Becoming a parent

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Objectives

Participants will be able to:
1) discuss the scope of different types of parents in today’s society
2) describe internal and external factors that impact how one parents
3) list adversities that may affect parents/parents to be
4) encompass all of the above and describe how it will influence their assessment of individuals embarking on this journey
Parents can include:

• Mom and dad
• Co-parenting
• Single mom
• Single dad
• Either one or both grandparents
• Teen mom and/or dad- The highest pregnancy rate (2008) was New Mexico (93/1,000) teens became pregnant
Parents can include:

• Foster/adoptive parents
• Sibling caregivers
• Blended families
• Lesbian and gay parents
• AI, IVF
MOTHER

• When you think of “mother”, what images, emotions are evoked for you?
History

• 18th century—motherhood was left to the “peasants
• Jung—“the loving and the terrible mother”
• Freud—“no love like a mother’s”
• Spitz—children in institutions, “asocial, delinquent, feeble-minded, psychotic, or problem children...practically without exception”
• Bowlby—44 thieves
History

• Bowlby (1951)-WHO

“essential for mental health is that the infant...experience a warm, intimate and continuous relationship with his mother (figure) in which both find satisfaction and enjoyment.”

“The genesis of motherliness is to be sought primarily in the quality of the child’s attachment to her own mother in the first years of life. As the child grows capable of activity in her own right, she imitates the activity she is most familiar with, that of her mother.”
Positive Qualities

• Sensitivity
• Affect Attunement
• Empathy
• Emotional availability
• Touch
• Read cues
• History of secure attachment
Becoming a mother

• Time of transformation
• Time of loss and grief
• Time of questioning
Pregnancy

Rubin (1984)-four maternal tasks

• seeking safe passage for herself and her child through pregnancy, labor and delivery
• ensuring acceptance of the child by significant people
• “binding in” to her unknown child and idea of having a “real” child
• learning to give of herself
Challenges

• Lack of knowledge
• Inadequate cognitive function
• Inadequate support
• Spousal abuse
• Mental illness
Challenges

• Substance abuse
• Major stress
• Rejection of child
• History of trauma
Case

• 23 year old woman who present due to overwhelming anxiety and depression
• She has a two year old
• Has a 5y/o who lives with MGM
• She and husband live with his family
• She would like to work, scared to leave baby (h/o trauma)
• Frustration, feels unsupported
Father’s role

• Families are social systems
• Families are embedded within social systems
• Family members influence one another directly and indirectly (vignette)
• Developmental context
• Social changes—decline in fertility, family size, later onset of parenthood, ↑women in workforce, ↑rate of divorce
• Historical time period
Fatherhood

• Recent literature

• Three suggested components of father involvement
  • Interaction
  • Availability
  • Responsibility \( (\text{Lamb et al 1987}) \)
Fatherhood

• “In most families, husbands notice less about what needs to be done, wait to be asked to do various chores ad require explicit directions if they are to complete the task successfully...most couples continue to characterize husbands’ contributions to housework or child care as “helping” their wives.”

(Coltrane 1996)
Fatherhood

• Competent caretakers-sensitive and attuned (less time spent caregiving than mothers)
• Available a greater % time than moms for play-bouncing and lifting games
• Cultural factors play a role (in caregiving vs play)
Father involvement

• Fathers undergo hormonal changes!
• Low testosterone in postnatal period (↑interaction with infant)
• Affected by father’s own background, attitudes toward fathering role, motivation to become involved, knowledge and skills
• Affected by maternal attitudes and marital relationship (support to mom)
• External factors-work, deployment, mental illness, SA, stress
Change in family structure

![Bar chart showing the percentage of family structures in different years: 1976, 1986, 1996, and 2006. The chart compares the following categories: Lone parent living with dependent children, Couple living with no children, Couple living with dependent children, Couple living with non-dependent children, and Other families. The chart indicates a trend in the change of family structures over the years.]
Single parent

• ↑single parents who were not married when they become parents
• Non-married mothers are more likely to be older, better educated
• ↑single fathers becoming primary custodial parent
• Transient status
• 1/3 of all births to single mothers are to teen mothers (COS)
• Many challenges; can and do raise children successfully
Grandparents

• Transition to becoming a parent may be unexpected
• Living close, maternal GM and younger age predict greater contact
• Direct impact-surrogate parent or full care
• Indirect-support and intergenerational transmission of parenting skills
• May be + or – influence
• Courses for GPs and foster parents
Optimal parenting environment

- Capable of efficient, non-anxious, flexible problem solving
- Sustained positive mutuality (with partner)
- Maintain own autonomy
- Maintain own self-esteem
- Responsive to need
- Encourage autonomy
- Exposure to cognitive experiences
# Child and caregiver behavior patterns before the age of 18 months

<table>
<thead>
<tr>
<th>Attachment Pattern</th>
<th>Child</th>
<th>Caregiver</th>
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<tbody>
<tr>
<td><strong>Secure</strong></td>
<td>Uses caregiver as a secure base for exploration. Protests caregiver's departure and seeks proximity and is comforted on return, returning to exploration. May be comforted by the stranger but shows clear preference for the caregiver.</td>
<td>Responds appropriately, promptly and consistently to needs. Caregiver has successfully formed a secure parental attachment bond to the child.</td>
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<tr>
<td><strong>Anxious</strong></td>
<td>Clingy, unable to cope with absences of the caregiver. Seeks constant reassurances.</td>
<td>Excessively protective of the child, and unable to allow risk-taking, and steps towards independence.</td>
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<tr>
<td><strong>Avoidant</strong></td>
<td>Little affective sharing in play. Little or no distress on departure, little or no visible response to return, ignoring or turning away with no effort to maintain contact if picked up. Treats the stranger similarly to the caregiver. The child feels that there is no attachment; the child is &quot;rebellious&quot; and has a lower self-image and self-esteem.</td>
<td>Little or no response to distressed child. Discourages crying and encourages independence.</td>
</tr>
<tr>
<td><strong>Ambivalent/Resistant</strong></td>
<td>Unable to use caregiver as a secure base, seeking proximity before separation occurs. Distressed on separation with ambivalence, anger, reluctance to warm to caregiver and return to play on return. Preoccupied with caregiver's availability, seeking contact but resisting angrily when it is achieved. Not easily calmed by stranger. In this relationship, the child always feels anxious because the caregiver's availability is never consistent.</td>
<td>Inconsistent between appropriate and neglectful responses. Generally will only respond after increased attachment behavior from the infant.</td>
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<tr>
<td><strong>Disorganized</strong></td>
<td>Stereotypies on return such as freezing or rocking. Lack of coherent attachment strategy shown by contradictory, disoriented behaviors such as approaching but with the back turned.</td>
<td>Frightened or frightening behavior, intrusiveness, withdrawal, negativity, role confusion, affective communication errors and maltreatment. Very often associated with many forms of abuse towards the child.</td>
</tr>
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Parenting styles
Factors influencing parenting

- Social, economic policy and cultural environment
- Organisational connections: neighbourhood, community, school, child care, work
- Friends
- Family
- Parents
- Siblings
- Temperament, social skills, cognitive ability, adjustment behaviours
  - Genetics
  - Biology
  - Pathological biomarkers

- Macro environmental factors
- Distal social environments
- Proximal social environments
- Individual characteristics
- Genetics & pathobiology

- Health and wellbeing: academic, physical, cognitive, behavioural, emotional, social
- Conception
- Adulthood
Case

• Ruth is a 32 year old AI woman with three children
• She is in the hospital with her sick child
• He is 8 months old with a genetic disorder
• She lost her first child (daughter) to the same illness
• She has a 5 y/o daughter and a 2y/o son
• She is overwhelmed, depressed and “needs to talk”
Case

She talks at length about:

• her absent husband (DV)
• his absence during her daughter’s last few days
• being a single parent
• being dependent on and living at home with MGM
• betrayal and resentment toward his deceitfulness and his other family-to-be
Case

Treatment:
• She needed a holding environment in which to talk
• She wanted answers-What should I do?
• Discussed disappointment, loss and grief
• Resilience and joy in children