

Pre and Postnatal Experiential Counseling in the Online Environment. A Case Study

Oana Bunescuⁱ

Bébé Bienvenu Franco-Romanian Association, Bucharest, Romania

Abstract

Introduction: *Pregnancy is a period of evolution and self-transformation, in which the future mother undergoes a series of physical and psychological changes, while the maternal becoming continues in the postpartum period. The mother-child dyad should be seen as an interdependent biome, in which circular relationships are shaped, from the mother to the baby and vice versa, through what we call the cycle of giving. Pre and postnatal anxiety can make it difficult for the woman to assume the maternal role.*

Objectives: *The psychotherapeutic process developed in the case study aimed to:*

- decrease pre and postnatal anxiety;
- develop pre and postnatal attachment;
- facilitate the settlement into the/ of maternal role during psychological counseling.

Methods: *The main therapeutic orientation used was the humanistic-experiential one. The counseling intervention was provided to a 30-years old pregnant woman, the process continuing postpartum. Specific techniques were used to foster insight and process the client's emotions and obtain self-regulation, facilitating the creation of the maternal role during pregnancy and after birth.*

Results: *The counseling intervention provided both prenatally and postnatally has shown significant transformations in the client. In the prenatal period, the woman gained better trust in her body, which facilitated birth, and the ability to build an image, that is give shape and meaning to the child she was expecting. Postpartum, she was also able to identify the valuable things she did without feeling a high level of stress and pressure.*

Conclusions: *Taking into account the ongoing context of the pandemic, the counseling sessions were held online. Despite the fact that the intervention did not take place face to face, throughout the duration of the counseling process, significant changes have occurred at psycho-emotional level, and the way of assisting the case in this manner did not prevent the transformation and emotional adjustment of the client.*

Keywords: *pregnancy, prenatal, postnatal, online psychotherapy, attachment, bond, anxiety*

* * *

ⁱ Corresponding author: Oana Bunescu, psychologist, psychological counselor at Bébé Bienvenu Franco-Romanian Association, Bucharest, Romania, email: oanabunescu@yahoo.com.

I. Introduction

The current paper focuses on the development of pre and postnatal attachment in a case assisted during the COVID-19 pandemic, through weekly counseling sessions, which took place online. It is known that this pandemic has generated additional stress for new mothers and pregnant women. Thus, these online pre and postnatal counseling sessions were implemented to bring balance in the psycho-emotional life of a pregnant woman, later a new mother.

J. Condon, the Australian psychiatrist, talks about prenatal attachment as an emotional bond between the mother and the child who is not yet born, based on elements related to the emotional and cognitive components, formed before the conception itself.

Pregnancy is a stage when women worry, they are under pressure, and this is absolutely normal, but when stress tends to take over the everyday life of the future mother, it is necessary to turn to specialized help, in order for the woman to better understand her moods and be able to self-soothe.

As we know, the mother's emotional dynamic affects the baby's development in the intrauterine period, and it would be recommended that the mother benefit from emotional support throughout the pregnancy, but also in the postpartum period. Pregnancy and the postpartum period are moments of maximum vulnerability in which partner and family support are required for the woman's wellbeing.

The transitioning from the woman, couple partner condition to the mother condition is a unique journey, through which the woman experiences a myriad of thoughts and emotions; some may be pleasant, while others may be perceived as overwhelming, as are anguish, unconscious fears, worries the person has never before had. At such moment, a gate is open to implicit memories, stemming from the woman's own pre and perinatal experience. The woman is on a profound journey, in which she meets and gets to know her baby at a very intimate relational level; it is in such moment that the woman meets her baby in phantasm, through projections on baby's image and their relation. Thus, both mother and baby form an entity (a unity) even from the intrauterine period.

The relationship between prenatal and postnatal attachment is not always direct (Smorti et al., 2020). This may imply the fact that if one is talking about a safe, healthy prenatal attachment, this may not necessarily indicate an identical attachment in the period after the birth of the child. It is worth remembering that the postnatal attachment is a continuation of the prenatal attachment, but one cannot disregard possible traumas

or events that may change the mental and emotional maternal wellbeing.

A 2007 study (Correia & Linhares) found that the presence of high levels of anxiety in mothers, regardless of the baby's state at birth and moment of the assessment, constitute potential risk factors for maternal emotional balance, as well as for the child's development, even in the fetal period.

One of the central study objects of pre and perinatal psychology resides in the level at which the unborn child is able to appreciate the environment and react according to their own will (Verny, 1989).

Motherhood is created from all the affective processes that the pregnant woman will live during her pregnancy, preparing her for the birth of the child. From a maternal point of view, mental motherhood is represented by that dimension through which both mother and child give and receive in return, being a space conceived as a universe of totality created by the two, within the course of the giving cycle.

II. Method

This paper aims to highlight how pre and postnatal online counseling, facilitated by methods and techniques specific to the humanist-experiential orientation, can generate change and restructure at a deep level, the therapeutic alliance being one of the key elements in terms of psychological assistance in this paradigm.

Also, the case study intends to highlight how the therapeutic method proved effective in the building of an authentic therapeutic contact and ensured smooth dynamics of the therapeutic process.

General information

The motivation the client had to participate in the pre and postnatal counseling program was the occurrence of overwhelming emotions during pregnancy. The pre and postnatal counseling intervention aimed to increase the client's confidence in building the maternal role, decrease pre and postnatal anxiety, facilitate the transition to assume the maternal role and develop a healthy attachment. The counseling process was developed in 15 sessions.

Details about the client

The client was 29 years old and pregnant for the first time. She had no history of abortion. She and her husband had been trying to have a baby for two years. The client was glad she succeeded to get pregnant. Then, in the third trimester of pregnancy, she found it difficult to slow down the pace of her life, describing herself as an active

person, always vigilant to the things around her. The client was impacted by the fact that she had planned the events and activities she had to do during her pregnancy until the birth of the child, in the smallest detail, but all her plans had been turned upside down by the pandemic.

The woman did not show signs of prenatal depression, managed to rest and took care of herself. She was reading specialty information about pregnancy and birth and tried to not engage with certain groups of mothers, fearing it might increase her anxiety and trigger thoughts, which could activate stress.

She felt anxious and fearful concerning the pains of natural birth, worries that had as starting point her own birth and childhood, describing herself as a child who easily fell ill, and her own mother having a traumatic birth with her. She related to the baby as something abstract, was unable to give him a clearer picture in her mind. She had fears about the birth itself and the pains during labor, considering that it will be extremely difficult for her to emotionally self-regulate in those moments.

Throughout the client's life, she admitted that feeling safe was important to her, often fearing to undergo any changes in her life. She felt fearful of surrounding objects in movement, particularly suspended bridges. She was also afraid of animals, mainly dogs, following an experience she had as a child, that of being bitten by a dog. The client had been diagnosed with strabismus and astigmatism and had worries the baby might inherit the conditions. The accentuated fear she experienced in relation to childbirth was mainly owed to a recount of her birth, told by her mother when the client was 9 (her mother was at risk of dying during labor). The experience had profoundly marked the client, even though all her life she tried to deny and repress her feelings about it, but they re-surfaced as she became pregnant for the first time. The client associated childbirth with the fear of death, feeling as if she was between life and death.

Objectives

The client often felt overwhelmed by the feelings she had, most of the time she experienced anxiety related to pregnancy and labor and difficulties in connecting with the baby as person to be, with a physical appearance.

The counseling process in the prenatal and postnatal period

As means of working in both the prenatal and postnatal period, the expressive-creative methods have been chosen to facilitate a deeper exploration of the

unconscious and to help the client connect, both during pregnancy and postpartum, with her emotions, sensations, thoughts and experiences.

All these were conducted in a non-directive and supportive manner, bringing to the surface of extended consciousness the latent maternity that existed in the pregnant woman who was about to give birth. The experiential psychotherapeutic approach being deeply humanistic in orientation, encourages the experiences lived in the here and now, to obtain a real process of transformation and integration at a profound level, thus appealing to the existing totality and the primordial, which conceive oneself and the other.

Prenatal diagnostic hypotheses

- The pregnant woman is more connected to pregnancy at cognitive level, expecting the period to pass without problems and the baby to be born healthy; it is hypothesized that the emotional involvement of the mother in the process is quite low.

- She seems to find it difficult to represent her child as a being with more concrete traits, not being able to give a more concrete picture of the baby she was expecting.

- The client experienced fear and anxiety are related to expected pain during labor and is unable to relax at a more profound level.

Prenatal objectives

- To build psycho-emotional stability by reducing the anxiety and concerns about natural childbirth.

- To enhance confidence and connection in the client's body.

- To increase the ability to manage the emotions associated to the labor process, so that it could be lived as a unique and personal experience.

- Fostering a more intense interaction between the client and unborn baby, by consolidating the prenatal attachment.

Postnatal diagnostic hypotheses

- The client might experience difficulties in breastfeeding, influenced by denying the feelings generated by the act itself (and by the comparison with other women in the same situation), and might also feel guilty.

- There might appear feelings of helplessness, guilt, persistent fatigue in the client's process of adjusting to the maternal role and its prescriptions.

- The client might experience worries about the development of postnatal attachment.

Postnatal objectives

- Encouraging the mother in the process of breastfeeding, providing emotional support, highlighting the mother-child moments the client considers important.
- Fostering emotional self-regulation in the transition process to the maternal role.
- Supporting the client in the process of becoming a mother, and assuming the maternal role, particularly in processing the transition from the woman, partner, to the maternal role, as well as the interweaving of such multiple roles.
- Encouraging the mother to support the development of a healthy and secure attachment with the child.

Psychometric instruments

Two psychometric instruments were administered to measure the anxiety and attachment dimensions in the relevant pre and postnatal periods contained in the intervention.

- **Pregnancy-Related Anxiety Questionnaire (PRAQ-R/R2)** (Huizink et al., 2016) measures the degree of current anxiety; it is an instrument comprising 10 items, frequently used to assess and identify pregnancy-specific anxiety in nulliparous women.

- **The Maternal Postnatal Attachment Scale (MPAS)** (by Condon & Corkindale, 1998) was used to find information on the postnatal attachment. The instrument measures “the mother’s emotional response to her infant along a number of dimensions relating to parent-to-infant attachment. The focus of the measure is on the mother’s subjective experiences in relation to her infant during the first year of life. Four indicators of attachment are postulated to mediate between the core attachment experience and the diversity of attachment behaviors: (1) Pleasure in proximity: desire to interact with infant rather than separation or avoidance; (2) Tolerance: greater willingness and ability to tolerate behavior, less resentment; (3) Need gratification and protection: desire to identify and gratify infant’s emotional and physical needs; (4) Knowledge acquisition: a desire to understand the infant and a sense of competency from such understanding”.

Following the administration of the *Pregnancy-Related Anxiety Questionnaire*, it can be noted that the high scores were connected to anxiety about the birth itself, the pains associated with contractions and the pain during labor. The score obtained by the client indicated a moderate level of anxiety (total PRAQ-R/R2 score = 22).

On the Fear of giving birth (FoGB) scale, a fairly high score was obtained (scale score = 11). On the Worries of bearing a physically or mentally handicapped child (WaHC) scale, a low score was obtained (scale score = 3). On the Concern about one’s own appearance (CoA) scale, a relatively moderate to medium score was obtained (scale score = 9). Such score revealed that the pregnant woman was not impacted by the body changes occurred due to pregnancy and did not worry about gained weight, noting that she felt good in her body.

As a result of the application of the *Condon Maternal Postnatal Attachment Scale (MPAS)*, the following scores were obtained: Quality of attachment 42, Absence of hostility 14, Pleasure in proximity 22.

These results indicate preconditions for shaping a healthy attachment to the baby. Thus, the premise of a harmonious relationship with the unborn baby not only helped to ensure the continuation of a secure attachment after birth, but clearly helped to develop an appropriate psycho-emotional state for both baby and mother.

It can be noted that the mother was securely attached to the baby and that she did not show any cue of hostility or rejection in relation to him. The relationship between the mother and baby as perceived by her was characterized by pleasurable interaction with the child, without any feelings of ambivalence.

Techniques approached in the prenatal and postnatal counselling intervention

- Prenatal Attachment – the client was asked to make a drawing to show how she perceived the bond with the (unborn) child.
 - The client was asked to draw 3 representations: a usual baby, the ideal/ desired baby, and the baby she was expecting.
 - Pregnancy diary in drawing – aimed to facilitate emotional connection through drawing, helping the client more easily relate with the baby during the prenatal period.
 - Audio Diary – the client was instructed to send/ record for herself a message of encouragement, of support, every day.
 - Postnatal Attachment – the client was asked to make a drawing to show how she perceived her attachment to the child.
 - Three months after the birth of the child, the mother was asked to make another drawing, representing the journey from childbirth to the first 3 months of motherhood.

- The maternal and baby circles-drawing exercise – the client was invited to draw two circles, one representing the qualities of the mother, and the other representing the qualities of the baby.

Prenatal attachment

The client was asked to reflect for a few minutes about the bond between her and the baby and to draw a representation of how she perceived, at the moment, the relationship between her and the baby.

When sharing about the experience, she recounted the following: “I look at him, we sit on a blanket, it’s sunny outside, there are also some clouds, but the sun is smiling and it’s big, even if there may be worries, problems. There are two hearts between us. It’s love, protection, respect, appreciation, emotion, care. Vulnerability and a state of tranquility”.

It can be interpreted how the client valued the relation between her and the baby with positive elements, however she put a barrier between her and the child, fearing she could not control the relation. The fear of not knowing more about the relation could activate distressful feelings, an organically felt anxiety. The unknown coming towards her took control, and thus the perceived anguish became even more intense.

If one would offer a psychological interpretation, by giving meaning to the emotion the client felt in relation to her unborn child, there was however a doubt, a fear of not being sure how to connect, of needing to find the good way to interact with him. It was natural to experience such mixed, intense feelings, being pregnant with the first child, becoming a parent, a mother for the first time. The intensity, fear, frustration, but also the care the client used to protect the connection with her unborn baby could be translated as a positive prenatal maternal connection, but also as something unknown, different, unrelatable before, something the client might feel unable to know how she should have built, or further build.

Through the eyes of the baby

The client was asked to draw three babies: a generic/ usual baby, the ideal/ desired baby, and finally the baby she believed she would have.

The first drawing depicted a baby sitting, the client adding: “He’s over six months old, because he’s sitting on his behind, playing with Lego cubes, he can sit still if he plays with something, he’s happy because he does what he likes.” The second drawing, of the desired/ ideal baby, depicted a small baby, the client saying the following: “He stands in a breastfeeding

position, all his needs are met. It is as if he is saying «I want to stay with you as long as I can». He needs me to be responsible, that’s what I have to do, it’s beyond easy or hard, I don’t have an alternative, I have to have control.” The desire to be in direct contact, in intimate relationship with the child was present, the connection was certain, and the client had the feeling that it depended on her. Concerning the third drawing, the one with the baby she was expecting, she drew a very small, swaddled baby, sitting on a blanket, about whom she added: “I think he’s agitated, he needs to be pacified, he says «I don’t want to sleep».”

Concerning the first drawing, could be interpreted as obvious the future mother’s desire to have an elder baby, one who had already developed certain abilities, who could play by himself, who was sitting still and enjoyed his activity without bothering others. That could also indicate the client’s anxiety, of not knowing how to be present, how to manage the relation and needs of a younger baby. The fear of not being in control intervened probably in anticipating such situations, as well as of feeling overwhelmed and not able to manage actions which might spontaneously occur and develop.

The second drawing, depicting the desired/ ideal baby, the mother’s need to control could also be seen, the client also affirming that she would succeed to gain control over the situation. Also, the mother’s vulnerability in relation with the baby appeared, as the baby was completely dependent on her. It is as if their relation was symbiotic, as the mother and child could not conceive one another distinctly.

Finally, the drawing representing the baby she believed she would have can convey the message that the mother was depicted in a situation of vulnerability, in which the baby had immediate needs to be satisfied, acting agitated. Even the image of the desired baby was a quiet, in control one – the client was fearing that her child might become restless.

Pregnancy diary in drawing

In the prenatal period, expressive-creative utterance helped the woman connect to pregnancy and the baby. In this respect, each week she had to keep a diary both in drawing and writing, in which she noted from the baby’s perspective how the week was for him. Thus, the pregnant woman was able to visualize much more easily and give a unique and personal meaning to that period, feeling anxious to welcoming her baby.

Also, put in contact with the baby to whom she managed to give a concrete form in her mind, the client

was able to connect with him on an emotional level. In addition, she mentioned that the drawing helped her convey what she was not succeeding through words.

The pregnancy diary technique offered the client emotional support in her intimate journey on becoming a mother, on more profoundly experiencing and containing feelings, overwhelming, joy, surprise, sadness, frustration, melancholy, all like in a domino, better depicting a true facet of her own maternity.

Audio diary

During the postnatal period, the mother was encouraged to keep an audio diary in which every day she would send herself a positive message of encouragement. Thus, the role of the message was to help the client connect to what she did for the child that she believed was doing as she wanted.

Also, the role of the audio diary was to encourage the woman in her motherhood and to support her with inspiring, supportive messages, especially to see her qualities and skills, further empowering her in the maternal role.

The audio diary helped the client reduce body tension and increase capacity to trust herself in coping with challenges around her. In addition, the private character of the diary also ensured a better contact with the client's self, both in cognitive and emotional terms.

Postnatal attachment

The way the mother represented her postnatal attachment was: "When you see the smile and our gaze is saying it all. I feel I did the right thing. We hold hands, we tell stories. He is a treasure. He is a joy." Thus, one could notice positive elements in the reality of attachment between mother and child, the mother being responsive and empathetic in relation to her baby, treasuring him.

In the postpartum period, the client perceived herself as fulfilled from an emotional point of view. However, psycho-emotionally, the new mother felt emotionally vulnerable, a natural feeling, given that she met her baby, and also considering the hormonal storm involved.

Needs such as protection, safety, support, understanding are essential ones a woman experiences as a new mother. In addition, the role the father has is crucial, both in helping the new mother and in fostering the development of a healthy attachment with the baby. The client had her partner's support and care both concerning herself and the baby.

The intervention in the first 3 months of motherhood

The client was asked to represent as she wished, in drawing or with words, the journey she experienced in the first 3 months after the birth of the child, so that it could be easier for her to see the process and enhance the experience of connection.

Breastfeeding proved to be difficult for the mother at times. She could not understand how other mothers had different perceptions on the difficulties of breastfeeding, mothers who overlooked them and even tended to idealize it. The client admitted that breastfeeding was an important element in her reality with the baby, and for her it was a beautiful moment, but there were also times when she felt overwhelmed. During the sessions the mother was able to separate her own experience from the other mothers', realizing that each was unique.

From the client's perspective, she added that things were starting to settle down gradually, and that initially she had not expected everything be that complicated and not have time for anything else. She managed, with the help of the counseling sessions and the audio diary, to focus on the meaningful and beautiful things that worked.

The maternal and baby circles-drawing exercise

The client was asked to draw two circles. In the first one she was instructed to note the qualities she considered she had as a mother (loving, patient, dedicated, cheerful, talkative), and in the other circle the qualities she appreciated the baby had (smiling, cheerful, energetic, active, loving, happy, attentive, cuddly, curious, smart, talkative). It could be noted that the circles were approximatively identical in size and close to one another, potentially indicating the desire for intimate contact.

The need for contact between the mother and baby is a natural need and the mother is able to describe and express positive relation elements in connection both with herself and the baby. It indicated the basis for a harmonious relation, one in which the two might develop together, learn from and about each other. Any relationship in which the individuals involved are valued bears great potential for human growth and development.

III. Results

Significant transformations have been experienced by the client in both the prenatal and postnatal period. In the prenatal period she began to feel

and trust her body more, which facilitated the birth, and the ability to give the baby she was expecting a more concrete representation in her mind. Postpartum, she was also able to identify the things she took care of without feeling a high level of stress and pressure.

During the sessions carried out in the prenatal period, the client was able to more profoundly connect to the child she had in her womb, making it much easier for her to relate to him as a human being, whom she was eager to welcome and meet. Gradually, she became more and more curious about how the baby developed, what he looked like, whom he would resemble, thus helping to shape a much deeper emotional bond.

She managed to assign a different meaning to breastfeeding, without feeling culpability and embarrassment in the process and differentiating between her personal experience and that of other mothers who were breastfeeding.

The mother was able to give up rigid expectations, accept and take the course of events as they came, paid attention to the needs of the baby and had the ability to be more present.

It is worth mentioning that the young mother managed to act more relaxed in relation to the child, realizing the importance of direct interaction with the him. She also gained the ability to be more present and enjoy the little things that happened in relation to the child.

IV. Discussions and conclusions

Pre and postnatal counseling helped the client connect to and trust her body and be able to lay the foundations for a healthy relationship with the baby, both before and after birth. The mother learnt to communicate with the unborn child, being able to create and maintain a secure attachment relationship with the baby after birth.

The counseling intervention also decreased anxiety related to the perception of pain associated with labor and increased confidence in the maternal skills postpartum. The sessions brought safety and support throughout the process of maternal becoming, giving that space of manifestation and transformation necessary for the client to cope with the relationship with her mother and with her own birth.

In spite the fact that the counselling intervention was carried out only online, it did not act as an impediment for the good outcome of the process. The methods and techniques were adapted to online intervention. Thus, the client could acquire various resources both during pregnancy and postpartum, and

could also reactivate the existing skills, while discovering new ones.

The psycho-emotional regulation, both in pregnancy and after birth, the repair in relation to her mother and her birth, have helped the mother to re-connect to herself and find inner balance, but also re-connect to her pregnancy and (unborn) child.

* * *

References

- Antoine, C. (2008). *Ghid psihologic pentru sarcină și maternitate (A Psychological Guide to Birth and Maternity)*. Bucharest: Ed. Trei.
- Condon, J. T., & Corkindale, C. J. (1998). The assessment of parent-to-infant attachment: Development of a self-report questionnaire instrument. *Journal of Reproductive and Infant Psychology*, 16(1), 57-76.
- Correia, L. L., & Linhares, M. B. M. (2007). Maternal anxiety in the pre-and postnatal period: a literature review. *Revista latino-americana de enfermagem*, 15(4), 677-683.
- Cotigă, A. C. (2010). *O incursiune în psihologia prenatală. Sarcina, nașterea și atașamentul (Incursion in prenatal psychology. Pregnancy, birth and attachment) (Vol. 1)*. Bucharest: Ed. SPER.
- Cotigă, A. C. (2011). *O incursiune în psihologia prenatală. Vol. 2: Regresia emoțională prenatală și perinatală (Introduction to prenatal psychology. Vol. 2: Prenatal and perinatal emotional regression)*. Bucharest: Ed. SPER.
- Delassus, J.-M. (2015). *Sensul maternității (The Meaning of Motherhood)*. Bucharest: Minied Publishing House.
- Fijałkowska, D., & Bielawska-Batorowicz, E. (2020). A longitudinal study of parental attachment: pre-and postnatal study with couples. *Journal of reproductive and infant psychology*, 38(5), 509-522.
- Huizink, A.C., Delforterie, M.J., Scheinin, N.M., Tolvanen, M., Karlsson, L., & Karlsson, H. (2016). Adaption of pregnancy anxiety questionnaire—revised for all pregnant women regardless of parity: PRAQ-R2. *Archives of Women's Mental Health*, 19, 125-132. <https://doi.org/10.1007/s00737-015-0531-2>.
- Rossen, L., Hutchinson, D., Wilson, J., Burns, L., Allsop, S., Elliott, E. J., ... & Mattick, R. P. (2017). Maternal bonding through pregnancy and postnatal: Findings from an Australian longitudinal study. *American Journal of Perinatology*, 34(08), 808-817.
- Smorti, M., Ponti, L., Ghinassi, S., & Rapisardi, G. (2020). The mother-child attachment bond before and after birth: The role of maternal perception of traumatic childbirth. *Early Human Development*, 142, 104956.
- Tichelman, E., Westerneng, M., Witteveen, A. B., Van Baar, A. L., Van Der Horst, H. E., De Jonge, A., ... & Peters, L. L. (2019). Correlates of prenatal and postnatal mother-to-infant bonding quality: A systematic review. *PLoS ONE*, 14(9), e0222998.
- Verny, T. R. (1989). The Scientific Basis of Pre-and Peri-Natal Psychology-Part 1. *Journal of Prenatal & Perinatal Psychology & Health*, 3(3), 157-170.
- Verny, T., & Kelly, J. (1988). *The secret life of the unborn child*. Dell. <https://effectiveservices.force.com/s/measure/a007R00000v8QZaQAM/maternal-postnatal-attachment-scale>