Holding a Mother
Holding a Baby:
Forging Connections with the Low-Income Pregnant Woman

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The Psychology of Pregnancy:
A Brief Overview
“Every mother contains her daughter in herself and every daughter her mother, and every woman extends backward into her mother and forward into her daughter.” Carl Jung
“I thought, ‘My God, what if it’s a girl: it will be a mess. I will hate her the way my mother hated me and she will hate me the way I hate my mother.’” (Steele, 1994)
I am my mother, my baby, and myself is not unusual.

We identify with our parents and we see ourselves in our children.

Pregnancy and identification with the fetus can activate anxieties and a longing to be mothered.
Social and other Factors Affecting the Pregnant Woman
Two conditions:  
One, is that she has an inner life of well-being, having experienced “good-enough” mothering through her own development;  
Second, is that she has external stability and support.
For our supported mother, her pregnancy is:

- Planned and wanted
- She feels supported - especially by her partner.
- She lives in familiar surroundings, cared for by friends and family
- The people in her support system are rejoicing about her pregnancy
• She is confident that when she is postpartum, they, and her mother in particular, will provide her with ample material and emotional support.

• Her health is good and while there are bodily changes in reaction to becoming pregnant, there are no indications that there are threats to the health and well-being of either her baby or herself.

• There have not been previous pregnancy losses or memories of trauma associated with pregnancy or labor and delivery.
• All basic needs food, shelter, safety are provided

• She has thought through and feels good about her plan concerning breast or bottle feeding;

• She can exercise personal choice in planning for whatever mix of staying at home or working outside the home suits her circumstances

• She has an array of high quality child-care options should she wish to utilize them.
“When we open the doors to our clinic every morning, in washes a sea of misery.”
Our unsupported mother is often:

• Young and uneducated

• Her pregnancy was not planned

• The father of her baby is unavailable, maybe incarcerated
• She may have other young children and many of the important people in her life are furious with and disappointed in her that she is pregnant, whether it is her first time or her fifth.

• Her own mother is deceased or unavailable.

• Threats from drugs and gun-fire are common in her neighborhood.
Minimum wage job.

She is frightened and alone.
Latina pregnant patients, we can *add* to the above:

- The stress of living immersed in a foreign culture: unfamiliar foods, smells, customs, language, rhythms, etc.

- In addition, many undocumented women were sexually assaulted or physically traumatized
• They came to the US with hope
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• They are pregnant and alone in a strange land, often completely dependent on a man they may disrespect, distrust and even fear.
What are the psychological implications of being poor?
“When you were growing up, were you poor or regular?”

That is it precisely – are you poor or regular?

(Garbarino, 1999)
“There is something about poverty that smells like death. Dead dreams dropping off the heart like leaves in a dry season and rotting around the feet; impulses smothered too long in the fetid air of underground caves. The soul lives in a sickly air.”

Zora Neale Hurston, 1942
“A middle class clinician coming to work in an inner city community can barely begin to imagine the sense of deprivation that comes with trying to live and raise children on a poverty level income.

The prevalence of loss, of histories of child neglect and sexual abuse, of neighborhood violence, staggers the sensibilities of the uninitiated clinician.”

(Neil Altman, 1995)
“having a baby ‘someone that was crazy about them’ motivated them to turn their lives around, [and gave] a purpose to a life that had previously been experienced as meaningless.”

(Garbarino, 1999)
Psychodynamics of the
Pregnant Girl/Woman
who is Young,
Unsupported and Poor
The Pregnancy Clinic as ‘Holding Environment’
“When social workers first encounter the term ‘holding environment,’ they experience a sense of instant recognition, a feeling of coming home. The idea of holding includes social work roles and functions ranging from the provision of food, clothing, housing, and other concrete services to the provision of psychotherapy.” Jeffrey Applegate
A mother and father provide a holding environment by offering the love, the attunement, and the constancy that fosters the child’s development.
Mental health clinicians provide holding environments by offering the empathy and attunement that fosters their patients’ psychological growth.
In a prenatal clinic we can - at least by degrees - provide a holding environment during the pregnancy and postpartum period, in which, if the mother feels “held,” she has a greater likelihood of making empathic and attuned provisions for her infant.
Our Form:

CLINICAL SOCIAL WORK

Duke Clinical Social workers are here to help you with your concerns and needs any time you want to talk with us. No question or concern is too small. Clinical social workers are trained to be good listeners; to help people who are feeling stressed. They also know a lot about community resources.
Please check any areas you have questions or concerns about:

- Parenting
- Relationship problems
- Lack of support
- Job stress
- Loss of a loved one
- Feeling down
- Feeling alone
- Previous pregnancy loss/problems
- Tobacco use
- Alcohol use (including beer and wine)
- Other substance use
- Sexual abuse
- Violence with partner
- Rape
- Other safety issues
- Adoption or abortion
“What was your reaction when you found out you were pregnant?”
“What was the reaction of the baby’s father (or ‘of your mother’)?”
“Do you have other children?”
“Do they stay with you?”
“Tell me about who lives with you.”
“How has your stress level been lately?”
“Who is going to help you with the baby?”
A Clinical Perspective

Informed By

Psychodynamic Social Work
“I was never abused, I was just a bad kid.”

Such a mother will almost certainly see her child as a “bad kid,” which creates part of the breeding ground for child abuse and neglect.

(Steele, 1994)
Those who could remember how they felt about distressing events in their own lives were less likely to repeat such experiences with their own children.

Fonagy, Steele and Steele, 1991
Empathy from sensitive therapists often prompted mothers to look at their infants in new ways “as though they were seeing them realistically for the first time. Many mothers, still crying from their hurtful recovered memories, can begin to reach for their infants, talk to them and rock them with empathy.”

Vivian Shapiro, (2009)
In our clinic, social work assessments and interventions are informed by insights from psychoanalysis and clinical social work.
Since we are dealing with such large numbers of marginalized, pregnant women in need - many of whom are in crisis - we must live with the knowledge, and even the guilt, that what we are able to do so often falls short of what each woman optimally needs.
Yet, we do what we can to try to “hold her” knowing that - even by small increments - we may better enable her to provide something intangible, yet essential, for her baby-to-be.