Deciding on parenthood

What are we letting ourselves in for?

The mess, the chaos, the disruption, the expense, the loss of personal space! So why do we do it! Having children is for many people the single most important experience/event of their lives. For many prospective parents it is an irreplaceable part of how they want their lives to be. It may bring great joy and personal fulfilment or it may bring challenges, conflict and sadness at times. For some, the prospect of children is daunting and certainly not an inevitable choice: to have children will be a decision they consciously make after much exploration of their feelings and motives. For others, pregnancy is a situation they collide with – an unexpected event possibly in a less than ideal situation. For increasing numbers of people today children will arrive with a new relationship itself where the partner is a single parent.

More and more people today are seeing child-rearing as a choice and not a biological inevitability. For those living in the wealthy nations of the world, parenting has become a lifestyle choice. Having children has enormous financial, emotional and social implications. Whatever the position of prospective parents, whether married for years, a single person, teenagers, or a couple with fertility problems, all will find themselves financially worse off, emotionally challenged and having to give up (if only temporarily) many of the social pleasures that make life manageable. Clearly, deciding to have children is not a particularly rational decision and if we really sat down and calculated the financial burden, the heartache and the sleepless nights, then most people would probably decide against reproduction. So why does it continue to be a choice that the majority will make?
Calling this chapter ‘Deciding on parenthood’ might be misleading: it is here because it is a subject that many people spend hours thinking about. This chapter’s aim is not to give the impression that there is a right way to decide or a list of questions that you can go through and come up with the right answer: ‘yes, it’s for me’ or ‘no, I’m better suited to my career’. At its most basic, deciding whether or not to have children is about weighing up the balance between our adult needs and our perception of the needs and demands of any potential children. However, it is almost impossible to predict the ‘costs’ of children for any particular individual. One might begin to reckon up the specific financial burden but it is very difficult to predict the emotional costs, especially as these are specific to each individual. Even after the initial decision to become pregnant, the decision-making continues. Having had a first child, it is still a big decision for many parents about whether and when to have number two . . . or three . . . or four.

One might argue that it is perhaps a reflection of a more ‘responsible’ society that people are sitting down and thinking about whether they would make good parents. There are few people left who still believe that ‘God decides’ whether a baby is born but there is an alternative view that we have become incredibly omnipotent and unrealistic about how much control we actually have over life and making new life. This chapter will take a look at some of the factors that are involved in making this decision.

What does it mean to be a family?

Most of us probably don’t stop to think about what a family is. The family that we grew up in probably influences our picture of a typical family. Large numbers of us grew up in a situation where there was a mother and a father who were married, with two or three children and our mother stayed at home in the early years of our life. The family has obviously changed over recent years. Separation and divorce are far more common and now having a baby, as a single parent, is no longer seen as a shameful mistake. The single parent household is now said to be the largest growing new household type. The politicians of the Right like to argue that the ‘traditional family’ has broken down and that its values have been lost too. It is interesting to wonder what the traditional family actually is, or was, and whether there has ever been a static family structure that was such a defining force in our society.

A look at our social history will show that the family has always been evolving and changing, especially in the past hundred years. In the
mid-twentieth century sociologists talked about the rise of the nuclear family and the demise of the traditional extended family. Now we are told that the nuclear family is breaking down as we have the rise of the single parent household. How long the extended family existed is unclear, since life was such that extended families could not have been common 500 years ago.

It seems likely that family structures have changed as societies have evolved and our needs for survival have changed. Taking just the history of British society and the number of wars that were fought in the last millennium, it is likely that single parent families were very much the norm. One has only to look at the history of the past century with two world wars to see that for extended periods of time fathers were absent from the home, many never to return and that women had to leave their children in the care of others while they worked in factories or on the land. Working mothers were not created in the 1990s.

So what does the family look like today? If diversity is a good thing, then the family is probably doing very well! In this country most babies today are still born to couples but the long-term prospects for those couples is poor in terms of divorce and separation. The break-up of the couple before the child becomes an adult (even where the separation is sensitively handled and the couple continue reasonable relations) does have consequences for the child. These children are more likely to have emotional or behavioural difficulties but this is not inevitable and there are many influences on a child's development. These issues have to be balanced against the costs to the parent of remaining in the relationship, especially where one partner may be experiencing stress or violence.

Just when we might think the nuclear family unit is doomed, however, there are new types of nuclear families coming to take its place. Many more gay and lesbian couples are now openly becoming nuclear family units through assisted conception or adoption and fostering. Many couples who previously would not have had children are doing so through fertility treatment. The largest new group is said to be the single parent household. However, statistics can be misleading and it is probably only a small number of these families that remain static throughout the life of the child. The ‘reconstituted family’, where one family is formed from other family units, is becoming much more common.

From a broader social perspective many Western societies are predicting that their populations are shrinking dramatically as not enough children are being born to replace the population. This is a complex issue since populations do not necessarily expand in expected ways. Often the more prosperous a society becomes, the fewer children
people will have. Other societies struggle to contain a growing population. So the family today comes in many shapes and sizes probably just as it has always done.

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**Betty and Peter’s story**

*Betty came to see me after a year of feeling depressed: at times it was so severe she could hardly speak. Her husband Peter said he couldn’t understand it since they had looked forward to retirement and they certainly had enough money to manage. Betty had retired from her job as a cleaner some years ago and had looked forward to a retirement spent with her grandchildren. Betty was the oldest of 11 children and had helped to raise her brothers and sisters following the death of her mother. Betty said she loved children but had only had two because things were different in the years after the war and they couldn’t afford any more. Her son had emigrated to Australia with his family and her daughter was married to a soldier and they were currently living in Germany. Betty said she felt ‘completely useless’, had nothing to do with her time and that her house was empty unless the family were visiting. She said she would never expect her children not to lead their own lives but she felt ‘life was empty without your family around you’.*

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**What does it mean to be a mother? Changes for women**

Social roles such as ‘mother’ or ‘shopkeeper’ or ‘friend’ are governed by certain rules or expectations. The role of ‘mother’ has changed drastically in the past hundred years and has probably always been changing in terms of the needs of the wider society at a particular time. For example, during the wars of the past century women were expected to maintain the supply of food and products, especially munitions, that would keep society functioning in time of war. Often they also had to accept long separations from their children who were evacuated for safety. Much has been written about how in the 1950s post-war propaganda (including psychological research) was used to draw women back into the home as full-time parents so that the men returning from war would have jobs. Ideas persisted that children could be ‘damaged’ by the absence of their mother. However, society has currently swung again towards accepting women in the
workplace and there is censure for those who stay at home and claim benefits to bring up their children. It may be that in our current society supporting children financially is seen as more important than supporting them emotionally.

The role of ‘mother’ is therefore ever changing and this uncertainty for society about what exactly a mother is can make it more difficult for the individual woman to assume the role. This may add to or generate a sense of insecurity in late pregnancy. What exactly does it mean to become a mother? Is a mother someone who works outside of the home? Do mothers go clubbing? Do they instinctively know how to care for a newborn baby? In effect, women construct for themselves the role of ‘mother’, being influenced both by the wider society and their own needs, preferences and responses to their baby. Your early interactions with the baby will shape your perception of yourself as a mother: if your baby is born of very low birth weight your experience will be very different to a mother who gives birth to a 9 lb baby. Your view of yourself as a mother is not static: it will change as you have good times and bad times and as your child displays different needs and demands.

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**John and Rosemary’s story**

*Rosemary came for help with depression the roots of which seemed to stem from dealing with her three-year-old son. Alex seemed a very active and healthy boy but he ate hardly anything throughout the day, which caused his parents an enormous amount of anxiety. John and Rosemary had married early in their twenties and had hoped to have children but the years had rolled on with nothing happening. They had approached their doctor but initial tests revealed no reasons for their not conceiving and they decided to ‘wait and see’. After 13 years they were finally rewarded with a healthy baby boy. Rosemary admitted that they had found the adaptation to parenthood enormously difficult. Their lives had become very ordered and predictable over their married life and now they had sleepless nights, tantrums and constant mess around the house. Rosemary felt guilty about feeling angry with Alex at times and realised that she let him ‘get away with everything’ for an easy life. Rosemary gradually began setting some limits for Alex and was amazed to find that life for everyone in the family improved.*
How did having children become a choice?

It is unlikely that our grandparents ever stopped to consider whether they wanted to have children. For our grandmothers, making sure that children occurred within wedlock, i.e. some sort of contract to support them and their offspring, was their main concern. So what has turned child-rearing into a choice? The development of the contraceptive pill in the mid-twentieth century has perhaps done more than any other factor to create the idea of parenting as a choice. With the arrival of the pill came the arrival of the belief that we could decide when we wanted children, how many we wanted and whether we wanted them at all. So society no longer believed that it was God’s decision or that it was a biological inevitability. However, there are other changing social factors that have contributed to people seeing having children as a choice. In recent years the role of women in the workplace has been changing rapidly. Women have always worked, despite what some would have us believe, but increasingly women are seeing their career as lifelong, something that children must be assimilated into, rather than just ‘something to do until you get married’. As the dimensions of the workforce continue to change, in many areas women now find themselves the only reliable earner. As service and part-time jobs increase for women in areas of high unemployment, many men, skilled in a particular trade, find themselves unemployable. The possibility of children is financially challenging, as there will be no ‘reliable’ wage.

At the other end of the financial spectrum many couples today are deciding that their lives are complete without children: the high social and personal costs outweigh the ‘biological’ desire to reproduce. Couples, and women in particular, can feel that their lives are full enough and that having a child is all about what they will have to give up rather than feeling there is a great void to fill. Prosperity paradoxically makes us more aware of the costs of children.

But despite contraception and education and various life options, how many of us really choose to have a baby? How many of us really decide? Are not a large number of children conceived by ‘accident’ whereby there has been a significant enough psychological shift for the couple, such that the scales have shifted more in the direction of ‘yes’ to children than ‘no’? However, some pregnancies do arrive very much by accident and then the decision-making begins.
Kara’s story

Kara came to see me for help with an eating disorder. She tended to diet and then binge on alcohol and food. She would use laxatives and vomit when she sobered up. In the course of our sessions Kara became pregnant. (She had been using the contraceptive pill, which is clearly not recommended as a contraceptive for women with such eating problems.) The father was her flatmate and they had had a ‘fling’ during a drinking binge. From what looked like a disastrous situation Kara was able to decide that she needed to take control of her life and sort out her problems in a different way. The pregnancy helped her to get some control over her eating problems. She struggled greatly but accepted the idea of eating regular meals and the binging decreased very quickly. Her flatmate helped her to cut down on her drinking but he was not keen on becoming a father. Kara suddenly decided to return home to her parents in Argentina and I did not see her again.

The tasks of parenting

What do children need?

So if we are deciding to have children as a positive choice, then what is it we are deciding to take on? What will our new responsibilities be and how will these impinge on our adult life? Just as much as adult life is continuously evolving so is childhood. It is clear that the nature of parenting has changed radically in the past hundred years and probably greatly in the past generation. Parenting is no longer primarily about finding food and shelter. The emphasis of bringing up children today is much more child-centred. The time that we spend with our children is no longer just incidental or about supervision, it is expected now to be about ‘playing’ and ‘teaching’ and ‘talking to’. It is potentially much more ‘difficult’ to be a parent as the tasks have increased and become more psychologically complex. Although many of our grandparents struggled against great poverty and adversity just to keep their children alive, it is hard to compare parenting today and say that it is easier. It is clearly different. Our children are growing up in a very complex social world and helping them to negotiate their way in it is difficult, particularly when we may still be struggling to find our own direction. There are lots of expectations of children
in our society and consequently they need a great deal of support and specific guidance.

Children today start formal education and are subject to testing much earlier than in the past. A generation ago nursery ‘education’ was about playing for a couple of hours separate from mum. Now there are early learning goals to be ‘achieved’. School children also have greater access to ideas and information via television and the Internet. They are also subject to advertising specifically targeted at them.

So parents today are expected to play, to educate, to support and to guide in a way that they probably did not experience with their own parents. They must also set boundaries or rules for their children without smacking (by the time this book is published the government may be debating legislation on making corporal punishment illegal). It is not surprising really when we look at the pressures on families that children are increasingly suffering from ‘mental health problems’ and being diagnosed as having an attention deficit/hyperactivity disorder ‘ADHD’.

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**Lucy and Johnny’s story**

*Lucy came for help with her six-year-old son Johnny who was difficult to manage, especially at bedtime. Lucy was a single parent and was working full-time in order to make sure that Johnny did not suffer financially from the absence of a supportive father. She had secured for Johnny a place at a very good private school and he was doing extremely well for his age. Johnny, however, was refusing to go to bed at night and would keep coming back down stairs and would be tired and argumentative in the mornings. When we considered Johnny’s routine, however, it was clear that from 7 in the morning when he left home for school, right through until 6.30 when he arrived home, he was the model of good behaviour. Clearly he was actually doing extremely well, it was just that Lucy only saw bad behaviour which spoilt their time together. It was hard for Lucy to accept that Johnny was doing well because she felt that she had to be perfect or people would criticise her since she was a single parent. However, she decided to put him to bed half-an-hour later than she would have liked and to spend that time playing ‘rough-and-tumble’ games with Johnny. Bedtimes improved immediately.*
Should I go back to work and how will it affect my child?

Most women today are working when they contemplate having a baby or find themselves pregnant unexpectedly. The issues about whether to return to work or how your working life might be different when you have a child are uppermost in the minds of most women when contemplating having a family. When the prospect of having children is some way off, then it is perhaps not clear how your life will change: it is only through the experience of being pregnant and becoming a parent that one can really know how their feelings and responsibilities will change. The balancing act of work and children changes over the course of the child’s or children’s life too, as their needs differ and your situation evolves. Consequently it is impossible to have all the decisions made beforehand. We will return to these issues in later chapters but as well as what is right for you as an individual, women are also interested to know about the research evidence regarding women, work and the possible consequences for their children.

There is currently great debate on whether a mother returning to work during a child’s early years is detrimental to the child’s health and development. It would be difficult to give a simple answer to this, so instead a few points will be highlighted here to give a flavour of the debate. There is evidence to show that some children do less well emotionally if their mothers work before they are a year old, if they work full-time or long hours and if the quality of the childcare is poor (see Belsky, 2001). These factors are said to affect infant–parent attachment and this is more often true for boys. There may also be more aggressive and non-compliant behaviour during the pre-school years from these children. However, many have argued that the quality of care is the fundamental factor. Mothering or maternal sensitivity is the best predictor of children’s social and emotional development, whether mothers are working or not. With regard to child-care, responsive carers who are warm and interactive and provide opportunities for learning are the key to good outcomes.

The actual amount of time that a working mother today spends interacting with and playing with her child compared to her own stay-at-home grandmother may not be hugely different. After all, the latter would have spent a great deal of time hand-washing nappies, walking to the shops and probably looking after a larger number of children. We should not forget too the changing role of fathers and the role that they might play when a mother returns to work. Probably most fathers are more involved with their children today than they were a generation ago and the concept of leisure time, i.e. doing things together socially as a
family, was probably something that happened rarely for our grandparents. All these different factors regarding the availability of support for the parents will affect how a family adapts to a mother returning to work.

When looking at this research, one has to consider the methodological difficulties inherent in such work. For example, when comparing the children of women who have chosen to return to work and the children of women who have not, we are not comparing two similar groups. This does not take into account why women have returned to work or have chosen to stay at home. It may be that some of the differences between the children are part of the reason that the decision to return to work or not was made: your relationship with your baby and the temperament of the child may affect whether you feel returning to work is right for you.

The generalities of research mask the individual stories behind women's decisions about work. For many mothers who are struggling at home with their baby the break from the home may have helped improve the relationship between mother and child. Staying at home in itself will not necessarily make everything all right in your relationship with your child: it depends what you do there. For example, if you are depressed, find it difficult to provide much stimulation for the baby and have little contact with other families, then your toddler may enjoy and benefit from a few hours a week at a nursery.

It would be interesting to research how women make the decision to return to work. Why do some women decide to return and others to stay at home? Is it purely economics or is it to do with the relationship with the baby? Is it to do with beliefs held before the baby arrived and how did these beliefs develop? Having returned to work, why does the situation work for some mothers and not for others? Which factors are better predictors of the parents being happy with the decision and which factors contribute to the situation not working out and having to be changed?

One recent study highlighted that women who in pregnancy expressed more commitment to work and less anxiety about non-family child-care were more likely to have securely attached infants. These types of question might be of more use to mothers than research that tries to dictate whether it is ‘right’ or ‘wrong’ to return to work.

How many years will the children depend on me?

The picture that we hold in our heads of ‘a family’ is defined by the beliefs of the society we live in. In our society today we have to hold the contradiction of the idea that children are ‘growing up too quickly’ or being ‘robbed of their childhood’ versus the reality that children are clearly
becoming dependent on their parents for much longer. This may be due to the complexities of the task of parenting and of the society that we are preparing children to be independent in. It may just be about economics. More young people are at university and financially dependent for a much longer period of time, particularly in light of trends to get more young people into higher education. Spiralling housing costs keep many more teenagers living at home for much longer periods. These factors interact with cultural practices of particular groups within society, which may determine the situations in which the offspring may or may not live separately. It will be interesting to see how the effects of rising housing costs over recent years affect a generation of young people who are unable to afford to leave home until they are well established in a career. Many observers argue that we have become too over-protective of our children and that we should ‘take more risks’ in order to help their development.

The needs of parents

Are children in my life plan?

So with all these issues to think about in terms of a child, where does that leave the parent? Are you a parent first or an individual first? What aspects of our adult life are important to us and are these compatible with having children? Just as we now grow up not to see children as an inevitability, we are also likely to have a model in our mind of our ‘adult life’. Most of us have expectations that form in adolescence about our education, our employment, our relationships and social life, and so on. Today we are faced by enormous choice. Our relative wealth in the West means that many young people are consumers, and products and lifestyles are intensively marketed at this group. The ‘dual-income–no-kids’ situation is seen as the financial ideal in terms of access to the best that money can buy: entertainment, designer goods, holidays and housing – all most available to this group. They have both the money and the time to participate. So does becoming a parent mean giving up all of this?

Research shows that some things clearly do change after having a baby. Satisfaction with your relationship tends to decline. This seems to be the case whether your relationship was good or bad to start with. Obviously a good relationship doesn’t turn into a terrible one. More likely, issues that have always existed but perhaps been managed before become more significant when you have had sleepless nights and have to care for a very
needy and demanding little person. Clearly, too, for most couples today there are work and financial implications involved in child-rearing. Children over time cost an awful lot of money and most families will probably see their earnings decrease since even if you return to the same job you will have child-care costs. Whatever you might think about a baby not changing your life, it does. Work, if you do return, is different if you have a baby to consider. Your social life will change and how you view yourself too.

**Should I go back to work and how will it affect me?**

If we have at some point definitive research to show that the children of working mothers do less well emotionally, we have to balance this information against research evidence over the past 30 years that shows women who stay at home to care for their children are more vulnerable to depression. In fact, working women suffer less depression than unemployed women who, in turn, fare better than homemakers. This again brings us back to the importance of individual factors: how you feel about returning to work or staying at home, what contribution your partner can make, how flexible your employment situation is and who is available to help you.

The transition to parenthood is not, however, as negative as some of these factors might suggest. The majority of people make the transition and manage to position themselves somewhere along the continuum between totally child-centred and totally individual-centred. It obviously takes different lengths of time and involves different struggles for different people.

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**Claire and David’s story**

Claire and David had their first child when they were both in their late thirties. They had both worked in management positions in the same department store for a number of years. They had thought about having children for a number of years and eventually Claire became pregnant following a ‘second honeymoon’ holiday. Claire found the transition to being at home very difficult and could barely get dressed before the evening in the early weeks. She had a lot of support from her Health Visitor but otherwise rarely saw anyone else during the day and she knew no other mums with babies or young children. Claire became
increasingly resentful of David who would come home talking about events in their office and ‘what everybody was getting up to’. She felt that their lives were now so totally different that there was no point in talking to him because he couldn’t understand. David was aware things weren’t right but didn’t know what to do. Problems came to a head one night when David came home from work to find that Claire had had a ‘clear out’ and sent his record collection to a charity shop.

In time, Claire and David did come to enjoy their new situation. Claire started to develop a new life for herself. She began to attend a mother-and-baby group and made some good friends in time through a working mothers network.

Amidst all this choice and individuality certain trends do seem to have emerged to define the family currently: the delaying of having children into the late twenties or early thirties, smaller families, mothers returning to work, and so on. This probably says something about how we are trying to balance these issues. The delaying of children can allow a woman to establish herself in her career, for some financial stability to be achieved and returning to work to provide for both financial and social or intellectual needs. Whether we are more ‘mature’ in our thirties, i.e. able to delay our own needs while dealing with a child and therefore better parents, or whether we find it even harder to give up the social and financial advantages of being childfree is something of a delicate balance.

But who is going to change?

Where a child is born to a couple, there are clearly issues to negotiate about who is going to change and by how much. Many couples run into problems with the arrival of a child when the assumptions of the partners about who is going to do what are radically different. Many couples, before children, feel that their lives are running along in parallel and that life tasks are shared out, if not equally, at least in a way that is acceptable to both. The arrival of a child throws all this up in the air. The majority of infants have their mother as primary carer and from the beginning the responsibility for the baby rests with the mothers. If a mother takes maternity leave and breastfeeds, then quite quickly that pattern becomes firmly established so that she is getting up at night, deciding when the baby should be fed, making plans for child-care, and so on. Clearly, although many women now return to work, it is likely that the mother organises the child-care and does the ‘picking up’ and ‘dropping off’. Many women feel resentful
when life for a partner returns to something that looks like his previous life and theirs is in a state of flux.

There is no ‘right’ way of sharing out the responsibilities, it is a question of how the individuals perceive the sharing of the tasks. What does it mean to both parties for a woman to be ‘at home with the baby’? It may bring with it the expectation that the mother takes over the running of the home and that dinner is on the table when the partner gets home. It is perhaps important to keep negotiating and renegotiating who does what. Post-natal depression will be covered in some depth in later chapters but the seeds of later emotional problems are often sown in the decisions that are made, or not made, early on.

Brian and Sarah’s story

*Brian had run a successful business as an interior designer but when property prices collapsed he could not find work. At this time he had two pre-school children. He came to see me after a year of feeling depressed. He had spent the previous three years at home looking after his two daughters while his wife went out to work as a practice nurse. Brian said he truly enjoyed looking after the children and felt he was making a good job of it. However, he said, under the surface, he felt totally worthless. He found many of the household tasks terribly monotonous and unrewarding. Now that the children were at school he felt he would desperately love to work again but at nearly 50 he felt he was now almost unemployable. His wife Sarah always came home from work ‘totally stressed out’ and he felt that she resented him for not finding work. He found it very difficult to think that doing a good job with the children was as valuable as doing a ‘proper’ job. He also missed the camaraderie of workmates and the after-work social life.*

Who is going to help?

One important factor in dealing with life events and changes is having help and support from others. This may be a time in our lives when having moved around to pursue career and social needs we return to thoughts of our own families and how they might be able to support us. Where family
ties are strong and geographically available, many new parents look to their parents for support or strengthen ties with siblings or other relatives who may be able to provide a variety of types of support: financial, emotional and practical. Earlier we talked of the decline of the extended family and today as many more grandparents are less available, then we are perhaps turning to our friends (often with their own children) and the paid child-care sector to provide support. Many women may in returning to part-time work simply be buying themselves some time away from their child which previous generations may have found more readily available from the extended family.

The influence of society

Society is a very important mediator in the family. So far we have thought only about having children as a free choice but inevitably living in a social group means that the group will decide certain rules about how its members live their lives. Many today believe that we live in a 'nanny state' that increasingly prescribes and legislates about how we should bring up our children and there are certainly areas where the state directly intervenes. Recently a number of measures that direct the lives of the under-fives have come into force. The state provides free nursery places for many three year-olds and all four year-olds. Clearly, the state believes education at an early age is important. In more subtle ways the state is involved with the family early on. It has invested millions of pounds in providing 'Sure Start' in areas of social need. This involves various types of family support for parents of young children. These interventions may be the 'carrot' as alongside this we have the emphasis on 'parental responsibility'. If families do not educate their children they can be fined for the non-attendance of their children at school. Parents whose children's behaviour is out of control can be sent to 'anger management' or 'parenting' classes when their children are in trouble with the law.

Most would agree that it is the responsibility of a society to educate and train a workforce. However, the state has begun to consider decisions about how we raise our children as seen in the increasing pressure for the state to decide and legislate about corporal punishment or smacking. Although the trend is moving away from smacking, the issue is whether the state should just recommend or whether it should decide (i.e. make it a criminal offence to do so). Perhaps the trend towards legislation rather than information is because the task of parenting seems so complex that we all wish for some rules to guide us. It is easier if someone says this is definitely right or wrong.
We’re not all trying to make the same family: atypical and reconstituted families

Just as many couples today are deciding that their lives are complete without children, others are taking on non-stereotypical family situations: becoming a single parent, having a child within a gay or lesbian relationship, or forming a ‘reconstituted family’ where one family is formed from other family units.

Single parenthood has now become a choice for some rather than a mistake. The rise in the availability of assisted conception has opened up the range of parental opportunities. Women now having babies beyond the menopause, lesbian couples and single women are able to have babies.

Although fewer babies are available for adoption in this country, more children with ‘special needs’ and older children are being adopted and fostered than was the case previously.

Louise and Ross’s story

Louise met Ross when she was 19 years old and quite quickly the relationship developed and they bought a flat together. Ross was divorced and had two boys of seven and five who came to stay most weekends. Louise had a very stressful job in a call centre and often worked extra shifts when Ross could not get carpentry work. Louise had always wanted children but being a weekend mother to two lively boys was quite a tall order for a woman only 20 years old herself. Louise longed to have a baby of her own but Ross felt that they already had the financial and practical responsibility for two children and that they couldn’t manage another child. This inevitably led to resentment and Louise often worked at weekends because she felt so angry with the children when they misbehaved. Ross tended to lavish gifts on the children and Louise felt them to be ungrateful and spoilt. Louise intermittently became depressed but could see no way out of the situation.

Isn’t the decision different for everyone?

So possibly many of us decide in a rather chaotic way or by just ‘seeing what happens’ but clearly we are all making the decision from a different starting place. To fall pregnant by accident at 15 is very different to
becoming pregnant at 30 or 46. We all approach parenthood from our own unique position, so does that make it more difficult for some than for others?

Social support

Most social studies of depression in women point to being at home looking after a child as putting you at greater risk for psychological ill-health, especially depression. Problems are not inevitable and having readily available forms of social support can be very useful. Ante-natal or parenting classes bring people together with other parents-to-be and these contacts with other people in the same situation are probably more useful than the explicit aims of the group.

Health and disability

Many people may approach having a family with a range of different needs. If you are disabled, you will give extra thought to how you will manage a baby and a growing child and what situations may present particular difficulty. Probably many issues cannot be foreseen, as for able-bodied parents, the issues that one child will present are different to another. You may also be looking into what extra support may be available from the statutory or voluntary bodies.

Emotional well-being

Most people are now aware of the possibility of post-natal depression following the birth of a baby and many try to take steps to have extra help and support at this time. We do, however, tend to overlook the fact that many women become pregnant while experiencing emotional difficulties or these problems develop in the pregnancy. Some women may be depressed, they may have had a manic episode that required hospital treatment, they may be struggling with an eating disorder or dealing with the effects of a difficult relationship: the list is endless. This may be related to the pregnancy in some way: there may be fears about the health of the baby, the pregnancy may have been ill-timed or these psychological difficulties may have been due to external factors: the loss of a job, relationship difficulties, family problems, financial worries, and so on. One could try to time a pregnancy when there are fewer pressures around but it would be almost impossible to plan a pregnancy at a time when everything is stable. Pregnancy lasts for the
best part of a year and life around you will continue and many events, for example, bereavement, are out of our control.

**How do we view the world?**

Having a baby is probably one of the most stressful life events that many of us will deal with. Our life, how we view ourselves and how others see us will radically change. There are social, emotional and financial costs involved in raising children so maybe it is not surprising that it all becomes too much at times and mothers especially are more prone to psychological difficulties. However, being ready to accept and face change and trying to adapt to it make it much more likely that this transition will be successful. Some people seem to adapt to new situations very easily and this seems to be to do with how they view life: the more reluctant you are to embrace change the more difficult you will find it. Generally, I found when working with people, helping them to deal with psychological problems, that the more that a person is willing to embrace new ideas, see things from a different perspective or try out new behaviours or responses, the more likely they are to be able to recover from their symptoms.

**Social factors**

Unfortunately children do not always arrive into the ideal situation and there can be a conflict between what feels emotionally right and what is practically right. Again, the fact that pregnancy lasts a relatively long time, even if you feel yourself to be in a stable financial and practical position, things can come along during the course of the pregnancy that were unforeseen: redundancy, a housing problem, family crises, all manner of factors can change your readiness to become a parent.

**What if I don’t become pregnant?**

Some couples while deciding on whether or not to have children also begin to consider what they would do if they were unable to conceive. This is probably a time when ideas can only be sounded out in the most general terms since it is rather difficult to look for solutions to this problem before it happens. If you are 20 years old you will have a different view of conception than someone who is trying to get pregnant at 45. The next chapter will look at issues concerning conception.
Who can help?

Deciding about whether or not to have a family is not really something that a professional can help with, it is a personal decision for the prospective parents weighing up their personal circumstances. However, the process of deciding may throw up particular issues for a couple or the individuals. One partner may not wish to have children, while the other does – where does this leave the relationship? An individual may decide ‘yes’ to children, but not now or not with this person. Contemplating having children may reawaken problems from a troubled childhood that the person feels need to be resolved before children are conceived. Very often people seek help with problems because they want to have children in the foreseeable future and something stands in their way: a drinking problem, obsessive-compulsive problems or relationship conflicts that need resolving.

Talking to your partner or to close friends may be enough to set about making changes yourself but sometimes you may feel you keep falling at the same hurdle. In this case you may feel that professional help is needed. Seeing your GP for general advice is often a good place to start. They can give details of counselling organisations or may even have appropriate services to which you can be referred. There are specific organisations that offer relationship counselling such as ‘Relate’ that can offer an initial consultation to assess if they can help (see the list of addresses on p. 181).

Most young reasonably healthy adults will probably have seen their GP infrequently in the past and know little about the services available at their surgery. When you become pregnant and over the next few years with a young child, you will find yourself using these services far more often. Therefore, it is really important to have at least one doctor in a group practice that you feel reasonably comfortable with and able to talk to. This is worth thinking about now: find out what your surgery offers in terms of baby clinics, health visitor support, or are all of these facilities located elsewhere?

Discussion points

This chapter could generate endless discussion points so what follows below are only general pointers and you may wish to make your own agenda:

1. If you imagine your life in five years time, what would you like to see? Do you have a child/children? Are you working? Where are you living? Do you and your partner both have similar ideas/expectations?
2. Think of your biggest fears about becoming pregnant/becoming a family. Are these the same for you both? Do they seem insurmountable problems? Are there any solutions or compromises?

3. Which aspects of your life now are the most important to you (e.g. football on Sunday; staying a size 10; promotion at work)? Make a list of things you feel you must have or must do. How do you feel these might be affected by having a family? What could you give up/postpone and what must you have?