need to keep myself healthy. This led to a shift towards my being more selfish and less "all-giving," which was a very new and valuable lesson for me.

Thoughts about my identity began shifting to being a mother, and my priorities for the future began to re-align with the person I was becoming. I wondered how this would impact my relationships with my husband, with our families, with our friends. I also began to think about how my pregnancy would affect my professional relationships with co-workers, colleagues, and my supervisor. And, of course, my clients. Would I be able to care for them in the same way, now that I would also be a full-time caretaker of my baby?

Balsam and Balsam (1974) state, "The pregnant therapist may find that her inner life varies more intensely than before. At times her inner life may be so full and active that it is hard for her to attend to the patient. At other times it will be a rich background against which to react to a patient while monitoring her own associations and careful responses. At other times it will be quiescent and the therapist may feel calmly receptive. It is a question of balancing one's own needs and feelings vis-à-vis the patient."

I appreciate the last sentence in particular. It is important to acknowledge that both the client's needs and the therapist's needs are important during this process. For me, this meant learning on a whole new level about my own personal and professional limits and how to turn to my community for support. I spent more time in healthy relationships with friends and family, and took in the support that others were eager to give. I was more conscious of ending with my clients on time to ensure a ten minute break between sessions, making sure I took longer periodic breaks throughout the day to check-in with myself, taking few or no new clients, and having a constant supply of crackers and water. I also increased my support from colleagues and my clinical consultation. The literature on self-care encourages therapists to communicate and share

the ways in which the work impacts them. For me, this has been important throughout my career, and it was especially vital during my pregnancy.

Treatment at Different Stages of Pregnancy

Ashway (1988) states, "There are few life changes…where the therapist has so little control over revealing her personal life as during a pregnancy." This varies at different stages of the pregnancy. In the first trimester, clients often do not know visibly or verbally about the therapist's pregnancy. Therapists can feel both ease and discomfort over their clients not yet knowing. They may sense a potential calm before the storm, a desire to avoid their clients knowing, or a sense that they are keeping a secret. This stage often stirs up anxiety within the therapist as she anticipates the ways her clients will react.

As the pregnancy becomes more visible, the therapist has little control over her clients knowing. The inevitable self-disclosure during pregnancy is often new for both therapist and client and brings with it a wide range of emotions. A therapist may experience excitement or relief in sharing the news with clients. She may feel entitled to her clients' sympathy, or wish that her clients would feel joy for her. A therapist may feel anger or resentment over being exposed, or may feel like her personal self is being intruded upon. She may also experience fears about how the work may be impacting the baby and may feel more vigilance around her own and the baby's physical and emotional safety.

I facilitate a professional workshop for expecting therapists, and I hear over and over again the anxieties that can accompany how and when to tell clients of the

pregnancy, and how to plan for maternity leave. The truth is there no one, right answer. Barbanel (1980) states, "These questions need to be answered individually by each therapist faced with them. The answers may vary according to the history of the patient and should have as their goal the facilitation of treatment." The implications for the therapist and the client depend upon the client's needs, the setting a therapist works in (e.g. agency *versus* private practice), and the maternity policies and procedures of the organization. Issues to consider include how much time the client will need to process the pregnancy, and what it will be like for the client if the therapist brings it up as opposed to the client bringing it up. Some clients will need verbal permission to talk about it; others need to be the ones to decide when they are ready to make it a part of their therapy. Therapists can listen for themes in the clients' sessions, or even non-verbal stares or curious glances. These may indicate that a client is ready to acknowledge the pregnancy, and is unsure of how to bring it up.

Once the client does know, it is important for the therapist to discuss with clients her plans for the future, whether she is taking a maternity leave or is leaving the job. During middle stages of pregnancy, this may mean the therapist sharing with clients that she is unsure of her plans, but will let the client know once she has made the decision. It is common for a therapist to change her plans during the pregnancy, or after; and this can be communicated to the client. Both therapist and client can create a plan together for how the client will be able to access support during or after the therapist's leave.

During the later stages of expectancy, therapists often hold more anxieties about labor and delivery. There is often sadness over leaving, a sense of guilt about abandoning clients, and concern and curiosity over what will happen with clients.

Conversely, many therapists feel gratitude towards the ways clients have accompanied them on this journey; respect for clients' strengths, resilience and movement; pride in their therapeutic abilities to hold clients during this time; and relief that is it almost over.

Conclusion

A therapist's pregnancy touches on every major facet of the therapeutic process: attachment, self-disclosure, transference and countertransference, termination, and the therapist's theoretical orientation, to name just a few. It is a complex transition for the therapist both personally and professionally; and, it is important for the therapist to remember that she will have time, both during and after work, to process the wide range of reactions she and her clients will have. As in life, the experiences that challenge us the most often lead to growth and a new understanding of ourselves and others. Rosenthal (1990) states, "In confronting the turbulent waters of patient conflicts and transference/countertransference issues, the pregnant therapist is obligated to muster her best clinician resources and, at times, to stretch their limits. Having weathered the storms, she will be matured and strengthened."

For me, being pregnant---and now being a mother---has made me a better therapist. I grew in my compassion for myself and in my awareness of my own needs within the therapeutic relationship. By facing my own fears and vulnerabilities right there in the room, my authenticity with clients matured. This has led to a deeper richness and sense of connection with my clients. I have also gained knowledge of the complexity and richness that pregnancy and motherhood holds for different individuals and cultures, including my own. It is hard to describe how humbled I feel by my clients' compassion for me, and their tolerance of the changes I made in my life without asking them first. And, finally, my respect for and sense of nurturing from my colleagues and consultants

has been greatly enhanced as they guided and held me, first, through my pregnancy, and now through motherhood. I am extremely grateful for this process: As much as it has been a challenge, it has also been a delivery.

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