Paper
An Unavoidable Bump: Psychotherapists’ Experiences of Navigating Therapy While Pregnant: A Meta-Synthesis

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Bangor
AN UNAVOIDABLE BUMP: PSYCHOTHERAPISTS’ EXPERIENCES OF NAVIGATING THERAPY WHILE PREGNANT: A META-SYNTHESIS

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PREGNANCY, AN UNAVOIDABLE BUMP?

• Risk taking behaviours (Bassen, 1988)
• Premature treatment termination (Berman, 1975)
• Non-attendance (Napoli, 1999)
DEARTH OF LITERATURE

• “literature has mainly focused on the reactions of clients to the therapist’s pregnancy. Even when therapists do discuss their clients’ reactions, they omit to comment on their personal experiences of pregnancy and their experiences with clients” (Dyson & King, 2008; p.28)
AIM

Explore the professional experiences of pregnant and post-partum psychotherapists who provide long term therapeutic interventions

→ excludes genetic counsellors
DATA COLLECTION

- Systematic electronic search strategy

  (1 book chapter, 3 papers, 9 unpublished doctoral theses)

- 157 therapists
DEMOGRAPHICS


- 119 first pregnancy
- 27 enrolled in training courses
- 96+ AMH; 49+ CAMHS
- 89+ psychodynamic/psychoanalysis
META-SYNTHESIS KEY CONCEPTS

1. Identity Changes
2. Pregnancy Necessitates Disclosure:
   a) Telling
   b) Supervisory Relationships
3. Therapeutic Challenges
4. Guilt
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PREGNANCY NECESSITATES DISCLOSURE: TELLING

• Primiparous therapists delay disclosing pregnancy

“I had to tell her at 7 months. I couldn’t believe [the client] hadn’t said anything. I was bigger than a house. It was so obvious” (Matozzo, 2000; p.53)
PREGNANCY NECESSITATES DISCLOSURE: SUPERVISORY RELATIONSHIPS

• Supervisory advice to postpone disclosure ill-advised

“the supervisor had no advice except don’t talk about it, don’t talk about it, don’t talk about it. Wait for it, wait wait wait. And that was a mistake” (Locker-Forman, 2005; p.79)
PREGNANCY NECESSITATES DISCLOSURE: SUPERVISORY RELATIONSHIPS

• Supervisory advice to postpone disclosure ill-advised

• Primiparous therapists associated postponement with increased attrition

• Multiparous therapists disclose promptly
PREGNANCY NECESSITATES DISCLOSURE: SUPERVISORY RELATIONSHIPS

- Pregnancy exploration → parallel process
  “made a huge difference” (Lyndon, 2013; p.102)

However- difficult for trainees

- Supervisory self-disclosures → need for sources of professional identification
THERAPEUTIC CHALLENGES

1. Threatening material and sexual content

2. Enhanced self-disclosure
THERAPEUTIC CHALLENGES: CHALLENGES TO PROFESSIONAL BOUNDARIES?

- Uninvited touching of pregnant form
- Personal questions
- Clients telling others about pregnancy, or discussing in public spaces
- Baby gifts
- Requests to meet the baby
THERAPEUTIC CHALLENGES: THREATENING MATERIAL AND SEXUAL CONTENT

• Therapists encountered client fantasies of violence, miscarriage and infanticide → diminishes exploration

• Increased sexual questions/themes from children and male clients
THERAPEUTIC CHALLENGES: ENHANCED SELF-DISCLOSURE

• Being upfront therapeutically advantageous

• Decisions about what personal info to disclose highly subjective

• Colleagues consulted over supervisors
• Long term changes to practice
Child therapists may consider resignation or decide not return to work post-partum

“I just couldn’t. It was too painful to tolerate”

(Locker-Forman, 2005; p. 83)
CLINICAL IMPLICATIONS

• Explore pregnancy in supervision and anticipate challenges prospectively

• Advocate for prompt disclosure

• Mindful of parallel processes
CLINICAL IMPLICATIONS

• Treat pregnancy as a therapeutic event

• Keep pregnancy on the agenda

• Flexibility/ fidelity to therapeutic approach
THANK YOU FOR LISTENING
IDENTITY

• “I don’t even know what it feels like to be a therapist. I only know what it feels like to be a pregnant therapist” (Locker-Forman, 2005; p.85)
META-SYNTHESIS

- Meta-ethnography (Noblit & Hare, 1988) iterative 7 step procedure
  1\textsuperscript{st}, 2\textsuperscript{nd} and 3\textsuperscript{rd} order analysis

- Used to inform policy, practice and research (Mohammed, Moles & Chen, 2016)

- Develop new insights and understandings
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