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Using Psychodrama in Childbirth Education and Birth Psychotherapy: Birth with No Regret

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Abstract: This article aims to introduce several developments in childbirth education and birth psychotherapy to the world. The birth philosophy known as, “Birth with No Regret” and the concept of a birth team will be briefly introduced. Birth with No Regret education and trainer development will be described. In this article the role of psychodrama in this educational setting will be explained. And, lastly, the term, “Birth Psychotherapist,” as a distinct profession will be defined and identified.

Keywords: psychodrama, childbirth education, birth psychotherapy

This article aims to introduce several developments in childbirth education and birth psychotherapy to the world. The birth philosophy as known as, “Birth with No Regret” and the concept of a birth team will be briefly introduced. We will describe Birth with No Regret education and trainer training. The role of psychodrama in this educational setting will be presented and the term “Birth Psychotherapist” as a distinct profession will be defined and identified.

Since 1996, as a co-founder of the Istanbul Psychodrama Institute and as a trainer in this institute, I have trained psychologists, psychological consultants, and psychiatrists as psychodrama therapists. During this time, I received International Lamaze (Lothian & Devries, 2005), Active

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Birth (Balakas, 1992), and HypnoBirthing (Mongan, 2013) childbirth education certificates. I have learned about childbirth, especially the moment of birth, and most importantly the reality of birth in Turkey. By integrating all of this training with psychodrama, I developed the “Birth with No Regret” approach with my partner, a surgeon, Hakan Coker. Since 2010, we have trained expectant mothers and fathers in “Birth with No Regret.” At the same time, we are educating “Birth with No Regret” trainers.

Birth with No Regret childbirth education is an educational program that expectant mothers and fathers attend for one weekend. Two years ago, we initiated the trainer’s training system to enable others to teach this program. One hundred participants from various fields have now completed this training. Among these were gynecologists, midwives, nurses, psychologists, yoga instructors, and individuals who wish to become doulas.

Individuals from the field of psychology are included in this system, as are childbirth trainers, doulas, and birth psychotherapists. Regardless of the method of delivery, they personally participate in birth. Below you will see the educational requirements for a birth psychotherapist. A birth psychotherapist candidate:

- Must have completed a psychology or related degree,
- Must complete training in either psychodrama, gestalt, family and couples therapy, or art and expressive therapy (In Turkey, these trainings, with certificate or diplomas, are provided in private sector as vocational trainings)
- Must complete childbirth trainer and doula modules (eight separate modules in total)
- Must complete birth information module (it is provided by a gynecologist as a single module of eight hours for individuals from outside the health field)
- Receives birth psychology modules (comprised of two modules, being theoretic and practical)
- As Childbirth Trainer, manages six sessions of two hours and four sessions of three hours, for a total 12 hours, under supervision.
- Receives supervision by participating in four births as Doula, and two births as birth psychotherapist.
- Writes an article
- Attends congresses, conferences or workshops about childbirth
- Reads the books on reading list

What is Psychodrama?

Psychodrama, based on an integration of philosophical, sociological, and psychological theories, is a rediscovery of the reality where spontaneity and creativity are promoted and action is encouraged (Blatner, 1988). Thus, it is an action method supporting the motto “Don’t tell me, just show me.” Psychodrama is not just a training but also a treatment technique where an individual is offered a potential cure, as well as improvement and awareness for his or her ongoing relationships within the group. In psychodrama, the participant is given an opportunity to re-experience of earlier incidents for a second time so that the person could be free from the impacts of that earlier experience. All of this happens simultaneously with joy, tears, laughter, and depth of feeling. In general, a Psychodrama session includes three parts: warming up, play, and closure, where people can share their experience with the rest of the group. The main techniques available in this effective method are role reversal, doubling, and mirroring (Altinay, 2009).

Psychodrama is a very effective tool, with deep therapeutic impact for several reasons. One of the substantial principles is that all our body memories begin from the womb where there are not yet words to integrate experience. This is why it is easier to access the information originally experienced in this nonverbal stage through psychodrama. Psychodrama helps people use their right brain (Karp, Holmes, & Tauvon, 1998/2005) and limbic system through exercises. It focuses on and promotes health, which by definition contains spontaneity, creativity, and action. Let us imagine two toddlers, one sitting in the corner and not interested in the environment and another child running around, picking up things, and curious about the objects or people in the environment. Which child would we find healthier? Psychodrama offers all these qualities of health for adults, with addition of mindfulness. While the child is experiencing spontaneity, creativity, and action without being aware of it, in psychodrama the adult can experience these and learn to be present in here and now, a fundamental element in mindfulness. Moreover, psychodrama includes reenactment and role-playing, in other words it is a safe laboratory where all can be experienced.

If we look closely at the fundamental elements of psychodrama and the natural process of pregnancy and childbirth, we see many similarities. Psychodrama contains spontaneity, action, and creativity, where spontaneity is defined as a brand new and useful response and action is defined as therapeutic simulation. In pregnancy and childbirth we recognize spontaneity on physiological level, gestation and birth may be seen as the very first mutual action, and to be born may be seen as the

very first creative act of the baby. Birth is the first spontaneous and creative experience where baby initiates his/her own existence. This is why letting birth start by itself as much as possible is crucial, so that the baby experiences the spontaneity, which will then be part of his/her life from the first moment.

The basic techniques mentioned above are doubling, role reversal, mirroring, and encounter. Thus, following giving birth the mother experiences her first encounter with her baby and begins her relation with her child in a natural I-I, I-YOU relationship, where, for both the baby and the mother, mirroring is a natural tool to develop this relationship. It is also a way for the baby to learn and experience what the mother offers her or him. Role theory, including somatic, psychological, social, and transcendental roles, we can say that the very first roles we undertake begin in the womb and continue with our birth.

Psychodramatic Role Theory and Birth

In psychodrama, personality development, and role theory, there are somatic psychic-psychological, social, and transcendental roles. These roles begin with conception of the baby and develop with birth and into the postnatal stages. Early roles are somatic; first crying, hunger, etc. and later psychological roles such as anger when hunger begins and contentment when full. As the baby recognizes the existence of mother as someone outside of the self, social roles begin. Now, baby starts communicating. Finally, he/she feels the existence of God, Creator, and the Universe outside the self.

Moreno & Moreno (1969) claim that these roles take shape after birth, during the transition from being nurtured by an organic placenta to being nurtured by the “social placenta.” According to this author, these roles start to take shape in the uterus, during the embryonic stage. The developing baby, who has almost all physical senses in operation by the fifth month, begins with somatic roles such as drinking amniotic liquid, sucking, urinating etc. Baby then enters into various psychological moods such as peaceful, happy, or unhappy in relation to the input he/she receives from mother via umbilical cord. The baby, if alone in the uterus, establishes a social relationship with its placenta and umbilical cord. The baby also socializes by showing reactions to various sounds and interventions, particularly to mother’s and father’s voices. In multiple pregnancies, babies start their social roles by interacting with each other. According to Chamberlain (2013), some of the senses the fetus develops in mother’s womb enables intuitive communication with the mother that appeal to transcendental roles, and the transcendental experience in

moment of birth (feeling close to death, in some ways a death experience through entering the outer world from womb) fits this transcendental role. Thus, the author argues that these roles, formed during pregnancy and combined with moment of birth experience, result in formation of almost whole personality structure within the first year.

These are the reasons why utilizing psychodrama techniques both during pregnancy and birth and in childbirth education is crucial. Below you will see the areas of utilization of psychodrama techniques both in childbirth education and trainer training.

Using Psychodrama in Trainers' Training

“Enactment with psychodrama” technique used in trainer development is utilized in trainings as a technique as well as for personal development.

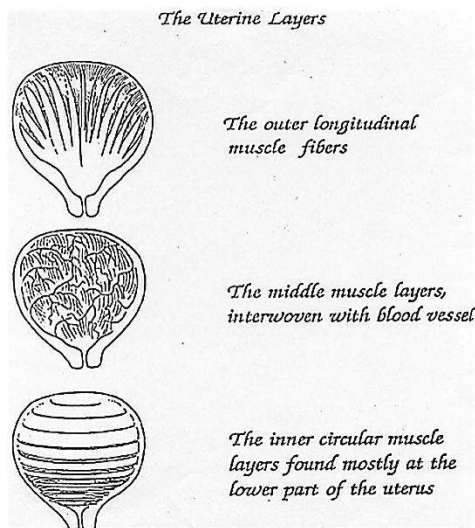
In the personal development module, participants work on their own birth and life traumas, on their prejudices regarding birth and systems in general, and their beliefs, trying to be as unbiased and impartial as possible. Personal development aims for the individual to understand his/her own personal traumas through various psychodrama methods so that these early experiences are not projected into their work during births or during educational activities.

In the technical section, the aim is to teach how various expressive and artistic techniques and role-playing are used in childbirth education. Through some enactments, individuals learn to deal with or manage complications or deal with ethical boundaries they might encounter, both as a doula and a childbirth educator, in “enacted scenes” as part of a group in a safe laboratory setting.

For example, after the birth muscles (Figure 1) are explained to the expectant mother and fathers theoretically, participants take the roles of these muscles, the baby, and their inner-outer voices to enact birth. This way the theoretical knowledge of how muscles work during birth is experienced and encoded in memory in an entertaining way. What is learned cognitively is recorded physically through experiencing with the body. As a result, the information the expectant mother needs during real childbirth is based in the physical experience and encoded in the brain for positive use during birth. Through expressive techniques such as enactments like this one, role-plays, self-surrender, trust practices, and birth rehearsals, expectant mothers and fathers are not only theoretically informed but also actualize practical information. During educator training, how and when to use these techniques is instructed. As mentioned before, this educational program is also referred to as the Birth with No Regret Birth Model (Karabekir-Coker Birth Model) because it

aims for everyone to complete that birth with no regret, regardless of delivery method.

Figure 1: Birth Muscles from HypnoBirthing Marie Mongan, (2013)



Birth with No Regret Team and the New Birth Model

Our years of experience with many pregnancies and births has shown us that many births are followed by some degree of regret. Regrets such as the following examples are common, “I wish I had (or didn’t have) my mother with me,” “I wish I had a normal (or cesarean birth),” “I wish I had (or didn’t have) my partner with me,” “I wish my baby hadn’t been taken away,” “I regret having had a planned cesarean,” or “I had depression after birth, I wish I had worked with my fears beforehand.” Each woman has a unique experience of birth, yet many have some degree of regret. At the Istanbul Birth Academy, we aim to create the environment and conditions required for expectant mothers to have “Birth with No Regret” whatever the unique choices she makes for her birth. A vaginal birth or a cesarean birth, we believe that all can be experienced with no regret if the required attention and support is given before and during birth.

When we look at the cesarean rate in Turkey for the last 6 months, we see that in overall 58.6% of all births were cesarean delivered (Coker, 2015). While only 44% of the births delivered at the state hospitals were cesarean, this rate increases to 77% for the university hospitals and 76% for the private hospitals. Among all these cesareans, 50% of them were

non-labor, planned cesareans. As the numbers demonstrate, the cesarean birth is highly prevalent in Turkey for various reasons. All of this means there are a lot births in Turkey is with regret.

When we examined these experiences with regret, along with the birth reality in our country, it became apparent that a completely new childbirth education plan was needed, as well educator training. We integrated Lamaze (Lothian & Devries, 2005), active birth (Balakas, 1992), and hypnobirthing (Mongan, 2013) childbirth education systems, and added psychodrama and other techniques and information appropriate for our country, to create a country-appropriate system/model.

As Istanbul Birth Academy, utilizing our experience and the knowledge obtained from it, we formed a Birth Model and a Childbirth Education method called "Birth with No Regret." This specific Childbirth Education requires 18-hours for couples. For the birth itself, there is a birth team of an obstetrician, a midwife, and a birth psychotherapist. Our method supports waiting for birth to start on its own and, during the birthing process, it advocates for full, continuous, one-to-one support for the mother. If the mother's choice of birth is a cesarean or there is the situation where a cesarean is required, we assist the parents to have a mother-friendly cesarean with the father's presence. We give the utmost attention to unlimited skin-to-skin contact. Many studies (Coker, 2015) have shown the importance of skin-to-skin contact immediately after giving birth for both mother and baby attachment and baby's health. Whether it is a vaginal or an abdominal birth, we create the required atmosphere and include the father, extended family, and the medical staff in aiming for a "Birth with No Regret."

Birth Psychotherapist

Birth Psychotherapy is a new professional area and we are introducing it to the literature of birth in this article. At the Istanbul Birth Academy we define this new profession as follows; "A Birth Psychotherapist is a specialist in an accepted psychotherapeutic technique who, independent of the choice of birth (i.e. vaginal or caesarean), is responsible for the well-being of expectant mother, father, and baby, as well as the entire birth team and supports them during birth process. This individual needs to have completed a degree in psychology, psychological counseling, psychiatry, or other related degree and should be skilled in brief psychotherapeutic interventions according to the needs of that moment. These brief interventions could last from 15 minutes to an hour or simply consist of a short dialog of a sentence or two, or just the right word at the right time.

A birth psychotherapist may ask the mother to reverse the roles with the baby, or another person who in some way occupies her mind (in general this person is in the closed circle of the mother or a deceased loved one) and have a talk with them. The therapist may apply short and depth therapies in order to guide the mother in expressing any anxiety that preoccupies her mind and endeavor resolve it together.

The role of a birth psychotherapist depends upon the stage of the pregnancy. During the prenatal period, in Istanbul Birth Academy, the birth psychotherapist would be responsible for teaching the “Birth with No Regret” Childbirth Education program to the parents-to-be and have some individual sessions with the expectant mother.

Individual session would include these themes:

1. The mother’s own birth
2. Getting to know her role theory base and learning about her attachment style
3. Rediscovering her relationship with her mother and family
4. Working with her transgenerational (Schutzengerger, 1998) birth stories
5. Her relationship with her partner
6. Forming a connection with her baby by using the role reversal technique
7. A session with her partner included
8. A separate session with the grandmother, a sister, or an aunt who has an important role in her life

During the birth process, a birth psychotherapist would undertake different roles and responsibilities using all the knowledge and information obtained while working with the family during the pregnancy. The birth therapist should monitor all communications and dynamics between all parties involved, including doctor, midwife, hospital staff, mother and father, and other family members participating in birth. It is ideal for the therapist to work with the family and the birth team even before the pregnancy. The birth psychotherapist also should give support to mother, father, extended family, and healthcare providers, including the hospital staff. The therapist should also ensure that the mother-baby encounter begins and is maintained for as long as possible. With the expectant mother, the birth psychotherapist can provide brief therapy and use role reversal, doubling, and mirroring methods during the labor. If the labor stops or is prolonged, the therapist works with the mother, the baby, and the father. Sometimes the father and/or the mother

carries some burdens and traumas from their own early experience, which can cause prolonged labor or unnecessary medical interventions.

At the Istanbul Birth Academy, we have advocated for vaginal birth, sought to improve the satisfaction of expectant mothers and fathers, as well as healthcare providers, promoted teamwork, supported healthy bonding, created an advantage for the future births, and worked to prevent blame or anger on the part of any of the parties involved. If necessary, the birth psychotherapist should support the mother-father-baby friendly cesarean. In any case, the primary aim is to arrange for healthy bonding between mother-baby.

It is also important to bless and thank the placenta, which has taken care of the baby through his/her birth journey from early in the pregnancy.

In the postnatal period, a birth psychotherapist must continue support immediately after the birth and during the hospital stay, continuing even after the family returns home.

As you can see, a birth psychotherapist has many substantial roles and responsibilities in this long time starting with pregnancy, sometimes even before, lasting even after the birth. Therefore, we pay the utmost attention to the training of birth psychotherapists in Istanbul Birth Academy. To summarize, the birth psychotherapist would aim to achieve births with no regrets, provide psychological support for the medical staff, prevent any unnecessary interventions, promote mother-father-baby bonding, assist in creating a healthy attachment between the mother and the baby, prevent postnatal depression, and provide brief therapeutic interventions for the past traumas during the birth-opportunity.

Conclusion

As the Birth with No Regret team, we wish to redefine birth as a feast, a celebration, from now on, and not as a trauma.

We have defined the role of a new professional, the birth psychotherapist, and established that childbirth education is vitally important for the mother, father, and health staff's birth experience.

In closing, the author would like to say, "A life with no regret begins with a birth with no regret."

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