

# 'Wild card' dynamics – emotional work in pregnancy

By Rhea Dempsey



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If you are a card player, follow tennis or even politics you will be familiar with idea of 'wild cards'. A 'wild card' suggests high potency, high effect or high skill combined with unpredictability. You don't know when it will be played, but when it is you know it will have a significant impact. This article applies the idea of wild cards to birthing.

I first began to think about wild cards many years ago at the birth of a little girl, Janey. She was the second child of a couple whose toddler boy had died of a childhood cancer eighteen months previously. The mother carried unrelieved 'causal guilt' (guilt characterised by a feeling of responsibility) because she believed that a chemical insect eradication treatment used on their house before their son became sick was the cause of his illness. Whether or not this was the case, it was the anguished reality of this mother's belief. She had therefore taken great care during this pregnancy to minimise any possibility of carcinogenic or synthetic compounds affecting this baby's early formation and development. She was highly motivated to have a normal physiological birth, as she didn't want her baby subjected to any drugs or synthetic hormones during the labour itself. Although she had an epidural in her first labour, she did not want one this time. She also felt that her husband's emotional distress might prevent him from providing the support she needed, so she invited me to attend the birth to ensure that she didn't succumb to an epidural.

This will be straightforward, I thought – a highly motivated mother, clear about what she wants. I had little awareness then of such things as grief attacks, resistance, regression, triggering, cathartic release, of the potential for unconscious processes to sabotage conscious intentions, or of the importance of bearing witness. Over the hours of this labour I received a crash course.

In late first stage, after getting through some fear- and resistance-fueled crises, the triggering of this mother's grief for her son culminated in the explosion of a cathartic rage. I had been breathing with her through the contractions, assisting her to stay on track with her original intention. But now she was in (I now realise) a full-blown grief-fueled cathartic release. She pounded against my chest, pleading for

its most raw.

With this realisation (and after checking with the midwife that the mother's and baby's vital signs were stable), I steadied inwardly. This woman had had to live through the death of her son: the least I could do was hold firm and 'bear witness' to her pain, grief and rage, whilst honouring her original request of me. And so we went on together, breathing, stomping, rocking, until finally the rage was spent, the tears of grief were shed and she came to a quiet place of readiness for her new baby. The wonder of her birthing body took over and, just as she had intended, her baby girl was born into her welcoming arms – not caught in her past grief or her future fears – as she became fully present to this baby and the life to be lived.

Thus my idea of wild cards was formed: particular life circumstances, issues and patterns carry a potent, unpredictable dynamic. We cannot know when they will play out in the birth or postnatal period, or exactly what their effect will be. We just know that they will arise in some way, coming out of left field and often blind-siding birth intentions or hijacking postnatal bliss. I'm not talking here about medical risk factors, requiring medically necessary interventions. (Although, if not adequately understood and supported, the flow-on effects of wild card dynamics can eventually necessitate medical interventions.) I'm referring to psycho-social risk factors that form part of the unconscious matrix: the often invisible factors at work in birthing and mothering – emotions, thoughts, fears, desires, yearnings, personal history and relationships.

Some years ago I presented a seminar on pregnancy and birth art to a group of art therapists, none of whom had a medical understanding of birth and only some of whom had personal experience of the birth process. We explored artwork from pregnant women who attended my pregnancy group, to which I added some information about their life circumstances. The art therapists were able to predict with a great deal of accuracy the eventual birth pathways of these women – whether they would go overdue, have long or short labours, straightforward or complex births, whether or where in the labour they might become 'stuck', and whether they would need medical interventions to complete the birth.

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an epidural, roaring at me repeatedly, over and over that: *You are so cruel. Get me the epidural! How can you be so cruel?* I was quite shaken: it took me (and her, I found later) completely by surprise. Knowing the likelihood of her later mental anguish if she *did* have an epidural, I tried to hold to her previously expressed intention for her longer term well being. But she was overwhelmed by the distressing present moment. Gradually I caught on. She was pouring out her grief, raging at me as a stand in, as a proxy for god, death, her son (for abandoning her), and the whole damn universe. She raged at the cruelty of her loss with the hallmarks of 'grief work' at