

**“ON LOVE AND LOSS: SAYING HELLO AND LETTING GO”**

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**INTRODUCTION**

The birth of a new life is a wondrous, joyful event that brings with it a whole range of emotions for the mother and close family. The death of a foetus or baby is also a life-changing event for everyone involved, bringing a very different set of questions and emotions. The reality of both events has a huge bearing on how best to bond with the baby before it is born. I would like to discuss my role as holistic massage therapist in the lives of parents who are tested in these ways by the Circle of Life, and how best I can support them through these physical and emotional challenges.

When a child is due to be born, there is joy and excitement around the new arrival and all the beautiful ways that the baby will touch the family's lives. There is also likely to be a sense of apprehension and concern around providing the best, most nurturing environment for its healthy, happy development. There may also be a third category of emotions, those classically labelled as more 'negative' or 'unwelcome' emotions, such as resentment, guilt, anger and depression, sometimes directed towards the baby as a result of all the changes. These may have a profound impact on the bonding process, setting up beliefs and expectations before the baby is even born, as well as making it harder for the mother to cope with so many practical, emotional and physical demands.

From another perspective, a natural part of birth and life is of course death, and specifically the death of a baby or child is one of the deepest mourning processes that a parent has to endure. Miscarriage rates are around 15% before 12 weeks, and more likely to happen in a first-time pregnancy (Lewis 2001, from Yates 2010) although the actual rate is suspected to be much higher since many will happen sooner than this and the mother may not be aware, or may not report it. Still births, whilst much rarer, continue to happen, at about 8 in every 1000 births (Kitzinger, 2008). All of the above emotions about the arrival which might have been anticipated, will be overwhelmed and replaced by a host of different emotions around the loss. There may be a lot of 'what if?' or 'why me?' questions for the mother, along with possible guilt, self-blame and a wondering as to whether she feels able, in Western society, to fully and openly mourn her loss.

The above issues have arisen in my work with pregnant women (both directly and indirectly) and I feel it a strong part of my role during their pregnancy to provide a

safe forum for them to grow and heal on all levels. I am also keen to support bonding and attachment from the earliest stages of pregnancy, to help the mother come to terms with what is happening physically in her body and also with what that will mean for her life when the baby arrives.

## A STATE OF HEALTH, NOT ILLNESS

One of the key premises on which I work is that pregnancy is one of the most wondrous and vivid expressions of health known to womankind. In recent decades, Western society has tended to focus more on the potential problems, complications and contraindications of pregnancy, rather than the aspects of the process which should be celebrated. Even the term 'low-risk', rather than something more positive, applies to a perfectly healthy pregnancy. In my practice I intend to emphasise the positive, happy and healthy elements of pregnancy, thereby supporting the mother to enjoy this most wonderful time in her and her partner's life. Of course, having an awareness and understanding of the potential issues is crucial, so that I can best support and refer her for further help if needed. However, if the attitude, approach and energy surrounding the mother during the pregnancy are reassuringly focused on a happy and healthy term, I for one believe that this is more likely to manifest.

I want to inform and reassure the mother (and potential clients who might be nervous) that bodywork, just like moderate exercise, can be really beneficial throughout the pregnancy. The most important factor is that the mother listens to her body, and in the first trimester she may feel too tired or nauseous to even contemplate too much movement. This is fine, as long as she is not going against the grain of her usual routine, and is in touch with her body's ever-changing messages.

In terms of my relationship to the medical care the woman is already receiving, I believe it truly possible for holistic therapists to work together with the advice and actions of the medical figures. Since it is unusual for the mother to have much medical attention in the first trimester unless there are complications, our collaboration may begin only after the 12week scan. In every client session I ask about recent visits with the doctor and midwife. I encourage them to share information about our sessions with the medics, and also to keep us mutually informed of any changes or questions arising from the other. Of course it is up to the mother whether she feels able to build a strong and trusting relationship with all parties - in the case of Client C, she has told me that she doesn't much like her midwife and so chooses not to go to her with any issues. On the one level this is a shame, however this is Client C's second baby and she has a very supportive network of family and friends in her life and a good GP, such that she doesn't feel she needs anyone else at this stage. Client B on the other hand, has a very supportive midwife, and she had a lot of questions and anxieties around this first pregnancy, bringing certain questions to me which I have felt unable to answer from a medical perspective, so I give her what I can and then suggest she asks her doctor or midwife for further information or to check out any concerns. I always follow up with her on these concerns, in case they do not give a satisfactory answer either, leaving her out in the cold. She has found all the support she needed in either our sessions, the time with her midwife or through family and friends.

## **SAYING HELLO - how to support pre-birth bonding**

### **Early barriers to bonding**

There are many natural anxieties surrounding the birth of a new baby. Aside from the fear of miscarriage, the parents will be wondering how it will affect their lives when it is born, and will be thinking about practical and financial factors around the care of a new life. For many women, the anxiety around these issues will block her from being able to bond with the baby in the early stages of pregnancy. She may be spending a lot of time and energy thinking about potential problems, rather than focusing on making a connection with the life that is growing inside her. As I will discuss below, all of this has implications for the quality of mother-child bonding. In the first trimester, there is a culturally-enforced threshold for deciding when to tell family and friends, or work colleagues – typically before the 12-week scan, mothers can be anxious, stressed and often hiding the truth from the world. As a therapist, we may be in one of the few privileged positions of knowing that the woman is pregnant and therefore need to provide a sacred space for her to share any concerns and insecurities. The huge hormonal changes causing mood swings, tiredness and nausea can make it difficult to carry on life ‘as normal’, and the effort it takes to hide all of this is yet more exhausting and stressful.

### **A touch-starved nation**

Caplan (2006) refers to a ‘touch-starved nation’ which increasingly alienates us from ourselves and others, and the body wisdom of both. In a parental role this is a crucial issue, and one that is poorly addressed in the Western medical profession. A lot of aspects of pregnancy and birth are couched in such technological, sterile and problem-focused terms that it is no wonder modern mothers are anxious about their own health and that of their babies. Caplan’s argument is that everyone is affected by one kind of touch or another, even the lack of it. I agree with her that whether the contact is energetic, spiritual or physical, “touch, when done with the heart, is always healing”.

In the case of Client D, her home life was relatively fractured and turbulent growing up, and she continues to deal with verbal abuse and alcoholism in her family. Whilst her partner is very loving and supportive, she had negative experiences of touch in her early life and as such was self-conscious and nervous in our first session. She felt especially uneasy when discussing the question of bonding and connecting with her baby in the womb, even into the third trimester. Through discussions and gentle work, she became much more able to connect with her body, and felt more able to think about how she would bond with the baby when it arrived. She found this work unfamiliar, but ultimately very special. My role has hopefully allowed her to deconstruct her fears and insecurities around bonding and we have already discussed the option of following up with baby massage sessions when it arrives.

It may be the case that touch is the last link in a chain of bonding – that by the time someone is able to lovingly and unconditionally give and receive nurturing touch, the biggest steps to healing and connection have already been taken. Through

massage and bodywork, we sometimes are faced with the additional job of encouraging the mother to give (to her baby) and receive (from me and her partner) touch in a way that purely welcomes and accepts the other at the deepest level. If she hasn't experienced this kind of touch in her life before, she will not know how to receive it and certainly won't know how to give it to her child. We can help her through holistic bodywork to build confidence in her maternal abilities and re-connect with this most innate and natural instinct.

### **In the womb**

"Bonding gives an intuitive, extrasensory kind of relationship between mother and child. Bonding is a felt process, not available to discursive thought, language or intellect... the infant is rooted within the great subtle energies that power physical life, no matter how his physical situation shifts and changes." (Joseph Chilton Pearce, from Caplan 2006). I feel it to be entirely possible, and indeed important, to bond with the child before it is physically outside the womb. I also like the Swahili term 'mamatoto', which translates as 'motherbaby', referring to the two as one single entity. In many ways, the mother and baby are literally part of each other, and to honour this connection through body and energy work feels to be very supportive of the bonding process throughout the child's life.

Awareness of the foetus in the womb is an area which has only gained recognition and popularity in the last few decades. In Thomas Verny's book 'The Secret Life of the Unborn Child' (1981, from Caplan 2006), he gives an empirical account of the sensory life in utero. By the sixth month, the child has an active emotional life, and the mature foetus can see, hear, taste and learn from inside the womb. Confirmation of this womb consciousness sheds a very different light on the issue of pre-birth bonding. If the baby is aware of what is going on in its surroundings, on a physical and emotional level, then it will already have a sense of how it should relate to its parents before it is born – a sense of the expectations surrounding its birth, and of the beliefs and attitudes that will influence its behaviour and interactions in the world. In a sense the baby is already 'working out' how to behave as a socialised human being.

Dr Michael Lieberman (in Caplan, 2006) has shown that an unborn child responds to a mother's thoughts and emotions, as well as to her actions, and Dr William Sears (also from Caplan, 2006) talks about the hormonal connections between mother and baby, such that any stress hormones present as a result of the mother's emotional state, will be passed through the placenta to the baby.

All of this has huge implications for pre-birth bonding. I want to work with mothers to help them understand that there is consciousness from the point of conception, and to feel able to communicate and connect with the baby in their own awareness. They may physically feel the baby moving – all of my clients have commented on differences in the baby's kicking during and after our sessions. I also want to support them to connect on a subtler level, tuning in from the earliest stages to the child's needs and emotions.

In the first trimester, some women prefer not to connect with the baby in case of miscarriage. This is sometimes also a factor later on in whether to find out the gender, on the assumption that knowing the sex of the child will humanise it too much and therefore make it harder to let go. Others love to connect, and will recognise that early bonding can actually ease the process of letting go, should they have to say goodbye. This is of course the mother's individual choice, to be respected by the therapist. If she is comfortable, we can work with visualisations that track the main physical developments and activities for the baby, such as the shape of the spine and the beating of the heart. Client C has an App on her iPhone which tracks the size of the baby from week to week – one week it might be the size of a raspberry, the next a walnut, and so on. Whilst this is a little prosaic, it has been a huge help for her to connect with the reality of there being a human being growing inside her, and she has enjoyed this visual connection from the start, feeling much more connected than she did with her first baby. With all my clients, I have worked with the Conception Vessel, referred to by Yuen (from Yates 2010) as the 'vessel of bonding', and representative of the mother-baby relationship. In the early stages this might just be simple abdomen holds and touch relaxation, as the mother may be feeling run down and nauseous. From the second trimester, the mother will be more aware of the baby's movements – possibly earlier if it is not her first pregnancy. I work with the breath to create space on the inhale and hug the baby on the exhale, which the mothers love to do, also working with the baby's sensory awareness of sights and sounds. In the third trimester my clients have enjoyed working with visualisations of the baby settling into the right position for a natural birth, working and resting in the all-fours position, and the option of talking to the baby to encourage it towards an easy journey into the world.

The mother literally begins to 'touch' the baby from the moment of conception, but since she is not touching the baby with her hands as we do in our external world, some people find this difficult to imagine. I want to support mothers to connect with the wisdom of their own bodies through bodywork, using energy and guided visualisation where appropriate, to really connect with the idea of touching their baby on the inside. When the mother is connected energetically and physically to the activity in utero, there will be a certain 'dance' that develops where each is triggering and responding to the other's state. This can be encouraged by using the mother's hands on the bump, gently playing and pressing, stroking or rhythmically patting the baby through the layers of skin and tissue. I have worked with all four clients to get them used to touching the bump more, and in two cases in particular (Clients A and B), it made a big difference to how they felt about the arrival of the child. This kind of physical attention to the bump can also build trust and interest in each other, reassuring the baby that it is loved and wanted. Other techniques will work for each individual mother, and we need to stay flexible and creative. This may take the form of bathing, swimming, dancing or walking 'together', singing or playing music to the child, or spending time in nature, surrounded by gentle, loving sensory input. There is so much joy and wonder to be discovered throughout the term, and I would

encourage the involvement of anything that promotes this and feels comfortable for each individual mother.

I want to mention the touch of the father here, too, if he is in the mother's life. I have worked directly with two of my clients' partners (B and D), and indirectly with all of them through homecare advice, and have had some very positive feedback. Some men (particularly in Britain!) think it not very 'manly' to get involved with certain aspects of nurturing a child, and indeed it's important to work within each family's belief system. But the potential value to be gained for the whole family, through having the father involved, is huge. In addition to having him involved in bodywork with the mother during pregnancy and labour, I have suggested that the father talks to the child, holds and strokes the mother's belly, and plays with the bump just as the mother would, affirming to the child that it has love coming from the father too. Some fathers may even want to join in the guided visualisations around the health, happiness and position of the baby.

### **First touch after birth**

Just briefly, as it is a whole area of research and discussion on its own, I would like to consider the importance of giving the right kind of touch to infants in the first moments of their lives outside the womb. This may apply to the physical environment into which a baby is born, as well as to the connection with key carers. There is a huge body of research (as discussed in both Caplan and Gerhardt) surrounding the importance of loving touch for infants, and it is widely recognised that early touch deprivation can be life threatening – touch literally brings us to life.

## **LETTING GO – working with miscarriage**

### **Miscarriage – a brief overview**

The medical term for miscarriage is 'spontaneous abortion' if the mother miscarries before 24 weeks. If it is later, this is termed as a 'still birth'. However, these terms can be quite upsetting for the parents, so I work with whatever language they are comfortable with. Depending on the stage of pregnancy, cause of the miscarriage and any additional complications, the mother may have a 'complete' or 'incomplete' miscarriage – complete being when the foetus, placenta and amniotic sac are all passed. If it is incomplete, the mother may require surgical intervention to prevent infection, and bodywork can be very supportive in passing remaining matter, as discussed below.

The majority of miscarriages are caused by genetic factors that affect the healthy development of the embryo or placenta, rather than anything the mother does or doesn't do 'right' or 'properly' while she is pregnant. This is very important, to support mothers to feel free from blame if they do miscarry – if a foetus is developing normally and healthily, there is little chance of miscarriage due to random external factors. That said, it is not unusual for a woman to experience one or two miscarriages in her fertile years – more than this and it would be worthwhile investigating potential issues.

The specific causes of miscarriage are many and varied. It is absolutely within my responsibility as a therapist to understand the potential risk factors so that I can best support parents in their child's healthy development. However, I will not discuss the causes here, rather concentrating on the issues around supporting mothers who do miscarry. Briefly on abortion, it may be that in addition to the grief of losing the child, the woman feels alone and unsupported due to social prejudices. If a client feels it is right for her to receive bodywork following an abortion, I would wholly welcome this and reassure her that it will be a space of relaxation and absolute acceptance.

### **Pregnant clients with a history of miscarriage**

If a client has a history of miscarriage, there is plenty that a massage therapist can do to support the current pregnancy, including additional lifestyle and nutritional support for the mother where appropriate and within the therapist's expertise. There will likely be a certain level of anxiety until the mother has got beyond the stage at which she previously miscarried, and even then there may be a sense of not wanting to get too attached for fear of losing the baby. I would always be keen to reassure her that massage and bodywork can actually be supportive and protective of pregnancy rather than a potential risk. I would be keen to understand the causes of her previous miscarriages if this information is available and then work to support the related energies – for example if there is a one-off genetic reason for the miscarriage, work with the Kidney meridian may be supportive, or if there is an issue with the uterus, work with the Extraordinary Vessel can support.

If there is a lot of anxiety, either in general or in specific relation to bodywork, I would concentrate more in the early stages on relaxation techniques, breathing, visualisation and energy work. I would avoid strong physical work and certainly exercise a lot of care and awareness around the abdomen. If she is nervous to bond too much at an early stage, I again would support her with relaxation and visualisations of her body supporting the baby's development, and the baby growing and thriving in the best way. I would also work through any negative or limiting beliefs she - or indeed the father - might be holding around pregnancy.

There may be residual grief and guilt around the previous loss that needs to be worked through before embracing a new pregnancy. This process of letting go and moving on can be supported in similar ways, through energy work, relaxation, visualisation and providing a safe place for the mother, to feel however she is feeling. It is very common for feelings from a previous loss to over-shadow the current pregnancy, especially in terms of feelings of dread that something might go wrong this time. There may also be guilt around enjoying life or looking forward to the next potential pregnancy. By facilitating an open acceptance of previous events, the mother and her family will be able to focus on this pregnancy as an independent and positive experience with a happy outcome.

#### **During and after miscarriage or stillbirth**

There will likely be a whole host of family-wide emotions associated with a miscarriage, and a lot of self-enquiry around how things might have been different. Again I would support the mother to understand that it was probably nothing that she did 'wrong' as such, simply that genetic factors sometimes cause a baby that is not developing properly, to be released. In these terms, miscarriage is actually a very healthy body response. I would encourage the parents to be open and loving in their processing of the grief, possibly also showing the partner some simple and relaxing massage techniques so that they can work together through this difficult time.

Physically, I would support the woman with bodywork, labour focus points and visualisations to 'birth' the dead baby if she preferred for it to happen naturally rather than by D&C. Some modern medical professionals believe it to be part of the process to go for a D&C to remove any remaining matter, however research has shown (Forbes, from Kitzinger, 2008) that in fact there is no benefit to this over simply waiting and allowing nature to take its course, especially if only a small amount is left. A lot of mothers feel strongly about avoiding medical intervention in such tender and emotional circumstances, and I would want to give every physical and emotional support I could to help her 'let go' and miscarry naturally- this event is often a significant point of completion for the whole family.

In terms of the mother's emotions, I would welcome into our sessions all feelings of grief, guilt and anger that might be presenting, and allow her the safe space to feel these feelings, free from all judgement. I would also support her to identify and create the best, most appropriate way to grieve, based on any faith or beliefs. Some women will find it helpful to hold some kind of ceremony, others will want to set up

a special place, possibly a burial site if appropriate, others still will have their own individual ideas around how to say goodbye. With Client C, even though she herself didn't miscarry, there was a miscarriage in her close family during our time together, and this had a significant emotional impact on her. We worked together to set up an imagined ritual in the session where she could 'talk to' the lost baby, have him 'meet' her own unborn child, and share all associated feelings with the parents of the lost baby. This helped her hugely to process the feelings of grief and guilt she had around her own healthy pregnancy and she found it extremely healing.

If a pregnancy fails in the early stages, it may be difficult for family members and friends to understand why the mother needs to mourn – again I would work to support her in opening up to them about how she feels, to help them understand and also to support them in realising they may have their own grieving to do. If this is not possible for her, I might suggest she gets in touch with a group of other mothers who may have miscarried recently, so that she can be sure she is talking to someone who truly understands the pain. This will reassure the mother that she is not alone in going through this experience, especially in a Western society that often avoids all mention of death as it feels too awkward. Working within the mother's belief system, I might encourage the mother to personify the baby, whether or not she knew the gender. If this feels right, it can make the process of grieving and letting go much more real.

Regardless of the age at which the baby dies, or the relationship my client holds to that baby, I believe everyone can benefit from going through a real grieving process and from bodywork that brings the energies back into balance. For the mother, this may simply involve gentle energetic holds and light effleurage while she is healing, to help her to let go and move on, or there may be more specific work to bring her body back into a state of readiness for a new chapter and a new pregnancy. I would support my client in her beliefs and make myself available to the wider family if that was felt appropriate.

## CONCLUSION

As a massage therapist, I am passionate about working holistically with every aspect of the mother's wellbeing, and believe a combination of physical, emotional and energetic work to be the most powerful. Since I also practice Kinesiology, Reiki, NLP, Journey work and baby massage, I am always open to providing the most supportive combination of therapeutic care. Through the challenges of conception, pregnancy, birth and miscarriage, mothers and their families face a huge test on their emotional and physical resources. A framework of massage, energy work and emotional support can help them to come to terms with what is happening, and to integrate this into their lives. Modern Western culture sometimes places a much higher value on intellectual knowledge and medical advances, than it does on the innate body wisdom that lies in all of us. Helping a woman to connect with her own body wisdom, will help her to bond not only with her baby, but also with herself.

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