Academic Psychiatry (2023) 47:589–590
https://doi.org/10.1007/s40596-023-01861-y

THE LEARNER'S VOICE

Babies and Boundaries: Lessons in Empathy

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Received: 30 June 2023 / Accepted: 29 August 2023 / Published online: 13 September 2023

During my third year of residency, my husband and I felt ready to start a family. We had entered our thirties with fulfilling careers and financial stability and looked forward to having children. Given my family history of accidental pregnancy (my mom, aunt, and cousin), I naively assumed that I, too, would be exceedingly fertile. After a few months of trying, we found out we were pregnant just before Christmas; we gift-wrapped a positive pregnancy test and shared the good news with our families. We discussed due dates and gender predictions and childcare options. Everything was going according to plan.

Less than a week later, however, I miscarried. My obstetrician was exceedingly kind and empathetic, and our families supported us as we grieved. I took a sick day from work and cried at home. We reassured ourselves with statistics and podcasts and checked apps and planned for future ovulations. We started the new year.

Not quite a month after our loss, I called one of my weekly psychotherapy patients for our scheduled appointment. For context — and an appreciation of irony — this particular patient had come to therapy with multiple concerns primarily related to postpartum depression, difficult previous pregnancies interspersed with multiple miscarriages, and her intense desire for another child despite her obstetrician's recommendation otherwise.

This patient answered my call with an emphatic "It's a bad day - I'm pregnant." She went on to describe how she had been expecting her period that day but as it had not arrived, she took a pregnancy test that came back undeniably positive. She described how she and her husband were both reeling from the news — this pregnancy was mostly accidental and completely unexpected. I was grateful that our appointment was taking place over the phone; I could keep careful neutrality in the tone of my voice, but my facial expression would have been difficult to explain.

As our session continued, we discussed treatment options and reviewed risks and benefits of her current medication regimen. We talked through possible scenarios and outcomes, and adjusted our therapy goals to meet her changing needs. And we continued to meet regularly, which meant that once a week, I held space for a woman grappling with an unintended and inconvenient pregnancy, while actively grieving the loss of my own.

Given her history of miscarriages, she had plenty of insight into the complexity of her situation. As she processed her news week by week, I occasionally found myself surprised by comments she made that felt therapeutic *for me.* "I know women cry over negative tests, and here I am upset about an accidental positive." (True). "I wish I could tell every woman who miscarries that it's not her fault." (Thank you).

I steeled myself each week for what our session could bring, both of us unsure whether another miscarriage for her would allow for relief or heartbreak. Her pregnancy steadily progressed, passing the point at which she had lost previous pregnancies. I became acutely aware of my own biases and their potential interference with treatment, and worked aggressively with my supervisor to ensure I was meeting this patient's needs to the best of my ability. I diligently examined my own feelings and possible countertransference. Was it jealousy that I was feeling? Not quite. Despair? Sometimes. An irritating reminder of the arbitrary nature of life? Sure.

On the day of that pivotal appointment when she first divulged her pregnancy, I realized immediately that this was the first time my personal life had so closely resembled a patient's. I wondered what providing therapy would look like — and feel like — moving forward. Would this deep empathy for loss of a pregnancy make me suddenly superhuman, able to better understand and treat my childbearing patients specifically? Certainly it could not hurt.

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Residency up until this point has been rife with new experiences and exponential growth. I am validated daily that the choice to pursue psychiatry is the right one for me, and I am grateful for the privilege to do this intimate work. Yet this particular patient encounter was the first time I felt visceral discomfort with how closely her struggles mirrored my own, and noted concern for complicated countertransference.

My patient is now more than halfway through her pregnancy, and we continue our weekly work together. And coincidentally, at the time of this writing, I am pregnant again. Not far enough along to feel secure, but enough to feel hopeful. My supervisor and I have started discussing how to navigate the conversation of my own pregnancy and maternity leave with all of my patients. I wonder if one day I may empathize with my patients in their struggles with raising toddlers or teenagers. I have grown more comfortable with the understanding that as I continue through adulthood — and through all of Erikson's later stages — it is impossible to completely remove ourselves from our work. While I am a firm and enthusiastic believer in boundaries, this will likely not be the last time that empathy with a patient is also painful.

While learning from my own miscarriage alongside my accidentally pregnant patient may not make me any more of a capable psychiatrist, it does not make me any less of one either. As I near the end of my training in psychiatry, I am uncertain what new and uncomfortable lessons I may encounter, yet eager to continue reckoning with the reality that my own experiences will be confronted in the lives of my patients.

Declarations

Ethical Approval No identifiable patient information was used in this piece in adherence to the standardized confidentiality protocol.

Disclosures The author states that there is no conflict of interest.