



Communication Within

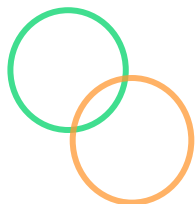
In “Communication,” you are asked to take both the Doer and Receiver roles to develop empathy and increased communication that will enhance your teamwork (see “Teamwork”). Now you achieve those same goals by looking at the internal language of both the woman giving birth and the birth coach who observes her. Both of you need to read the below so you understand inner dialogue as opposed to outward communication.

You cannot read another person’s mind, but you can understand that childbirth does kindle very commonly shared thoughts. Just as the physical process is similar for all birthing women, so is the self-talk comparable. For instance, it’s common for birthing women to internally discuss whether the pain is less or more than they anticipated. It’s uncommon for birthing women to have an internal discussion about what to prepare for dinner or whether it will rain tomorrow.

Once you understand the internal dialogue shared by many birthing teams, you can use your Birthing Better Pink Kit skills to work with the common negative thoughts through positive, self-managing behaviors. Learning how to work with your internal voice can make all the difference in the world for the memories that will form the basis for your Birth Story.

Internal Dialogue

Our neo-cortex, the part of the brain responsible for internal dialogue, holds a great deal of our consciousness/awareness as well as our ability to evaluate, modify, and make choices. Our internal conversation is part of every aspect of living. In fact, we tend to internally talk our way through our lives. There are times we are really aware of this internal voice. Giving birth is one of those times. Both of you already have an internal language about the pregnancy and the upcoming birth. Don’t deny it!



Here are the **five primary causes** that activate our internal conversations:

1. We talk to ourselves constantly when we have to do something: “Which way should I pick this box up?”
2. Our senses of sight, hearing, touch, taste, and smell create information that translates into mental language and internal communication. Notice that, when you smell something you like or don’t like, you actually speak to yourself inside your head. “Whew, what a terrible smell” or “I like that song.”
3. We receive messages from our bodies all the time: “This heartburn is so bad today.”
4. We give messages to our bodies all the time: “Hold it, there’s no toilet nearby.”
5. We comment on what is happening around us or to us. “That guy just cut someone off” or “That salesperson was really helpful.”

You may or may not share quite a bit of what you think about—work, money, friends, parenting, etc. In fact, it’s normal to not share all of your private conversation about pregnancy and birth with each other.

Think back on your thoughts since you first found out you were going to become a mother or father. Notice that you might not have shared all those thoughts with your partner. Also notice that just thinking back is part of your internal conversation (memories of how you’ve handled things so far or what’s happened!).

Internal dialogues split into two types: Positive Voice and Negative Voice. You are probably familiar with these two and their respective monologues.

“IT HURTS TOO MUCH!” says the Negative Voice.

“What am I feeling? It hurts. I can figure it out. It still hurts. Everyone with me will help me. We can figure it out. IT HURTS. If I breathe and relax, it doesn’t hurt as much!” say the Positive Voice.