

## **Parenthood Assumptions**

Whether we have children or not, we all hold expectations regarding parenthood like the ideal timing to have children, the optimal upbringing environment for children, the things one ought to teach children, how parents should act, the positive and negative impacts in life children could bring etc.

- These ideas may come from our upbringing experiences and we believe parents should be like, or unlike, our own parents.
- Our experiences with other mentoring figures and time spent with children might also shape our views of parenthood.
- Social norm, religion and cultural background would also influence our beliefs about the meaning of being a parent.

Parenthood beliefs may vary, but *it is often assumed that entering parenthood is a choice we make.*

While some decide to be childless voluntarily, others may have a clear vision of the number of children they would like to have, picked names for future children, or even made career and life decisions with these future children in mind.

For many of us, **the first time that we realize becoming a parent is not always a choice within our control is when reproductive trauma hits.**

## **Reproductive Trauma (1)**

Reproductive trauma encompasses various childbirth events.

- Infertility refers to failure to conceive after trying for one year.
- Fetal anomaly refers to a baby developing in unusual manner during pregnancy.
- Perinatal Loss refers to the death of baby up to 28 days of life.
  - Ectopic pregnancy happens when fertilized egg is implanted outside of the uterus so the baby cannot continue to grow.
  - Miscarriage refers to losing a baby before the 20<sup>th</sup> week.
  - The loss is named stillbirth from 20<sup>th</sup> week onwards.
  - Neonatal death refers to death within first 28 days of life.

These events are often traumatic since they **disrupt the parenthood assumptions we have developed over the years and render the world incomprehensible to us.**

Even when a healthy baby is born, a long and painful labour or emergency childbirth could also be experienced as terrifying if, during the process, one feels **disrespected, lack control and uncertain about what to expect.**

These childbirth related events can lead to psychological reactions similar to post-traumatic reactions, namely, **intrusive re-experiencing, heightened arousal and avoidance.**

## **Reproductive Trauma (2)**

Post-traumatic reactions could be grouped into 3 categories:

- **Intrusive-experiencing** refers to involuntary recollection or dreams about the traumatic event and flashback where one feels like the event is happening all over again. Environmental triggers of re-experiencing may not always be present.
- **Heightened arousal** refers to on-the edge reactions like hypervigilance, recklessness, irritability, sleep disturbances, concentration problems, exaggerated reactions to events etc.
- **Avoidance** refers to efforts to avoid thinking or feeling about the traumatic event and to avoid people, places, activities or other external cues that remind one of the traumatic event.

In the context of reproductive trauma, *families with children, pregnant women, hospital, doctor appointments, baby showers, children birthday party* are some examples of environmental cues that could trigger intrusive-experiencing and therefore sometimes actively avoided.

Since reproductive trauma can alter one's view about the world and the self, elicit shameful feelings, lead to salient grief and affect social and couple relationship, it is also often associated with anxiety and depressive disorder.

## **Psychological Parenthood**

Psychological parenthood means that **we imagine ourselves as parents** and become emotionally invested in the identity **before we actually become one physically.**

In most planned pregnancy, we talk about having children, make plans and take actions like abstaining from alcohol to prepare for pregnancy.

Feeling ready, we stop birth control, try to conceive, and naturally become increasingly emotionally attached to the expected future as parents.

Eager to move on to the next stage of life, we suddenly become vulnerable to disruptions to the life story we had in mind when transition to parenthood did not happen smoothly and swiftly.

- *Months after months, **anticipation and excitement of the “upcoming pregnancy” is met with disappointment.***
- *Alternatively, one is **overjoy for finally realizing the dream to become a parent, only to have the identity taken away abruptly at a later time.***
- *Needless to say, being asked to make a decision regarding pregnancy termination upon discovering a fetal anomaly **can turn one’s world upside down and trigger intense emotional, moral and/or religious struggle.***

## **Self-Blame After Reproductive Trauma**

We like to regard ourselves as healthy and in control while being a good person and working hard would be rewarded.

Reproductive trauma can brutally smash these beliefs we held about ourselves and the world.

There is usually no identifiable cause for the loss of a baby. Although medical explanation may be available for some instances of infertility, it still could not answer the question, "why me?".

With no one to blame, some start to blame themselves. This is especially true in the case of recurrent miscarriages. We usually feel more in control if there is a cause for misfortune and most importantly, **if I am the problem, I could change and improve, then I would be rewarded with the baby I long for.**

- Caught in an agenda of fault-finding with the self, one may see the self as *incompetent, not deserving, different or alienated from people who have children* etc.
- *Some may even start to link what they did previously to the current suffering*, e.g. I am punished because I had an abortion once or had multiple sex partners in the past.
- **Such cognitions could create intense shameful feelings** for the already struggling victims of reproductive trauma.