The Parenting Process in the Prenatal Period: A Developmental Theory

Author: O'Leary, Joann M, BES, MPH, MS

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Full Text: Headnote ABSTRACT: It has long been accepted that there is a developmental process women progress through during pregnancy as they take on the parenting role. This paper develops a theory of the unborn baby's role during the prenatal period as an active instigator in this parenting role. Referring to the work of Arnold Gesell and adapting it to the prenatal period, the author theorizes that the unborn baby's growth and development drives the developmental process of the parenting role prenatally. Pregnancy is viewed as the beginning of a lifelong process and a unique time when parents are especially open to exploring their changing roles with the baby as an equal contributor. It has long been accepted that women progress through stages of development during pregnancy as they take on the tasks of pregnancy and begin their parenting role (Rubin 1967, Leifer 1977, Cohen 1979). While these stages are elicited by pregnancy, the early-childhood literature also abounds in the belief that the parenting role (i.e., how we perceive our parenting role) is well established in the formative years of our own childhood. Uddenberg (1974) spoke of the earliest socialization for mothering behaviors beginning during the early-childhood years, when one is being mothered as well as observing mothering within the family context. Although Uddenberg spoke of this socialization in terms of the mothers, it is true for fathers as well. A major psychological impact of pregnancy involves the reawakening of unconscious, preverbal issues stemming from the parent's own experience of infancy and toddlerhood. These issues relate to how an individual was nurtured and treated by his/her own parent. Precisely because such early socializing experiences are preverbal and not readily available to consciousness, "education" concerning emotionally-charged issues such as dependency, helplessness, separation and autonomy is likely to fall on deaf ears. Pregnancy is a time when people begin to think about how they were parented and perhaps how they may want to parent the child they are about to have. Becoming a mother or a father means taking on a new identity, which involves a complete rethinking and redefining of oneself. Belsky (1985) found that a woman's perception of pregnancy and parenting were influenced by factors such as the woman's physiology, the quality of her marriage or significant-partner relationship, as well as life stresses and sources of support. A person's developmental history shapes personality and psychological well-being which, in turn, influences parental functioning. This developmental history sets constraints upon the perception of pregnancy, the "image-making stage" (Galinsky 1987) discussed below and upon the influence that infants can exert (Belsky and Tolan 1981). In clinical practice over the last eighteen years my work has been with families in the formative years of their parenting process. My first experience was with parents whose children were involved in preschool special education (birth to age five). These children were developmentally delayed due to varying factors, from known syndromes, environmental deprivation or unknown etiology. As I supported, assisted and encouraged these families I began to see that early intervention needed to be just that: early. Even in the child's infancy stage, issues stemming from the parent's own childhood could be seen to be interfering with their efforts to take on the parenting role. For the last nine years I have been involved with parents during their pregnancies, and have observed their parenting roles emerge during that time. Having specialized in infant development, I also have begun to merge the newborn-infant literature with the prenatal medical interventions, clearly seeing the continuum that intrauterine life and early infancy form. The nature of the parenting role in both settings seemed to develop in direct conjunctions with the growth and development of the baby, both during the pregnancy and in the postpartum period. In other words, how parenting "felt" depended on where the baby was in his or her development. This article will attempt to merge the prenatal and early-childhood years as they relate to the

parenting process. I propose that the neurological stages of development described by Arnold Gesell (Gessell et al. 1974) elicit a parenting role from the earliest weeks of pregnancy. This is a theoretical extension of Gesell's model based on my clinical experience with families experiencing normal pregnancies and families experiencing pregnancy following a perinatal loss. Gesell suggests there are six stages of neurological development humans move through that reflect periods of equilibrium and disequilibrium (see Table 1). Equilibrium is a time of balance and stability while disequilibrium is a time of tremendous growth as the baby changes and moves on to a higher level of sophistication and development. The six stages of neurological development are repeated in cyclical fashion throughout a lifetime. They reflect changes in how enjoyable or stressful parenting might be based on where the child is developmentally. In times of equilibrium, parenting is usually easier. During times of disequilibrium, parenting is a more difficult task due to the physiological and psychological changes the child experiences.

Table 1

Six Stages of Neurological Development (from Gesell et al. 1974).

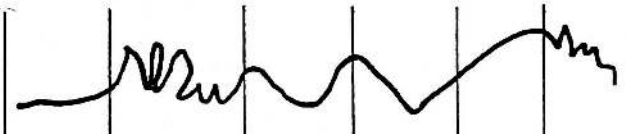
PHASE OF CYCLE	Smooth I	Break up II	Sorting Out III	Inwardizing IV	Expansion V	Neurotic Fitting Together VI
					BIRTH	1-2 WEEKS
	4 WEEKS	8-12 WEEKS	16 WEEKS	20 WEEKS	24-28 WEEKS	32 WEEKS
	40 WEEKS	44-48 WEEKS	52-56 WEEKS	15 MONTHS	18 MONTHS	21 MONTHS
	2 Years	2-1/2 YEARS	3 YEARS	3-1/2 YEARS	4 YEARS	4-1/2 YEARS
	5 YEARS	5-1/2 YEARS	6-6-1/2 YEARS	7 YEARS	8 YEARS	9 YEARS
	10 YEARS	11 YEARS	12 YEARS	13 YEARS	14 YEARS	15 YEARS
	16 YEARS	17 YEARS	18 YEARS	19 YEARS		

I contend that these neurological stages of development, as all development processes seen in the newborn, begin long before birth. An infant's development proceeds stage by stage in an orderly sequence from the moment of conception, with each stage representing a degree or level of maturity. The characteristic movements of the prenatal child are patterns of behavior that are part of the process of mental growth. Further, the behavioral end-product of the total developmental process is a consequence of a continuing reciprocal interaction between genetic endowment and the environment. Prenatal care historically has focused on the woman's body and most intervention has been directed toward the physical aspects of her care. More recently, however, emotional and support issues have been addressed, although not necessarily in a way that recognizes the parallel needs of the baby as it develops neurologically and behaviorally. With this in mind, I have adapted Gesell's neurological stages to the prenatal period as a framework for looking at the process of parenting (see Table 2). This was done in an attempt to help parents explore the reciprocal relationship between the infant and parent that begins prenatally. The emotional tasks of pregnancy may then be seen as preparatory skills for the tasks of parenting. Families grow at different paces and have different circumstances that will affect how they respond to happenings in their lives. So Table 2 will apply well for some and for others it will not. SMOOTH STAGE MOVING INTO BREAK-UP The "smooth stage" sets the intrauterine environment for

conception, for only if things are "smooth" can conception occur. Upon conception, there is movement into the break-up stage as the egg and sperm unite and the "break-up" of the cells begins to form new life. The "break-up" of this forming fetus lasts through the 12th to 14th weeks of pregnancy, culminating in the fetus (to be referred to here after as female baby). At this stage of gestation the baby has formed all of her parts and is flexing and extending her arms and legs (Graves 1989). The baby's growth and development at this stage has instigated "break-up" in the parents. There is a "break-up" in who they are as they are no longer just two people, but have begun to form a third. Women experience intense "break-up" in their bodies as they begin to change physically. This break-up in the mother consists of morning sickness, fullness in the breast and tiredness. The father usually senses "break-up" as he either supports the mother or becomes overwhelmed with the realization of how this experience will have an impact on his life. Thus the emotional upheaval of early pregnancy for the parents is driven by the intrauterine growth of the baby's cycle of development.

Table 2

Six Stages of Neurological Development Including the Prenatal Period (after Gesell et al. 1974).



PHASES OF CYCLE	SMOOTH I	BREAK UP II	SORTING OUT III	INWARDIZING IV	EXPANSION V	NEUROTIC FITTING TOGETHER VI
	Egg	Fertilization - 12 weeks	12 - 24 wks.	24 - 32 wks.	32 weeks - labor & birth	1 - 4 wks.
	4 - 8 wks.	8 - 12 wks.	12 - 16 wks.	16 - 24 wks.	24 - 28 wks	32 weeks
	40 weeks	44 - 48 wks.	52 - 56 wks.	15 months	18 months	21 months
	2 years	2½ years	3 years	3½ years	4 years	4½ years
	5 years	5½ years	6 - 6½ yrs.	7 years	8 years	9 years
	10 years	11 years	12 years	13 years	14 years	15 years
	16 years	17 years	18 years	19 years		

Gesell's neurological stages of development. Prenatal adaptation by Joann M. O'Leary. © 1986
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Families with a history of loss experience these break-up symptoms at a much more exaggerated level during a subsequent pregnancy. An emotional crisis can be precipitated as parents risk being vulnerable again to loss (O'Leary, Parker and Gross 1991). Tremendous "breakup" occurs as they fight the fear of losing this baby as well. In my clinical experience, I have noted that such parents worry more about every ache and pain, and check for bleeding frequently. While they yearn to begin to attach to the baby, they also fear that thinking too much about her may jinx the pregnancy and jeopardize the baby's survival. Many times they do not share the news of the pregnancy with anyone else; their fear of loss overrides their excitement. SORTING OUT The "sorting out" stage occurs as the baby continues to form and move about in the uterus. This stage progresses from the 12th to 14th weeks of pregnancy through to the 24th to 26th week. By twenty weeks the baby hears in the uterus and is beginning to become familiar with the sounds of her environment (Eisenburg 1976). The baby begins to practice all the movements traditionally associated with the newborn. On ultrasound examination one can see babies sucking their fingers, kicking back and forth, rolling about, and touching the lining of the uterus.

The parents feel movement in this "sorting out" stage. The reality of this pregnancy becomes palpable. They begin to "sort out" what is happening to them. In families experiencing normal pregnancies, couples may begin to explore how they will "sort out" their lives in preparation for their baby. They may seek out others who are pregnant or who are new parents. Both men and women begin "sorting out" their lives financially. Women who will be leaving the workforce for a period of time may find their husbands looking for new jobs in anticipation of increased financial responsibilities. Along with this added financial pressure, some men also worry about their changing role, about becoming a father. Women "sort out" how they will manage work, pregnancy and the parenting experience as well as such practical matters as their wardrobe as their bodies change and clothes no longer fit. This is also a time when couples may look for a new place to live, or begin household remodelling or decorating rooms for their new babies. In a high-risk situation the "sorting out" period may be the time hi pregnancy when people feel more comfortable about acknowledging to themselves that they are indeed pregnant. However, quickening fetal movements, normally welcome signs of life, can also elicit ambivalent responses in them (O'Leary et al. 1991). They can appear cautious as they wait for movement by the baby, and then worry that there is not enough movement. For some women it is only now that they are ready to tell others that they are pregnant. They begin to "sort out" to whom they want to tell this very scary news. INWARDIZING "Inwardizing" occurs somewhere between 24 to 34 weeks. During the inwardizing phase, the developing baby settles into a mutually reciprocal relationship with the mother's body. This is usually a time of peace and well-being in pregnancy. Parents begin to investigate prenatal classes and may withdraw more into themselves (inwardize their lives). During these weeks, parents begin more active preparation for the baby by arranging the house and taking care of work obligations. They seem to choose carefully who they want around them, narrowing the focus of their lives. As the woman's body slows down because of the growing baby, her life begins to inwardize more too. Towards the end of this period the baby inwardizes by settling into the pelvic area, assuming the fetal position in preparation for the impending birth. If there has been a previous loss of a baby, the parents know that by now the baby's chance for survival in an intensive-care unit are good. They seem to, subconsciously if not consciously, finally risk tuning into the baby and begin to make tentative plans for the baby's arrival. One woman described being able to "inwardize into" her baby, whereas before this point she had felt the baby to be too fragile for her to really let herself permanently connect. Although most families with previous loss may still not buy anything for the baby, they tend to allow themselves to look around at this point at what they might want to buy once the baby is alive and in their arms. EXPANSION The anticipation and preparation phase is truly an "expansion" stage as the baby begins to be more active, stretching and expanding her body, helping the uterus to prepare for the upcoming birth. In the last weeks of pregnancy the uterus begins to contract more, softening the cervix to prepare for the baby's journey of expansion through the birth canal. Parents experience a nesting urge to finalize preparations in their home for the expanded role they will play. Once labor begins, the cervix stretches and expands. With the help of contractions the baby pushes and extends herself out through the birth canal and thus the final stage in the expansion cycle is completed. This birth opens and expands the lives of the parents to areas totally unknown. Families with a previous loss experience the above as well as high levels of anxiety. They are usually seen by their care-provider on a weekly basis, not only for the routine exam but also to have a biophysical profile and/or nonstress test, thus reassuring them that the baby is still doing well. If the previous loss was a stillbirth, the decision is frequently made to induce labor early. Even families who have held back until now will tend to assign a family member or friend to the task of buying clothes and nursery supplies while they are in the hospital. They "expand" their support system in the face of the heightening tension as the birth approaches. They risk the hope of "expanding" into the parenting role with a live baby. NEUROTIC FITTING TOGETHER As the infant, born with amazing capabilities, readjusts from intrauterine life to extrauterine life, both she and the parents enter the "neurotic fitting together" stage. "Neurotic fitting together," simply stated but very complex, refers to the baby's neurological adjustment from intrauterine to extrauterine life. This readjustment period again speaks to the

infant's ability to show us where she has been and how she has the capacity to build on the strengths and skills practiced in the uterus and to now adjust to the new environment. The goal for the infant in the first weeks of life is to achieve homeostasis, the capacity for maintaining equilibrium (Greenspan and Porges 1984). One of the major tasks of the newborn over the following few weeks is to learn how to regulate her digestive system, through adjusting to nursing, practicing the sucking needed for breast feeding and getting rid of gas that she has never felt before. She will seek out her parents' voices as the ones she has been hearing all these months and she will visually lock onto their faces. She will use her six states of consciousness, as described by Brazelton (1979), to help regulate the amount of stimulation she can take. Most parents speak of feeling "neurotic" or as if they are "going crazy" in the first weeks after their child's birth. This is especially true if they currently have little or no support from others or if they are products of dysfunctional families. All families make the adjustment from the pregnant to the nonpregnant state, dealing with sleep deprivation that often ensues and the major life experience that has just taken place. The emotional experience of taking on the parenting role and the "oneness" with the baby causes the first weeks to be a "fitting together" period for everyone in the family. This has been seen to be difficult for professional couples who have had a lot of control over their lives up to this point. Families with previous loss now face the reality of two issues: 1) this is not the baby that died; and 2) the baby that died is not there to greet this new child. The "neurotic fitting together" time can be complicated by the resurgence of grief for the baby that died. The new baby helps overcome this focus on the deceased baby by demonstrating her capabilities and drawing the parents into her reality as a unique individual. All parents are in the "neurotic fitting together" stage as they adjust from pregnancy to the reality of having a baby who interacts with them face-to-face. The individuality of the baby, only sensed before, is now seen by the parents as the outcome of their mental growth and behavior during pregnancy. Just as the baby adjusts neurologically in this new environment, so too will the parents adjust such basic functions as sleep patterns and daily routines to make the transition from pregnancy to parenting a smooth one. CONCLUSION Professionals working with pregnant families can begin to explore this theory, using it as a model in initiating communication on prenatal parenting. Communication can be initiated by noticing the baby's movements, talking about the baby's activity patterns and discussing names, hopes and aspirations for the baby. Increased nutritional and fluid needs, sometimes needs for restricted activity, regular prenatal visits and traditional routine or special-care needs for the mother can be discussed in the context of providing a safe environment for the growing baby. If parenting behavior is not developing along with the psychological and physical developments of the pregnancy, that may be a clue that the woman or couple is having trouble. This trouble can be recognized before the baby's birth. Recognizing it may have an impact not only on postpartum parenting but on how the parents take care of themselves throughout the pregnancy. Families with previous loss also can be guided through pregnancy using this theory as an aid. The changing stages of their fears and anxieties can be characterized as part of the normal developmental process described in this model. Families may begin to more fully understand why the loss was so painful. After all, they were indeed parenting that baby during pregnancy. Pregnancy is the beginning stage of a lifelong process, a time of transition, and a time when most people are open to intervention (Nugent and Brazelton 1989). Using this theory of Gesell's cycles of development as it is adapted to the prenatal period, parents can begin to explore on a more conscious level the challenges of pregnancy as preparatory tasks in taking on the parenting role. The infant literature is clear: Babies come into the world ready to interact but cannot move through the stages of development without a significant adult in their lives to help them. This help begins in the prenatal period, as the health-care providers respond to the physical needs of the mother and her support system. Research needs to be done in order to further merge the findings of prenatal psychology with medical interventions of pregnancy and the infant's mental-health needs during the postpartum period. Such research will help professionals of all disciplines to better understand how to support families on this powerful journey into parenting. ACKNOWLEDGMENTS I would like to thank Clare Thorwick, R.N., the Antepartum Testing Clinician at Abbott-Northwestern Hospital, for her mentoring of my theory and her gift of

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