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Obstetrical Ultrasonography and the Relationship Between the Mother and Her Unborn Child

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Abstract

The sonographer plays a twofold role in the setting of every ultrasound session: evaluation the clinical situation, on the one hacd; acting as an auxiliary-Ego for the patient; on the other hand. The sonographer's second function, in other words letting himself become an empty space where the unconscious anxieties of the pregnant woman can be projected and worked through, is often ignored. Any time the sonographer is defending hemself from the patient's anyieties through denial, repression and/or disavowal, a dangerous situation occurs. If the patient's anxieties are very deep, the sonographer's professional capacity may be impaired and he risks to select on the ultrasound monitor screen the echoes of the patient's unconscious fantasies. Any time the sonographer is unable to work through his own countertransference, he risks to act out and materialize the patient's unconscious instead of the patient's anatomy. Although disquieting, as it is, this phenomenon is likely to occur as the sonographer has to actively construct the ultrasound images. That is why there is always the chance of a human mistake. This chance is higher whenever the sonographer himself is unaware that his own attitude to work through the patient's unconscious anxieities (in other words, to work through his own countertransference) is an essential aspect of his professional skills. The sonographer should know that he can deliver a wrong di-

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The sonographer's second function, in other words letting himself become an empty space where the unconscious anxieties of the pregnant woman can be projected and worked through, is often ignored. Any time the sonographer is defending himself from the patient's anxieties through denial, repression and/or disavowal, a dangerous situation occurs. If the patient's anxieties are very deep, the sonographer's professional capacity may be impaired and he risks to select on the ultrasound monitor screen the echoes of the patient's unconscious fantasies. Any time the sonographer is unable to work through his own countertransference, he risks to materialize the patient's unconscious instead of the patient's anatomy. Although disquieting, as it is, this phenomenon is likely to occur as the sonographer has to actively construct the ultrasound images. That is why there is always the chance of a human mistake. This chance is higher whenever the sonographer himself is unaware that his own attitude to work through the patient's unconscious anxieties (in other words, to work through his own countertransference) is an essential aspect of his professional skills. The sonographer should know that he can deliver a wrong diagnosis no only for a conscious ignorance in the field of obstetrical ultrasonography but also for an unconscious disavowal of his own emotional reactions to the patient's deepest anxieties.

Such mistakes are much more frequent than we think, and they are responsible for many cases of iatrogenic distress and/or distrust in ultrasonography.

The Invisible Fetus

Let me read you an actual dialogue between patient and sonographer.

Paola: "I was pregnant... I was in my third month, you know... And I had to go to the hospital as I was bleeding... [...] Well, they performed an ultrasound... There was nothing in my womb... The sonographer did not see anything... It was not a problem in the equipment: they had a brand-new scanner! [...] They said to me: Look! You can't see anything... Let's wait and see in the next days... May be it is too little, it is out of sight, it has hidden itself... It might be a miscarriage... It might be an extra-uterine pregnancy...' [...] After a few days they did another ultrasound, and by doing it again they saw the fetus in my womb..."

When the wrong diagnosis occurred (in the third month of pregnancy you cannot fail visualizing a fetus) Paola had suffered four abortions, already. From a psychodynamic point of view she was in the special condition of most women who suffered the loss of a child (born or unborn): she had the strong unconscious need for hiding her unborn child in order to protect him from the risk of death. She was trying to establish a "covert" relationship with him (Nesci and coll., 1992). The fear of another abortion, after the bleeding, made her deep anxieties overwhelm her and concealed her "clandestine" child.

Such was the transference between Paola's unconscious and the sonographer's. As the sonographer was completely unaware of his collusion with the patient's unconscious, he acted out. He became a living echo of the patient's deep-

est anxieties and defenses: the child is dead, on the one hand (in other words, by the side of her anxieties); the child is hidden and out of sight, on the other hand (in other words, by the side of her defense mechanism).

However, the side of the patient's anxieties was prevalent indeed! The sonographer has not been able to solve Paola's anxieties through his oracular, Janus-like diagnosis ('Look! You can't see anything... Let's wait and see in the next days... May be it is too little, it is out of sight, it has hidden itself... It might be a miscarriage... It might be an extra-uterine pregnancy...'). His wrong diagnosis helped him to take some time and recover from the transference shock he suffered by his patient in the ultrasound session. There and then, Paola's anxiety of another possible fetal loss (which was intolerable, to her) had become his own anxiety; it had become intolerable to him. The sonographer was made blind by his own countertransference: not being able to acknowledge and work it through, he had to give up his conscious professional role, he had to see nothing. He had to renounce to his own sonographic-Ego (whose function was to look at the inner body of the patient) as he was not able to handle the unconscious dynamics of the doctor-patient relationship. The sonographer was not able to manage otherwise the risk of having to communicate to the patient what had become, for both of them, an intolerable possibility: the death of another child. The unconscious collusion between him and his patient was so complete that it canceled his professional role.

A Dilated Ventricle

The ultrasound session begins in an uneasy emotional atmosphere. The sonographer of our interdisciplinary team (Ancona and coll., 1992) has been told that the patient had just been informed, by the sonographer of our Ob./Gyn. Department, that her unborn child suffers from a ventricular dilatation.

Let me read you some excerpts from the dialogue between patient and sonographer.

Laura: "I just had a fetal blood flow examination, this morning..."
Sonographer: "How was it?"
Laura: "Fine, thank you. The doctor told me it's all right, like last time."
Sonographer: "This is reassuring news."
Laura: "This morning they also told me that... you know... in the ultrasound... there is a slight... The doctors, unfortunately, are always very reassuring... however the fear is always stronger, of course... A slightly dilated ventricle... left ventricle, I think... I am frightened!"
Sonographer: "If it is a minimal defect, a slight one... If the fetal blood flow is fine, then the child is fine anyway."
Laura: "Right. They told me we should wait and see what happens in the next weeks. This problem might be solved with the passing of time... However I am frightened the same..."
Sonographer: "Come on! Don't worry... don't worry! (Laura's eyes are wet with tears)"

The sonographer tries to reassure Laura, rather than visualizing her child on the monitor screen. She explains how the ultrasound scanner works, how the image is actively constructed by the doctor selecting the echoes, and the possi-

ble interferences. Every single image appearing on the screen is described and analyzed in the most easy terms. Finally, at the end of this unusual session, a misinterpretation is discovered.

Sonographer: "This dilatation... Where was it? In the child's little heart?"
Laura: "In the head..."
Sonographer: "I see... I didn't understand it! That's why the child's heart seemed all right to me!"

Now the session's emotional atmosphere changes, as if the diagnosis (a cardiac malformation instead of a cerebral one) had aroused a conscious doubt on the very existence of this dilated ventricle.

Then she visualizes the cerebral structures and explains that she cannot see anything frightening at all. The hydrocephaly that Laura is worried about, does not seem to be there.

Let me quote again from the transcript of the dialogue between patient and sonographer.

Laura: "Last Saturday, you know, they saw it in the ultrasound but they didn't tell me... This morning they told it to me... They also told me that it appeared exactly as it was on Saturday..."
Sonographer: "Then it means that it was an extremely slight one. When such things are so little one does not even tell it. It depends on the doctor... The first doctor, maybe was more confident and he didn't tell it to you in order to prevent you from becoming anxious; while the second doctor became anxious himself when he saw it, and he communicated his own anxiety... He couldn't hold it... He had to tell it to you anyway."

Some unconscious dynamics in the doctor-patient relationship are explained to Laura by the sonographer. However the triggering factor of the various incidents/misinterpretations (the anxious transference that Laura did on her sonographers) are not discussed.

Actualla Laura's first pregnancy had ended tragically. Her child died in the womb at 38 weeks and she suffered severe gestosis. She had to undergo treatment in our hospital's intensive care unit. Moreover she was very anxious because her mother and her aunt suffered from psychiatric symptoms which were interpreted, within her family, as the effects of an hereditary illness. That is why her transferences on the sonographers were so overwhelming and so difficult to hold.

Unconsciously, Laura projected these anxieties into her sonographers, and they acted out. They reconstructed her anxieties on the ultrasound monitor screen rather than represent them into their own minds and work them through. By focusing their clinical eye on the cerebral structures they had constructed a meaningful misinterpretation: they had replaced the fear og death and madness with the fear of a life-compatible cerebral malformation, just as we had replaced the child's head with the child's heart in our misinterpretation (the heart is the organ of the emotions, according to the bodily language of the unconscious)... The heart of Laura was dilated. In other words, her emotions were "dilated": she felt overwhelmed.

From this perspective it is worthnoting that our sonographer made a correct diagnosis and solved the patient's anxieties as soon as she was able to work

through her own countertransference (her misinterpretation) thanks to her psychodynamic attitude (Freud, 1886–1938) in the ultrasound session.

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